



Graeme Wainwright (Nurse Educator, Cunningham Centre Medical Education and Training) familiarises Rural Generalist Trainees in a Rural Generalist Trainees Workshop scenario session.

Queensland's Rural Generalist Pathway—a lifeline for country medicine

Following the early success of Queensland's Rural Generalist Pathway in delivering doctors to rural locations across the state, RDAA is lobbying for dedicated rural generalist training places to be allocated in the national GP training system. And with the Federal Government reviewing the Pathway's achievements, a national rollout might just be on the horizon, writes RDAA's Patrick Daley.

For a state that groaned under the weight of bad publicity around rural healthcare services earlier this decade, things are at last starting to look up in Queensland.

Where previously many rural Queensland communities found themselves without a local doctor and perhaps even had a hospital on the brink of closure, now at least some country towns are seeing a keen young doctor stepping off the Greyhound bus and hanging up their shingle.

This 'medical makeover' hasn't just happened by chance. It is the direct result of the Queensland Government's introduction of a Rural Generalist Pathway—a fully supported career pathway for junior doctors wishing to pursue a vocationally recognised career in rural generalist medicine.

First implemented in 2007, the five year Pathway meshes with the Australian General Practice Training (AGPT) program and offers a clear endpoint in advanced rural medical training.

Upon entering the Pathway, medical graduates spend their

first three years in selected regional Queensland hospitals completing an internship year, junior house officer year and then an Advanced Skills Training year.

In the first two years, guaranteed rotations are provided in anaesthetics, paediatrics, obstetrics and gynaecology, and trainees also attend two intensive simulated, procedural skills workshops. Then in the third year, they complete Advanced Skills Training in one of five disciplines considered by Queensland Health to be priority skills areas—obstetrics, anaesthetics, emergency medicine, surgery and Indigenous health. While trainees can undertake training in other skill areas, these disciplines have been selected as best meeting current workforce shortages and the need to rebuild or stabilise services at Queensland's rural hospitals.

Once the trainees successfully reach their fourth year of training, they have three options—they can move into a full-time salaried position as a Senior Medical Officer



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(Provisional Fellow), become a Medical Officer or Medical Superintendent with Right of Private Practice (MORPP/MSRPP), or enter into private practice and provide their skills back to the local hospital as a VMO. During these years they work in smaller rural communities across Queensland, still under some supervision.

Upon completion of the Pathway, the trainees are recognised as rural generalists and attain their FACRRM or FRACGP/FARGP. Those choosing the FARGP option must also have completed ACRRM's curriculum requirements around women's health.

The figures underline the Pathway's success. Of 146 trainees currently participating in the Pathway, 41 joined the program this year, 36 are in their second year, 19 are in their third year and completing Advanced Skills Training, and 16 are in their fourth year. (A further 34 trainees who had already been undertaking advanced rural medical training of their own volition when the formal Pathway commenced in 2007 were swept into the Pathway at that time and are now in their fifth year). Next year the Pathway will welcome around 38 new trainees.

Former President of the Rural Doctors Association of Queensland, Dr Christian Rowan, is Deputy Executive Director of the Pathway's implementation team within Queensland Health. He works alongside Queensland Health's Principal Rural Advisor, Dr Denis Lennox, who is widely acknowledged as being the key figure behind the Pathway's creation.

“The beauty of the Pathway is that it has given those doctors training in rural generalist medicine the professional status equivalent to that of a medical specialist, a clear endpoint to work towards, and the option of an appealing remuneration and support structure at the end of it,” Dr Rowan says.

“They obtain the fellowship requirements for attaining a VR provider number, and they obtain Advanced Skills Training in the procedural or non-procedural skills that are needed in rural hospitals. So they get the recognition and advanced rural skills training all rolled into one.”

Perhaps not surprisingly, most trainees opt for salaried employment as a Senior Medical Officer (Provisional Fellow) once they reach the fourth year of the Pathway.

“The public conditions in Queensland are very attractive in



(l-r) Dr Dan Halliday, Rural Generalist at Stanthorpe Hospital (photo courtesy Lucy Robertson-Cuninghame/Australian Rural Doctor); Dr Rob Thompson, Rural Generalist at Prosperine Hospital facilitating at a recent Rural Generalist Trainees Workshop in Mackay; Dr Antony Faa, Rural Generalist at Warwick Hospital facilitating a procedural skills session at a Rural Generalist Trainees Workshop.



(l-r) Rural Generalist Trainees Drs Helen Deshmukh, Lara Phillips, Jillian Collier and Claire Dodsworth.

that, under this option, a trainee starting out has a salary package of about \$300,000 a year plus 5 weeks annual holiday leave, 3.6 weeks of study and conference leave, and guaranteed locum relief," Dr Rowan says.

"As many rural doctors in private practice would attest, when you've got guaranteed relief for that amount of time each year you can't put a price on that.

"But we certainly have some trainees who opt for private practice with VMO rights. They are being paid at a rate equivalent to that of a specialist VMO engaged with Queensland Health in the city."

Once the trainees start out in the rural posts, they also begin qualifying for GP Rural Incentive Payments and a Queensland Isolated Incentive Payment. And if they opt for a salaried position they are also provided with a house (or at least rental assistance), a car and other additional benefits.

So far the Pathway has been able to place into salaried positions all the trainees seeking that option.

"Last year we had about 60 to 70 salaried vacancies and we placed about 25 trainees," Dr Rowan says. "And given, like other jurisdictions, more of our current rural doctor cohort is reaching retirement age or opting for part-time work, we expect the number of vacancies will increase in the foreseeable future."

But he adds that when it comes to the number of trainees the Pathway can take in each year, Queensland Health is very conscious of the current bottleneck around Advanced Skills Training. "This is currently one of the rate-limiting steps for the Pathway and a key issue for discussions with the Commonwealth in the future," he says.

While the Pathway has certainly attracted interest from rural-origin students, Dr Rowan says others are being attracted by the broad generalist scope of practice it offers.

"The vast majority of our trainees tell us that, if they weren't following a rural generalist career, they would be pursuing urban specialist practice, not urban general practice. This strongly states to us that we are attracting a different group of doctors to those who would usually train as GPs through AGPT.

"There has also been a significant increase in trainees in the Pathway who are not bonded by a scholarship. This demonstrates that more medical students are deciding that rural generalist medicine is their career of preference."

But what has really driven the development of the Pathway? Has Queensland Health balanced the cost of *not* having Rural Generalists (such as the need for more rural retrievals) against the cost of training and employing them?

"Absolutely," Dr Rowan says. "But the argument has also been mounted around a universal health obligation and the fact that rural people pay taxes and are entitled to a basic level of local health service provision.

"And given all the mining that takes place in this state, there has been recognition that rural health services also need to be provided for the benefit of Queensland's economy."

He agrees that the problems afflicting Queensland's hospital system in past years have, in part, driven implementation of the Pathway. "But in fairness," he argues, "other states have had similar problems and they haven't picked up the ball and developed a Pathway like Queensland has."

So what does the future hold?

Dr Rowan says Queensland Health would like to see a national framework that recognises Rural Generalist Medicine as a specialist discipline, along with a national training program enabling doctors to reach that endpoint.

"Then there is the need for Medicare recognition for rural doctors who are providing advanced skills and, depending on each jurisdiction, reflection of this higher level of training in state salary structures. Rural generalists are really doing specialist work and that's where the MBS should kick in."

While there is not yet the longitudinal data around how long graduates of the Pathway will remain in rural practice, Dr Rowan says one thing is clear.

"We are getting a cohort and a generation of doctors who are identifying generalist practice as what they want to do. As a result, doctors are choosing to be placed into rural posts in Queensland...something a lot of people thought would never happen again."

Visit www.health.qld.gov.au/ruralgeneralist for further information on the Rural Generalist Pathway.

Start your day with a surf

RDAA's website contains loads of information on the Association's lobbying activities and a variety of other useful resources for busy rural doctors. With so much information at the click of a button, isn't it time you started the day with a surf on www.rdaa.com.au?

The Rural Generalist Pathway...a national rollout?



(l-r) Dr Christian Rowan, Dr Les Woollard, Dr Dan Halliday, Carolyn Marsden, Steve Sant, Dr Nola Maxfield, Warren Snowdon MP and Dr Denis Lennox met recently to discuss the Rural Generalist Pathway's success in Queensland and RDAA's proposal to expand the Pathway nationally.

RDAA CEO, Steve Sant, says the Federal Government's engagement of a consultant to review Queensland's Rural Generalist Pathway is a good sign that it sees some benefit in expanding the Pathway nationally.

"The Government's interest in the Pathway has been driven by development of the National Maternity Framework under the Federal Minister for Health and Ageing, Nicola Roxon MP, and the shortage of rural generalist obstetricians that process highlighted. We commend the Government for looking closely at how the Pathway might help remedy the national shortage of rural generalists.

"RDAA believes the first step to national implementation should be quarantining places in the AGPT program for rural generalist training. For example, of the 1200 GP training places to be made available through that program, between 280 and 300 could be quarantined for a rural generalist pathway.

"The endpoint of the training would be a rural generalist who has capacity in one of six key procedural and non-procedural areas that we believe are critical in rural practice—anaesthetics, obstetrics, surgery, emergency medicine, acute mental health and Indigenous health.

"Training would be adapted to models that work in private practice, and the program would be flexible enough to enable the state governments to run a full-on model like Queensland's where the training is followed by the option of guaranteed full employment in the public hospital system, or a model where graduates move straight into private practice.

"Under our model, no significant funding would be needed to implement the Pathway nationally as it would involve tweaking existing programs rather than funding more places.

"Importantly, the Pathway would recognise that rural generalism is a different type of practice to office-based

general practice."

In June, a delegation comprising Drs Rowan and Lennox, RDAA President Dr Nola Maxfield, Dr Les Woollard (immediate past-President of the Rural Doctors Association of NSW and a keen advocate of the Pathway), Dr Dan Halliday (President of the Rural Doctors Association of Queensland and a graduate of the Pathway), Associate Professor Dennis Pashen (immediate past-President of ACRRM), Carolyn Marsden (RDAA's Senior Policy Advisor) and Mr Sant met with the Federal Minister for Rural and Regional Health, Warren Snowdon MP, and senior representatives from the Australian Department of Health and Ageing to discuss RDAA's proposal.

"We came away from our meeting with the Minister with a feeling that he was very supportive of our idea," Mr Sant said. "We look forward to further discussing its development with the Federal Government in the coming months."

Editor's note: At the time of going to print, the federal election had been called. The national expansion of the Rural Generalist Pathway is a key plank of RDAA's Federal Election Position Statement. Read the full Position Statement at www.rdaa.com.au (go to Submissions).

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