

## **Queensland Health Rural Generalist Pathway**

A “Rural Generalist” is defined as a rural medical practitioner who is credentialed to serve in hospital or community-based primary medical practice as well as hospital-based secondary medical practice in at least one specialised medical discipline (commonly, but not limited to obstetrics, anaesthetics and surgery) without supervision by a specialist medical practitioner in the relevant disciplines. The practitioner may also be credentialed to serve in hospital and community-based public health practice – particularly in remote and indigenous communities

The Rural Generalist Pathway concept was developed in 2002 through a consortium of Queensland Health, the Australian College of Rural and Remote Medicine (ACRRM), General Practice Education and Training, Remote Vocational Training Scheme and the Royal Australian College of General Practitioners (RACGP). The concept responded to the data analysis of rural medical officer attraction and retention, which indicated longitudinal decline of rural medical services with increasing dependency on international medical graduates

The concept was developed into a workforce and professional initiative through the *Roma Agreement, October 2005*, which detailed the program principles and delivered a consortium management model between Queensland Health, ACRRM and General Practice Education and Training. The program has been undertaken within Queensland Health since, with the first rural generalist trainees now exiting the program and being awarded fellowship in 2012.

In terms of the Queensland Health program, the professional standards and vocational requirements of rural generalist practice are those prescribed by ACRRM, whereas those of rural general practice are prescribed by RACGP or the ACRRM. The state wide training pathway comprises three stages including: prevocational training in a quarantined position at one of eleven Queensland Health regional or outer metropolitan hospitals (the first two postgraduate years); advanced skills training (predominantly undertaken in the third postgraduate year); followed by completion of general practice (vocational) training in a trainees fourth and fifth postgraduate year (undertaken in supervised rural practice).

Through completion of the prerequisite training requirements, Fellowship of RACGP and/or ACRRM may be awarded (FRACGP, FACRRM). FARGP is a qualification awarded by the RACGP beyond vocational fellowship. It is awarded to GPs who have attained Advanced Skills Training.

### **Purpose**

The rural generalist model is purpose designed for rural and remote communities. It develops a workforce of specialist general practitioners purpose fit for rural practice who are also credentialed to provide specialised medical services in disciplines most needed in rural and remote communities.

The model operates systematically upon three transformative pillars, namely, recognition of rural generalist medicine as a unique medical discipline in its own right; practice value for its true worth; and a supply line/pathway to vocational practice.

The rural generalist model is well placed to deliver a supply of medical officers who can deliver primary services (general practice) as well as possessing the advanced skills set in secondary services (obstetrics, anaesthetics, emergency medicine,

indigenous health. Anecdotal evidence and research from the Allied Health profession indicates an approximate five year retention rate in rural and remote will be the norm for the younger generation of professionals and this program supports the development of a supply line of rural doctors into the future.

Rural generalists are remunerated at rates nearly equivalent to those of specialists. They have rich career opportunities in regional and metropolitan practice if/when they are unable to remain in rural practice. Rural communities will be the benefactors in the longer term as an increasing number of practitioners in regional and metropolitan facilities will be well experienced to provide outreach, rotation or professional support to rural and remote doctors and their communities.

### Status of the Pathway

The rural generalist trainees proceed through the pathway and are awarded a Fellowship of the relevant college on successful completion. Once fully qualified the doctor is free to take up practice at a location of their choosing in public or private practice. The RGP has produced the following outcomes:

2010: 4 doctors received fellowship while at the following locations:

Townsville	Kingaroy
Mt Isa	Proserpine

2011: 4 doctors receiving fellowship in the following locations:

Cherbourg	Moranbah
Mossman	Bundaberg

2012: 14 doctors completing their fellowship in the following locations:

Weipa	Townsville(2)
Thursday Island	Palm Island
Bowen	Charters Towers
Ayr	Cooktown
Stanthorpe	Gympie
Longreach	Warwick
Dalby	

These doctors will bring the following advanced skills:

- Obstetrics (2)
- Paediatrics(1)
- Anaesthetics (8)
- Emergency Medicine (3)

Additionally the following numbers are in the training program: Training Year	Number of Trainees	Expected completion year	Advanced Skills
Post Graduate Year 1	42	2016	Not yet chosen
Post Graduate Year 2	39	2015	Not yet chosen
Post Graduate Year 3	35	2014	Not yet chosen
Post Graduate Year 4	21	2013	Obstetrics (5) Paediatrics(1) Adult Internal Medicine (1) Anaesthetics (6) Emergency Medicine (6) Surgery (1) Unknown (1)

## **National Development**

Rural generalist reforms are on the national agenda. The National Strategic Framework for Rural and Remote Health endorsed by Health Ministers in November 2011 makes specific reference to Queensland Health's highly successful Rural Generalist Pathway training model for rural doctors.

A number of other jurisdictions have expressed interest in Rural Generalist Medicine (RGM). The Northern Territory has adopted all reform elements introduced by Queensland. Victoria and New South Wales are commencing rural generalist training programs. South Australia and Western Australia have expressed considerable interest in a rural generalist model.

The Commonwealth Government has expressed interest in a national roll-out of a rural generalist program.

Health Workforce Australia (HWA) has commenced a project to develop a National Framework to deliver common training pathways and placements to support rural medical generalist training and an evaluation framework that will contribute to the evidence of the efficacy of a national approach to improvements in educating Rural Medical Generalists. Queensland has been working closely with HWA to progress this work.

Most recently, Queensland has submitted a project proposal to be considered by HWA for up to \$250,000 in funding to evaluate, consolidate and evolve the program in Queensland to:

- a) become a fundamental component of rural workforce capacity;
- b) determine the advanced skills which will be required to meet the future rural medical service requirements; and
- c) fit within the broader medical workforce planning for Queensland.

General Practice Education and Training (the Commonwealth owned and funded company which operates Australian General Practice Training) recently sought advice from Queensland on options for a national approach to rural generalist training through Australian General Practice Training.

## **Funding Implications**

The Rural Generalist Pathway has been funded within Queensland Health since 2007 and co-ordinated by the Toowoomba based Cunningham Centre. The current program is within a mature delivery format, with a focus on increasing the number of rural generalist trainees each year; to date this has been achieved through program efficiency and the economy of scale of a mature program with no finding increase. The current HWA project proposal will inform the future strategic direction of the RGP which will potentially carry decisions that have financial implications.

## **Stakeholders**

The Rural Generalist Pathway has broad support from both internal and external stakeholders and has had strong support from the Rural Doctors Association of Queensland, the Australian College of Rural and Remote Medicine and most recently the Australian Medical Association position Statement on Regional/Rural Workforce Initiatives – 2012 calls to elevate the status of generalism.

**Aligned Bodes of Work**

Queensland is exploring a 'generalist' type role for Allied Health practitioners working in rural and remote to allow them to broaden their scope across other Allied Health disciplines as well as opportunities for advanced practice. HWA has been in consultation with Queensland and has demonstrated an interest in expanding this nationally.