

# QueenslandCountryPractice

Advancing rural health solutions

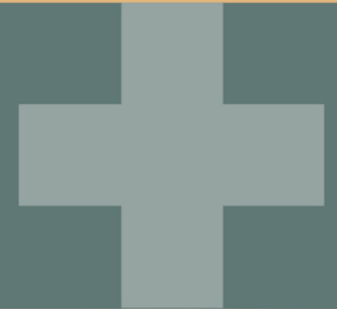


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## Joining Up Medical Education and Training

A unit of Darling Downs Hospital and Health Service

**Dr Dilip Dhupelia – RMA17**



# The common challenge

All of us here at RMA17 are focused on supporting doctors into rural practice and dealing with known health service challenges, including where there is insufficient access to medical care.

It is a **long road** much like “**the long paddock**” that historically saved many a rural town in times of drought and hardship.



A SURGEON'S HUT IN THE BUSH

# Queensland Then and Now

## In 1935

‘Those in the town were apathetic as to what happened in the bush, and the people in the bush knew no better, and were content to leave things as they were. In many places there was no doctor, no hospital, no chemist, no nurse, but a large cemetery.’

*Then and now: the story of a Queenslander in 1935, Angela Francis*  
Hospitals in the Landscape, Helen Gregory 26 August 2010

## In 2017

Today we have:

187 RG Trainees PGY 1-3

125 RG Trainees PGY4+

93 Rural Generalists who have completed their Fellowship

76% eligible\* PGY4+ & Fellows in MMM4+ locations (\*not undertaking AST)

50% of these public RG

17% of these private RG

33% of these hybrid public/private RGs

# Is There Still a Shortage?

Access to medical care is improving through this workforce supply which is now mature and reliable.

So is there still a doctor shortage?

- Imbalance in doctor distribution.
- Changing expectation: moving from needs based healthcare to improved health status; including ageing of the population and management of chronic disease.

All of these impact rural communities as well as metropolitan communities.

# It Takes a Joined Up Village.....

- High School Career Influences
- University Rural Clinical Schools and their Rural Training Hubs
- Regional Training Organisations
- Colleges (ACRRM & RACGP) and AST Colleges
- Hospital and Health Services (LHS)
- Local, State and Commonwealth Governments



# ...It Also Takes Collaboration and Commitment

## Advanced Skills Training available to RG Trainees:

- Mental Health
- Internal Medicine
- Paediatrics
- Indigenous Health
- Emergency Medicine
- O&G
- Anaesthetics
- Surgery



# Joining it up in Queensland

We have continued to join up the training experience; capitalising on the very good work of our partners in building a rural laneway.

- Rural Immersion is a critical element in training programs – determines interest.
- Rural Streaming – maintains and builds that interest.

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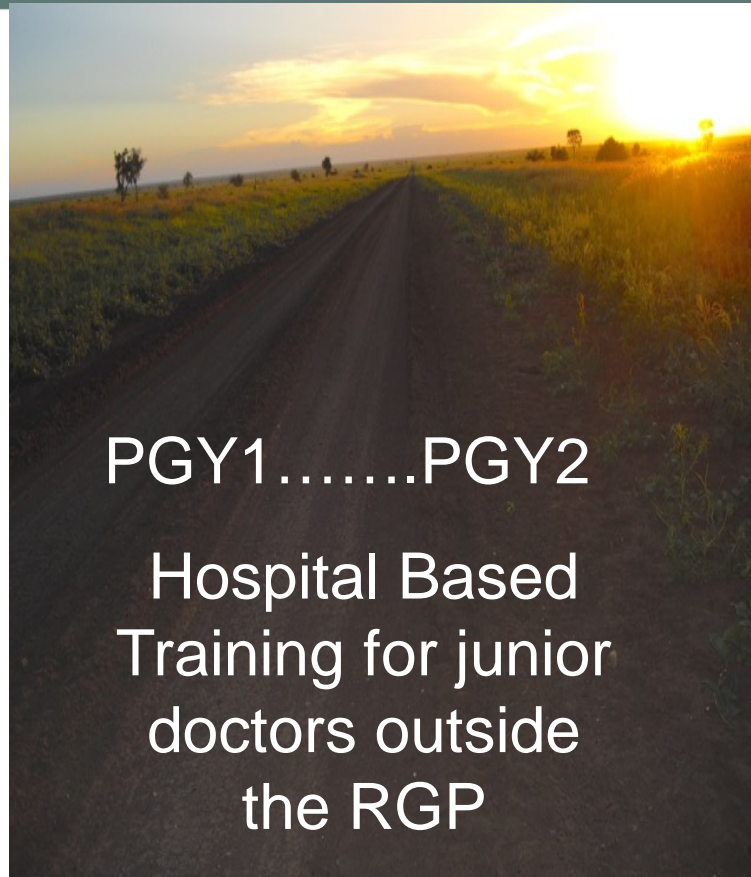
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We Had a Gap

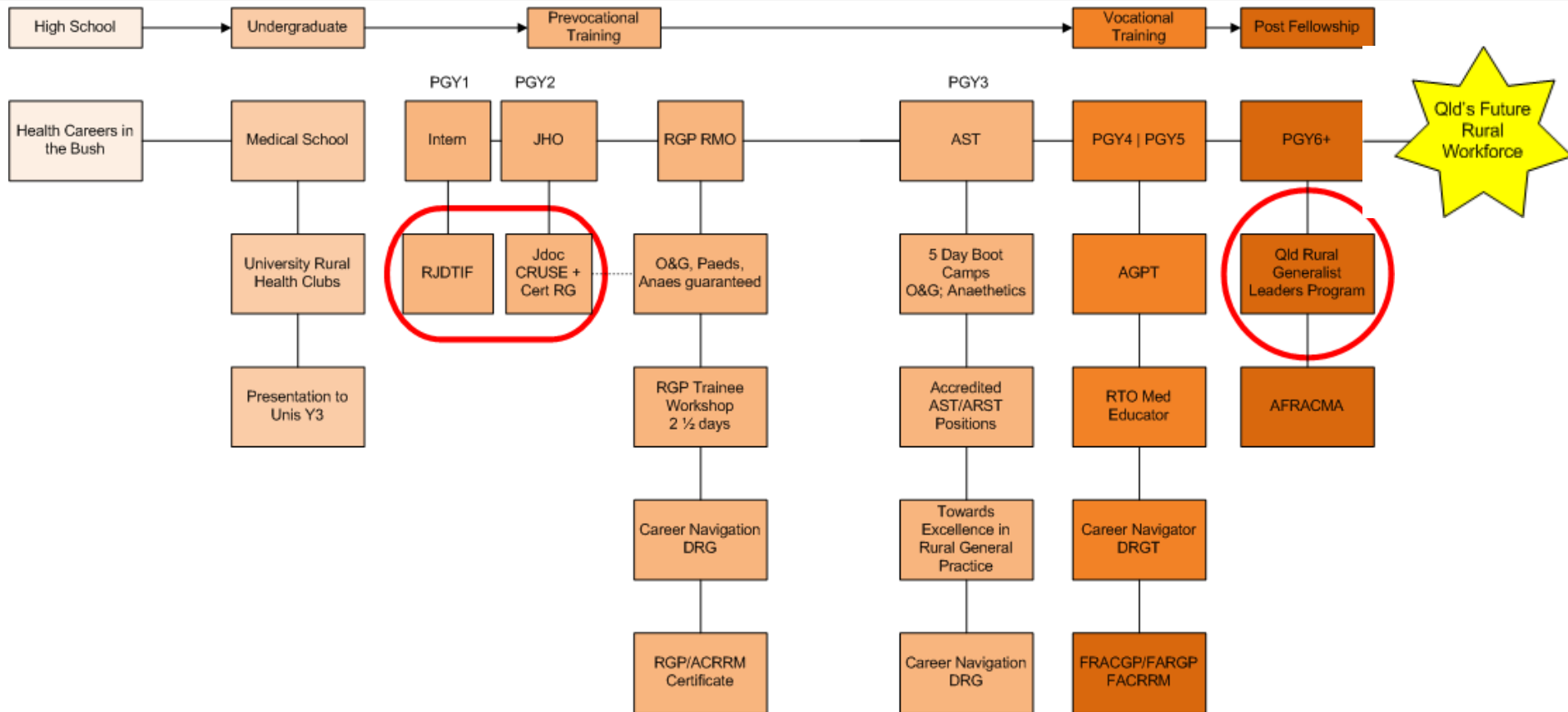
# There was a gap in the rural streaming

Universities



Rural  
Generalist  
Pathway

# Joining up to rural streaming



# The most important influence of all

We have amazing skilled and talented rural doctors all across rural and remote Qld.

If we can get the next generation of doctors out to these amazing rural generalists.... they will inspire and stream them back.

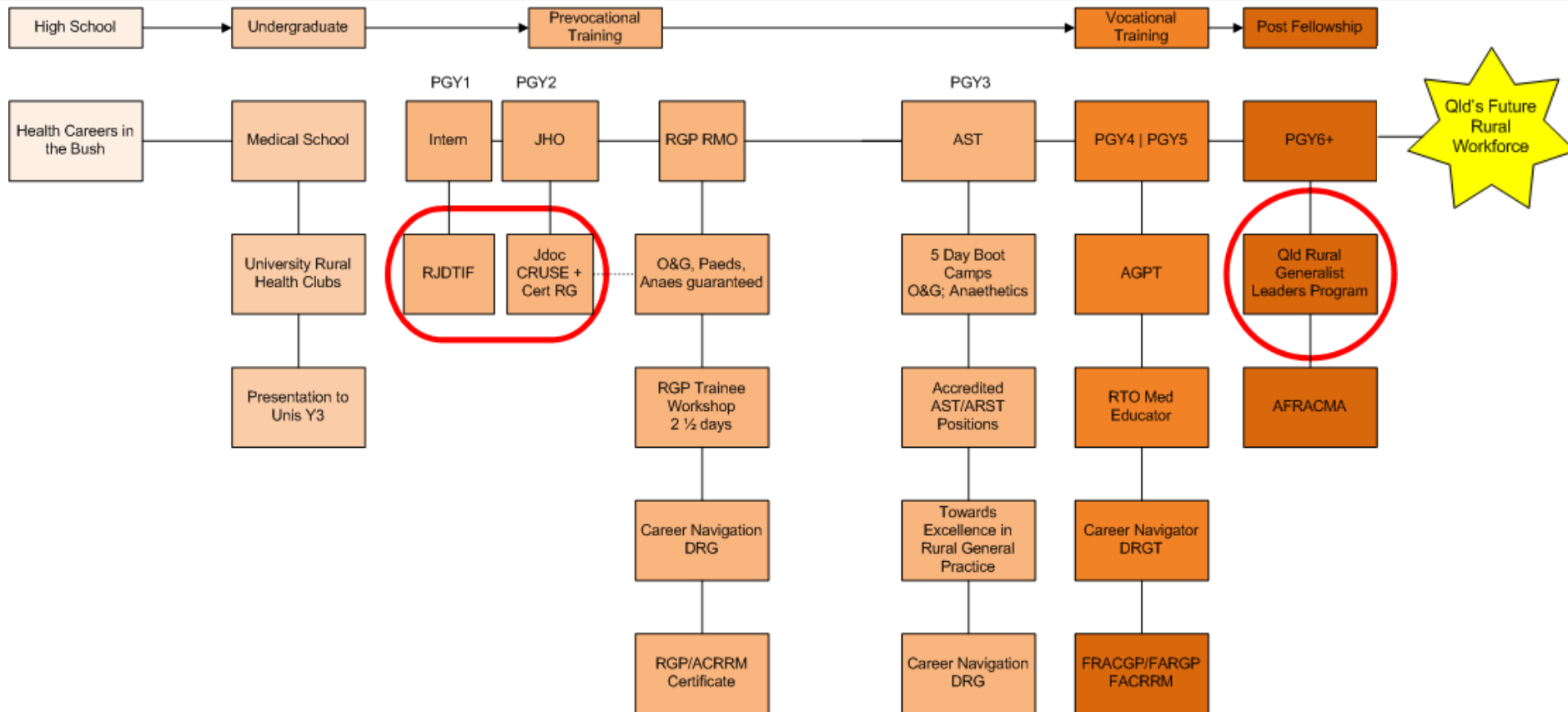
Our aim is to give rural exposure at **every point** of medical training.



# Rural Streaming

- We want rural careers to be a top pick competitive stream.
- To do this we need to be influencing junior doctors to continue into rural training and practice.
- Not just a workforce rotation but a meaningful curriculum based training program at every step.
- That is our role...and our strategy.
- The next role is the rural doctors out there – and we know they can make rural careers attractive and cement career choices.

# Joining up to Rural Streaming



# RJDTIF- Rural Junior Doctor Training Innovation Fund

- From 2018 Rural Primary Care training rotations for Interns will be provided under this Commonwealth Scheme.
- Interns may rotate out of their training hospital into supervised general practice in our rural communities (RA2-5).

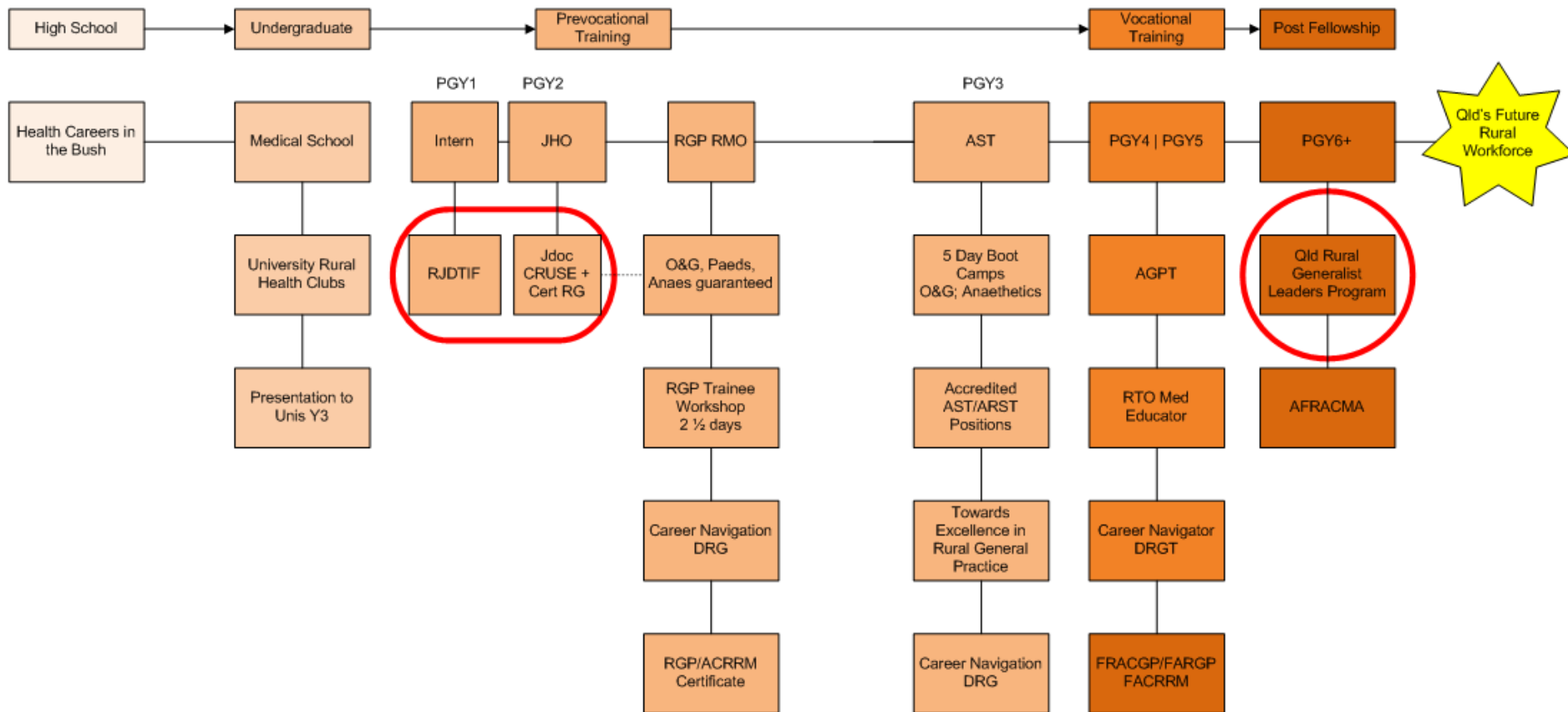


# RJDTIF

- It is anticipated that the PGY1 RJDTIF program that we are developing with our collaboration partners will build on our jDoc program and bridge the last remaining gap in the Queensland rural workforce pipeline; that of an intern training term in a rural primary care setting.
- Prior to this, the intern did not have exposure to rural general practice training.
- It will deliver a customised 'fit for rural practice' education and training term within a system of clinical supervision as Interns rotate out of RA2-3 hospital training into a 10 week accredited primary care term in a RA 2-5 setting.



# Joining up to Rural Streaming



# Queensland Country jDocs

Queensland Country jDocs aims to be a **safe and reliable** rural and remote workforce program:

- A safe and reliable junior doctor service for patients in rural communities.
- A safe and reliable junior doctor workforce supply to augment the rural and remote medical workforce.
- A safe and reliable **rural generalist medical term** providing prevocational experience and training for junior doctors.
- The program is underpinned by guidelines that detail the reliability and safety requirements for program inclusion and operation.

# Rural Generalist Prevocational Term Curriculum

- ACRRM provides oversight of standards and the program of education for the jDocs rural medical generalist term.
- This prevocational education program, based upon the ACFJD, also draws down upon ACRRM's Primary Curriculum for vocational training to fellowship.
- The QCP jDocs guidelines will underpin the education framework for both the Intern and jDoc training rotations.

# Qld Country jDoc Guidelines

The Guidelines detail standards and principles for:



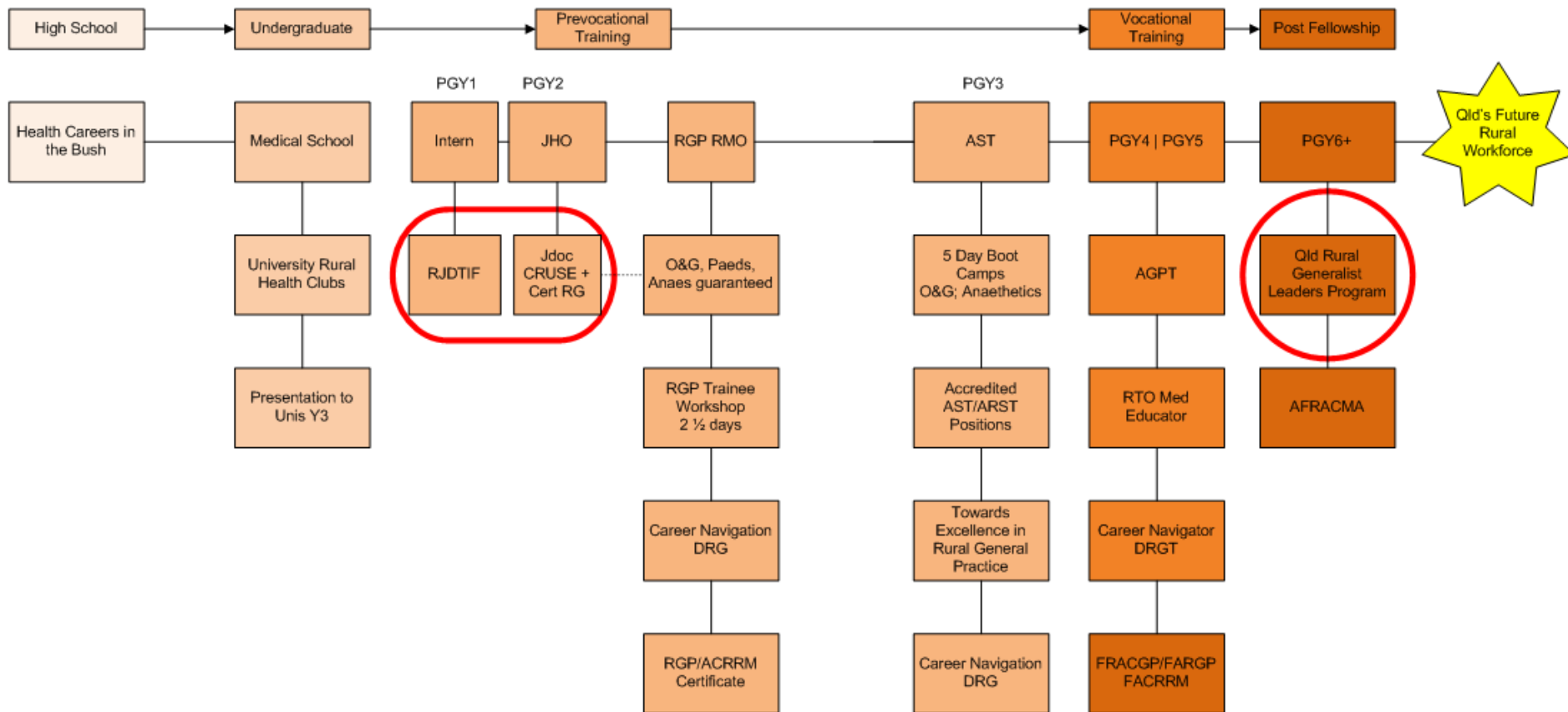
- Allocation
- Preparation
- Reception
- Supervision
- Education and Assessment
- Pastoral Care
- Managing Performance
- Grievance
- Evaluation

# Joined up the Queensland Way

Rural Generalist training in Queensland is now curriculum based and available in **every** training year.



# Joining up to Rural Streaming



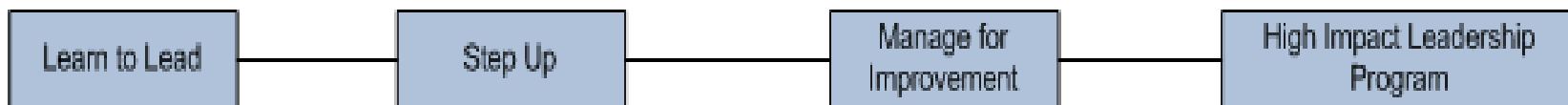
# Pathway Leadership

The Pathway already offers opportunities for leadership development, though currently this is not expressly specified within the pathway or underpinned with appropriate pedagogical strategy, professional recognition or certification.



# Leadership in Practice - The Next Pillar

- Our Rural Generalists have great capacity to lead.
- They are called on for leadership at civic and health system levels.
- They are advocates for their community.





# Queensland Leadership for Clinicians Training

- Queensland Leadership for Clinicians Training Program is a further joined up collaboration which is designed to support system leadership capability of our rural generalist leaders – launched this year.
- It is delivered through the RACMA and provides the opportunity to be recognised as an Associate Fellow of RACMA.

# Imperatives of the Leader Program

**One** | Leadership capacity referenced to medical professional standards

**Two** | Leadership capacity bespoke to rural and remote need

**Three** | Leadership capacity referenced to medical specialist standards

**Four** | Leadership development and maintenance for practicing Rural Generalist workforce

**Five** | Leadership capacity referenced to the health system context in Queensland and to a professional team approach

# Still Joining Up After 12 Years

After all of the good work by our partners, our strategy is continuity – moving into a streaming strategy. Rural Generalist training in Queensland is now curriculum-based and available in **every** training year and followed up with professional leadership development.

- RJDTIF (Rural Junior Doctor Innovation Fund)
- Queensland Country jDocs
- Queensland Rural Generalist Pathway
- Post Vocational AFRACMA



# The Long Paddock

This integrated joining up of medical education relies on College, Service Provider and Government leadership and cooperation. This follows our rural heritage and values that led to the long paddock across Australia. One that is still used today!

THANK YOU FOR YOUR INTEREST

