

# Queensland Rural Generalist Pathway



## Thrive as a Rural Generalist Consultant

find your calling 



Queensland  
Government

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## Your time to thrive



Dr Prue Wallin, Medical Director

Welcome to our guide to thriving as a new Rural Generalist Consultant (RGC) and congratulations on your new role. For some of you, this transition may be the biggest mindset shift in your career so far.

We know it can be an exciting but daunting time. We are here to guide you through. We've been where you are right now and survived to share our knowledge.

Join us as we take a deep-dive into the day-to-day of working life, what we wish we'd known and what we think will help you.

We'd love to hear any suggestions you may have to improve the guide - reach out to our team: [rural\\_generalist@health.qld.gov.au](mailto:rural_generalist@health.qld.gov.au)

## Using the guide

The guide is designed to support you as a new RGC to navigate your role, find work/life balance and connect with key resources. Use the interactive tiles below to navigate to topics of interest or scroll through the topics if viewing on a mobile device.

### Acknowledgments

We acknowledge and thank our team members and alumni who contributed to the development of this guide.

The following online resources also assisted in the development of this guide:

- Royal Australian College of Physicians: [How to thrive as a new consultant guide](#).
- Darling Downs Hospital and Health Services: [HealthPathways](#)
- Shanafelt, T., (2021). [Physician Well-being 2.0: Where Are We and Where Are We Going?](#). Mayo Clinic proceedings, 96(10), 2682–2693.

# Getting started

## Know yourself

## Know your team

## Know your supports

## Make work, work for you

Your new role is complex and may bring unexpected challenges. Setting yourself up for success from the start will help you to work through these experiences.

### Know yourself

Now is the perfect time to assess what matters most and what you could tweak for a happier, healthier you.

- Look after your basic needs: eat well, hydrate, get enough sleep and move your body.
- Fill your cup: form connections, venture outside, enjoy hobbies and practise self-care.
- Work out your 'non-negotiables' and prioritise.
- Prepare for the unexpected and have a contingency plan to stay on track.
- Recognise stress triggers and how to manage.
- Be proactive with your health: find a GP and book regular check-ups.

### Know your team

Invest in relationships and build trust.

- Get to know them – personally and professionally.
- Be available and approachable for your team.
- Build your team up, model collaboration and discourage a culture of 'blame'.
- Aim to earn the respect of your team.
- Cultivate communication and genuine connection through informal opportunities.
- Communicate clearly and constructively.
- Be fair, consistent and transparent.
- Foster learning and continuous improvement.
- Invest in your team's development.

### Know your supports

A robust support network will evolve with you.

- Stay connected with friends and family.
- Be open with your GP.
- Network with your peers and foster connection with senior colleagues.
- Book a chat with your manager or supervisor.
- Access [wellbeing support for doctors](#).
- Reach out to professional associations: [RDAQ](#), [AMA](#) and [ASMOFQ](#).
- Engage with your college: [RACGP](#) or [ACRRM](#).
- Lean on your employer's wellbeing services.

### Make work, work for you

- Be clear on your sense of purpose and why you do what you do.
- Integrate reflective practice and seek to learn.
- Manage risk at work to stay well.
- Address conflict as it arises to avoid stress.
- Set clear boundaries and expectations.
- Rest and recharge: take leave if needed.
- Learn to say no to requests outside of your scope or capacity to preserve your time and sanity.
- Look to the future and plan for your goals.
- Dedicate time and energy to orientation and induction, including any mandatory training.



*I surround myself with supportive friends and family who do their best to understand what I go through, and book holidays when I need a break. All these things can help ensure longevity in my career and hopefully avoid burnout.*

**Dr Nichole Harch**

# Your new role

Pick and plan your role

Day-to-day practice

Clinical work

Build relationships

Cultural considerations

From supervisee to supervisor

## Pick and plan your role

In your final terms as a Registrar you will be thinking about the type of role you will take on next. As you do, consider the following points.

### The type of role

As per the Collingrove agreement (2018):  
*A Rural Generalist (RG) is 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.*

While every RG's work and work context will be different, your work should include providing comprehensive general practice/primary care, emergency medicine with advanced skills and knowledge in a specialty area of training (AST/ARST). This will help you best meet community need and ensure you have the opportunity to practice at the full extent of your training and defined scope of practice.

### Career progression as a fellow

There is no 'right' way to be a Rural Generalist and you will meet many colleagues throughout your career who do a mix of different things. The key is to find out what mix of practice works best for you, your skill set, personal and professional preferences, and how these things can best meet the health needs of your patients and your community.

Career options are summarised in our [career progression guide](#).



*Rural generalists have a broad scope of practice so you can figure out what you enjoy or get value out of and really lean into it. You can tailor your work life to suit your interests and strengths which is a huge privilege.*

**Dr Emily Moody**

## Signing on the dotted line

Before signing a contract, you may want to review:

- alignment to industrial agreements
- recognition of advanced skill and supervision/support for this in the first 6–12 months
- recognition/use of additional qualifications/skills
- non-clinical time for administration in clinical SMO roles – 20% is recommended with a minimum of 10% in MOCA6
- dedicated office space
- rostering – e.g. length of shifts, flexibility, part-time options
- on call arrangements including leave cover, frequency and an idea of expected vs actual hours
- mobile devices – i.e. your own vs supplied
- teaching and supervision expectations – students and junior doctors, including remuneration and expected time commitments and organisation
- ability/expectation to run clinics and admin/nursing support to manage operational aspects
- mix of hospital/ED/GP work and billing arrangements
- any additional roles you've been asked or might be asked to take on (formally or informally)
- obligations to not seek employment elsewhere
- notice periods for severance
- parental and other leave entitlements
- what equipment is provided and what you are expected to provide – e.g. stethoscope.

You may also like to seek advice from colleagues to discuss clauses they may have in their contracts.

See ACRRM's [Introduction to primary care](#) and RACGP's [Employee guide](#) for further considerations.

## Credentialing

If your new role is in a hospital, one of your first tasks will be credentialing. The hospital will check your qualifications and credentials, including maintenance of CPD and professional skills to establish your 'scope of practice' at the specified facilities. Every facility has a different process and requirements - check with your manager or the committee for clarification. Credentialing usually lasts a short time at first but then is renewed every 5 years after that.

## Orientation and induction

This should be arranged by your employing facility. You may find it very useful to meet the nursing manager, clinic administrators and other staff working at the facility.

You should become familiar with the facility's:

- clinical and administrative policies.
- guidelines for trainees
- computer systems and how to get access (including remote access if possible) – e.g. results, scanned medical records and electronic notes
- letter writing/dictation/correspondence systems
- available specialties and where to send internal/external referrals.
- laboratory and radiology services where relevant.

Take particular care to establish:

- availability and location of resuscitation equipment and any other equipment relevant to your particular skill mix
- skill mix of the current staff and availability of additional clinical support during on call shifts
- phone number and video link processes for Retrieval Services
- contact numbers for colleagues and managers
- referring hospitals details and the means of transportation including required documentation and handover processes
- common referral pathways for particular presentations, especially time-critical ones such as stroke, STEMI.

## Setting up a primary care practice

The continuity of care in general practice is so rewarding. It also offers work flexibility which can be tailored to suit your interests, preferences and community need.

Working in primary care can include:

- being on contract/salary
- working as a sole trader
- engaging in a single employer model (SEM) arrangement
- investing as an owner/partner in a new or existing practice.

There are many considerations with each option. Your GP colleagues are a great starting point, but you can also find resources online:

- [RACGP website](#)
- [Integrated private general practice.](#)

## Day-to-day practice

### Administration matters

You are likely to have regular and intermittent administrative tasks. Your life will be much simpler if you set up a system early and action consistently. Common tasks might include:

- reading and responding to emails
- completing timesheets or leave forms
- maintaining your provider numbers and ensuring Medicare requirements are met
- providing certificates/documentation to your employer as requested (e.g. CPD, insurance)
- reviewing payslips and escalating if needed
- maintaining your professional registration with AHPRA and any professional memberships (e.g. AMA, RDAQ, union)
- keeping your CV current
- scheduling deadlines and key dates in your calendar (e.g. salary sacrificing, tax reporting)
- completing any mandatory training and ensuring you retain access to any required IT systems
- maintaining your professional indemnity insurance (both hospital and non-hospital employed RGs) and public liability insurance (sole traders only)
- keeping accounting records/receipts to allow for quarterly Business Activity Statements (BAS) if registered for GST – often outsourced or via software such as Xero or MYOB
- cooperating with any [credentialing requirements](#) from your employer, including meeting deadlines.

## Facilitating meetings, peer reviews and debriefs

You may be asked to participate in or facilitate meetings. The content, format and intended outcome will vary but general tips include:

- establish ground rules and review annually – e.g. Terms of reference for membership, responsibilities, governance, confidentiality, conflicts of interest and conduct expectations
- clearly define the role and responsibilities of the chair/facilitator (e.g. keeping the meeting on track, assigning a minute-taker, escalating discussions).

Peer review/case-based discussions are similar, but may require more specific guidelines to ensure productive outcomes.

- Keep the group size manageable (e.g. 5-12).
- Define focus and desired learning outcomes.
- Assign a facilitator and administrative tasks.
- Determine level of confidentiality required.

Clinical debriefs are learning conversations that occur after clinical events and involve the frontline workers that took part in patient care. Similar to meetings, ground rules and defined roles are required. See [Life in the fast lane \(LIFT\) clinical debriefing](#) or consult with your local team.

## Service development and quality improvement

Service development and quality improvement (QI) are important activities in healthcare, and we all have a role to play. Your organisation may have processes in place, but as a general rule:

- don't try to change things too soon
- use evidence to assist change (e.g. evidence of benefit, efficiency or improved patient outcomes)
- aim to work with people who will support you
- evaluate the outcomes honestly and openly.

Reach out to your organisation, practice manager or local primary health network for information and support on clinical audit, practice review and QI activities.

## Appraisal and development

You should expect to meet annually with your manager to reflect on the past year and discuss your aims for the year ahead. It is an opportunity to:

- reflect on the alignment of your job description and the work you are doing
- discuss any feedback and any quality improvement initiatives you have been a part of
- summarise your achievements, involvements and intentions – tip: having a working file where you collate these throughout the year can help
- review and adjust your defined scope of practice.

There is no standard process for the conduct of performance appraisals and the priority given varies depending on the organisation or manager. The first step is to make sure you know what is required and when it must happen. There will often be forms to complete and a list of specific items that you will need to provide or bring with you to the meeting.



## Clinical work

By now you will have developed your own consulting style and be familiar with some of the administrative aspects of clinical practice outside of a hospital ward. Regardless of the context(s) in which you will be working as a consultant, you may want to:

- make the space your own – e.g. adding your personal touch to the desk, office or tea room
- have frequently used tools on hand – even if that means investing in your own
- learn your rights and responsibilities as per the Medicare Benefits Schedule (MBS) to bill appropriately, maximise your income/efficiency and meet your obligations
- set clear boundaries with patients and staff around behaviour expectations and familiarise yourself with the duress policy and procedure
- ensure you understand how the clinic handles patient results, what your role is and what follow up/back up procedures are in place
- focus on preventative and opportunistic care where time allows – e.g. care plans, bloods.

Similarly, you will have your own approach to conducting ward rounds in a hospital setting. Your assessments will need to be efficient yet thorough enough to develop a reasoned and appropriate investigation and management plan. Information may be presented to you in reverse order (e.g. laboratory data and then clinical data). Whatever approach you have developed, consider some of these tested methods:

- Find a relatively quiet place on the ward where you have access to laboratory, radiological and clinical information so you can do a 'paper round' without interruption.
- Ask junior staff to present their clinical findings, integrating the laboratory and radiological findings, to confirm their diagnosis. This approach may also identify if further investigations are necessary. Encourage junior staff to demonstrate their critical thinking and ask them for their opinions.
- Avoid micro-managing junior staff as this can impede their development and yours. See '[Twelve tips for teaching avoidance of diagnostic errors](#)' for useful techniques to use with your junior staff.

- Give your round structure - e.g. begin with sick or unstable patients, then potential discharges, new patients and, then any remaining patients. This helps prioritise severity of patient illness and bed allocation, resulting in better patient care and flow through the hospital.
- Set aside time to check patient results and coordinate follow up. Make sure you know your medicolegal obligations and that you discharge these appropriately. Keep in mind that this may necessitate advocating for improved results handling within your service(s) over time.

### Acute resuscitation plans (ARP)

Your junior staff may complete an ARP if the clinical assessment indicated this would be appropriate or if these were the patient's previously expressed wishes. This can be a sensitive and challenging area of medical practice. The ARP should be discussed with the patient whenever possible, and all discussions with colleagues and relatives should be patient centred.

It is appropriate to explain that:

- from a medical standpoint, resuscitation in the event of cardiac arrest or further deterioration is thought not to be appropriate but all care short of this will be given
- should the situation dramatically change, then the continuing appropriateness of the ARP decision will be reviewed.

Given this situation, it is good practice for medical staff to invite the relative(s) to express a view but care must be given to ensure that the relative is not left feeling that they are making the ARP decision.

Refer to:

- [Clinical Excellence Queensland resources](#)
- [Australian and New Zealand Committee on Resuscitation \(ANZCOR\) guidelines.](#)

## Managing patient results

Another critical aspect of being a consultant RG is managing patient results. You are likely to work across contexts with different processes, policies and procedures. In general terms, your medicolegal responsibility lies in checking your own results – i.e. if you order a test, you are obligated to follow it up and to advise the patient of the result as soon as practical (ideally within 3 days of receipt of the result). If the result is clinically significant your duty of care to notify the patient appropriately increases. If you will not be in a position to check your own results then it is important that you delegate this responsibility to a colleague for the period you will be absent.

As we increasingly rely on technology in our work some of these processes can be significantly streamlined. It is important that you understand what human checks and balances (e.g. a nurse allocated to following up recalls) are in place to ensure that the process continues to function as you expect, and patients and their results do not inadvertently fall through the cracks.

Below are a series of concepts and guidelines that may help you to understand and implement appropriate results handling and recall procedures.

- [Closing the loop on test results to reduce communication failures: a rapid review of evidence, practice and patient perspectives](#)
- [RACGP General Practice Standards GP 2.2 A-E](#)
- For responsibilities in the hospital context, refer to your local guideline or ask your manager.

## Discharge planning

Letting the patient and their relatives know the day discharge might take place allows you to outline any follow-up care which may be required, and with whom, ensuring the patient is fully informed and able to progress through the discharge process quickly.

Be sure to communicate your plan and necessary follow up with the patient's GP or relevant community service (even if this clinician is yourself). There is nothing worse than forgetting what you said you'd do for the patient when you meet them a week later in General Practice.

It may be appropriate to develop a plan amongst various health care providers to avoid repeat hospital admissions for recurrent presenters. Documents like Recurrent admission plans can help to keep everyone on the same page.

## Legal responsibilities

It is vital you discuss legal responsibilities, especially relating to driving, with patients and their families, and record this advice in the discharge letter. Refer to [Assessing Fitness to Drive](#) by Austroads for advice, although you may need to also reflect your expert opinion, or you may choose to defer to the appropriate specialist colleague as necessary.

Airlines can give advice about flying after an illness, other organisations can advise regarding diving and other dangerous sports. There is a growing body of literature around returning to sport after a concussion.

## Documentation

Ensure that a member of the team is documenting all relevant findings and discussions as the ward round progresses and that enough information is provided in the medical record to give a reliable picture of the thinking and rationale behind management decisions.

The notes should not be so detailed as to impede the ward round but, if reviewed months later, should be easily understood and convey what has happened. This type of documentation is the best protection for both you and the medical team.

## Writing medicolegal reports

You may need to write a report for the coroner, police, insurance company or other agencies. Advice and support is available through your organisation or insurer. You are encouraged to reach out for support to confirm consent, check your institution's process, check content and have it reviewed by the appropriate line management before you submit.

See [how to write a medico-legal report](#) and [the medico-legal report in emergency medicine](#).



## Build relationships

You hold a position of seniority and influence in your team, but respect is earned. Your colleagues in medicine, nursing, allied health, administration and operational services are vital to achieving desired outcomes for your patients. They can also be sources of support for you and help to make your work day brighter. It's important to invest in building relationships and [getting to know your team](#).

You should also get to know your community and other local health services through your orientation process. Ask your manager or senior colleagues for advice.

As a fellow, you will also be increasingly involved with coordinating communication with patient's families. Both ACRRM and RACGP have modules on this.

## Cultural considerations

Understanding your own experience of culture is a necessary part of practice – particularly if you come from the dominant culture in a society. You must be able to challenge the biases you are aware of (conscious bias) and those that you might not be (unconscious bias) to truly understand the experience of another person.

While there is no right way to embed cultural sensitivity into your practice, here are some fundamental principles to consider:

- use available resources
- lean into community connections
- begin from a place of respect
- never assume you know – always ask
- be willing to learn and adapt to feedback
- show genuine interest
- allow time to build trust and relationships.

## From supervisee to supervisor

### Your mentor and supervisor

A good mentor or network of mentors is important. You should:

- seek out mentors you can trust and who you feel confident talking to about complaints, conflicts and other things that might bother you
- be an active participant in the relationship
- consider whether to provide financial remuneration to the mentor for their time
- formalise the relationship and set out mutual expectations early to maximise the likelihood of your personal and professional needs being met
- consider forum and training events (e.g. EMET or grand rounds) to receiving mentoring remotely.

Non-clinical supervision is recommended for all practitioners to provide a safe space to discuss management issues, difficult conversations and work/life stresses. You can expect to pay for this service, but it is considered a CPD expense.

To get the most out of your supervision:

- select supervisors you feel comfortable with and supported by
- ask your colleagues for recommended supervisors (both local and remote)
- tailor your supervision to different focus areas as needed.

## Being a supervisor

You are likely to supervise junior staff and students in either a formal or informal capacity. This is your opportunity to be the supervisor you wish you had.

Before taking on supervisory roles, it is vital to understand what is expected of you by the Australian Medical Council (AMC) as well as the registrar's training college (RACGP or ACRRM). It can also be helpful to talk with colleagues about how they handle the processes involved.

Many consultants choose to undertake extra training on providing supervision and feedback. All training, supervision and mentoring counts towards your annual requirements for continuing professional development (CPD) and you may also be eligible for remuneration for time spent. It is also important to be aware of the funding entitlements and arrangements relevant to your supervisory role as they will differ.

RACGP and ACRRM both run supervisor professional development programs which include face-to-face workshops, coaching, and online learning and resources. Familiarise yourself with the relevant supervisor handbook and link in with the registrar's training advisor.

For further information, see:

- [RACGP supervisor resources](#)
- [ACRRM supervisor resources](#)
- [General Practice Supervisors Australia](#).

# Continuing professional development

## Registration requirements

### Plan your CPD

### Document your CPD

### Maintenance of Professional Standards

### Reflective practice

### Find that funding

Continuing professional development (CPD) is part of your professional registration requirements as a fellow. It also supports a structured approach to ongoing learning and allows you to tailor education to your interests.

## Registration requirements

The Medical Board of Australia (MBA) sets the minimum standards for all doctors and accredits RACGP and ACRRM to ensure these standards are met. From 2023, the minimum standards include:

- a yearly CPD plan
- documenting CPD with your selected provider via your CPD home
- 50 hours of CPD per year:
  - » 25 hours of performance review and outcome measurement (minimum 5 hours of each)
  - » 12.5 hours of traditional learning or education
  - » 12.5 hours of free choice activities that you allocate.

Your College specifies your CPR/ALS requirements and one activity which addresses any of the following:

- culturally safe practice
- health inequities
- professionalism
- ethical practice.

Visit your College website or log into your CPD home for your requirements.

## Plan your CPD

Planning your CPD helps make sure what you do is relevant to your scope of practice and useful. Your CPD home will help with this.

- What will help me thrive as a new consultant?
- What are my priorities?
- What resources will help me?
- How much learning do I need to do in general areas and how much in my areas of special interest/AST/ARST?
- What time can I set aside for learning? Generally, if you don't allocate time, it won't happen. You need to draw up your schedule so there is time for self-directed learning.
- What do I need to do to fulfil my education, performance review and outcome measurement requirements?
- What do I need to do to ensure I fulfil my Maintenance of professional skills (MOPS) requirements?
- How will I organise and document my learning (e.g. software tools like online bibliographies to keep track of papers that you have read and annotate items of interest)?

## Document your CPD

- Record your CPD clearly and as you complete it for audit purposes (including in your CV).
- Use the templates provided by your CPD home.
- Choose college accredited activities that are automatically uploaded into your CPD Home – be aware you may need to provide reflective notes if this was not part of the original activity.
- Upload files to your CPD home as evidence – e.g. the lecture and your notes.
- Take notes in a dedicated notebook at events on what you learned and how you'll apply these insights.
- Keep a journal diary or annotate the papers you read to document your reflections as evidence.
- Use social media hashtags for conference events.
- Block time in your calendar and use 'categories' to distinguish CPD.
- Use tracking and time-management apps if needed to document time spent on CPD.

## Maintenance of Professional Standards

Maintenance of Professional Standards (MOPS) programs guide you on maintaining specialised skills. The programs are aligned to specialty scope of practice, offer flexibility with CPD options and require additional CPD documentation.

Find out more about MOPS:

- [Guide to maintaining your advanced skills in internal medicine, paediatrics, mental health and palliative care](#)
- [ACRRM](#)
- [RACGP](#)

## Reflective practice

As part of your everyday practice you should:

- reflect on feedback and integrate into practice
- consider how your perceptions, attitudes and beliefs impact your practice
- identify knowledge gaps and seek clarification
- ensure procedures for safety and quality assurance are implemented.

Reflection can be 'in' action (happens at the time of the event) or 'on' action (happens after the event in response to it).

Reflective practice is the key element underpinning the performance review and outcome measurement domains of required CPD. Whilst there is no 'right' way to engage in reflective practice for CPD, some of the most fruitful and accepted methods include:

- journaling
- peer review/case-based discussion/Balint groups
- professional/clinical supervision
- morbidity and mortality meetings or significant event analysis
- quality improvement activities like audits
- multisource feedback.

Find out more about [reflective practice](#).

## Find that funding

Professional development and continuing education can be costly. You may be eligible for funding to help offset costs such as:

- **Rural Procedural Grants Program**  
Assists rural and remote GPs to maintain/update procedural or emergency medicine skills.
- **Professional development entitlements**  
Leave, funding and study allowances may be available if you work in Queensland Health. Speak to your local medical education team or manager.
- **Health Workforce Queensland grants**  
Helps rural and remote doctors retain and enhance skills, capacity and scope of practice.

See our [grants and subsidies guide](#) for more.

Tips

- Plan and apply for any necessary leave early.
- Reach out to colleagues with same advanced skill to discuss what activities they have found helpful.
- Facilitate activities at your referral tertiary centre where possible to help improve your relationship with referral teams and consultants.
- Choose activities aligned with your interests and specific application of your skill within your current community.



*You never stop learning in a career in medicine.*

*Every day is brand new and brings with it opportunities to challenge yourself and grow.*

**Dr Claire Walter**

# Wellbeing and resilience

Wellbeing and resilience

Work-life balance

Financial health

## Wellbeing and resilience

### Clinical courage and vulnerability

Everyday work as a rural generalist can involve uncertainty and risk. It's ok to have strong feelings and emotions about your experiences, and it's important to embrace them. This might mean showing people how you feel, being vulnerable and exercising clinical courage.

Recognising, acknowledging, and exploring our vulnerabilities with ourselves and our colleagues is a highly valuable reflection point. It is a skill to foster as we work towards a future of rural and/or remote medicine that is good for our patients, our communities, and the clinicians who serve them.

Find out more about [vulnerability in medicine](#).

### Recognising and responding to those in need

As doctors, we are exposed to threats like burnout, moral injury, vicarious trauma and post-traumatic stress at a higher rate than the general population.

Like all humans, we are also susceptible to major life events and stressors such as moving, marriage, births or deaths of loved ones, relationship difficulties, financial strain, family violence, illness and injury. All of these things can negatively impact our ability to function and cope.

It's important to recognise that it's okay to not be okay. Your experiences and feelings are valid. In order to prevent long-standing impacts, it is vital these issues are addressed and you get the support you need.

Stigma and other barriers unique to our profession mean that we may not always recognise when we are struggling and if we do, we might be reluctant to reach out for the help we need.

It is important to know what to look out for in yourself and others, how to respond to a colleague in need and where to direct yourself or others for support.

Access support services and resources:

- [Rural generalist support](#)
- [R U OK?](#)
- [RACGP GP health](#)
- [Doctors' Health in Queensland](#)

### Red flags to look for

- Emotional and physical exhaustion
- Poor concentration
- Feeling detached or disconnected
- Negative thoughts
- Being short-tempered
- Reduced professional efficacy
- Changes in weight, sleep, or energy
- Maladaptive coping mechanisms
- Decreased enjoyment in usual work or social activities
- Absenteeism or avoidance of questions
- Risk-taking behaviours

### How to help yourself

- Review and recognise your stress – don't be tempted to push through or ignore it
- Take control of what you can change
- Get particular about your boundaries
- Seek out social support at work and prioritise connection
- Look after yourself – if it's good for your patients, it's good for you
- Seek professional help

### How to help others

- Establish a connection
- Ask 'are you okay?'
- Actively listen with genuine concern
- Maintain confidentiality (unless you are obligated to break this due to safety concerns)
- Offer practical support and encourage them to engage additional supports
- Offer information and resources
- Encourage the person to seek professional help
- Check back in from time to time
- Look after yourself too

## Dealing with complaints and adverse outcomes

It is vital to remember that if you get a complaint that it is not personal (even if it feels that way) and it does not make you a bad doctor. Everyone gets them at some stage in their career – what you learn from the experience and how you improve your practice into the future is more important.

When dealing with a complaint or adverse outcome:

- seek help early – engage with your medical defense organisation/department when you receive a complaint or believe a complaint may occur following an incident
- ensure you understand your organisation's policies for dealing with complaints
- if you think an incident may result in a complaint, document your recollection of events in addition to the clinical notes
- lean on senior colleagues for support
- consider the emotional impact and seek professional support if you experience persistent negative emotions or it impairs your quality of life
- be wary of the less obvious impacts to your practice and confidence, and seek help if needed (e.g. professional isolation, distrusting patients or practising defensive medicine)
- be open to learning from the experience
- put measures in place to safeguard your wellbeing.



## Work-life balance

### Learn to say no and set boundaries

Your time is valuable and you need to assert boundaries to protect that time. You should carefully consider your capacity to commit to extra responsibilities, be clear what you are taking on before you say yes and allow yourself time to settle into your role as a consultant.

Follow this 6-step process to determine whether your schedule can handle the extra load:

1. Identify your available time.
2. Block in the essential tasks you must carry out to succeed in your job.
3. Schedule high-priority urgent tasks and vital housekeeping activities.
4. Block in appropriate contingency time to handle unpredictable events and interruptions.
5. Schedule the activities that address your priorities and personal goals in the time that remains.
6. Analyse your activities to identify tasks that can be delegated, outsourced, or cut altogether.

It's important that your schedule makes time for your professional and personal goals. If you have little or no discretionary time left when you reach step 5, revisit your tasks to see if you can do them differently – otherwise, your work-life balance will suffer. Know your limits and don't be afraid to assert them without providing explanation or feeling guilty.

Saying no to an opportunity can be tricky – see [6 effective tips to politely say no \(that actually work!\)](#) for useful guidance.

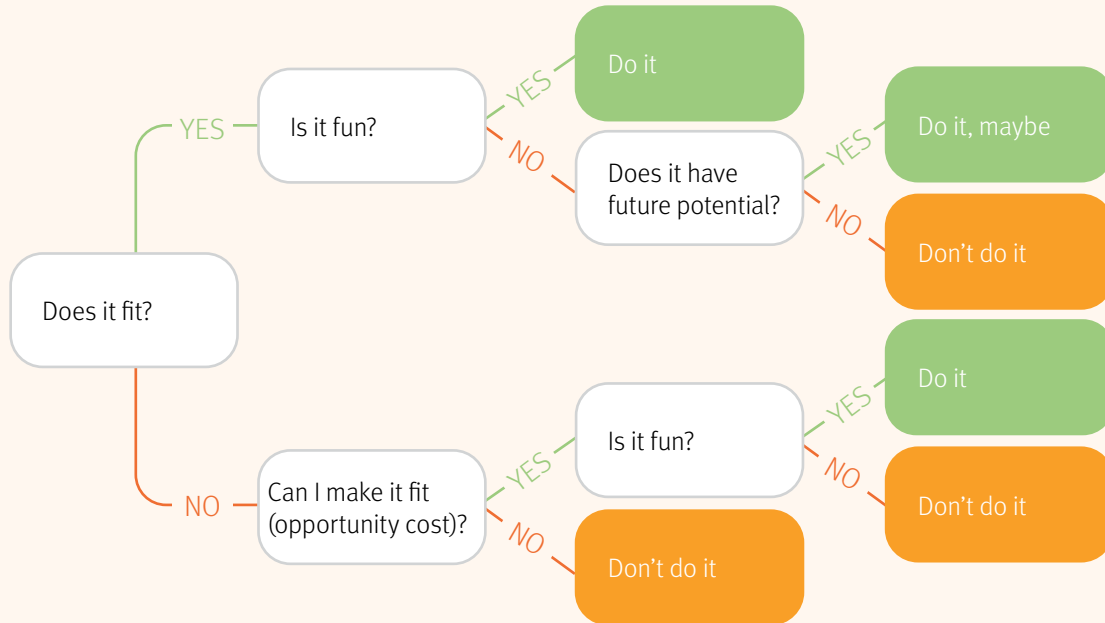


*I've learnt that I do have limitations – I can't just put my job first and my family or myself second. I have to prioritise looking after myself so that I am a more effective clinician and a nicer person when I get home.*

**Dr Ebonney van der Meer**

## Am I having fun?

Another way of considering your involvement in additional opportunities is to take a leaf out of Dr Genevieve Yates' book and ask the question 'is it fun?'. Use the decision tree below to help:



## Return to work after extended leave

The transition back to work after extended leave can be challenging (e.g. parental leave, carer's leave, recreation leave). It can help to have an action plan for your return.

You may need to consider:

- maintenance of skills/professional development
- childcare needs, costs and logistics
- fatigue mitigation
- availability for work and on-call arrangements
- personal experiences that may influence work (e.g. traumatic birth, neoresus)
- additional support for orientation and on-call or isolated shifts
- external supports such as colleagues, mentors or professional associations
- requirements for insurance, registration, CPD, etc. to ensure no surprises.

## Manage on-call and fatigue

Fatigue reduces your ability to work safely and effectively. Set yourself up for success by knowing how to [recognise and manage fatigue](#).

To manage on-call and fatigue:

- shift your mindset – you are not on-call until you get called in

- be prepared – prep what you need to feel organised (e.g. snacks, clothes, household routines), ensure your skills are up to date with relevant CPD and plan for your post-call recovery
- be mindful – actively reduce stress by being present, tuning into your breathing, listening to certain sounds or engaging in certain movements to help ground you
- experiment to find what helps you switch off (e.g. exercise, meditation, herbal teas, music).

If you work for Queensland Health, you are entitled to paid fatigue leave and there are policies for fatigue management. Speak to your manager or safety and wellbeing teams.

If you are a sole-trader or practice owner, fatigue management may be an individual endeavour with no provisions for paid fatigue leave. Taking proactive steps to have a plan in place to recognise and manage fatigue is paramount.

## Financial health

Getting your finances right as a fellow is vital! You should seek independent, professional advice.

You can consider [‘The Big 5’ areas of financial difficulty](#) as a starting point on your financial literacy journey.

# For the future

## In a nutshell...

## Your action plan

### In a nutshell...

This guide covers the basics of life as a Rural Generalist Consultant. While you will have your own style of practice and way in which you operate on a daily basis, we hope the topics covered shed light on some of the more nuanced aspects of consultant practice .

When there seems to be a shortage of hours in the day or inevitable issues arise, it is invaluable to have colleagues and team members you can count on as well as the support and goodwill of your family.

Let this guide be your reminder to avoid common mistakes of those who have come before you like overcommitting yourself and becoming isolated.

Do not to lose sight of why you chose to become a RG and maintain your passion for the many challenges and rewards that define rural and remote medicine. It'll benefit your career and help ensure job satisfaction throughout the years ahead.

Finally, keep in mind these 10 'in a nutshell' tips to not just survive, but thrive as a RGC:

1. Have your own GP
2. Avoid taking work home
3. Keep a buffer zone between work and home
4. Take control of your work hours and schedule
5. Don't over commit yourself
6. Make your work environment work for you
7. Invest in relationships and connection
8. Take time to fill your cup
9. Don't feel guilty for demanding work-life balance
10. Surround yourself with fun and humour daily

Create your action plan now to put these tips into motion and set yourself up for success.

### Your action plan

Things I am going to do...

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Things I want to know more about...

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My biggest takeaways are...

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*It's normal to be nervous at the beginning. In my experience you are entering a community of talented, courageous doctors who support each other and work together to deliver the best outcomes for our patients.*

**Dr Alistair Young**