
A BRIEF HISTORY OF THE RURAL GENERALIST PATHWAY*

August 2007

1. Introduction

Prior to August 2005, Queensland's decentralised population outside of the major coastal and regional centres depended upon a contracting workforce of about 80 hospital-based generalist practitioners supported by a smaller and also contracting number of procedural rural general practitioners. It depended upon their provision of specialist-level medical care in disciplines such as obstetrics, anaesthetics and surgery. Without this service, the population was unsustainable. Without this population, Queensland's resources and primary industries sectors and non-east-coastal regional development faced greater challenges.

A 2000/01 major survey of the hospital-based generalist practitioner group established its need for major reform including amongst other things the critical elements of:

1. Vocational recognition
2. A specific training/career pathway

Subsequent reform in these two areas is described below.

2. Vocational recognition

On 24 August, 2005, the State Government announced recognition of rural generalists. "Rural Generalist" is defined as:

A rural medical practitioner who is credentialed to serve in:

1. Hospital-based and community-based primary medical practice AND
2. Hospital-based secondary medical practice:
 - in at least one specialist medical discipline (commonly, but not limited to obstetrics, anaesthetics and surgery) AND
 - without supervision by a specialist medical practitioner in the relevant disciplines
3. AND possibly, hospital and community-based public health practice – particularly in remote and indigenous communities

The basis of recognition of rural generalist practice is general reform of the recognition of practice in Queensland. What does this mean?

* This brief history is extracted from the *Rural Generalist Practice* paper written by Dr Denis Lennox.

1.1 Recognition of practice reform

Until now, the Medical Practitioner's Registration Act 2001 provided the only form of professional recognition of practice in the State – determined by eligibility of a practitioner to be registered either in a general register or a specialist register.

In the absence of an explicit policy, the registers of the Medical Board of Queensland have served as the *de facto* mechanism for professional and industrial recognition in public sector service.

The recognition of practice reform provides the State a formal mechanism for differentiating disciplines in non-specialist practice, including rural generalist practice. An appropriately professionally constituted State Recognition of Practice Committee facilitated the recognition process. Upon examination of nominated practice in a non-specialist area, the Committee will recommend (or otherwise):

1. professional recognition of non-specialist disciplines – thereafter referred to as Recognised Disciplines
2. professional recognition of non-specialist qualifications (including professional development programs) for each recognised discipline – the qualifications thereafter referred to as Recognised Qualifications

In making its recommendations the Committee will apply standard processes which are an adaptation of those used by the Australian Medical Council for recognition of medical specialties and accreditation of specialist education and training programs and professional development respectively. In essence, the Committee must be convinced that recognition will gain patient safety, improved health outcomes and better value for money.

The Committee is expected by the application of these processes to firstly give greater professional substance to the definition of the Recognised Discipline of Rural Generalist Practice and secondly to recommend those qualifications to be recognised for the discipline.

1.2 Credentialed practice

Credentialing of practice will be the means by which doctors practicing in Recognised Disciplines with Recognised Qualifications attain vocational status within the State public sector health service. Credentialed practice in a medical service for which Recognised Qualifications are specified as “required” or “preferred” in position descriptions, will gain an appropriate salary classification for the practitioner.

This linkage mainstreams the State's long established process of credentialing and delineation of scope of practice as a central element of clinical governance.

Recognised qualifications will gain for the holder, credentialed practice. Credentialed practice in turn will gain salary classification status (vocational status for State purposes) – a significant reform in itself. This reform breaks the traditional direct link between qualification and salary (State vocational) status and interposes credentialed practice.

Please note that a rural generalist is defined as a credentialed practitioner.

1.3 Salary classification reform

The third essential element in the State vocational recognition of rural generalist practice is a reform to the State's salary classification. The reform inserts a non-specialist category into the system with three additional bands above the traditional career medical officer band – namely:

1. Credentialed practice band
2. Credentialed advanced practice band
3. Credentialed senior advanced practice band

The latter two bands have near equivalence to the specialist and senior specialist bands in the specialist category.

Upon recognition of non-specialist qualifications, an appropriate salary band will be determined for each - those recognised as advanced practice potentially gaining access to the credentialed advanced practice band. This is the anticipated State vocational status to be attained (as the above process rolls out) by rural generalists.

2. Training and career pathway

The State endorses the Roma Agreement of October 2005. The elements of agreement include:

1. Goal

To develop and sustain an integrated service and training program to form a career pathway supplying the rural generalist workforce that the bush needs.

Note:

- a) *This goal fulfills the State government's August 2005 promise of a specialist career pathway for rural generalists*

- b) *Service (with the State) and training are to be integrated (with the intent that a trainee may complete training while in service with the State)*
- c) *The training program has a jurisdictional focus – supplying rural generalist to both public and private sectors of the bush*

2. Principles

- i. All career pathways will be easy to understand, responsive to needs, well promoted, well supported, well resourced and involve key stakeholders.
- ii. Key outcomes of the training program are eligibility for vocational recognition (for the purposes of the *Health Insurance Act 1973*) and appropriate credentialing. (The program incorporates training in hospital-based (public and private) and community-based (private and public) settings.)
- iii. The educational standards of the training program will be set externally by the appropriate College.
- iv. 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 rural general practice are prescribed by the Royal Australian College of General Practitioners.
- v. The program markets and provides a supported career path from medical school to rural generalist practice.
- vi. Vocational training will be provided by General Practice Education and Training, Regional Training Providers and will be rural centric.
- vii. 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.
- viii. All providers and funders commit to the process and to provide timely decision making and action.
- ix. 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.)

Note:

- a) *ii. explicitly fulfills the State's specification of the product of training as in 3i. below.*
- b) *The standards of training are College set.*
- c) *The State anticipates participation of both the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners while granting the former lead College status.*

- d) *Training will both integrate with Australian General Practice Training and extend beyond it.*

3. Specifications

The State specifies the following requirements of rural generalist training:

- i The output of training is:
 - o Vocational status for the purposes of the *Health Insurance Act 1973*
 - o Eligibility for credentialed advanced skilled practice in the Recognised Discipline of Rural Generalist Practice
- ii Trainees can express interest in joining the Rural Generalist Pathway at any stage of medical training from the last year of medical training onwards
- iii Intensive prevocational training in PGY 1 and 2 is defined by a set of skills prescribed by the Australian College of Rural and Remote Medicine to permit trainees to enter safe, supervised rural practice and vocational training by the commencement of PGY 3. This prevocational training will:
 - o Include as far as is possible, a Prevocational General Practice Placement term
 - o Incorporate the Australian General Practice Training prescribed requirements for Recognition of Prior Learning
 - o Prepare the trainees to be quality candidates for Australian General Practice Training
- iv Trainees may select an advanced skills training year in PGY 3 in the initial priority disciplines of anaesthetics, obstetrics, surgery, emergency medicine and Indigenous health
- v Trainees may select to complete vocational training requirements while in-service in a rural generalist type position from PGY 4 or a Medical Superintendent (or Medical Officer) with Right of Private Practice position from PGY 3
- vi The options of trainees are maximised in terms of Australian General Practice Training or Remote Vocational Training Scheme, rural generalist training and recognition of prior learning for specialist training.

Note:

- a) *While the State ascribes the standards of training to the Colleges, it reserves the right to specify the products and process of training.*

- b) *As this includes vocational status for the purposes of the Health Insurance Act 1973, the State thereby acknowledges the Colleges' rights to specify requirements of accredited training for Fellowship.*
- c) *Nevertheless rather than specifying Fellowship, the State specifies as an output of training, credentialed practice in the State recognised and defined discipline of rural generalist practice.*
- d) *The State thereby also reserves the right to specify the qualifications it will recognise for the purposes of credentialed practice in rural generalist practice, preserving consistency across the whole reform process.*
- e) *It is evident that the Remote Vocational Training Stream of Australian General Practice Training is most suited to the State's specifications of rural generalist training.*

3. Implementation

The State invited key stakeholders to form a consortium to further develop and oversee implementation and operation of the training and career pathway (known as the Rural Generalist Pathway). The Rural Generalist (RG) Consortium thus formed comprises Queensland Health, the Australian College of Rural and Remote Medicine, General Practice Education and Training, Remote Vocational Training Scheme and the Royal Australian College of General Practitioners.

Queensland Health is the RG Consortium's lead agency. The Australian College of Rural and Remote Medicine is the RG Consortium's lead professional body.

The RG Consortium's immediate task was specification and design of the prevocational training component, integration of vocational training elements and development of advanced skills training capacity. Implementation of this outcome leading to full operation of the RG Pathway is the ongoing task of Queensland Health's RG Pathway team.