



Rural generalism, specialist training pathway and building a fit-for-purpose allied health workforce

Position paper
August 2018

The NRHSN is an
initiative of the
Australian Government
Department of Health
administered by the
Consortium of Rural
Workforce Agencies

About us

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

The NRHSN is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN aims to:

- ▶ provide a voice for students who are interested in improving health outcomes for rural and remote Australians; and
- ▶ promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

Rural Workforce Agencies

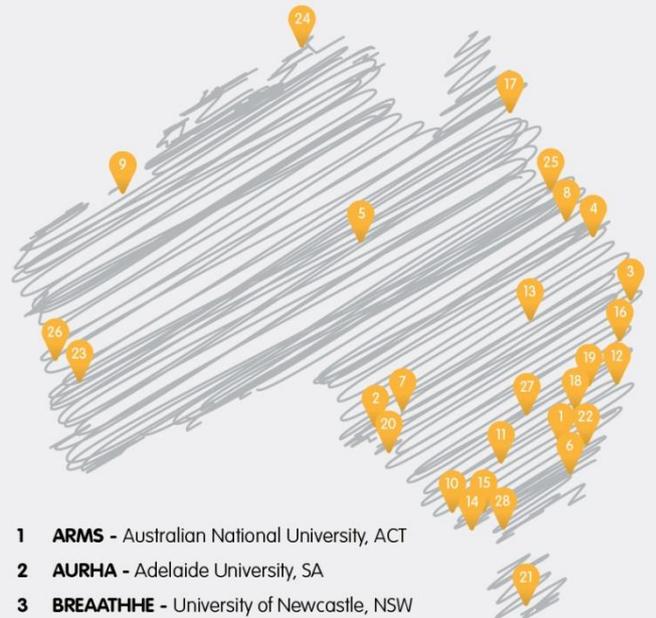
The NRHSN is an initiative of the Australian Government Department of Health, administered by the Consortium of Rural Workforce Agencies (RWAs). The NSW Rural Doctors Network is the RWA managing the NRHSN on behalf of the Consortium.

Each Australian State and the Northern Territory is served by a government-designated RWA that works to improve access to high-quality healthcare for people in remote, regional and rural Australia. RWAs do this through a range of programs, services and initiatives that attract, recruit, retain and support GPs, nurses and allied health professionals in rural and remote communities.

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Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPHX** - Combined Universities of Western Australia, WA
- 24 **STARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

Background

Current healthcare models

Australia’s health workforce is predominantly located in urban centres. In 2016 the vast majority of Australian doctors were located in major cities (RA-1), equating to 421.4 practitioners per 100,000 estimated resident population (ERP). The number of practitioners per 100,000 population decreased with increasing remoteness - being only 185.8 practitioners per 100,000 population in the very remote parts of Australia. It is therefore unsurprising that the more remote the area a doctor was working, the longer hours they worked per week on average.¹

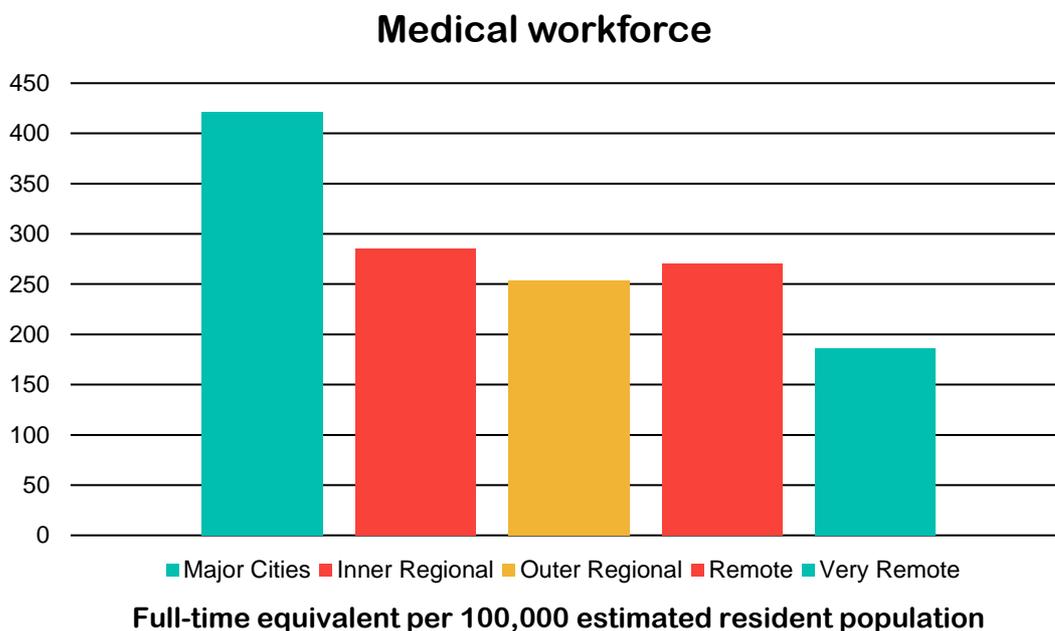


Figure 1: Full-time equivalent doctors per 100,000 estimated resident population¹

Compared with doctors, there were more than double the number of nurses (including enrolled and registered nurses) and midwives working in Australia in 2016. The distribution of these workforces was similar, with about 72% of nurses working in major cities. The number of nurses and midwives to 100,000 population did not vary as greatly, being 1349.4 in major cities to 1120.5 in very remote areas.^{1, 2}

¹ Australian Government Department of Health. Medical Workforce 2016 Factsheet [Internet]. Canberra ACT: Australian Government Department of Health; 2017. [cited 2018 August 1]. Available from: <http://hwd.health.gov.au/webapi/customer/documents/factsheets/2016/Medical%20workforce%20factsheet%202016.pdf>

² Australian Government Department of Health. Nurses and Midwives NHWDS 2016 Fact Sheet [Internet]. Canberra ACT: Australian Government Department of Health; 2017 [cited 2018 August 1]. Available from: <http://hwd.health.gov.au/webapi/customer/documents/factsheets/2016/Nurses%20and%20Midwives%202016%20-%20NHWDS%20factsheet.pdf>

Nursing Workforce

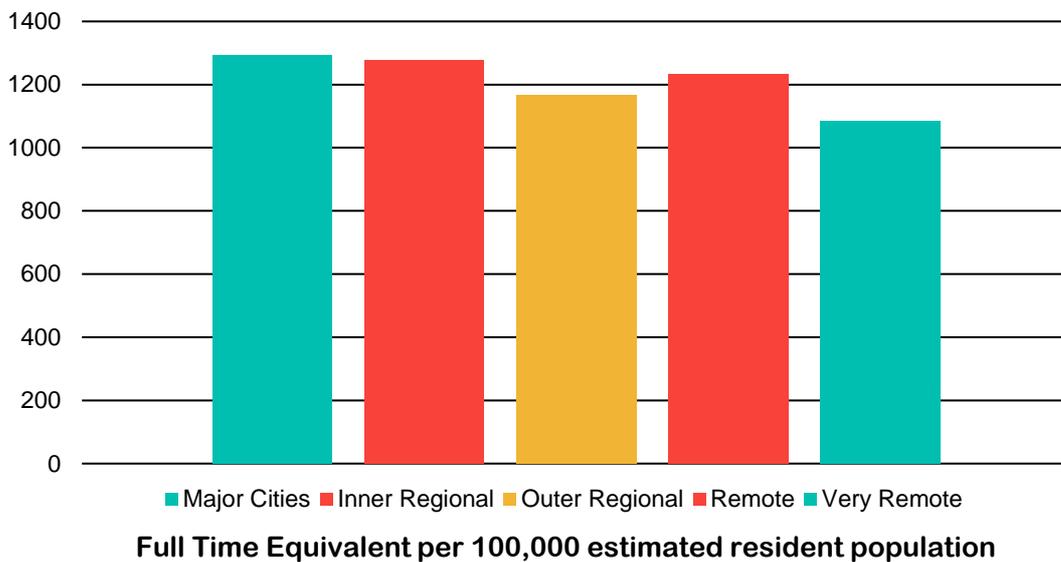


Figure 2: Full time equivalent nursing workforce per 100 000 estimated resident population³

The more specialised a health professional is, the more niche their group of patients will be, which often necessitates such specialists to practice in large metropolitan settings to maintain an adequate population base. As a consequence, this means rural and remote Australians often need to travel large distances if they require specialised services. Rural generalism as a speciality is broad and provides a model of care that enables Australians living outside of major cities greater access to quality health care.

Rural generalism

Medical rural generalism

In February 2018, both RACGP and ACRRM met with the National Rural Health Commissioner and agreed upon a definition of a Rural Generalist. This agreement would become known as the Collingrove Agreement and is consistent with the Cairns Consensus Statement. For the purposes of this paper, a Rural Generalist will be defined as “a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.”⁴

The path to medical rural generalism

Currently, models and training programs vary for rural generalism between states. The specifics of each state requirements and processes are outlined in the [NRHSN’s Multidisciplinary Rural Training Pathway Paper](#). Variation

³ Australian Government Department of Health. Nurses and Midwives NHWDS 2016 Fact Sheet [Internet]. Canberra ACT: Australian Government Department of Health; 2017 [cited 2018 August 1]. Available from: <http://hwd.health.gov.au/webapi/customer/documents/factsheets/2016/Nurses%20and%20Midwives%202016%20-%20NHWDS%20factsheet.pdf>

⁴ RACGP and ACRRM. The Collingrove Agreement [Internet]. Australia: ACRRM; 2018 [cited 2018 April 19]. Available from: <http://www.acrrm.org.au/rsrc/documents/misc/the-collingrove-agreement.pdf>

currently exists in areas such as locations of training, program entry point, lateral entry applications and opportunities for Advanced Skills Training. A national Rural Generalist training program will be able to coordinate and minimise these discrepancies and provide a level playing field for those already qualified practitioners, as well as those seeking to join the program.

The Queensland Rural Generalist Pathway began in 2007, with Queensland officially recognising the discipline in 2008. Unlike other states, entry into the Queensland Rural Generalist program targets final year medical students⁵. Training begins during the hospital-based intern year and in 2017 supported over 300 trainees. Lateral entry, such as entry into the program as a JMO, is only offered if positions are not filled by university graduates⁶. In contrast, entry into the NSW Rural Generalist program is open to PGY2 medical officers. The program is completed over four years and includes an Advanced Skills Training year in either obstetrics, anaesthetics, palliative care, obstetrics/emergency or mental health⁷. Similarly, Victoria and Tasmania also have entry targeted towards PGY2 and PGY3 medical officers^{8,9}. Further to these models, the South Australian Rural Generalist training program captures General Practitioners once they have completed their training. The Country Health SA Local Health Network (CHSALHN) offer Diplomas in Obstetrics or Anaesthetics, with training located at Port Augusta and Gawler Hospitals for obstetrics and Lyell McEwin Hospital for anaesthetics.¹⁰

This snapshot demonstrates the complexities faced by many practitioners and indeed medical students who may have an interest in pursuing a career in rural generalism. Designing a program that simplifies the process yet encapsulates the diversity of the Australian health system will be a challenge. More than ever, students approaching the latter point in their medical degrees need to be well informed of the path which would best guide them towards a rewarding career in rural generalism.

Allied health rural generalism

An Allied Health Rural Generalist (AHRG) is a recognised skill set within a specific profession that reflects the rural context and healthcare service requirements of a rural or remote community. The AHRG pathway concept emerges as a sustainable 'fit for purpose' program with employment and workforce structures facilitating the pathway to reflect community needs.¹¹ The components of the AHRG pathway include:

1. service models that address the challenges of providing the broad range of healthcare needs of rural and remote communities

⁵ Gupta TS, Manahan D, Lennox D, Taylor N, Stewart R, Bond D. Queensland Rural Generalist Pathway: impacts on rural medical workforce. In 13th National Rural Health Conference 2015.

⁶ Queensland Government. The Queensland Rural Generalist Pathway [Internet]. Queensland: Queensland Government; 2018 [updated 2018 July 5, cited 2018 August 1]. Available from: <http://ruralgeneralist.qld.gov.au/about-us/>

⁷ The Health Education and Training Institute. NSW Rural Generalist Medical Training Program [Internet]. NSW: HETI; 2018 [cited 2018 August 1]. Available from: <https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/nsw-rural-generalist-medical-training-program>

⁸ Victoria State Government Health and Human Services. Victorian General Practitioner - Rural Generalist: 2016-2017 Guidelines [Internet]. Victoria: Victoria State Government; 2018 [cited 2018 August 1]. Available from: <https://www2.health.vic.gov.au/health-workforce/medical-workforce-in-victoria/rural-medical-workforce>

⁹ Australian College of Rural and Remote Medicine. Rural Generalist Pathway Jurisdictional Mapping [Internet]. Australia: ACRRM; 2017 [updated 2017 July 25, cited 2018 August 1]. Available from: <http://www.acrrm.org.au/about-the-college/about-rural-and-remote-medicine/rural-generalist-medicine>

¹⁰ South Australia Health, SAHealthCareers.com.au. Road to Rural GP Training Program [Internet]. South Australia: SA Health; 2017 [cited 2018 August 1]. Available from: <http://www.sahealthcareers.com.au/campaign.php?id=99>

¹¹ Woolcock K. Allied Health Rural Generalists Concepts and strategy for moving to national accreditation of training. Presentation presented at; 2018; Stamford Plaza Airport Hotel Sydney.

2. workforce and employment structures that support the development of rural generalist practice capabilities, and
3. a formal education program tailored to the needs of rural generalist practitioners.

AHRG service delivery will incorporate strategies such as telehealth, delegation, skill sharing and partnerships in a diverse range of clinical settings to ensure that the healthcare needs of rural and remote communities are delivered as close to home as possible.¹²

Becoming an allied health rural generalist

The AHRG program is a two-level university delivered program, encompassing rural generalist practice development for seven professions: medical imaging, nutrition and dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, and speech pathology.¹³ Queensland Health has engaged James Cook University (JCU), working in partnership with Queensland University of Technology (QUT), to develop a formal rural generalist education program for the seven professions represented in the AHRG Education Framework. The development, trial and evaluation of the two-level Rural Generalist Program is underway from December 2016 to December 2019.¹⁴

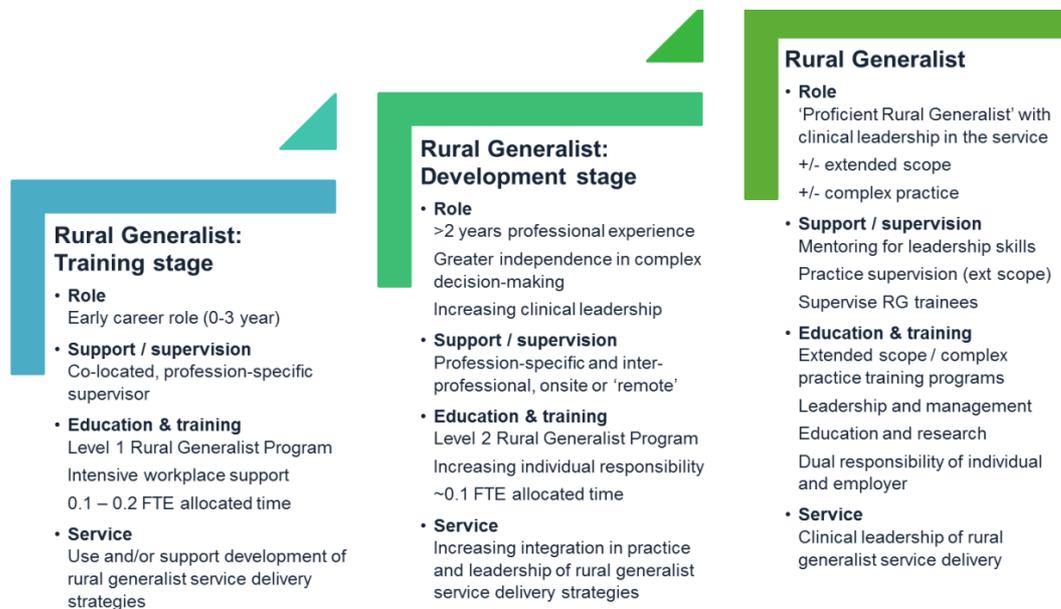


Figure 3: Allied health rural generalist pathway¹⁴

Qualitative evidence of the impacts of AHRGs

¹² Woolcock K. Allied Health Rural Generalists Concepts and strategy for moving to national accreditation of training. Presentation presented at; 2018; Stamford Plaza Airport Hotel Sydney.

¹³ SARRAH. Roles and responsibilities associated with the Allied Health Rural Generalist Pathway strategy 2017 -19 [Internet]. Services for Australian Rural and Remote Allied Health; 2017 [cited 27 May 2018]. Available from: https://www.sarrah.org.au/sites/default/files/images/info_6._roles_resp_20170616_in.pdf

¹⁴ Queensland Health. Allied Health Rural Generalist Education Framework. Brisbane: State of Queensland (Queensland Health); 2018 p. 4 and 10. Available from: https://www.health.qld.gov.au/_data/assets/pdf_file/0032/695390/ahrg-education-framework.pdf

The Allied Health Rural Generalist Training Program (AHRGTP) introduced by the Allied Health Professions Office of Queensland (AHPOQ) (Department of Health, Queensland) commenced a funded trial of rural generalist training positions in Queensland hospital and health services in 2014. Southern Cross University undertakes a qualitative evaluation to examine the benefits of the AHRGTP and inform decision-making regarding post-trial continuation and/or changes to the initiative. Findings from the first 11 AHRGTP placements exposed reduced travel time for patients and staff, increased collaboration and enhanced organisational training capacity, improved communication within and between multidisciplinary teams, increased service capacity and improved service quality and continuity in care.

Progress in 2018: Accreditation standards and systems for rural generalist education

Accreditation standards for rural generalist education programs will provide quality assurance for health services, commissioning agencies and for potential participants that the program meets the published standards. Queensland Health has commissioned the Australia Healthcare and Hospitals Association (AHHA) to develop accreditation standards and systems for the seven professions covered in the Framework.¹⁵ This will ensure a nationally recognised system of quality assurance that includes assessment, certification and monitoring.¹⁶

Nursing and rural generalism

There are courses offered at a postgraduate level for registered nurses to transition to remote area nursing. Opportunities vary from short courses to university degrees and offer different levels of extended skills training. Nurses with further training are very valuable to rural communities, in many areas nursing staff are only supported by an on-call doctor and in some remote areas are the only health professional. Extended training in procedural skills, rural medicine or by upskilling to become a nurse practitioner are all very valuable to rural communities.¹⁷

In Queensland nurses can train through the Queensland Department of Health or through the University of Southern Queensland to become Remote and Isolated Practice (Endorsed) Registered Nurses. It is a requirement that the nurse has experience working in rural/remote Australia prior to applying. The course is a combination of theory and clinical practice, which enables the nurse to have a vastly extended scope of practice compared to a base level Registered Nurse. This qualification can only be attained in Queensland; however, it is also recognised in Victoria and allows nurses to administer approved medications (including Schedule 8 medicines), initiate care and make more diagnostic and management decisions.^{18, 19}

Specialist training in rural areas

¹⁵ Queensland Health. Allied Health Rural Generalist Education Framework. Brisbane: State of Queensland (Queensland Health); 2018 p. 4 and 10. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0032/695390/ahrg-education-framework.pdf

¹⁶ Woolcock K. Allied Health Rural Generalists Concepts and strategy for moving to national accreditation of training. Presentation presented at; 2018; Stamford Plaza Airport Hotel Sydney.

¹⁷ Health Workforce Australia. Australia's Future Health Workforce - Nurses [Internet]. Canberra ACT: Australian Government; 2014 [cited 2018 May 18]. 82 p. No.:1. Available from: [https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16ACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16ACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)

¹⁸ Victoria State Government. RIPERN roles, governance and accreditation [Internet]. Victoria: Victoria State Government; 2018 [cited 2018 May 18]. Available from: <https://www2.health.vic.gov.au/hospitals-and-health-services/rural-health/rural-endorsed-nurse/rip-ern-roles>

¹⁹ Queensland Government. Rural and Isolated Practice (Scheduled Medicines) Registered Nurse course [Internet]. Queensland: Queensland Government; 2018 [cited 2018 May 18]. Available from: <https://www.health.qld.gov.au/cunninghamcentre/html/courses/022>

Arguably the most notable obstacle to attaining a critical mass of rural medical specialists is a lack of vocational training opportunities outside metropolitan centres. The Specialist Training Programme (STP) is a Commonwealth initiative that aims to facilitate the procurement of vocational training for specialist registrars in regional and rural Australia. The STP is delivered through 13 specialist medical colleges under funding agreements with the department. Initially unveiled in 2010, the STP has funded 1077 specialist training places, including 100 additional places (2017-2018) targeted specifically to specialist training in rural locations through the Integrated Rural Training Pipeline (IRTP) initiative.²⁰ The IRTP requires these 100 posts to be based in Australian Standard Geographical Classification – Remoteness Areas (ASGS- RA) 2–5 and all trainees to complete $\geq 2/3$ of their total fellowship training in a rural area.²¹

Since the inception of the STP there has been a substantial increase in the provision of non-GP vocational training, with an overall rise of 27.7% between 2010-2015.²² The number of vocational trainees has been complemented by a commensurate increase in the number of specialist fellows (24.5%). However, in 2015 only 13% of non-GP specialist training was based outside the major metropolitan areas; a disproportionate figure relative to the 33% of Australians that live in regional and rural areas.²³ Nevertheless, the STP is facilitating improvements by supporting 320 annual full time equivalent (FTE) training positions in ASGC RA 2-5 areas, 40 of which are in remote areas (ASGC RA 4-5) - see **Table 1**.

²⁰ Department of Health. Specialist Training Program [Internet]. Australia: Australian Government Department of Health; 2018 [cited 2018 18th April]. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/content/work-spec>

²¹ Department of Health. Specialist Training Program (STP) Operational Framework. In: Department of Health, editor. Canberra: Commonwealth of Australia; 2017.

²² Department of Health. Review of the Specialist Training Program and the Emergency Medicine Program. In: Health Do, editor. Canberra: Commonwealth of Australia; 2017.

²³ Australian Institute of Health and Welfare (AIHW). National Health Workforce Data Set (NHWDS). In: Australian Institute of Health and Welfare (AIHW), editor. Canberra: Commonwealth of Australia 2017.

College	Funding agreement with Department	College agreements with settings*									
		Total posts	ASGC - RA category					Ownership of setting		Filled	
			RA 1	RA 2	RA 3	RA 4	RA 5	Public	Private		
Australasian College of Dermatologists	27	27	20.1	5.4	0.9	0.6	0	7.2	19.8	26	
Australasian College for Emergency Medicine	2	2	1	1	0	0	0	0	2	1.6	
Australasian College for Sport and Exercise Physicians	4	4	2.7	1.3	0	0	0	0	4	4	
Australian and New Zealand College of Anaesthetists	42	41.5	26.5	10.2	4.1	0.3	0.4	26.9	14.6	39	
College of Intensive Care Medicine of Australia and New Zealand	16	17	11	5	0	1	0	7	10	16	
Royal Australasian College of Medical Administrators	17.5	18.5	11.8	3.1	2.1	1.1	0.4	12	6.5	17.2	
Royal Australasian College of Physicians	351.4	419.8	254.1	91.2	49.4	14.5	10.6	275.8	144	375.7	
Royal Australasian College of Surgeons	73	70	40	19	10	1	0	35.1	34.9	63	
Royal Australian & New Zealand College of Ophthalmologists	12	12	6.5	4	0.1	1.2	0.2	3.7	8.4	12	
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	32	31.5	13.3	12.3	5	1	0	17	14.6	26.5	
Royal Australian and New Zealand College of Psychiatrists	160	177.5	127.9	27.2	14.9	3.3	4.2	112.6	64.9	153	
Royal Australian and New Zealand College of Radiologists	47	41	24	12.5	4.5	0	0	25.1	15.9	41	
Royal College of Pathologists of Australasia	87	90	73.5	15.5	1	0	0	27.1	62.9	85.7	
TOTAL	870.9	951.8	612.4	207.7	92	24	15.8	549.4	402.4	860.6	
% of setting agreements (951.8)			64.30%	21.80%	9.70%	2.50%	1.70%	57.70%	42.30%	90.40%	
			35.70%								

*Figures rounded to one decimal place

Table 1: Specialist training programme full-time equivalents by College, ASGC-RA Category and Public-Private (2015). Adapted from Review of the Specialist Training Program and Emergency Medicine Program, 2017.²²

Through the Emergency Medicine Program (EMP), the Australasian College for Emergency Medicine (ACEM) is funded to deliver 22 emergency medicine specialist training posts each year since 2011. However, in light of the current oversupply forecast for ACEM fellows, a recent review of the STP and EMP program has proposed a curtailment of emergency medicine posts from the 112 supported in 2017 to 57 in 2019.²⁴ In conclusion, the Health Workforce Australia Volume 3 Report confirmed that although there is an increase in medical specialists, a “significant inequity in service access – to specialties and in geographical regions – is likely to persist”.²⁵

The continuation and growth of the STP is supported by the Health Workforce 2025 – Volume 3 – Medical Specialties Report (2015) and the Review of the Specialist Training Program and Emergency Medicine Program (2017).^{26,27} In addition to the 100 posts funded through the IRTP, 26 regional training hubs have been established to collaborate with local health services to facilitate the journey of students along the training pathway. The opportunities for specialist training vary by college, state and hospital. Queensland offers a number of specialty training posts, such as nephrology, endocrinology, gastroenterology and respiratory medicine, in large regional centres such as Townsville and Health Service.²⁸ Within the Murrumbidgee Local Health District, there are seven approved specialist training positions funded and accredited as part of the Rural Generalist Training Program (RGTP), including anaesthetics, obstetrics and gynaecology, emergency medicine, mental health and palliative care.

Position

The NRHSN supports the current development of a national rural generalist pathway in medicine. The NRHSN supports the opportunities that currently for rural training and further training in nursing and allied health.

Recommendations

Recommendation 1

Encourage ongoing development of training pipelines to provide continuity of training opportunities in rural and remote areas from university through to specialisation. The NRHSN promotes consultation with stakeholders to create end-to-end training programs that incorporate regional and rural University medical schools whilst still allowing for flexible entry into the rural generalism program.

Recommendation 2

Continued focus on increasing postgraduate training opportunities in rural areas for all disciplines.

Recommendation 3

Ensuring adequate recognition of current rural generalists who will have trained independently to the national pathway.

²⁴ Department of Health. Review of the Specialist Training Program and the Emergency Medicine Program. In: Health Do, editor. Canberra: Commonwealth of Australia; 2017

²⁵ Health Workforce Australia. Health Workforce 2025 – Medical Specialties – Volume 3. Adelaide,2012

²⁶ Department of Health. Review of the Specialist Training Program and the Emergency Medicine Program. In: Health Do, editor. Canberra: Commonwealth of Australia; 2017

²⁷ Health Workforce Australia. Health Workforce 2025 – Medical Specialties – Volume 3. Adelaide,2012

²⁸ Directors of Training at Townsville Hospital & Health Service. Specialist Training at Townsville Hospital and Health Service [Internet]. Queensland: NCTN; 2015 [cited 2018 April 22nd]. Available from: http://www.nctn.net.au/nctnweb/images/documents/Specialist_Training_TTH_2015.pdf



Recommendation 4

Encourage the expansion of allied health rural generalism opportunities through increased provision of supported training places across Australia.

Recommendation 5

Encouraging the establishment of a greater number of rural allied health student placements to increase the exposure of future health professionals to rural healthcare and rural lifestyles.

Recommendation 6

Encouraging the collaboration of government and specialist colleges to increase the number of STP trainees that are training in rural and remote areas.

Program recommendations	Support recommendations	Outcome recommendations
Flexibility during training, including during GP terms, for leave (including maternity leave)	Ongoing education regardless of location, through access to video-conference facilities and other means of accessing education from larger centres	Single nationally recognised qualification
Ability to accrue and retain leave between hospitals and general practice placements	Adequate supervision for all trainees at rural sites, be this in person or via telehealth or phone	
Flexibility during training for experience outside the pathway without being penalised (i.e. a period of time in a major city)	Assistance with seeking accommodation, especially in shorter terms away from the trainee's main training location	Recognition as field of specialty practice under general practice, rather than as a specialty of its own
Ability for lateral movement within the pathway between states/territories	Ensuring recognition within other specialties of what rural generalists are and their capabilities, and ensuring knowledge of capabilities at different stages of training	Financial recognition/compensation reflective of the specialty skills the RG brings to the area, including rural loading
Equitable pay at all stages of training compared to major city-based trainees		
Should incorporate general practice and emergency medicine as core training components, with the opportunity for advanced skills such as: obstetrics and gynaecology, anaesthetics or mental health		
Encourage consideration of requiring that the majority of training be completed in a rural area (i.e. MMM 4-7), unless the training college deems components of training must be undertaken in larger centres		

Table 2: Suggestions for the development of the National Rural Generalist pathway for medicine

For more information on the general practice training pathways:

www.acrrm.org.au/training-towards-fellowship/overview-of-fellowship-training/training-pathways/agpt

www.racgp.org.au/download/Documents/Membership/RACGP-General-practice-career-guide.pdf

Appendix 1

Rural generalism by state

South Australia

Country GP training provided by Country Health SA Local Health Network (CHSALHN). As an intern, JMOs are able to enrol in either a Pre-Vocational General Practice Placement Program (PGPPP) or can apply for one of six 12-month internships at Mount Gambier and Districts Health Service.

MOs then enter into the AGPT program, which trains GP registrars over three to four years of full-time study. Two providers exist in SA for GP training. These are Adelaide to Outback and Sturt Fleurieu.

Once GP training is completed, CHSALHN offer further Advanced Skills Training in either a Diploma in Obstetrics or a Diploma in Anaesthetics. Currently, the two rural locations on offer for these diplomas are Port Augusta Hospital and Gawler Hospital (Obs) and Lyell McEwin Hospital (Anaesthetics)

New South Wales

The rural generalism pathway in NSW is managed by HETI (the Health Education and Training Institute). Medical Officers enter the program in PGY2 and enrol in either FRACGP/FARGP or FACRRM. The Rural Generalist Program is four years in total and consists of a Foundation Year (Hospital or GP year), Advance Skills Training (AST) Year, a Transition Year and a Consolidation Year.

AST can be completed in either Obstetrics, Anaesthetics, Palliative Care, Obstetrics/Emergency and Mental Health. Ideally most of the Advance Skills Training will be completed in rural or remote locations, however some colleges may deem it necessary to complete certain components in metropolitan centres.

Queensland

Queensland utilises a slightly different approach than most other states, drawing from the pool of medical student graduates directly rather than JMOs. Rural generalism was recognised as a medical discipline in May 2008.

Participants gain Fellowship of the Australian College of Rural and Remote Medicine including advanced skills training in either Indigenous Health, Mental Health, Paediatrics, Obstetrics and Gynaecology, Surgery, Adult Internal Medicine, Anaesthetics or Emergency Medicine. Alternatively, participants gain Fellowship of the Royal Australian College of General Practitioners (FRACGP) with Fellowship in Advanced Rural General Practice (FARGP).

PG Year	Rural Generalist Pathway	Queensland Hospital & Health Service Appointment	Salary Status	Qld Rural Generalist Pathway Scholarship	Australian General Practice Training	RVTS	Australian College of Rural & Remote Medicine (ACRRM)	Royal Australian College of General Practitioners (RACGP)
1	Prevocational Training	Intern	Level 1	ROS*	Apply	-	-	-
2		Junior House Officer (JHO)	Level 2	ROS*	Yr 1	-	Core Clinical Training	Hospital Training
3/3+	Advanced Specialised/Skills Training	Registrar / Principal House Officer (PHO)	Level 4	Deferral unless training in location approved for ROS	Yr 2	Apply	Advanced Specialised Training	Advanced Skills Training
4/4+	Vocational Training	Senior Medical Officer (SMO) (Provisional Fellow)	Level 13	ROS to be completed in approved location	Yr 3	Yr 1	Primary Rural & Remote Training	GP Terms
5/5+		Medical Officer with Private Practice (MOPP)			Yr 4	Yr 2	Primary Rural & Remote Training	GP Terms
6/6+	Continuing Professional Development	SMO	Level 18 – 25	-	-	-	FACRRM Inc. Advanced Specialised Skills Certification	FRACGP/FARGP Inc. Advanced Skills Certification + Certified Women's Health
7/7+		Medical Superintendent With Private Practice (MSRPP)		-	-	-		
8/8+		Visiting Medical Office (Advanced Practice)		-	-	-		

Tasmania

The Tasmanian approach utilises the singular stream of the state, with one university, one regional training organisation, and one hospital system allowing for smooth integration of the training program. Junior doctors may enter the program at any year and attain either FACRRM or FRACGP plus FARGP. Advanced Specialist Training is done through GPTT.

The hospitals in the northwest of the state are where interns can begin rural training.

As RMOs there are two-year contracts available in the NW linked to the TAS Rural Generalist Pathway, where RMOs are given preference on rotations.

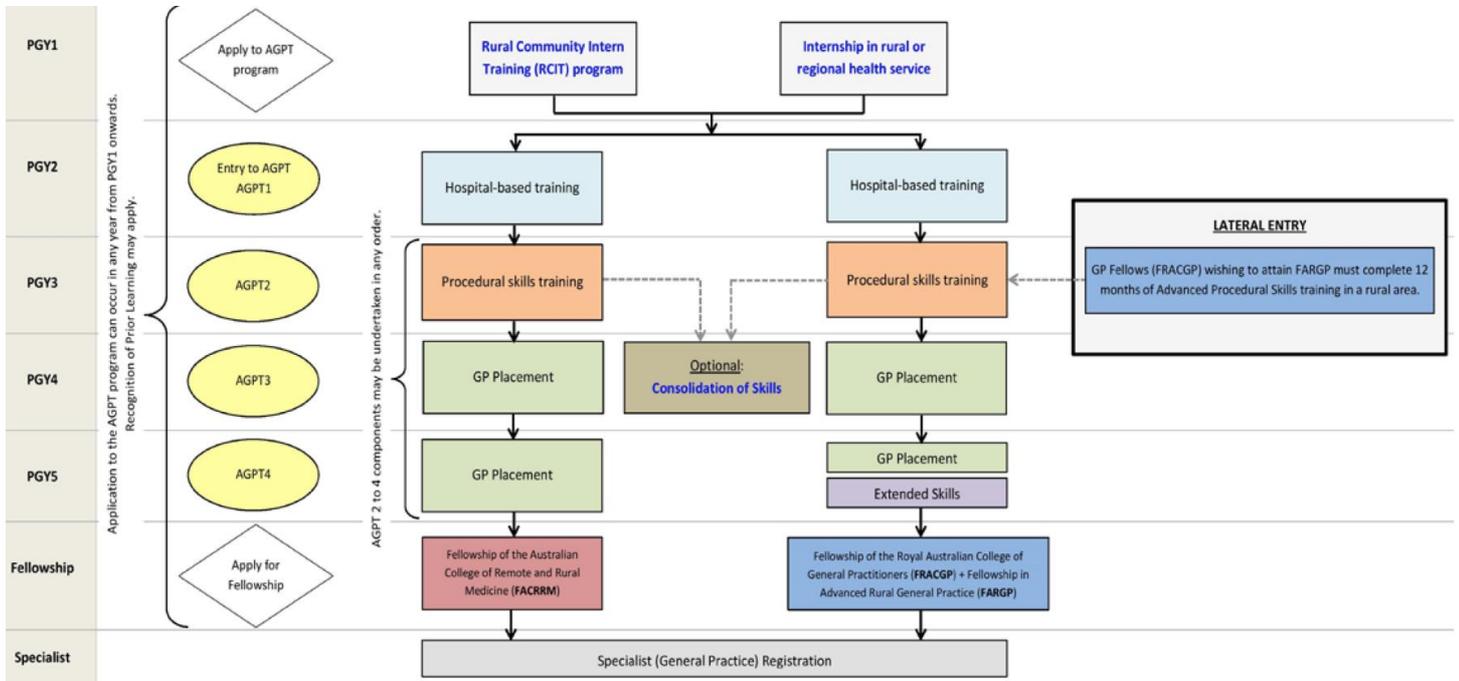
Victoria

The Victorian RG program is administered by RWAV since 2016. The program length is five years, and the usual mode of entry is through the Rural Community Intern Training (RCIT) program or rural internship. In 2019 there will be 35 RCIT places in Victoria, spread over the following five RCIT Programs:

1. South West Community Intern Program
2. Grampians Rural Community Intern Program
3. East Gippsland Community Based Intern Program
4. Murray to Mountains Intern Program
5. Echuca Intern Network

Preference is given to those students at Rural Clinical School entering the program. There is also the possibility of lateral entry into the program during the PGY3 year.

The end point of the program is ACRRM fellowship or FARGP plus FRACGP. For students who wish to pursue a career in Rural Generalism, they are advised to seek internship in a rural or regional health service. This will increase their preference standing for acceptance into the program, which they apply for in their first postgraduate year.



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."

Northern Territory

[Limited information]

Rural Generalists are recognised in the Enterprise Bargaining Agreement (EBA) with training positions available in multiple locations, including: Tennant Creek, Katherine and Gove. The Northern Territory has adopted the elements of rural generalism introduced by the Queensland model.