FACULTY OF
REMOTE, RURAL
& HUMANITARIAN
HEALTHCARE

Remote, Rural & Humanitarian Healthcare Capabilities Framework

A CAPABILITIES FRAMEWORK FOR RECOGNISING, DEVELOPING, AND ADVANCING PROFESSIONAL PRACTICE IN REMOTE, RURAL, AND HUMANITARIAN HEALTHCARE.

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We would like to extend our thanks to all those who have contributed to the development of this Capabilities Framework, and indeed to the development of the Faculty of Remote, Rural, and Humanitarian Healthcare. This Framework is the culmination of the collective efforts of individuals from a diverse range of healthcare professions, career grades and geographical locations, representing different healthcare systems and contexts. Without the contributions of these dedicated individuals this Framework and the Faculty would not exist. A list of authors and contributors to this Framework can be found in Appendix 6.

Our authors and contributors have come together as part of a global community of best practice, dedicated to further the professionalisation of remote, rural, and humanitarian healthcare. Your dedication, expertise, and collaborative spirit have been invaluable in shaping a tool that not only supports healthcare professionals in their ongoing development but also advances the standards of care in some of the most difficult and diverse environments on the globe.

Without your input and commitment, this Framework would not have been possible. We are deeply grateful for your contributions and the significant impact they will have on improving healthcare delivery worldwide.

Contents

Foreword

To practise healthcare beyond the reach of fully resourced systems is to accept a particular kind of responsibility. Whether in a remote or rural community, a humanitarian emergency, or an environment defined by isolation and constraint, practitioners in these settings cannot fall back on the infrastructure, specialist support, or predictability that characterise hospital-based care. They must carry more risk, clinically, operationally, and professionally, and they must be prepared to do so prior to arrival.

A broad-based skill set is required to work in these conditions. Individual professionals must develop their own capabilities but also be able to work in teams, adapt to environmental, geographical, and systemic constraints, and account for diverse social, cultural, and developmental contexts. That reality has long been understood by those who work in this field. What has been harder to establish is a shared framework through which it can be articulated, taught, assessed and recognised consistently. A tool that connects practitioners across the many organisations, settings and geographies in which this work takes place. This Framework is offered in that spirit: not as a definitive answer, but as a common foundation on which the field can continue to build.

I am proud that this Framework was developed through a rigorous and genuinely collaborative process, drawing on global literature, multidisciplinary expertise, and the lived experience of practitioners across professions and geographies. It speaks to clinicians and non-clinical professionals alike; to those delivering care directly and those who enable, lead, educate or commission it. I encourage each of you to engage with it not only as a professional reference, but as an invitation to be part of a global community committed to advancing care in the settings where it is hardest to deliver.

The Royal College of Surgeons of Edinburgh has, for more than five centuries, believed that standards matter, and that the quality of care people receive should not be determined by where they are located. The Faculty of Remote, Rural and Humanitarian Healthcare was established in that spirit, and this Framework is its commitment to ensuring that those who work in the most demanding healthcare environments are recognised, supported and equipped to meet the responsibilities they carry.

The communities served by remote, rural and humanitarian practitioners deserve no less.

Dr Clare McNaught President, The Royal College of Surgeons of Edinburgh

1. Introduction

The Faculty of Remote, Rural, and Humanitarian Healthcare (FRRHH) has developed this Capabilities Framework to articulate what the scope of practice looks like across the full diversity of roles involved in delivering, supporting, and governing healthcare in the world's most challenging contexts. Grounded in a comprehensive review of global clinical and governance standards and scientific literature, and informed by lived practice, the Framework defines the foundational professional capabilities, contextual judgement, and applied capabilities required to deliver safe, ethical, and effective care where resources, access, and certainty are limited.

Unlike role- or discipline-specific frameworks, this Framework is intentionally cross-sectoral, interdisciplinary, and flexible. It is designed for clinicians and non-clinical professionals alike—those who provide care directly, enable it technically, lead services, or shape systems. Its modular structure recognises that no two RRHH careers are the same, while offering a shared language and set of expectations that connect practitioners across geography, culture, and organisation.

The Framework provides the foundation for the Faculty's approach to professional recognition, development, and assessment, including Membership and Fellowship. It supports individuals at different career stages, values diverse forms of contribution, and recognises both emerging practice and sustained leadership. In doing so, it invites practitioners not only to assess where they are, but to see how they might grow, and how they might belong, within a global community committed to advancing RRH health.

The Faculty will review and update the Framework periodically to ensure continued relevance and rigour. While its core structure is expected to remain stable, ongoing feedback from practitioners, educators, employers, and partners will inform refinement. Additional guidance, including on application and assessment, will be published separately.

2. Aims of the Framework

The Capabilities Framework has the following aims:

- Define and communicate the scope of practice and core capabilities required to deliver or support healthcare in remote, rural, and humanitarian contexts.
- Provide a shared reference for professional development, education, and assessment across clinical and non-clinical roles.
- Provide a reference for the award of FRRHH Membership and Fellowship.
- Provide a reference for the accreditation of third-party training and development resources.

Positioning the FRRHH Capabilities Framework

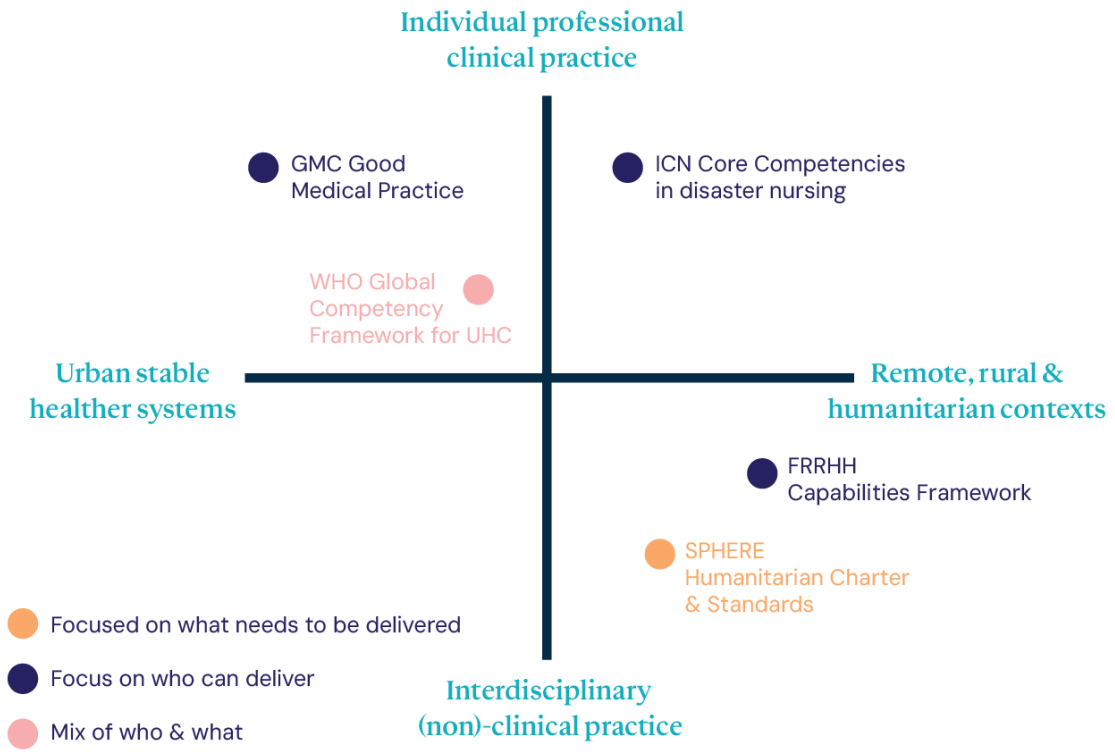
Global healthcare frameworks differ in **who they address, where they apply,** and **what they are designed to define**. These differences can be understood across three dimensions:

1. Individual professional clinical practice versus interdisciplinary clinical and non-clinical
2. Stable urban health systems versus remote, rural, and humanitarian (RRH) contexts
3. Individual competency ("who can do it") versus organisational or system deliverables ("what must be achieved").

Many established frameworks focus primarily on individual professional practice within stable health systems. For example, the **ICN Nursing Competency Frameworks** defines core nursing competencies related to ethical practice, clinical care, communication, and professional development. While globally influential, it is profession-specific and centred on individual clinical capability rather than interdisciplinary or system-level delivery. Similarly, **Good Medical Practice** from the GMC sets baseline regulatory standards for doctors within a nationally regulated context, without addressing how practice adapts under constraint.

At the system level, the **WHO Global Competency Framework** for Universal Health Coverage, developed by the World Health Organization, shifts attention toward workforce and organisational capacity to deliver population-level coverage. However, it largely assumes functional health systems and does not explicitly address the realities of isolation, scarcity, or weak governance common in RRH settings. In contrast, humanitarian standards such as the **SPHERE Humanitarian Charter**, developed by the Sphere Association, are strongly context-specific and focus on organisational deliverables and minimum standards rather than individual professional capability or career development.

The **FRRHH Capabilities Framework** is distinct in that it deliberately integrates all three dimensions, bridging the gap between *who is capable*, *what must be delivered*, and *the conditions under which care is provided*.



3. Definition of Remote, Rural, and Humanitarian Healthcare

Drawing on a literature review by Robert Gordon University, the FRRHH defines *remote, rural, and humanitarian healthcare* as:[1,2]

Healthcare delivered outside fully resourced health systems, where practitioners and teams must adapt to environmental, geographical, and systemic constraints, and account for diverse social, cultural, and developmental contexts.

Such practice is characterised by isolation – geographical, professional, and/or infrastructural – and shaped by limited resources, variable access to referral care, and often complex cultural or socio-economic contexts. Healthcare in humanitarian emergency settings brings the additional constraint where health needs exceed the capacity of existing systems, requiring the mobilisation of additional health resources at short notice.

This definition affirms that while the principles of medical and professional best practice are universal, their application in remote, rural, and humanitarian contexts is influenced by environmental and systemic constraints. Practitioners working in these settings therefore require specific capabilities to manage constraint, exercise judgement, and maintain care quality and safety.

[1] Robert Gordon University, School of Nursing, Midwifery and Paramedic Practice (2021), FRRHH Capabilities Framework Development: A scoping review of literature

[2] See appendix 4

4. Applying the Capability Framework in Practice

This Framework defines the scope of practice and capabilities required of those delivering, supporting, or leading healthcare in remote, rural, and humanitarian settings. It supports the development of the current and future RRHH workforce across a range of roles and contexts.

The Framework can have many uses for individual practitioners as well as organisations and companies. Specific audiences that the Framework has been designed for include:

4.1 Individual RRHH Practitioners

The Framework establishes clear expectations for current and aspiring RRHH practitioners regarding the knowledge, skills, and behaviours required for safe and effective practice. It supports:

- **Clarity and self-assessment:** A structured reference for practitioners to evaluate their readiness and suitability for RRHH roles or deployments, grounded in defined core values and capabilities.
- **Professional recognition and transferability:** A common language for recognising and validating capabilities across organisations and sectors, supporting career mobility and professional credibility.
- **Educational alignment and career development**: A framework for mapping learning needs and documenting progression through defined tiers of practice, enabling structured career advancement within the RRHH field.

4.2 Education and Training Providers

The Framework supports educators, training providers, and professional bodies to design and deliver learning that reflects the distinctive capabilities required for remote, rural, and humanitarian (RRH) practice. It provides structured guidance on the knowledge, skills, and behaviours to be developed, supporting alignment of curricula, teaching methods, and assessment strategies with the realities of RRH practice.

By establishing shared capabilities, the Framework supports:

- **Targeted learning design**, focusing on core RRHH capabilities and contextual relevance.
- **Inter-professional learning across disciplines,** supporting collaboration and mutual understanding.
- **Consistency and efficiency in training delivery,** promoting common capability across organisations.
- **Structured learning pathways** and documentation of capability and career development across different career stages.
- **Workforce adaptability** through a modular and transferable learning structure.

To recognise training providers in their application of the Framework to their programmes, the FRRHH will apply the College's established quality assurance and accreditation process for external training programmes aligned to the Framework. This will ensure educational quality and contextual relevance through review of both pedagogy and specialist RRHH content and signpost to prospective students the relevance of the program scope.

4.3 Service Providers / Employers

The Framework provides a benchmark for employers and managers to demonstrate that the healthcare workforce possesses the right capabilities required to deliver safe, effective, and current practice aligned with service needs in a specific context.

This supports continuing professional development, effective people management, and workforce planning. For example, the Framework can also be used for:

- Development of role profiles/job descriptions/person specifications (by selecting the capabilities required and relevant for particular roles/jobs).

- Consistency/standardisation in terminology and approach.
- Structure for study, supervision and appraisal processes.

In recruitment processes, the Framework may be used to:

- Assess how adaptable and capable potential staff are and whether they will be able to manage remote, rural, and humanitarian healthcare.
- Help recruit and train volunteers in a variety of contexts.

4.4 Service Commissioners

The Framework provides a structured basis for commissioning, designing, and evaluating services in remote, rural, and humanitarian settings. It defines capabilities at different levels of practice and supports alignment of workforce development with population and service needs.

By defining shared capabilities, the Framework supports:

- **Clear specification of requirements:** Enables commissioners and service planners to identify the capabilities needed for safe and effective RRHH practice.
- **Workforce planning and development:** Guides recruitment, training, and deployment to ensure teams are equipped to meet operational and population needs.
- **Common understanding of roles:** Promotes consistency in expectations of RRHH practitioners across sectors and organisations.
- **Recognition of professional value:** Highlights the contribution of RRHH practitioners in leading and collaborating within multi-disciplinary teams.

5. Progressive Tiers of Capability

The Framework establishes a clear structure, outlining the various capabilities required of practitioners working in RRHH environments, and organised across four progressive tiers of practice. It provides the foundation for the FRRHH to assess and award membership categories — Affiliate, Member, and Fellow — based on demonstrated capability and experience.

The Framework is structured around four tiers of competence, describing the progression from guided practice to system-level leadership:

TIER1 **Safe Practitioner**
Performs with guidance; applies standards; recognises limits.

TIER2 **Independent Operator**
Functions autonomously in predictable RRHH settings; seeks support appropriately.

TIER3 **Context Leader**
Adapts and leads care models under constraint; mentors others; manages operational risk.

TIER4 **Systems Architect**
Designs, assures, and advances RRHH services across multiple sites; contributes to research, policy, and global improvement.

CAPABILITY OR COMPETENCE?

For this Framework, the term capability is used rather than competence. While both are common in education and workforce literature, competence generally refers to achieving a minimum standard in familiar and stable environments. Capability, by contrast, encompasses the ability to apply knowledge and skills effectively in variable and complex contexts that demand adaptability and judgement. This term therefore more accurately reflects the requirements of practice in remote, rural, and humanitarian healthcare.

6. Domains of Capability

The Framework consists of **three domains** which together define what it means to be an effective Remote, Rural, and Humanitarian Healthcare professional. They provide the individual practitioner's professional, behavioural, and ethical foundation in **Domain A**; the unifying constraints that define RRH practice in **Domain B**; and the variety of capabilities across the clinical, technical and governance spectrum in **Domain C.** Combined, they describe practitioners who are safe, adaptable, and capable of providing, operating, leading, and sustaining healthcare in the most difficult environments, across borders and teams.

As will be discussed in more detail in the next chapter, Domains A & B are applicable to all practitioners, while Domain C is a flexible profile that will vary between clinicians and non-clinicians. For this reason, the majority of the 57 capabilities listed in this chapter are in Domain C.

The next three sections of chapter 6 will provide a high-level description of each Domain and a description of the capabilities covered by the Domain. A more detailed table with descriptors of each tier of practice for each Capability can be found in Appendixes 1-3. Detail on how aspiring Faculty Members and Fellows will be holistically assessed based on this Framework is covered in chapter 7.

6.1 Domain A – Individual Professional Capabilities

Domain A (see appendix 1) encompasses the professional and behavioural foundations that enable safe, ethical, and effective practice across the continuum of Remote, Rural, and Humanitarian Healthcare. These capabilities form the universal substrate of RRHH competence: they underpin all clinical, technical, and system-level functions, ensuring that care remains reliable and person-centred even under conditions of uncertainty, constraint, or isolation.

Evidence from global workforce frameworks – including the WHO Global Competency Framework for Universal Health Coverage, the International Council of Nurses (ICN) Core competencies in disaster nursing, the UK General Medical Council's (GMC) Good Medical Practice, and humanitarian standards such as the SPHERE Humanitarian Charter – consistently identifies professional conduct, ethical integrity, communication, teamwork, adaptability, and reflective practice as the core enablers of performance in extremely difficult environments. In RRHH settings, these standards of behaviour acquire heightened importance: practitioners often work with limited supervision, ambiguous authority structures, and significant operational or moral complexity.

Remote, rural, and humanitarian contexts also often involve significant vulnerability, shaped by factors such as conflict, displacement, disaster, poverty, occupational exposure, and social marginalisation. These conditions influence how individuals and communities engage with healthcare, affecting communication, trust, decision-making, and professional relationships. Practitioners must therefore apply their professional, ethical, and interpersonal capabilities with heightened sensitivity to context, vulnerability, and power dynamics to deliver safe, person-centred, and culturally appropriate care. The capabilities within Domain A therefore describe not only *what* practitioners must know and do, but *how* they function professionally within this context. They progress across four tiers – from safe supervised practice to system-level leadership – mirroring the trajectory seen in competency-based education and leadership models. Together, they promote a workforce capable of ethical decision making, situational adaptability, effective interprofessional collaboration, and sustained personal resilience.

By articulating these cross-cutting capabilities, Domain A provides the foundation for all subsequent domains. It establishes the behavioural standards and reflective habits that allow RRH practitioners to integrate ethical, technical, and operational dimensions of care, achieving professional consistency even in the most variable environments. The 10 capabilities that make up Domain A are:

1. **Professionalism & Ethical Practice** – Practitioners act with integrity, follow professional codes and safeguarding principles, recognise their own limits and have a considered response when witnessing unethical behaviour. With experience they make accountable decisions, lead by example in ethical dilemmas, and ultimately shape governance and regulatory standards.
2. **Cultural Safety & Respect for Diversity** – Professionals develop from demonstrating respect and preventing discrimination, to adapting practice to community context, then actively championing equity within teams, and finally shaping education and policy that embed cultural safety at scale.
3. **Adaptability & Problem-Solving** – Practitioners learn to cope with change, and then manage constraints with initiative, progress to innovating in crises, and ultimately designing resilient service models that drive wider system adaptability.

4. **Communication & Person-Centred Care** – Clear, respectful, and culturally sensitive communication, tailored to individuals and vulnerable populations, underpins safe practice. This includes trauma-informed approaches that promote safety, trust, choice, collaboration, and empowerment, progressing from supervised communication to system-level embedding.
5. **Teamwork & Collaboration** – Starting with working under direction, practitioners build to effective multidisciplinary collaboration, and then leading and motivating teams in austere environments, and finally sustaining cross-sector and international partnerships.
6. **Safety & Quality Improvement** – Safe care begins with following protocols and reporting risks, develops into independent risk management and participation in audits, advances to leading local improvement cycles, and culminates in designing quality systems across organisations and regions.
7. **Leadership & Management** – Practitioners progressively develop the ability to organise their own work, coordinate others, lead teams in constrained and uncertain environments, and influence how leadership and management are practiced across RRH settings. Leadership in this domain emphasises judgement, responsibility, and care for people, rather than formal authority or organisational position.
8. **Continuous Learning & Evidence-Based Practice** – Professionals move from completing required training and using guidelines, to maintaining CPD and applying evidence, and then adapting knowledge to austere contexts and mentoring others, and finally shaping curricula and embedding research and evidence-based systems at scale.
9. **Resilience & Self-Care** – Self-awareness and personal wellbeing underpin safe practice. Growth involves progressing from recognising one's own limits, to maintaining independent strategies, to modelling resilience for others, and finally building organisational cultures that sustain workforce wellbeing.

10. **Health Advocacy & Community Engagement** – Starting with participation in health promotion, practitioners become independent advocates for patients and communities, and then lead outreach and engagement initiatives, and finally influence policy and global advocacy for RRH populations.

The table in appendix 1 maps the 10 capabilities against the four tiers of capability.

6.2 Domain B – Constraint Analysis and Mitigation Capabilities

In Remote, Rural, and Humanitarian contexts, healthcare delivery is shaped by population and geographic constraints, including small and/or dispersed populations, long distances, time-critical access, and limited travel options. These conditions fundamentally affect whether care can be delivered, escalated, and sustained safely. Beyond these fixed realities, practitioners must also navigate a broader set of systemic constraints that vary across time and place. Understanding and managing these constraints requires not only clinical or technical expertise, but the ability to analyse risk, exercise judgement under uncertainty, and adapt practice to context.

These systemic constraints are covered in Domain B (see appendix 2) and can be grouped into three interlinked categories. **Care resources** are concerned with whether care can be delivered locally, including the availability and skill mix of staff and access to essential medicines, diagnostics, and equipment. **Care networks** determine whether care can be escalated, encompassing referral and evacuation pathways and the connectivity required for telemedicine and remote supervision. **Care enablers** shape whether care can be delivered safely and lawfully, including security conditions and the legal and regulatory frameworks governing workforce roles, supply chains, and data flows.

Care Resources: Local Clinical Inputs

11. **Staff:** Smaller populations can mean fewer healthcare workers, who must adopt a broader scope of practice. This creates challenges for skills acquisition, worker morale and resilience, staff retention, and skills maintenance.
12. **Supplies:** Limited access to medicines, paraclinical tools, and essential equipment often restricts exploration of differential diagnoses and scope of management.

Care networks: Access to Remote Support Networks:

13. **Escalation Pathways:** Referral to higher levels of care may improve outcomes but is frequently constrained by cost, distance, or transport capacity.
14. **Connectivity:** Telehealth and remote consultation can enhance care but depend on reliable communications infrastructure. Factors such as device ownership, data plans, and prepaid versus post-paid access affect equitable provision.

Care Enablers: Systemic and Policy Factors

15. **Security and Safety:** Armed conflict, criminal activity, or unsafe transport routes create physical barriers for both patient access and resource delivery.
16. **Legal and Regulatory Frameworks:** Labour laws, import duties, cross-border health policies (telemedicine, medical data transfers, insurance legislation), and privacy regulations can either facilitate or restrict the delivery of care.

Competence in this domain means being able to recognise and analyse these constraints, manage risk, plan for escalation, and make effective use of telehealth and remote support models. Taken together, the three groups of constraints highlight that effective RRH practice is not only about individual clinical skill, but also about navigating systems under pressure and finding safe, sustainable ways to deliver care despite limited resources and challenging environments.

The table in **Appendix 2** maps the 6 constraint capabilities against the four tiers of capability.

6.3 Domain C – Clinical, Technical and Administrative Specialisation

Whereas Domains A and B articulate the capabilities required of all individual practitioners (Domain A) and across all Remote, Rural, and Humanitarian Healthcare contexts (Domain B), Domain C (see appendix 3) reflects the breadth and diversity of practice across the wide range of roles involved in delivering and supporting RRH healthcare. It represents a flexible outer ring of capabilities that will vary according to professional background, scope of practice, and operational responsibility.

While individual Domain C profiles differ, RRHH practice consistently requires the integration of acute care, preventive and primary care, longitudinal management of illness and injury, and effective recovery and referral pathways, delivered within environments characterised by limited resources, isolation, and constraint. Domain C therefore encompasses the clinical, technical, and system-level capabilities needed to deliver care safely and sustainably, manage complexity, and adapt services to local realities.

Reflecting the interdisciplinary nature of delivering RRHH, the capabilities within Domain C (defined below) are organised across three sub-domains: **Clinical Capabilities**, **Technical Health Capabilities**, and **Governance & Health Operations Capabilities**. This structure reflects the diversity of professions contributing to RRH healthcare and the different but complementary roles required to design, deliver, operate, and govern effective services in challenging settings.

- **Clinical Capabilities:** The integration of knowledge, skills, and behaviours required to provide safe, effective, and context-appropriate prevention, diagnosis, treatment, and long-term management of acute and chronic health conditions in settings with limited resources and access. These capabilities are primarily applicable to clinicians and other regulated healthcare professionals, and reflect how established clinical practice is adapted and applied within RRHH contexts rather than replacing existing specialty-specific frameworks. (see appendix 3.1)
- **Technical Health Capabilities:** The procedural, diagnostic, logistical, and technological competencies that enable and support healthcare delivery in austere, remote, or resource-limited environments. These capabilities focus on the safe and effective use, integration, and development of tools, systems, and technical processes, and are relevant to clinicians, para-clinical professionals, and technical specialists alike. (see appendix 3.2)

- **Governance & Health Operations Capabilities:** The organisational, leadership, and system-level competencies required to design, manage, and sustain resilient RRHH services. These capabilities address workforce organisation, financing, quality and safety, ethics and safeguarding, preparedness, community engagement, and accountability, ensuring that care delivery aligns with humanitarian principles, legal frameworks, and population needs.(see appendix 3.3)

How to Use Domain C

Domain C describes applied clinical, technical, and governance capabilities used in Remote, Rural, and Humanitarian healthcare.

Unlike Domains A and B, Domain C is intentionally selective. No individual practitioner is expected to demonstrate capability across all areas.

Selecting Capabilities: Applicants should select a subset of Domain C capabilities that reflect their actual scope of practice and contribution in RRH settings. Base selection on:

What you do in practice | The contexts in which you work | Leadership, or system influence.

Coherent Profiles: Selected capabilities should form a coherent professional profile, not a disconnected list. There is no preferred profile, tier 4 does not require formal managerial authority. Examples include:

- remote or rural generalist clinician,
- expedition or mobile health lead,
- technical specialist (e.g. diagnostics, telemedicine, WASH),
- governance or systems practitioner.

Assessment: Assessment is **contextual, proportionate, and holistic**. Assessors consider whether selected capabilities are:

- appropriate to role,
- demonstrated at the claimed tier,
- and collectively reflect meaningful RRHH contribution.

Membership and Fellowship

Domain C supports, but does not define alone, Membership and Fellowship.

- **Membership:** entry into independent RRHH practice
- **Fellowship:** sustained leadership, influence, or contribution

Recognition is based on **quality of contribution**, not completeness across Domain C.

See the Faculty of Remote Rural & Humanitarian Healthcare website for details

Domain C Capabilities

Clinical Capabilities	Technical Capabilities	Governance & Operations Capabilities
17. Emergency Recognition & Stabilisation	36. Contextual Awareness & Environment-Specific Practice	45. Health System Assessment
18. Trauma & Musculoskeletal Care	37. Occupational Health & Safety Risk Assessment	46. Data, Surveillance & Reporting
19. Basic Surgical & Procedural Skills	38. Preventive & Public Health Practice	47. Health Financing & (Public) Health Insurance
20. Cardiorespiratory Care	39. Water, Sanitation & Hygiene (WASH)	48. Workforce Task-Sharing & Team Leadership
21. Acute Abdominal & Digestive Health	40. Diagnostics Selection & Maintenance	49. Expedition planning & Delivery
22. Neurological Care	41. Medical Supply Chain & Cold Chain	50. Preparedness & Resilience Planning
23. Infectious Disease & Outbreak Response	42 Technology development & adoption	51. Quality & Safety Systems
24. Maternal & Newborn Health	43. Telemedicine & Digital Connectivity	52. Ethics, Human Rights & Safeguarding
25. Paediatric Acute & Chronic Health	44. Medical Transfer & Evacuation	53 Community Engagement & Cultural Responsiveness
26. Chronic Adult Care		54. Negotiation & Diplomacy
27. Rehabilitation and Recovery		55. Health Impact Assessment
28. Cancer & Palliative Care		56. Professional Wellbeing & Resilience
29. Mental Health & Psychosocial Support		57. Duty of Care & Workforce Health Systems
30. Occupational Health		
31. Dermatology		
32. Eye Health		
33. Oral Health		
34. Safe & Rational Pharmacology		
35. Point-of-Care Diagnostics		

6.3.1 Clinical Capabilities (18 total)

Immediate & Life-Saving Care: From assessment to injury and management

17. **Emergency Recognition & Stabilisation** – Ability to apply structured assessment frameworks (ABC/CABC and MARCH) appropriate to the clinical and operational context; initiate life-saving interventions; perform triage including mass-casualty prioritisation; and recognise thresholds for escalation or transfer.

18. **Trauma & Musculoskeletal Care** – Ability to recognise and manage fractures, dislocations, soft-tissue injuries, external haemorrhage, compartment syndrome, and spinal injury, including immobilisation, wound care, analgesia, and guidance on functional recovery.

19. **Basic Surgical & Procedural Skills** – Ability to safely perform essential emergency procedures (e.g., incision and drainage, wound debridement, catheterisation, chest decompression) when referral or specialist support is delayed or unavailable.

Core Medical Care: High-burden, high-risk medical presentations

20. **Cardiorespiratory Care** – Ability to recognise and manage acute cardiorespiratory emergencies (e.g., cardiac arrest, arrhythmias, acute coronary syndrome, severe asthma, COPD exacerbation, pneumonia) and provide longitudinal care for chronic cardiovascular and respiratory disease.

21. **Acute Abdominal & Digestive Health** – Ability to recognise and provide first-line management for acute abdominal emergencies (e.g., appendicitis, bowel obstruction, peritonitis, gastrointestinal bleeding) and manage common chronic gastrointestinal disorders in resource - limited settings.

22. **Neurological Care** – Ability to provide acute care for seizures, stroke/TIA, meningitis, and traumatic brain or spinal injury, and to deliver ongoing management for chronic neurological conditions such as epilepsy, dementia, Parkinson's disease, and persistent neurological impairment.

23. **Infectious Disease & Outbreak Response** – Ability to recognise infectious syndromes early; use and interpret rapid diagnostics; implement infection prevention and control; prescribe antimicrobials judiciously; manage common infectious diseases (e.g., malaria, TB, HIV); and contribute to outbreak detection and response.

Population-Specific Care: Distinct physiology, ethics, and escalation thresholds

24. **Maternal & Newborn Health** – Ability to provide emergency obstetric and newborn care (e.g., eclampsia, postpartum haemorrhage, obstructed labour, neonatal resuscitation), safe delivery, antenatal and postnatal care, family planning, and maternal–child health promotion.
25. **Paediatric Health** – Ability to recognise and manage acute childhood illness (e.g., malaria, pneumonia, diarrhoeal disease), provide nutritional rehabilitation and immunisation support, and deliver longitudinal care for developmental and chronic paediatric conditions.

Longitudinal & Recovery-Oriented Care: those who stay, recover, or die where they are

26. **Chronic Adult Care** – Ability to deliver safe, effective, and context-appropriate long-term management of chronic communicable and non-communicable diseases in remote, rural, and humanitarian settings with limited continuity, specialist access, or evacuation options.
27. **Rehabilitation & Recovery** – Ability to support functional recovery, independence, and quality of life after illness or injury through adaptive, resource-appropriate rehabilitation strategies deliverable in constrained or non-specialist environments.
28. **Cancer & Palliative Care** – Ability to recognise common cancers early; provide symptom control (e.g., pain, breathlessness, cachexia); deliver psychosocial and end-of-life care; and navigate limited treatment or referral pathways.

Mental & Occupational Health: often chronic, contextual, and ethically complex

29. **Mental Health & Psychosocial** Support – Ability to assess and manage acute psychiatric emergencies (e.g., suicidal ideation, psychosis, delirium); provide culturally appropriate psychosocial support for common mental disorders and trauma-related conditions; implement safeguarding; and use referral pathways.

30. **Occupational Health** – Ability to assess, manage, and prevent work-related illness and injury; evaluate fitness for work; and support safe work participation and workforce wellbeing in diverse occupational contexts.

Common Presentations & Sensory Health: High prevalence, quality-of-life impact

31. **Dermatology** – Ability to recognise and manage acute skin conditions (e.g., burns, severe reactions, infections, tropical dermatoses) and chronic dermatological disease; provide wound care; and implement infection prevention.

32. **Eye Health** – Ability to assess and manage ophthalmic emergencies (e.g., chemical burns, acute glaucoma, ocular trauma, retinal detachment); recognise chronic eye disease; and implement measures to prevent avoidable blindness.

33. **Oral Health** – Ability to manage dental emergencies (e.g., abscess, avulsion, jaw dislocation or fracture stabilisation), provide conservative treatment of dental pain and infection, promote oral hygiene, and recognise need for referral.

Cross-Cutting Safety: applies to all clinical capabilities

34. **Safe & Rational Pharmacology** – Ability to prescribe, dispense, and manage medicines safely and contextually; ensure secure storage and stock control; manage polypharmacy; and adjust treatment for vulnerable groups (children, pregnancy, older adults).

35. **Point-of-Care Diagnostics** – Ability to safely use and interpret point-of-care tests (e.g., HIV, malaria, TB, pregnancy, glucose), ECG, blood gas, and ultrasound; provide pre- and post-test counselling; and ensure safe specimen handling.

6.3.2 Technical Health Capabilities (9 total)

Understanding your work environment

36. **Contextual Awareness & Environment-Specific Practice** – Ability to analyse how environmental, geographical, and operational contexts influence health risks and healthcare delivery; adapt clinical and system approaches to isolation, climate, mobility, and infrastructure constraints across settings (e.g., maritime, offshore, desert, high-altitude, expedition); and apply relevant international standards to ensure safe and effective practice.

Prevention & Population Protection: Prevent disease before treating it

37. **Occupational Health & Safety Risk Assessment** – Ability to identify, assess, and control occupational and environmental hazards (e.g., fatigue, ergonomics, chemical exposure, heat, psychosocial risk) and support implementation of preventive controls and a culture of safety in diverse and resource-limited work environments.

38. **Preventive & Public Health Practice** – Ability to design, implement, and evaluate preventive health interventions including vaccination programmes, screening initiatives, health education, risk communication, and occupational/environmental hazard control measures.

39. **Water, Sanitation & Hygiene (WASH)** – Ability to assess, establish, and monitor safe water supply, sanitation systems, hygiene practices, waste management, and environmental health measures to prevent disease transmission and outbreaks in constrained settings.

Diagnostic & Care Enablers: from knowing what is wrong to treating it

40. **Diagnostic Selection & Maintenance** – Ability to select, install, maintain, and quality-assure diagnostic technologies appropriate to remote, rural, and humanitarian settings, ensuring accuracy, reliability, and fitness for purpose within environmental, infrastructure, and connectivity constraints.

41. **Medical Supply Chain & Cold Chain** – Ability to plan, implement, and manage medical supply and cold-chain systems to ensure continuity, safe storage, and integrity of essential medicines, vaccines, blood products, and consumables, including contingency planning for disruption.

42. **Technology Development & Adoption** – Ability to identify needs, design or select, implement, and evaluate technological solutions that improve the safety, effectiveness, efficiency, or reach of healthcare delivery in remote, rural, and humanitarian contexts.

Extending & Moving Care: from extending care capability to moving patients

43. **Telemedicine & Digital Connectivity** – Ability to design, implement, operate, and govern telemedicine and digital health systems enabling remote consultation, diagnostics, and information exchange, ensuring data security, reliability, and continuity of care in isolated environments.
44. **Medical Transfer & Evacuation** – Ability to assess need for transfer or evacuation; prepare and stabilise patients; plan and coordinate air/land/sea medical transport; communicate with receiving facilities; and manage clinical and operational risks throughout transfer.

6.3.3 Governance & Operations Capabilities (13 total)

System Understanding & Analysis: Know the system and what is happening within it

45. **Health System Assessment** – Ability to assess health system capacity, service resilience, referral networks, and equity of access; identify gaps; and define priorities for system strengthening in remote, rural, and humanitarian contexts.
46. **Data, Surveillance & Reporting** – Ability to collect, analyse, interpret, and report health data; detect outbreaks and trends; participate in surveillance systems; and support evidence-informed decision-making and governance.

System Resources & Sustainability: Who pays, who works, how work is organised

47. **Health Financing & Insurance Systems** – Ability to understand, navigate, and influence health financing and insurance mechanisms affecting access, affordability, sustainability, and equity of healthcare delivery in remote, rural, and humanitarian settings.

48. **Workforce Task-Sharing & Team Leadership** – Ability to train, supervise, and support multidisciplinary and community health teams; implement safe task-sharing and role optimisation; and build local capacity through mentorship and leadership.

Delivery Models & Planning: Static vs mobile systems; planned vs shock scenarios

49. **Expedition Planning & Delivery** – Ability to design, implement, and manage healthcare services for mobile, transient, or expeditionary populations, integrating clinical care, logistics, risk management, escalation pathways, and continuity within non-static environments.
50. **Preparedness & Resilience Planning** – Ability to develop, test, and maintain preparedness and response plans for disasters, mass-casualty events, and public-health crises; ensure continuity of care; and strengthen community and system resilience.

Quality, Ethics & Protection: How harm is prevented and standards upheld

51. **Quality & Safety Systems** – Ability to establish and operate clinical governance and quality-improvement systems including audit, morbidity and mortality review, incident reporting, and continuous improvement in low-resource settings.
52. **Ethics & Human Rights Safeguarding** – Ability to apply ethical principles and human-rights standards; maintain medical neutrality and confidentiality; and implement safeguarding for children and vulnerable groups at risk of harm or exploitation.

Engagement, Influence & External Interface: Trust, access and legitimacy

53. **Community Engagement & Cultural Responsiveness** – Ability to build trust with communities; engage respectfully with cultural norms and local structures; and co-design or deliver equitable, acceptable health services.
54. **Negotiation & Diplomacy** – Ability to engage and negotiate with governments, NGOs, communities, and other stakeholders to secure access, maintain safety, build legitimacy, and manage tensions in politically or culturally complex environments.

Impact, Responsibility & Workforce Sustainability: Ownership of consequences

55. **Health Impact Assessment** – Ability to assess potential and actual health impacts of policies, programmes, projects, or industrial activities; identify risks to vulnerable groups; and inform mitigation and decision-making.
56. **Professional Wellbeing & Resilience** – Ability to maintain personal and team wellbeing; recognise and manage stress and moral injury; foster peer support and psychologically safe teams; and mitigate burnout in demanding environments.
57. **Duty of Care & Workforce Health Systems** – Ability to design, implement, and govern systems that protect workforce health, safety, and wellbeing; ensure ethical employment practices; and uphold organisational duty of care and accountability.

The table in Appendix 3 summarizes the different tier details per capability.

7. Continuous improvement and call to action

The FRRHH Capabilities Framework is intended as a living reference for professional practice in remote, rural, and humanitarian healthcare. Its relevance and usefulness depend on continued engagement from the practitioners, educators, organisations, and systems that apply it in real-world settings. The Faculty therefore invites ongoing feedback and collaboration to strengthen the Framework, support workforce development, and advance the quality and safety of healthcare delivered under constraint.

Continuous refinement and development of aligned education

User feedback will inform periodic review of:

- clarity and applicability of capability definitions and tiers,
- relevance across professions, roles, and geographic contexts,
- usability for education, workforce planning, and service design, and
- identification of gaps or emerging areas of practice.

A central purpose of the Framework is to guide the development of education and training that reflects the realities of practice under constraint. While many clinical and technical competencies are addressed within existing professional curricula, important gaps remain in areas specific to remote, rural, and humanitarian healthcare — particularly within Domain B – Constraint Analysis and Mitigation, which addresses workforce, supply, referral, connectivity, security, and legal–regulatory constraints.

The Faculty therefore encourages and supports the development of new learning resources and programmes aligned to the Framework, with priority given to areas where structured training is currently limited or absent. These include:

- constraint analysis and operational risk management,
- referral, evacuation, and telehealth system design,
- working within legal, regulatory, and security constraints, and
- adaptive decision-making under resource limitation.

Through structured feedback and educational collaboration, the Framework will continue to evolve alongside the training and professional development it is intended to support.

Endorsement and adoption by users

The value of the Framework depends on its adoption and application by those who educate, employ, commission, and regulate the RRHH workforce. The Faculty therefore seeks endorsement and use of the Framework by three key groups:

- **Education and training providers** – to align curricula, courses, and assessment with RRHH capabilities and enable accreditation against Faculty standards.
- **Service providers and employers** – to guide workforce planning, role definition, supervision, and professional development in RRHH contexts.
- **Service commissioners and system planners** – to specify capability requirements for safe and effective service delivery and to support evaluation of providers and programmes.

Endorsement may take the form of formal alignment, accreditation of programmes, integration into job or service specifications, or use within commissioning and quality assurance processes. Through such adoption, the Framework can serve as a shared reference that connects workforce capability, service delivery, and population need across sectors and settings.

Shared responsibility for advancing RRHH practice

The FRRHH Capabilities Framework represents a collective effort to define and advance professional practice in some of the world's most challenging healthcare environments. Its continued development and impact depend on collaboration across the global RRHH community. Practitioners, educators, organisations, and partners are invited to contribute to its evolution through feedback, application, research, and educational innovation.

By strengthening capability, aligning training, and supporting endorsement across systems, the Framework aims to advance the safety, effectiveness, and sustainability of healthcare for remote, rural, and humanitarian populations worldwide.

Appendix 1. Domain A: Individual Professional Capabilities

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
1.	**Professionalism & Ethical Practice**	Follows codes of practice; recognises ethical issues and seeks guidance; recognises own limits.	Practices ethically and transparently; makes accountable decisions within scope.	Leads ethical decision-making under uncertainty, including power dynamics and professional boundaries.	Establishes governance, ethical standards, and regulatory alignment of services.
2.	**Cultural Safety & Respect for Diversity**	Demonstrates respect and prevent discriminatory behaviour.	Adapts practice to cultural context; engages local community respectfully.	Champions cultural safety within teams; addresses bias and inequity proactively.	Shapes policies and education programmes that embed cultural safety and equity at scale.
3.	**Adaptability & Problem-Solving**	Responds to direction; copes with minor changes in routine.	Manages resource constraints with initiative; makes sound judgements with incomplete information.	Leads innovation in crises; solves complex problems with limited information.	Designs resilient service models; drives innovation and system-wide adaptability.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
4.	**Communication & Person-Centred Care**	Communicates respectfully under supervision; checks understanding; avoids re-traumatisation.	Communicates independently; adapts to culture and context; applies trauma-informed principles (safety, trust, choice)	Anticipates trauma responses; mentors others in trauma-informed, culturally safe communication.	Embeds trauma-informed, person-centred communication in training, protocols, and systems.
5.	**Teamwork & Collaboration**	Functions as part of a (virtual, dispersed and/or interdisciplinary) teams under direction; respects roles of others.	Works effectively with multidisciplinary teams; coordinates routine collaboration.	Leads and motivates teams in challenging environments; mentors in collaborative practice.	Builds and sustains inter-organisational, cross-sector, and international collaborations.
6.	**Safety & Quality Improvement**	Follows protocols; reports risks, incidents, or near misses.	Applies risk management independently; participates in audits and quality initiatives.	Leads quality improvement cycles; implements changes in local services.	Designs and evaluates safety/quality systems across multiple organisations or regions.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
7	**Leadership & Management**	Manages own work, follows direction, recognises limits, and seeks guidance appropriately.	Coordinates own workload and routine activities; communicates clearly and escalates issues.	Leads teams under constraint; makes accountable decisions affecting others; mentors colleagues.	Influences leadership practice beyond own role through culture, training, governance, or standards.
8.	**Continuous Learning & Evidence-Based Practice**	Completes required training; applies basic guidelines.	Maintains CPD; uses evidence and guidelines in decision-making.	Adapts evidence to austere contexts; mentors colleagues; contributes to training.	Shapes curricula; contributes to research; embeds evidence-based systems across RRH networks.
9.	**Adaptability & Problem-Solving**	Responds to direction; copes with minor changes in routine.	Manages resource constraints with initiative; makes sound judgements with incomplete information.	Leads innovation in crises; solves complex problems with limited information.	Designs resilient service models; drives innovation and system-wide adaptability.
10	**Health Advocacy & Community Engagement**	Participates in health promotion activities when directed.	Engages communities using culturally safe, trauma-informed approaches.	Leads community outreach and advocacy initiatives; mentors others in engagement.	Contributes to policy, public health strategies, and advocacy for RRH populations.

Appendix 2. Constraint Analysis and Systems Capabilities

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
11.	**Staff (Workforce Constraints)**	Recognises workforce shortages and personal scope limits; seeks supervision.	Manages own scope; supports colleagues; applies task-sharing appropriately.	Leads local workforce planning; mentors staff; mitigates capacity risks.	Designs workforce models; influences workforce policy across settings.
12.	**Supplies (Medicines & Equipment)**	Identifies essential supplies; reports shortages or safety concerns.	Uses available supplies efficiently; adapts practice to constrained resources.	Leads local supply planning; anticipates shortages; trains teams.	Designs resilient supply systems; shapes logistics policy.
13.	**Escalation Pathways (Referral Systems)**	Knows referral routes; initiates escalation when directed.	Independently initiates referrals; uses telehealth when appropriate.	Leads escalation decisions; designs local triage and referral protocols.	Builds regional or cross-border referral networks.
14.	**Connectivity (Telehealth & Communications)**	Uses communication tools safely; follows confidentiality requirements.	Applies telehealth appropriately within local infrastructure limits.	Integrates connectivity into care pathways; mentors others.	Designs digital health systems; influences connectivity policy.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
15.	**Security & Safety**	Recognises security risks; follows safety procedures and guidance.	Applies security protocols independently; balances access and safety.	Leads local security planning; manages services during crises.	Shapes organisational security strategy; engages in policy or advocacy.
16.	**Legal & Regulatory Frameworks**	Follows legal requirements; seeks guidance on uncertainty.	Navigates routine regulatory requirements independently.	Advises on compliance; applies regulatory frameworks in contexts.	Adapts procedures to maintain compliance in complex environments.

Appendix 3. Domain C: Clinical Capabilities

Table 3.1: Domain C: Clinical Capabilities

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
17	**Emergency Recognition & Stabilisation**	Performs MARCH/ABC under guidance; applies basic resuscitation protocols; calls for help appropriately.	Independently performs MARCH/(C)ABC and initiates resuscitation; manages predictable emergencies; escalates when needed	Leads emergency teams, adapts protocols to resource constraints, conducts triage in MCIs.	Designs emergency preparedness frameworks; assures quality across sites.
18.	**Trauma & Musculoskeletal Care**	Applies splints, controls bleeding under supervision; recognises signs of patient deterioration.	Independently manages uncomplicated fractures and wounds; recognises and refers severe trauma.	Leads trauma care in austere settings; trains staff in fracture reduction, haemorrhage control etc.	Designs trauma protocols and training for RRHH; oversees system-level trauma preparedness.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
19.	**Basic Surgical & Procedural Skills**	Assists in basic procedures; recognises when surgical intervention is required.	Independently performs basic life-saving procedures; refers appropriately.	Leads surgical decision-making under constraint; mentors others; manages procedural risk.	Designs essential surgical packages for RRHH; assures safety and quality; contributes to policy.
20.	**Cardiorespiratory Care**	Performs BLS; using AED; administers oxygen/bronchodilators under guidance; monitors vitals.	Independently manages asthma/COPD exacerbations, hypertension, heart failure, stable angina; interprets ECG.	Leads cardiac/respiratory emergency response; adapts chronic disease models to limited resources; mentors staff.	Develops system-level strategies for NCD care in RRHH; integrates with referral pathways and national guidelines.
21.	**Acute Abdominal & Digestive Health**	Recognises acute abdomen and alerts supervisor; provides fluids and analgesia.	Independently stabilises GI emergencies (fluids, antibiotics, NG tube); manages common chronic GI disorders.	Leads acute abdominal management in austere settings; mentors others; manages risk when surgical care is delayed.	Designs GI emergency protocols and training; contributes to public health strategies for chronic digestive diseases.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
22.	**Neurological Care**	Provides seizure first aid; recognises stroke signs; seeks urgent advice.	Independently manages seizures with medication; stabilises stroke patients; monitors dementia care.	Leads neurological emergency management; adapts care models for epilepsy/dementia in resource-limited settings.	Develops RRHH neurological protocols including hyper acute stroke care; applies tele-neuro services and research.
23.	**Infectious Disease & Outbreak Response**	Performs RDTs safely; isolates suspected infections; follows IPC protocols; awareness of antibiotic resistance.	Independently manages malaria, TB, HIV, GI & URTI infections; applies outbreak response protocols.	Leads outbreak teams; adapts infection control measures to local realities; mentors staff and promotes responsible antimicrobial medication use.	Designs surveillance and outbreak strategies; contributes to national/global ID policy.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
24.	**Maternal & Newborn Health**	Supports normal delivery under supervision; recognises obstetric emergencies; assists in newborn resuscitation.	Independently manages uncomplicated births; stabilises obstetric emergencies until referral; conducts basic neonatal care.	Leads maternal-newborn emergency care in austere settings; mentors midwives; adapts protocols to resource limitations.	Designs maternal-child health strategies; integrates community-based models; contributes to global maternal health policy.
25.	**Paediatric Health**	Recognises sick child; administers oral rehydration, antimicrobials, or antimalarials under supervision.	Independently manages common childhood infections and malnutrition; ensures vaccination; supports paediatric emergency care under supervision.	Leads paediatric emergency care in austere settings; adapts chronic disease and developmental interventions for resource-poor contexts.	Designs child health and development programmes for RRHH; integrates IMCI with health systems; contributes to research.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
26.	**Chronic Adult Care**	Provides basic ongoing care for chronic conditions under guidance; recognises deterioration and escalation needs.	Manages common chronic conditions independently; adapts care plans to local resources and continuity constraints.	Leads longitudinal management of chronic disease in constrained settings; mentors others and improves local models of care.	Designs and governs chronic care models across services or populations where specialist access is limited.
27.	**Rehabilitation & Recovery**	Supports basic recovery and rehabilitation activities under guidance; recognises limits and referral needs.	Delivers context-appropriate rehabilitation independently; adapts approaches to available resources and environments.	Leads rehabilitation and recovery planning in constrained settings; mentors others and coordinates multi-disciplinary input.	Designs and oversees rehabilitation and recovery models across services or populations with limited specialist access.
28.	**Cancer & Palliative Care**	Recognises clinical signs of cancer; provides basic symptom relief under supervision.	Independently manages common symptoms (pain, breathlessness, nausea); supports palliative care.	Leads cancer/palliative care models under constraint.	Designs palliative care strategies for RRHH.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
29.	**Mental Health & Psychosocial Support**	Recognises psychiatric crisis; ensures immediate safety; refers for help.	Independently manages common mental health presentations; delivers basic counselling.	Leads crisis intervention; mentors others in MHPSS; integrates care with local resources.	Designs mental health programmes across sites; contributes to humanitarian MHPSS policy.
30.	**Occupational Health**	Conducts basic health checks; recognises and reports work-related illness or injury.	Manages common occupational conditions; performs fitness-for-work and return-to-work assessments.	Leads occupational health services; mentors staff; adapts care to local risks and resource limits.	Designs and oversees occupational health programmes; aligns with global standards; contributes to organisational workforce health policy.
31.	**Dermatology**	Recognises severe skin disease; applies dressings; refers appropriately.	Independently manages burns and common skin conditions; prescribes topical/systemic treatments.	Leads burn/skin disease management in austere contexts; mentors others.	Designs skin disease programmes for RRHH; contributes to tropical dermatology research.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
32.	**Eye Health**	Performs visual acuity testing; recognises acute eye emergencies.	Independently manages common eye conditions; applies first aid for ocular trauma.	Leads eye health services in remote areas; mentors staff; integrates prevention programmes.	Designs eye health strategies; contributes to blindness prevention policy.
33.	**Oral Health**	Provides temporary filling; recognises dental abscess; refers.	Independently manages simple dental emergencies; teaches oral hygiene.	Leads dental emergency services; trains staff in urgent procedures.	Designs oral health programmes in RRHH; integrates with community health.
34.	**Safe & Rational Pharmacology**	Provides common drugs under supervision; follows essential medicines list; recognises side effects.	Independently provides drugs for common acute and chronic conditions; monitors safety and interactions.	Leads rational prescribing in constrained settings; manages limited formularies; trains others.	Designs medication policy for RRHH; assures supply chain safety.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
35.	**Point-of-Care Diagnostics**	Uses POC diagnostic test on instruction; follows protocols; recognises limits.	Performs POC diagnostics independently including pre- and post-test counselling as needed and reports results. Uses POC U/S under (remote) supervision.	Maintains diagnostic supplies and equipment for local context; mentors others in safe use; adapts protocols to local epidemiology.	Designs diagnostic strategies across programmes; assures quality; responsible for quality assurance.

Table 3.2: Domain C: Technical Health Capabilities

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
36.	**Contextual Awareness & Environment-Specific Practice**	Recognises how environment and isolation affect people and operations; follows context-specific safety procedures.	Plans and works safely within environmental constraints; applies relevant guidance and anticipates common risks.	Leads teams in complex environments; integrates environmental and operational factors into decision-making; mentors others.	Designs and evaluates systems across multiple environments; aligns with international standards; contributes to policy and innovation.
37.	**Occupational Health & Safety Risk Assessment**	Recognises common hazards and follows safety procedures; reports unsafe conditions.	Conducts basic risk assessments and applies control measures; promotes safe practices.	Leads OHS assessments and mitigation plans; trains others; integrates safety into operations risk management into daily activities.	Designs and assures OHS systems across sites; aligns with international standards; informs policy and improvement.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
38.	**Preventive & Public Health Practice**	Supports health promotion under supervision; follows vaccination protocols.	Implements preventive and public health interventions independently within local systems and constraints.	Leads public health campaigns under constraint; adapts preventive interventions to local context.	Designs preventive health strategies for RRHH; integrates with national public health systems.
39.	**Water, Sanitation & Hygiene (WASH)**	Supports hygiene promotion activities; recognises unsafe water/sanitation risks.	Independently implements WASH measures; manages small-scale outbreak prevention.	Leads WASH programmes in communities; adapts interventions to resources; trains staff.	Designs WASH strategies for RRHH; integrates with public health systems; contributes to policy.
40.	**Diagnostics Selection & Maintenance**	Operates and checks diagnostic equipment in line with protocols; reports faults or performance concerns.	Installs and maintains diagnostic systems independently; verifies accuracy and suitability for local conditions.	Leads deployment, and quality assurance of diagnostic systems; collaborates with clinicians on appropriate tool choice.	Designs and governs diagnostic system strategies across services, balancing performance, environment, connectivity, and sustainability.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
41.	**Medical Supply Chain & Cold Chain**	Follows storage protocols; reports stock-outs; maintains cold chain under supervision.	Independently manages stock; ensures cold chain integrity; prevents wastage.	Leads supply chain logistics under constraint; trains staff; adapts protocols to local resources.	Designs multi-site supply strategies; integrates with national systems.
42.	**Technology Development & Adoption**	Uses approved health technologies appropriately; recognises limitations and reports safety or usability issues	Selects and applies technologies independently; adapts use to context and contributes structured feedback.	Leads testing and integration of technologies into care pathways; manages risk and mentors others.	Shapes technology strategy; oversees development, validation, and scaling across services or organisations.
43	**Telemedicine & Digital Health**	Maintains telemedicine equipment; follows data protection standards.	Independently deploys telemedicine equipment; provides back up capabilities.	Leads integration of communication and telemedicine locally; mentors colleagues in using / providing remote support.	Designs and evaluates communication and telemedicine systems; ensures interoperability and (data) safety.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
44.	**Medical Transfer & Evacuation**	Recognises need for higher care; assists in preparing patient for transfer/ evacuation.	Independently prepares patients for evacuation; liaises with transport and receiving facility.	Leads medevac coordination under constraint; mentors staff; manages non-clinical risk during transfer.	Designs evacuation protocols for multiple sites as part of MERP; assures quality and safety; contributes to health system preparedness.

Table 3.3: Domain C: Governance & Operations Capabilities

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
45.	**Health System Assessment**	Observes and reports on service gaps; applies structured assessment tools under supervision.	Independently conducts health system assessments; identifies gaps; proposes solutions.	Leads assessments across multiple sites; mentors others; adapts frameworks to local context.	Designs system assessment tools; contributes to national/global health system resilience policy.
46.	**Data, Surveillance & Reporting**	Collects and reports basic health data; follows reporting protocols.	Independently analyses local health data; uses findings for decision-making.	Leads surveillance systems in constrained settings; mentors staff; adapts reporting systems.	Designs multi-site surveillance frameworks; integrates with national/global health systems.
47.	**Health Financing & Insurance Systems**	Works within local health financing and insurance arrangements.	Navigates financing and insurance mechanisms independently.	Leads health system adaptation of financing and coverage models.	Designs and governs health financing and insurance systems.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
48.	**Workforce Task-Sharing & Team Leadership**	Works within task-sharing protocols under supervision; respects role boundaries.	Independently supervises delegated tasks; supports safe team functioning.	Leads workforce task-shifting strategies; mentors others; manages risk and supervision structures.	Designs workforce models across programmes; contributes to policy and/or research on task-shifting.
49.	**Expedition Planning & Delivery**	Operates within expedition or mobile health plans; follows agreed procedures.	Plans and delivers healthcare for mobile or transient settings.	Leads expedition health planning and delivery in previously explored contexts.	Designs and governs expeditionary health service models in novel environments and fully isolated contexts.
50.	**Preparedness & Resilience Planning**	Participates in drills; follows preparedness plans.	Independently contributes to local preparedness; ensures continuity of services.	Leads preparedness planning; trains others; adapts frameworks to local risk profiles.	Designs resilience strategies across programmes; contributes to preparedness frameworks.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
51.	**Quality & Safety Systems**	Reports incidents; follows safety protocols.	Independently conducts basic audits and quality checks; implements improvements.	Leads quality and safety systems locally; mentors others; adapts standards to context.	Designs and assures governance systems across multiple sites; contributes to policy and/or research.
52.	**Ethics & Human Rights Safeguarding**	Works in accordance with safeguarding policies and human rights principles & laws; recognises risks to safe and acceptable care.	Applies safeguarding and human rights standards to ensure care is accessible, acceptable, and of appropriate quality.	Leads systems and responses that protect rights and safeguard individuals; addresses gaps in availability, access, and quality.	Designs and governs safeguarding and human rights frameworks that ensure availability, accessibility, acceptability, and quality of care across services.
53.	**Community Engagement & Cultural Responsiveness**	Navigates community norms; participates in engagement under supervision.	Independently engages communities; co-designs interventions; adapts communication styles.	Leads culturally competent programmes; mentors colleagues; builds long-term trust.	Designs community engagement frameworks; contributes to global discourse on culturally competent care.

	Capability	Tier 1: Safe Practitioner	Tier 2: Independent Operator	Tier 3: Context Leader	Tier 4: Systems Architect
54.	**Negotiation & Diplomacy**	Participates in community engagement with guidance; navigating cultural norms.	Independent community engagement; navigates cultural norms.	Leading negotiations for access to care and services with stakeholders using IHL.	Leads negotiations in complex contexts; mentors others; balances competing priorities.
55.	**Health Impact Assessment**	Collects data for HIAs under supervision; recognises environmental health risks.	Independently conducts basic HIAs; integrates findings into local planning.	Leads complex HIAs; mentors others; adapts frameworks to local contexts.	Designs HIA frameworks across programmes; contributes to national/global health policy.

Appendix 4: Glossary of Terms and Abbreviations

Adaptive practice – The ability to adapt clinical, technical or operational approaches to care in response to changing contexts, constraints or patient needs in remote, rural and humanitarian environments.

Affiliate – An individual with an interest in the Faculty's mission who does not yet meet the capability criteria for Membership or Fellowship.

Audit (clinical/quality) – A systematic review of clinical or service performance against defined standards, used to improve safety, effectiveness and accountability in healthcare delivery.

Behavioural capabilities – Professional and interpersonal behaviours that underpin safe, ethical and effective healthcare performance, particularly under conditions of constraint or uncertainty.

Capability – The ability to apply knowledge, skills and professional judgement effectively in variable, complex and uncertain environments, distinct from competence.

Care enablers – Systemic, organisational and policy conditions that enable or constrain healthcare delivery, including safety, legal and regulatory frameworks.

Care networks – Pathways linking local healthcare services to higher levels of clinical, technical or organisational support, including telemedicine, referral and evacuation systems.

Care resources – The on-site clinical and operational inputs available for patient care, including personnel, equipment, diagnostics and medicines.

Clinical governance – An organisational framework that ensures accountability for maintaining and improving the quality and safety of clinical care.

Constraint analysis – The systematic identification and assessment of environmental, geographic, operational and systemic limitations affecting healthcare delivery.

Cultural safety – Recognition and respect for cultural identities, ensuring equitable, non-discriminatory and culturally appropriate care that empowers communities and prevents harm.

Domain – A thematic grouping of related capabilities within the framework (Domain A: Individual professional capabilities; Domain B: Constraint analysis & mitigation capabilities; Domain C: Clinical, technical and administrative specialisation).

Ethical practice – Professional conduct guided by relevant ethical codes, respect for autonomy and confidentiality, and adherence to humanitarian and legal standards.

Evidence-based practice – The integration of best available research, professional expertise and contextual factors in decision-making, adapted to the realities of remote, rural and humanitarian settings.

Extreme medicine – An informal term sometimes used to describe healthcare practice in particularly austere or high-risk remote environments; it is not a formal category within this framework.

Fellow (FRRHH) – The highest level of Faculty recognition, awarded to individuals who demonstrate advanced capability across domains and sustained leadership, influence or contribution to remote, rural and humanitarian healthcare.

Governance – Organisational and system-level processes through which healthcare services are directed and controlled, ensuring accountability, safety, and integrity.

Health impact assessment (HIA) – A structured process used to evaluate the potential health effects of policies, programmes, or projects on populations

Humanitarian healthcare – Healthcare delivered in crisis or disaster contexts where health needs exceed the capacity of existing health systems.

International Humanitarian Law (IHL): a set of rules which seek, for humanitarian reasons, to limit the effects of armed conflict. Also known as the Laws of War.

Interprofessional collaboration – Cooperative practice among professionals from different disciplines working together to achieve safe and effective health outcomes.

Legal and regulatory frameworks – National and international laws, regulations, and professional standards governing workforce roles, data, and healthcare practice.

Member (FRRHH) – Faculty status recognising practitioners with demonstrated tier 2–3 capability across Domains A and B and a selected subset of Domain C capabilities.

Medical emergency response plan (MERP) – A structured plan outlining procedures, roles, and resources required to respond effectively to medical emergencies.

Occupational health – The discipline concerned with promoting and maintaining worker health, safety, and wellbeing in the workplace.

Preparedness – The state of readiness to respond to emergencies or crises through planning, training, and appropriate resource allocation.

Quality improvement (QI) – A continuous and systematic approach to evaluating and improving health service performance, safety, and effectiveness.

Remote healthcare – Healthcare delivered in geographically isolated or resource-limited settings where access to comprehensive services, specialist support, or referral care is constrained.

Rural healthcare – Healthcare delivered in non-urban settings characterised by poor access to services, workforce limitations, geographic and infrastructure barriers.

Safeguarding – Protecting the health, wellbeing and human rights of individuals, particularly vulnerable populations, from harm, abuse, or neglect.

Sphere standards – International humanitarian standards outlining minimum levels of service and care in disaster and crisis contexts.

Systems architect – A practitioner operating at the highest capability tier who designs, assures, or advances healthcare systems, services, or standards through influence, governance, innovation, or sustained system-level contribution.

Task-shifting / task-sharing – The redistribution of healthcare tasks among team members to optimise available human resources while maintaining safety and quality.

Telemedicine – The use of telecommunications technology to deliver healthcare remotely, enabling consultation, diagnosis, supervision, and support.

Water, sanitation and hygiene (WASH) – Public health measures ensuring safe water, adequate sanitation and hygiene practices to prevent disease in humanitarian and remote contexts.

Abbreviations

ABG – Arterial blood gas

ABC – Airway, breathing, circulation

AED – Automated external defibrillator

BLS – Basic Life Support

COPD – Chronic obstructive pulmonary disease

CPD – Continuing professional development

ECG – Electrocardiogram

FRRHH – Faculty of Remote, Rural, and Humanitarian Healthcare

GI – Gastrointestinal

GMC – General Medical Council

HIA – Health impact assessment

HIV – Human immunodeficiency virus

IMCI – Integrated management of childhood illness

IHL – International Humanitarian Law

IPC – Infection prevention and control

MARCH – Massive haemorrhage, airway, respiration, circulation, head injury or hypothermia

MCI – Mass casualty incident

MERP – Medical emergency response plan

MHPSS – Mental health and psychosocial support

NCD – Non-communicable disease

NGO – Non-governmental organisation

OHS – Occupational health and safety

POC – Point of care

RCSEd – Royal College of Surgeons of Edinburgh

RDT – Rapid diagnostic test

RRH – Remote, rural, and humanitarian

RRHH – Remote, rural, and humanitarian healthcare

SPHERE – Sphere Humanitarian Charter and Minimum Standards

TB – Tuberculosis

U/S – Ultrasound

VHF – Viral haemorrhagic fever

WASH – Water, sanitation and hygiene

WHO – World Health Organization

Appendix 5
How this Framework was developed

The FRRHH Capabilities Framework was developed through a structured, evidence-based process designed to ensure both rigour and relevance to its users. The work was overseen by the FRRHH Executive Committee, with detailed drafting led by an editorial group and wider input from a multidisciplinary Working Group of external experts and partner organisations.

The process involved four key stages:

- **Scoping Review of Literature:** A comprehensive review of peer-reviewed and grey literature identified best practices, capability frameworks, and emerging trends in remote, rural, and humanitarian healthcare.
- **Stakeholder Engagement:** Broad engagement across professions and sectors gathered practical insights through interviews, workshops, and iterative collaboration with the Working Group.
- **Consultation and Feedback:** Draft versions were circulated for structured review, allowing refinement to ensure clarity, feasibility, and broad applicability.
- **Final Review and Endorsement:** The completed Framework underwent expert review by the Executive Committee and partner representatives to ensure quality, coherence, and fitness for purpose.

This rigorous, collaborative development process—grounded in research, expert input, and consensus validation—ensures that the FRRHH Capabilities Framework is both evidence-based and practical, supporting professional recognition and workforce development across remote, rural, and humanitarian healthcare contexts.

Appendix 6
Existing RRH Healthcare Literature Definitions

The definition of RRHH as used in this Capability Framework draws from a wide range of sources that are summarised in the below table.

Author Year Country	Definitions
IRHC 2017 International	Remote healthcare practitioner - a healthcare professional who is responsible for providing healthcare in remote locations. Remote health care - the prevention, diagnosis, and treatment of illnesses and injuries for those who work in remote locations. Remote location - sites where the medical evacuation of an injured or ill person to a hospital cannot be guaranteed to be achievable within 4 hours in foreseeable circumstance (e.g. inclement weather). A common location in the oil and gas industry is the offshore platform.
Walkerman 2004 Australia	USA: Bureau of the Census, Urban-Rural Classification of Areas and Population, and the Office of Management and Budget Metropolitan and Non-metropolitan Classification of Counties; Rural is defined as 'not urban'. Canada: The Rural Committee of the Canadian Association of Emergency Physicians - Rural remote: rural communities about 80–400 km or about 1–4 hours transport in good weather from a major regional hospital; Rural isolated - rural communities greater than 400 km or about 4 hours transport in good weather from a major regional hospital. 'Isolated' communities are communities - fewer than 10,000 population and greater than 80 km from a regional centre of more than 50,000 population; The General Practice Rurality Index of Canada (GPRI) scores six factors, including sociodemographic factors: remoteness from a basic referral centre, remoteness from an advanced referral centre, population size, number of general

practitioners, number of specialists, and presence of an acute care hospital;

The British Columbia Ministry of Health Services has a Medical Isolation Point Rating System which includes number of specialists, number of general practitioners, community size, distance from a major medical community, latitude, and distance from Vancouver.

New Zealand: New Zealand GP Network Rural Ranking Scale uses concrete practice factors such as: travel time for GP from office to hospital; on call, travelling time to closest colleague; travelling time to most distant patient, and number of regular peripheral clinics.

Wales: a study defined rural/remote health as increased emergency minor/casualty work; difficulties associated with distance and travel; specified rural illnesses/ diseases; difficulties in obtaining cover for absence and 'out of hours' service.

Australia: Royal Australian College of General Practitioners (RACGP):

Rural health is medical practice outside of urban areas where the location of practice obliges general/family practitioners to have or acquire procedure or other skills not usually required in urban practice. Remote rural practice is practice in communities more than 80 km or one hour by road from a centre with no less than a continuous specialist service in anaesthesia, obstetrics, and surgery and a fully functional operating theatre.

Hays et al. cited in the study, surveyed rural doctors and defined rural medical practice as: that which occurs in an environment where a full complement of medical, other health professional and community services is at least 80 km or 1 h away by road, resulting in the need for a wide range of clinical skills. Also characterised remote medical practitioners as more than 300 km or 3 hours from support services.

Australian College of Rural, and Remote Medicine (ACRRM): 'Rural, and remote medicine encompasses general practice, secondary and often tertiary hospital care requiring procedural and other skills, transfer and evacuation skills,

disaster medicine, public and indigenous health, occupational medicine, an understanding of rural health teamwork, the health and sociology of rural, and remote communities and an ability for self and family to adapt to the prevailing environment.'

Author's definitions: Walkerman (1999): 'For health services and health professionals, remote area practice is characterised by isolation which is geographical, social, and professional; a small, dispersed and highly mobile population; climatic extremes; high population morbidity & mortality; an extended practice role; a strongly multidisciplinary approach and cross-cultural issues affecting practice and everyday life'

Walkerman (2004): Remote Health is an emerging discipline with distinct sociological, historical, and practice characteristics. Its practice in Australia is characterised by geographical, professional and, often, social isolation of practitioners; a strong multidisciplinary approach; overlapping and changing roles of team members; a relatively high degree of GP substitution; and practitioners requiring public health, emergency, and extended clinical skills. These skills and remote health systems, need to be suited to working in a cross-cultural context; serving small, dispersed, and often highly mobile populations; serving populations with relatively high health needs; a physical environment of climatic extremes; and a communications environment of rapid technological change.

Malone G 2012 Australia	Remoteness: CRANAplus defines as a complex subjective state, the causal factors of which are: geography and terrain limiting access and egress; being socially and culturally isolated; environmental and weather conditions resulting in isolation; isolation due to distances; being isolated from professional peers and supports; isolation as a result of infrastructure, communications, and resources
Acker et al 2014 Australia	Remote Health is an emerging discipline with distinct sociological, historical, and practice characteristics. Its practice in Australia is characterised by geographical, professional, and often social isolation of practitioners; a strong multidisciplinary approach; overlapping and changing roles of team members; a relatively high degree of GP substitutions; and practitioners requiring public health, emergency, and extended care skills.
Hohman 2008 North Dakota	Disaster preparedness: the basic knowledge of medical practice associated primarily with the discipline of emergency medicine and public health, which is often referred to as disaster medicine.
Goniewicz et al. 2021 International	Uses WHO (2016) definition of disaster: 'an occurrence disrupting the normal conditions of existence and causing a level of suffering which exceeds the capacity of adjustment of the affected community.' The author also proposes a healthcare definition: a disaster is an event where the number of victims and medical needs exceed the capabilities and capacities of the existing healthcare system.
Amat Camacho 2016 International	Disaster is a sudden event disrupting the normal living conditions of a community and causing a level of suffering that exceeds the capacity of adjustment of that affected community. Emergency is a state in which normal procedures are suspended and extraordinary measures are taken in order to avert disaster.

Appendix 7
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Appendix 8
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