BLUEPRINT FOR A NATIONAL RURAL GENERALIST PATHWAY

‘THE RURAL WAY’ REPORT FINDINGS:

- The ‘National Rural Generalist Pathway’ must be viewed as a ‘rural career path’ rather than a training path and its ultimate aim must be workforce outcomes. A multifaceted approach to nurturing a workforce likely to become competent, permanent rural doctors is needed.

- The pathways must produce rural doctors who are both able and motivated to meet the needs of rural communities. This engenders a broad scope of practice, advanced skills, preparedness to practice across the public and private spectrum; and an attitude of responsiveness to community needs.

- Competition for access to training places is becoming increasingly intense. In this environment it becomes imperative that candidate’s likely to provide a future rural workforce are given necessary access.

- An insistence on traditional, metropolitan hospital-based training is unfeasible due to the current pressures of medical graduate numbers. This also presents an opportunity to explore alternative approaches which are more congruent with training rural doctors. (Acquiring procedural skills may require access to training in metropolitan hospitals.)

- A rural training pipeline approach will provide the best results in creating a sustainable rural workforce. This involves trainee doctors including interns, either, being in rural locations or maintaining their rural focus and links with the Rural Generalist community for the duration of their training experience.

- Providing rural training within rural workforce and resource restrictions will only be possible if a flexible, enabling approach is taken. There is a need to actively advance innovative and collaborative approaches to training. Critical to this approach is identifying ways to ensure quality assurance of training and care.

- The pathway, if it is to be successful, must address the personal support of trainees in view of the heightened pressures associated with isolated, rural practice. Linked to this approach is actively developing professional peer networks and a sense of professional identity for the new generation of Rural Generalists.
REPORT RECOMMENDATIONS:

RMG Definition and Recognition
- A single national definition of Rural Generalist Medicine (RGM)
- ‘Scope or Rural Medicine’ officially adopted by states/territories for hospital credentialing
- RGM officially recognised and appropriately remunerated
- Rural Medical Generalists (RMGs) on credentialing committees

Selection and Attraction to RMG Pathway
- Launch Register of Interested Students (As basis for peer networking/promotion activities) bridging the medical school/vocational training gap
- Introduce ‘Provisional Selection’ to supported RMG Pathway at outset of training
- Establish a secondary mechanism for lateral entry
- Pathway trainees access to AGPT to be simplified/facilitated
- Establish national/state joint committees to set annual quotas and regional allocation

The RMG Pathway
Maintain rural focus by:
- Maximal rural training experience
- RMG educators part of all hospital-based training
- Training provider KPI’s linked to long-term rural retention and to producing rural proceduralists (measured 1, 3, 5 years out)
- Vertically integrated accreditation and standards
- Quarantining hospital training places for RMG pathway trainees

Encouraging innovative training solutions by:
- Integrating urban specialists into RMG procedural training (e.g. teleconsulting collaboratively with RMG educators in situ, FIFO specialists, visiting consultants etc.)
- Government training program funding linked to innovation

National Coordination
Key personnel and structures to underpin pathway:
- Director in Commonwealth (role includes ensuring training providers meet workforce needs)
- Pathway Director in each state/territory
- Pathway Trainees’ Support Secretariat (available for duration of training)
- Regional Collaborative Committees (i.e. key local people together supporting pathway)
- Independent Pathway and RVTS trainees also part of RMG Pathway
- A dedicated support RMG clinician for each pathway trainee
- Career pathway maps for each trainee (to match trainee preferences, regional needs and an appropriate allocation of procedural skill base)

- RMG Pathway Trainees Salaried - enabling seamless movement between the hospital and community sector workplace
- Commonwealth hospital funding contracts specifying practice of obligations to training in entire region (not just city) E.g. Specific requirement for urban hospital specialists to guarantee training time for rural pathway trainees in situ and/or to provide rural outreach training services by telehealth or visiting consultancies.