

RECOGNISED RURAL GENERALIST MEDICINE

Executive Summary

Recognised Discipline

- 1.1 The medical discipline of the “new category of senior doctor” or “rural generalist” whose recognition the Premier and Health Minister announced on 24th August 2005 and 8th November 2005, is titled “**Rural Generalist Medicine**”.
- 1.2 The definition of rural generalist advised by the Minister for Health on 14th December 2005 is now adapted and explicated by explanatory notes to provide a definition of Rural Generalist Medicine.
- 1.3 The body of knowledge, abilities and skills which constitutes Rural Generalist Medicine is specified by:
 - 1.3.1 The Primary Curriculum of the Australian College of Rural and Remote Medicine, and its Curriculum Statements; AND
 - 1.3.2 The curricula of advanced rural practice disciplines specified by relevant Joint College Committees, Australian College of Rural and Remote Medicine or Royal Australian College of General Practitioners.

Recognised Qualifications

- 2.1 The qualifications specified in Figure 1 are recognised for credentialed scope of clinical practice in Rural Generalist Medicine:

Figure 1 - Recognised Qualifications for Rural Generalist Medicine

EITHER	Fellowship of the Australian College of Rural and Remote Medicine (FACRRM);	
	AND	Certified successful completion of advanced skills training in a discipline specified in the Job Description of the position (to be) occupied;
OR	Fellowship of Advanced Rural General Practice (FARGP) / Graduate Diploma of Rural Health of the Royal Australian College of General Practitioners;	
	AND	Certified successful completion of advanced skills training in a discipline specified in the Job Description of the position (to be) occupied;
	AND	Supplied evidence of acquisition of the abilities and skills specified in the Curriculum Statements of the Australian College of Rural and Remote Medicine (ACRRM) for Obstetrics/Women’s Health (unless the certified advanced skills qualification is in obstetrics and women’s health).

- 1.2 The State advises candidates of the preferred and available routes for training in Rural Generalist Medicine.
- 1.3 The State supports trainees’ choice of Fellowship training route in Rural Generalist Medicine.

Salary Classification Range

Senior Medical Officers credentialed with scope of clinical practice in Rural Generalist Medicine are eligible for appointment in the Medical Officer Advanced Credentialed Practice range of the salary classification of the *District Health Services - Senior Medical Officers' and Resident Medical Offices' Award - State 2003*.

Introduction

Management (in both professional and industrial domains) of non-specialist medical practice of Queensland Health’s senior medical staff employed under the *District Health Services - Senior Medical Officers’ and Resident Medical Offices’ Award - State 2003* (the Award) is subject to reform which:

1. Defines a Recognised Discipline and Recognised Qualification
2. Establishes Principles for Industrial Management of Recognised Qualifications
3. Establishes Criteria and Processes for Recognition of Disciplines and Qualifications
4. Establishes Salary Classification Status for each Recognised Qualification
5. Determines Recognised Qualification Status for each Senior Medical Position
6. Sustains application of Principles 2 through to 5

The *Medical Officers’ (Queensland Health) Certified Agreement (No. 1) 2005* (the Certified Agreement) facilitates the recognition of practice reform and reforms the salary classification system defined by the Award. It reforms in particular the Non-Specialist Category Medical Officer ranges of the salary classification.

All Senior Medical Officers prior to the Certified Agreement were employed in the salary ranges now designated “Medical Officer General Practice” and “Medical Officer Credentialed Practice”. Fellowship of the Royal Australian College of General Practitioners provided a Senior Medical Officer access to the “Medical Officer Credentialed Practice” range (see Figure 1).

The Certified Agreement provides two additional salary ranges, the “Medical Officer Advanced Credentialed Practice” range and the “Medical Officer Advanced Credentialed Practice – Senior Status” range (see Figure 1).

Figure 2 - Non-Specialist Medical Officer Salary Ranges

a) Medical Officer General Practitioner	Levels 13-14 inclusive	C1-1 to C1-2
b) Medical Officer Credentialed Practice	Levels 13-17 inclusive	C1-1 to C1-5
c) Medical Officer Credentialed Practice, Senior Status	Level 18	C2-1
d) Medical Officer Advanced Credentialed Practice	Levels 18-23 inclusive	C2-1 to C2-6
e) Medical Officer Advanced Credentialed Practice, Senior Status	Levels 24-25 inclusive	C3-1 to C3-2

When a medical discipline is recognised by the Director General, recognition is accompanied by designation of:

1. The recognised qualification(s), prescribed for credentialed practice in the recognised discipline as per Section 2.5.5 (a)(iv) of the Certified Agreement¹; and

¹ 2.5.5 (a) Positions classified as Medical Officer Credentialed Practice and Medical Officer Advanced Credentialed Practice shall be determined by a Queensland Health State Credentials Committee (to be established for the purpose) [and now titled “*State Recognised Practice Committee*”] in accordance with the following principles. Queensland Health shall determine the service requirement for non-specialist qualifications by:

- (i) Recognising those non-specialist qualifications that would benefit medical services, identifying benefit in patient safety, improved health outcomes and value for money;
- (ii) Determining the appropriate salary range for a Medical Officer in credentialed practice with specific recognised non-specialist qualifications (in consultation with the Medical Workforce Advisory Committee);
- (iii) Nominating the services that would benefit by the service of medical practitioners possessing specific recognised non-specialist qualifications; and
- (iv) Identifying whether, for a nominated service, specific non-specialist qualifications are required, preferred or optional.

(b) Queensland Health shall ensure that the job descriptions of senior medical officers in such nominated services specify the requirement of non-specialist qualifications as required, preferred or optional.

2. The salary range or ranges to which Senior Medical Officers in credentialed practice in the recognised discipline will be eligible for translation and appointment as per Section 2.5.5 (a)(ii) of the Certified Agreement¹.

The *Medical Officers' (Queensland Health) Certified Agreement (No. 1) 2005* specifies the application of recognition of medical practice¹.

Recognition

The State Recognised Practice Committee is established for the purpose of performing professional reviews of the existing or proposed disciplines of senior medical officer credentialed practice, applying specified criteria to recommend whether the disciplines ought to be recognised.

The Committee also reviews qualifications presented for credentialed scope of practice in recognised disciplines applying specific criteria to recommend (for Scope of Practice Committees) qualifications recognised for credentialed scope of practice in recognised disciplines.

The Committee recommends recognition of disciplines and qualifications to the Director General through the Medical Advisory Panel (MAP) and the Medical Interest Based Bargaining Group (MIBB).

Rural Generalist Medicine

Rural Generalist Medicine is hardly a new discipline in medicine. During the first half of the last century, both urban and rural general practice included significant hospital-based practice and obstetric, anaesthetic and surgical practice. Specialisation of procedural medicine during the last decades of the twentieth century paralleled contraction of general practice into community-based, office-based primary medical care. At least it did so in metropolitan and regional Queensland. Against this ebb tide, a cohort of rural general practitioners maintained broad generalist practice in Queensland's rural centres in particular.

At the century's close, the remaining hospital-based generalists were becoming vocationally isolated – their practice being at the margins if not crossing the margins of general practice as defined by the Royal Australian College of General Practitioners². Supply to this workforce was in decline for the last decade or more.

And yet, rural Queensland needs hospital-based generalist practice (including primary and secondary practice) to build access to and scope of quality medical service sufficient to attract a population necessary to underwrite thriving rural industry (agriculture, resource and tourism in particular).

In response to this need the State Government in 2005^{3,4} recognised the 'Rural Generalist' and established a training program to rebuild supply of this workforce and enhance its retention.

Recognised Rural Generalist Medicine

The Director General on the advice of the State Recognised Practice Committee and the endorsements of the Medical Advisory Panel and the Medical Interest Based Bargaining Group has approved the recognition of Rural Generalist Medicine in the following terms:

(c) Queensland Health shall classify a position as Medical Officer Credentialed Practice or Medical Officer Advanced Credentialed Practice where the job description specifies that a non-specialist qualification is required or preferred. A medical officer employed in such positions shall be entitled to the salary range provided in clause 2.5(2)(g) [*Medical Officer Credentialed Practice*] or 2.5(2)(i) [*Medical Officer Advanced Credentialed Practice*].

(d) Individual applicants will be assessed by the Credentialing Committee to determine whether they possess the necessary qualifications to either progress to C1-5 [*Medical Officer Credentialed Practice*] or to access the C2 scale [*Medical Officer Advanced Credentialed Practice*].

(e) In classifying a position the Credentialing Committee shall have regard to comparative classifications in other states and territories.

2 *Rural General Practice – Definition 2007*. Retrieved August 22, 2007, from <http://www.racgp.org.au/definition>

3 Minister for Health, The Honourable Stephen Robertson, *Strategy to Increase Queensland Doctor Numbers Unveiled*. Retrieved August 22, 2007, from <http://statements.cabinet.qld.gov.au/MMS/StatementDisplaySingle.aspx?id=42355>

4 Minister for Health, The Honourable Stephen Robertson, *Minister urges doctors to vote on \$600 million pay offer*. Retrieved August 22, 2007, from <http://statements.cabinet.qld.gov.au/MMS/StatementDisplaySingle.aspx?id=43445>

DEFINED

1. The medical discipline of the “new category of senior doctor” or “rural generalist” whose recognition the Premier and Health Minister announced on 24th August 2005⁵ and 8th November 2005⁶, is titled “**Rural Generalist Medicine**”.
2. The definition of rural generalist advised by the Minister for Health on 14th December 2005⁷ is adapted and explicated by explanatory notes to provide **a definition of the recognised discipline of Rural Generalist Medicine** as follows:

Rural Generalist Medicine is the practice of a rural^A medical practitioner with vocational registration and credentialed^B scope of practice in:

2.1. Hospital^C based and community based primary^D medical practice^E ;

AND...

2.2. Hospital based secondary^F medical practice;

2.2.1. In at least one specialist^G medical discipline^H;

AND...

2.2.2. Without pre-requisite direct on-site supervision^I by a specialist medical practitioner in the relevant discipline;

AND POSSIBLY...

2.3. Hospital and community based public health practice^J – particularly in remote and Aboriginal and Torres Strait Islander communities;

Notes to definition:

^A ‘rural’: defines a practitioner with competence and capability in scope of clinical practice which is influenced by the geographic and demographic characteristics of a community with limited accessibility to services available in larger populated centres i.e. regional and metropolitan. The scope of clinical practice granted is particularly broadened by reduced reliance upon secondary and tertiary medical services and the need to provide a medical service responsive to the health needs of a whole community – hence a ‘generalist’ scope of practice.

^B ‘credentialed’: a doctor is ‘credentialed’ when granted Scope of Clinical Practice by a Scope of Clinical Practice Committee in a recognised discipline with recognised qualifications. The Scope of Clinical Practice relates to practice within a recognised discipline to a specific health service.

Credentialing is the means by which a doctor in recognised practice attains vocational status within the State public sector health service for professional and salary purposes.

^C ‘Hospital’: an institution providing medical and surgical treatment and nursing care for ill and injured people (*The Australian Oxford Dictionary; 4th Edition*).

^D ‘primary’ medical practice is medical practice within the context of “socially appropriate, universally accessible, scientifically sound, first level care provided by a suitably trained workforce supported by an integrated referral system and in a way that gives priority to those of most need, maximises community and individual self-reliance and participation and

⁵ Minister for Health, The Honourable Stephen Robertson, *Strategy to Increase Queensland Doctor Numbers Unveiled*. Retrieved August 22, 2007, from <http://statements.cabinet.qld.gov.au/MMS/StatementDisplaySingle.aspx?id=42355>

⁶ Minister for Health, The Honourable Stephen Robertson, *Minister urges doctors to vote on \$600 million pay offer*. Retrieved August 22, 2007, from <http://statements.cabinet.qld.gov.au/MMS/StatementDisplaySingle.aspx?id=43445>

⁷ Minister for Health, The Honourable Stephen Robertson, *Rural Generalist Training to Get Underway in 2006*. Retrieved August 22, 2007, from <http://statements.cabinet.qld.gov.au/MMS/StatementDisplaySingle.aspx?id=44057>

Mr Robertson said rural generalists would be defined as rural medical practitioners who are credentialed to serve in:

* Hospital-based and community-based primary medical practice; * Hospital-based secondary medical practice in at least one specialist medical discipline (for example obstetrics, anaesthetics, Indigenous health and surgery) and without supervision by a specialist medical practitioner in the relevant discipline; and * Possibly hospital and community-based public health practice such as vaccines and nutrition - particularly in remote and indigenous communities.

involves collaboration with other sectors. It includes the following: health promotion; illness prevention; care of the sick; advocacy; community development.” (Definition of Primary Health Care: extracted from ‘Australian Primary Health Care Research Institute’ website, lasted updated on 21 December 2005).

^E ‘community based primary medical practice’: primary medical practice based in a community office setting, rather than in a hospital or other institutional health setting.

^F ‘secondary’ medical practice is defined as the medical services provided by a medical specialist upon referral by a primary medical practitioner in a community, hospital or other institutional health setting.

^G ‘specialist’: a doctor practicing in a specialised (rather than generalised) discipline of medicine and who is recognised as a ‘specialist’ by the Medical Board of Queensland under the provisions of the *Medical Practitioners Registration Act 2001* and thereby eligible to claim practice status as a ‘specialist’ medical practitioner.

^H Including, but not limited to the specialist medical disciplines of anaesthetics, obstetrics, surgery, emergency medicine, paediatrics, public health medicine, adult internal medicine and psychiatry. Specialised practice in Indigenous health and remote health though not currently recognised as ‘specialist’ practice are recognised disciplines of rural generalist secondary practice.

^I ‘without pre-requisite direct on-site supervision’: direct physical supervision in practice by a practitioner is not specified in the scope of clinical practice granted to a doctor by a Credentials Committee for practice in a specific rural service.

^J ‘public health practice’: a discipline of medical practice “which is primarily concerned with the health and care of populations. It is concerned with the promotion of health and the prevention of disease and illness; the assessment of a community’s health needs; and the provision of services to communities in general and to specific groups within them.” (Extracted from Australasian Faculty of Public Health Medicine website, <http://afphm.racp.edu.au/>, 30 October 2006.

BODY OF KNOWLEDGE, ABILITIES AND SKILLS

The body of knowledge, abilities and skills which constitutes the recognised discipline of Rural Generalist Medicine is specified by:

1. The Primary Curriculum of the Australian College of Rural and Remote Medicine⁷, and its Curriculum Statements in particular;

AND

2. The body of knowledge, abilities and skills specified in the curricula of advanced rural practice disciplines:
 - 2.1. In obstetrics (Joint College Committee on Obstetrics)⁸;
 - 2.2. In anaesthetics (Joint College Committee on Anaesthetics)⁹;
 - 2.3. In Indigenous health (Royal Australian College of General Practitioners)¹⁰

⁸ DRANZCOG & DRANZCOG ADVANCED (DIPLOMAS FOR GPs) HANDBOOK – including syllabus & regulations for both qualifications 2004, The Joint Consultative Committee on Obstetrics. Retrieved August 22, 2007, from <http://www.ranzcog.edu.au/publications/pdfs/education/diploma-handbook.pdf>

⁹ *Advanced rural skills, Curriculum statement in anaesthesia, Third edition 2003*. The Joint Consultative Committee on Anaesthesia. Retrieved August 22, 2007, from <http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/20050517anaestheticscurriculum.pdf>

- 2.4. In emergency medicine (Australian College of Rural and Remote Medicine)¹¹;
- 2.5. In surgery (Australian College of Rural and Remote Medicine)¹²;
- 2.6. Other advanced skills practice (Australian College of Rural and Remote Medicine)¹³.

Recognised Qualifications for Rural Generalist Medicine

The Director General on the advice of the State Recognised Practice Committee and the endorsements of the Medical Advisory Panel and the Medical Interest Base Bargaining Group has approved the recognition of qualifications for credentialed scope of practice in Recognised Rural Generalist Medicine in the following terms:

RECOGNISED QUALIFICATIONS

The qualifications specified in Figure 3 are recognised for credentialed scope of clinical practice in Rural Generalist Medicine:

Figure 3 - Qualifications Recognised for Rural Generalist Medicine

EITHER	Fellowship of the Australian College of Rural and Remote Medicine (FACRRM);	
	AND	Certified successful completion of advanced skills training in a discipline specified in the Job Description of the position (to be) occupied;
OR	Fellowship of Advanced Rural General Practice (FARGP) / Graduate Diploma of Rural Health of the Royal Australian College of General Practitioners;	
	AND	Certified successful completion of advanced skills training in a discipline specified in the Job Description of the position (to be) occupied;
	AND	Supplied evidence of acquisition of the abilities and skills specified in the Curriculum Statements of the Australian College of Rural and Remote Medicine ¹⁴ (ACRRM) for Obstetrics/Women’s Health (unless the certified advanced skills qualification is in obstetrics and women’s health).

TRAINING FOR RECOGNISED QUALIFICATIONS

1. Candidates embarking upon a career pathway to Rural Generalist Medicine are advised by the State that:
 - 1.1. Fellowship of the Australian College of Rural and Remote Medicine is the preferred route in terms of outcomes, specificity of experience and integration of Queensland Health service and training; WITH CARE NECESSARY
 - 1.1.1. To select advanced skills training in a discipline specified for practice in Rural Generalist Medicine in a particular locality in Queensland.
 - 1.2. Fellowship of the Royal Australian College of General Practitioners / Fellowship of Advanced Rural General Practice is a feasible route; WITH CARE NECESSARY

10 *Aboriginal Health Advanced Rural Skills Curriculum Statement 1997*. The Royal Australian College of General Practitioners Training Program. Retrieved August 22, 2007, from

<http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/20050516aboriginalhealthcurriculum.pdf>

11 Emergency Medicine 4.7, Curriculum Statements 4.0, *Primary Curriculum, Third Edition 2006*. Australian College of Rural and Remote Medicine.

12 Surgery 4.22, Curriculum Statements 4.0, *Primary Curriculum, Third Edition 2006*. Australian College of Rural and Remote Medicine.

13 *Primary Curriculum, Third Edition 2006*. Australian College of Rural and Remote Medicine.

14 'Obstetrics / Women’s Health' Third Edition 2006, in *Primary Curriculum*, Australian College of Rural and Remote Medicine, 4.11, Section 2.

- 1.2.1. To ensure acquisition of the abilities and skills in obstetrics and women's health specified in the Curriculum Statements of the Australian College of Rural and Remote Medicine¹⁵ (unless completing advanced skills training in obstetrics);
 - 1.2.2. To ensure the pathway includes sufficient opportunity to gain hospital-based practice experience;
 - 1.2.3. To negotiate and arrange required community placements as secondments from Queensland Health service.
2. The State supports through the Rural Generalist Training Pathway, the choice for Rural Generalist Medicine trainees to select either of the two Fellowship routes or both as their pathway to vocational practice in Rural Generalist Medicine.

Salary Classification Range

The Director General on the advice of the State Recognised Practice Committee and the endorsements of the Medical Advisory Panel and the Medical Interest Base Bargaining Group has approved a salary classification range related to Recognised Rural Generalist Medicine in the following terms:

Senior Medical Officers credentialed with scope of clinical practice in Rural Generalist Medicine are eligible for appointment in the Medical Officer Advanced Credentialed Practice range of the salary classification of the *District Health Services - Senior Medical Officers' and Resident Medical Offices' Award - State 2003*.