

Vocational Training Models

July 2014

Preamble

The Queensland Rural Generalist Pathway (QRGP) evolved out of a meeting in Roma in 2005 regarding the parlous state of the medical workforce in Queensland Health's rural hospitals. The subsequently developed *Roma Agreement* provided the vision for proposed rural workforce solutions in both the private and public sectors.

When the QRGP commenced in 2007 there was a great disparity between public and private sector vacancies, with a larger percentage of vacancies in the public sector. A significant number of these public sector jobs have since been filled and many more new positions have been developed in the public sector to ensure public hospital positions are attractive and sustainable over time.

A number of factors have assisted in the improved outcome of recruitment and retention in rural public jobs including:

- Workforce growth to assist work-life balance and hence retention;
- Industrial reform providing fair pay for public sector work;
- Parallel processes relating to quality safe practice including:
 - Maturation of continuing medical education programs
 - Indemnity issues, cost of indemnity insurance, and QH rural indemnity
 - The credentialing and scope of clinical practice process
 - The Clinical Services Capability Framework (CSCF)
 - Fatigue Risk Management Strategies;
- A pathway to Rural Generalist Practice in Queensland – the QRGP;
- Industrial changes supporting SMO pay scale for trainees with Prevocational Certification and a certified Advanced Skill;
- More recently, Clinical Networks working in conjunction with existing frameworks such as:
 - Maternity and Neonatal Clinical Network
 - SWAPNET (State-wide Anaesthetic and Peri-operative Network)
 - State-wide Rural and Remote Clinical Network.

The above factors have supported safe and collegiate practice in Queensland's rural hospitals.

Early QRGP vocational training positions were predominantly in Senior Medical Officer (Provisional Fellow) (SMOPF) and Right of Private Practice (RPP) positions. Over time the natural filling of these vacancies has led to more positions becoming available in private practice settings including mixed positions in public and private hybrids in a variety of forms. Most recently, trainees have undertaken vocational training in fully private roles.

The current situation is that while there remains work to do to ensure training and work in public positions is ongoing, the deficit in the community private general practice workforce, combined with the emerging burden of chronic disease, sees this workforce as a target as we move on.

The table below outlines medical positions which may be accredited for training and suitable for QRGP trainees.

Position	Comment
Medical Superintendent (MS) – Full time	Generally not suitable for those yet to achieve Fellowship. May be some smaller posts that would be acceptable for select trainees (in a supported environment) who are nearing completion of vocational training.
Medical Superintendent with Right of Private Practice (MSRPP)	Generally not suitable for those yet to achieve Fellowship. May be some smaller posts that would be acceptable for select trainees (in a supported environment) who are nearing completion of vocational training.
Senior Medical Officer (Provisional Fellow) (SMOPF)	These posts are crafted for QRGP trainees who have attained Prevocational Certification and a matched, certified Advanced Skill.
Medical Officer with Right of Private Practice (MORPP)	Suitable for QRGP. These posts may suit RVTS registrars.
Principal House Officer (PHO)	Small numbers of these posts. Some accredited. Some will not be accredited for Fellowship training
Private Practice plus Visiting Medical Officer (VMO) – Internal (paid via payroll)	Suitable for all rural towns. Private GP usually. VMO role on internal contract with sessional appointment +/- on call arrangement. Paid by payroll. Appointment may be for general cases or in specialty area only (e.g. Obs/Anaesthetics/Surg/Other)
Private Practice plus VMO – External (pay on invoice)	Suitable for all rural towns. Private GP usually. VMO role on external contract – may or may not have sessional appointment or just on call arrangement. Paid on invoice. On call may be for all acute after hours cases or in specialty area only (e.g. Obs/Anaesthetics/Surg/Other).
Private Practice not VMO but with credentials for admitting private patients	This is the private GP model with no public sessional or on call arrangement but with private admitting rights for ED and/or inpatients and may be for general admissions and/or specialty areas (e.g. Obs/Anaesthetics/Surg/Other).
Private Practice only with no VMO or private admitting rights	GP only. This group generally not QRGP as GP only. Exceptions include a community Advanced Skill discipline not requiring a hospital e.g.: Indigenous Health, Paediatrics, Internal Medicine and Mental Health. While this is consistent with the Advanced Skill role, care must be taken to ensure the EM components of training for Fellowship and QRGP are achieved. The EM component may be achieved in a variety of ways including private ED, RFDS, or community rural ED in very remote locations.

Combinations of above	<p>Hybrid roles need to ensure: industrial compliance, clear demarcation of roles where conflict exists, and meeting of training objectives as required for each component.</p> <p>Where these are training positions, all components of the hybrid need to be accredited.</p> <p>This is seen as a solution for workforce expansion and training across all domains of Fellowship requirements, and is a means to strengthen the private-public interface.</p> <p>e.g. 0.4 FTE SMO role with Advanced Skill and 0.6 FTE private practice.</p>
RFDS	<p>Not generally a promoted vocational training option for QRGP but likely to become more popular.</p> <p>Care needs to be taken to ensure training is directed towards RFDS retrieval requirements.</p>
Fly In – Fly Out	<p>Not generally a promoted vocational training option for QRGP but may become more popular. A significant number of Fellowshipped doctors undertake Fly In – Fly Out work.</p> <p>Some trainees live provincially but work rurally using a Fly In – Fly Out approach and maintain their training and on call requirements.</p> <p>Fly In – Fly Out research is evolving and needs to be monitored.</p>
Locum Tenens	<p>Similar to Fly In – Fly Out; not a promoted vocational training option for QRGP.</p> <p>Challenge is to ensure training in different practices provides quality experience which is College compliant.</p>
Academic or University appointments	<p>Academic registrar posts are available already.</p> <p>Academic appointments can be tailored to individual needs whilst still meeting the current QRGP standards (Fellowship with AST).</p>
Provincial Hospital Appointments and Provincial Town Private Practice	<p>Currently not a focus for training as a QRGP. Occasional circumstances arise where trainees request provincial terms. Such requests are reviewed by the QRGP team.</p>
Metropolitan Hospital and Private Practice	<p>Currently not a focus for training as a QRGP. Generally excludes candidates from QRGP. Occasional circumstances arise where trainees request metropolitan terms. Such requests are reviewed by the QRGP team.</p>

Accreditation

All training posts require accreditation for Fellowship training with ACRRM and/or RACGP.

Note: not all positions are suitable for Queensland Health Rural Scholarship Scheme (QHRSS) holders.