# Report on the third World Summit of Rural Generalist Medicine

Cairns, Australia, 28 April 2017

**Event Overview**

The Summit was held in Cairns in conjunction with the 14th WONCA (World Organisation of Family Doctors) World Rural Health Conference. It hosted over 200 delegates from 23 countries.

The Summit was co-chaired by Dr Braam De Klerk (President, Society of Rural Physicians of Canada (SRPC)), and Prof Richard Murray, (former President of Australian College of Rural and Remote Medicine (ACRRM) and Dean, JCU College of Medicine and Dentistry). It was hosted by ACRRM in collaboration with the SRPC.

Keynotes included:

- Mr James Campbell, Executive Director Workforce Planning, World Health Organization (WHO)
- Dr Jillann Farmer, Medical Director, United Nations Health Services
- Prof Ian Couper, South Africa, WONCA Working Party on Rural Practice representative
- Dr David Mills, President, Papua New Guinea Society for Rural and Remote Health
- A/Prof Ruth Stewart, President, ACRRM

The Co-Chairs provided an introductory presentation. This was followed by presentations by the keynote speakers, and a panel discussion led by the keynote speakers on policy and progress and its implications for healthcare and workforce development. The summit then broke into workshop discussions to further develop plans against the Action Priorities. The Summit ended with a presentation of the outcomes of each of the Workshops.

A special feature was the launch of the new Rural Generalist Program of Japan, led by program director, Dr Manabu Saito and attended by the entire first cohort of registrars.

## World Summit Aims

- To shape a practical agenda for international action, including the mobilisation of networks and resources in each priority area
- To inform, against each of the four priority areas:
    - What 'success' could look like
    - What the practical action to take in the next two years;
    - How networks, opinion-leaders and policy-makers are to be engaged; and
    - How human and financial resources are to be mobilised.

## Workshops on Action Priorities

Workshops were conducted against the four action priorities identified at the 2015 World Summit in Montreal.

1. **Recognition**: coalitions and partnerships to achieve national and international recognition of the practice of Rural Generalist Medicine (RGM)
2. **Evidence**: strategic research agenda to strengthen the practice of RGM
3. **Toolkits**: sharing and developing models/guidelines/statements on key issues such as credentialing, clinical governance, training pipelines, legislation

- **Communication and lobbying**: promoting the RGM concept and its value to communities and health systems

## Summary of Workshop Outcomes

### Priority 1: Recognition

*Workshop Facilitators: Prof Roger Strasser, Prof Jill Konkin*

General issue:

- *Community* should remain at the centre of efforts
- *Inclusiveness*: should promote the wider adoption of '*Rural Generalism*' concept (i.e. alliances with nursing, allied health and other medical generalists e.g. general surgeons)
- *Value Proposition* is key: should promote this to funders, health service managers, communities
- *United voice*: should strengthen international coalitions, and stay on-message
- *Standardisation/sharing of key concepts, core curricula and training programs:* this should be promoted, (notwithstanding that these should all be locally adapted)
- *RG Quality and Safety agenda:* should in particular be addressed
- *Positive promotion*: should emphasise the excitement, aspiration of RG (rather than focus on the negative stigma)

What recognition looks like:

- An accepted definition of Rural Generalist Medicine (RGM): (i.e. Cairns Consensus) should provide an 'image'/'brand'
- Broader 'Rural Generalism' alliance with other professionals
- Well-defined, highly visible RGM training pathways
- Employment in RGM aligned to training in RGM
- High community and professional visibility of RGM work and training
- Rural community recognition/promotion
- Government/policymaker recognition/promotion
- Professions recognition/promotion (especially specialist)
- Profile of RGM in medical education, (especially among students/junior doctors)
- Academic Departments of Rural Generalist Medicine
- Rural proofing of health policy which specifically enables practice of RGM
- Credentialing and privileging frameworks support RGM
- International recognition/portability of qualifications in RGM

How to get there:

- Build sense of identity '*I'm a Rural Generalist*'
- Ensure consistent terminology and branding
- Identify and support ambassadors
- Build international alliances and dissemination of learning
- Equip RGM trainees to advocate, recognise and promote RGM practice
- Communications strategies (detailed below)
- Evidence agenda (detailed below)

### Priority 2: Evidence

*Workshop Facilitators: A/Prof Lachlan McIver, Prof Stefan Grzybowski*

Topics:

- Training program effectiveness (including, different program elements, and, case-studies of successful models)
- Efficiency/cost-effectiveness of RG model of care
- Exploring what gives 'vibrancy' to rural health teams with RG models
- Quality and safety in RG practice including non-traditional outcome measures

Methodologies:

- Systematic reviews/overviews on each priority question
- Comparative studies (RG models vs non-RG models of care)
- Intervention studies (study implementation of RG models, with controls)
- Tracking/longitudinal studies for recruitment and retention factors, especially in LMIC
- Health economic analyses
- Qualitative methodologies - case studies, key informant interviews, surveys etc.

Resources:

- Standard research funding sources (NHMRC, NIH, RCUK etc.)
- Specific government rural health investment
- Rural industry (e.g. farmers groups, mining)
- University sponsorship and collaboration (e.g. doctoral scholarships against defined priority topics)
- Crowd-sourcing
- Health insurers (vested interest in models that are affordable, accessible, safe and effective)
- Others - benevolent foundations, NGOs, international bodies

Knowledge translation:

- Build rural doctor's/trainee's research capability
- International collaboration - 'think-tanks' etc.
- Specific international peer-reviewed journals (e.g. RRH)
- Distilling 'policy-ready' messages from research evidence
- International conferences with specific RGM evidence themes

**Priority 3: Toolkits**

*Workshop Facilitators: Dr Dennis Lennox, A/Prof Bruce Chater*

General considerations:

- Any 'tool' (guideline/model/process etc.) in the toolkit needs an exemplar story or case-study to bring it to life
- Needs a systematic approach - need to populate the range of needs and identify inter-dependencies

Profession:

- RGM scope of practice, practice standards and curriculum
- Certification of achievement of capabilities (credentialing models)
- Models of specialist support in training generalists
- Leadership development models

Rural health services:

- Credentialing and privileging for RGM practice
- Clinical governance/risk management that enables RGM to flourish
- Leadership development
- Defining caseload and currency
- Continuing professional development and skills-maintenance for scope

Training pathways:

- Design specification for a vertically integrated model of training
- Tools for training and career navigation aligned to community need
- Models of integration of RGs into regional hospital workforce
- Accommodation of family/partner needs

Flourishing rural practice:

- Models of rostering, relief, workforce mix
- Innovative business/funding models
- Community engagement/support/valuing

Rural generalist transformation:

- Strategies for systematising Rural Generalist transformation
- Building and maintaining political, departmental, professional, community support
- Effective communications strategies
- Effective leadership and advocacy models

**Priority 4: Communication and Engagement**

*Workshop Facilitators: Dr John Wynn-Jones, A/Prof Ruth Stewart, Dr James Reid, Ms Mayara Floss*

Who:

- *Communities* - our priority allies (local and rural consumer groups)
- *Prospective students, students and junior doctors* – providing a clear view to a fulfilling and exciting career in RGM
- *Universities and GP/FM training programs* - they have an obligation
- *Medical profession especially specialist peers*
- *Governments/policymakers at all levels*
- *Health/hospital senior management*
- *Health bureaucrats* - especially in recognition of value for investment
- *Medical defense organisations*
- *Charities/humanitarian organisations*

Key messaging:

- Messaging should be clear, consistent and repeated, and supported by relentless advocacy!
  1. *Community benefit*
     - Improved coordination/integration/continuity of care
     - Stability/sustainability/succession of workforce
     - Care close to home - less family dislocation, better access
     - Community confidence, self-reliance, advocacy, empowerment, hope 'social capital'
  2. *Broader economic benefit* - jobs, attracting/maintaining population
  3. *Value for money in health service delivery*

Communication strategies:

- Promoting fulfilling, exciting careers for students and juniors
- Engage local community opinion-leaders (FTF)
- Engage and inspire future RG workforce
  - Exposing schools and medical students to inspiring RGM 'heroes'
  - School visits and work experience in RGM

- Use change agents
    - Find champions ‘in the system’ (also identify the ‘blocks’ and neutralize their impact)
    - Find, support and use the RGM practitioners who are early adopters/champions
    - Enlist local politicians as champions (with support of communities)
- Effective advocacy:
    - Engage professional lobbyists/communications experts
    - Train students/rural doctors in advocacy
    - Medical and Health professional bodies (especially rural groups)
    - Alliance with other professional groups (e.g. remote nurses, generalist allied health etc.)
- Use and disseminate evidence/messages:
    - Publish research/data on value/impact/Quality and Safety
    - Share motivating stories
    - Presentation at other professional group conferences (medical specialist, multi-professional etc.)
- Use media:
    - Local newspapers/radio are very important
    - Social media, especially targeting youth
    - Maybe TV shows!