Quantitative analysis of the first decade

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What is a Rural Generalist?

Rural Generalist Medicine
= recognized medical specialty in Queensland Health;

Rural Generalists must achieve vocational recognition as a General Practitioner through either
- The Australian College of Rural and Remote Medicine, or
- The Royal Australian College of General Practice.

General Practice is a recognized specialty by the Australia Health Practitioner Regulation Agency
What is a Rural Generalist?

A Rural Generalist is a rural medical practitioner who provides:

• hospital and community-based **primary medical practice**; and

• hospital-based **secondary medical practice**, including advanced skills in emergency medicine, Indigenous health, internal medicine, mental health, paediatrics, obstetrics, surgery or anaesthetics; and

• hospital and community-based **public health practice**.
The Queensland Rural Generalist Pathway since 2007

The Rural Generalist Pathway (RGP) provides:
- guidance and support to medical officers seeking a career in Rural Generalist Medicine.

To:
“develop and sustain an integrated service and training program to form a career pathway supplying the Rural Generalist workforce …”
(Roma Agreement, October 2005).

The administration and management of the statewide RGP is provided by the Cunningham Centre, Darling Downs Hospital & Health Service.
Aim of the Pathway

Training outcomes,
• To provide a premier pathway to rural practice;
• With appropriate preparation, training and support; and

Workforce solutions.
• Increasing supply of health professionals fit for practice in rural and remote Queensland; and
• To assist in filling vacant positions in rural health facilities.
What do we offer?

- an **advisory and support service** comprised of experienced rural medical and administrative staff who are dedicated to assisting junior doctors achieve a career in rural medicine;

- **quarantined training opportunities** at select Rural Generalist Training Hospitals;

- attendance at an intensive, simulation based, procedural skills **workshops in both postgraduate years** one and two;

- support and advice regarding **Advanced Skills Training (AST)**;

- access to a range of accredited vocational **training opportunities** in rural Queensland.
Following graduation

Prevocational Training at one of the following health facilities:

- Caboolture
- Cairns
- Ipswich
- Logan
- Mackay
- Bundaberg
- Gold Coast
- Nambour
- Redcliffe
- Rockhampton
- Toowoomba
- Townsville
- Mount Isa
- Redland

* Facilities subject to change
Following Prevocational Training

Subject to an open merit application process, Trainees generally complete **Advanced Skills Training (AST)** in PGY3 in a dedicated PHO or Registrar position at a regional Queensland Health facility. Rural Generalist Medicine Advanced Skills include:

- Anaesthetics *
- Obstetrics & Gynaecology *
- Emergency Medicine *
- Surgery
- Indigenous Health
- Paediatrics
- Mental Health
- Adult Internal Medicine

* most popular
Following Advanced Skills Training

• subject to open merit application, placement into a **vocational training** position in PGY 4 and 5 at an approved rural / remote Queensland Health facility;

• opportunities for mixed public / private practice employment;

• opportunities for full-time private practice with Visiting Medical Officer (VMO) / Medical Officer with Right of Private Practice (MORPP) appointment;

• ongoing personal and professional support.
## Rural Generalist Pathway – Training Progression Table

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<th>Queensland Hospital &amp; Health Service Appointment</th>
<th>Salary Status</th>
<th>Australian General Practice Training</th>
<th>RVTS</th>
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<td>-</td>
<td>FRACGP/FARGP Inc. Advanced Skills Certification + Certified Women’s Health</td>
</tr>
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RVTS – Remote Vocational Training Scheme
Who offers Rural Generalist Medicine training?

There are two general practice training colleges available in Australia who offer a Rural Generalist Medicine training program:

- **Australian College of Rural & Remote Medicine (ACRRM)**
  Fellowship of ACRRM (FACRRM)
  - Sets the standard for rural practice
  - Fellowship portable to urban, rural and international settings

- **The Royal Australian College of General Practice (RACGP)**
  Fellowship of RACGP (FRACGP); and
  Fellowship in Advanced Rural General Practice (FARGP)
  - Sets the standard for general practice
Results – training outcomes

• 103 trainees have achieved vocational recognition in General Practice
  – 84 completed FACRRM
    84%* remain in rural practice
  – 40 completed FRACGP (8 with FARGP)
    86%* remain in rural practice
  – 26 RG completed dual Fellowships

* of those traced by registration
Results – location of practice

- 97 traced for current location of registration.
  - 85% remain in rural practice
- 83 were interviewed
  - 89% practicing in ASGC-RA(MMM) 2-7
  - 71% in ASGC-RA(MMM) 4-7
Leaving the beaten pathway – with a RG endpoint

- (FACRRM or FARGP)
  - 100 AST/ARST programs completed
  - Anaesthetics 48,
  - Obstetrics 28
  - Emergency Medicine 13
  - Indigenous Health 5
  - Generalist Surgery 4
  - Internal Medicine 2

- 85% registered in rural locations
- 52/59 interviewed retained clinical scope of practice
Leaving the beaten pathway – with a RG endpoint

• Thematic analysis of successful RG alumni
  – 43 working in hospital practice, 19 in private practice (16 in blended)
• How they describe themselves
  – “a country doctor” (29), a rural GP (12), who does ...(8), “a Rural Generalist” (5)
• The common themes of value from the program were (in order):
  – Prevocational education workshops in rural context
  – Advanced skill acquisition opportunity and coordination
  – Mentors, support and organization in a structured program
  – Meeting with other Rural Generalists, networking and peer support
  – The access to specific prevocational terms
  – The payscale
  – The ACRRM curriculum
• Changes?
  – Not progressing responsibility too soon / ensuring supervision
  – Rural relevant prevoc and AST placements
  – More primary care training and skills
Discussion

• AGPT rural retention 27% in 2008; 57% in 2016.

• QRGP 85% cumulative over 10 years.

• 71% supporting small towns [ASGC-RA(MMM) 4-7]

• Bringing & using specialist skills
Conclusions

• QRGP analyzed against WHO R&R recommendations:
  – Located outside capital city
  – Recruiting from medical student programs
  – Continuity of training pipeline
  – Designed professional development
  – Meeting needs of rural health workers
  – Recognizing enhanced scope of practice
  – Financial incentives as specialists in rural
  – Clinical governance for safety in training
Leaving the beaten pathway – without a RG endpoint

- Themes for leaving