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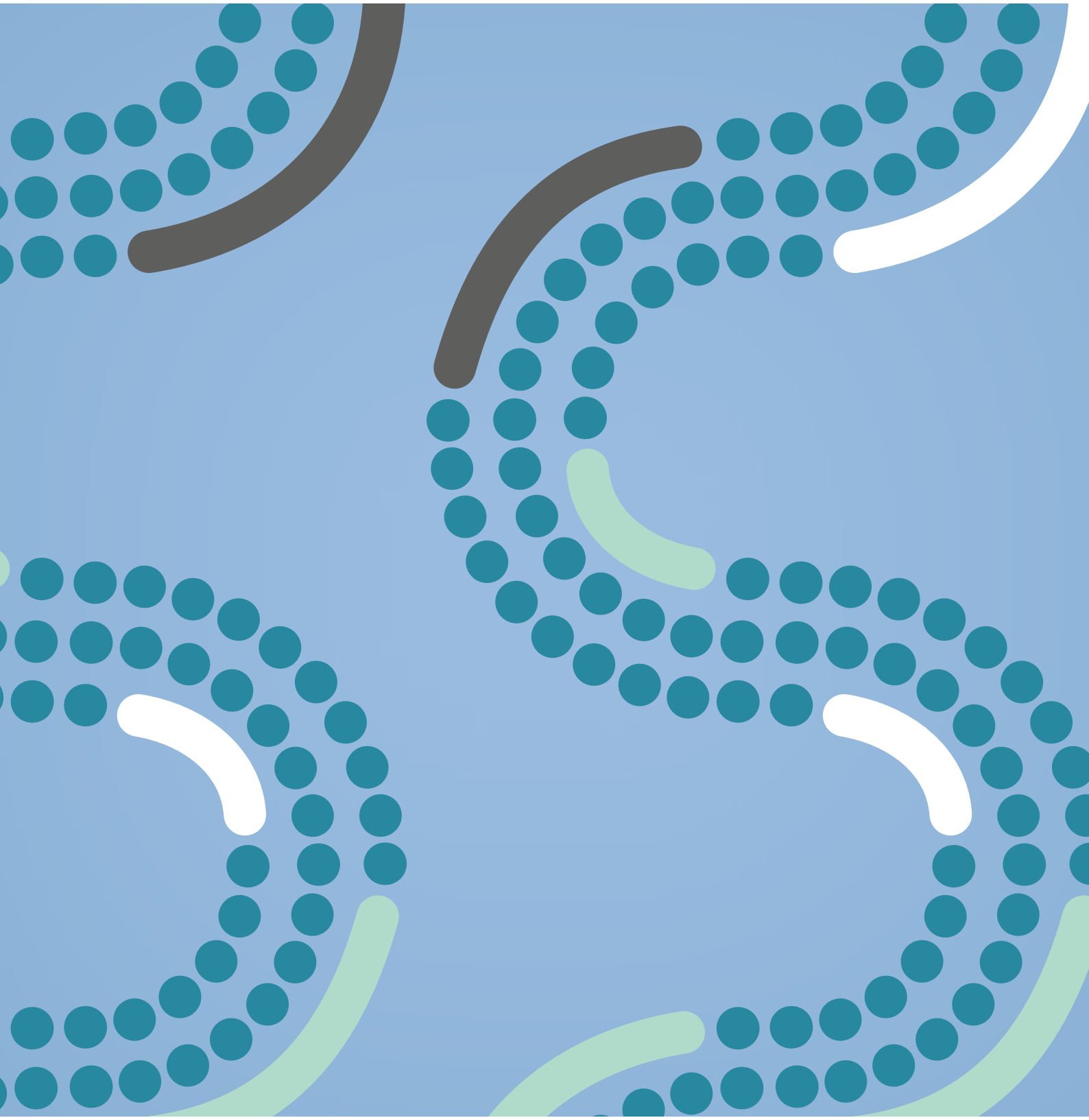
RH16 Rural health



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We recognise the traditional custodians of the land and sea on which we work and live.

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Introduction

Whilst based on a foundation of the core skills of Australian general practice, rural general practice provides a diversity of geographical and demographic contexts, which contribute to a broad spectrum of patient presentations and potential limitations in availability of health resources. Providing quality care to rural and remote communities therefore requires a flexible and innovative approach and a particular set of skills.[1]

Rural, regional and remote general practice offer a personally and professionally fulfilling and challenging career pathway. Rural general practitioners (GPs) are more likely than their urban counterparts to provide in-hospital and private consulting room care, provide after-hours services, engage in public health roles within their communities, undertake clinical procedures, and provide advanced emergency care. GPs in rural and remote communities typically encounter a higher burden of complex and chronic health presentations, as well as larger proportions of Aboriginal or Torres Strait Islander patients in their overall patient load.[1–5]

Some of the key factors valued by rural and remote GPs include professional autonomy, ability to develop all-round professional competence, the diversity of medicine practised and continuity of care, the capacity to practise to the extent of their clinical knowledge and skills and having their limitations challenged, sense of community connectedness and being valued by the community.[2,6]

Rural communities in general have higher levels of morbidity and mortality than urban populations.[7–9]

The rural GP plays a vital and evolving role, with the potential to influence change at the individual patient, practice, and community levels within the healthcare system. Rural GPs are more likely to be key players in local hospitals and also to be called upon by local authorities to undertake a variety of roles, such as public health and with the police in the area of forensics.

Australia is predominantly an urban society. In September 2014, of the estimated 23,581,000 people living in Australia, 68.7% were living in major cities, 19.7% in inner-regional Australia, 9.3% in outer-regional Australia, 1.4% in remote Australia and 0.8% in very remote Australia.[10] The supply of GPs per patient population is significantly lower in remote areas than in major urban areas, as is access to medical specialists.[11] Geographical isolation and social accessibility are significant factors in the decision to attend a GP for rural patients.[12] Remoteness of practice can also contribute to professional isolation for GPs, which is an issue that needs to be managed to ensure that rural and remote GPs are supported and professionally connected.

Health outcomes, such as morbidity and mortality rates, tend to be poorer outside major cities.[6] The main contributors to higher death rates in regional and remote areas are ischaemic heart disease, chronic obstructive pulmonary disease, motor vehicle accidents, diabetes, suicide, other injuries and some cancers, such as lung cancer,[9] perhaps reflecting differences in access to services and/or particular risk factors of the regional or remote environment. On a positive note, rural and remote communities tend to have higher rates of social cohesiveness, higher participation rates in volunteer work, and people are more likely to feel safe in their communities than in more urbanised communities.[13]

Rural areas have lower rates of some hospital surgical procedures, lower rates of general practice consultation and generally higher rates of hospital admission than in major cities.[13] People from regional and remote areas tend to have lower levels of health literacy, and are more likely to smoke and drink alcohol in harmful or hazardous quantities than people in major cities.[7] Environmental issues, such as more physically dangerous occupations (eg agriculture and mining) and factors associated with hazardous driving, play a part in higher accident rates and related injury/death in country areas.[7]

Higher mortality rates and poorer health outcomes outside of major cities, especially in remote areas, may partly be explained by the higher proportions of Aboriginal or Torres Strait Islander populations in those areas.[8,14]

The skills that need to be developed and maintained by GPs to provide quality care to their communities depend largely on their practice context and the specialised services and resources available within the local vicinity. The skill sets required for rural and remote practice may be required at an extended or advanced level depending on these factors. For example, some rural doctors in smaller rural towns are based primarily at the local hospital, but the practice they conduct is still predominantly primary care, compared to GPs in more remote locations who need to have the capacity to provide some secondary and tertiary care due to long retrieval and transfer times.

This spectrum of unique characteristics and practices is supported by The Royal Australian College of General Practitioners' (RACGP) *Standards for general practices* and a curriculum developed and maintained by the RACGP, and reflected in the award of the Fellowship of Advanced Rural General Practice (FARGP).

Specific rural general practice training through the FARGP

All medical practitioners require an understanding of what may be helpful for working in rural and remote environments, such as procedural skills and knowledge of Aboriginal and Torres Strait Islander health, hospital work and population health. Knowledge of rural health is an essential part of preparing a GP for unsupervised practice anywhere in Australia. This curriculum will assist any GP to address the knowledge, skills and competencies helpful for unsupervised practice anywhere in rural Australia.

Doctors with a particular interest in rural general practice can build on this foundation and integrate enhanced rural training with general practice vocational training towards the Fellowship of the RACGP (FRACGP) under the formal framework offered by the FARGP.

Doctors who opt to undergo this specialised training may also wish to undertake advanced rural skills training (ARST) in curricula shared with other medical specialties such as anaesthesia, obstetrics, emergency medicine and mental health. These have additional curriculum requirements to those of the FRACGP. Specific curricula have been developed by joint consultative committees between the RACGP and relevant specialist colleges.

Advanced rural skills are not required for attainment of the FRACGP or included in this rural general practice curriculum. However, 12 months of training in accredited ARST posts is required for attainment of the FARGP. Doctors planning to undertake ARST are encouraged to integrate the training into their general practice vocational training under the FARGP framework. All doctors and doctors in training are encouraged to undertake as much of their education and training in rural general practice as practicable.

Please refer to the FARGP information available on the RACGP Rural page of the RACGP website for specific educational and assessment requirements of the FARGP (www.racgp.org.au/education/fellowship/ruraladvantage).

Domains of general practice

Domain 1. Communication and the doctor–patient relationship

Competency outcome(s)	Criteria for stage of training		
	Pre-general practice	**General practice under supervision**	**General practice – lifelong learning**
RH1.1 Communicate effectively with other health professionals using available infrastructure	**RH1.1.1a** Describe *communication issues that impact on rural and remote general practice* **RH1.1.2a** Describe the *infrastructure* that can assist effective communication in a rural and remote setting **RH1.1.3a** Outline the benefits and limitations of communicating remotely	**RH1.1.1b** Develop strategies for communicating with patients and other health professionals who are located remotely **RH1.1.2b** Adapt communication to accommodate *situations common in rural and remote areas* **RH1.1.3b** Identify appropriate modes of communication in the practice and the community **RH1.1.4b** Link into *existing networks of health professionals* in a rural and remote setting	**RH1.1.1c** Review and maintain effective communication strategies **RH1.1.2c** Review and maintain effective communication infrastructure relevant to the practice setting

Context and application: Domain 1

RH1.1.1a *Communication issues that impact on rural and remote general practice* – these can include interruptions to, or lack of availability of, reliable telecommunication services/connections and internet services.

RH1.1.2a *Infrastructure* – may include use of telehealth facilities that utilise video consultations to obtain opinions from specialist colleagues (refer to the RACGP's Guidelines for interprofessional collaboration between general practitioners and other medical specialists providing video consultations – www.racgp.org.au/your-practice/ehealth/telehealth/gettingstarted/guidelines).

RH1.1.2b *Situations common in rural and remote areas* – these can include communicating with patients, health professionals and other local resource people, such as those in local councils and emergency organisations.

RH1.1.4b *Existing networks of health professionals* – important networks can include local councils, state emergency services (SES), volunteer fire services, disaster planning organisations, local health districts, the Country Women's Association (CWA), rotary and sports clubs, local churches and local interest groups.

Domain 2. Applied professional knowledge and skills

Competency outcome(s)	Criteria for stage of training		
	Pre-general practice	**General practice under supervision**	**General practice – lifelong learning**
RH2.1 Deliver *quality care* to a rural and remote community	**RH2.1.1a** Distinguish the *unique skills* required from a GP in a rural and remote setting **RH 2.1.2a** Undertake experience in a rural and remote setting **RH2.1.3a** Identify the *range of emergencies* that may present in rural and remote general practice **RH2.1.4a** Identify *limitations that impact on GPs' ability to respond to emergencies*	**RH2.1.1b** *Implement skills appropriate to the rural or remote situation* **RH2.1.2b** Work effectively with *patients who live in isolation* **RH2.1.3b** Implement *emergency procedures* relevant to the situation and the community **RH2.1.4b** Liaise with emergency services to enhance preparedness to deal with emergencies	**RH2.1.1c** Evaluate effectiveness of *advanced rural skills* to ensure relevance to the practice and to specific community needs **RH2.1.2c** Demonstrate *leadership in emergency situations*

Context and application: Domain 2

RH2.1 ***Quality care*** – includes the provision of effective communication, as well as evidence-based, patient centred, holistic and economically rational care that takes into consideration the bio-psycho-social-cultural context of the individual and their role in the community in management planning, and the availability of local health resources.

RH2.1.1a ***Unique skills*** – refers to the diagnostic, procedural and management skills that are extensions of the core skills of general practice. The requirements for these skills are based on the rural and remote context, where there may be limitations in secondary and tertiary medical service provision and/or prolonged retrieval and transfer times for emergency cases, which necessitate GPs being able to provide services to optimise outcomes for their patients and to deliver quality care. Examples of these skills may include utilisation of telehealth resources, provision of advanced life support, including rapid sequence intubation, emergency tracheotomies, Bier's block, reduction of dislocated shoulder, blood transfusions, etc.

RH2.1.3a ***Range of emergencies*** – may include all emergencies that would ordinarily present to emergency departments in urban centres, such trauma related to high-speed motor vehicle accidents, myocardial infarctions, pneumothoraces, fractures, obstetric and gynaecological emergencies, as well as trauma related to rural and remote risk factors, such as farming and mining accidents, organophosphate poisoning, snakebites, etc.

RH2.1.4a ***Limitations that impact on GPs' ability to respond to emergencies*** – may include breadth of responsibilities ranging from clinic to hospital inpatients, with consequent difficulties attending external emergencies in isolated locations, inadequate skills for practice context, etc.

RH2.1.1b ***Implement skills appropriate to the rural or remote situation*** – may include developing advanced skills in areas of community demand. This is largely determined by prevalence of conditions in the local community and accessibility of other specialised services, such as mental health counselling and management (due to many rural GPs managing patients who would be managed by psychiatrists and mental health services in urban areas), skin cancer identification and management, antenatal and postnatal care, wound management, palliative care, procedural skills, resuscitation and advanced life support skills, etc.

RH2.1.2b ***Patients who live in isolation*** – as a result of distance from medical care, for those who live in segregated communities, isolation is secondary to weather conditions and access to resources, such as support services, information, etc.

Individuals who live a significant distance from the closest medical practice face difficulties if regular review and care is required. It is important in this situation to provide adequate health education and information to enable

individuals to self-care and to work collaboratively to develop a practical follow-up plan (including by phone or videoconference). Utilisation of an innovative approach to care of such individuals is important to enable quality care and thus optimal health outcomes.

RH2.1.3b ***Emergency procedures*** – includes the development of retrieval, disaster and trauma management plans.

RH2.1.1c ***Advanced rural skills*** – refers to the communication, procedural, diagnostic and management skills necessitated by the practice context, which takes into account the distance from specialist and tertiary-level care, prevalence of risk factors and health conditions in the community, and availability of health resources.

RH2.1.2c ***Leadership in emergency situations*** – includes ensuring that bystanders and other healthcare providers are safe, coordinating the situation by clearly communicating roles and delegating important responsibilities (eg airway, cervical spine management, note-taking, emergency services contact person, communication with family members and carers, etc) and debriefing family and colleagues impacted by the emergency situation following the event.

Domain 3. Population health and the context of general practice

Competency outcome(s)	Criteria for stage of training		
	Pre-general practice	General practice under supervision	General practice – lifelong learning
RH3.1 Promote health in the rural and/or remote community	**RH3.1.1a** Describe the *health promotion challenges* encountered in rural and remote communities **RH3.1.2a** Describe ways in which GPs can effectively initiate and participate in health promotion **RH3.1.3a** Identify *opportunities for GPs to improve health service provision*	**RH3.1.1b** Identify the *key community health* issues to be addressed through health promotion strategies **RH3.1.2b** Participate in *health promotion campaigns* relevant to the community **RH3.1.3b** Develop *strategies to minimise obstacles to accessing care* **RH3.1.4b** Participate in the *development of quality health service provision*	**RH3.1.1c** Develop and deliver health promotion activities in the community to address identified risks **RH3.1.2c** Establish and sustain *health education and promotion networks* **RH 3.1.3c** Implement strategies to minimise obstacles to accessing care **RH3.1.4c** Work effectively with *government and non-government organisations* and the community to optimise health service provision
RH3.2 Undertake a range of public health roles	**RH3.2.1a** Describe the public health role of the GP in rural and remote areas **RH3.2.2a** Describe the *public health risks* that may be prevalent in rural and remote communities	**RH3.2.1b** Identify public health risks in the community **RH3.2.2b** Assess and report public health risks according to *various* guidelines	**RH3.2.1c** Manage public health risks according to various guidelines

Context and application: Domain 3

RH3.1.1a *Health promotion challenges* – may include low levels of health literacy in some individuals and/or communities, preoccupation with social determinants of health that limits prioritisation of health issues, difficulties addressing health risks associated with particular occupations, such as agriculture and mining, where an employer may not be in agreement with risk mitigation strategies due to other pressures, etc.

RH3.1.3a *Opportunities to improve health service provision* – may include recognising gaps and developing skills in this area to optimise outcomes for groups in the community, eg developing skills in psychological support if it is recognised that mental health issues are prevalent in the community, or in post-trauma counselling following a natural disaster in the local community. It also includes utilisation of telehealth facilities to improve access to specialist services in the local community, utilisation of quality referral letters and My Health Record to improve communication with other care providers, etc.

RH3.1.1b *Key health issues* – includes prevalent causes of morbidity and mortality, and common risk factors for these such as smoking, alcohol intake, stress, occupational risk factors, etc.

RH3.1.2b *Health promotion campaigns* – may include campaigns that address health needs and risks of the local community, eg mental health awareness, men's and women's health, youth health, drug and alcohol education, etc.

RH3.1.3b *Strategies to minimise obstacles to accessing care* – may include staffing satellite clinics, offering home visits, offering telehealth consultations for individuals who live in remote locations, etc.

RH3.1.4b *Development of quality health service provision* – may include the establishment of services that meet a need of the community, such as development of a women's or men's health clinic to enable access to the most vulnerable individuals, vaccination clinics, workplace or sporting club screening clinics, etc.

RH3.1.2c *Health education and promotion networks* – may include referring patients to online resources appropriate to their levels of health literacy and needs, collaborating with government and non-government organisations to advocate for rural and remote communities to be represented and supported with health resources, etc.

RH3.1.4c *Government and non-government organisations* – may include important networks like local councils, SES, volunteer fire service, disaster planning organisations, local health districts, the CWA, rotary and sports clubs, local churches, local interest groups, etc.

Domain 4. Professional and ethical role

Competency outcome(s)	Criteria for stage of training		
	Pre-general practice	**General practice under supervision**	**General practice – lifelong learning**
RH4.1 Identify and ethically manage therapeutic boundary issues	**RH4.1.1a** Identify *personal and professional boundary issues* that may occur in small rural communities **RH4.1.2a** Identify the *various community roles that a rural and remote GP may undertake* **RH4.1.3a** Describe how the various roles undertaken by the GP may impact on the therapeutic relationship	**RH4.1.1b** Define and manage *personal and professional roles* in a rural and remote community **RH4.1.2b** *Effectively communicate limits of role boundaries* to patients, staff and community members	**RH4.1.1c** Effectively *manage any conflicts between personal and professional roles*
RH4.2 Address professional isolation	**RH4.2.1a** Identify *enablers and barriers to professional development* in general practice in rural and remote communities	**RH4.2.1b** Identify learning goals that will improve the quality of care delivered **RH4.2.2b** Develop *strategies to effectively address learning needs* **RH 4.2.3b** Develop and maintain a *support network* to provide mentoring and/or debriefing as required	**RH4.2.1c** Regularly review and implement plans to meet professional learning and support needs **RH4.2.2c** Support and mentor colleagues in managing professional isolation

Context and application: Domain 4

RH4.1.1a *Personal and professional boundary issues* – refers to the balancing of the 'hats' which many rural GPs must attain when living in the community in which they work, where their children go to school, they play sport and participate in local community groups. Developing an awareness of the importance of maintenance of therapeutic relationships that maintain duty of care and confidentiality whilst enabling the GP to participate in the community as any other member is able to, necessitate the development of a specific skill set. GPs may be asked for advice by friends in the community or professional colleagues (eg other GPs, nurses and reception staff) due to absence of available alternate medical care.

RH4.1.2a *Various community roles that a rural and remote GP may undertake* – includes being a parent at the local school or a member of the local sports clubs or local community groups. Also includes being the individual who provides confidential care to the members of the community, including intimate examinations, mental health assessments, conveying bad news, receiving personal and confidential information about community members, etc.

RH4.1.1b *Manage personal and professional roles* – includes the establishment and communication of clear therapeutic boundaries, which may involve clearly explaining what is and what is not appropriate (eg asking for pathology results at the supermarket checkout). Ensuring that confidentiality and duty of care are maintained is imperative. If appropriate, referring patients to alternative care (if available) if boundaries are not able to be maintained.

RH4.1.2b *Effectively communicate limits of role boundaries* – may include, where appropriate and ideally before issues arise, clearly explaining where the therapeutic boundaries lie, and providing alternatives to assist individuals in accessing assistance where needed (eg discussing with clinic staff at induction whether GPs are happy to provide care to staff or whether they prefer them to access care elsewhere, advising patients of whether or not you are comfortable with them contacting you when you are not on duty, etc).

RH4.1.1c *Manage any conflict between personal and professional roles* – may include confidentially discussing concerns with a colleague or medical defence organisation (as appropriate), upholding duty of care and confidentiality, effectively communicating with patients about the importance of clear therapeutic boundaries and referring to other providers (if available) if these cannot be maintained.

RH4.2 *Professional isolation* – common in remote communities, but more readily addressed at the present time than in previous years due to the availability of online education and social media. It is important for rural and remote GPs to access professional networks to maintain professional skills and to access support and debriefing where required.

RH4.2.1a *Enablers and barriers to professional development* – may include the establishment and maintenance of a clear learning plan, regular reflection on and evaluation of learning needs, motivation to connect with and sustain professional networks through special interest groups (eg through RACGP Specific Interests), and utilisation of social media and online education resources. Barriers may include heavy workload and extended work hours, which may encroach on the ability to attend professional development opportunities.

RH4.2.2b *Strategies to effectively address learning needs* – may include establishing and regularly reviewing a learning plan. Enrolling in further education to develop skills required for quality care, such as the FARGP, emergency management of severe trauma, advanced life support, dermatology courses, courses to develop advanced procedural skills, etc.

RH4.2.3b *Support network* – may include colleagues in local or surrounding communities, mentors available over the phone or videoconference facilities, supports available on professional social media, etc.

Domain 5. Organisational and legal dimensions

Learning outcome(s)	Criteria for stage of training		
	Pre-general practice	General practice under supervision	General practice – lifelong learning
RH5.1 Manage time and workloads	**RH5.1.1a** Appropriately apply systems to prioritise patient needs, taking time and availability of other resources into consideration	**RH5.1.1b** Demonstrate time management strategies to balance the competing demands of consulting rooms and community hospital commitments in rural practice	**RH5.1.1c** Set up systems to optimise time management for the practice in a rural community with limited resources

Context and application: Domain 5

Nil

Requirements for competence

	Pre-general practice	General practice under supervision	General practice – lifelong learning
Required knowledge	• Health impacts on people living in rural and remote communities in Australia	• Have an understanding of government, non-government, community and other organisations that can support the delivery of healthcare in the community • Referral options in rural and remote communities • Transfer, evacuation and retrieval procedures	• Continue building referral pathways for patients and building relationships with other organisations involved in healthcare in the local community
Required skills		• Procedural and non-procedural skills relevant to the community • Ability to improvise to fill resource gaps • Networking	• Work with local hospital(s) and other healthcare providers to maintain and advance skills relevant to community need
Required attitudes	• Inclusiveness • Tolerance of difference • Resilience		• Maintain a positive attitude toward working and living in a rural or remote community by ensuring good time management and professional support • Continue resilience building
Evidence required to demonstrate competence		• At least six months in a general practice in a rural or remote setting • Evidence of collaboration with other agencies and individuals to deliver healthcare	• Ongoing commitment to the practice and the community • Continuous development of knowledge and skills relevant to practising in the community • Evidence of leadership in the delivery of health promotion and education
Methods of assessment	• Small group projects • Literature review • Essays • Interviews to assess knowledge	• Observations • Simulations • Role play • Third-party reports • Written and verbal questioning • Formative assessments with teaching visits from regional training providers (RTPs)	• Development and implementation of learning plans • Participation in continuing professional development (CPD) • Research • Peer learning • Community projects • Third-party reports

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