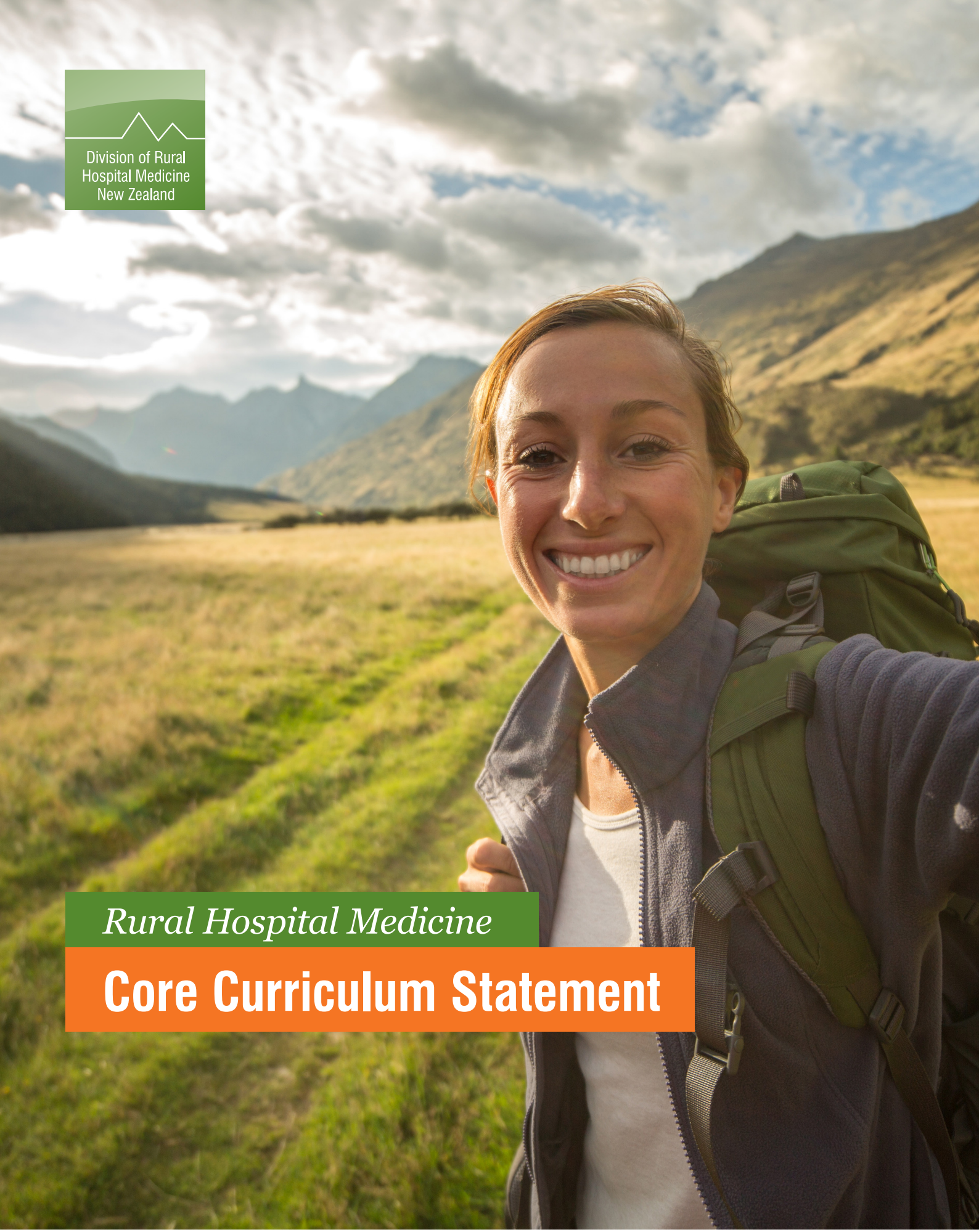

Rural Hospital Medicine

Core Curriculum Statement

The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Foreword

The speciality of rural hospital medicine (RHM) attracts a unique kind of doctor – a doctor who aspires to make a significant positive difference in their community and who thrives on challenge and variety. In a broad hospital scope, RHM doctors help to ensure rural patients have access to health care that keeps them active in rural life for as long as possible. They contribute to some of New Zealand's communities where need is the greatest.

It's an exciting time to be involved in RHM in New Zealand. The number of vocationally registered RHM doctors continues to grow, and developing support and collegiality enables the RHM doctor to build their role and deliver hospital care to the best of their ability for their patients, their patients' family/whānau, and the broader populations they represent.

The wide suite of knowledge, skills, attitudes and values required of rural hospital doctors is one of the attractions of RHM. The ability to work in some of New Zealand's most spectacular locations is another. As true hospital generalists, RHM doctors need to draw on all of their resources to respond wisely to the wide range of medical presentations that they must face. RHM doctors embrace this diversity.

If you are interested in becoming an RHM doctor, this is the curriculum for you. Developed by experienced RHM doctors for RHM doctors to come, it will guide your practice, according to internationally recognised standards, as you find your place in this remarkable scope. We are fortunate to have growing opportunities to contribute to improving health care in a range of communities. Ours is an authentic rural perspective and a crucial point of engagement in rural life.

We are grateful to the Australian College of Rural and Remote Medicine for providing expertise and allowing the extensive use of their curriculum as a base for both our original and current RHM curriculum. We also would like to acknowledge and thank the members of the Curriculum Committee who have produced this revised version of the curriculum: Drs Janine Lander, Andrew Laurenson, Pragati Gautama, Patrick McHugh, Kati Blattner, and College staff Pam Watson, Jane Blaikie, Alita Bigwood and Tengaruru Wi-Neera, as well as all others who have participated in the process.

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Outgoing Chair,
DRHMNZ Council

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Board of Studies

Background

RHM in New Zealand is relatively new as a distinct vocational scope. In 2008 the Medical Council of New Zealand formally recognised RHM as a scope of medical practice, in part due to concerns about a critical shortage of rural hospital doctors. The Division of Rural Hospital Medicine (the Division), with its own Council and Board of Studies, was set up as a semi-autonomous body within The Royal New Zealand College of General Practitioners (the College) to administer the scope and to provide training and a professional development programme for its members.

This recognition of RHM reflected growing international acknowledgement of rural medicine as a broad but distinctive form of general practice, requiring well-designed vocational preparation and continuing medical education. In New Zealand, it was hoped that a separate and distinctive professional body for rural hospital doctors would help address the critical shortage of rural hospital doctors, and this has been the case.

It was noted in 2007 that about half the New Zealand rural hospital medical workforce were 'Medical Officers Special Scale', working under general registration, who contributed about 80 percent of the medical hours worked in rural hospitals. About a third of the rural hospital positions were vacant, and staff turnover was high, with more than 50 percent of doctors leaving their positions within two years. There were concerns about doctor isolation, lack of supervision and lack of recognised standards for training and professional development.[1]

Similarly, a workforce survey in 2010, shortly after the recognition of the RHM scope of practice, found a serious shortage of doctors for rural hospitals and high use of locum staff.[2]

However, results of a survey conducted in 2015 showed an improvement in the workforce situation. Whilst a shortage of rural hospital doctors still existed, it was markedly less critical. Far fewer locums and non–vocationally registered doctors were being employed. In addition, more respondents indicated that their workplace had a designated medical leader and active clinical governance process.[3]

The profile of the registrars coming through the Division's training programme also gives cause for optimism. The new registrars are younger and are much more likely to be New Zealand–trained and female. More are also from a rural background: rural background is an important indicator that students and registrars will take up rural practice.[3]

The development of the 2008 New Zealand RHM curriculum was aided by the Australian College of Rural and Remote Medicine (ACRRM), which generously gave permission for its curriculum to be adapted to a New Zealand setting and provided expert advice on the development of the RHM curriculum, aligned to the New Zealand context.

In 2017, the Division's curriculum was reviewed to ensure currency and appropriateness for purpose. Further reviews will occur as required, based on formal research, evaluation and internal and external moderation. The Division is committed to consulting with Māori and communities in the ongoing process of review.

Recent research indicates that 19 percent of all New Zealanders rely on rural health services.[4] The rising profile of RHM not only ensures that rural hospital issues are mainstreamed, but also that ways to improve rural health are more likely to be explored through education, policy, research and professional support. In recent decades, an international scientific literature on rural medicine has emerged, associated with new academic, governmental and collegial structures – and the curriculum reflects these disciplinary developments.

However, the Division is aware of the insufficiency of research and scholarship on New Zealand rural health issues. We hope that the curriculum will help to focus rural hospital registrars' and doctors' thoughts on asking and answering research questions arising in their practice, in order to improve health and wellbeing in their communities, and to contribute to wider research and scholarship in the field. This will better enable rural hospital doctors to be leaders and advocates for their communities in population health issues.

Rural hospital medicine definition

RHM is a broad scope of practice that intersects with many medical specialties, other health practitioners, and community services, in ways that make it a separate and unique specialty. The scope includes a wide range of procedural skills at the secondary care level, including skills in managing complex cases with limited resources.

Breadth is the defining feature of RHM, and the extended generalist doctor holds a range of clinical roles and responsibilities distinguished by a context of:

- relative professional independence
- relatively limited staffing and resources; for example, laboratory and imaging facilities
- distance from specialist and specialty facilities
- communities with varied patterns of health
- unique sociocultural environments.

Rural generalist doctors use a wide range of procedural skills to treat diverse populations across a range of settings. The rural hospital doctor must have the skills necessary to deal, at least initially, with any presenting medical problem; they undertake shared care arrangements with urban-based specialists, involving the identification of serious illness at an early stage, arranging transfers, and managing complex care; and they are involved in community health initiatives.

RHM requires a high reliance on clinical skills and professional judgment, and also on effective multidisciplinary teamwork. Rural doctors use initiative to identify sources of knowledge and resources. Rural hospital generalists may also have specialist skills that make a valuable contribution to generalist medical cover at a rural hospital.

The Medical Council of New Zealand has gazetted the scope of RHM with this statement:

> The vocational scope of rural hospital medicine practice is determined by its social context, the rural environment. The demands of this environment include professional isolation, geographic isolation, limited resources and special cultural and sociological factors. The single factor that most determines this scope of practice, its depth and its nature, is that it is practised at a distance from comprehensive specialist medical and surgical services and investigations. A broad body of knowledge, skills and attitudes, not common to any other medical vocational group, is required to deliver optimum secondary care patient outcomes in rural hospitals. Working in a rural area demands high levels of individual responsibility and clinical judgment.
>
> In contrast to rural general practice, the other rural medical scope of practice, rural hospital medicine is orientated to secondary care, is responsive rather than anticipatory and does not continue over time.

A rural hospital is defined by the Medical Council as “a hospital staffed by suitably trained and experienced generalists, who take full clinical responsibility for a wide range of clinical presentations. While resident specialists may also work in these hospitals, cover is limited in scope or less than full-time”.

There is a considerable variation in New Zealand rural hospitals. The Division recognises three levels of rural hospital:

1. **Visiting medical cover once a day**, no onsite laboratory, limited radiology
2. **Onsite medical cover in working hours**, some point-of-care testing, on-call radiographer
3. **24-hour medical cover**, radiology and laboratory services, may have some specialist cover.

RHM doctors must be able to adapt to these contexts, and be responsive to differences in local communities and to health needs that may relate to patient living conditions, social isolation, socioeconomic situations and or/distance from health services.

Curriculum overview

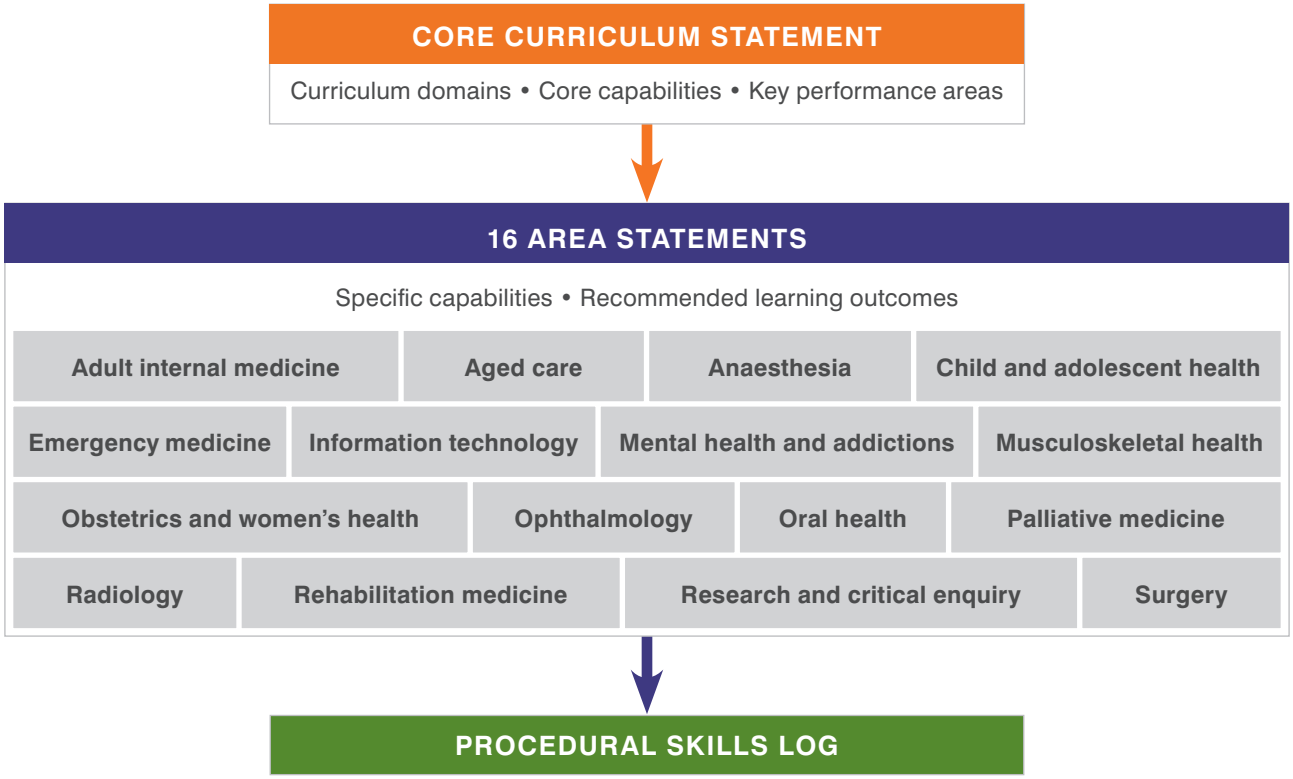
The RHM curriculum and training programme is for doctors who wish to specialise in RHM after completing their undergraduate degrees and postgraduate intern years. The curriculum defines the knowledge, skills, values and attitudes RHM doctors need to work successfully and safely in this context, from postgraduate years to Fellowship and beyond. It guides and supports registrars to demonstrate and achieve the required capabilities and is a resource for RHM educators to facilitate registrars' learning.

The curriculum enables assessors to develop valid and reliable assessments of the required capabilities, and it guides the professional development of vocationally registered rural hospital doctors to ensure their knowledge, skills, values and attitudes continue to reflect contemporary practice.

The curriculum consists of:

- the **core curriculum statement**, which details the six curriculum domains of RHM and the core capabilities in each domain. It also describes how the curriculum is delivered and assessed.
- the **16 area statements**, which detail the capabilities specific to each curriculum area. Each area statement also includes a learning frame, which contains more specific information regarding common and important clinical conditions within the specialty and considerations for their diagnosis and management in the rural hospital environment.
- the **skills log**, which lists the specific procedural skills that a Fellow of the Division must be familiar with.

The curriculum reflects an evolving professional speciality, and the Division is committed to ongoing monitoring of its relevance, currency and efficacy.



Principles

The overall goal of the Division is to promote excellence in rural hospital medical care.
The following principles underpin the RHM curriculum:

The generalism of the RHM role

Rural hospital doctors commonly work in a range of roles and rural settings, with many dividing their time between multiple settings. Distance from tertiary services and local workforce restrictions create unique challenges that are best addressed by distinctive, functional and contemporary models of interdisciplinary teamwork. Multidisciplinary and multiskilled teamwork is a core feature of rural practice. Rural practitioners may also require higher levels of local management and collaboration to ensure ongoing care. They have diverse, advanced and extended practice roles.

Te Tiriti o Waitangi / Treaty of Waitangi

The Division recognises the status of Te Tiriti o Waitangi/Treaty of Waitangi and the principles of Partnership, Participation and Active Protection derived from the Treaty, as the guide to relationships between Māori and the Crown.

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities, and with Māori organisations and health providers, to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision making, planning, development and delivery of services.
- **Protection** involves working proactively to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.[5]

Indigeneity

Indigeneity is about a set of rights that indigenous peoples reasonably expect to exercise in modern times. The recognition and valuing of indigeneity in New Zealand largely rests on Te Tiriti o Waitangi/Treaty of Waitangi.

The Division recognises Māori as tangata whenua and values indigeneity. Valuing indigeneity requires a focus on delivering outcomes for Māori that take into account the beliefs and values of Te Ao Māori (the Māori world), and facilitates participation in Te Ao Māori. This includes recognition of Māori as a diverse but distinct people with their own world view and ways of doing things. This also includes recognising the importance of comparing Māori health status to that of other population groups or individual health status.[6]

Recognition of Māori as tangata whenua warranting unique rights has also been encoded in most law across the economic, environmental and social policy arenas – including in health (the Public Health and Disability Act 2000).[6]

Culturally competent practice

Cultural competence requires an awareness of cultural diversity (including within cultural groups), and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds. Culturally competent practice means a doctor has the attitudes, values, skills and knowledge needed to achieve this.

A doctor's own culture, language and belief system influence their interactions with patients and patients' family/whānau and will impact on the rural doctor–patient relationship. Furthermore, patients' cultures affect the ways they understand health and illness, how they access health care services and how they respond to health care interventions.

The purpose of cultural competence is to improve the quality of health care services and outcomes for all patients, and importantly, to address the health inequities experienced by Māori and other population groups.[7,8,9] The aim of culturally competent practice includes providing a culturally safe experience for the patient and their family/whānau, in which the patient and their family/whānau are empowered to meaningfully contribute to and manage their own positive health outcomes.[10]

Equity and health disparities

As a principle, 'equity and health disparities' is concerned with eliminating avoidable, unfair and unjust systematic disparities in health outcomes.

The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people. The concept acknowledges that differences in health status are the result of health determinants, including systemic factors such as differences in access to resources and care or in the quality of that care which is necessary for people to lead healthy lives.[8,11] Thus the concept of health equity acknowledges that different types and levels of resources may be required for equitable health outcomes to be achieved for different groups. Improving Māori access to care will be a key contribution of rural hospital doctors towards achieving health equity by championing the provision of high quality health care that delivers equitable health outcomes for Māori, developing a knowledge base about ways to effectively deliver and monitor high quality health care for Māori, and providing high quality health care that meets the health care needs and aspirations of Māori.[12]

The College has a Māori Strategy, *He Ihu Waka, He Ihu Whenua, He Ihu Tangata*, to promote the achievement of equity of health care for Māori and to recognise the specific rights that Māori are entitled to as the indigenous population of New Zealand.

The Division is committed to a strengths-based and Whānau Ora approach (see below), along with improving health literacy, as components for ensuring equitable access to health services that are responsive to the aspirations and needs of Māori and for achieving equitable health outcomes for Māori and all New Zealanders.

Strengths-based approach

A strengths-based approach operates on the assumption that people have strengths and resources for their own empowerment. In focusing on the strengths and abilities of people and communities, this approach does not ignore inequities or problems. Rather, the frame of reference is shifted to define, critically analyse, and understand the issues related to equity, health disparities and related determinants of health and wellbeing, including the impacts of colonisation and consequent systemic inequities.

Whānau Ora

The Ministry of Health's Māori Health Strategy, *He Korowai Oranga*, makes explicit the importance of supporting the health of Māori not only as individuals but as whānau. Whānau Ora has been identified as a preferred framework for Māori health care by Māori and is recognised in the sector for its relevance to primary health care.

The concept of Whānau Ora is about supporting and empowering Māori (as individuals, whānau, hapū and iwi) to improve health outcomes for themselves as Māori. The implication for RHM is that rural hospital doctors will contribute to the generation of self-

management knowledge and skills, which whānau take ownership of, such that whānau are empowered to understand the causes of health problems, act to prevent or manage health issues, and to confidently participate in Te Ao Māori and in society.[13,14]

To achieve Whānau Ora, rural hospital doctors acknowledge the central role that whānau play for many Māori as a source of strength, support, security and identity. Whānau Ora also includes taking an inter-agency approach to providing health and social services to build the capacity of and empower whānau as a whole, rather than focusing separately on individual family members and the challenges they face in isolation.[15]

Health literacy

Good health literacy practice contributes to improved health outcomes and reduced costs and, along with Whānau Ora and strengths-based approaches, contributes to achieving health equity for Māori.

Health literacy is about people being able to obtain, understand and use basic health information to navigate health services and make appropriate health decisions. A health-literate health system reduces barriers for individuals and whānau accessing health care. It also builds the health literacy skills of its workforce and of the individuals and whānau who use its services. Research has shown there is a strong relationship between a person's health literacy and their health status.[16]

As part of providing equity of health care for Māori and all New Zealanders, rural hospital doctors are responsible for communicating health information in a way that people can understand,[17] ensuring that services are easy to access and navigate, empowering people to make informed choices,[18] and integrating knowledge and skills into their routine self-management practices.

Ethical practice

Rural hospital doctors will often deal with challenging ethical issues when helping and caring for their patients. Some decisions can be very complex and may include end-of-life issues, consent and confidentiality. The Division requires registrars and Fellows to be familiar with and practise according to the ethical standards and guidelines as set out in the Medical Council of New Zealand's *Good Medical Practice* and *Cole's Medical Practice in New Zealand*. These set out principles of ethical behaviour for doctors, including recommendations for ethical practice.

It is also critical that medical practice in New Zealand gives effect to the principles of Te Tiriti o Waitangi/Treaty of Waitangi of partnership, participation and active protection.

There are key ethical concepts that are important for Māori and that arise in generalist practice.[19] For example, in the health research context, the Māori ethics framework Te Ara Tika draws on the principles of Te Tiriti o Waitangi/Treaty of Waitangi and strands from tikanga Māori to define the following four tikanga-based principles as the primary ethical principles to guide engagement with Māori: whakapapa (relationships), tika (research design and practice), manaakitanga (cultural and social responsibility), and mana (justice and equity).[19]

Continuous quality improvement

RHM requires a commitment to continuous quality improvement (CQI) to monitor, evaluate and improve systems and performance, to provide the best possible health outcomes. The purpose of CQI is that it leads to improvement through change. Unless we learn from evidence or information, it is unlikely that we will know what, or where, to improve. CQI is a useful approach because it provides simple, systematic tools and approaches to reflect and act on the best information available. Understanding outcomes of care is an essential part of the process because it informs the development of RHM solutions and activity to improve care for patients.

Patient-centred care

Patient-centred care explores the values and concerns of the patient and their family/whānau, recognises their need for information, and seeks to understand their world. It involves finding common ground with the patient about the nature of the issues for which they have sought help and reaching a mutually agreed management plan.

In cases where care is ongoing, the rural hospital doctor balances the needs of individuals, whānau/families and communities with the available resources, and ensures that others involved with the case are aware of patient and family/whānau decisions.

Evidence-based medical practice

Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of patients. The practice of evidence-based medicine means integrating clinical expertise – the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice – with the best available external clinical evidence from systematic research.[20]

Curriculum domains and core capabilities

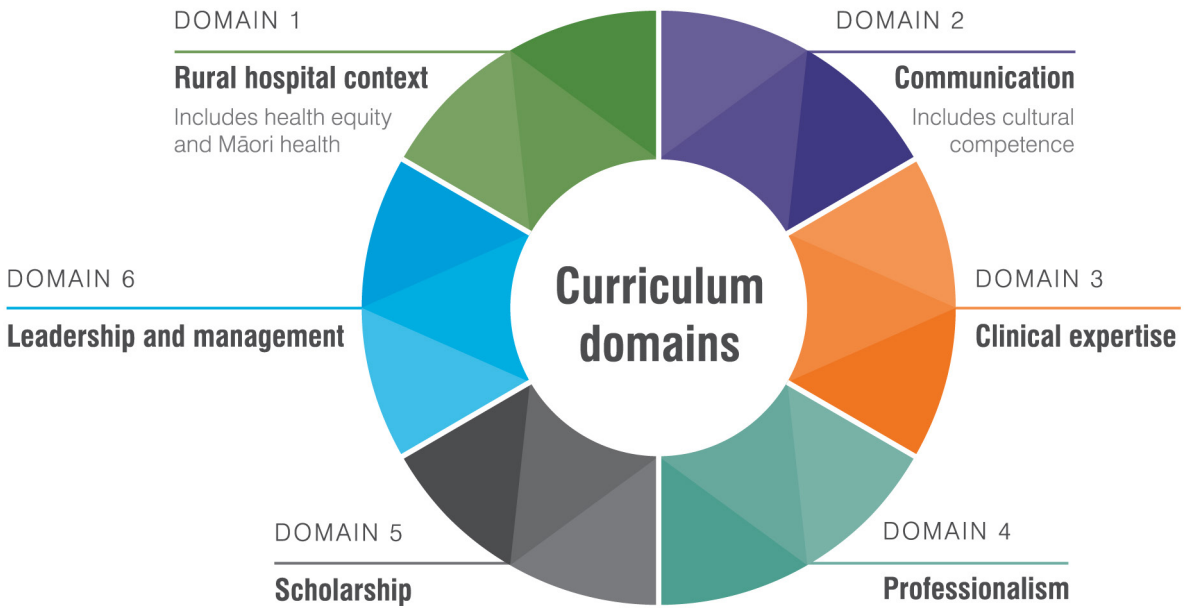
The six domains

The curriculum identifies the core capabilities* (knowledge, skills, values and attitudes) required of a rural hospital doctor working in New Zealand. These are organised under six domains:

1. Rural hospital context
2. Communication
3. Clinical expertise
4. Professionalism
5. Scholarship
6. Leadership and management

Additional capabilities for **health equity and Māori health** have been included under Domain 1: Rural hospital context, and additional capabilities for **cultural competence** have been included under Domain 2: Communication.

The domains are also used as an organising frame for the capabilities described in each of the 16 curriculum area statements.



* The term 'capability' describes the ability to use knowledge, understanding and practical skills to the standard required of a vocationally registered rural hospital doctor in New Zealand.

DOMAIN 1: Rural hospital context

RHM is characterised by independence in decision-making and responsiveness to community needs. RHM Fellows are skilled at working interprofessionally and they are aware of local patterns of health and how these vary in different rural hospitals. They understand the history of rural New Zealand and its relevance to health care, including the role of Te Tiriti o Waitangi/Treaty of Waitangi and the impact of colonisation on health inequities.

Many factors affect patient care in the rural hospital context. These factors can be patient specific (age, comorbidity, preference, family/whānau), hospital specific (skill mix, resources, technical support), referral hospital specific (local protocols, collegiality of specialists), and transfer related (availability, level of escort). Combinations of these factors may complicate the management of a given presentation.

Understanding of the rural hospital context gives Fellows the background knowledge and appreciation to clearly understand what can (or cannot) be safely managed in a rural hospital.

Core capabilities

Fellows of the Division of RHM are able to:

- understand and apply the principles of Te Tiriti o Waitangi/Treaty of Waitangi to RHM.
- understand the role of the rural hospital in the broader continuum of health care.
- recognise that all New Zealand rural hospitals are unique in the range and level of services they provide to their community.
- understand the issues surrounding the appropriate resourcing of rural hospitals, including diagnostic services, equipment, drugs and personnel.
- act as an effective member of the rural hospital multidisciplinary team.
- develop effective working relationships with other providers such as GPs, visiting specialists and referral-hospital staff.
- provide direct and distant clinical supervision and support for other rural health care personnel.
- provide both acute and longitudinal care of patients in the rural hospital in collaboration with primary care and specialist services.
- provide effective and safe clinical care where diagnostic resources are not readily available.
- refer appropriately to the referral hospital with an understanding of those issues that can impact on the decision to treat locally or refer, including patient (and family/whānau) preference, resource availability, transport availability, and potential benefits and harms.
- communicate effectively with the patient and their family/whānau when referral is being considered, to provide relevant information such that they are able to make an informed decision about their desired location and level of care.
- develop an understanding of the disease incidence, treatment patterns and referral rates of the local hospital, and how these may differ from other rural hospitals.
- contribute to wider aspects of rural hospital function, including but not limited to strategic planning, accreditation processes, teaching and disaster management planning, and contribute to national awareness of rural hospital function.
- demonstrate resourcefulness, independence and self-reliance while working effectively in geographical, social and professional isolation.
- become effective members of rural communities.
- practise in a manner that recognises the realities of rural health and community life.

Health equity and Māori health capabilities

The New Zealand Health Strategy acknowledges "the special relationship between Māori and the Crown under the Treaty of Waitangi".

Non-Māori have significantly better health outcomes than Māori, even after associated socioeconomic factors have been controlled for. Māori receive fewer referrals, fewer diagnostic tests and less effective treatment plans than non-Māori. On average, Māori die 8–10 years earlier than non-Māori, with almost double the rate of avoidable deaths. Māori make up a relatively high proportion of the population in highly rural and remote areas in the North Island.[21,22]

For these reasons, the policies adopted and care provided within rural hospitals need to have at their core a purpose to eliminate health disparities between Māori and non-Māori, while safeguarding Māori cultural concepts, values and health care practices.

Core capabilities

Fellows of the Division of RHM are able to:

- understand tikanga Māori values, holistic models and concepts of health and health care, and the strengths derived from these.
- develop expertise in consultation skills with Māori and the ability to work within tikanga Māori models of care.
- understand the epidemiology of Māori health in New Zealand and the relationship to common disease patterns in the wider New Zealand community.
- recognise, assess and manage health issues in rural Māori communities.
- understand the role of Māori health care workers in the delivery of health care to Māori people.
- work with rural communities and health services to address inequities in health access and outcomes for rural Māori patients.
- develop an understanding of the cultural, social and political values of the rural hospital and the community it serves.
- work with culturally diverse and disadvantaged groups to address barriers to access to health services.

DOMAIN 2: Communication

Good communication skills enable rural hospital doctors to facilitate optimal patient care. With these skills, doctors move freely between the patient's experience and clinical problem-solving in an environment of trust, compassion, confidentiality and cultural competence. Skilled communication facilitates effective relationships with the patient and their family/whānau, the rural hospital team, other hospitals and health providers, and community agencies.

Good communication implies an ability to concisely and accurately convey relevant information in both written and oral forms, and includes electronic communication.

Core capabilities

Fellows of the Division of RHM are able to:

- develop rapport and trust with patients and their families/whānau, establishing patient-centred relationships that respect their needs, concerns, beliefs and expectations.
- obtain informed consent from the patient for any assessment, treatment or procedure.
- communicate findings of clinical assessment effectively and sensitively to the patient and their family/whānau.
- make use of official interpreters, key hospital or community contacts and/or interpreter tools/devices where language barriers exist between the medical team and the patient and their family/whānau.
- educate the patient and their family/whānau about their clinical condition/s, provide relevant information and negotiate management plans, including short- and long-term goals.
- communicate effectively with other health professionals and providers to ensure best possible outcomes for patients, including effective clinical handover to team members and the primary care provider, timely and quality communications with involved parties where transfer is anticipated, and shared-care arrangements with referral-hospital health professionals, with clear understandings of each other's role and responsibilities.
- make appropriate use of e-health and telehealth resources to provide effective patient care and facilitate access to specialist knowledge and advice.
- effectively manage challenging situations, such as patient aggression, grief, anger and/or confusion; misunderstandings; conveying bad news; and formal and informal complaints.

Cultural competence

The cultural diversity of both our rural communities and the rural hospital workforce means that crosscultural doctor–patient interactions commonly occur. Rural hospital doctors need to effectively communicate, interact and negotiate management plans with patients and their families whose cultures differ from their own.

Cultural competence is defined as the awareness of cultural diversity and the ability to function effectively and respectfully when working with, and treating people of, different cultural backgrounds.

A culturally competent rural hospital doctor acknowledges that:

- New Zealand has a culturally diverse population.
- a doctor's cultural and belief systems influence their interactions with patients and their families/whānau and potentially affect the doctor–patient relationship.
- a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.

To work successfully with patients and families of diverse cultural backgrounds, a doctor demonstrates appropriate attitudes, awareness, knowledge and skills. Specific attitudes, knowledge and skills are detailed in the Medical Council of New Zealand's documents *Statement on cultural competence* and *Statement on best practices when providing care to Māori patients and their whānau*.

The need to develop cultural competence is predicated by:

- statutory responsibilities:
  - Section 118(i) of the Health Practitioners Competence Assurance Act 2003 requiring that health practitioners observe standards of cultural competence, as set by their professional authority.
  - The Code of Health and Disability Services Consumers' Rights.
- Te Tiriti o Waitangi/Treaty of Waitangi.

Core capabilities

Fellows of the Division of RHM are able to:

- understand culturally safe practice and reflect on their own assumptions, cultural beliefs and emotional reactions in providing culturally safe care.
- develop the appropriate attitudes, knowledge and skills to work successfully with patients of different cultural backgrounds.
- relate effectively to patients and families/whānau of diverse life stages, cultural backgrounds, gender identity, sexuality, socioeconomic status, and personal (including religious and spiritual) beliefs.
- understand how a patient's cultural characteristics or issues might impact on disease prevalence, clinical presentation, access to health services, clinical management, patient outcomes and the doctor–patient relationship.
- contribute to creating a culturally inclusive environment at the rural hospital.
- engage with the local rural community, with respect for its norms and values.

DOMAIN 3: Clinical expertise

Rural hospital doctors manage patients with a wide range of medical and surgical conditions, from simple to complex and acute to chronic. They work within the limits of their own personal expertise and the resources of their hospital and geographical environments, and with awareness and safe-handling of the risks associated with uncertainty. They work with other health professionals locally and at a distance, and use evidence-based medicine to guide decision making and patient care. Rural hospital doctors determine the requirement, and appropriate and safe stage, for transfer or retrieval of the patients they see, anticipating the potential for deterioration and the urgency of specialist review and treatment.

Core capabilities

Fellows of the Division of RHM are able to:

- recognise the levels and limits of their own knowledge and skills in relation to the different specialty areas.
- understand the pathophysiological basis of diseases that commonly present to rural hospitals and the pharmacology of medications used in the treatment of these diseases.
- understand the rationale, risks and benefits for the procedural techniques commonly performed in rural hospital practice.
- understand the uses and limitations of imaging techniques.
- undertake early triage, assessment and management of patients with acute or life-threatening conditions.
- take an informative history, conduct a competent physical examination, undertake relevant investigations and procedures, and determine an appropriate management plan for patients presenting to rural hospitals.
- refine the working diagnosis over time through clinical reasoning and the use of investigations, while co-managing the risks associated with uncertainty, such as incorrect diagnosis and management.
- understand the likely course of major illnesses and use this together with knowledge of their own and local resource limitations to make appropriate, timely and safe decisions to refer and transfer the patient.
- decide on the appropriate means of transport, accompanying escort and resources required for safe inter-hospital transfer, taking into consideration the clinical situation, service and transport capabilities, patient (and family/whānau) preferences and local geography.
- develop skills in the management of complex cases with limited resources, including diagnostic imaging and laboratory services, and allied health, specialist medical and nursing staff.
- use evidence-based medicine to guide clinical decision-making.
- understand the importance of continuity and coordination of care.
- undertake early multidisciplinary discharge planning.

DOMAIN 4: Professionalism

Rural hospital doctors, like all doctors, meet high professional and ethical standards, and they apply these to the unique challenges that arise in the rural environment. They need self-awareness, cultural competence and knowledge of issues relating to care, confidentiality, privacy and the involvement of family/whānau.

Rural hospital doctors must know how to manage clinical risk, which may potentially be greater than that faced by urban counterparts, and they are able to actively participate in a range of hospital systems. They must undertake ongoing professional development, provide collegial support when needed and contribute to the development of the profession.

Core capabilities

Fellows of the Division of RHM are able to:

- demonstrate attitudes and behaviour to a standard expected of a medical practitioner.
- display insight into and knowledge of the impact of their own attitudes, values and behaviour on their clinical practice and professional relationships.
- recognise the impact of their professional role on self and family, and develop and apply strategies for self-care, personal support and caring for family.
- demonstrate cultural competence in all aspects of practice.
- demonstrate a commitment to the principles of coordination of care and the provision of continuity of care.
- be aware of duty of care issues arising from providing medical care to self, family, friends, colleagues and acquaintances, such that care is provided in a professional and ethical manner.
- understand and reflect on issues around confidentiality, privacy, and the involvement of family/whānau in patient care in rural communities, and the importance of establishing protocols that outline confidentiality and integrity requirements to staff.
- ensure valid and informed consent is obtained when undertaking assessment and procedures.
- advocate for patients and colleagues where necessary.
- adhere to medicolegal requirements of patient record management and maintain timely and accurate patient documentation in hospital records, including drug prescription and administration and follow-up of diagnostic results.
- recognise and manage clinical risk in all aspects of patient care and develop robust strategies for safely dealing with clinical uncertainty.
- develop an understanding of the incidence and effects of medical error in the rural hospital context and the systems designed to monitor, investigate and reduce associated harm.
- understand the structures of institutional and clinical governance within the rural hospital and actively participate in them.
- plan for and engage in professional development activities, including planning the direction of their personal career.
- display a commitment to self-directed learning, continuing education, peer review and the conduct of quality assurance activities.
- participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health.
- provide collegial support for peers, including formal Medical Council of New Zealand collegial relationships and supervision for other doctors working in the scope of RHM.
- develop professional networks and take on roles that contribute to the profession.

DOMAIN 5: Scholarship

RHM comprises a body of knowledge, skills, attitudes and professional values unique to the rural context. The definition and maintenance of RHM standards is primarily the responsibility of rural hospital medical practitioners, acting as a community of professionals.

As such, rural hospital doctors continuously appraise, reflect on and evaluate their practice to extend their knowledge and skills. They critically appraise research, and they contribute to rural hospital clinical guidelines and system improvement. Many are actively involved in research and in building the academic base of the profession.

Core capabilities

Fellows of the Division of RHM are able to:

- appraise and reflect on personal clinical performance, seek and identify ways to meet personal learning needs, engage in the learning process and evaluate outcomes.
- identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population.
- find and make use of available resources for patient information and support, such as print, electronic information, and local organisations and support groups.
- develop skills and knowledge in research methodology and critical appraisal to inform evidence-based clinical decision-making.
- facilitate the education and training of undergraduate trainees, junior doctors and other health professionals.
- contribute to the development of rural hospital clinical guidelines and continuing system improvements within their hospital/s, and contribute to the development of regional and national guidelines.
- where appropriate, undertake research, publish and present papers relevant to RHM.
- where appropriate, undertake academic leadership roles.

DOMAIN 6: Leadership and management

RHM doctors must maintain a wide range of effective professional relationships, including with members of the hospital team, the local referral hospital, primary care teams and other services and agencies. In an emergency situation, they can be relied on to show leadership.

Leadership and management skills are also necessary to initiate and manage change and to participate in institutional activities, such as those that relate to safety improvement and risk management. They are able to extend these skills to activities that contribute to the development of RHM nationally.

Core capabilities

Fellows of the Division of RHM are able to:

- contribute medical expertise and leadership to the hospital team.
- develop and maintain a good working relationship with primary care teams, local referral-hospital acute services, ambulance services, mental health services, and other individuals or agencies.
- demonstrate commitment to teamwork, collaboration with specialist teams and coordination and continuity of care.
- engage with multidisciplinary colleagues in systems and infrastructure management and planning, demonstrating leadership where appropriate.
- use leadership skills to initiate appropriate change to enhance the quality of care for patients.
- assist in the development of hospital protocols and policies.
- participate in institutional quality and safety improvement and risk management activities.
- participate in the development and implementation of disaster plans, post-incident analysis and debriefing.
- contribute to the management of human and financial resources within a health service.
- recognise the difference between management and governance in rural hospitals, and contribute actively within governance teams.

Curriculum content areas

The 16 content areas

There are 16 area statements in the curriculum. Each statement lists the specific capabilities for that area, grouped in the six domains, as well as a frame of knowledge and skills relevant to that area. The content areas are:

1. Adult internal medicine
2. Aged care
3. Anaesthesia
4. Child and adolescent health
5. Emergency medicine
6. Information technology
7. Mental health and addictions
8. Musculoskeletal health
9. Obstetrics and women's health
10. Ophthalmology
11. Oral health
12. Palliative medicine
13. Radiology
14. Rehabilitation medicine
15. Research and critical enquiry
16. Surgery

Specific capabilities and recommended learning outcomes for each content area are provided in the accompanying document **RHM Curriculum Area Statements**.

Curriculum delivery

Overview

The RHM training programme is based on an educational philosophy that recognises rural hospital doctors as adult life-long learners who work within a constantly changing health environment. Learning on the programme is primarily experiential and problem based. Learners are expected to bring a high level of self-review, reflection and critical analysis of current practice to their experiences in the programme.

The training programme is intentionally flexible, since doctors come to it from different backgrounds, with many bringing a wealth of experience. It is expected that, alongside guided learning, registrars will seek out opportunities to best meet their own learning needs. Whilst the standard training pathway is four years, the timing of learning may vary for individuals because of, for example, family commitments.

The curriculum defines the knowledge, skills, values and attitudes necessary for rural hospital doctors to competently and safely provide patients and their families/whānau with excellent medical care. It is intended to provide clarity and transparency regarding expected learner outcomes on the programme and to guide activities in the training programme and self-directed learning by registrars and Fellows of the Division. There is explicit recognition in the curriculum of the cultural and ethnic diversity of rural hospital registrars and their communities.

The curriculum is delivered primarily through a combination of:

- academic learning (specific papers from the Postgraduate Diploma in Rural and Provincial Hospital Practice, University of Otago, or the Emergency Medicine Certificate from the Australasian College for Emergency Medicine, or specific papers from The University of Auckland's Faculty of Medical and Health Sciences)
- compulsory, recommended and elective clinical attachments at accredited sites
- required and recommended resuscitation certificates
- a reflective portfolio, skills log and rotational supervisor reports.

Every registrar is supported by an educational facilitator, who is a Fellow of the Division, and by the Division itself. In clinical runs, the registrar is also supported by a rotational supervisor, who is an appropriately qualified and vocationally registered doctor in the scope of the run. The quality of the learning environment and the registrar's relationships with both the rotational supervisor and the educational facilitator are fundamental to the delivery of the curriculum.

RHM registrars will need to travel to obtain all their training, and their circumstances and the requirements of the training programme will necessitate a wide range of learning opportunities.

The learning experiences on the programme include:†

- mentoring from a vocationally registered rural hospital doctor
- formal structured learning, such as seminars, workshops and clinics
- academic learning, using a combination of readings, internet teaching, video conferences, study groups and residential workshops, including on a marae

† The full requirements of the programme are set out in the DRHM Fellowship Pathway Regulations.

- training under other vocational scopes
- telehealth consultations
- observing the consultation styles of other health professionals
- case-based learning
- peer discussion and review
- use of a skills log, reflective portfolio and learning plans
- opportunities to further develop cultural competency, and to participate in initiatives for improving health equity
- multisource feedback
- formative assessment activities, such as the Mini Clinical Evaluation Exercise (miniCEX).

As the registrar progresses through the programme, their learning becomes increasingly independent and self-directed. Senior registrars may identify further learning needs that are best met through training under other vocational scopes in either hospital-based or community environments and/or through approved courses or certificates.

RHM registrars may train concurrently with other programmes, such as general practice or emergency medicine.

Curriculum assessment

Assessment of learning

RHM registrars are assessed on their clinical skills, knowledge, values and attitudes throughout the vocational pathway.

Assessment is twofold. Formative assessment gives registrars feedback to identify areas in which they are strong and areas where further learning is needed. Formative workplace assessments ensure structured feedback is an integral part of learning. Summative assessments provide an indication of progress on the programme and determine whether the registrar has met the standard for Fellowship.

The registrar's learning and its ongoing assessment is recorded through a portfolio, which is held by the registrar. By the end of training, it will contain the following:

- Results of required university examinations
- Records of clinical attachments and reports of rotational supervisors
- Results of miniCEX assessments undertaken
- A reflective portfolio kept by the registrar on their practice
- A skills log kept by the registrar detailing skills undertaken and the level of competency reached
- Multisource feedback
- Structured Assessment using Multiple Patient Scenarios (StAMPS) exam results
- Certificates from resuscitation skills courses
- Documentation confirming participation (or results of assessments) from any other courses, conferences or training activities.

Key performance areas

The core capabilities outlined in the curriculum and the assessment activities on the learning programme are linked through a set of key performance area statements that describe the essential professional activities in RHM. These 'key performance areas' are cross-domain outcomes, which summarise the core capabilities of the curriculum.

The RHM key performance areas

1. Understand the context of rural hospital care
2. Communicate with patients and other professionals in ways that facilitate optimal patient care
3. Use clinical judgment and skills to assess, diagnose, treat and manage patients in a rural hospital context
4. Demonstrate cultural competency in the rural context
5. Manage clinical risk and uncertainty
6. Work effectively with others to facilitate optimal care in a rural setting
7. Make appropriate and safe decisions regarding referral and transfer of patients, and recognise the limits of personal expertise
8. Use available resources wisely to maximise health outcomes
9. Recognise and address inequities in health access and outcomes
10. Develop and maintain personal and professional integrity and behaviours that support effective patient care
11. Participate in and contribute to the development of systems for the provision of quality care
12. Contribute to population health and community initiatives in the rural context
13. Demonstrate leadership and management skills in the rural hospital context
14. Undertake continued professional development in RHM
15. Contribute to the profession of RHM.

The relationship between these professional activities and the training programme assessment methods is shown in Table 1. The relationship between these key performance areas and the curriculum domains and core capabilities is shown in Table 2.

Fellowship assessment

The final assessment on the training programme is a visit by a Fellowship assessor, who is senior Fellow of the Division. This visit usually occurs towards the end of the registrar's final clinical placement.

The Fellow examines the registrar's portfolio and practice to ensure it is safe, competent and meets the standards for Fellowship.

A doctor who achieves Fellowship of the Division has achieved the defined standards for vocational registration as a rural hospital doctor in New Zealand.

For more detail on the specific requirements for Fellowship, see the DRHM Fellowship Pathway Regulations. For more information on how the programme operates see the DRHM Training Programme Handbook.

Table 1. Key performance areas and assessment methods

Key performance areas		Reflective portfolio	Skills logbook	Academic papers	miniCEX	Supervisor reports	MSF	StAMPS	Fellowship assessment visit
1	Understand the context of rural hospital care	X		X	X	X	X	X	X
2	Communicate with patients and other professionals in ways that facilitate optimal patient care	X		X	X	X	X	X	X
3	Use clinical judgment to assess, diagnose, treat and manage patients in a rural hospital context	X	X	X	X	X	X	X	X
4	Demonstrate cultural competency in the rural context	X		X	X	X	X	X	X
5	Manage clinical risk and uncertainty	X		X	X	X	X	X	X
6	Work effectively with others to facilitate optimal care in a rural setting	X			X	X	X	X	X
7	Make appropriate and safe decisions regarding referral and transfer of patients, and recognise the limits of personal expertise	X		X	X	X	X	X	X
8	Use available resources wisely to maximise health outcomes	X	X		X	X	X	X	X
9	Recognise and address inequities in health access and outcomes	X		X	X	X			X
10	Develop and maintain personal and professional integrity and behaviours that support effective patient care	X			X	X	X		X
11	Participate in and contribute to the development of systems for the provision of quality care	X				X	X		X
12	Contribute to population health and community initiatives in the rural context	X		X		X			X
13	Demonstrate leadership and management skills in the rural hospital context					X	X		X
14	Undertake continued professional development in RHM	X	X						X
15	Contribute to the profession of rural hospital medicine	X	X						X

Table 2. Key performance areas, domains and core capabilities

Key performance areas	Domain core capabilities
1 Understand the context of rural hospital care	**Domain: Rural hospital context** › Understand and apply the principles of Te Tiriti o Waitangi/Treaty of Waitangi to RHM › Understand the role of the rural hospital in the broader continuum of health care › Recognise that all New Zealand rural hospitals are unique in the range and level of services they provide to their community › Develop an understanding of the disease incidence, treatment patterns and referral rates of the local hospital, and how these may differ from other rural hospitals. › Become effective members of rural communities › Practise in a manner that recognises the realities of rural health and community life. **Domain: Communication** › Engage with the local rural community, with respect for its norms and values.
2 Communicate with patients and other professionals in ways that facilitate optimal patient care	**Domain: Communication** › Develop rapport and trust with patients and their families/whānau, establishing patient-centred relationships that respect their needs, concerns, beliefs and expectations › Obtain informed consent from the patient for any assessment or procedure › Communicate findings of clinical assessment effectively and sensitively to the patient and their family/whānau › Make use of official interpreters, key hospital or community contacts and/or interpreter tools/devices where language barriers exist between the medical team and the patient and their family/whānau › Educate the patient and their family/whānau about their clinical condition/s, provide relevant information and negotiate management plans, including short- and long-term goals › Effectively manage challenging situations, such as patient aggression, grief, anger and/or confusion; misunderstandings; conveying bad news; and formal and informal complaints. **Domain: Scholarship** › Find and make use of available resources for patient information and support, such as print, electronic information, and local organisations and support groups.

Key performance areas	Domain core capabilities
3 Use clinical judgment and skills to assess, diagnose, treat and manage patients in a rural hospital context	**Domain: Rural hospital context** › Provide both acute and longitudinal care of patients in the rural hospital in collaboration with primary care and specialist services. **Domain: Clinical expertise** › Understand the pathophysiological basis of diseases that commonly present to rural hospitals and the pharmacology of medications used in the treatment of these diseases › Understand the rationale, risks and benefits for the procedural techniques commonly performed in rural hospital practice › Understand the uses and limitations of imaging techniques › Undertake early triage, assessment and management of patients with acute or life-threatening conditions › Take an informative history, conduct a competent physical examination, undertake relevant investigations and procedures, and determine an appropriate management plan for patients presenting to rural hospitals › Refine the working diagnosis over time through clinical reasoning and the use of investigations, while co-managing the risks associated with uncertainty, such as incorrect diagnosis and management › Use evidence-based medicine to guide clinical decision-making › Undertake early multidisciplinary discharge planning.
4 Demonstrate cultural competency in the rural context	**Domain: Rural hospital context** › Develop an understanding of the cultural, social and political values of the rural hospital and the community it serves › Understand tikanga Māori values, holistic models and concepts of health and health care, and the strengths derived from these › Develop expertise in consultation skills with Māori, and the ability to work within tikanga Māori models of care. **Domain: Communication** › Contribute to creating a culturally inclusive environment at the rural hospital › Understand culturally safe practice and reflect on their own assumptions, cultural beliefs and emotional reactions in providing culturally safe care › Develop the appropriate attitudes, knowledge and skills to work successfully with patients of different cultural backgrounds › Relate effectively to patients and families/whānau of different life stages, cultural backgrounds, gender identity, sexuality, socioeconomic status, and personal (including religious or spiritual) beliefs › Understand how a patient's cultural characteristics or issues might impact on disease prevalence, clinical presentation, access to health services, clinical management, patient outcomes and the doctor–patient relationship. **Domain: Professionalism** › Demonstrate cultural competence in all aspects of practice.

Key performance areas	Domain core capabilities
5 Manage clinical risk and uncertainty	**Domain: Professionalism** › Recognise and manage clinical risk in all aspects of patient care and develop robust strategies for safely dealing with clinical uncertainty › Develop an understanding of the incidence and effects of medical error in the rural hospital context and the systems designed to monitor, investigate and reduce associated harm.
6 Work effectively with others to facilitate optimal care in a rural setting	**Domain: Rural hospital context** › Develop effective working relationships with other providers such as GPs, visiting specialists and referral-hospital staff › Act as an effective member of the rural hospital multidisciplinary team › Provide direct and distant clinical supervision and support for other rural health care personnel › Understand the role of Māori health care workers in the delivery of health care to Māori people. **Domain: Communication** › Communicate effectively with other health professionals and providers to ensure best possible outcomes for patients, including effective clinical handover to team members and the primary care provider, timely and quality communications with involved parties where transfer is anticipated, and shared-care arrangements with referral-hospital health professionals, with clear understandings of each other's role and responsibilities. **Domain: Leadership and management** › Develop and maintain a good working relationship with primary care teams, local referral-hospital acute services, ambulance services, mental health services, and other individuals or agencies › Demonstrate commitment to teamwork, collaboration with specialist teams and coordination and continuity of care.
7 Make appropriate and safe decisions regarding referral and transfer of patients, and recognise the limits of personal expertise	**Domain: Rural hospital context** › Refer appropriately to the referral hospital, with an understanding of those issues that can impact on the decision to treat locally or refer, including patient (and family/whānau) preference, transport availability, potential benefits and harms › Communicate effectively with the patient and their family/whānau when referral is being considered, to provide relevant information such that they are able to make an informed decision about their desired location and level of care. **Domain: Clinical expertise** › Recognise the levels and limits of their own knowledge and skills in relation to the different specialty areas › Understand the likely course of major illnesses, and use this together with knowledge of their own and local resource limitations to make appropriate, timely and safe decisions to refer and transfer the patient › Understand the importance of continuity and coordination of care › Decide on the appropriate means of transport, accompanying escort and resources required for safe inter-hospital transfer, taking into consideration the clinical situation, service and transport capabilities, patient (and family/whānau) preferences and local geography.

Key performance areas	Domain core capabilities
8 Use available resources wisely to maximise health outcomes	**Domain: Rural hospital context** › Understand the issues surrounding the appropriate resourcing of rural hospitals, including diagnostic services, equipment, drugs and personnel › Provide effective and safe clinical care where diagnostic resources are not readily available › Demonstrate resourcefulness, independence and self-reliance while working effectively in geographical, social and professional isolation. **Domain: Communication** › Make appropriate use of e-health and telehealth resources to provide effective patient care and facilitate access to specialist knowledge and advice. **Domain: Clinical expertise** › Develop skills in the management of complex cases with limited resources, including diagnostic imaging and laboratory services, and allied health, specialist medical and nursing staff. **Domain: Leadership and management** › Contribute to the management of human and financial resources within a health service.
9 Recognise and address inequities in health access and outcomes	**Domain: Rural hospital context** › Work with rural communities and health services to address inequities in health access and outcomes for rural Māori patients › Recognise, assess and manage health issues in rural Māori communities › Work with culturally diverse and disadvantaged groups to address barriers to access to health services. **Domain: Professionalism** › Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health.
10 Develop and maintain personal and professional integrity and behaviours that support effective patient care	**Domain: Professionalism** › Demonstrate attitudes and behaviour to a standard expected of a medical practitioner › Display insight and knowledge into the impact of their own attitudes, values, and behaviour on their clinical practice and professional relationships › Recognise the impact of their professional role on self and family and develop and apply strategies for self-care, personal support and caring for family › Demonstrate a commitment to the principles of coordination of care and the provision of continuity of care › Ensure valid and informed consent is obtained when undertaking assessment and procedures › Be aware of duty of care issues arising from providing medical care to self, family, friends, colleagues and acquaintances, such that care is provided in a professional and ethical manner › Understand and reflect on issues around confidentiality, privacy, and the involvement of family/whānau in patient care in rural communities, and the importance of establishing protocols that outline confidentiality and integrity requirements to staff.

Key performance areas	Domain core capabilities
11 Participate in and contribute to the development of systems for the provision of quality care	**Domain: Rural hospital context** › Contribute to wider aspects of rural hospital function, including but not limited to strategic planning, accreditation processes, teaching, and disaster management planning. **Domain: Professionalism** › Adhere to medicolegal requirements of patient record management and maintain timely and accurate patient documentation in hospital records, including drug prescription and administration and follow-up of diagnostic results. **Domain: Scholarship** › Contribute to development of rural hospital clinical guidelines and continuing system improvements within their hospital. **Domain: Leadership and management** › Assist in the development of hospital protocols and policies › Participate in institutional quality and safety improvement and risk management activities.
12 Contribute to population health and community initiatives in the rural context	**Domain: Rural hospital context** › Understand the epidemiology of Māori health in New Zealand, and the relationship to common disease patterns in the wider New Zealand community. **Domain: Scholarship** › Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population. **Domain: Leadership and management** › Participate in the development and implementation of disaster plans, post-incident analysis and debriefing.
13 Demonstrate leadership and management skills in the rural hospital context	**Domain: Professionalism** › Advocate for patients and colleagues where necessary › Understand the structures of institutional and clinical governance within the rural hospital and actively participate in them. **Domain: Scholarship** › Where appropriate, undertake academic leadership roles. **Domain: Leadership and management** › Contribute medical expertise and leadership to the hospital team › Engage with multidisciplinary colleagues in systems and infrastructure management and planning, demonstrating leadership where appropriate › Use leadership skills to initiate appropriate change to enhance the quality of care for patients.

Key performance areas	Domain core capabilities
14 Undertake continued professional development as a rural hospital specialist	**Domain: Professionalism** › Display a commitment to self-directed learning, continuing education, peer review and the conduct of quality assurance activities. **Domain: Scholarship** › Appraise and reflect on personal clinical performance, seek and identify ways to meet personal learning needs, engage in the learning process and evaluate outcomes › Engage in professional development activities, including planning the direction of their personal career › Develop skills and knowledge in research methodology and critical appraisal to inform evidence-based clinical decision-making.
15 Contribute to the profession of rural hospital medicine	**Domain: Professionalism** › Provide collegial support for peers, including formal Medical Council of New Zealand collegial relationships and supervision for other doctors working in the scope of RHM › Develop professional networks and take on roles that contribute to the profession. **Domain: Scholarship** › Facilitate the education and training of undergraduate trainees, junior doctors and other health professionals › Undertake research, publish and present papers relevant to RHM.

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