

## Rural Generalist Training

- *Supplying rural and remote Queensland sufficient, superbly prepared Rural Generalist practitioners*
- *Providing Australian graduates a premier pathway to rural generalist practice*

## THE ROMA AGREEMENT

The following constitutes the elements of agreement by the parties who attended the Roma Workshop, facilitated by Dr Norman Swan on 30 September and 1 October 2005.

### Goal

*TO DEVELOP AND SUSTAIN AN INTEGRATED SERVICE AND TRAINING PROGRAM TO FORM A CAREER PATHWAY SUPPLYING THE RURAL GENERALIST WORKFORCE THAT THE BUSH NEEDS.*

### Definition

A Rural Generalist is defined as a rural medical practitioner who is credentialed to service in:

1. Hospital-based and community-based primary medical practice;
2. Hospital-based secondary medical practice;
  - a) In at least one specialist medical discipline (usually but not necessarily limited to obstetrics, anaesthetics and surgery); and
  - b) Without supervision by a specialist medical practitioner in the relevant discipline.
3. And possibly, hospital and community-based public health practice – particularly in remote and indigenous communities.

### Principles

1. All career pathways will be easy to understand, responsive to needs, well promoted, well supported, well resourced and involve key stakeholders.
2. A key outcome of the training program is eligibility for vocational recognition and appropriate credentialing. The program will incorporate training in hospital-based (public and private) and community-based (private and public) settings.
3. The educational standards of the training program will be set externally by the appropriate college.
4. The professional standards and vocational requirements of rural generalist practice are those prescribed by the Australian College of Rural and Remote Medicine (ACRRM), whereas those of general practice are prescribed by The Royal Australian College of General Practitioners (RACGP).
5. The program will market and provide a supported career path from medical school to rural generalist practice.
6. Vocational training will be provided by General Practice Education and Training (GPET) training providers and will be rural centric.

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7. The program will be underpinned by mentoring and individual learning and career planning. The personal and professional and career needs of trainees and their families are to be accommodated within the workforce.
8. All providers and funders will commit to the process and provide timely decision making and action.
9. Rural generalist trainees will have priority access to appropriately accredited Queensland Health training positions. (Queensland Health integrates service placement with prevocational and vocational training in partnership with Training Providers)

## Operation

Rural Generalist Training will operate in the following manner:

### 1. Recruitment

- 1.1. In collaboration with Queensland Medical Schools, recruit undergraduates in their last year of medical training on the basis of ability, rural background, interest in rural practice and practicability of an early career in rural practice (accounting for personal, spousal and family circumstances). Induct recruits into a body of trainees with distinct esprit de corps, energy and focus – targeting recruitment at students in the Queensland Health Rural Scholarship Scheme (QHRSS), John Flynn Scholarship Scheme (JFSS), Rural Australia Medical Undergraduate Scheme (RAMUS), Medical Rural Bonded Scholarships (MRBS), Bonded Medical Places Scheme (BMPS) and rural university student clubs. Actively seek non-bonded medical scholars.
- 1.2. Recruit medical graduates in early postgraduate years on the basis of professional, personal and family capacity for rural life and practice.

### 2. Rural Generalist Training – Postgraduate Year 1 and 2 Placement (Prevocational Training)

#### 2.2 *Accredited Hospitals*

Guide Rural Generalist Training recruits into postgraduate year 1 and 2 positions in select regional hospitals<sup>1</sup> (and possibly to hospitals in major rural centres (rural generalist hospitals)) – providing greater opportunity for broad clinical experience and responsibility in practice and induction into the referral networks of rural Queensland communities – accredited to provide a two year prevocational training course.

#### 2.3 *Certify Fit for Supervised Rural Practice*

Determine fitness for safe rural practice and specifically to rural generalist practice in postgraduate year 3 by assessing attainment of the Rural Generalist Training rural practice skills set. The skills set are to be determined by the Australian College of Rural and Remote Medicine in the lead role<sup>2</sup> collaborating with The Royal Australian College of General Practitioners. (Endorsement of the Medical Board of Queensland would also be sought.)

The Rural Generalist Training skills set is graded according to scope of rural practice – relating to status of supervision, accessibility and procedural practice. It is also cast at two levels:

<sup>1</sup> Propose Cairns, Townsville and Mackay in the Northern Zone, Rockhampton in the Central Zone and Toowoomba and Ipswich in the Southern Zone but other regional hospitals may self select according to interest and commitment and capacity.

<sup>2</sup> Since ACRRM considers rural medical practice incorporates rural generalist practice and the RACGP considers general practice does not incorporate rural generalist practice.

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- Level one for fitness for Queensland Country Relieving Doctor (QCRD) placement<sup>3</sup> in postgraduate year 2; and
- Level two for fitness for rural and remote area practice and Rural Generalist vocational training in postgraduate year 3.

## 2.4 Two Year Rural Generalist Prevocational Training Course

Induct Rural Generalist Trainee recruits in postgraduate years 1 and 2 into an intensive prevocational training course provided by the accredited hospitals.

Apply rapid-skills-development methodologies in a prevocational training course to prepare recruits to the requisite level of fitness for rural practice according to the specified competencies. Prepare recruits in three stages/components:

- A basic stage - component commencing from the first day of postgraduate year 1 designed to achieve certified fitness for Queensland Country Relieving Doctors in postgraduate year 2;
- An advanced stage - component commencing from the first day of postgraduate year 2 designed to achieve certified fitness for supervised rural practice and vocational training in postgraduate year 3;
- An in-service stage - component for the first twelve months of placement in postgraduate year 3 or later.

Deliver the course continuously/episodically throughout each year preferably rather than as three concentrated events. Select other externally courses as required to complement the rural practice preparation course.

## 2.5 General Practice Prevocational Placement

Require Rural Generalist Trainee recruits in postgraduate year 1 or 2 to be allocated to one term of prevocational General Practice Placement<sup>4</sup> managed by the QHRSS and providing continuing rural contact and experience of rural general practice in a community rather than a hospital setting.

## 2.6 Australian General Practice Training Mandated Hospital Experience

Ensure Rural Generalist Trainee recruits in postgraduate year 1 and 2 receive the hospital experience mandated for the Australian General Practice Training Program.

## 2.7 Queensland Country Relieving Doctors (QCRD) Service

Require Rural Generalist Trainee recruits in postgraduate year 2 and certified Rural Generalist Training skills set level one, to be allocated to one term of country relieving service with QCRD.

## 2.8 Special Courses

Provide opportunity for Rural Generalist Trainees to participate in selected complementary courses such as Early Management of Severe Trauma (EMST) provided either as part of the Queensland Government EB6 offer or as an additional component of Rural Generalist Training.

<sup>3</sup> A significant development of the current Queensland Country Relieving Program

<sup>4</sup> Information on the Prevocational General Practice Placement Program is available from the Australian College of Rural and Remote Medicine and The Royal Australian College of Rural and Remote Medicine websites

## 2.9 Application for Australian General Practice Training

Have postgraduate year 2 Rural Generalist Trainees apply for entry into the Australian General Practice Training (or Remote Vocational Training Stream).

## Postgraduate Year 3+ Placement (Rural Generalist Training – Vocational)

TABLE 1

<p><b><u>EITHER</u> Medical Superintendent/Medical Officer with Right to Private Practice (MS/MORPP):</b></p> <p>Place postgraduate year 3 Rural Generalist Training doctors (certified competent at level two, rural medical practice) in selected and available Medical Superintendent/Medical Officer with Right of Private Practice (MS/MORPP) practice opportunities in target communities:</p> <p>Upon acceptance into Australian General Practice Training (AGPT);</p> <ol style="list-style-type: none"> <li>Where they undertake training in rural practice in the Remote Vocational Training Stream (RVTS) or equivalent;</li> <li>Where they become eligible for the Australian Government's HECS Reimbursement Scheme<sup>5</sup>;</li> <li>Where they become eligible for the Australian Government's Rural Retention Grants Program<sup>6</sup>;</li> <li>Where they become eligible</li> </ol>	<p><b><u>OR</u> Rural Generalist (Prime):</b></p> <p>Place postgraduate year 4+ Rural Generalist Training doctors (certified competent at level two, rural medical practice) with advanced skills training in a rural generalist position (Medical Superintendent or Senior Medical Officer) in a major rural centre hospital or in Medical Superintendent with Right of Private Practice (MSRPP)/Medical Officer with Right of Private Practice (MORPP) position utilising advanced practice skills:</p> <ol style="list-style-type: none"> <li>Upon: <ul style="list-style-type: none"> <li>Selection Australian General Practice Training (AGPT);</li> <li>Completion of six month<sup>7</sup> AGPT General Practice term;</li> <li>Completion of twelve months<sup>8</sup> advanced rural skills training in obstetrics, anaesthetics or emergency medicine in a regional base hospital in post graduate year 3; and</li> </ul> </li> <li>Where they undertake</li> </ol>	<p><b><u>OR</u> Rural Generalist (Option):</b></p> <p>Place postgraduate year 4 Rural Generalist Training doctors (certified competent at level two, rural medical practice) with advanced skills training in a rural generalist position (Medical Superintendent or Senior Medical Officer) in a major rural centre hospital or in Medical Superintendent with Right of Private Practice (MSRPP)/Medical Officer with right of Private Practice (MORPP) position utilising advanced practice skills:</p> <ol style="list-style-type: none"> <li>Upon: <ul style="list-style-type: none"> <li>Selection Australian General Practice Training (AGPT);</li> <li>Completion of twelve months<sup>12</sup> advanced rural skills training in obstetrics, anaesthetics or emergency medicine in a regional base hospital in PGY 3; and</li> </ul> </li> <li>Where they undertake training in rural practice in the General Practice, Rural Practice or Remote Vocational Training Scheme (RVTS) pathways;</li> </ol>
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<sup>5</sup> Australian Government, Department of Health and Ageing, HECS Reimbursement Scheme, Guidelines and Application Form, Accessed 18 November 2003

<sup>6</sup> Accessed 19 November 2003

<sup>7</sup> Requiring deferment for Medical Four Year Bonded Scheme

<sup>8</sup> Requiring deferment for Medical Four Year Bonded Scheme

<sup>9</sup> Australian Government, Department of Health and Ageing, HECS Reimbursement Scheme, Guidelines and Application Form, Accessed 18 November 2003

<sup>10</sup> General Practice Education and Training Limited, 2005, Australian General Practice Training 2006 Handbook, page 32, Accessed 05 August 2005

<sup>11</sup> Accessed 19 November 2003

<sup>12</sup> Requiring deferment for Medical Four Year Bonded Scheme

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<p>for the Australian Government's Practice Incentives Payments;</p> <p>e) Where they become eligible for the benefits provided by the Queensland Government for MS/MORPPs:</p> <ul style="list-style-type: none"> <li>• The retainer package of wage, accommodation, vehicle, communications package and private practice facility and leave entitlements including the Queensland Country Relieving Service.</li> <li>• A new professional development allowance to the value of \$20,000 p.a. for Rural Generalists and other Senior Medical Officers (SMO) as well as MS/MORPPs.</li> </ul> <p>f) Where they complete their bonded service if a scholarship holder;</p> <p>g) From whence they may opt for:</p> <ul style="list-style-type: none"> <li>• Advanced Skills Training;</li> <li>• Continuing practice in rural communities;</li> <li>• Other career choices including specialist training.</li> </ul>	<p>training in rural practice in the General Practice, Rural Practice or Remote Vocation Training Scheme (RVTS) pathways;</p> <p>c) Where they become eligible for the Australian Government's HECS Reimbursement Scheme<sup>9</sup>.</p> <p>d) Where they become eligible for the Australian Government's General Practice Registrars Rural Incentive Payments Scheme<sup>10</sup> and for grants up to \$60,000 over three years.</p> <p>e) Where they become eligible for the Australian Government's Rural Retention Grants Program<sup>11</sup>.</p> <p>f) Where they become eligible for the Australian Government's Practice Incentives Payments;</p> <p>g) Where they become eligible for the new benefits offered by the Queensland Government for rural practice and rural generalist practice including:</p> <ul style="list-style-type: none"> <li>• A new salary classification structure which incorporates a specialist equivalent band of progression (including senior status) for "Medical Officer Advanced Credentialed Practice" for Rural Generalists.</li> <li>• By agreement with the Australian Department of Health and Ageing, a prescribed program of Medicare service.</li> <li>• A professional development</li> </ul>	<p>c) Where they become eligible for the Australian Government's HECS Reimbursement Scheme<sup>13</sup>.</p> <p>d) Where they become eligible for the Australian Government's Rural Retention Grants Program<sup>14</sup>.</p> <p>e) Where they become eligible for the Australian Government's Practice Incentives Payments;</p> <p>f) Where they become eligible for the new benefits offered by the Queensland Government for rural practice and rural generalist practice including:</p> <ul style="list-style-type: none"> <li>• A new salary classification structure which incorporates a specialist equivalent band of progression (including senior status) for "Medical Officer Advanced Credentialed Practice" for rural generalists.</li> <li>• By agreement with the Australian Department of Health and Ageing, a prescribed program of Medicare service.</li> <li>• A professional development allowance to the value of \$20,000 p.a. for Rural Generalists and other SMOs as well as MSs and MORPPs;</li> <li>• An Inaccessibility Incentive Scheme which provides a very significant monetary and non- monetary incentive paid six monthly</li> </ul>
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<sup>13</sup> Australian Government, Department of Health and Ageing, HECS Reimbursement Scheme, Guidelines and Application Form, Accessed 18 November 2003

<sup>14</sup> Accessed 19 November 2003

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	<p>allowance to the value of \$20,000 p.a. for Rural Generalists and other Senior Medical Officers (SMO) as well as MSs and MORPPs;</p> <ul style="list-style-type: none"> <li>• An Inaccessibility Incentive Scheme which provides a very significant monetary and non- monetary incentive paid six monthly and graded according to seven grades of inaccessibility (from \$6,900 to \$48,300p.a.).</li> </ul> <p>h) Where they complete their bonded service if a scholarship holder;</p> <p>i) From whence they may opt for:</p> <ul style="list-style-type: none"> <li>• Continuing practice in rural communities;</li> <li>• Other career choices including specialist training.</li> </ul>	<p>and graded according to seven grades of inaccessibility (from \$6,900 to \$48,300p.a.)</p> <p>g) Where they complete their bonded service if a scholarship holder;</p> <p>h) From whence they may opt for:</p> <p>i) Continuing practice in rural communities;</p> <p>j) Other career choices including specialist training.</p>
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### 3. Further Advanced Skills Training Options

Provide vocationally qualified Rural Generalist Training doctors (further) advanced rural skills training options to gain certified specialist level skills in a range of disciplines, including obstetrics, anaesthetics, emergency medicine, paediatrics, mental health, general medicine and dermatology.

### 4. Further Career Options

Provide vocationally qualified Rural Generalist Training doctors maximum options to continue in rural medical practice, branch out into other specialist disciplines or choose an urban general practice option.

Table 2 maps the schedule of Rural Generalist Training from recruitment to continuing rural area practice and identifies the full range of opportunities and options available to Rural Generalist Trainees. Figure 1 traces the “multi-lane highway” to rural practice by postgraduate year.

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Table 2: Rural Generalist Training Schedule

		YEAR								
ACTION		PGY -1	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	PGY 7	PGY ≥8
Selection										
RURAL GENERALIST TRAINING - PreVocational	Regional Hospital									
	GP Training Mandated Hospital Terms									
	Revocable GP Placement <sup>15</sup> – One Term									
	Basic									
	Advanced									
	In service									
	Certified Fit for QCRD <sup>16</sup>		late	early						
	QCRD – one term placement									
Certified Fit for RURAL GENERALIST TRAINING - VOCATIONAL <sup>17</sup>				late						
RURAL GENERALIST TRAINING - Vocational	General Practice Term									
	Advanced Rural Skills Training									
	Either MS/MORPP									
	Or Rural Generalist Employment									
	General, Rural or RVTS Pathway									
Rural Generalist Training Support Scheme										
HECS Reimbursement Scheme										
General Practice Registrars Rural Incentive Payments Scheme										
Practice Incentives Payments										
Rural Retention Program										
Further Vocation Training Options										
Exit Options										

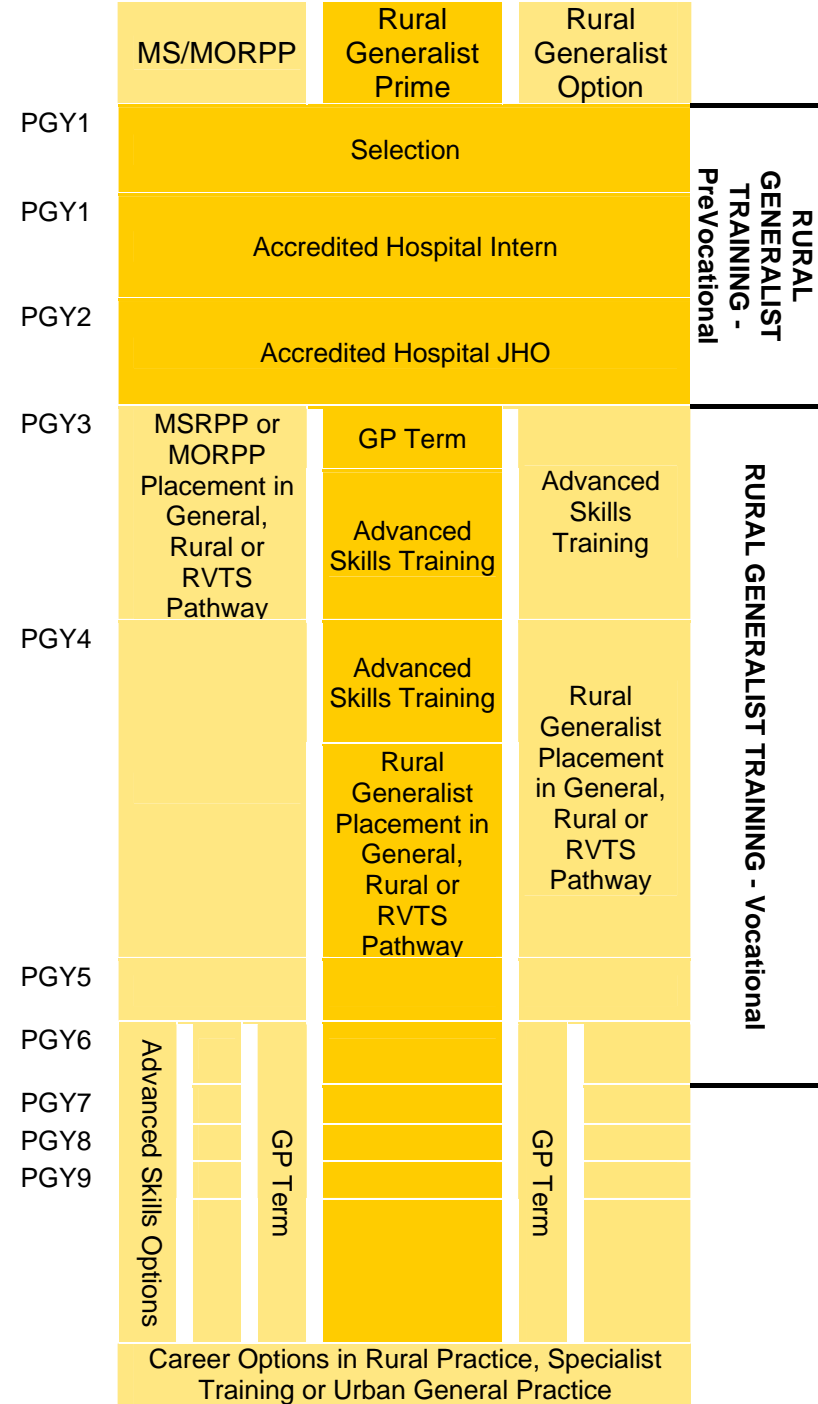
CODE: OPTIONAL

<sup>15</sup> Rural and Remote Area Placement Program  
<sup>16</sup> Rural and Remote Area Service Placement (previously known as Queensland Country Relieving)  
<sup>17</sup> Remote Area Practice and Training

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Figure 1: The Multi Lane Highway to Rural Practice





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## Management

The following elements of management were agreed to by the parties attending the Roma Workshop.

## Consortium

A consortium model of management was selected as the most suitable to function as follows:

### 1. Consortium Membership

- a) Queensland Health – 4 representatives;
- b) Australian College of Rural and Remote Medicine – 3 representatives;
- c) General Practice Education and Training – 1 representative.

### 2. Secretariat

Supplied by Queensland Health.

### 3. Responsibility

- a) Agreed goal;
- b) Agreed strategy;
- c) Implementation of the program;
- d) Outcomes of the program;
- e) Piloting of program in 2006;
- f) Marketing and Promotion of the program;
- g) Development and administration of a budget – project and program;
- h) Continuing business cycle of the program - marketing/recruiting – training – sustaining.

### 4. Operational Rules

The agreed principles.

### 5. Roles and Responsibilities of Individual Members

- a) **Queensland Health**
  - i) The allocation process for trainees;
  - ii) Coordinating and mentoring in association with other relevant stakeholders (specific roles subject to implement of Forster's Recommendations).
- b) **Australian College of Rural and Remote Medicine**
  - i) To be determined
- c) **General Practice Education and Training**
  - i) To be determined

It was agreed the Consortium Executive would meet first by 21<sup>st</sup> October 2005.

## Reference Group

1. As per invitation list to workshop and in addition:
  - a) Local Government and/or community representation;
  - b) Australian Department of Health and Ageing;
  - c) Queensland Aboriginal and Islander Health Council or indigenous representation;
  - d) Trainees & Students Representatives, Student Clubs Representatives;
  - e) University Medical Schools, Rural Clinical Schools, and University Departments of Rural Health;
  - f) Post Graduate Medical Education Council of Queensland.

## Specific Issues

### Indigenous Communities

Target: Aboriginal Community Controlled Health Services, Aboriginal and Remote Communities

Player's : Queensland Health, Aboriginal Medical Services, Royal Flying Doctor Service, Aboriginal and Islander Doctors Association

- Must address IMG issue;
- Advanced skill in Indigenous Health a priority (together with anaesthetics, obstetrics and surgery);
- Different requirements of indigenous communities in Queensland;
- Queensland Aboriginal & Torres Strait Islander Health Alliance role;
- Community ownership, representation, advocacy issues.

### Risks

- Adequate relief for rural generalist practice.

### Ongoing Research and Training Interests of Rural Generalists

- GPET academic and project programs;
- PHCRED program;
- ACRRM's PAK

### Management Roles of Rural Generalists

- To be addressed in training program.

### Marketing and Recruitment

- Significant players: Queensland Health/Office of Rural Health/Area Health Services/Rural; Medical Workforce Collaboration; Health Workforce Queensland, RCS, Australian College of Rural and Remote Medicine, University Departments of Rural Health, Regional Training Providers, Rural Divisions;
- Careers Markets, RTP roadshows to include others;
- Support for Rural Specialist recruitment and generalist;
- Opportunities for EB6, market family and professional support in rural generalist stream;
- Market research, clarity of target group and pathways;
- Resources – DVDs, posters, newsletters.

### Private Sector

- Private hospitals in provincial cities – Mater Hospital Group interest;
- Key is the doctors who use private hospitals;
- Program will train Visiting Medical Officer (VMO) generalists;
- Involvement of VMOs for training and future careers - need to keep private proceduralist in the public sector;s
- Requires continued removal of private/public barriers - need to formally progress further action – needs structure at local level, mirroring state-based structure;
- Queensland Medical Education Committee looking at issues – problem of finding enough intern places in private practice and private hospitals – specific terms with appropriate supervision (including rural hospitals).

**ROMA RURAL GENERALIST TRAINING & CAREER PATHWAYS WORKSHOP****ROMA****30 SEPTEMBER 2005 & 1 OCTOBER 2005****PARTICIPANT LIST**

<b>Participant</b>	<b>Position</b>	<b>Organisation</b>
Norman Swan	Facilitator	
Tracey Silvester	Zonal Manager	Southern Zone, Queensland Health
Dr Suzanne Huxley	Principal Medical Adviser	Queensland Health
Dr Denis Lennox	Rural Medical Adviser	Queensland Health
Greg Mullins	Team Leader	Rural & Indigenous Workforce, Queensland Health
Pat O'Brien	Team Leader	Rural Health Statewide Health Services Planning, Queensland Health
Stuart Gordon (Friday Session)	District Manager	Roma Health Service District Queensland Health
Rosemary Hood	District Manager	South Burnett Health Service District, Queensland Health
Sue Little	Manager	Office of Rural Health, Queensland Health
Cathy Kirkbride (Friday Session)	Senior Project Officer	Office of Rural Health, Queensland Health
Dr Bruce Chater	President	Australian College of Rural & Remote Medicine
Marita Cowie	Chief Executive Officer	Australian College of Rural & Remote Medicine
Dr Cameron Bardsley	Medical Superintendent	St George Hospital, Queensland Health
Dr Athol Mackay	Medical Superintendent	Roma Hospital, Queensland Health
Dr Dan Manahan	Medical Superintendent	Stanthorpe Hospital, Queensland Health
Dr Ian Mottarely	Medical Superintendent	Gladstone Hospital, Queensland Health
Dr Jonathan Outridge	President	Rural Doctors Association Queensland
Dr John Kastrissios	President	Queensland Divisions of General Practice

<b>Participant</b>	<b>Position</b>	<b>Organisation</b>
Dr Dennis Pashen	Director	Mt Isa Centre for Rural and Remote Health
Lorraine Wheldon (Friday Session)		Southern Training Consortium
Christian Grieves	Chief Executive Officer	Mackay Divisions of General Practice
Dr Ross Maxwell (Friday Session)	Vice President	Rural Doctors Association Queensland
Marg Gulpan	General Practitioner 3 Chair	Ayr Medical Group Tropical Network Training
Bruce Garvie (Opening session Friday)	Mayor	Roma Town Council
Chris Mitchell	Chief Executive Officer	Health Workforce Queensland
Bernice Smith	Chief Executive Officer	Rural & Remote Queensland Consortium
Peta Rutherford	Project Officer	Rural Generalist Project, Queensland Health

#### Apologies

Chris Mitchell		Royal Australian College of General Practitioners – National Rural Faculty
Jane Smith	Queensland Chair	Royal Australian College of General Practitioners
Richard Lawrence		Royal Australian College of General Practitioners – National Rural Faculty
Miles Clacherty	Chief Executive Officer	Central Southern Queensland Training Consortium
Dr David Farlow	Medical Superintendent	Proserpine Hospital, Queensland Health
Dr Neil Beaton	Medical Superintendent	Atherton Hospital, Queensland Health
	Chief Executive Officer	Remote Vocational Training Scheme
	Chief Executive Officer	Tropical Medical Training