Rural Generalist Pathway Jurisdictional Mapping

Background

The Rural Generalist Pathway Jurisdictional Forum was established in March 2016 to provide an informal forum for sharing information on state, territory and commonwealth rural generalism endeavours with the goal of progressing training, practice and research in rural generalist medicine to the benefit of Australian rural communities.

Members of the Forum have provided input on how rural generalist pathways operate in their relevant jurisdictions to inform discussion on mutual recognition; utilisation of our national capacity in rural generalist training; and training and practice opportunities for Australian graduates.

The mapping document details:

Rural Generalist Pathway Jurisdictions overview

New South Wales

- The NSW Rural Generalist (Medical) Training Program has been formally operating since 2013.
- 15 positions were funded in 2013, expanding to 30 in 2015 and then increasing by 5 each year to 50 by 2019.
- The pathway targets PGY2 entry (termed foundation year) and provides support through PGY2, advanced skills training and vocational training.
- The recognised endpoint is FACRRM or FRACGP plus FARGP.
- The Health Education and Training Institute (HETI) is funded to coordinate the pathway.

Northern Territory

- Rural Generalists and Rural Generalist Trainees are recognised in the EBA.
- Rural Generalist and Rural Generalist Training positions are available in locations such as Tennant Creek, Katherine and Gove Hospitals.
- Two new regional training hubs to be established in the Northern Territory.

Queensland

- The Queensland Rural Generalist Pathway was established in 2007.
- The Pathway is one of four pillars of the Queensland Rural Generalist Program: recognition of profession, valuing practice for it's true worth, a pathway / supply line and workforce redesign.
- Queensland formally recognised the discipline of Rural Generalist Medicine in 2008:

    - Adopting a state specific definition of Rural Generalist Medicine; likely to transition to the Cairns Consensus Statement definition in the near future.
    - Affirming that the body of knowledge and skills of recognised Rural Generalist Medicine is contained in the curricula statements of ACRRM (Primary and Advanced Specialised).
- An industrial framework supports superior remuneration of doctors employed in the public health system and who hold prescribed credentials in Rural Generalist Medicine and are granted scope of clinical practice corresponding to these credentials.
- The Pathway recruits and selects final year medical students, with training commencing from internship. A postgraduate entry process for medical officers in PGY1-3 is held when vacancies allow.
- The Pathway supports trainees through prevocational, advanced specialised and vocational training; the latter being primary training/GP terms within AGPT in remote or rural locations.
- Trainees with certified completion of prevocational and advanced specialised training elements respectively are on the basis of these credentials eligible to be granted scope of clinical practice upon rural appointment with unsupervised (though mentored) practice in their advanced specialised skill and in general practice and general secondary practice with college prescribed supervision; appointed as “provisional fellow”.
- In 2017 the Pathway supports 310+ trainees and 95 fellows.
- Subject to curricular mapping by ACRRM, the recognised endpoint is FACRRM or FRACGP plus FARGP (including specific certification of advanced specialised/rural skills).
- The Program is hosted by the Darling Downs Hospital and Health Service and managed by Queensland Country Practice.

South Australia

- South Australia has a Road to Rural GP Program which offers interns and registrars the opportunity to undertake rural placements; the Program is coordinated by the SA Institute of Medical Education and Training.

Tasmania

- The Tasmanian Rural Medical Generalist Pathway Program was established in 2014.
- Tasmania operates with one university, Regional Training Organisation and hospital and health service which allows for smooth integration.
- A new regional training hub will be established in the north-west, with branch in north.
- There are four dedicated TRMGP RMO positions available in the north-west, and 1FTE RMO GP rotation in rural general practices in the north. Advanced skills as per GPTT website: http://gptt.com.au/training/extended-advanced-skills-placements/
- The recognised endpoint is FACRRM or FRACGP plus FARGP.
- Medical officers can join the pathway at any year level.
- Tasmania has adopted the Rural Generalist Medicine definition contained in the Cairns Consensus Statement.
- Tasmania is focussing on mental health, paediatrics, palliative medicine and emergency medicine advanced specialised training. End stage positions where procedural skills can be utilised are limited and as such the Pathway expects to be a net supplier of trainees to other jurisdictions.

Victoria

- The Victorian General Practitioner – Rural Generalist (GP-RG) Program integrates training in primary care and procedural practice from internship through to PGY5. The program aims to give medical graduates a supported and cohesive pathway to a rural career as a GP with advanced skills

in areas such as obstetrics, anaesthetics, emergency medicine, geriatrics, paediatrics, indigenous health and mental health.

- The program targets PGY 1 or 2 and also offers lateral entry with strict criteria for the advanced specialised training year.
- The recognised endpoint is FACRRM or FRACGP plus FARGP.
- The Rural Workforce Agency Victoria (RWAV) assumed administration of the program in 2016.
- The Rural Community Intern Training (RCIT) Program is an intern training model based in small rural and sub-regional hospitals with core and non-core rotations to larger regional hospitals, general practices and community settings. Participation in the RCIT program in an entry point into the Victorian GP-RG program. In 2017, there were 35 RCIT intern positions offered state-wide.
- The Victorian Rural Medical Scholarship (VRMS) scheme is a supportive measure which provides scholarships to final year medical students in Victoria who complete rural and regional intern placements and commit to a two year return of service.

Western Australia

- The Rural Practice Pathway operated in Western Australia is a collaboration with WACHS, WAGPET, Rural Clinical School of WA, the Postgraduate Medical Council of WA, Australian Medical Association Doctors in Training and Junior Medical Officer Forum.
- The Pathway identifies and maps rural training placements and offers career advice to students and doctors at all levels who are wishing to pursue a career in a rural setting that suits their individual professional and personal development needs.
- WA has a state funded Community Residence Program (CRP) which enables junior doctors to gain exposure to primary care in regional and rural areas.
- WA aware of a need for a strong culture of teaching and pathway to a job to fully establish a rural generalist pathway.

Rural Generalist Medicine Definition

The definition contained in the Cairns Consensus Statement[1] is:

> *We define 'Rural Generalist Medicine' as the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:*
> - *Comprehensive primary care for individuals, families and communities;*
> - *Hospital in-patient and/or related secondary medical care in the institutional, home or ambulatory setting;*
> - *Emergency care;*
> - *Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues;*
> - *A population health approach that is relevant to the community;*
> - *Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.*

Most jurisdictions have expressed support for / adoption of this definition; it is already in use in Tasmania and soon to be in Queensland.

[1] www.ruralgeneralismsummit.net/wp_rurgen/wp-content/uploads/2015/09/Cairns-Consensus-Statement-fd.pdf accessed 15 February 2017

Scope of practice

Jurisdictions indicated that the scope of practice for a rural generalist included community-based primary health care, credentialing for hospital based care and advanced skills. The advanced specialised training disciplines offered vary from state to state based on jurisdictional need. Disciplines offered include:

- Adolescent Health
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Geriatrics
- Indigenous Health
- Mental Health
- Obstetrics and Emergency Medicine combined
- Paediatrics
- Palliative Medicine / Diploma of Palliative Medicine
- Polar Medicine
- Obstetrics and Gynaecology

The table below illustrates disciplines by jurisdiction.

Table 1: Advanced specialised training disciplines by jurisdiction

Jurisdiction	Adolescent Health	Adult Internal Medicine	Aero-medical Retrieval	Anaesthetics	Emergency Medicine	Geriatrics	Indigenous Health	Mental Health	Obstetrics & Gynaecology	Palliative Medicine	Paediatrics	Polar Medicine	Surgery
New South Wales				Y	^			Y	Y*	Y	^		
Queensland		Y		Y	Y		Y	Y	Y		Y		Y
Tasmania	^		^	Y	Y		Y	^	^	^	Y	Y	
Victoria				Y	Y	Y	Y	Y	Y		Y		

* Obstetrics and Emergency Medicine can be combined
^ developing posts

Entry level

Entry to each jurisdiction's pathway varies slightly as outlined below.

Table 2: Entry point by jurisdiction

Jurisdiction	Entry point
New South Wales	PGY2 plus lateral entry options
Queensland	PGY1 plus postgraduate entry opportunities if vacancies exist
Tasmania	Any year level
Victoria	PGY1 or 2 plus lateral entry opportunities

Eligibility

As a consequence of the variability in entry point, the eligibility criteria differ across jurisdictions as the criteria are designed for the intended entry point. There are, however, some common themes as follows:

- Eligible for registration with the Medical Board of Australia
- Demonstrated commitment to rural practice and rural communities
- Intention to complete advanced specialised/rural skills training

Education and training models

Education and Training models vary across Australia, specifically:

- The length of each pathway and location of training is dependent on the entry point.
- There is a level of advisory, mentorship and support services available in each jurisdiction with an established pathway.
- Educational programs / workshops are offered in Queensland, New South Wales and Victoria
- There is variation in the allocation and funding of training positions:
    - Queensland quarantines a subset of intern positions and seek support from department directors to nominate advanced specialised training positions. No funding is provided from the pathway for these positions.
    - New South Wales foundation year trainees must seek and apply for a vacant position at a rural hospital; however, the advanced specialised training positions are quarantined and funded.
    - Victoria has supernumerary advanced specialised training positions available.

Training endpoint

All jurisdictions with an operational pathway require a training endpoint of FACRRM and/or FRACGP plus FARGP.

Industrial arrangements

Industrial arrangements vary by jurisdiction as outlined below.

Table 3: Industrial arrangements by jurisdiction

Jurisdiction	Arrangement
New South Wales	Rural GP with Visiting Medical Officer contract with NSW Health
Queensland	The State recognised the discipline of Rural Generalist Medicine as a 'recognised discipline' in 2008. This provides access a significantly enhanced pay scale, including 'eminent' and 'pre-eminent' status by assessed criteria. More information: Medical Officers' (Queensland Health) Certified Agreement (No.4) 2015
Tasmania	Salaried Medical Practitioners Agreement Visiting Medical Officer Award Rural Medical Practitioners Agreement

Victoria	No state based medical practitioner industrial arrangements specific to rural generalists
Northern Territory	Enterprise Bargaining Agreement
Western Australia	General Practitioner Visiting Medical Officers in rural hospitals

Trainee numbers and capacity

There is significant variation in the number of trainees currently training on rural generalist pathways across jurisdictions as outlined below.

Table 4: Trainee numbers and capacity by jurisdiction

Jurisdiction	Trainee numbers 2017	Training capacity
New South Wales	Foundation Year (Year 1): 19 Advanced Skills Training (Year 2): 25 Transition (Year 3) & Consolidation (Year 4): 64 Total on Program: 108 Fellows: 14	Capacity for 40 in Foundation Year; Funding for 35 Advanced Specialised Training positions in 2016 and increasing by five trainee positions each year for a further three years to 2019.
Queensland	PGY1-6: 310 Fellows: 95 (including 12 pre-vanguards)	80 new trainees per annum. As the expansion phase concludes it is anticipated that up to 400 trainees will be completing training at any one time.
Tasmania	4 dedicated RMO positions at the North West Regional Hospital in 2017	
Victoria	15 Minimum 11 quarantined for funding	Based on funding available and hospital training posts

Considerations in the context of a national rural generalist pathway

1. Is it feasible for all states with a rural generalist pathway to adopt the Cairns Consensus definition?
2. What are the benefits, if any, of defining the agreed entry point into rural generalist training?
3. What are the benefits, if any, of lateral / postgraduate entry?
4. If lateral / postgraduate entry is adopted, what are the advantages of defining selection criteria for each entry point?
5. What are the goals of having a rural generalist training pathway?
6. Is it reasonable that the endpoint for training ie Fellowship be the same across the jurisdictions?

Disclaimer: This document was correct as of July 25, 2017. For current information, please contact the rural generalist pathway teams directly.