VICTORIAN
RURAL GENERALIST
PROGRAM

Program Management Framework 2027-2029

VICTORIA
State Government

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1. Introduction

This Program Management Framework (framework) has been designed to inform and guide stakeholders about their role in the Victorian Rural Generalist Program (VRGP).

This framework sets out the vision, policy context, structure and governance including decision making accountability, underlying principles, outcomes and progress measures, committee terms of references, statements of duties for program roles, and mechanisms to be used for effective governance of the VRGP.

2. Background

2.1 Rural Generalist definition

Rural Generalists (RGs) are General Practitioners (GPs) with advanced skills in areas including obstetrics, anaesthetics, emergency medicine, paediatrics, adult internal medicine, population health, Aboriginal health, palliative care, academic medicine, population health medicine, mental health, remote health and small town rural general practice medicine. Rural Generalists in Victoria work in community settings, and in most cases, contribute to the local rural health service to provide vital acute, aged care, primary care and other services.

The Collingrove Agreement[1], as agreed by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP), defines a Rural Generalist as:

'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.'

In 2025, Australian Health Ministers approved Rural generalist medicine as a new field of specialty practice within the specialty of General Practice. Recognition of Rural Generalism has driven a significant increase in the awareness of this career and the uptake of RG training.

The Victorian Department of Health is committed to supporting Rural Generalist trainees to progress towards rewarding careers providing care across hospital and primary care settings in rural Victoria.

2.2 Victorian Rural Generalist Program (VRGP)

In Victoria, the Department of Health (the department) rural medical workforce funding streams have been consolidated to support a cohesive, well-coordinated end-to-end RG training experience for trainees. The long-term objective of the VRGP is to increase employment of RGs in rural health services and rural primary care.

Multiple stakeholders participate in the training of RGs, including but not limited to, small, sub-regional, regional and metropolitan health services, primary care providers, ACRRM and RACGP. This framework provides for the increased involvement of small rural health services, as future employers of RGs, in the

[1] https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/$File/National%20Rural%20Health%20Commissioner%20-%20Communique%201-July%202018.pdf

prioritisation of funding allocations, and includes a strong focus on leadership by small rural health services in the planning and delivery of the VRGP.

Trainee participation in the VRGP commences with recruitment to a Rural Generalist Year 1 (RG1) position (alternatively referred to as Rural Community Intern Training) or via flexible entry from Postgraduate Year 1 (RG1) onwards. Continuation in the VRGP is subject to a trainee's successful entry to a GP training program and RG Training Pathway. Other doctors can join the pathway via flexible entry. This includes qualified GPs who wish to advance their skills to become RGs, and RGs who wish to undertake an additional advanced skill to meet the needs of their rural community.

The VRGP will, in collaboration with GP Colleges and other sector stakeholders, support trainees through to achieving their RG Fellowship (FACRRM, FRACGP-RG).

2.3 National Rural Generalist Pathway

Australia's first Rural Health Commissioner was appointed by the Federal Parliament in 2017.

A National Rural Generalist Taskforce was established by the Commissioner in May 2018 which formally released '*Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway*' to guide the development of the training pathway, and to harness the broad-based expertise of the rural health sector.

Under the guidance of the Rural Health Commissioner, the National Rural Generalist Pathway (NRGP) enables students, junior doctors and registrars to be based in rural communities that need rural generalists and call rural communities' home for their entire training.

The VRGP delivers the NRGP objectives while remaining primarily aligned to the Victorian health system and the needs of rural Victorian communities.

3. Vision

VRGP vision for Rural Health All health services work together to train and employ a sufficient and stable Rural Generalist workforce that work with other health practitioners to provide timely local access that meets community health needs now and into the future.
VRGP vision for Rural Generalism Rural Generalist (procedural and non-procedural) roles are understood, valued and recognised as vital to rural health care delivery. Rural Generalism is a rewarding career that meets the needs of the community. Rural Generalism delivers excellent rural health outcomes now and into the future.
Vision for the VRGP The VRGP coordinates a seamless, supportive, end-to-end training experience, equipping trainees for fulfilling careers that meet the needs of rural communities.

4. Policy and strategic environment

National Rural Generalist Pathway

The Victorian Rural Generalist Program aligns with and delivers the goals of the NRGP. The VRGP Coordination Unit is part-funded by the Department of Health, Disability and Ageing to deliver the following objectives as stated in the grant agreement:

Governance	• Facilitate an appropriate governance arrangement including (at a minimum) representatives from the GP Colleges, Rural Workforce Agencies, Regional Training Hubs, Primary Health Networks and other relevant national, state or territory-based health organisations. • Engage a qualified general practitioner who has practiced as a rural generalist to provide advice and senior leadership to ensure effective implementation and governance of the coordination unit.
Case management	• Leverage existing partnerships and services to maintain and expand various ancillary activities to support rural generalist trainees and supervisors, which may include: ○ mentoring and support services, such as regular structured check-ins to assist with early troubleshooting of issues ○ career guidance services ○ family support services ○ assessing education and training needs; and feedback mechanisms.
Policy development	• Under the governance structure, review the expansion of a well-structured rural generalist training pathway that operates throughout the jurisdiction. This includes: ○ streamlining entry and exit process, and

	○ identifying and establishing arrangements for hospital and community-based training placements, in consultation with existing training organisations, including the GP Colleges. • Identify training opportunities that align with the GP Colleges' Rural Generalist pathways and fellowship requirements. • Maintain a suite of policies and/or guidelines on how the state or territory based rural generalist training pathway will operate to meet the national elements for the future. Policies to encompass: ○ vertical and lateral entry onto the pathway ○ ability to transfer between jurisdictions ○ encouraging improvements in credentialing to allow registrars to work in hospitals (as required) ○ ensuring prevocational doctors are released to accredited primary care practice for APCPP funded rural primary care rotations, and ○ a dispute resolution process/policy.
Workforce planning	• In line with Commonwealth and regional workforce incentives/programs, build on existing workforce distribution strategies to develop a long-term regional rural generalist workforce distribution strategy within the jurisdiction. • Build on existing workforce evaluations to identify community needs across the jurisdiction. A variety of data sets should be used, including existing jurisdictional resources as well as planning from Rural Workforce Agencies, to identify skills shortages in rural and remote areas that could be filled with rural generalist trainees/qualified rural generalists. • Enable workforce policies and practices to build and enhance existing workforce capacity requirements, with a focus on Modified Monash Model 3-7 locations, to meet all aspects of Rural Generalist practice including: ○ culturally appropriate private primary care ○ emergency and trauma services ○ community needs-based additional skills, and where applicable: ○ in patient care ○ after-hours services ○ innovative health practices including tele-health. • Consult with existing training organisations, including the GP Colleges and other sector groups, to identify training opportunities that provide rural education and training pathways for doctors to experience the full scope of rural generalist practice. • Partner with existing training organisations, including the GP Colleges, and the sector to negotiate and facilitate additional/advanced skills training positions for rural generalists relevant to community needs and viable practice models for the community. • Ensure rural generalist training does not unduly limit training opportunities for other rural GP registrars or other specialist registrars.
Collaboration and communication	• Foster a culture of shared understanding and effective collaboration by building and maintaining relationships with the GP Colleges, Rural Workforce Agencies, local health directorates and third-party organisations or communities. • Where possible, foster cross-jurisdictional collaboration to enable innovative training mechanisms, support and cross-jurisdictional training.

	• Through a national approach led by a Commonwealth and State partnership, collaborate with hospitals, specialist colleges and existing training organisations to help develop the rural generalist pathway.
	• Maintain an ongoing communication strategy, which includes quarterly / bi-annual communication between the Commonwealth Department of Health and Aged Care, third party organisations and other state or territory jurisdictions (as required).
	• Partner with existing training organisations, including the GP Colleges, to support the national marketing strategy through:
	  ○ developing communication materials on the state or territory-based rural generalist pathway for doctors interested or on the rural generalist pathway
	  ○ coordinating and developing jurisdictional-based marketing activities
	  ○ oversight of jurisdictional career promotion activities, and
	  ○ partnering with existing organisations to support and provide medical education workshops led by education providers.

Data collection and analysis	• Collect and analyse data on rural generalists (i.e. in a supervisory capacity) and rural generalists in training, from the relevant entry point (e.g. intern or PGY 2), in each state/territory to support and maintain the national approach. This will include: ○ unit record data required for training pipelining such as a unique ID for each trainee, age, gender, year of training (including new intake and graduates) as well as deferrals and withdrawals on an annual basis at a minimum; and an additional unique identifier linked to MBS would enable a longitudinal analysis of the service delivery locations of the rural generalist graduates.
Outcomes of NRGP Evaluation	• Agreed outcomes from the evaluation will be directed in writing from the Department to Coordination Units.

Victorian Department of Health: Strategic Priorities

The department's vision is that Victorians are the healthiest people in the world with a health, wellbeing and care system that respects, understands and prioritises them. This system provides Victorians with the right care in the right place at the right time.

The VRGP aligns with and delivers on the department's seven strategic priorities:

1. Keeping people healthy and safe in the community
2. Providing care closer to home
3. Keep innovating and improving care
4. Improving Aboriginal health and wellbeing
5. Moving from competition to collaboration
6. A stronger and more sustainable workforce
7. A safe and sustainable health, wellbeing and care system

The VRGP delivers on the strategic priorities of the department in supporting the delivery of departmental policy including but not limited to the Health Services Plan, Service Capability Frameworks and the departmental response to the Ministerial Review: Victorian Public Sector Medical staff..

The VRGP contributes to the department's implementation of the Victorian Health Workforce Strategy and specifically the following objective:

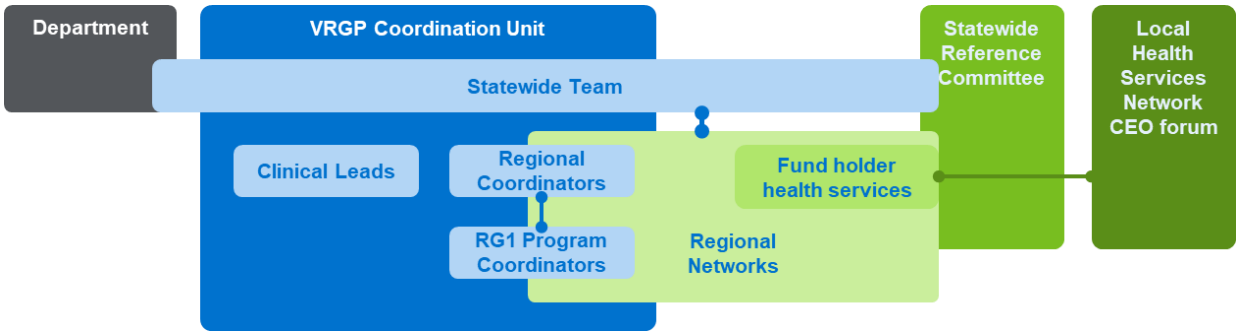
Strengthen rural and regional workforces: *Improve capacity and distribution in rural and regional locations for equity in access to healthcare. With action areas including:*

- *Foster local talent pipelines in rural and regional locations by growing local training pathways*
- *Review and refresh incentives and enablers to attract and retain professionals in rural and regional settings.*
- *Explore innovative employment models that support flexible careers and improve access to care.*

5. Structure and governance

The structure and governance of the VRGP is designed to increase the participation of small rural health services with the objective of improving the long-term employment outcomes that ensure timely local access to care that meets community health needs now and into the future.

The next figure illustrates the formal structure of the VRGP. All elements of the VRGP engage at strategic and operational levels with external stakeholders in the health sector and training system.



The decision-making accountability and key responsibilities for key VRGP roles and stakeholder groups is outlined in the table below.

Department financial delegate	• **Approve** new, and changes to existing, VRGP policies, strategic projects, program guidelines, contracts and agreements, funding allocations and reporting to the Commonwealth.
Statewide Reference Committee (SRC) • *See membership in Section 8*	• **Endorse** new, and changes to existing, VRGP policies, strategic projects and program guidelines. • Inform the development and growth of the VRGP to achieve the VRGP vision.
Statewide VRGP Team • *Statewide Clinical Lead* • *Program Coordinator* • *Manager* • *Principal Policy Advisor* •	• Develop and lead implementation of VRGP policies, strategic projects and program guidelines in consultation with stakeholders. • Represent the VRGP in interjurisdictional engagement. • Collaborate with sector stakeholders at the strategic and organisational level.

Coordination Unit • *Statewide VRGP Team* • *Regional Coordinators* • *Clinical Leads* • *+ link with Rural Generalist Year 1 Coordinators*	• Collaborate internally and with external stakeholders to develop and grow the VRGP to achieve the long-term vision. • Deliver the VRGP, including case management of trainees and coordination with stakeholders, in line with this framework and VRGP program guidelines.
Regional Fund Holder Health Services • *Fund holder health services in each of the five regions*	• Chair the Regional Network (unless role filled by CEO or DMS of another rural health service with department agreement). • Employ and support VRGP Regional and Program Coordinators (unless role fulfilled by another rural health service with department agreement). • Administer VRGP funding.
Regional Networks (RNs) • *See membership in Section 9*	• Chair of the Regional Network OR CEO of Fund Holder Health Service provides VRGP update to the Local Health Services Network (LHSN) CEO Forum and ensures alignment of VRGP Regional Network with LHSN strategic direction. • **Endorse** allocation of VRGP funding streams including the selection of Rural Generalist Advanced posts to receive priority funding each year in line with current and projected RG employment demand. • Collaborate to develop and grow the VRGP to achieve the VRGP vision. • Report to the SRC and department on VRGP activity and outcomes.
Health Services	• **Approve** trainee selection and employment. • **Approve** VRGP positions and ensure these are appropriately accredited for RG training. • Provide training, supervision and monitor progress in line with accreditation standards and the relevant curriculum.

6. Principles

The following principles guide how the VRGP works internally and with stakeholders.

Effective governance	• Decision making authority is clearly communicated in the Program Management Framework and VRGP program guidelines. • Decision making authority follows existing delegation of authority in each participating stakeholder organisation. • Decisions on funding allocations align with VRGP program guidelines and are made by the Regional Network with quorum requirements satisfied. • Membership and scope of responsibility of the SRC and RNs support development and delivery of the VRGP in line with VRGP vision.

Collaboration	• All internal and external stakeholders involved in the development of the RG workforce collaborate to achieve the VRGP vision through:
	  ○ working together to develop accredited training capacity aligned with rural community needs and trainee career aspirations
	  ○ collectively supporting trainees over multiple years enabling them to put down roots in a community of their choice

	○ sharing learnings and innovations that improve the training experience and employment outcomes for RGs in Victoria.
Outcomes focus	• Development and delivery of the VRGP is focussed on delivering the outcomes specified in this framework. • The VRGP monitors progress towards outcomes and responds with policy and program change and innovation to continually improve performance.
Advocacy	• Rural community needs inform the delivery of the VRGP. • VRGP internal and external stakeholders use individual, organisational, and collective influence to advocate constructively for broader policy change to support the growth of the rural Victorian RG workforce.
Innovation	• The VRGP vision is achieved through collaboration and contribution of internal and external stakeholders to the design and implementation of new policies, programs, processes and models. • VRGP stakeholders share learnings and outcomes from local sector-based innovation projects. • VRGP stakeholders provide organisational leadership to facilitate the uptake, scale and spread of innovation that builds the Victorian RG workforce.

7. Outcomes and measures

An outcomes-focused approach with measurement of progress will focus the efforts of all parties contributing to the VRGP towards achieving the Vision. Our collective intended outcomes for rural communities can only be achieved through collaborative effort of all stakeholders involved in the training and employment of RGs in Victoria. None of the measures listed below can be delivered by the actions of one party alone.

The Vision, Outcomes and Progress Measures are provided in the table below. These measures will apply to the period from 1 July 2024 to 31 December 2029.

Specific metrics are defined in the VRGP Progress Measures Calendar and reported by the Regional Networks to the SRC in June and December each year. Formal reporting by the VRGP Statewide Team against the Outcomes and Progress Measures will be submitted to the SRC and the department at the end of each clinical year.

VISION	OUTCOMES	PROGRESS MEASURES
Vision for rural health All health services work together to train and employ a sufficient and stable Rural Generalist workforce that work with other health practitioners to provide timely local access that meets community health needs now and into the future.	RGs are living and working in rural towns and meeting the needs of all communities	• Reduced reported health service RG staffing shortages • Increased number of VRGP RGs and trainees employed in rural communities identified as having high healthcare needs
	Health services are engaged; actively recruiting and retaining an RG workforce and providing training opportunities to RG trainees	• Increased number of organisations and campuses providing VRGP training • Increased accredited training capacity available for VRGP trainees • 35 RG1 positions are filled each year with rural intent trainees • 35 RG2 positions are filled each year with rural GP or RG intent trainees from RG1 or flexible entry • Increased number of RGs trained annually through VRGP • VRGP training positions aligned to current and projected employment demand

VISION	OUTCOMES	PROGRESS MEASURES
Vision for Rural Generalism Rural Generalist (procedural and non-procedural) roles are understood, valued and recognised as vital to rural health care delivery. Rural Generalism is a rewarding career that meets the needs of the community. Rural Generalism delivers excellent rural health outcomes now and into the future.	The RG role is recognised and valued within the rural health service system	• Increased number of public health services employing RGs in alignment with the service capability frameworks and highest community needs
	RGs are working to full scope in the location in which they are employed	• Increased number of RGs using their advanced skill (procedural and non-procedural) and emergency skills at 3- and 5-years post fellowship
	RG workforce is available to maintain and enhance health service provision in rural communities	• Reduced number of health services going on diversion or reducing service level due to RG workforce shortages
Vision for the VRGP The VRGP coordinates a seamless, supportive, end-to-end training experience, equipping trainees for fulfilling careers that meet the needs of rural communities.	VRGP attracts the right number of trainees with rural RG career intent	• High proportion of RG1 trainees have rural career intent • High proportion of VRGP positions filled at each year of the training pathway
	VRGP trainees have a great training experience	• Increased trainee satisfaction ratings with the VRGP training experience • High trainee satisfaction in the Rural Generalist Advanced education program
	VRGP trainees have a seamless, supported and tailored pathway	• High proportion of VRGP trainees have access to the training and experience they need and want at each year of their training pathway • Increased rates of trainee retention at each year of the training pathway through to fellowship • High trainee satisfaction for the support and mentorship provided by VRGP
	VRGP trainees successfully transition to independent practice as a fellow in a rural community	• High proportion of VRGP trainees successfully complete advanced skills training • Increased proportion of VRGP trainees who become rural RGs utilising their advanced skill in the first 3 years post fellowship
	VRGP trainees enjoy a rewarding career in rural communities	• High rural retention rate at 3- and 5-years post fellowship

8. Statewide Reference Committee – Terms of Reference

8.1 Role

The role of the Statewide Reference Committee (SRC) is to guide and support the development and growth of the VRGP to achieve its vision.

The SRC members act individually as senior leaders and in concert within the Committee to influence system innovation, provide leadership and constructive guidance on the development, growth and delivery of the VRGP while representing the perspectives of sector stakeholders and rural communities.

8.2 Objectives

The SRC, as individuals, organisational and sector representatives, will support the VRGP to achieve its vision through the following objectives:

- Identify opportunities for improvements and innovation and share information on organisational or Regional Network projects
- Build sector awareness and support for design and implementation of improvements and innovation
- Provide practical guidance on potential effectiveness of improvements and innovation, particularly at interface points within the system
- Endorse VRGP improvement and innovation proposals through collective agreement
- Commit to support implementation of VRGP improvements and innovation
- Endorse changes to VRGP program guidelines relating to prioritisation of funding allocation.
- Share intelligence and insights on issues and risks
- Report on organisational or Regional Network progress in contributing to the development of Rural Generalism in Victoria
- Contribute organisational or Regional Network data and intelligence on employment demand, trainee career aspirations, training capacity and pathway outcomes to support the strategic planning of the VRGP
- Advocate for broader system reform to support the development of the Rural Generalist workforce in rural Victoria.

8.3 Membership

Membership will be composed of one representative from each of the following:

- Statewide Clinical Lead
- Manager, VRGP
- VRGP Statewide Team
- Regional Networks (represented by the Chair of each RN)
- RACGP
- ACCRM

- Victorian Regional Training Hubs Alliance
- Rural Workforce Agency Victoria
- Victorian Primary Health Networks
- Postgraduate Medical Council of Victoria
- Rural Doctors Association Victoria

8.4 Role of the Chair

The Statewide Clinical Lead will be the Chair for the SRC.

The role of the Chair is to endorse the Agenda and lead the SRC to achieve its objectives and execute its responsibilities in line with the terms of reference.

8.5 Meetings and administration

8.5.1 Frequency of meetings

The SRC is to meet in June and December each year with additional meetings organised on an ad hoc basis as needed (e.g. specific workshop session on projects such as the Single Employer Model).

Out of session papers may be provided to seek decisions between meetings.

8.5.2 Quorum and decision making

Quorum is reached when at least 50 per cent of the SRC members (or a nominated proxy) are in attendance and at least three of the five Regional Network Chairs are represented.

8.5.3 Secretariat

The following is a summary of the Secretariat functions:

- organise the business of, and support the group and the Chair
- organise and manage meeting arrangements, preparation of papers, processes and records of decisions
- manage meeting and ongoing agenda related processes
- monitor and ensure follow up on actions arising from meetings
- maintain a set of official records
- manage correspondence and other business between meetings
- manage out of session business and
- prepare progress reports to DH.

8.5.4 Distribution of minutes

Minutes will be distributed to each SRC member (or their proxy) within a week of the meeting. An executive summary, excluding private, confidential or sensitive information, will be provided to the VRGP Coordination Unit and Regional Networks within a week of the SRC meeting.

8.5.5 Reporting

The SRC will table Regional Network Reports and VRGP Coordination Unit Reports at each meeting. Regional Network Reports will use the reporting templates provided by the department.

ACRRM and RACGP will provide a report to the SRC at each meeting using the reporting templates provided by the department. The SRC minutes and reports will be provided to the department.

9. Regional Network – Terms of Reference

9.1 Role

The role of the Regional Network is to enable the development, growth and delivery of the VRGP.

The Regional Network members, individually as organisational representatives and collectively as a Network, work together to train, support and employ a Rural Generalist workforce that meets the needs of their rural communities now and into the future.

9.2 Objectives

The Regional Network, as individuals, organisational and sector representatives, and a collective Network, will support the VRGP to achieve its vision through the following objectives:

- Develop, grow and deliver the VRGP in the region.
- Share intelligence and insights on opportunities, trends, issues and risks within the region and with other regions via the SRC.
- Identify opportunities and share information on improvements, innovation and pilot projects.
- Contribute organisational data and intelligence on employment demand, trainee career aspirations, training capacity and pathway outcomes to support the regional strategic planning for the VRGP.
- Contribute to the design and implementation of improvements and innovations by providing local intelligence and insights on problems and potential practical and effective solutions.
- Provide an individual organisational commitment to support implementation of improvements and innovation within the region.
- Collectively endorse prioritisation of funding to build training capacity and networked training pathways that align with current and future employment demand and trainee career aspirations.
- Collaborate in the formalisation of networked training pathways to enable multi-year training contracts for all VRGP trainees in the region in the future.
- Report on the Network activities of the VRGP in bi-annual reports to the SRC and the department.
- Be well informed on new and changing Victorian and Commonwealth RG workforce policy and programs.

9.3 Membership

Membership will be composed of:

- A member of the VRGP Statewide Team
- Health service CEO or CEO-nominated DMS or other suitable representative from all participating health services in the region. Representatives must have the ability to make decisions on behalf of their organisation. A minimum of 50 per cent of health services in the region must participate. Communication processes must be in place to engage all other health services in the development, growth and delivery of the VRGP.
- A Health Service CEO nominated by the Local Health Services Network as a sponsor to support the Regional Coordinator and report back to the Local Health Service Network CEO Forum. This person may be the Regional Network Chair.

- ACRRM representative
- RACGP representative
- Primary Health Network representative
- Regional Training Hub representative
- Rural Generalist representative
- Rural Generalist trainee representative
- Rural medical clinical school undergraduate trainee representative
- Other regional stakeholders as determined by the Regional Network members.

Clinical Leads can be invited to meetings to discuss specific training issues as required.

An individual can function as representative for more than one health service and/or organisation where they are formally engaged by each organisation. They will confirm the health service that they are speaking for where relevant.

9.4 Role of the Chair

The Chair of the Regional Network will be preferably from a small rural health service to facilitate links between the VRGP and future employment outcomes.

The role of the Chair is to lead the Regional Network to achieve its objectives and execute its responsibilities in line with the terms of reference.

9.5 Meetings and administration

9.5.1 Frequency of meetings

It is proposed that the Regional Network meet at least twice a year. Meeting frequency can be reviewed and scaled up by the Regional Network. One meeting must include a collective decision on the prioritisation of Rural Generalist Advanced posts for VRGP funding in response to current and projected employment demand for RGs.

9.5.2 Quorum and decision making

Quorum is reached when at least 50 per cent of the Regional Network members (or their nominated proxy) are in attendance and at least 50 per cent of attendees are representatives of Health Services (DMS or CEO representative or their proxy). Each health service is counted as being in attendance and for the purpose of decision by vote, where an individual is formally representing multiple health services.

In relation to prioritisation of funding, health services unable to send a representative to the meeting are provided with the opportunity to vote or provide recommendations in writing ahead of the meeting with this included in the decision.

9.5.3 Secretariat

The Regional Coordination Team will provide Secretariat services to the Regional Network.

The following is a summary of the Secretariat functions:

- organise the business of and support the group and the Chair;
- organise and manage meeting arrangements, preparation of papers, processes and records of decisions;
- manage meeting and ongoing agenda related processes;

- monitor and ensure follow up on actions arising from meetings;
- maintain a set of official records;
- manage correspondence and other business between meetings;
- manage the out of session business; and
- prepare bi-annual reports to the SRC, LHSN and the department.

9.5.4 Reporting

The Regional Network will report bi-annually to the SRC, LHSN and the department using the department template.

The Regional Network Chair will provide written and/or verbal updates at the SRC meetings. The update should include issues and risks to the delivery of the VRGP in the region, progress on implementation of improvement and innovation projects, other regional insights and intelligence to support the strategic planning of the VRGP.

The Health Service CEO nominated by the Local Health Services Network (LHSN) as VRGP sponsor will report to the LHSN CEO Forum at least once a year providing information on Regional VRGP training activity and alignment with the LHSN strategic priorities.

10. Statewide Clinical Lead – Statement of duties

The Statewide Clinical Lead provides professional leadership and clinical expertise to the VRGP. The Statewide Clinical Lead will drive a culture of clinical excellence through the development of a skilled RG workforce and leads the Statewide clinical program.

The Statewide Clinical Lead, in conjunction with the other Clinical Leads, will provide mentorship and ongoing support to trainees and general practitioners who are interested in pursuing RG careers.

The Statewide Clinical Lead leads a team of Clinical Leads appointed within the VRGP. This includes four Clinical Leads for the key advanced skills areas (Anaesthetics, Obstetrics, Emergency Medicine and Paediatrics/Adult Internal Medicine/Mental Health/Academic /Palliative). The Statewide Clinical Lead supports Aboriginal Health, Remote Medicine and other advanced skills as required.

10.1 Purpose

- Provide advice to the department and Victorian health services on RG workforce requirements to facilitate the delivery of RG training in rural and regional health services.
- Improve training outcomes and experiences of trainees across Victoria.
- Improve access to RG training in rural and regional Victoria.
- Develop and implement a Clinical Lead work program to be endorsed by the department.

10.2 Responsibilities

- Lead the VRGP by supporting program design, implementation and governance.
- Chair the VRGP Statewide Reference Committee and VRGP Clinical Lead meetings.
- Represent the VRGP at interjurisdictional meetings.
- Lead or participate in projects to realise the VRGP vision.
- Establish and maintain collaborative working relationships within VRGP Coordination Unit and with hospital directors, GP Colleges and Medical Educators, other specialist medical colleges supervisors, regional and rural health services and other stakeholders.
- Provide advice to inform the implementation of the VRGP with a focus on improving access to RG services in rural communities.
- Advocate for Rural Generalism and support succession planning for RGs with advanced skills in health services in rural Victoria.
- Provide clinical strategic advice to the department on RG services and workforce, such as participating in the development and review of the service capability frameworks.
- Provide oversight and support to Clinical Leads to facilitate consistency and quality of VRGP funded training.
- Facilitate the expansion of RG advanced skills training by supporting health services to meet accreditation requirements.
- Provide individualised and consistent advice to ensure trainee progress in accordance with curriculum requirements, and College and contractual standards. This requires an understanding of

the architecture of training and the extent to which the interest of stakeholders is recognised and reconciled with the needs of trainees and supervisors.

- Manage the delivery of case management to trainees and support to supervisors.
- Work with the Clinical Leads to analyse areas of strength and weakness and contribute to professional development and learning plans for individual trainees, including quarterly review of learning plans and logbooks, as required.
- Promote the education and training activities of the VRGP.
- Lead the evaluation of VRGP education and training activities.
- Report annually to the SRC and the department on Clinical Lead activities and relevant Key Performance Indicators using the department template.
- Work collaboratively with the department staff to ensure linkages and synergies of work.
- Other duties as directed.

11. Clinical Lead – Statement of duties

The Clinical Leads drive a culture of clinical excellence by supporting the development of a skilled RG workforce. They lead the delivery of advanced skills training and provide mentorship and on-going support to trainees and general practitioners who are undertaking advanced skills training as part of the VRGP.

Four Rural Generalists are hosted by their current health service employer to fulfil the Clinical Lead role. These roles support trainees in the advanced skills areas of Anaesthetics, Obstetrics, Emergency Medicine with the fourth Clinical Lead covering Paediatrics, Adult Internal Medicine, Palliative Care, Mental Health and Academic Medicine. Each of the Clinical Leads must be a Fellow of RACGP-RG (or FRACGP plus FARGP) or ACRRM and hold relevant advanced skill qualifications. The Clinical Leads report to the Statewide Clinical Lead.

11.1 Purpose

- Improve training outcomes and experiences of VRGP trainees across Victoria.
- Facilitate increased access to RG advanced skills training in rural and regional Victoria.
- Provide advice to the department and Victorian health services on RG workforce requirements to facilitate the delivery of advanced skills in rural health services.
- Provide advice to the department on matters that impact the clinical safety for both patients and RGs in rural Victoria.

11.2 Responsibilities

- Collaborate with internal and external stakeholders and provide advice to inform the delivery of the VRGP with a focus on improving access to RG services to meet the health needs of communities in rural Victoria.
- Participate in projects to realise the VRGP vision.
- Advocate for Rural Generalism and support succession planning for RGs with advanced skills in health services in rural Victoria.
- Provide clinical strategic advice to the department on RG services and workforce, such as participating in the development and review of the service capability frameworks.
- Facilitate the expansion of RG training sites by supporting health services to attain and sustainably meet accreditation requirements.
- Provide individualised and consistent advice to ensure trainee progress in accordance with curriculum requirements, and College and contractual standards. This requires an understanding of the architecture of training and the extent to which the interest of stakeholders is recognised and reconciled with the needs of trainees and supervisors.
- Manage and administer the delivery of case management to trainees and support to supervisors.
- Support individual trainees to progress through advanced skills training, including quarterly review of learning plans and logbooks, as required.
- Support individual trainees to develop, implement and review learning plans for consolidation of skills.
- Develop, deliver and promote VRGP education and training programs for trainees undertaking their advanced skills training. Participate in prevocational education activities where required.

- Participate in the evaluation of VRGP education and training activities.
- Promote the benefits and opportunities to being an RG through attendance at VRGP endorsed pre-vocational and vocational events.
- Establish and maintain working relationships with hospital directors, GP Colleges and Medical Educators, other specialist medical colleges supervisors, regional and rural health services and other stakeholders.
- Participate in regular meetings with the Statewide Clinical lead, Regional Coordinators, Clinical Leads and periodic meetings with the VRGP Coordination Unit.
- Participate in annual reporting to the SRC and the department on Clinical Lead activities and relevant Key Performance Indicators using the department template.
- Maintain accurate, complete and timely documentation of trainee interactions in the VRGP Customer Relationship Management system.
- Other duties as directed.

12. Manager – Statement of duties

12.1 Purpose

The Manager performs a critical leadership role that contributes to the growth and sustainability of the rural generalist workforce across Victoria. The Manager is a key strategic and operational management role within the VRGP, providing leadership to direct reports and Coordination Unit, Clinical leads and Regional Coordinators, both within and external to the department.

The position leads engagement with key stakeholders and oversees the various governance and management arrangements to deliver on the program. The role will identify key program strategic priorities and will develop productive links between all stakeholders in the training and education of rural generalists. The role will be central in identifying opportunities for innovation in the development of processes and systems in order to grow the program.

12.2 Responsibilities

- Provide oversight, leadership and support to the Regional Coordinators, Clinical Leads and Regional Networks to achieve well-coordinated and cohesive VRGP.
- Support a consistent approach by each region for the established of Regional Networks that adheres to the Terms of Reference as detailed in this framework.
- Ensure processes, systems and activities developed within each region align with the underlying principles and minimum standards outlined in this framework.
- Ensure VRGP coordination function is in line with Commonwealth Department of Health, Disability and Ageing grant objectives and prepare reporting to meet grant requirements.
- Monitor and support avenues for conflict resolution for program management matters.
- Collaborate with key stakeholders involved in medical training, including but not limited to the Postgraduate Medical Council of Victoria, Regional Training Hubs, Rural Workforce Agency Victoria, colleges, community general practices and health services, to support productive working relationships and enable effective use of available programs and funding linked to rural generalist training.
- Work collaboratively with Regional Coordinators, Clinical Leads and relevant stakeholders in workforce planning activities, including the development of VRGP training positions aligned with health service and community need which can lead to viable careers in rural locations.
- Maintain an understanding of the issues and risks impacting the rural generalist pathway and lead critical projects that review and develop, policies, professional standards and consistent operating practices that enhance service delivery, budget efficiency and improved RG training pathways.
- Identify and actively manage emerging issues and areas of risk for government, the department and the community.
- Monitor and encourage opportunities to integrate high-quality clinical care and training that will promote and support a sustainable and skilled workforce for rural communities.
- Identify system level improvements to the VRGP, advocate for and implement changes to improve the quality of training and the equitable distribution of training positions and employment opportunities for Rural Generalists.
- Provide leadership, authoritative advice and strategic expertise to internal and external stakeholders to support the development of policies, strategies and initiatives supporting the successful delivery of the VRGP.
- Provide strategic input and corporate leadership in matters of governance, change management, program direction and business objectives.

13. Program Coordinator – Statement of duties

13.1 Purpose

The Program Coordinator collaborates with the State-wide team, Regional Coordinators and Clinical Leads in the strategic development and delivery of rural generalist training in Victoria. The position is focused on the state-wide coordination of VRGP delivery, budget management, monitoring, reporting, marketing, stakeholder engagement and pre-vocational education activities.

The role provides education and expert advice to internal and external stakeholders on delivering the Australian Primary Care Prevocational Program (APCPP, previously John Flynn Prevocational Doctors Program), the effective use of VRGP trainee information management systems and other components of the VRGP.

As a member of the State-wide team, the Program Coordinator participates in innovation projects and leads implementation of new initiatives to improve the outcomes VRGP achieves for rural communities.

13.2 Responsibilities

Australian Primary Care Prevocational Program (APCPP)

- Provide advice and expertise to the department and other stakeholders to support the coordinated and integrated delivery of the APCPP.
- Work closely with the Coordination Unit team members to manage and grow the APCPP through targeted stakeholder engagement, marketing, and education activities.
- Identify opportunities to better align APCPP delivery with community need and future employment demand and support Regional Coordinators in the targeted recruitment and accreditation of new training locations.
- Develop and implement guidelines, communication tools, processes and systems to support the effective delivery of APCPP by all stakeholders.
- Support collaboration and conflict resolution for APCPP program management matters and inform the department in a timely manner if issues are unable to be resolved.
- Develop and manage delivery of a pre-vocational education program through stakeholder consultation, training needs analysis, budget development, proposal submission to the department, expenditure monitoring and program evaluation.

VRGP state-wide coordination

- Participate in the development of new policy, program guidelines and improvements providing specific advice on implementation feasibility. Project manage the implementation of pilots and improvement projects ensuring coordination through new guidelines, processes, systems and marketing materials.
- Contribute to the development, then lead the implementation of the VRGP marketing strategy. Present and represent VRGP at conferences and meetings. Monitor the impact and reach of marketing activities and recommend improvements.
- Monitor planned funding of positions against statewide budget and provide advice on issues and opportunities to redistribute funding to achieve better employment outcomes. Collate and validate regional training activity data to inform the department on filled positions eligible for funding. Report on actual activity and where payment adjustments are required.
- Enable the VRGP to comply with Commonwealth data reporting requirements by providing advice on system capacity to deliver requirements in new agreements, extracting and validating data reports, and providing advice on improvements required to system functionality.

- Provide expert advice and support in the management of trainee and other information management systems. Train and support Coordination Unit team members to use systems effectively for case management, planning, reporting, and other functionality required to achieve optimal coordination of the trainee experience. Lead engagement with system developers to enhance functionality as required to meet VRGP objectives.
- In collaboration with Coordination Unit team members, identify system level improvements to VRGP, advocate for and implement changes to improve the quality of training and the equitable distribution of training positions and employment opportunities for Rural Generalists. This includes scanning, stakeholder consultation, collation of information on current and future training capacity and employment demand to identify potential capacity and feasibility of new sites and new training models.
- Collaborate with key stakeholders involved in medical training, including the Postgraduate Medical Council of Victoria, Regional Training Hubs, Rural Workforce Agency Victoria, specialist colleges, community general practices and health services, to support productive working relationships and enable effective use of available programs and funding linked to rural generalist training.
- Contribute to the annual budget build process and manage expenditure processing, budget monitoring, annual acquittal and reporting for the education program, state-wide and program coordinator support activities, VRGP marketing and conference plan.
- Where required, provide direct support for Regional Coordinators including induction of new staff and cover of priority activities during Regional Coordinator leave.

14. Regional Coordinator – Statement of duties

14.1 Purpose

The Regional Coordinator plays a crucial role in the management of the program, support of VRGP trainees in the region and in establishing links between all stakeholders involved in the training and education of rural generalists.

The Regional Coordinators plan, coordinate, negotiate and implement rural workforce solutions. They travel extensively throughout their region and State to promote the program and to support trainees, supervisors and training facilities. Face-to-face contact, either in person or virtual, is an integral part of the support function. Regional Coordinators are strong leaders who are enthusiastic and able to motivate people and develop medical training pathways.

Regional Coordinators will be responsible for the provision of Secretariat support for the Regional Network and the delivery of marketing, engagement and education activities.

14.2 Responsibilities

- Collaborate with internal and external stakeholders to develop and deliver well-coordinated and cohesive RG training that aligns with VRGP key objectives and strategic plan in the Region.
- Provide leadership, expert advice and innovative solutions within the region to consolidate existing and expand RG training pathways to meet the needs of the rural communities in the region.
- Provide advice to support the administration and monitor the performance of funding associated with the VRGP in the region, which includes: Australian Primary Care Prevocational Program (APCPP), advanced skills training positions, consolidation of skills positions and the Rural Generalist Training and Education Grant Program.
- In collaboration with stakeholders facilitate networked training pathways, coordinate rotations for trainees by liaising and negotiating with health services, GP practices, the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) and other relevant stakeholders in hospital and primary care settings.
- Provide case management, training and career guidance to VRGP trainees at all stages of their training. Consider their clinical interests, community health needs and long-term employment opportunities in the area they want to live and work.
- Collect data and information that will contribute to measuring the outputs and progress measures associated with the VRGP and the APCPP. This includes but is not limited to: high-quality data entry and management of the Client Relationship Management System (CRM) and reports to the Regional Network, the SRC, LHSN and the department as required.
- Ensure all funded rotation training positions are accredited by either the Postgraduate Medical Council of Victoria (PMCV) and/or relevant training college.
- Support high-quality training experiences through regular structured check-ins with VRGP trainees.
- Liaise with prevocational doctors that are participating in the APCPP and encourage a career as a rural GP or flexible entry to the VRGP if the rotation is not part of VRGP pathways.
- Work collaboratively with VRGP Clinical Leads and relevant stakeholders to identify new training positions and assist with the accreditation (or re-accreditation).
- Work collaboratively with stakeholders to facilitate uptake of mentoring programs which are aligned with the professional, personal and social interests of trainees to minimise attrition from the program and support transition to rural employment.

- Build relationships with general practices, health services, rural medical clinical schools and the training hubs in the region to promote the VRGP and attract medical students/medical trainees.
- Participate in regional and statewide marketing and promotional activities.
- In collaboration with the Rural Community Intern Training programs, select, induct and support Rural Generalist Year 1 (RG1) doctors and assist in developing their end-to-end training pathways.
- Coordinate ancillary activities to support RG trainees such as mentoring, individual wellbeing support services, and family support services.
- Collaborate with all Regional Networks to share knowledge, learnings and innovations.
- Manage regional budget and expenditures and report expenditures to the department as required.
- Maintain accurate, complete and timely documentation of trainee interactions in the VRGP Customer Relationship Management system.
- Provide secretariat services to the Regional Network ensuring alignment with the Terms of Reference.

Glossary

ACCRM	Australian College of Rural and Remote Medicine
GP	General Practitioner
PHN	Primary Health Network
PMCV	Postgraduate Medical Council of Victoria
RACGP	Royal Australian College of General Practitioners
RDAV	Rural Doctors Association of Victoria
RG	Rural Generalist
RN	Regional Network
RTH	Regional Training Hub
RWAV	Rural Workforce Agency Victoria
SRC	Statewide Reference Committee
VRGP	Victorian Rural Generalist Program