New approaches to integrated rural training for medical practitioners

Project abstract: key findings
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Project outline – context and approach

The final report for the RACGP National Rural Faculty (NRF)-led project, ‘New approaches to integrated rural training for medical practitioners’, was submitted to the Department of Health (DoH) on 31 January 2014. The DoH funded the RACGP to facilitate policy discussion with the general practice profession and undertake advanced skills training research from August 2013 to January 2014.

The report examined four key areas.

- The shaping and implementation of a national rural training pathway.
- Coordination of training across the full training continuum.
- Examination of the training requirements for new entrants.
- The training and support needs of the existing general practice workforce.

The project was approached in two parts.

1. **Policy component** – which included four consultations across four states (the ‘investing in rural skills series’).

2. **Research component** – which consisted of a review of the literature on the definition of advanced rural skills, and a cross-sectional online survey targeted at rural GPs exploring the extent of advanced skills in rural general practice.

Extensive policy input was undertaken over the 6-month project period, both through the policy consultation and research component, involving the direct participation of some 2400 rural members, which represents a quarter of the full NRF membership.

The policy advice was structured against six key themes which formed the basis of the consultation discussions to identify the key issues, enablers and barriers to establishing streamlined medical education and training in rural and remote areas. Formal research, undertaken through survey, explored the advanced skills (both procedural and non-procedural) used in rural general practice and identified the barriers and enablers impacting on the acquisition, use and retention of these skills.

The consultative project approach combined with more formalised research has proved to be effective in obtaining a settled policy position and clarity around the required policy action. The overall formed policy advice, from both the consultation and research, is consistent and provides a solid policy consensus. The report addresses past policy failures providing many innovative and practical solutions to lift current capacity constraints and address the broader barriers to training. The final report provides the policy solutions which will make a marked difference, if supported by government, to addressing workforce maldistribution in rural Australia. The full report can be accessed online at www.racgp.org.au/yourracgp/faculties/rural/projects/doh/. The executive summary in Section 2, ‘Findings and outcomes’, on page 5 of the report provides the high-level policy analysis and the key recommendations.
Key findings at a glance

The profession has provided, through a series of consultations and formal research led by the NRF, the key policy directions required to secure a future general practice workforce for rural Australia. The key policy observations and findings are presented here, against the two key project components. A more detailed summary is provided below, providing further key recommendations, solutions and findings.

Policy component

To support future policy to address the training needs of both the existing and future rural GP workforce, there is a need to encompass more flexibility in future training program designs to allow for distinctions between learning stage and time in career.

Firstly, there is a need for more flexibility to support the existing workforce in meeting the shifting skill requirements in order to address patient and community need. The lifelong learning requirements of the GP to address the changing patient and rural and remote community should underpin policy decisions for a more targeted policy response.

Flexibility is also required to enable choice for those at the earlier learning stages (medical student, prevocational doctor and registrar) with supportive structures to empower career decisions. To provide a more seamless transition from undergraduate training to rural general practice, there is a need for more targeted investments to harness the full potential of the existing training and education networks. The funding of interdisciplinary training hubs in strategic locations linking the different stages of training in a rural setting will help to build the community connectedness required for sustained success.

Research component

The research showed a clear disconnect between the skills the profession values against those currently prioritised in embedded workforce policy. The advanced skills needed to address patient needs in rural communities extend well beyond the current procedural emphasis, highlighting a need for future training and workforce-planning strategies to acknowledge and support the full advanced skillset. Policies and criteria for remuneration and recognition of advanced skills are ad hoc, characterised by jurisdictional complications and competing interests. Some skills carry a remunerative imperative, including requirements for ongoing maintenance of professional standards, and these operational requirements are imposing a responsive definition of advanced skills not consistent with that understood by the general practice profession.

Recommendations, solutions and findings

Governance arrangements

The major barrier to integrated rural training is the complex governance of training from medical student through to rural GP. Establishing an agreed governance framework between state and federal governments must be a priority. Significant system reform will be required to support a more integrated approach, including both increased investment in the coordination of training on the ground and more flexibility and opportunity for rural GPs to address patient need in their community.

More streamlined arrangements can only be achieved through a national system (led at the federal level) to coordinate an integrated and consistent strategy underpinned by supportive structures. Supportive structures must provide assistance to the learner (to navigate the system from medical school through to rural practice) and address the administrative burden placed on the teacher/supervisor, and must also enable the practising GP to upskill and meet patient need. Importantly, there is a need for supportive structures to encourage a broader team teaching and learning approach and help to draw out the untapped teaching workforce across disciplines, with better utilisation of the locations that already have the required capacity and networks.
Policy solutions

Jurisdictional barriers, where state and national policies intersect, together with a lack of flexibility in policy approach for both the trainee and practising rural GP, have led to an underutilisation of existing training networks resulting in significant impacts on rural recruitment and retention. The key policy outcomes outlined in the report centre around the need to remove the barriers impeding policy success and provide the supportive structures required for sustainable results. The key policy solutions are listed below.

1. The need for flexibility in policy approach

Focus on flexible training to enable training opportunity, allowing for distinctions between learning stage and time in career.

- Support the existing workforce to meet the requirements to address changing patient and community need.
- Enable choice for those at the earlier learning stages with supportive structures to empower career decisions. For example, extended rural placements in quality training environments with the possibility of entry and exit during the pathway, not a rigid pipeline.

2. Emphasis on the core general practice skills

Enable broad generalist training experience, allowing for flexibility to provide a broad and varied training experience which meets the needs of the learner and the community.

- Ensure sufficient exposure to rural practice.
- Develop the broad range of skills required by rural GPs.
- Reinforce the importance of primary care and coordination of care.

3. Invest in training hubs

Invest in more localised training solutions, supporting a critical mass of students by establishing an important community connection and linking the different stages of training in a rural setting.

- Provide extended placements in the same community.
- Harness the full potential in rural areas, building the community connectedness required for sustained success.
- Structure training against local healthcare need and service construct.
- Enable interdisciplinary training and facilitate more primary care experience across the training continuum.

4. Advanced skills – addressing patient need

Upskill and provide skills-maintenance opportunities to allow GPs to gain the additional skills they need to respond to changes in community.

- Broaden existing supports to encompass the full range of advanced skills that GPs use to meet the needs of rural communities.
- Re-engage GPs with procedural practice including a specific skill acquisition pathway for practising GPs.
- Develop a dedicated, clear pathway for the acquisition, use and maintenance of advanced skills for both the trainee and practising GPs.
5. Supporting rural intention

Ensure there are targeted incentives and sufficient rural exposure opportunities to support rural intention and students seeking rural exposure.

- Support for the trainee to navigate the system from medical school through to rural practice.
- Enable suitable GP trainees (students, prevocational and vocational learners) for rural practice, with due consideration of the known influences (rural background, rural intent, rural role models, rural curriculum, high quality rural placement, ruralised assessment), with flexibility and skill choice throughout training.

6. Building a teaching culture

Support models of training that facilitate integration of vertical and horizontal teaching, multidisciplinary teaching, and hospitals and community partnerships.

- Replicate and build on the successful models.
- Build support at regional and community level with a focus on practice viability, including the provision of private practice infrastructure support to accommodate the expansion of training.
- Encourage the integration of RTPs and universities to facilitate teaching across all training stages.
- Streamline accreditation process, reducing ‘red tape’ and reviewing the current remuneration and incentive schemes to ensure alignment to teaching across the full training continuum.

7. GP-rural generalist

The consultations reached a near full consensus on the need to prioritise a broad generalist focus within training, which must include incorporation of more primary care into training. The current policy preference to value certain skills over others is at odds with the profession. The current term – GP-rural generalist – is a concern for the profession. It is seen as elitist and devalues the role of the GP by introducing another concept or branding to define what rural GPs are already doing. Shifts are required to ensure a more balanced approach to general practice workforce planning to address any unintended consequences for the profession, rural patients and communities.

- Future training investment to encompass a broad range of approaches to produce the doctors with the generalist and advanced skills needed to provide both primary and secondary care.
- Replicate the supportive qualities of the Queensland RMG model to other training pathways, but with a focus on more generalist primary care skills – including non-procedural advanced skills. Ensure the focus also allows appropriate terminology reflecting the generalist nature of the training.

Research outcomes

The research outcomes highlight a clear disconnect between the skills the profession values compared to those currently prioritised in embedded workforce policy (namely anaesthetics, obstetrics, surgery and emergency). While there is undeniable value in providing procedural services in rural and remote communities, without which emergency and maternity services and various other essential services would not be available locally, the issue is that they are not the only additional skills required to address patient need. Future workforce planning, training and support strategies must acknowledge the broad range of skills needed to address the health needs of rural communities, and address issues in the acquisition, maintenance and practice of these skills.
1. Definition of advanced skills

The definition of advanced skills fails to reflect the full scope of skills practised in rural general practice to meet community needs.

- Definition of advanced skills must reflect the broad range of advanced skills, and the context in which these skills are required.
- Skills beyond procedural, as identified in the research, must be acknowledged and fully supported in future training and workforce planning strategies.

2. Scope of advanced skills in rural general practice

The research provides clarification of the skillset required for GPs to provide safe, high quality holistic healthcare in the rural and remote context. It demonstrates that the required skills extend well beyond the current procedural emphasis, highlighting a need for future training and workforce-planning strategies to acknowledge and support the full advanced skillset.

- Mental health is the most commonly practised advanced skill, followed closely by emergency medicine and chronic disease management.
- Emergency medicine is the most commonly acquired (not applied) rural skill, followed closely by mental health and chronic disease management.
- The most common skill that GPs would seek to acquire to meet a community need is emergency medicine, followed by palliative care, paediatrics and mental health.

3. Training and support requirements

The lifelong learning needs and changing learning needs of rural GPs are not adequately recognised or supported. Upskilling opportunities are effective workforce drivers and it is clear, from this research, that upskilling opportunities must extend beyond the current procedural focus and reflect the health needs of rural communities.

- Along with prevocational and early vocational training opportunities, the existing rural GP workforce requires further support to access training. The lack of opportunity to acquire and maintain advanced skills, and concerns around skill maintenance for the existing workforce, are reinforced in this research.
- Further research is needed to identify links between use of advanced skills and retention of doctors in rural and remote communities.
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