

# QUEENSLAND RURAL GENERALIST LEADER PROGRAM



January 2017

## Program Outline

A systematic strategy to build and maintain the leadership capacity of the Queensland Rural Generalist Workforce; for trainees through the Queensland Rural Generalist Pathway and for practicing rural generalists

# QUEENSLAND RURAL GENERALIST LEADER PROGRAM

PROVIDING LEADERSHIP CAPABILITY WITHIN ITS MEDICAL RURAL GENERALIST WORKFORCE THAT THE QUEENSLAND BUSH NEEDS

## ONE | CONTEXT

Medical workforce in each rural and remote community is, by virtue of its small critical mass, inherently fragile. It follows that medical service in each rural and remote community is, by virtue of its dependency on an inherently fragile workforce, itself inherently fragile.

It ought to follow that as a consequence of their inherent fragility, medical service and workforce in rural and remote communities of Queensland are subject to quality leadership and management. Unfortunately, workforce decline and absence have impacted the latter as well.

Remote and rural medical services are not only inherently fragile, but not uncommonly, lack a focus on developing leadership and management skills.

Despite their inherent fragility and endemic leadership and management challenges, some remote and rural medical services are flourishing! Not surprisingly, their flourishing status has little relationship to the relative amenity and accessibility of the community but strongly associated with quality leadership, particularly clinical, and good management.

Into this context, Queensland's Rural Generalist Program and its Pathway in particular, are supplying a workforce that is well equipped clinically to provide the medical service that remote and rural communities need. The numbers of trainees and fellows who have completed vocational training is increasing.

Medical rural generalists inevitably find themselves in leadership roles in both their clinical services and their resident communities by virtue of the rural generalist role, of the small clinical workforce team in which they find themselves, of service demand, and of community expectation. *How well are they prepared for this leadership responsibility?*

Trainee recruitment processes demonstrate a very pleasing phenomenon: The cohorts of recruits consistently demonstrate inherent leadership potential, often already practiced during medical training years in their university academic and social settings but also in other voluntary service.

The Pathway does already offer opportunity for leadership development, though currently this is not expressly specified within the pathway nor underpinned with appropriate pedagogical strategy, professional recognition or certification.

Practicing rural generalists and trainees in remote and rural service identified leadership development as a high priority in the preparation of the first Rural Generalist Clinical Forum in Roma in September 2015. A leadership workshop during the Forum contributed strong affirmation of Program management concepts proposed to formalize leadership development for practicing rural generalists and trainees alike.

The Queensland Rural Generalist Leader Program (the Program) is a bespoke response to this need.

## TWO | GOAL

The goal of the Program is **to develop the leadership capacity in its Medical Rural Generalist workforce that the Queensland bush needs.**

## THREE | STRATEGIC IMPERATIVES

The Program goal is underpinned by a systematic strategy to ensure it is attained and with maximum value for investment. The strategy involves five imperatives:

### **one | Leadership capacity referenced to medical professional standards**

Of course, Hospital and Health Services, and other not-for-profit and private for-profit organisations providing and managing health services in rural and remote communities have direct interest in the leadership capacity of Queensland's Medical Rural Generalist Workforce. All these organisations are necessarily invited to specify their expectations of the leadership capability of rural generalists howsoever engaged in their service.

However, the strategy also ensures an enduring capability of leadership in this medical workforce through systems of medical vocational training and of continuing professional development and maintenance of standards. It must therefore reference the leadership capacity of this target medical workforce to medical professional standards.

Professional standards within the various disciplines of the medical profession are the prerogative and purview of Australian Medical Council accredited medical colleges. The strategy therefore necessarily and critically engages appropriate medical colleges in development and maintenance of leadership capacity in the Queensland Rural Generalist Workforce.

### **two | Leadership capacity bespoke to rural and remote need**

The Program strategy provides leadership capability that specifically addresses remote and rural Queensland health service and community need. Queensland's Medical Rural Generalist workforce must carry fit-for-purpose capacity to lead rural and remote clinical services. Specifically, they must have capacity to lead for patient safety finely tuned to the challenges of clinical practice peculiar to these smaller and less accessible service contexts.

The medical context of this clinical governance need is service provided by Rural Medical Generalists in primary care (across a continuity of settings in communities and health facilities), in secondary care (community hospitals, multipurpose health services and rural, district and regional hospitals) and in public/population health contexts<sup>1,2</sup>.

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<sup>1</sup> Director General approved definition of Rural Generalist Medicine, 2008, BR037367 160508

Queensland acknowledges that the body of knowledge and skills that constitutes the discipline of Rural Generalist Medicine is contained in the curricula statements (primary rural and remote and advanced specialised training) of the Australian College of Rural and Remote Medicine (ACRRM)<sup>3</sup>. The ACRRM is therefore recognised by Queensland as the lead professional agency responsible for prescribing the scope and standards of practice and training in Rural Generalist Medicine. Fellowship of the ACRRM is the primary vocational end point of the Queensland Rural Generalist Pathway.

The Program strategy therefore engages the ACRRM to assist in embedding leadership development into the application of its curricula in vocational training of Queensland's Rural Generalist workforce as well as maintenance of professional standards and to provide expert guidance on the clinical practice context of this leadership development.

The strategy also welcomes the ACRRM to consider development of an advanced specialised skill curriculum for some who may wish to professionally formalise their leadership development and to confer certification of capability in leadership as an advanced specialised skill to those who successfully attain the ACRRM's prescribed standards of training and assessment.

The strategy welcomes the participation of the Royal Australian College of General Practitioners (RACGP) and RACGP Rural, given the RACGP provides an equivalent end point to vocational training in Rural Generalist Medicine in Queensland, viz., Fellowship of RACGP AND Fellowship of Advanced Rural General Practice.

**... a systematic strategy to develop the leadership capacity in its Medical Rural Generalist workforce that the Queensland bush needs**

### three | Leadership capacity referenced to medical specialist standards

Queensland's Rural Generalist workforce will practice clinical leadership as *clinician leaders* rather than as specialist medical managers. Nevertheless, it is imperative that the standards of leadership for this workforce are referenced to leadership standards of specialist medical leaders for two key purposes:

#### one | common standards

It is most helpful to remote and rural communities, to the state health system and to the medical professional that scope and standards of medical professional leadership are common across the profession.

#### two | career options

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<sup>2</sup> International Statement for Rural Medical Generalism: Cairns Consensus, 2013, Available at: <http://www.acrrm.org.au/the-college-at-work/policy/policy/2015/06/10/international-statement-for-rural-medical-generalism-cairns-consensus>>. [26 July 2016]

<sup>3</sup> Director General approved Statement of Recognition of Rural Generalist Medicine, 2008, BR037367 160508

The Queensland Rural Generalist Pathway is purpose-designed to maximise career options of the Queensland Rural Generalist workforce in recognition of the reality that family, spousal/partner and personal needs may limit the tenure of rural generalists' practice in rural and remote communities. Leadership development and maintenance for Rural Generalists referenced to specialist medical leadership standards provides an option of a post-rural career in specialist medical leadership.

The Royal Australasian College of Medical Administrators (RACMA) is the nationally recognised (and Australian Medical Council accredited) body prescribing standards of leadership and training for the medical profession. This strategy engages the RACMA to set the standards of medical leadership capacity deemed (in consultation with the ACRRM (and RACGP)) appropriate to Medical Rural Generalist practice in remote and rural Queensland.

The strategy welcomes the RACMA to confer Associate Fellowship upon those Rural Generalists who successfully attain the College's prescribed standards of training and assessment for the Associate Fellowship.

#### **four | Leadership development and maintenance for practicing Rural Generalist workforce**

The strategy provides opportunity for the Rural Generalist workforce currently practicing in rural and remote Queensland to develop their leadership capacity and to obtain both college certified qualifications in medical professional leadership and Queensland Health system specific training.

Then, for both those who have developed their leadership capacity during Rural Generalist training (within the Queensland Rural Generalist Pathway) and those who've developed their leadership capacity post clinical Fellowship (FACRRM or FRACGP/FARGP), the strategy ensures quality maintenance of leadership capacity and of medical professional standards in leadership.

#### **five | Leadership capacity referenced to the health system context in Queensland and to a professional team approach**

It is self-evidently valuable for Queensland's Rural Generalist workforce to be fitted with leadership capacity recognised within the medical profession and at national level, according both respect within the profession and portability of recognition in service.

It is imperative also that Queensland's Rural Generalist workforce is well fitted to lead within the Queensland Health system; doing so in partnership with clinical colleagues in nursing and allied health professions as well as non-clinical leaders. The strategy takes two approaches to achieve Rural Generalist workforce leadership development fit for the Queensland rural and remote health service context:

##### **one | adapt professional training to the Queensland Health System context**

The strategy invites the ACRRM, RACGP and the RACMA to purposefully apply their advanced specialised skills curriculum and associate fellowship curricula respectively, to the Queensland Health system context.

##### **two | incorporate Queensland Department leadership development programs with adaptation as appropriate to the Medical Rural Generalist context**

The Healthcare Leadership Unit of the Department of Health (DoH HLU) operates a suite of clinician leadership and business development programs, available on an open access basis (though with capacity limit) to all clinicians in the state system. These are fit-for-purpose to the Queensland Health system context and therefore included as a vital component of this strategy. The strategy envisions appropriate tailoring of these programs as necessary to fit an integrated and professionally led leadership development program for Queensland rural generalist trainees and practitioners.

## FOUR | SCOPE

The Program strategy comprehensively develops leadership capacity for the Queensland Rural Generalist workforce in two thoroughly integrated streams:

### one | Queensland Rural Generalist Pathway

The Pathway joins up training at medical school to prevocational, advanced specialised and vocational training elements with an end point of practice in Rural Generalist Medicine in remote or rural Queensland. These core elements are represented in Table 1 along with the fitting Fellowship programs of ACRRM and RACGP and status of QH service for RG trainees.

Table 1 also identifies the operation of the Queensland Rural Generalist Leader Program strategy within the Pathway. Importantly and within the Pathway, the strategy provides two modes of leadership development:

- Weaving leadership development into the clinical curriculum in such a manner that clarifies the clinical curriculum without demanding additional training/study time. Each trainee would experience this leadership training without jeopardy to their clinical training which has first priority in the Pathway.
- Providing opportunity to those trainees *who have personal and circumstantial capacity* to take on an additional curriculum of training in leadership to apply for training in the ACRRM's Advanced Specialised Skill in Leadership and/or the RACMA's Associate Fellowship.

The Program strategy has four components as follows:

#### one | prevocational training leadership development

The strategy envisions the 'infiltration' of early leadership development inconspicuously into the Prevocational Training of Rural Generalist trainees via the ACRRM Prevocational Curriculum: inconspicuously so as not to overload the trainees' establishment into medical practice during these years and to distract from this primary clinical training purpose. This infiltration of early leadership development will extend to the Rural Generalist Trainee Workshops mandated for trainees in each of these two years.

For those with particular leadership aptitude or who would otherwise benefit and who have reserve capacity for additional training without jeopardy to their clinical training, the HLU's *Learn2Lead* program is provided as an enhanced leadership development option. However, the imposition upon employers of both the Rural Generalist Trainee Workshops (each year) as well as access to the *Learn2Lead* program would require careful engagement of support by trainees' primary allocation centres.

#### two | advanced specialised training leadership development

The strategy anticipates explicit leadership development of trainees during the Advanced Specialised Training year(s), referenced to the leadership role that the trainees find themselves required to exercise as Principal House Officers/Registrars providing medical leadership to a clinical unit/team. Leadership development during this component of the Pathway is firstly woven into the Advanced Specialised Skills curricula.



Table 1 Queensland Rural Generalist Pathway Leadership Development

PGY	Rural Generalist Pathway	QRG Leadership Development*	QH Service	ACRRM	RACGP
-6	Recruitment	N/A	Student	N/A	N/A
-5	Recruitment		Student		
-4	Recruitment		Student		
-3	Recruitment		Student		
-2	Recruitment		Student		
-1	RECRUITMENT		Student		
1	Prevocational Training	<ul style="list-style-type: none"> <li>➤ Inconspicuously woven into ACRRM Prevocational Curriculum</li> <li>➤ <i>Learn2Lead+</i></li> </ul>	Intern	Core Clinical Training	Hospital Training
2			Junior House Officer		
3+	Advanced Specialised Training	<ul style="list-style-type: none"> <li>➤ <i>Conspicuously woven into AST curricula &amp; Workshop Programs</i></li> <li>➤ <i>Learn2Lead+</i></li> <li>➤ <i>Step Up Leadership+</i></li> </ul>	Registrar/Principal House Officer	Advanced Specialised Training	Advanced Rural Skills Training
4+	Vocational Training	<ul style="list-style-type: none"> <li>➤ <i>Conspicuously woven into vocational training curricula</i></li> <li>➤ <i>AST in Leadership+</i></li> <li>➤ <i>AFRACMA Program+</i></li> </ul>	Senior Medical Officer (Provisional Fellow) Medical Practitioner with Private Practice (PF)	1 <sup>o</sup> Rural & Remote Training	GP Terms
5+			Private Practice	1 <sup>o</sup> Rural & Remote Training	GP Terms
6+	Vocational Practice in Rural Generalist Medicine & Maintenance of Professional Standards	<ul style="list-style-type: none"> <li>➤ <i>RACMA &amp; ACRRM CPD</i></li> <li>➤ <i>AST in Leadership</i></li> <li>➤ <i>AFRACMA Program</i></li> <li>➤ <i>Medical Leadership in Action</i></li> <li>➤ <i>Emerging Clinical Leaders</i></li> <li>➤ <i>Clinician Business Development</i></li> <li>➤ <i>Manage4Improvement</i></li> </ul>	Senior Medical Officer Medical Practitioner with Private Practice	FACRRM including Advanced Specialised Skill(s) Certification	FRACGP AND FARGP including Advanced Rural Skill(s) Certification
7			Visiting Medical Officer (Advanced Practice) Private Practice		
8					
9					
10					

\*Collaboration of QRGP, ACRRM, RACMA & DoH HLU

+Leadership development options related to trainee capacity (personal & circumstantial) beyond clinical priorities

Two HLU programs are applicable as options for enhanced leadership development during Advanced Skills Training, depending upon trainee capacity to embark upon additional training: *Learn2Lead* and *Step Up Leadership*.

Given the clinical workshop requirements of trainees during Advanced Specialised Training, care will be taken again to engage trainees' primary allocation centres to secure their release of trainees to additional non-service periods.

### **three | vocational training leadership development**

The Program strategy involves the ACRRM and RACGP weaving leadership development into the Primary Rural and Remote Training curriculum and General Practice Term curriculum respectively, in a manner which ensures (where appropriate) a leadership perspective (patient safety assurance through good clinical governance) without adding extra curricula content. This component of the strategy requires engagement of Regional Training Organisations to support application of these adapted curricula.

In this component of the Pathway, the Program affords opportunity to trainees who have both interest and reserve training capacity to formalise their leadership development in the professional context via a possible ACRRM Advanced Specialised Skill in Leadership and/or the RACMA's Associate Fellowship program; the latter possibly extending beyond the two standard vocational training years by six to twelve months to avoid crowding the critical clinical vocational training to Fellowship of the ACRRM or the RACGP Rural. This flexibility permits trainees to complete these professional leadership development programs without jeopardising completion of their clinical fellowship (FACRRM or FRACGP/FARGP).

### **four | advanced leadership development and continuing leadership development**

Upon attaining the clinical end point of the Pathway (Fellowship of the ACRRM or the RACGP and RACGP Rural) and possibly ACRRM AST Leadership and AFRACMA, Rural Generalists will necessarily embark upon career long maintenance of professional standards in both clinical and leadership practice.

At any time during their vocational practice as Rural Generalists but encouraged sooner than later, the Program supports Rural Generalists to capitalise upon the HLU's three additional leadership development programs – *Medical Leadership in Action*, *Emerging Clinical Leaders* and *Clinician Business Development*, perhaps with fit-for-purpose adaptation of the *Medical Leadership in Action* program – and/or entering ACRRM AST Leadership or AFRACMA programs.

## **two | Practicing Rural Generalists**

The second stream of the Program strategy viz., vocational leadership development, merges with the fourth component of the Queensland Rural Generalist Pathway. Practicing Rural Generalists report high demand for opportunity to develop their leadership skills. The level of demand suggests an initial high demand for this option (perhaps at least 25 candidates per year), though as the Pathway stream achieves its purpose, within 5 years, demand for this second stream is likely to settle to a lower level of demand.

Practicing rural generalists in clinical roles generally find it necessary to provide leadership in clinical, health service and community contexts. They are primed by their continuing experience in rural and remote practice to anticipate the benefit of development of their leadership capacity. A smaller number serving also as

clinical leads, Medical Superintendents/Directors of Medical Services or even Executive Directors of Medical Services find an even greater imperative to develop their leadership capacity.

The Program strategy combines professional and departmental leadership development:

**one | professional leadership development**

The anticipated central point of professional leadership development in this stream is the RACMA's Associate Fellowship program, via an annual (or biannual) intake of candidates. Given the small critical mass of Rural Generalist workforce in each rural and remote location, a support strategy critical to the success of the AFRACMA program will be support of the candidates and their facilities/Hospital and Health Services to access necessary leave for the program's workshops.

It is difficult to predict demand for a certified advanced skill in leadership from fellowed Rural Generalists. However, the strategy nevertheless involves a collaboration between the RACMA and the ACRRM and RACGP in delivery of the AFRACMA program in Queensland.

**two | system leadership development**

The Healthcare Leadership Unit's programs for leadership development are specifically relevant to this stream of leadership development. These are:

- **Medical Leadership in Action**

"The Medical Leadership in Action Program is a unique development program specifically designed for senior medical officers. The program builds on existing leadership skills and provides practical skills that will assist senior medical officers in their complex leadership role."<sup>4</sup>

Participants in this program gain a better understanding of themselves and their impact on others. They discover their own leadership style and qualities and learn skills and techniques that will help them lead and manage high performance clinical teams and communicate more effectively with their colleagues, staff and patients.

While it may be of benefit for Rural Generalists to develop leadership capacity together with other medical colleagues, the strategy envisions the value of adaptation of this program specifically for a Rural Generalist cohort.

- **Emerging Clinical Leaders**

The Emerging Clinical Leaders Program is designed to meet the critical needs of emerging clinical leaders. The program is open to candidates of all professional disciplines (nursing officers (grade 7 and above), medical officers (junior consultants and above), health professionals (HP5 and above), professional officers (PO4) and

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<sup>4</sup> Clinical Excellence Division, Healthcare Leadership Unit, Medical Leadership in Action, 2016, Available at: <http://qheps.health.qld.gov.au/leadership/programs/medical-leadership.htm>>. [28 July 2016]

dental officers). It therefore offers opportunity for Rural Generalists to develop their leadership capacity in a multidisciplinary program.<sup>5</sup>

- **Clinician Business Development**

“The Clinician Business Development Program is a unique three-month statewide program designed to build the business confidence and capabilities of clinicians to support improvements in health service delivery.

“The program provides an opportunity to develop best practice in health services through understanding the new context and governance for health service delivery, improved business planning and funding models and understanding the importance of innovation and pathways to improvement. The program also provides strategies to effectively manage others, lead clinical teams through change and prioritise clinical workloads.

“Health leaders have increased accountability to drive clinical improvements and efficiencies within the Hospital and Health Services and through the program participants will gain a broader understanding of how the health system operates and how clinician business capabilities are strongly linked to the delivery of quality patient care.”<sup>6</sup>

This program is also open to clinicians of all disciplines (medical officers (junior consultants and above), nursing officers (grade 7 and above), health professionals (HP5 and above), professional officers (PO4) and dental officers), providing a multidisciplinary context for leadership development of our Rural Generalist workforce.

- **Manage4Improvement**

“The Manage4Improvement program is a unique six month program designed to build the leadership and management confidence and capabilities of clinician managers and team leaders to support improvements in health service delivery, through gaining a broader understanding of how the health and business systems operate simultaneously.

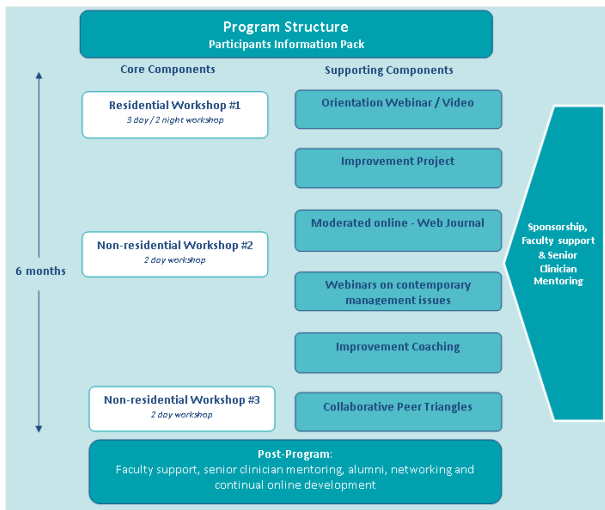
The Manage4Improvement program is based on the recognition of the key role clinician managers play in the operational service delivery of quality patient care and system improvement. As pressures build on the sustainability of the health system, the evidence is convincing that the efficient and effective use of resources and the quality

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<sup>5</sup> Clinical Excellence Division, Healthcare Leadership Unit, Emerging Clinical Leaders, 2016, Available at: <http://qheps.health.qld.gov.au/leadership/programs/emerging-clinical-leaders.htm>. [28 July 2016]

<sup>6</sup> Clinical Excellence Division, Healthcare Leadership Unit, Clinician Business Development, 2016, Available at: <http://qheps.health.qld.gov.au/leadership/programs/clinician-business-development.htm>. [28 July 2016]

FIGURE 1



of healthcare services provided is improved by enhancing the management capacity of individual leaders and teams (International Hospitals Federation, 2015).

“(It) offers a structured approach to leadership and management skill development and integrated improvement science, to support the development and implementation of an Improvement Project [See Figure 1]. The Improvement Project will contribute to enhanced healthcare outcomes through improved system capability and sustainability.”<sup>7</sup>

The Program strategy includes a refinement of advice to and guidance of the practicing Rural Generalist workforce in relation to these system leadership development

opportunities; a refinement achieved through the collaboration of the QRGP, the ACRRM, the RACMA and the DoH, HLU.

<sup>7</sup> Clinical Excellence Division, Healthcare Leadership Unit, Clinician Business Development, 2016, Available at: <http://qheps.health.qld.gov.au/leadership/programs/manage-4-improvement.htm>. [23 August 2016]

## FIVE | GOVERNANCE

The Queensland Rural Generalist Leader Program is governed within the structure of the Queensland Rural Generalist Program itself by Rural and Remote Medical Support, Darling Downs Hospital and Health Service (DDHHS), principally via the Queensland Rural Generalist Program Leadership Group. Through its Service Agreement with the Department of Health and the Service Agreement's prescribed accountability to sister Hospital and Health Services, Darling Downs Hospital and Health Service will provide accountability for the Leader Program. It is committed to collaborate on the Program by agreement with the RACMA, the ACCRM and the RACGP.

A Pathway led Consultative Committee provides a forum of engagement between the collaborators and other key stakeholders. Through it the Program collaborators access wise counsel on the broad scope of contexts in which rural generalists will find themselves in leadership functions and are advised on the operation of the Program generally. The Consultative Committee's membership includes representatives of the ACRRM (and RACGP), the RACMA, and Hospital and Health Services, other stakeholders, DoH HLU and chaired (in the practice of other Pathway Consultative Committees) by a specialist medical manager nominee of RACMA.

## SIX | EVALUATION

The Program strategy includes an evaluation process applying appropriate methodologies to best measure the impact and value for money of leadership development of Queensland's Medical Rural Generalist workforce. This evaluation will ideally measure the impact for rural generalists, for remote and rural medical/health services, for patient safety and for communities as well as value for investment in the Leadership Development program.

## SEVEN | FUNDING

The Queensland Rural Generalist Pathway underwrites most of the cost of leadership development for the Hospital and Health Service employed Rural Generalist workforce. Rural Generalists have a professional obligation to maintain a very substantial scope of clinical practice, in primary care (general practice), in secondary medical practice (inpatient, emergency and retrieval) and in at least one advanced specialised skill. This places a heavy burden upon their capacity to take leave for professional development and their capacity to fund (even with the generous public Professional Development Leave and Allowance entitlements).

Leadership development for a rural generalist gains minimal personal financial advantage. The principal beneficiaries are patients, remote and rural health services and communities. It is clearly in the public interest to develop the leadership capacity of Queensland's Rural Generalist workforce. Subject to good governance review, the Queensland Rural Generalist Pathway will substantially subsidise this leadership development initiative, including program costs of curricula refinement and development, implementation of strategy within the Pathway and AFRACMA course costs including attendance at residential workshops. In relation to the latter, course accommodation and meal costs will be met. The Pathway's funding will not underwrite leave and backfill (if required) for attendance at residential workshops. The Pathway expects a modest contribution to the AFRACMA course cost by trainees.

The Program welcomes other organisations to sponsor (in whole or part), application and participation the customised AFRACMA course by rural generalists serving outside Hospital and Health Service employment.

## EIGHT | IMPLEMENTATION (PROJECT MANAGEMENT)

The Queensland Rural Generalist Program Leadership Group will implement the strategy via a formal project management methodology, including a benefits realisation strategy, to ensure best return on investment.

**... a systematic strategy to develop the leadership capacity in its Rural Generalist Workforce that the Queensland bush needs**

**Dr Denis R Lennox**

**Executive Director**

**Rural & Remote Medical Support | Darling Downs Hospital & Health Service**

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