

Thinking of Rural Hospital Medicine?

Rural Hospital Medicine is a speciality determined by its social context, the rural environment, the demands of which include professional and geographic isolation, limited resources and special cultural and sociological factors. It is invariably practiced at a distance from comprehensive specialist medical and surgical services and investigations.

Overview of Rural Hospital Medicine

A rural hospital doctor is a generalist who works in a rural hospital and takes full clinical responsibility for a wide range of clinical presentations

A broad generalist set of skills, knowledge and attitudes are needed to deliver optimum patient outcomes in rural hospitals. Unlike rural general practice, rural hospital medicine is orientated to secondary care, is responsive rather than anticipatory and does not continue over time.

During training rural doctors acquire a core body of generalist knowledge and specific skills and attitudes needed to practise competently in a rural environment and a rural hospital.

Specialty Training

The training programme is divided into:

- an academic programme (spread over at least three, and normally four, years),
- approved clinical attachments (with rotational supervisors and skill acquisition)
- a final assessment

External bodies run the academic programme. [The Division](#) (a chapter of the RNZCGPs) accredits the clinical attachments, provides educational facilitation and processes to ensure clinical skills have been obtained and provides the final assessment for Fellowship.

There is considerable flexibility both at entry and exit from rural hospital training and practice, achieved by the Division accrediting relevant parts (such as part 1 examinations) of other training programmes and making it possible to train in rural hospital medicine and another generalist scope of practice concurrently (e.g. general practice or accident and medical practice).

The minimum requirements for admission to the programme are:

- New Zealand citizenship or permanent residence of New Zealand;
- Registration with the Medical Council of New Zealand which allows work in a general scope of practice; and
- Two satisfactory referee reports of recent medical experience.

The preferred requirements for admission into the training programme are:

- Completion of two full-time equivalent years of appropriate medical experience after graduating.
- Appropriate medical experience includes at least six of the following:
 - Cardiology
 - Emergency medicine
 - Dermatology
 - Ear, nose and throat surgery

- General medicine
- General practice rotations
- General surgery
- Geriatrics – Musculoskeletal
- Obstetrics and gynaecology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Psychiatry
- Rehabilitation
- Respiratory medicine
- Rheumatology
- Palliative care
- Relevant rural hospital and rural general practice runs during Post Graduate Year (PGY) 1 and 2
- Rural General Practice

Preference will be given to applicants who have had prior exposure to rural health and the rural environment.

Personal qualities required to be a Specialist

- Flexible
- Resourceful
- A good communicator
- Enthusiastic
- Proactive
- Engaging
- Innovative
- Pragmatic

Specialty Training Programme Information

Medical College

The Royal New Zealand College of General Practitioners – RNZCGP - [Home](#)

Fellowship/Qualification

Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ)

Examination requirements

Obtain a B- grade in seven prescribed university papers.

Recognition of Prior Learning

Fellows of the Australian College of Rural and Remote Medicine may apply for Fellowship ad eundum gradum on the prior specialist training pathway.

Transferability of registration to other countries/across training sites

Not applicable. Fellowship is not recognised on the prior specialist training pathway for the Australian College of Rural and Remote Medicine yet.

Rural Hospital Medicine (RHM) trainee Information

Demand for vocational Training Posts

Year	Number of applications for training year	Number of applicants for training year selected
2016	17	15
2015	30	10
2014	22	13
2013	14	8
2012	13	13
2011	8	6
2010	7	7
2009	6	6

RHM training registrar positions contracted

Northern	Midland	Central	South Island	Total
2	2	0	12	16

(September 2016 RMO census)

Regions

Northern:

Northland, Waitemata, Auckland, Counties Manukau DHBs

Midland:

Lakes, Tairāwhiti, Bay of Plenty, Waikato, Taranaki DHBs

Central:

Hawke's Bay, Wanganui, MidCentral, Wairarapa, Capital and Coast, Hutt Valley DHBs

South Island:

Nelson Marlborough, Canterbury, South Canterbury, Southern, West Coast DHBs

Senior Medical Officer (SMO) Information

Year	Number of NZ New Fellows
2016	6
2015	7
2014	16
2013	26
2012	16
2011	16
2010	21
2009	17

Average Age of SMOs	Number registered with the Medical Council	% of international medical graduates in the workforce
50	112	58

Number by Region (September 2016 SMO census)

Northern		Midland		Central		South Island		Total	
FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
4.0	4	7.2	8	0.0	0	8.3	12	19.5	24