

*Delivering quality healthcare in partnership with our communities*

# The Queensland Rural Generalist Program

*2005–15*

## Our Vision

- To deliver excellence in rural and regional healthcare.

## Our Purpose

- Delivering quality healthcare in partnership with our communities.

## Our Values

- **Caring** – We deliver care, we care for each other and we care about the service we provide.
- **Doing the right thing** – We respect the people we serve and try our best. We treat each other respectfully and we respect the law and standards.
- **Openness to learning and change** – We continually review practice and the services we provide.
- **Being safe, effective and efficient** – We will measure and own our performance and use this information to inform ways to improve our services. We will manage public resources effectively, efficiently and economically.
- **Being open and transparent** – We work for the public and we will inform and consult with our patients, clients, staff, stakeholders and community.

### Darling Downs Hospital and Health Service The Queensland Rural Generalist Pathway 2005–15

v1.00 | 08/2015

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## Background

The Queensland Rural Generalist Program (QRGP) is a long term workforce initiative invested in and supported by successive State Governments since 2005. The QRGP trains doctors in rural generalist medicine that enables both primary and specialised services, such as obstetrics, and mental health, to be delivered in rural communities. With the support of the Queensland Department of Health and health service managers across the State the QRGP is now delivering improved and reliable services into rural communities. It requires and receives the partnership of leading medical organisations such as the Australian College of Rural and Remote Medicine, Rural Doctors Association of Queensland, Health Workforce Queensland and many more.

## Revealed

At the height of the *Morris Royal Commission* into the Bundaberg Hospital, *The Courier Mail's* front page headline of 24 August 2005 declared 'All-rounders in health fix', publicly signaling the commencement of Queensland's Rural Generalist Program. On this day, the Hon. Stephen Robertson, Minister for Health, advised via a media statement that the Queensland Government may recognise a new category of senior doctor – the 'rural generalist'. Why?

## Conception

By the turn of the century, Queensland's rural and remote communities were suffering the consequence of serious decline in supply of rural doctors. Very few Australian graduates chose a rural career. These communities were becoming increasingly dependent upon International Medical Graduates who were forced to serve in these rural and remote areas of need in order to gain registration, Medicare Provider Numbers and resident status. Most provided splendid service. However, others were poorly recruited, unassessed (in terms of medical practice capability), placed inappropriately in practice, not assisted to train to Australian fellowship and unsupported. The consequent risk was borne by their patients – the very underpinning of the *Morris Royal Commission* relating to the appointment of Dr Jayant Patel to the Bundaberg Hospital in April 2003.

In November 2003, the Hon. Wendy Edmond, Minister for Health, rejected a report<sup>2</sup> highlighting these risks and proposing systematic redress. However, her action forced re-examination of the reason(s) why Australian graduates did not choose a rural career. A comprehensive survey in 2001–02 of the contracting cohort of rural doctors practising full time in rural hospitals substantially informed this examination<sup>3</sup>.

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<sup>1</sup> Strategy to Increase Queensland Doctor Numbers Unveiled, Queensland Government Media Statements, Minister for Health, The Honourable Stephen Robertson, Wednesday, August 24 2015, Available at: <http://statements.qld.gov.au/Statement/Id/42355>. [05 August 2015]

<sup>2</sup> The so called 'Lennox report', referred to in a series of articles in *The Courier Mail* on 03 November 2003 relating to concerns over the number and competency of overseas-trained doctors recruited to work in Queensland, and subsequently the report at the centre of an investigation conducted by the Crime and Misconduct Commission into a complaint made by the then Leader of the Opposition concerning the possibility that the Honourable Gordon Nuttall MP, Minister for Health, gave false answers to questions asked of him by a member of an estimates committee of the Legislative Assembly.

<sup>3</sup> Generalist Senior Medical Officers in Rural and Remote Public Hospitals of Queensland: Workforce characteristics and factors influencing job sustainability, Llamas, Catchpole and Lennox, January 2002, Available at: [https://www.health.qld.gov.au/ruralgeneralist/docs/RR\\_SMO\\_RPT\\_2005.pdf](https://www.health.qld.gov.au/ruralgeneralist/docs/RR_SMO_RPT_2005.pdf). [05 August 2015]

In September 2004, the annual conference of Queensland senior medical superintendents affirmed a formulated strategy designed to rebuild systematically, a supply of Australian graduate rural doctors. With medical administrative endorsement, the strategy awaited adoption by executive government.

## Initiation

The high public drama of the *Morris* and subsequent *Davies Royal Commissions* during 2005 and the concurrent threat of wide spread medical workforce and service collapse energised government action. The Hon. Stephen Robertson chose to include this formulated strategy for the rural generalist workforce in his government's plan to rebuild public medical services. And so Queensland's Rural Generalist Program (QRGP) was launched.

## Implementation

The first industrial certified agreement for doctors in 2005, facilitated implementation of two key pillars of the QRGP:

### *Recognition*

Announced by the Hon. Stephen Robertson in August, the first pillar was recognition of doctors who practise in rural general or primary practice, as well as in hospital or secondary practice including in specialised disciplines. Via the certified agreement, a mechanism was established for State recognition of medical disciplines beyond the national process advised by the Australian Medical Council. By this means the State formally recognised Rural Generalist Medicine in 2008<sup>4</sup> and the Australian College of Rural and Remote Medicine as the arbiter of standards for practice and training (Practitioners in the discipline are usually referred to as 'Rural Generalists').

### *Value of practice*

The 2005 certified agreement for doctors also facilitated establishment of the second pillar of the QRGP namely, value of practice by Rural Generalists for its true worth to the State. Transformation of the salary classification for Senior Medical Officers provided a remuneration level effectively equivalent to specialists for Rural Generalists with appropriate scope of clinical practice. Progressive reform recognised the value of medical rural generalist practice for Visiting Medical Officers (contract for service) and Medical Superintendents and Medical Officers with Private Practice with one major reform step pending for the latter category of employment.

Two further pillars of the QRGP followed progressively:

### *Training/supply line*

The Hon. Stephen Robertson approved funding for the Queensland Rural Generalist Pathway (the QRGP third pillar) in the 2006–07 state budget. The Pathway was to join up training in university medical schools through postgraduate Prevocational Training and experience in public hospitals, Advanced Specialised Training in disciplines such as obstetrics, emergency medicine and mental health and the Federal Government funded Australian General Practice Training, to early entry into rural generalist practice.

<sup>4</sup> Recognised Rural Generalist Medicine, Queensland Health, Queensland Government: Available at: [https://www.health.qld.gov.au/ruralgeneralist/docs/RGM\\_recog\\_22Aug07.pdf](https://www.health.qld.gov.au/ruralgeneralist/docs/RGM_recog_22Aug07.pdf). [05 August 2015]

A stakeholder forum in Roma in September 2005 endorsed the elements of the Pathway. The forum established a set of principles, now referred to as the *Roma Agreement*, that have underpinned the operation of the Pathway to this day. Training in the Pathway formally commenced in 2007 with an intake of 18 interns and 10 junior house officers. The Pathway is managed by the Cunningham Centre, a Registered Training Organisation of the Darling Downs Hospital and Health Service.

By 2013, the intake had climbed to 38 before the Hon. Lawrence Springborg, Minister for Health, announced the Pathway would boost its intake to 80 per year by 2016. Subsequently 45 new Rural Generalist Trainees were appointed in 2014, 53 in 2015 and 77 have accepted appointment for 2016.

226 trainees are progressing through the Pathway in 2015 and 56 have completed training since 2007.

### *Service and workforce redesign*

The next generations of Australian graduate Medical Rural Generalists, are unlikely/will not practise as did their predecessors. Key areas of difference relate to work-life interface, open vocational development options and capitalising/operating private practice.

Service and workforce redesign (the fourth pillar of the QRGP) commenced in Longreach in 2010 to rematch the medical needs and expectations of rural and remote communities to the capacities and aspirations of the next generations of Medical Rural Generalists. Despite its relative remoteness, in 2015 Longreach enjoys a thriving medical rural generalist service in both public and private sectors with evidence of increasing medical service access to the community and improvement in its health status.

Queensland Country Practice, a rural and remote medical support service of the Darling Downs Hospital and Health Service, is now engaged by Hospital and Health Services throughout the State to redesign service and workforce in rural and remote health facilities. This process is essential to ensure the increasing output of Medical Rural Generalists from the Pathway is supplied to those rural and remote communities currently experiencing the most intractable medical workforce recruitment and retention challenges.

## Evaluation

In 2010, the Commonwealth commissioned an evaluation of the QRGP to determine potential for national expansion. The evaluator, Nova Public Policy Pty Ltd reported favourably<sup>5</sup>.

Health Workforce Australia funded a substantial general evaluation of the QRGP in 2012. Conducted by Ernst and Young, the evaluation highly commended the program and recommended action for future refinement and direction<sup>6</sup>.

<sup>5</sup> Review of the Queensland Health Rural Generalist Pathway (RGP) Model to Examine Whether There Is The Potential To Expand the Model Nationally, Final Report, June 2010, Nova Public Policy Pty Ltd, Available at: [https://www.health.qld.gov.au/ruralgeneralist/docs/NOVA\\_RGP\\_EVL\\_Jun2010.pdf](https://www.health.qld.gov.au/ruralgeneralist/docs/NOVA_RGP_EVL_Jun2010.pdf). [05 August 2015]

<sup>6</sup> Evaluation and Investigative Study of the Queensland Rural Generalist Program, Queensland Health – Office of Rural and Remote Health, Ernst and Young, February 2013, Available at: <https://www.health.qld.gov.au/ruralgeneralist/docs/>

A partnership between Queensland Country Practice, Hospital and Health Services and Universities is now initiating an evaluation of the impact of the QRGF regarding service and workforce redesign in particular, and with reference to the health status of communities, health service value for money and outcomes.

27 August 2015

Rural and Remote Medical Support  
Darling Downs Hospital and Health Service



