

Rural Generalist Consolidation Program

The Rural Generalist Consolidation (RGC) program enables rural medical practitioners who have completed procedural advanced skills training with opportunities to maintain, refresh or update their advanced skills to transition to becoming independent Rural Generalists. In recognition of the important role of Rural Generalists to Victoria's public health system, the Victorian Department of Health (the department) funds the RGC program to contribute to development and retention of an adequately skilled Rural Generalist workforce in rural and regional Victoria.

Rural health services are provided funding to be allocated towards salary support and resource needs for Rural Generalist trainees to consolidate their advanced skills. This includes supervised practice in advanced skills in procedural disciplines (such as anaesthetics, obstetrics and emergency medicine) and non-procedural disciplines (such as mental health, adult internal medicine and palliative care).

Definitions

Both the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) have agreed on the following definition of a Rural Generalist:

'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 Collingrove Agreement)¹

The following definitions apply to this document:

Clinical Lead	Supports the delivery of Advanced Skills Training for GP in rural and regional Victoria.
Funding Body	Department of Health (the department).
Fund Holder	A Health Service nominated by VRGP that has been allocated the funding for the Trainee. This will usually be the Primary Health Service.
RG Trainee	The applicant/participant in the RG Consolidation program. This includes all eligible participants as per the eligibility criteria below. Fellows are considered trainees whilst undertaking their Advanced Skills term only.
Primary Health Service	The health service that will be providing the majority of the consolidation for the trainee. It is recommended that where possible the Primary Health Service is a small rural or sub-regional health service within the community of intended future practice for the trainee.

¹ National Rural Health Commissioner. Communique 1. 2018

Secondary Health Service	The health service that provides consolidation to a trainee that is unable to be obtained at the Primary Health Service. This may include larger or regional health services.
Supervisor	Doctor providing supervision during RG Consolidation placement, they may be a GP proceduralist, or a visiting specialist in the Health Service.
Training Organisation	The organisation that provides the training for RG registrars. This includes Regional Training Organisations (RTO's) for Australian General Practice Training Program (AGPT) registrars, Remote Vocational Training Scheme (RVTS) and the Australian College of Rural and Remote Medicine (ACRRM) for their Independent Pathway (IP) or Rural Generalist Training Scheme (RGTS).

Eligibility

Support under the RGC program is available to medical practitioners who have undertaken advanced skills training within the preceding 24-months or require upskilling in an existing skill after significant time away from advanced skill practice. Where medical practitioners have completed advanced skills training outside Victoria, their application will be considered on a case-by-case basis depending on their future VRGP pathway within a region.

Medical practitioners eligible for support are:

- Victorian Rural Generalist registrars on a recognised training pathway such as the:
 - Australian General Practice Training Program (AGPT)
 - Remote Vocational Training Scheme (RVTS)
 - Australian College of Rural and Remote Medicine (ACRRM) Independent Pathway or RGTS
- Fellored General Practitioners obtaining advanced skills to sub-specialise as Rural Generalists. This includes RACGP fellows who have completed an advanced skill as part of obtaining the Fellowship in Advanced Rural General Practice (FARGP).
- Rural Generalists who have significantly de-skilled in a previously obtained advanced skill and require upskilling to return to advanced skill practice or have obtained a second (new) advanced skill and can demonstrate workforce need for the skill. Applications for this category will be considered on a case-by-case basis. As a guide, significant de-skilling would generally be considered to have been absent from advanced practice for a period of greater than 12 months and/or where a practitioner has been unable to utilise existing professional development programs such as the Commonwealth Rural Procedural Grants Program.

Requirements

RGC applicants will be required to identify the broad training and support that they will require to develop independent practice in their advanced skill and how the RGC funding will be used to provide this support. This includes identifying the community, and the associated health service, in which the applicant intends to practice their skill (Primary Health Service). It is anticipated that the majority of support needed for the applicant will be learning to use their skill independently in the small health service context (Primary Health Service). Where further training or skill development is not able to be obtained in the smaller health service, then it is appropriate for trainees to return to their initial site of training or another regional health service for ongoing training (Secondary Health Service).

Funding

The total amount of the RG Consolidation grant is a maximum of \$45,000 per Trainee. Management of the funds is the responsibility of the identified health service (Fund Holder). There are several funding models available and assistance can be provided by the VRGP Regional Coordinator as required to establish the most suitable model. Examples include:

- Funds managed entirely by the small rural health service or the regional health service
- Split funding between health services with a percentage provided to each as required by the identified training needs.

Where training and/or funding is distributed across multiple sites, formal arrangements (such as a contract or MOU) will need to be in place to ensure that funds are appropriately distributed. Any concerns about appropriate use or distribution of funds that are unable to be managed by the VRGP Statewide Team will be referred to the VRGP Statewide Reference Committee.

Funding is allocated to the Fund Holder and can be accessed for:

- Salary support for the RGC Trainees
- Payment for the Supervisor e.g. Supervising GPO to attend a delivery
Note: Supervisors will not receive this funding if they are already being paid to provide supervision to the trainee by the Health Service.
- Payment for resources and activities that have been included in the Training Plan for the Trainee.

All funds must be used towards activities for training and development of independent practice. Funds may not be used solely to address workforce shortages in a health service.

The Fund Holder is required to submit a 6 and 12 month report detailing the use of funds.

Training Plan

Each trainee undertaking an RGC placement must have a Training Plan in place that clearly states the learning outcomes to be achieved during the placement. The RGC training plan can cover multiple health services and multiple activities as agreed by the Fund Holder and Trainee prior to the RGC placement commencing. A main objective of the RGC program is to enable supported transition from practicing an advanced skill in a larger health service, to practicing independently in a smaller, more isolated environment. It is therefore paramount that the RGC plan reflect how this transition will occur.

RG Trainees are required to develop their Training Plan with their Training Organisation in accordance with the identified training needs. This may include how the RGC will be - integrated with training requirements

Formal monitoring of the Trainee's progression according to the Training Plan, is to be undertaken by the trainee and the RG Consolidation supervisor at 3 monthly intervals for the duration of the RG Consolidation. The Training Organisation will be responsible for monitoring this progress and notify the VRGP as soon as possible of any concerns in a trainee's progress towards reaching the learning goals on their Training Plan. The VRGP can provide assistance and/or intervention as required.

RG Trainees who are already Fellows and do not have a Training Organisation, can develop their Training Plan with the assistance of the VRGP Clinical Leads and their College.

Duration of RG Consolidation

RG Consolidation funding is allocated for a 12-month period. Should extended leave be required during this time, then this is to be negotiated with the Fund Holder. Applications for a 12-month extension (to total 24-months) may also be considered and will need to be negotiated with the Fund Holder and Training Organisation with input from VRGP as required.

Part-time consolidation over two years is an option for trainees working part-time. The Training Plan should reflect the 2-year consolidation and be submitted with the application. Part time consolidation is made as two annual payments of \$22,500 to the Fund Holder.

Fellowed GPs and Rural Generalists

Support is available for rural and regional health services and general practices to provide opportunities for Victorian based Fellowed GPs and Rural Generalists who have undertaken (or near completion) of advanced skills training and are looking to consolidate their skills with the intention to:

- meet an identified community and workforce need (details specified upon application)
- provide quality care and safe practice;
- support succession planning; and
- maintain advanced skills.

Applications should be made directly to the VRGP as per the details above. Support can be provided by the VRGP Clinical Leads and VRGP Regional Coordinators to applicants as required.

Eligible Victorian Rural Generalist Trainees

Before a trainee successfully completes the requirements of a 12-month full time advanced skills training post they should discuss their consolidation training needs with their Training Organisation (Regional Training Organisation or college). Support can be provided by the VRGP Clinical Leads and Coordinators to training providers and applicants as required.

RG Trainees on the AGPT should contact their RTO to commence the RGC application process. The RTO's are responsible for assisting Trainees with the development of their Training Plan and finalising RGC applications. VRGP Regional Coordinators and Clinical Leads will assist RTO's as required.

Trainees under the RVTS or college specific pathways (such as ACRRM IP and RGTS) should discuss their RGC training needs with their Training Organisation and/or VRGP Regional Coordinator

Applications

To be considered for funding under the RGC program, VRGP requires a completed application.

Applications must be submitted to admin@vicruralgeneralist.com.au by October 25th 2021.

Trainees who wish to commence consolidation in Semester 2, 2022 are also required to submit an application form and pathway by the above due date, however the Training Plan may be submitted in Semester 1, 2022 (date TBA)

Contact Details

Kate Carlile: Statewide Rural Generalist Administrator admin@vicruralgeneralist.com.au

Julieanne McLuckie: Eastern Victoria GP Training julieanne.mcluckie@evgptraining.com.au

Anna Stephenson: Murray City Country Coast GP Training anna.stephenson@mccc.com.au

Sandra Johanson: ACRRM IP and RGTS training@acrrm.org.au

Claire Milton: Rural Education Administrator, FARGP claire.milton@racgp.org.au