Queensland Rural
Generalist Pathway

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Statewide Rural Education Prevocational Program (StREPP) framework

Queensland
Government

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Executive summary

The Queensland Rural Generalist Pathway's (QRGP) Statewide Rural Education Prevocational Program (StREPP), aligned with the Australian Medical Council's (AMC) National Framework for Prevocational Medical Training (NFPMT), aims to develop doctor's skills, confidence, and competencies necessary to excel in diverse rural practice environments.

Rural and remote healthcare settings present unique challenges, such as professional isolation, resource limitations, and the need for a broad scope of practice. StREPP explores these challenges through a structured series of weekly, live online education sessions, specifically tailored to the rural context. Sessions focus on both clinical and professional skills, leveraging real-world case discussions, problem-solving scenarios, and interactive learning led by experienced rural doctors.

Key features of the program include:

- delivery by experienced Rural Generalists
- alignment with national prevocational standards
- learning objectives mapped to general practice college curricula
- focus on competency-based learning
- interactive, safe learning environment
- cultural safety and inclusivity
- promoting a mindset of lifelong learning
- participant and facilitator evaluation.

StREPP complements the existing hands-on training provided by rural hospitals and general practices. Investing in the professional development of early career doctors undertaking rural placements builds a pipeline of skilled practitioners who have insight into the challenges and rewards of rural healthcare, which they can apply to future patient interactions, regardless of setting.

StREPP is delivered alongside the QRGP's Rural Readiness Workshop (RRW), a one-day face to face preparatory workshop focussed on skills and knowledge in clinical reasoning, decision making, teamwork and communication for rural contexts through practical learning with problem-based scenarios, case discussion and simulation in primary and secondary care.

Together, these programs aim to leave a lasting impact on doctors, whether they choose to pursue a rural career or carry their rural experiences into urban practice settings. They will foster a deeper appreciation for the value of rural healthcare and the experiences of patients relying upon that care across rural Queensland.

Introduction

The healthcare landscape in rural and remote areas of Queensland is rapidly evolving, driven by demographic shifts, increasing patient complexity, and environmental challenges (State of Queensland (Queensland Health), 2022). These factors place significant pressure on rural health services, which must address the needs of diverse populations, often with limited resources. There is a strong demand for skilled generalists who can provide comprehensive care, manage emergencies, and deliver additional services that meet the needs of the rural community they are serving.

The QRGP supports medical practitioners to acquire the skills necessary to deliver high-quality, comprehensive care in geographically isolated regions where healthcare demands are diverse. Launched by QRGP in February 2025 as a series of structured weekly education sessions, StREPP is specifically designed for doctors undertaking a rural placement in a primary or secondary care setting. These sessions, developed and led by experienced rural doctors, provide clinically relevant, real-world insights into the unique demands, opportunities, and rewards of delivering healthcare in rural settings.

StREPP aligns with the Australian Medical Council's (AMC) National Framework for Prevocational Medical Training (NFPMT). The program focuses on developing competencies in 4 key domains: practitioner, professional and leader, health advocate, and scientist and scholar as outlined in Figure 1 below (Australian Medical Council, 2024). This ensures that doctors not only enhance their clinical and procedural skills but also grow as leaders, advocates, and lifelong learners in rural healthcare.

Figure 1 – Domains for Prevocational Training. From Australian Medical Council, 2024.

StREPP is designed to enhance the confidence and competence of doctors by providing a supportive learning environment that promotes access to peer networks and mentorship across the state, fostering a community of practice that allows for learning opportunities across the breadth of rural medicine.

The learning objectives for each session within StREPP are mapped to the curricula of both Australian general practice colleges. This includes the 2021 Australian College of Rural and Remote Medicine (ACRRM) Rural Generalist Curriculum (Australian College of Rural and Remote Medicine, 2022) and the 2022 Royal Australian College of General Practitioners (RACGP) Curriculum, particularly the Core Unit of Rural Health, as well as selected Contextual Units (Royal Australian College of General Practitioners, 2022). This ensures StREPP is aligned with an established educational framework dedicated to rural generalist medicine in Australia.

Program objectives

StREPP aims to:

- provide educational content that expands participant capabilities in the 4 key domains of the NFMPT, through problem-based learning across all rural contexts, including primary, secondary and emergency care
- promote and demonstrate culturally safe and respectful communication that is patient centred
- enhance clinical reasoning skills of participants in unreferred, undifferentiated patient presentations in a rural context
- foster a network of rural doctors who can learn from one another, promoting collaboration and peer support
- offer opportunities for mentorship and career development by connecting participants with seasoned senior rural doctors across Queensland
- formalise and promote rural medical education sessions which meet in-term education accreditation requirements, national standards and stakeholder needs
- continually improve educational offerings as a response to integrated feedback mechanisms
- provide a platform for senior rural doctors to educate and facilitate outside of their local area and across hospital and health service (HHS) boundaries
- cultivate a network of strong partnerships across rural medication education in Queensland.

Scope

The QRGP is delivering StREPP as a proof-of-concept trial (pilot) during 2025 and early 2026.

StREPP is available to any doctor undertaking a rural rotation in Queensland, including:

- Queensland Country jDocs rotation
- John Flynn Prevocational Doctor Program (JFPDP) rotation
- Hospital-based rural rotation (from any hospital) to any rural Queensland facility (GP or hospital).

Participants engaged in StREPP will be learning together, regardless of their placement location and type. This will provide educational exposure to the scope of practice that a Rural Generalist delivers; primary, secondary and emergency care (National Rural Health Commissioner, 2018).

We recognise the essential role that rural supervisors play in providing hands-on education, training, mentorship, and supervision in rural and remote settings. This initiative is not intended to replace these contributions, but to provide additional, structured support. Participation in StREPP is not mandatory and facilities are encouraged to continue their local programs where there is a preference to do so.

Program structure and curriculum

Program structure

StREPP features 10 weekly, one-hour online sessions delivered via Microsoft Teams. The program aligns with hospital training term commencement dates. Sessions cover both clinical and professional topics that are relevant to rural practice.

The live, interactive format fosters dynamic engagement, enabling participants to connect directly with experienced facilitators and peers. Unlike many online programs, StREPP sessions are not recorded. This decision ensures a safe learning environment where participants can openly share their experiences, ask questions, and discuss real-world cases. Facilitators monitor participant numbers and use virtual 'breakout' rooms (if required) to ensure there is optimal learning for all participants.

Each session incorporates case-based learning, practical scenarios, and peer discussions to encourage application of knowledge in a supportive environment. As participants move through the 10-week rotation, they develop a Community of Practice (CoP) with their peers, with the aim of forming a long-term peer network (Wegner et al., 2002).

StREPP does not contain any formal assessment, however there is an internal mechanism for monitoring and flagging professional or behavioural issues that become apparent through participation in the program. These issues are managed case-by-case and escalated if required.

Curriculum principles

The QRGP curriculum is built upon the following core principles:

1. **Competency-based and evidence-based**

   Curriculum content, teaching strategies, and assessment tools are driven by specific, measurable learning outcomes aligned with the core competencies of a rural generalist. These align with the curricula of both ACRRM and RACGP, ensuring participants develop essential skills tailored to rural and remote healthcare contexts.

2. **Learner-centred and adaptive**

   The program prioritises the unique needs and learning preferences of each trainee, promoting autonomy and self-directed learning. Educational delivery adapts to the trainee's developmental stage, encouraging engagement and ownership of their educational journey.

3. **Integration of educational theory**

   The StREPP curriculum integrates adult learning principles and Miller's Pyramid of Clinical Competence (Figure 2) to enhance skills in rural healthcare (Miller, 1990). By focusing on experiential learning, doctors are empowered to apply theoretical knowledge to real-world scenarios. Miller's Pyramid guides the curriculum from foundational knowledge ('knows') to real-world application ('knows how' and 'shows how') through case-based learning and

virtual role plays. This will complement the Workplace Based Assessment (WBAs) performed during rural placements – 'does' in Miller's Pyramid.

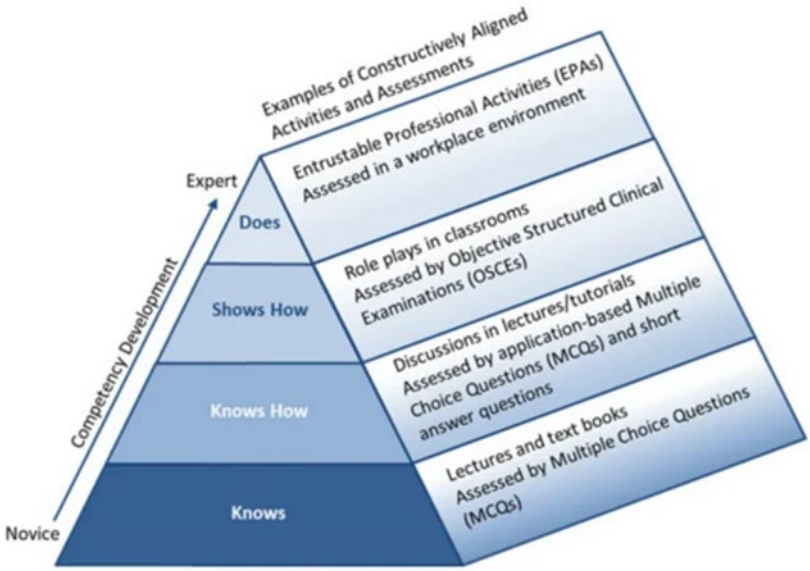

Figure 2. Miller's Pyramid. From Bajis, Chaar, & Moles (2020).

4. **Cultural safety and inclusivity**

   Cultural safety is integrated throughout the curriculum, emphasising respect, awareness, and responsiveness to the diverse needs of Queensland's rural and remote communities. Training focuses on culturally competent communication and care, especially for Aboriginal and Torres Strait Islander populations.

5. **Focus on rural and remote contexts**

   The curriculum is deeply rooted in the realities of rural healthcare, addressing the specific challenges and resource limitations faced by practitioners in these settings. It emphasises critical thinking and adaptability, essential for delivering comprehensive care in geographically isolated areas.

6. **Case-based discussions (CBD)**

   The curriculum employs problem-based learning techniques, using clinical scenarios and rural case studies to encourage critical thinking and clinical reasoning. These sessions mirror the challenges commonly encountered in rural practice, enhancing participants' ability to approach complex cases with limited resources, while experienced rural generalist facilitators model clinical courage and managing uncertainty.

7. **Supportive and safe learning environment**

   StREPP fosters a supportive learning culture where trainees feel empowered to take risks, make mistakes, and learn through guided reflection. Constructive feedback is a key component, helping trainees build confidence while promoting inquiry and self-improvement.

8. **Supportive network and mentorship**

   Trainees have access to a network of rural generalist mentors who provide guidance, encouragement, and ongoing feedback. This collaborative approach nurtures professional development and fosters a sense of community among participants.

9. **Alignment with national standards**

The StREPP curriculum is mapped to NFPMT, ACRRM and RACGP standards. This alignment ensures that the program not only meets but exceeds the national competency requirements for doctors.

10. **Commitment to continuous improvement**

    StREPP actively seeks feedback from trainees, facilitators, and stakeholders to inform ongoing curriculum updates. Feedback mechanisms are integrated into the curriculum development, delivery, and assessment to ensure the program evolves in response to changing needs and advances in rural healthcare.

11. **Fostering lifelong learning**

    The program promotes an attitude of lifelong learning, encouraging participants to develop self-reflective skills essential for adapting to the evolving landscape of medical knowledge. Collaborative and peer-learning opportunities are embedded throughout, reinforcing the value of shared knowledge in rural healthcare.

Evaluation

Pre-session survey

Incorporated into the orientation session, a pre-session survey is provided to allow participants to reflect on their current confidence and competence before stepping into a rural placement and participating in StREPP.

In-session survey

In-session surveys are conducted at the end of every session to gain understanding around how the participants felt during the session and what improvements could be made if any. This data will be collated and used to inform and report on StREPP's uptake and impact throughout 2025.

Post-session survey

A post-session survey is delivered at the beginning of the week 10 session to create discussion points. The intention is to discuss any common themes that may be present in the responses.

See Appendix 4 for further information on the Pre and Post evaluation, and for the evaluation after each session.

Conclusion

StREPP formalises rural medical education for prevocational doctors that meets term education accreditation requirements, national standards and stakeholder needs.

StREPP provides significant benefits to prevocational doctors, equipping them with a solid understanding of rural healthcare in Queensland, regardless of their eventual career path. This insight into the unique needs of rural communities ensures that the next generation of doctors remains committed to supporting and delivering high-quality healthcare in these regions. By fostering an appreciation for the rural healthcare context, the program instils a lasting dedication to enhancing medical services and addressing the specific challenges faced by rural communities in Queensland.

Appendix 1 | Training requirements

The AMC documents the requirements for the prevocational doctor's training environment (Australian Medical Council, 2024). As part of Standard 3 'The prevocational training program – delivery', the AMC identifies specific requirements for a 'Formal education program'.

See below specific training standards and how StREPP aims to address these:

- *3.4.1 The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities.*
  - By mapping the educational content to both the NFPMT and GP college curricula, StREPP ensures that participating in the program will provide learning opportunities across the breadth of rural medicine knowledge and skills, supplementing completion of clinical activities whilst on rural placement. The learning outcomes have been written against rural medicine content and targeted at the level of the learning needs of prevocational doctors.
- *3.4.2 The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities.*
  - As outlined in 'Curriculum Principles' above, StREPP recognises its audience as mature adult learners, adapting to the participant's development stage. This is done through:
    - live feedback during online sessions to gauge audience experience in a particular topic, via polls
    - facilitating peer learning
    - providing curated resource links for each topic that each participant can use independently to meet their own learning needs, which participation in the online session will help determine.
- *3.4.3 The training program provides and enables for prevocational doctors to participate in formal programs and term orientation programs, which are designed and evaluated to ensure relevant learning occurs.*
  - The first online session of StREPP includes an orientation to the Queensland rural landscape. This outlines the structure of the program, provides a description of the rural context in which all the learning for the program will occur, introduces the concept of clinical reasoning which is expanded upon throughout the rest of the program topics, and commences introductions of peers to form a supportive community and learning environment.
- *3.4.4 The health service ensures protected time for the formal education program and ensures that prevocational medical doctors are supported by supervising medical staff to attend.*
  - Comprehensive stakeholder engagement (Appendix 2) has been undertaken to ensure that HHS and supervising medical staff recognise the value of StREPP and support their doctors to attend. Supervising rural medical staff from across Queensland are invited to deliver program sessions, fostering a shared sense of responsibility and pride in the program's outcomes.

Appendix 2 | Alignment to Queensland Health goals

StREPP is strategically aligned with several key Queensland Health goals from the Rural and Remote Health and Wellbeing Strategy 2022–2027 (State of Queensland (Queensland Health), 2022).

Strategy goal 1: Equity of health outcomes

- Rural and remote communities face significant healthcare disparities, including limited access to services, higher chronic disease rates, and social determinants that affect health. StREPP ensures that doctors are trained to address these challenges by delivering comprehensive, patient-centred care. This aligns with the AMC's Domain 3: Health Advocate, where doctors are expected to incorporate health promotion, disease prevention, and culturally safe practices to reduce health inequities (Australian Medical Council, 2024).

Strategy goal 2: Integrated person-centred care

- StREPP equips doctors to provide holistic, patient-centred care in rural settings. Content includes managing primary care, emergencies and culturally appropriate care, particularly for Aboriginal and Torres Strait Islander populations. This supports the AMC's Domain 1: Practitioner, ensuring doctors can effectively assess, communicate, and manage patient care within diverse, rural contexts (Australian Medical Council, 2024).

Strategy goal 3: Strong partnerships

- By collaborating with rural general practices and hospitals, healthcare providers, and community stakeholders, StREPP fosters a network of strong partnerships, enhancing healthcare delivery. This aligns with Domain 2: Professional and Leader, which emphasises teamwork, ethical practice, and effective communication in interdisciplinary settings (Australian Medical Council, 2024). Building these partnerships ensures that doctors are supported and can develop robust professional networks.

Strategy goal 4: Sustainable skilled and supported workforce

- Addressing workforce sustainability in rural health, StREPP focuses on providing structured, ongoing education for doctors. This not only builds clinical competence but also fosters job satisfaction, reducing burnout and increasing retention in rural areas. It aligns with Domain 4: Scientist and Scholar, where doctors engage in lifelong learning, quality improvement, and evidence-based practice to enhance healthcare delivery (Australian Medical Council, 2024).

Partnership goals: First Nations health equity

- StREPP integrates culturally safe practices into its curriculum to enhance care for Aboriginal and Torres Strait Islander patients. This aligns with the AMC's focus on cultural safety and Domain 3: Health Advocate, ensuring that doctors recognise the impact of social, cultural, and systemic factors on health outcomes and can advocate for equitable healthcare access (Australian Medical Council, 2024).

Partnership goals: Digitally enabled healthcare

- In response to Queensland Health's investment in digital health, StREPP includes telehealth and digital health tools content. This aligns with the expectations under Domain 1: Practitioner, where doctors are expected to proficiently use digital systems to enhance patient care, ensuring accessibility and quality in rural practice (Australian Medical Council, 2024).

Appendix 3 | Rural curriculum mapping

The QRGP has undertaken a mapping exercise in order to identify common themes to inform learning objectives for StREPP. This mapping exercise was conducted by first reviewing the National Framework for Prevocational Medical Training and incorporating the QRGP Rural Generalist Curricula statements, ensuring a comprehensive overview of competencies relevant to rural medical practice. These elements were then systematically mapped against both the ACRRM Rural Generalist Curriculum Learning Areas and the RACGP Rural Health Curriculum.

The main objective was to identify and compare the domains within each framework, with a particular focus on the degree of alignment. Throughout the process, careful documentation was made where learning outcomes, skills, or knowledge areas overlapped or corresponded most strongly between frameworks. The domains demonstrating the highest frequency and strength of alignment are summarised in the table below, providing a clear visual representation of the shared areas across these key rural medical training standards.

NFPMT-ACRRM-RACGP
• 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the healthcare team. • 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions. • 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.
QRGP-ACRRM-RACGP
• 1.11 Assess and manage patients of all ages and genders in all settings (rural, community and hospital) presenting for either ambulatory or inpatient care. • 1.12 Have the experience, confidence and judgement required to accommodate diagnostic uncertainty and manage undifferentiated patients safely in a resource-limited rural environment. • 2.10 Actively participate as a working member of and contributor to a local rural health system.
NFPMT-ACRRM
• 3. Differential diagnosis • 9. Aboriginal and Torres Strait Islander Health • 27. Population Health • 29. Remote Medicine • 32. Communicator • 35. Health Advocate • 37. Professional
NFPMT-RACGP

- 1.1 GPs communicate effectively and appropriately to provide quality care.
- 1.3 GPs communicate in a way that is culturally safe and respectful.
- 2.1 GPs diagnose and manage the full range of health conditions across the lifespan.
- 2.3 GPS collaborate and coordinate care.
- 4.2 GPs are self-aware.

Legend

- NFPMT – National Framework for Prevocational Medical Training outcome statements (listed as 4 domains)
- ACRRM - the 2021 Australian College of Rural and Remote Medicine (ACRRM) Rural Generalist curriculum
- RACGP - the 2022 Royal Australian College of General Practitioners (RACGP) curriculum, particularly the core unit of Rural Health, as well as selected contextual units
- QRGP - QRGP's Prevocational Training Program, which expand on the AMC prevocational capabilities (Queensland Rural Generalist Pathway, 2024)

This alignment indicates that the outcomes listed above are those that are most effectively delivered during the rural placement of prevocational doctors and have therefore been applied to the learning objectives for each session of StREPP.

Aboriginal and Torres Strait Islander health is central to all the frameworks, as is the demonstration of culturally safe interpersonal skills, and is embedded throughout StREPP.

These themes emphasise the importance of prevocational participants being able to define the process of clinical reasoning and develop their skills in performing it across the lifespan. Rational ordering of investigations and managing uncertainty are core skills of rural medicine that can be imparted to the participant during their rural term.

The focus on remote medicine, communication, and health advocacy stems from QRGP-specific capabilities built on the AMC prevocational framework. These areas emphasise skills for balancing personal and professional life in rural settings, strong communication abilities, and understanding how social, environmental, economic, and occupational factors impact health and access to care in rural and remote communities.

Appendix 4 | Stakeholder engagement summary

The QRGP undertook broad stakeholder consultation on the concept and development of StREPP in late 2024. We thank everyone who participated and contributed to the development of the program, including:

- Hospital and Health Service EDMS and DCT at South West, Central West, Torres and Cape and Townsville for strategic support and advocacy and guidance on education content and alignment with local needs
- participating facilities and general practices for support, collaboration and logistical arrangements
- Prevocational Medical Accreditation Queensland (PMAQ) for guidance on accreditation matters.

Subject matter expert stakeholders for their insight and guidance:

- early career doctors, education coordinators, clinical supervisors
- QRGP Trainee Advisory Group

- GP training colleges (ACRRM and RACGP)
- jDocs and JFPDP Coordinators
- IT and administrative staff.

Engagement objectives

The team sought input on:

- Current educational practices during rural rotations.
- Content needs, delivery preferences, and logistical arrangements.
- Advocacy and support
  - Endorsement from EDMS, DCTs, and key rural facilities for program implementation.
- Collaboration
  - Ensure alignment with existing programs and accreditation frameworks.
  - Facilitate integration with local and home-based education offerings.
- Cultural competence
  - Incorporate Indigenous perspectives and culturally appropriate content.
- Sustainability
  - Develop a viable model, including options for funding, accreditation and future sustainability.

Consultation summary

- Combined feedback from Queensland HHS and GP supervisors
  - General support: Positive reception for case-based and practical topics tailored to rural challenges, such as trauma, retrievals, and other specific issues.
  - Scheduling preferences: Preference for teaching sessions on mid-week days (e.g. Tuesday to Thursday) to fit within existing schedules.
  - Practical improvements: Recommendations for focusing on practical, relevant skills and maintaining structured attendance records to enhance engagement and accountability.
- Program concept
  - Strong support across HHSs and general practice for a rural education program targeting early career doctors.
  - Preference for case-based, interactive discussions over didactic teaching.
  - Program seen as beneficial for prevocational doctors, especially in providing rurally contextualised training.
- Content and delivery
  - Content should focus on practical and relevant rural scenarios, including resource-limited contexts, trauma, and emergency management.
  - Emphasis on contextual topics like retrievals, managing without CT or pathology and primary care skills.
  - A mixture of general practice and rural hospital content is essential.
  - Interactive features (e.g. Teams polls and breakout rooms) are recommended to tailor sessions to participant knowledge levels.
- Scheduling and frequency

  - Preferred days for sessions are mid-week (Tuesday–Thursday), avoiding Mondays and Fridays.
  - Weekly sessions may be too frequent; alternatives like bi-weekly or term-based delivery were suggested.
  - Aligning with existing education schedules (e.g. in-house or sending facility programs) is important to avoid conflicts.
- Participant engagement
  - Attendance tracking and post-session evaluations are critical for measuring impact and engagement.
  - Doctors value exposure to unique rural education opportunities, with many already attending in-house or 'home' facility education sessions voluntarily.
- Program sustainability
  - The program should aim to be sustainable, with potential for research outputs and funding to support long-term viability.
  - Offering CPD certification for facilitators could enhance involvement and program credibility.
- Accreditation and alignment
  - Mapping the program to existing GP college curricula is highly valued.
  - While standalone accreditation is not mandatory, alignment with accreditation standards may enhance program credibility.
  - Further exploration of accreditation pathways is encouraged, with retrospective accreditation as a potential option.
- Other considerations
  - Facilitating rural contextualised training early in medical careers is vital for fostering interest in rural practice.
  - Collaboration with HHSs to integrate and complement existing education offerings is necessary.

Rotation of core topics for each term is acceptable initially to build skills and consistency.