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PROJECT REPORT

The Queensland Health Rural Generalist Pathway: providing a medical workforce for the bush

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ABSTRACT

Introduction: Queensland Health's Rural Generalist Pathway is a supported career pathway for junior doctors to train in rural and remote medicine. The pathway joins evidence with policy to achieve professional recognition, credentialing, and industrial recognition.

Methods: This article describes the principles underpinning the notion of rural generalism, the background to the establishment of the Rural Generalist Pathway in Queensland, Australia, how the pathway has been developed to meet the needs of Queensland's rural and remote communities, the implementation of the pathway, and the implications for other jurisdictions.

Results: In 2007, 30 trainees commenced on the pathway, with total enrolment now of 182 in 2012. Trainees commence at the start of internship, completing their prevocational training component in postgraduate years 1 to 2. After prevocational certification they undertake advanced specialised training in a range of specialties, and then complete vocational training in a rural location, usually in their 4th to 5th postgraduate years. Trainees complete their general practice training through a Regional Training Provider, and achieve vocational registration by completion of appropriate fellowship assessment requirements. The pathway is managed by a geographically dispersed team of educators, clinicians and managers. The Rural Generalist team provide training and career advice, advocate for trainees and assist with negotiating posts. They map progress of trainees through the Vocational Indicative Planning process and arrange other educational activities including Rural Generalist workshops. Applications are often oversubscribed, with the intake growing to 41 in 2012, located at 10 intern training hospitals. In total 90 trainees have completed advanced specialised training as at the end of 2012.

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Conclusion: The Rural Generalist Pathway includes a challenging prevocational start to the career, the opportunity to specialise in a procedural skill or skills of interest and obtain general practice vocational training in a rural setting and appears to be proving an attractive choice for medical graduates seeking a challenging and varied career. Early evidence suggests that by recognizing and rewarding the worth of rural and remote practice, this strategy is creating its own supply line. From its initial roll-out in Queensland, rural generalist training continues to generate increased interest and enthusiasm across all Australian states and territories wishing to join this new wave of generalist practice. This new generation of health professionals for a new generation of services has the potential to provide the rural medical workforce the bush needs.

Key words: Australia, generalism, pathway, Queensland, rural generalist, rural medical education, vocational training.

Introduction

Australia's rural and remote medical workforce shortages are well documented. Responses have included the growth of rurally oriented medical schools and rural placements, rural scholarships, rural incentives and other retention strategies, and the development of training pathways into rural medicine[1-4]. The Australian College of Rural and Remote Medicine (ACRRM) has developed a training pathway, standards, and a Fellowship examination in rural and remote medicine[5]. The Royal Australian College of General Practitioners (RACGP) has its own pathway and endpoint for a qualification in rural general practice[6]. Australian doctors can train towards either or both endpoints and be recognized as specialists in rural medicine through ACRRM's independent pathway, or via Australian General Practice Training or the Remote Vocational Training Scheme (RVTS)[7,8].

Queensland Health's Rural Generalist Pathway (RGP) provides a supported career pathway for junior doctors to train in rural and remote medicine which joins rural medical educational strategies with rural medical workforce and practice strategies. This article describes how Queensland Health has developed the pathway to meet the needs of Queensland's rural and remote communities, and outlines experience in the pathway since its establishment in 2007.

Queensland Health's Rural Generalist Pathway

What is a Rural Generalist?

Rural Generalists are rural doctors providing a broad range of services including specialised skills such as emergency medicine, obstetrics, or anaesthesia, usually with a relevant fellowship qualification[9]. The Rural Doctors Association of Australia (RDAA) comments:

> *The term 'rural generalist' has been used to emphasise the expansive nature of the professional role required to meet community needs in rural and remote practice. This includes providing care in general practice or primary care AND secondary care such as rural hospitals or other extended settings.*

Terms like 'extended general practice' are also used. The RDAA suggests[10] the:

> *...philosophy that underpins this set of principles is that any advanced training program must include training in community based general practice and the professional role of the doctor completing the program must accommodate the provision of a continuum of comprehensive care across general practice.*

A rural generalist is an extended medical generalist. ACRRM's president Richard Murray asserts[11]:

> *Generalism in clinical medicine has retreated in the face of the rise of medical sub-specialisation throughout the twentieth century… [arguing the] …extended medical generalist role will be a key pillar for our health care future.… ACRRM is committed to building pathways for the naturally adventurous, generalist-inclined medical graduate to pursue diverse and interesting careers as an extended medical generalist - with an emphasis on the bush.*

The RGP is one such pathway.

Within Queensland Health, a 'Rural Generalist' (RG) specifically refers to a rural doctor credentialed to serve in[9]:

- hospital-based and community-based primary medical practice, and
- hospital-based secondary medical practice:
    - in at least one specialist medical discipline (eg obstetrics, anaesthetics, and surgery) AND
    - without supervision of a specialist medical practitioner in the relevant disciplines
- and possibly hospital- and community-based public health practice – particularly in remote and Indigenous communities.

Background

In 2005 a seminal meeting in the Queensland town Roma of representatives of Queensland Health, ACRRM, and other stakeholders established 'The Roma Agreement', which committed to[12]:

> *…develop and sustain an integrated service and training program to form a career pathway supplying the Rural Generalist workforce that the bush needs.*

This agreement fulfilled the State Government's promise of a specialist career pathway for RGs, a component of the Queensland Government's response to the Bundaberg Hospital Commission of Inquiry[13]. The Roma Agreement has a jurisdictional objective: supplying rural generalists to both the public and private sectors of the bush - and articulated nine key principles (Fig1).

The agreement arose in response to the failure of supply of Queensland's rural and remote workforce which was evident early in the 21st century despite substantial strategy and initiatives by Commonwealth and state governments, colleges and education providers over the preceding 15 years. Queensland had enjoyed reasonable success in recruiting medical superintendents and medical officers with 'right to private practice' to service smaller towns using a blended payment system (retainer plus private practice), with rostered relief and locum support. However, the salaried Senior Medical Officer (SMO) workforce in larger rural centres was in decline, with such dependency on international medical graduates (IMGs) that by the early 2000s rural IMG workforce management dominated Queensland rural medical workforce planning and strategy. In all, 52% of Queensland rural and remote workforce in 2008 were IMGs, compared with the national average of 41%[12].

Applications to Queensland's long-standing rural medical scholarship scheme were also declining with fewer applicants than scholarships. Contract breaching rates almost equalled the rate of return of rural service. Fears were expressed that this decline was terminal, that graduates from Australian medical schools would not aspire to rural careers, and that the obvious solution to rural and remote medical care in Queensland was enhancement of the retrieval and transport service to transfer patients to larger centres. Workforce data suggested a 'disappointing' 3.8% of the state's medical graduates from 1990 to 2007 were working in rural and remote Queensland[12].

A state-wide survey of SMOs across 35 rural and remote hospitals in 2001 articulated the key issues of career choices and intentions, work roles and educational needs, leading to re-appraisal of the question, 'Can any more be done to recruit and retain an Australian medical graduate rural and remote workforce?'. This survey provided the evidence for a new supply-line strategy, based on three key advances.

The *nine Roma Principles* on which the *Rural Generalist Pathway* is based are:

1. All career pathways will be easy to understand, responsive to needs, well promoted, well supported, well resourced and involve key stakeholders.

2. A key outcome of the training program is eligibility for vocational recognition and appropriate credentialing. (The program incorporates training in hospital-based (public and private) and community-based (private and public) settings.)

3. The educational standards of the training program will be set externally by the appropriate college.

4. The professional standards and vocational requirements of rural generalist practice are those prescribed by the Australian College of Rural and Remote Medicine, whereas those of general practice are prescribed by the Royal Australian College of General Practitioners.

5. The program markets and provides a supported career path from medical school to rural generalist practice.

6. Vocational training will be provided by General Practice Education and Training (GPET) training providers and will be rural centric.

7. The program is underpinned by mentoring and individual learning and career planning. The personal and professional and career needs of trainees and their families are accommodated within the workforce.

8. All providers and funding sources commit to the process and to provide timely decision-making and action.

9. Rural generalist trainees have priority access to appropriate accredited Queensland Health training positions. (Queensland Health integrates service placement with prevocational and vocational training in partnership with training providers.)

Figure 1: The Roma Principles.

First, it was acknowledgement that the uniqueness and value of a career in rural and remote medicine needed recognition in order to stimulate the interest of a new generation of Australian graduates. No formal mechanism existed in Queensland for the recognition of disciplines other than the Medical Board's Specialist Register. A State Credentials Committee was established to assess whether new disciplines in medicine should receive formal recognition based on key criteria of benefit in patient safety, improved healthcare outcomes and value for money, and the qualifications prescribed, scope of clinical practice and applicable salary range for each discipline. Rural Generalist Medicine was recognised by the State as a distinct discipline in its own right in 2008. The unique body of knowledge and skills defining rural practice was outlined in ACRRM's Primary Rural and Remote curriculum statements and the approved Advanced Specialised Training curricula[5].

Second, negotiation of a critical first medical enterprise bargaining agreement in 2005 provided parallel capacity in industrial terms to recognise the value to Queensland of practice in Rural Generalist Medicine. The ensuring industrial agreement enabled salaried SMOs with credentials in Rural Generalist Medicine to access a new salary range (Medical Officer Advanced Credentialed Practice) with equivalent commencing salary levels to Staff Specialists.

Finally, detailed exploration of existing vocational pathways to rural practice helped better understand the reasons for the undersupply. A new training pathway was devised building on existing training arrangements (Table 1). The intent was to enhance rather than duplicate existing pathways, blending a training program with a career pathway and industrial recognition in an attractive, incentive-based strategy to provide a sustainable medical workforce for rural Queensland. The pathway's design enabled state government scholarship holders to meet return-of-service requirements concurrently with their vocational training program[9].

Table 1: Summary of Rural Generalist training and significant milestones

Postgraduate Year	Queensland (Qld) Health	Rural Generalist Pathway	Qld Health Rural Scholarship Scheme Holders	Australian General Practice Training	Remote Vocational Training Scheme	Australian College of Rural and Remote Medicine	Royal Australian College of General Practitioners
1	Intern	Prevocational Training	Return of service	Application	-	-	-
2	Junior House Officer		Return of service	Year 1	-	Core Clinical Training	Hospital Training
3	Registrar	Advanced Specialised Training	Deferral Year	Year 2	Application	Advanced Specialised Training	Advanced Skills Training
4	Senior Medical Officer (Provisional Fellow)	Vocational Fellowship Training Return of Service	Return of service	Year 3	Year 1	Primary Rural & Remote Training	GP Terms
5				Year 4	Year 2		
6 +	Senior Medical Officer (Rural Generalist)	Continuing Professional Development	-	-	-	FACRRM (with Advanced Skill)	FRACGP (with Advanced Skill) + Fellowship in Advanced Rural General Practice + Certified Women's Health

Operation of the Pathway

Medical students apply to the RGP in their final year of training through a formal merit-based selection process. They commence the pathway on starting internship, needing to have gained professional registration and a quarantined intern position at an RG training hospital.

Postgraduate years (PGY) 1 and 2 comprise the prevocational training component of the pathway. Rural Generalist trainees apply for formal general practice training during internship, commencing training in PGY2. After prevocational certification, trainees undertake Advanced Specialised Training (AST), usually in their third year, in one of a range of approved disciplines. They then undertake further vocational training in PGY 4 and 5 in a rural location, often their practice of destination (Table 1, Fig2).

The RGP's design is flexible, with only one move of location required during training. Postgraduate years 1-3 can be completed in a single location, usually a regional or outer metropolitan hospital. Training from PGY 4 is in a rural location (Table 1)[9].

The pathway is managed by a team of experienced rural medical advisors, clinicians, educators and administrators. The pathway Co-Directors are geographically dispersed throughout Queensland with fractional appointments in addition to their substantive roles in clinical practice, management, education and policy. This group has developed a management and governance framework which ensures high-level advocacy and representation, and supports trainees progressing through the pathway. The RG educators regularly meet with trainees, mapping their training through the Vocational Indicative Planning process, which matches educational, personal (including family) and workforce needs

with available posts and other requirements including scholarship obligations. The RG team provide training advice, assist with negotiating posts, and liaise with supervisors, hospitals and Regional Training Providers. Workshops are arranged for trainees in PGY 1 and 2, which offer specific skills training, acculturation to life as an RG, additional time for vocational planning, and social and networking opportunities.

Trainees need to meet some important milestones to achieve prevocational certification (Table 2). Prevocational assessment, developed in partnership with ACRRM, evaluates an individual's capacity to practise safely in a supervised rural setting, and is required to progress to AST or rural practice. It enhances the educational pathway and is required for certain industrial remuneration benefits. Trainees must enrol with a regional training provider for their core vocational training and balance priorities of location and vocation in order to make decisions about AST choice, geographic area of practice, and vocational endpoint[9]. Seven trainees in remote locations have undertaken their vocational training via the RVTS[8].

Rural Generalist trainees with prevocational certification undertake AST in PGY 3 or beyond. Training posts are usually for 12 months and are currently established in the following specialties:

- anaesthetics
- obstetrics and gynaecology
- emergency medicine
- surgery
- Indigenous health
- internal medicine
- paediatrics
- mental health.

The choice of AST relates to the skills needed in rural Queensland hospitals, and is based on an agreed curriculum and assessment which would enable recognition of that skill by a Queensland Health credentialing committee. For example, a trainee with advanced anaesthetic skills could be credentialed to provide an unsupervised anaesthetic service in a rural hospital. Appointment as a SMO or Medical Officer with right of private practice to a post specifying this skill in the position description, would ensure eligibility for industrial recognition at Staff Specialist salary levels as a 'Provisional Fellow'.

Rural Generalist trainees complete training, including Fellowship requirements (FACRRM and/or FRACGP) in an accredited rural hospital, often their location of final destination, and may also take up private practice options or have part-time hospital roles, perhaps with a hybrid public–private appointment.

The pathway enhances existing pathways to vocational recognition through Regional Training Providers or RVTS, aiming to add value through the Vocational Indicative Planning process, career advice, additional workshops and other targeted activities. The endpoint is dual: college fellowship but also sign-off by the RGP at prevocational and vocational levels, including certified and credentialed advanced skills. This combination has important industrial implications. The pathway matches choice of AST to clinical needs, job descriptions and industrial recognition.

From an initial intake of 30 trainees in 2007, the pathway has grown to 21 trainees completing the program and a current enrolment of 182 (Table 3). Entry is competitive and over-subscribed, with a cohort of 41 commencing training in 2012 across 10 intern training hospitals. In late 2011, 78 trainees were undertaking accredited vocational training in rural practice – significantly, providing medical services as Provisional Fellows while completing training - with 24 of these (30%) concurrently or wholly in private general practice[9]. In all, 53 trainees have completed AST posts with a further 37 undertaking training in 2012.

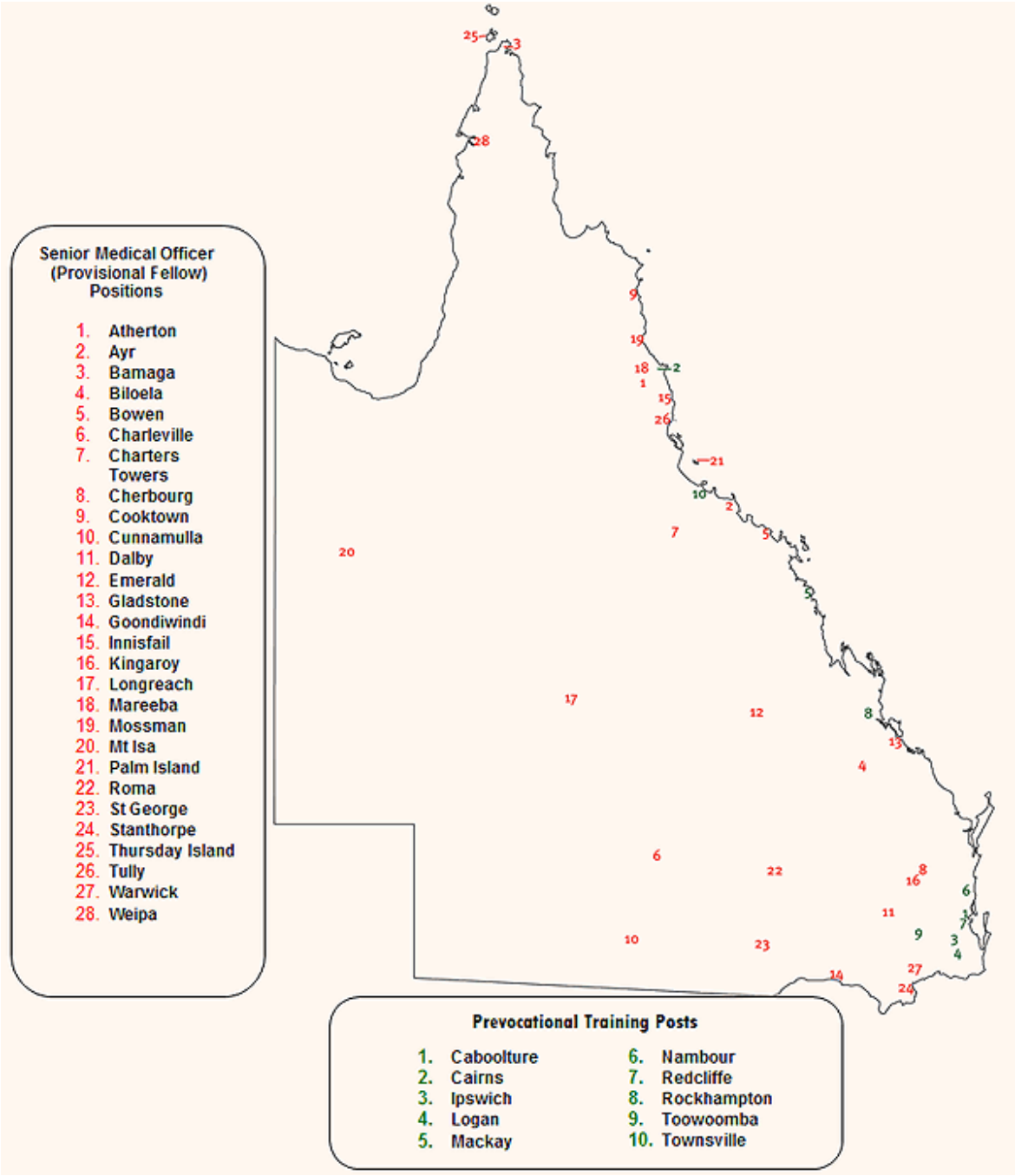

Figure 2: Rural Generalist training position locations.

Table 2: Rural Generalist prevocational requirements

	Assessment Item	Evidence required
1	General Registration with the Medical Board of Australia	Evidence of registration with the Medical Board of Australia
2	Satisfactory completion of all prevocational hospital terms in both Post Graduate Years1 and 2	Provision of term reports via email (scanned copy) or hard copy
3	Satisfactory completion of 50% of the urgent care component of the Australian College of Rural and Remote Medicine (ACRRM) Procedural Skills Logbook (equates to 15% of total Logbook)	Annual review of either electronic or hard copy Logbook by Rural Generalist educator at Vocational Indicative Planning / Rural Readiness interviews
4	Satisfactory completion of the Rural Generalist Trainee Workshop series	Signed attendance register provided by workshop coordinator
5	Participation in at least one ACRRM online module (compulsory) and other accredited professional development activities (non-compulsory)	Copies of certificates of attendance / signed attendance record / on-line attendance report
6	Assessment of personal and professional readiness (including clinical confidence and capability; and appropriate advanced skill interest) to commence practice in a rural area	Assessed by Rural Generalist educator at Vocational Indicative Planning interviews (Post Graduate Years1 & 2) Rural Readiness interview (Post Graduate Year2) in consultation with Trainees' employing hospital. Notes from interviews recorded electronically on Rural Generalist case management database.

Table 3: Rural Generalist trainees by year (as at 17 December 2012)

Post Graduate Year	Trainees *N*
1	41
2	36
3	36
4	22
5	9
6+	38
Total	182
Completed training	21

The Future

Rural generalism is an idea whose time has come. Key organizations are calling for the implementation of a National Advanced Rural Training Pathway to support and encourage practice in rural and remote communities[10]. Many jurisdictions are developing their own approaches to rural generalist training, based on the principles developed by the Queensland pathway, and responsive to local needs. As rural training expands nationally there is a need for transferability across all training posts including ASTs, and increased efforts to align training with future workforce needs. Challenges to be overcome include matching training pathways with professional and industrial recognition and career progression in each jurisdiction, and overcoming perceptions that the pathway focuses on hospital/procedural medicine at the expense of private general practice.

In Queensland, the pathway is evolving as trainee numbers grow. Work is ongoing to ensure smooth engagement of

trainees with the pathway, and to increase capacity, particularly in AST posts, and to match pathway graduates with workforce requirements and community needs. New approaches are being developed to co-ordinate AST applications. Further evaluation is planned, which can inform development of additional training posts, establishment of ASTs in other disciplines, and cross-accreditation of training such as Generalists in Emergency Medicine.

Conclusion

The RGP offers a supported fast-tracked path to procedural rural medical practice, providing a career path for doctors in rural Queensland. The pathway is flexible, minimising moves of location for the trainee, interfacing with other training providers and Colleges, and offers engagement with Queensland Health throughout training. The pathway matches return-of-service with career progression, high quality training, a recognized portable qualification, and near-specialist remuneration. The pathway is part of the pipeline to rural practice, harmonising with other rural initiatives including incentives, increased focus on rural training and growing numbers of students and junior doctors. This approach could be adopted by other jurisdictions, and perhaps by other disciplines.

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