



## FACT SHEET

# Grow the Rural Generalist Workforce as a Rural Healthcare Solution

**Provide national leadership and support for Rural Generalists to provide rural and remote communities with the broad range of high quality, locally based healthcare services they need and deserve.**

### ! CALLS TO ACTION:

- Ensure the national training framework adequately compensates for the higher costs associated with rural training so it can be positively viewed relative to urban training options
- Adopt an intergovernmental approach that sufficiently funds and supports RG training
- Implement single employer and other employment models that allow maintenance of workplace entitlements and paid parental leave across the training journey
- Close the gap between medical school and Fellowship training for general practice and rural generalism through expanded rural prevocational training.

### ACRRM Fellowship (FACRRM)

ACRRM Fellowship training is the best possible predictor that medical graduates will become long-term rural doctors. General practitioners with ACRRM Fellowship (FACRRM) are four times more likely to be based remotely and 3.4 times more likely to be rurally based, than those without FACRRM, and the percentage of the ACRRM trained doctors that remain in rural practice for five or more years post-training is double that recorded for all GPs who completed the Australian General Practice Training (AGPT) 'rural pathway'.

The current general practice training system is the primary mechanism by which the government invests in a trained, specialist general practice workforce and represents over \$200m annual investment by the commonwealth government. It was established over 20 years ago and has not previously been evaluated. Half of funded positions have been designated "rural" but there has been no systematic assessment of program outcomes or efficacy in producing doctors that remain in rural communities beyond the term of their funded training.

Department of Health arrangements have restricted ACRRM to no more than 10% of the government-funded General Practice training places with 90% ear-marked for the RACGP. This has made it impossible for the College to grow its programs through the government's funded national framework and to date 45% of trained ACRRM Fellows completed their training outside the nationally funded framework through its self-funded pathway.

ACRRM's rural retention rates compared to other programs is clear, and there should be a reset in the percentage of training places assigned to the College as a result.

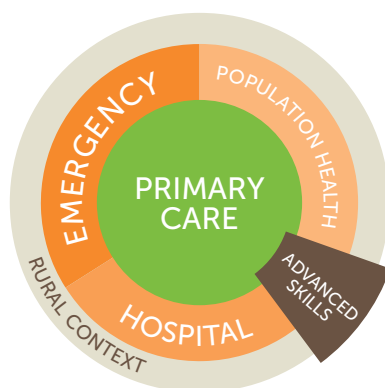
### Rural retention rates

	All Rural AGPT trainees	ACRRM AGPT trainees
1 year after Fellowship	57%	91%
3 years after Fellowship	45%	89%
5 years after Fellowship	42%	82%

### What is a Rural Generalist?

Rural Generalists are doctors who are trained to provide comprehensive general practice (primary care) as well as hospital-based care and emergency care. In addition, to these skills, they also have advanced skills in at least one area of advanced specialised care, such as obstetrics, mental health or palliative care. They are trained to provide all these services effectively in low-resourced, rural and isolated settings.

RGs work in a range or combination of settings including general practice clinics, hospitals, Aboriginal Community-Controlled Health Organisations (ACCHOs), and retrieval services. They often provide services in areas such as obstetrics, emergency care, mental health, palliative care, and anaesthetics.



## Supporting and incentivising rural training

### Lack of Support

Rural options have been disadvantaged by the lack of recognition of the significantly higher costs and greater support needs for general practice and rural generalist trainees based in rural and remote health services and hospitals. This not only disincentives trainees but leads to rural trainees having negative experiences of rural practice, discouraging them from long-term rural careers. Rural generalist training in particular is at best only partially funded.

### Economic inequities

Inadequate support has effectively meant that a decision to train rurally or take an ear-marked rural training place has been a decision resulting in a range of cost imposts including relocation, lack of accommodation, visiting family and travelling for mandatory education. Additionally, it has meant signing up for mandatory after-hours, longer hours, working with the professional pressure of not having easy access to specialists, and working with minimal access to peers, and personal and mental health support services available in cities.

### Rural Generalist training employment models

Rural Generalists serve communities by being able to pivot between the hospital and the GP clinic to provide services. To gain this skill set they need to transition from hospital and general practice settings over their four to five years of training however, when trainees move between the two systems, they lose their workplace entitlements including parental leave. The [Murrumbidgee Rural Generalist pilot program](#) is one effective model that enables trainees to maintain entitlements by providing continuous employment. Under this arrangement, a collaboration between local GPs and health service, the health service as a single employer, salaries trainees through the duration of their Fellowship program.

### Prevocational training in rural practice

There needs to be a strong end-to-end medical training framework that appropriately supports the more costly and arduous path that rural training presents for GPs and Rural Generalists.

## Further reading

[ACRRM Blueprint for a National Rural Generalist Pathway May 2014](#)

[ACRRM Position Statement Rural Generalist Medicine and ensuring safe, quality care for rural and remote communities May 2018](#)

[ACRRM Submission Senate Inquiry into the Provision of General Practitioner and related primary health services to outer metropolitan, rural and regional Australians October 2021](#)

[ACRRM Feedback on the Draft Primary Health Care 10-year plan November 2021](#)

## About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is for ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

### FIND OUT MORE

[acrrm.org.au/advocacy](https://acrrm.org.au/advocacy)



**ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.**

