



Australian Government

National Rural Health Commissioner

National Rural Health Commissioner

Annual Report

2018



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Australian Government

National Rural Health Commissioner

Senator the Hon Bridget McKenzie

Minister for Regional Services, Sport, Local Government and Decentralisation

Parliament House

Canberra ACT 2600

Dear Minister

In accordance with section 79AM of the *Health Insurance Act 1973*, I present to you the Annual Report of the National Rural Health Commissioner covering the Commissioner's activities during the calendar year from 1 January 2018 to 31 December 2018.

Yours sincerely

Emeritus Professor Paul Worley
National Rural Health Commissioner

28 February 2019

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Overview

One of the most significant challenges faced by Australians living outside metropolitan centres is access to quality healthcare. The Office of the National Rural Health Commissioner (the Commissioner) was established to address this challenge through the development of pathways that would improve the distribution of health professionals in regional, rural and remote settings. The priority for 2018, as directed by the Minister, has been the development of a National Rural Generalist Pathway (the National Pathway) for medicine.

The Commissioner's role was established through, "A deep-lying principle that every Australian should have the right to access a high quality standard of healthcare, no matter where they live"¹. The activities the Commissioner's Office has been engaged in throughout the reporting period have been based on this principle.

Over the last twelve months the appointment of the Commissioner has been a catalyst for change. The support that the Commissioner's work received from the rural and remote health sector resulted in a movement away from historical divisions and a commitment to working collaboratively across disciplines, specialities and interest groups. The development of the *Collingrove Agreement* at the commencement of the year was a seminal point in harnessing the sector towards a common goal and resulted in endorsement of a National Pathway framework at the close of 2018.

The Commissioner's approach throughout this period has been framed by Aboriginal and Torres Strait Islander understandings of a comprehensive approach to community health, wellbeing and development. Therefore, the concept of a National Pathway is based on integrated primary, secondary and tertiary care delivered by a locally trained workforce with appropriate skills to meet community need. The development of regional teaching and training networks that support students and trainees to train in the regions where they wish to work will also enhance the growth and development of rural and remote communities.

The second Annual Report of the Commissioner's activities covers the period from 1 January 2018 until 31 December 2018 and will focus on three main areas:

- defining what it is to be a Rural Generalist
- developing advice regarding a National Rural Generalist Pathway
- contributing to advice to the Minister on the development and distribution of the rural workforce and on matters relating to rural health reform.

The Report summarises the outcomes from each of these areas of activity.

The Commissioner would like to acknowledge the foundational work of the Hon Dr David Gillespie MP, and the support of Senator the Hon Bridget McKenzie, the Minister for Regional Services, Sport, Local Government and Decentralisation, in the establishing the Office of the Commissioner and its activities to date.

Support from the Minister's office and staff from the Australian Department of Health has been invaluable in assisting the Commissioner in his role. The Commissioner acknowledges the work undertaken by the National Rural Generalist Taskforce members and the chairs of each Working

¹ D. Gillespie, "Second Reading Speech, Health Insurance Amendment (National Rural Health Commissioner) Bill, 2017", House of Representatives. *Hansard Debate*. February 9, 2017; p.242.

Group and Expert Reference Group in co-ordinating a vast flow of information and stakeholder feedback within a very limited timeframe.

Stakeholder engagement has been integral to the activities undertaken during the reporting period and has underpinned all aspects of the Commissioner's work.

A summary of stakeholder consultations is included in this Report at Appendix One.

Functions

The *Health Insurance Act 1973* (the Act) provides the legislative basis for the appointment and the functions of the National Rural Health Commissioner (the Commissioner).

In accordance with the Act, the functions of the Commissioner are to provide advice in relation to rural health to the Minister responsible for rural health, including:

- a) defining what it means to be a rural generalist;
- b) developing a National Rural Generalist Pathway; and
- c) providing advice to the Minister on the development and distribution of the rural workforce and on matters relating to rural health reform.

In performing these functions, the National Rural Health Commissioner must:

- a) consult with health professionals in regional, rural and remote areas;
- b) consult with States and Territories, and with other rural health stakeholders as the Commissioner considers appropriate;
- c) consider appropriate remuneration, and ways to improve access to training for rural generalists; and
- d) consider advice of the Rural Health Stakeholder Roundtable and the Rural Health Workforce Distribution Working Group.

Office

Vision

Equitable access to high quality, locally delivered healthcare for all Australians.

Role

To work with regional, rural and remote communities, the health sector, universities, and specialist training colleges and across all levels of government to improve rural health policies, champion the cause of rural practice, and to develop and define a National Rural Generalist Pathway that creates a sustainable locally trained medical workforce to meet the needs of regional, rural and remote communities across Australia.

Annual Report

The Annual Report is a formal accountability document that summarises the activities of the Commissioner during the statutory reporting period – January 1 to December 31, 2018 as per section 79AM of the *Health Insurance Act (1973)*.

Financial Management

The Office of the National Rural Health Commissioner receives funding of \$4.4 million over four years until July 2020.

Stakeholder Engagement and Consultation

A function of the Commissioner's role, as defined in the legislation, is to consult with relevant stakeholders in the regional, rural and remote health sector including jurisdictional representatives, the Rural Health Stakeholder Roundtable and the Distribution Working Group. The following section summarises this consultation. A full list of consultations is available at Appendix One.

The Commissioner's work has benefited from comprehensive engagement and consultation throughout 2018. During the reporting period the Commissioner visited regional, rural and remote communities to gain a nuanced understanding of the range of health workforce and health service needs in a variety of settings. Stakeholder representatives included health services, health professionals, training organisations, non-government agencies, community groups, students, registrars, professional organisations, peak bodies, medical education institutions, industrial groups, consumer groups, local government, and senior jurisdictional representatives, state and territory Health Ministers and Members of Parliament. In addition, the Commissioner's Office received written submissions at various times during the reporting period.

During the same period, the Commissioner addressed conferences and professional meetings where he engaged with stakeholders to discuss the development of a pathway.

The National Rural Health Workforce Jurisdictional Forum

Throughout the reporting period the Commissioner's work has benefited from expert advice from senior representatives of jurisdictional health departments. The jurisdictions have a pivotal role in both the training and the employment of the rural medical workforce in regional, rural and remote hospitals and facilities. The National Rural Health Workforce Jurisdictional Forum (the Forum) was reconstituted from a pre-existing forum at the beginning of 2018. Its role is to provide strategic advice to the Commissioner on the rural health workforce and to facilitate inter-jurisdictional collaboration. During the reporting period the Forum had a particular focus on a National Pathway and provided advice on options to address potential barriers to its implementation. The Forum met four times during 2018.

Distribution Working Group

The Distribution Working Group (DWG) was established to address the maldistribution of the health workforce in rural and remote communities. The Commissioner participated in DWG meetings on 21 February, 21 September, and 16 November 2018.

Rural Health Stakeholder Roundtable

During the reporting period the Commissioner attended two Rural Health Stakeholder Roundtable (the Roundtable) meetings convened by the Minister for Regional Services, Sport, Local Government and Decentralisation, Senator the Hon Bridget McKenzie. At the first Roundtable on 9 February 2018, the Commissioner presented the *Collingrove Agreement* and outlined its role articulating a collaborative framework for the development of the National Pathway and providing a formal definition of Rural Generalism. Members of the Roundtable endorsed the *Collingrove Agreement* and the Rural Generalist definition.

The Commissioner attended a second meeting on 24 August 2018 in Canberra and updated the Roundtable on progress in developing advice to Government on a National Pathway. The Commissioner outlined how a National Pathway would contribute to addressing the shortage of medical professionals in rural, regional and remote Australia and also updated the Roundtable on the formation of the National Rural Generalist Taskforce.

The National Rural Generalist Taskforce

The National Rural Generalist Taskforce (the Taskforce) was established by the Commissioner to harness the rural health sector's broad-based expertise and guide development of a National Pathway.

The Taskforce membership consisted of representatives from the fields of rural medical education, training, workforce as well as consumers. The Taskforce provided oversight for a number of Working Groups and Expert Reference Groups that were established to provide advice and feedback on specific aspects of the National Pathway framework. These Groups led the development of individually themed papers on topics that included pathway structure, curricula, professional recognition, remuneration and evaluation. These papers were, in turn, distributed for broader feedback at different stages of development. The final result was the *Advice to the Rural Health Commissioner on the Development of the National Rural Generalist Pathway* (the Advice Paper), which was presented to Senator the Hon Bridget McKenzie on 12 December, 2018 and published on December 21.

The structure of the Taskforce, Working Groups and Expert Reference Groups is available at Appendix Two. The complete list of the Advice Paper recommendations is available at Appendix Three.

Defining the Rural Generalist

The first priority of the Commissioner was to develop a common definition for the term Rural Generalist that would be the basis for the development of the National Pathway and be accepted by governments and the broader rural and remote health sector. The term Rural Generalist has gained greater currency over the last decade and multiple definitions have developed around its application across different settings and contexts.

In early January 2018, the Commissioner brought together senior representatives from the two General Practice Colleges. Associate Professor Ruth Stewart and Associate Professor David Campbell represented the Australian College of Rural and Remote Medicine (ACRRM). Associate Professor Ayman Shenouda and Dr Melanie Considine represented the Royal Australian College of General Practitioners (RACGP). The purpose of the meeting was to develop an agreed definition of what it means to be a Rural Generalist and to establish a collaborative approach to the development of a framework for the National Pathway. The result of this meeting was the *Collingrove Agreement* which states:

A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare 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/or community settings as part of a rural healthcare team.

The definition provides the sector with a common language to describe the scope of practice of a Rural Generalist and the training they require. It places community need at its centre and integrates primary, secondary and tertiary care in a local setting.

The *Collingrove Agreement* was formally announced at the Rural Health Stakeholder Roundtable on 9 February 2018 by Senator the Hon Bridget McKenzie, Minister for Regional Services, Sport, Local Government and Decentralisation. It was endorsed by members of the Rural Health Stakeholder Roundtable and has been adopted as part of ongoing discussions in many parts of the rural and remote health sector.

The National Rural Generalist Pathway

The second priority for the Commissioner, as outlined in the legislation, was to provide advice regarding the development of a National Rural Generalist Pathway.

Community consultation and the work of the Taskforce and its associated groups identified that a National Pathway should be attractive to future graduates and trainees in order to create a sustainable supply of appropriately-trained workforce for rural communities. A comprehensive analysis of the current gaps in rural workforce training opportunities and service provision in each jurisdiction informed the principles for a recommended Pathway framework:

1. That the National Pathway be based in and delivered from rural Australia, with flexibility and opportunity for metropolitan training terms when required, as part of broader rural teaching health service networks.
2. That the outcomes of the Pathway are consistent with the *Collingrove Agreement* and support enhanced quality, safety and cost-effectiveness in health services for rural communities.
3. That the FACRRM and FRACGP/FARGP be adopted as the postgraduate endpoint qualifications for the Pathway.
4. That Rural Generalists be recognised nationally as a specialised field within the field of General Practice.
5. That the framework use Aboriginal and Torres Strait Islander concepts of health and community development.

A full description of the National Pathway is available in the Advice document on the Commissioner's website. Visit www.health.gov.au and search for "National Rural Generalist Advice".

Next Steps

The Minister has advised that the Office of the Commissioner has met its obligations to define Rural Generalism and provide advice on a National Pathway. The Minister has directed the Commissioner to support the General Practice Colleges to progress the application for national recognition, through a protected title, of a Rural Generalist as a Specialised Field within the Specialty of General Practice. The Minister has also requested that the Department of Health take carriage of the remainder of the recommendations for a National Pathway.

The Commissioner will continue to listen to rural communities and rural health practitioners as he works with stakeholders and Government on issues concerning rural health reform. During 2019 the Commissioner's work will extend to allied health in regional, rural and remote settings.

Conclusion

The challenges of delivering healthcare in non-metropolitan settings are many and complex. The regional, rural and remote health sector is diverse, multifaceted and often professionally isolated. At the same time, the majority of health professional education and training is based in metropolitan settings and is not orientated towards rural practice.

The appointment of the National Rural Health Commissioner has been a catalyst for change in the way Australia's current and future rural and remote health workforce is considered and discussed. A consensus-driven debate, informed by rural communities and current and future rural clinicians across a sometimes fragmented sector, has resulted in a unified vision for the future.

The locus has shifted to the needs of regional, rural and remote communities and, through a collaborative approach, a framework has been developed that will establish a medical workforce to meet community need. In doing so it will create an environment for non-metropolitan communities to grow and prosper. This in turn will benefit all Australians, no matter where they live.

Contacts

The Office of the National Rural Health Commissioner can be contacted by:

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Email | NRHC@health.gov.au

Mail | National Rural Health Commissioner, Department of Health, GPO Box 9848, Adelaide SA 5001

Further information about the National Rural Health Commissioner can be found on the Commissioner's website at www.health.gov.au/national-rural-health-commissioner

Enquiries

Enquiries about the *content* of this report may be directed to the Rural Policy Section, Health Workforce Division, Department of Health, or NRHC@health.gov.au

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Appendix One

Stakeholder Consultations

National Organisations

Allied Health Professions Australia –Ms Lin Oke, EO

Allied Health Professions Australia Rural and Remote – Ms Nicole O'Reilly, Convenor

Australia and New Zealand College of Anaesthetists – Dr Rod Mitchell, President

Australian College of Emergency Medicine - Dr Simon Judkins, President and Dr Peter White, CEO

Australian College of Rural and Remote Medicine – Associate Professor Ruth Stewart and Associate Professor Ewen McFee, Presidents, Ms Marita Cowie, CEO

Australian College of Rural and Remote Medicine – Council Meeting

Australian Council of Deans of Health Sciences – Council Meeting

Australian Dental Association - Ms Eithne Irving, Deputy CEO

Australian Hearing Services – Ms Sarah Vaughan, Board Director

Australian Indigenous Doctors Association - Dr Kali Haywood, President, Mr Craig Dukes, CEO

Australian Medical Association, Presidents Michael Gannon and Dr Tony Bartone and Dr Warwick Hough, Director - General Practice and Workplace Policy

Australian Medical Association Council of Doctors in Training - Council Meeting

Australian Medical Association Council of Rural Doctors – Council Meeting

Australian Medical Association Federal Council – Council Meeting

Australian Medical Students Association - Ms Alex Farrell, President

Australian Medical Students Association Rural Health - Ms Nicole Batten, Co-Chair; Ms Gaby Bolton, Co-Chair; Ms Candice Day, Vice Chair

Australian Medical Council – Council Meeting

Australian Rural Health Education Network - Dr Lesley Fitzpatrick, CEO

Australian Society of Anaesthetists – Prof David Scott

Coalition of National Nursing and Midwifery Organisations - Meeting

Council of Presidents of Medical Colleges – Council Meeting

CRANaplus - Mr Christopher Cliffe, CEO

Federation of Rural Australian Medical Educators – National Executive Meeting

GP Registrars Association – Dr Andrew Gosbell, CEO

GP Supervisors Association – Dr Steve Holmes, President

Health Professions Accreditation Councils' Forum – Forum Meeting

Indigenous Allied Health Australia - Ms Donna Murray, CEO

National Rural Health Alliance - Mr Mark Diamond, CEO, Ms Tanya Lehmann, Chair

Primary Health Care Institute – Mr Mark Priddle and Dr Shirley Fung

Medical Board of Australia - Dr Joanna Flynn, Chair

Medical Deans Australia and New Zealand - Helen Craig, CEO; Professor Richard Murray, President; Executive meeting, Annual Meeting

National Medical Training Advisory Network (NNMTAN) Meeting

Pharmaceutical Society of Australia - Mr Shane Jackson, National President

Procedural Medicine Collaboration - Meeting

Regional Training Organisations Network – CEO Meeting

Remote Vocational Training Scheme - Dr Pat Giddings CEO, Dr Tom Doolan, Chair

Royal Australian College of General Practitioners, Dr Bastian Seidel and Dr Harry Nespolin, Presidents, Dr Zena Burgess, CEO

Royal Australian College of General Practitioners – Council Meeting

Royal Australian College of General Practitioners Rural Faculty – Dr Ayman Shenouda, Chair

Royal Australia and New Zealand College of Obstetricians and Gynaecologists - Rural Council Forum

Royal Australia and New Zealand College of Ophthalmology – Dr Cathy Green, Dean of Education, and Policy team

Royal Australasian College of Physicians - Professor Donald Campbell

Royal Australasian College of Surgeons – Mr John Batten, President and Council Meeting

Rural Doctors Association of Australia – Dr Adam Coltzou, President, Ms Peta Rutherford, CEO

Rural Doctors Association of Australia - Council Meeting

Rural Doctors Association of Australia Junior Doctors Forum – Forum Meeting

Rural Doctors Association of Australia Specialists Group - Meeting

Rural Health Stakeholder Roundtable – Meetings

Rural Workforce Agency Network – CEOs Meeting

Royal Flying Doctors Service - Board of Directors Meeting

Services for Australian Rural and Remote Allied Health - Mr Jeff House, CEO

Stroke Foundation – Ms Sharon McGown, CEO

Australian Government Ministers

Senator the Hon Bridget McKenzie, Minister for Regional Services, Minister for Sport, Minister for Local Government and Decentralisation

The Hon Greg Hunt MP, Minister for Health

The Hon Dr David Gillespie MP, former Assistant Minister for Health

The Hon Dan Tehan MP, Minister for Education

Federal Parliament

Standing Committee on Community Affairs – *Inquiry into the accessibility and quality of mental health services in rural and remote Australia*

Commonwealth Department of Health

Senator the Hon Bridget McKenzie, Minister for Rural Health

The Hon Greg Hunt MP, Minister for Health

The Hon Dr David Gillespie MP, former Assistant Minister for Rural Health

Ms Glenys Beauchamp PSM, Secretary

Professor Brendan Murphy, Chief Medical Officer

A/Professor Debra Thoms, Chief Nursing and Midwifery Officer

Mr David Hallinan, First Assistant Secretary, Health Workforce Division

Ms Chris Jeacle, Assistant Secretary, Rural Access Branch

Ms Fay Holden, Assistant Secretary, Health Training Branch

Ms Lynn Gillam, First Assistant Secretary, Health Workforce Reform Branch

Ms Maria Jolly, First Assistant Secretary, Indigenous Health Division

Mr Chris Bedford, Assistant Secretary, Primary Health Networks Branch

Mr Mark Cormack, Previous CEO, Health Workforce Australia

A/Professor Andrew Singer, Principal Medical Advisor, Health Workforce Division

A/Professor Susan Wearne, Senior Medical Advisor, Health Workforce Division

National Mental Health Commission - Ms Maureen Lewis, Deputy CEO, and Ms Lucinda Brogden, Commissioner

Dr Lucas De Toca, Principal Medical Advisor, Office of Health Protection

Dr Chris Carslile, Assistant Secretary, Office of Health Protection

Australian Capital Territory

The Hon Meegan Fitzharris, ACT Minister for Health and Wellbeing, Higher Education, Medical and Health Research, Transport and Vocational Education and Skills

Aspen Medical - Mr Andrew Parnell, Government and Strategic Relationship Director

National Health Co-op - Mr Blake Wilson, General Manager; Adrian Watts, CEO

Northern Territory

The Hon Natasha Fyles, Attorney-General and Minister for Justice; Minister for Health

FCD Health – Ms Robyn Cahill, CEO

CAHS – Dr Samuel Goodwin, Executive Director Medical and Clinical Services

Northern Territory General Practice Education (NTGPE) - Mr Stephen Pincus, CEO

Northern Territory Medical Program – Prof John Wakerman, Associate Dean

Northern Territory Primary Health Network – Ms Nicki Herriot, CEO

Territory Health Services – Dr Hugh Heggie, NT Chief Health Officer and Executive Director Public Health and Clinical Excellence

Western Australia

Office of the Minister for Health - Neil Fergus, Chief of Staff and Julie Armstrong, Senior Policy Advisor

WA Department of Health - Dr DJ Russell-Weisz, Director General

WA Department of Health – Dr James Williamson, A/g Chief Medical Officer, Dr Paul Myhill, Senior Medical Advisor, Medical Workforce and Strategic Planning

WA Country Health Service - Mr Jeff Moffet, CEO, Dr Tony Robins, EDMS, Dr David Gaskell, DMS Kimberley Region, Dr David Oldham, Director of Postgraduate Medical Education

Broome Aboriginal Medical Service – Dr David Atkinson and staff

Broome Health Campus - Dr Sue Phillips, Senior Medical Officer

Broome Regional Hospital Junior Doctors – Meeting

Curtin Medical School - Professor William Hart, Dean of Medicine

Fitzroy Crossing Hospital and Renal Dialysis Unit - staff

Healthfix Consulting - Mr Kim Snowball, Director

Kimberley Aboriginal Medical Service Executive – CEO

Nindilingarri Cultural Health Service – Ms Maureen Carter, CEO and staff, Fitzroy Crossing

WAGPET - Prof Janice Bell, CEO

WA Primary Health Alliance – Ms Linda Richardson, General Manager

Rural Clinical School WA - Prof David Atkinson, Director, Broome Staff and Students

Rural Health West - Ms Kelli Porter, General Manager Workforce

Western Australia Health Translation Network - Assistant Director, Dr James Williamson

Queensland

Department of Health - Ms Kathleen Forrester, Deputy Director General Strategy, Policy and Planning Division

Darling Downs HHS, Queensland Country Practice – Dr Hwee Sin Chong, Executive Director, Dr Dilip Duphelia, Director Medical and Clinical Services, Rural and Remote Medical Support - Dr Denis Lennox, Previous Director

Central Queensland HHS – Mr Steve Williamson, CEO; Ms Kerrie-Anne Frakes. Executive Director Strategy, Transformation and Allied Health,

Central Queensland University - Professor Fiona Coulson, Deputy Vice Chancellor, Strategic Development and Growth

Central West Health Service- Dr David Rimmer, DMS and Executive members

Central West PHN - Ms Sandy Gillies, Manager and staff

Centre for Rural and Remote Health, James Cook University – Professor Sabina Knight, Director, Mt Isa

Centre for Rural and Remote Health, James Cook University – RG trainees, Longreach

Condamine Medical Centre – Dr Lynton Hudson and Dr Brendon Evans

Darling Downs HHS – Dr Peter Gillies, CEO

Dr Col Owen, Past President RDAA and RACGP, Inglewood

Goondiwindi Hospital – Dr Sue Masel DMS; Lorraine McMurtrie DON; and staff

Goondiwindi Medical Centre – Dr Matt Masel, staff, Registrars and Students - Doctors Meeting

Institute of Health Biomedical Innovation - Professor Julie Hepworth

Longreach Family Medical Practice – Dr John Douyere and staff

Longreach Hospital, Dr Clare Walker and staff – Meeting and Multi-Disciplinary Ward Round

St George Hospital – Dr Adam Coltzou, DMS, GP staff, junior doctors and students

Stanthorpe Hospital – Dr Dan Manahan, DMS; Dr Dan Halliday, ACRRM Board Member, Ms Vickie Batterham, A/DON and staff

Stanthorpe Medical Practitioners – GPs, Junior Doctors and Hospital Staff - Meeting

Warwick Hospital - Dr Blair Koppen, Medical Superintendent; Anita Bolton DON; and RG trainees

University of Queensland Regional Training Hub - Dr Ewen McPhee, Director, Rockhampton

New South Wales

The Hon Brad Hazzard, Minister for Health

NSW Ministry of Health - Dr Nigel Lyons, Deputy Secretary, Strategy and Resources

NSW Ministry of Health - Dr Linda McPherson, Medical Advisor Workforce and Planning

The Hon Dr David Gillespie MP

Senator for NSW, John Williams

Kevin Anderson, MP, Member for Tamworth

National Party Room Meeting, NSW Government, Sydney

Charles Sturt University – Ms Fiona Nash, Strategic Advisor Regional Development and
Professor Megan Smith Deputy Dean

Forbes Medical Centre – Dr Neale Somes, Dr Glenn Pereira and Dr Herment Mahagaonkar

GP Synergy – Dr John Oldfield, CEO, Sydney

GP Synergy, Farm Safety Workshop - Dr Vanessa Moran, Director of Education and
Training, Dubbo

Glenrock Country Practice, Wagga Wagga - Dr Ayman Shenouda, and Ms Tania Cotterill

Health Education and Training Institute – Rural Generalist and General Practitioner
Procedural Training Program – A/Professor Dr Kathleen Atkinson, NSW Statewide Director
of Training

Inverell Medical Centre - Dr Cheryl McIntyre

Inverell Town Rural Doctors – Meeting

Molong Health Service and District Hospital – Dr Robyn Williams

NSW Ministerial Advisory Committee for Rural Health, Queanbeyan

NSW Rural Doctors Network – Mr Richard Colbran, CEO and Executive

Parkes District Hospital – Staff and junior doctors meeting

Royal Far West - Ms Lindsay Cane, CEO

University of Newcastle Rural Clinical School, Tamworth – Prof Jenny May, Director

University of New England - Professor Rod McClure, Dean, Faculty of Medicine

University of NSW Rural Clinical School, Wagga Wagga – student, junior doctor and
consultant meeting

University of Notre Dame Rural Clinical School, Wagga Wagga – Professor Joe McGirr,
Director and staff

University of Sydney - Professor Arthur D Conigrave, Dean, Faculty of Medicine

University of Sydney Rural Clinical School, Dubbo – Medical Student and Early Career
Doctors Meeting

University of Western Sydney Rural Clinical School – Jane Thompson, Rural Program Co-
Ordinator, Dr Ross Wilson, Dr Sandra Mendel, Orange

University of Western Sydney – Rural Roundtable – Bathurst

Western NSW Local Health District – Mr Scott McLaughlin, CE and Executive

Western NSW Local Health District – GP Proceduralist meeting - Dubbo

Western NSW Local Health District - Dr Shannon Nott, Rural DMS - Dubbo

South Australia

The Hon Stephen Wade MP, Minister for Health and Wellbeing

Department of Health and Wellbeing - Christopher McGowan, Chief Executive

Country Health SA – Ms Maree Geraghty, CEO, Dr Hendrika Meyer, Executive Director Medical Services and Dr Robyn Anderson Principle Clinical Policy Officer

Mr Rowan Ramsey MP, Federal Member for Grey

Mr Tony Zappia MP, Federal Member for Makin

Dr Peter Clements, Rural Generalist Educator, Adelaide

Dr Ben Abbott, Rural Generalist Surgeon, Jamestown

Flinders Rural Health SA - Professor Jennene Greenhill, Director, Professor Lucie Walters

University of Adelaide - Professor Ian Symonds, Dean of Medicine

Flinders University - Professor Lambert Schuwirth, Strategic Professor in Medical Education,

Flinders University - Professor Jonathan Craig, Vice President and Executive Dean

GPEX - Ms Chris Cook, CEO

Rural Doctors Workforce Agency - Ms Lyn Poole, CEO

Rural Health Workforce Strategy Steering Committee - meeting

University of Adelaide – Professor Ian Symonds, Dean of Medicine

Victoria

The Hon Jill Hennessy MP, Minister for Health

Victorian Government Department of Health and Human Services - Mr Dean Raven, Director, Dr Claire Langdon A/Director Workforce Strategy and Planning and Ms Tarah Tsakonas, Senior Policy Advisor

Safer Care Victoria - Professor Euan Wallace, CEO,

Attend Anywhere Video Consulting Programs – Mr Chris Ryan, Director, Melbourne

Bendigo Health – Mr Peter Faulkner CEO, Bendigo

Bendigo Hospital – junior doctor and student meeting, Bendigo

Border Medical Association - Dr Scott Giltrap, Chair and members

Glenelg Shire Workforce Group, Meeting, Portland

Monash Health - Ms Rachel Yates, Principle Advisor, Innovation and Improvement
Monash University Rural Clinical School – Professor Robyn Langham and staff, Bendigo
Murray to Mountains Intern Program – Mr Shane Boyer and Dr Jack Best, Shepparton
Monash University - Prof John Humphreys, Bendigo
RFDS Rural Health Sustainability Project staff, Mildura
Rural Health Forum - La Trobe University and Murray PHN, Mildura
Rural Workforce Agency Victoria - Ms Megan Cahill, CEO, Melbourne
Rural and Regional CEO Forum, Melbourne
Western Victoria Health Accord – Meeting, Portland

Tasmania

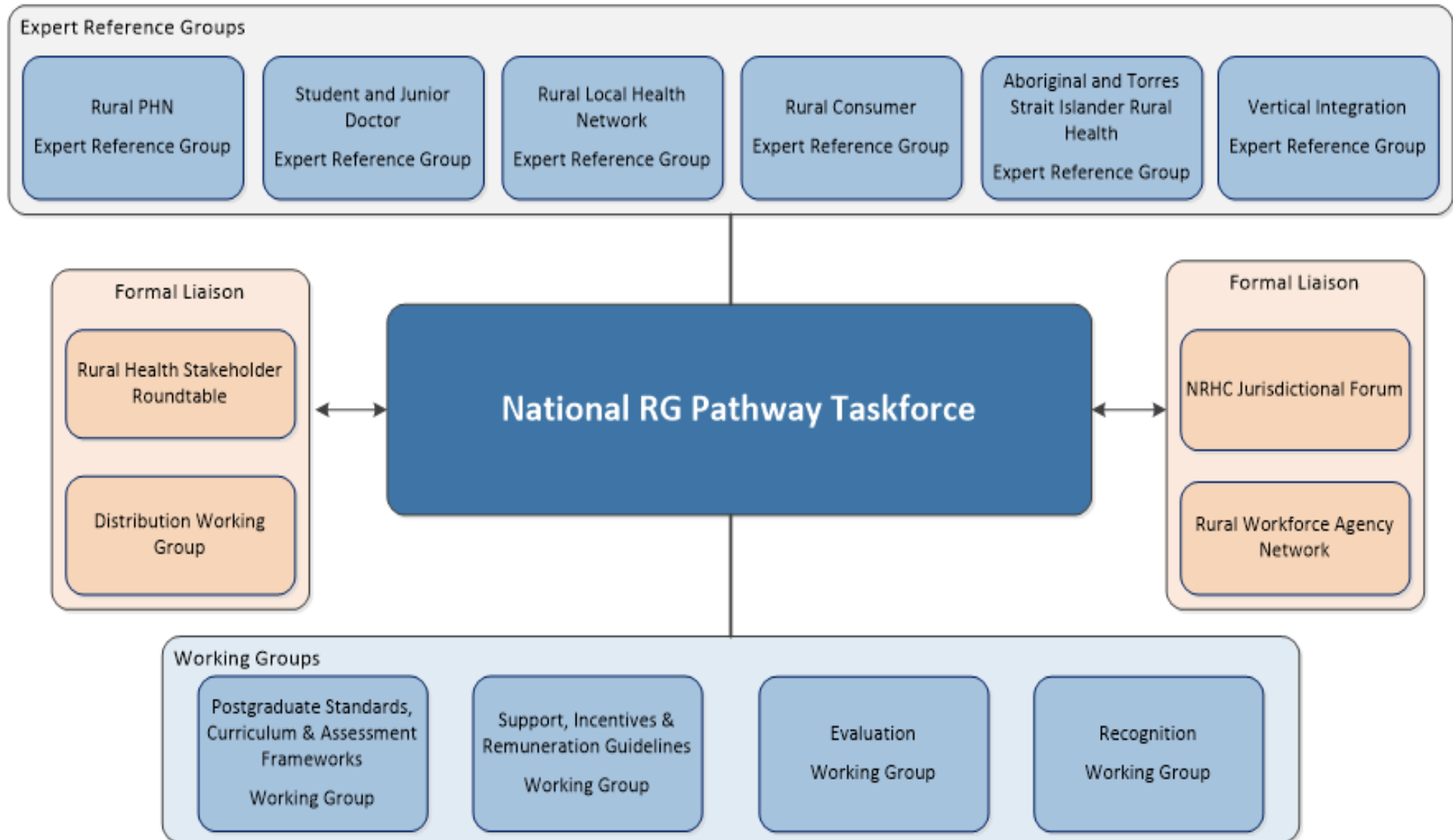
The Hon. Michael Ferguson MP, Minister for Health
Department of Health - Dr Allison Turnock, Medical Director GP and Primary Care and Ms Lorraine Wright, Senior Consultant, Strategic Workforce
Dr Brian Bowring and Dr Tim Mooney, Rural Generalists, Georgetown
HR+ Rural Workforce Agency – Mr Peter Barns CEO, Launceston
North West Health Service - Dr Rob Pegram, Executive Director of Medical Services
Professor Richard Hays, Rural Medical Generalist, Hobart

Invited Presentations on the National Rural Generalist Pathway

6th Rural and Remote Health Scientific Symposium, Canberra, ACT
Tasmanian Rural Health Conference, Launceston, Tas
Victorian Rural and Regional Public Health Service CEO Forum, Melbourne, Vic
Hunter New England Professional Development Program for Doctors, Pt Stephens, NSW
Murray to Mountains Rural Intern Training Program Annual Dinner, Shepparton, Vic
“Are You Remotely Interested?” Conference; Realising Remote Possibilities, Centre for Rural and Remote Health, Mount Isa, Qld
National Regional Training Hubs Forum, Canberra, ACT
Australian Primary Health Care Research Conference, Melbourne, Vic
Medical Oncology Group of Australia Annual Scientific Meeting, Adelaide, SA
Griffith Rural Medicine Retreat, Griffith, NSW
Rural Doctors’ Association of South Australia Annual Conference, Adelaide, SA
Western NSW Primary Health Workforce Planning Forum, Dubbo, NSW
National Rural Health Student Network Council Meeting, Adelaide, SA

Victorian Health Accord Clinical Council Conference, Melbourne, Vic
 Flinders University Regional Training Hub Launch, Mt Gambier, SA
 10th Anniversary of the Joint Medical Program, Armidale, NSW
 National Rural Training Hubs Conference, Sydney, NSW
 Seventh Rural Health and Research Conference, Tamworth, NSW
 Central Queensland HHS Clinical Senate, Rockhampton, Qld
 Medical Deans ANZ Annual Mid-Year Meeting, Canberra, ACT
 National GP Training Advisory Council, Melbourne, Vic
 RACGP Annual Convention 2018, Gold Coast, Qld
 Rural Medicine Australia 2018, Darwin, NT
 NSW Local Health Districts and Regional Training Hubs Meeting, Sydney, NSW
 Australian Medical Council AGM 2018, Launceston, Tas
 Royal Australasian College of Physicians (SA), Annual Scientific Meeting 2018, Adelaide, SA
 Prevocational Medical Education Forum 2018, Melbourne, Vic
 Seventh Rural Health and Research Congress, Sydney, NSW
 Regional Workforce Forum "*Who will look after me?* A future Medical Workforce for Central Queensland", Rockhampton, Qld
 Services for Australian Rural and Remote Allied Health (SARRAH) 2018 Conference, Darwin, NT
 Royal Australasian College of Surgeons – Rural Surgical Workforce Summit, Melbourne, Vic
 Australian College of Health Service Managers Congress, Darwin, NT
 CRANApplus 36th Annual Conference, Think Global Act Local, Cairns, Qld
 AMSA Rural Health Summit Albury, Vic
 Coalition of National Nursing and Midwifery Organisations Meeting, Sydney, NSW
 International Medical Muster, Mount Gambier, SA
 Ministerial Advisory Committee for Rural Health, Queanbeyan, NSW
 Rural Medical Specialist Training Summit, Sydney, NSW
 Rural Workforce Forum, NSW Health in conjunction with Local Health Districts & the Regional Training Hubs, Sydney, NSW
 Australian Medical Council AGM, Launceston, Tas
 Royal Australasian College of Physicians SA, Annual Scientific Meeting, Adelaide, SA
 Rural Mental Health Roundtable, Bathurst, NSW

Appendix Two - National Rural Generalist Taskforce Governance Structure



Appendix Three

National Rural Generalist Taskforce Recommendations

Recommendation 1: The Taskforce recommends that the proposed structure (Figure 1) for the National Rural Generalist Pathway be adopted by Federal, State and Territory Governments, and advises that the following system enablers exist, providing a solid foundation for the implementation of the Pathway:

- a. Each of the three required elements – Medical School, Junior Doctor, and Registrar training (including Additional Skills/Emergency/General Practice) has been demonstrated to be capable of being delivered to high standards in rural settings.
- b. Each General Practice College has an Education Program that currently meets the requirements for high quality educational outcomes in postgraduate training, and has existing or emerging relationships with other Colleges relevant to the broad scope of required training.

Recommendation 2: The following principles apply to the National Rural Generalist Pathway, framed by learnings from Aboriginal and Torres Strait Islander concepts of health and community and the importance of community control and decision-making:

- a. A holistic and integrated understanding of health - Educational Outcomes will be based on the *Collingrove Agreement* which integrates General Practice, Emergency and Additional Skills, as required to support enhanced quality, safety and continuity of care in health services that meet rural community needs in a cost-effective, sustainable way.
- b. The importance of “country” - The Pathway will be based in teaching and training hospital/health service/practice networks across regional, rural and remote Australia, and centred on communities where generalists are needed. There will be multiple entry and exit points and opportunities to choose to participate in high quality rural training “in country” via rural medical programs, rurally based junior doctor and vocational training. Connection to country and family will be maintained with a comprehensive continuing professional development (CPD) program and professional networks. Although allowing for short intensives as required in major cities, this principle will ensure that rural and remote communities of Australia are the reference point for the social, family and career decisions made by Rural Generalists and their partners.
- c. Respect for and consideration for the wisdom of Elders and local Aboriginal decision-making - The Pathway can be built on current evidence, successful local innovations and the experience of leaders in the sector.
- d. Community control - The Pathway requires clear engagement with and leadership from rural and remote communities including Aboriginal and Torres Strait Islander communities and community-controlled health services, to ensure it remains responsive to community needs.
- e. Cultural safety - The Pathway must include structured mentorship and tailoring of training for trainees, including Aboriginal and Torres Strait Islander Peoples, to ensure a cohort of doctors is graduated that is culturally aware, meets the needs of communities including Aboriginal and Torres Strait Islander peoples and prioritises Aboriginal and Torres Strait Islander control and decision-making; they and their supervisors must also have an appropriate understanding of the culture of rural communities and the patients they will serve; and they must be willing and able to critically-reflect on their own cultural influences and the impacts the latter might have on the provision of care to their patients.

Recommendation 3: That the following elements of postgraduate training are identified for potential development by the two General Practice Colleges as part of the design and delivery of the National Rural Generalist Pathway:

- a. Incorporation of flexible approaches to gaining and demonstrating competence for practice, including increased training in Rural Generalist practice.
- b. Better matching Additional Skills training with community needs and where the trainee plans to work.
- c. Supporting personalised learning through developing Programmatic Assessment for Learning and Entrustable Professional Activities.
- d. Providing Recognition of Prior Learning (RPL), Credit Transfer and up-skilling arrangements for both prospective trainees entering the pathway at different stages or practitioners seeking to be recognised as Rural Generalists.
- e. Engagement, professional support and up-skilling for Rural Generalist supervisors and mentors.
- f. Opportunities for collaboration between regions to support trainees and Fellowed Rural Generalists.

Educational Outcomes for the National Rural Generalist Pathway

Recommendation 4: That the following Educational Outcomes are adopted for the National Rural Generalist Pathway.

Rural Generalists are trained:

- a. To ensure patient safety, cultural safety, and practice standards are at optimal levels in their practice context; and to maintain and enhance individual skills and knowledge through a robust continuing education program.
- b. as core skills, to provide high quality culturally safe community and population-based General Practice.
- c. as core skills, to provide emergency/trauma services at the local rural hospital and/or health-care facility/practice.
- d. as core skills, to provide in-patient care for a wide range of patients, and to organise retrieval/referral as appropriate.
- e. as core skills, to work in teams, including through telehealth and multi-town network models, to provide healthcare and health service leadership, quality improvement, and advocacy for their rural communities.
- f. to provide after-hours services for their communities.
- g. to be adaptive and practise where there is no or limited access to local specialists.
- h. to provide a range of Additional Skills that reflects the needs of diverse rural communities.

Rural Generalist Pathway Evaluation

Recommendation 5: That a funded prospective Evaluation program monitors impact and outcomes of the Pathway on trainees and supervisors, the rural medical workforce, rural health services and rural communities.

Rural Generalist Recognition

Recommendation 6: That the two General Practice Colleges support the national recognition, as a protected title, of a Rural Generalist as a Specialised Field within the Specialty of General Practice.

Recommendation 7: Consider developing endorsements within the Australian Health Practitioner Regulation Agency (APHRA) Framework to provide a public register of the current Additional Skills of each Rural Generalist.

Rural Generalist Pathway Support and Remuneration (Chapter 5)

Recommendation 8: Case Management Faculties (tailoring training, support and guidance) are included in the transition and ongoing business case for the Pathway.

Recommendation 9: A mechanism for ensuring preservation of employment benefits and continuity of mentorship, for example, a “duration of training contract” by a single employer, is included in the business case for the Pathway.

Rural Generalist Practice Support and Incentives (Chapter 5)

Recommendation 10: Appropriate clinical governance (quality improvement activities) and genuine peer review, as part of this Pathway, is costed and implemented in a nationally consistent way through appropriate consultation processes.

Recommendation 11: A tiered reform of the General Practice Rural Incentive Program (GPRIP) should be considered by the Department of Health, using the overarching principle of medical workforce incentives that recognise and reward working in more remote locations, using a wider scope of practice, and commitment to community, including after-hours work.

Recommendation 12: The Department of Health also amends the GPRIP to allow for front loading of GPRIP after two years of rural work, to support a capital purchase in the rural community where the medical practitioner works.

Recommendation 13: The Department of Health response to the Review of the Procedural Grants Program is broadened to include a Rural Generalist Additional Skills Program, which incorporates other Additional Skills beyond Surgery, Obstetrics, Emergency and Anaesthetics.

Recommendation 14: The Department of Health retains the existing indemnity insurance support program – the Premium Support Scheme.

Recommendation 15: Locum access, professional development support, and other incentives are available to Rural Generalists in a nationally consistent way.

Rural Generalist Remuneration

Recommendation 16: Rural Generalists are given access to Medical Benefits Scheme specialist item numbers when providing clinical care in areas of accredited Additional skills, including access to telehealth item numbers.

Recommendation 17: The Department of Health provides a rural loading for all clinical services, including but not limited to those provided by Rural Generalists, which is a percentage of the

relevant Medicare rebate for that service, and is increased based on Modified Monash Model category from MMM2 to MMM7.

Recommendation 18: Rural hospital teaching and research activity is recognised in the Hospital Funding Agreements and funding is quarantined to support and facilitate these arrangements in a nationally consistent way.

Recommendation 19: The National Rural Health Commissioner works with jurisdictions and recognised industrial bodies to progress recognition of a Rural Generalist within the State Medical Certified Agreements and Awards and Visiting Medical Officer (VMO) contracts.

www.health.gov.au/National-Rural-Health-Commissioner