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COMMENT

Comment on: Rural Generalism and the Queensland Health pathway – implications for rural clinical supervisors, placements and rural medical education providers

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Dear Editor

Professor Kitchener is to be congratulated on his recent article highlighting some practical issues involved in implementing Rural Generalist (RG) training[1]. As members of the Queensland Health Rural Generalist Pathway (RGP) team we support his commitment to rural training and would like to emphasize and clarify some aspects of his informative paper which builds on our own description[2].

We agree with the statement that there are many pathways to rural practice, of which the RGP is one of a number available in Queensland and, increasingly, other jurisdictions. If any misperception exists about this then we suggest it is *everyone's* responsibility to address it. We are not convinced there is evidence that recruitment from university 'potentially leads to poor decisions', but support any efforts to develop additional pathways and entry points into rural practice.

The RG pathway was developed to address demonstrated workforce problems in the public sector. We acknowledge there may be (unintended) consequences for the 'equilibrium' in the private sector. However, currently 34 of 111 trainees in year 3 or beyond are concurrently or wholly in private practice, the same proportion as the 30% reported in 2011[2]. We appreciate Prof Kitchener's practical suggestions to increase the component of private general practice and recommend these be widely aired with regional training providers etc. We look forward to further discussions about further engaging the private sector in RG training. We note also the long-term workforce benefits of attracting trainees to

a rural location: many stay, strengthening the overall workforce, they enhance the skillset in the town, and, as noted, many ultimately move into private practice.

Some other matters deserve comment. We support the transparency of open, merit-based selection into training, but are not sure the RGP should be 'coaching' for selection - although perhaps the selection process should be evaluated in consultation with the Colleges and other key stakeholders from a validity perspective. Surely we select for the outcome of interest – to choose candidates most likely to meet the community's needs, particularly underserved populations[3]?

The observations on gaming and unintended consequences are important considerations in any complex, high-stakes system, supporting the need for ongoing dialogue and discussion among all stakeholders. Queensland's RGP selects for Advanced Skills (AS) posts on a state-wide basis in order to match training with workforce needs and make best use of a scarce resource, training posts. Data presented at the 2012 Rural Medicine Australia conference indicated 80% and 86% retention into rural procedural practice for anaesthetic and obstetric posts, respectively. While trainees are 'free' to apply to the Advanced Skills Training (AST) of their choice, their choice is managed to accommodate the risks mentioned of 'disproportionate' AS selection. We agree that a trainee/family focused system is needed to meet trainees' educational, career and family needs, and have developed the vocational indicative planning process outlined[2].

Finally, the point about 'leader/learner conflict' is an important one that needs further consideration, and we agree wholeheartedly with his conclusion that the pathway is good for the future of rural medicine.

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