

WAGPET 



WA Rural Generalist Program

Building a sustainable rural and remote
GP workforce through GP training

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WAGPET's goal is to ensure that every Western Australian living in regional, rural and remote communities has equitable access to GPs and the GP training program supports that through the sustainable placement of GP registrars.

This rural plan outlines WAGPET's work in delivering the WA Rural Generalist Program as part of a broader state-wide collaborative effort; contributing to building a sustainable rural and remote GP workforce and clinically diverse practice environment in every area of Western Australia.

A PLANNED AND COLLABORATIVE APPROACH

The WA Rural Generalist (WARG) Program is guided by the WAGPET organisational strategic plan along with the principles of the proposed National Rural Generalist Pathway. As an organisation, we are committed to adopting innovative strategies and contemporary models of training to improve rural workforce distribution through an integrated approach to general practice training.

A rural generalist as defined by the National Rural Generalist Taskforce is a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost effective way. A rural generalist provides both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

With a contracted responsibility to train up to 30 rural generalists each year, WAGPET works in collaboration with its key partners to ensure that rural training and workforce distribution meet community demand.

In light of the new requirement to train rural generalists, the WARG Program will reshape and reinvigorate the current WA Rural Practice Pathway that WAGPET and its key stakeholders have coordinated for nearly a decade. The WARG Program will provide integrated, comprehensive, accessible and responsive training to a growing cohort of general practitioners in Western Australia, addressing the ever-present gap in health care to the people in WA rural, regional and remote communities.

OBJECTIVES OF THE WARG PROGRAM

The WARG Program brings together elements of the National Rural Generalist Pathway strategy and contextualises its delivery for Western Australia. Strategic partnerships with multiple agencies underpin the WARG Program.

The WARG Program partners with the following agencies:

- Rural Clinical School of Western Australia
- Rural Health West
- WA Country Health Service (WACHS)
- WAGPET
- Western Australian Primary Health Alliance (WAPHA)

The WARG Program is built on the previous learnings from other jurisdictions and adapted to provide a more regionally relevant and nuanced approach for WA.

WA is a geographically diverse state with multiple sites commanding necessity for a dispersed medical workforce. The key difference in implementation of rural generalist training in WA comparative to current workforce modelling, is the recognition that generalist practitioners are crucial to the provision of medical workforce to regional communities. To that extent, the success of the program is chiefly reliant on understanding the needs and gaps in the workforce of each WA rural and regional community.

Unlike other jurisdictions, leveraging a workforce predominantly trained and practising in community primary care settings and providing support to secondary settings is the cornerstone of the proposed rural training and workforce modelling solutions in WA. This modelling recognises the need to provide quality primary care with the full scope of practice expected of any general practitioner working anywhere in Australia.

The model is based on providing communities with increased clinical services via doctors in training as they learn their craft under supervision as rural generalists. To this extent, while the program has fundamental principles, it is applied in a flexible manner bespoke to each doctor in training, rather than being a prescriptive static plan or pipeline.

WARG is a highly personalised approach to training and education with participants having a strong sense of identity with the program.

WARG supports secondary sector services via a robust well-trained primary care workforce. This involves a redirection of appropriate primary care services from the secondary sector to the community setting and thus increasing affordable access to skilled GPs.

Training under the WARG Program is relevant to community needs, based on continual review, modelling and triage of workforce requirements for each region. The WARG regional plans are agile, responsive and transformational based on local knowledge, clinical trends, workforce requirements and training abilities of the region.

The WARG Program provides an ideal, economically viable workforce model and primary health care solution for WA. A growing body of evidence suggests that a generalist workforce model in comparison to specialist-based models provides significant cost savings to a healthy economy.

WARG PRINCIPLES

IMPLEMENTING SUSTAINABLE COMMUNITY LED SOLUTIONS

The WARG agencies work collaboratively with community stakeholders and shires, central and regional health department officials, rural agencies and the GP training colleges to develop solutions to challenges that prevent the long-term, sustainable flow of GP registrars into the areas where they are needed most.

TAILORING SAFE SOLUTIONS TO MEET CONSUMER DEMAND

Rural and remote workforce solutions are based on supervision and education models that support clinicians in the field and that are underpinned by collaborative, regionally specific interdisciplinary service models and contemporary evidence of safe quality practice.

UTILISING TECHNOLOGY TO AID SOLUTIONS

The use of telehealth technology is widely used in rural and remote locations and we will endeavour to utilise technology where possible to support remote supervision models, thereby improving GP and GP registrar coverage in the more remote locations.

INCENTIVISING EQUITABLE ACCESS TO REGISTRARS IN RURAL AREAS

The WARG Program will develop further placements into more diverse, challenging and geographically spread rural locations, ensuring registrars are not disadvantaged by choosing these training locations.

RECOGNITION OF PRIMARY AND SECONDARY CARE AS ONE CONTINUUM

Health care systems in rural and remote areas have a threshold of deliverable activity driven by demand from their catchment area. However, patient expectations, health outcomes research and equitable access principles require appropriately trained and credentialed doctors to exercise a scope of clinical practice that includes both primary and secondary care. This expanded scope promotes local service sustainability and ensures maintenance of those additional skills.

The development of composite training posts maximises training opportunities by combining part-time positions that cannot attract or afford a full-time doctor in training alone. These posts provide doctors in training with a variety of presentations, foster emergency and primary care skills and deliver seamless navigation of patients through the primary and secondary quadrants of the health system with increased continuity of care and oversight from the same practitioner.

VALUE DISTINCT SKILL SET OF GENERALISTS AS EXPERTS IN DELIVERY OF RURAL HEALTH

Delivery of care in contextually sensitive manners is the cornerstone of the curriculum of the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

Recognition of the distinct skill set that generalists bring to the rural environment allows development of complex clinical reasoning skills and maturity of decisions surrounding escalation of care in rural environments. Such skills are rarely incorporated into other specialist training curricula and thereby fellows of the ACRRM and RACGP position themselves as the experts in delivery of health care in rural Western Australia.

VALUE DISTINCT SKILL SET OF SPECIALISTS AS EXPERTS ACCESSIBLE THROUGH A SHARED CARE MODEL

All general practitioners work in a shared care model with specialist support, advice and referral as needed in the clinical context. Rural generalists therefore work in such a model, each being established as relevant for context and expertise.

ENABLERS OF THE WARG PROGRAM

The WARG Program sits on a foundation of well-established key enablers, without which it cannot deliver rural generalists where they are needed most. It is critical these enablers are sustained as the WARG Program builds a growing workforce of rural generalists.

SHARED CARE MODEL

Many communities in Western Australia have rural procedural GPs at the heart of a shared care model within the region. There is an opportunity to strengthen the role of procedural GPs further to provide cost effective, safe and viable shared care models that underpin medical workforce outside of the hospital system. It also enables localised control over quality and service provision with appropriate escalation of predetermined pathways and presentations for specialist medical involvement by region.

In addition, the recognition of providing services in a shared care environment provides an opportunity for focus on a broader spectrum of special skills training posts. These posts are responsive to community needs and work synergistically with non-procedural special skills training posts to provide a complete and cohesive workforce for each region into the future.

FLEXIBLE MODELS OF DELIVERY

The WARG Program is underpinned by an actions-based approach to developing flexible models of training and supervision for each region across our state, based on community needs assessments and confirmed through stakeholder engagement in each location.

A CULTURE OF MEDICAL EDUCATION AND TRAINING EXCELLENCE

The Rural Clinical School of Western Australia (RCSWA), WA Country Health Service (WACHS) and WAGPET have changed the experience of education and training in rural areas over two decades. Where workforce was once an historical and significant driver, today rural areas in WA have developed extraordinary expertise in teaching, training, supporting, assessing and retaining doctors in training. This intellectual as well as physical infrastructure underpins and facilitates the rural generalist training experience.

COMMUNITY NEEDS ASSESSMENT

Every region in Western Australia has a unique set of community needs. In order to build a long-term, sustainable rural GP training model, it is essential each region is mapped to build a robust profile of the current environment.

Community needs mapping includes:

- Population size and spread down to town site level
- Hospital infrastructure, staff numbers, services offered, emergency department (ED) presentations, admission trends and potentially preventable hospitalisations due to chronic disease

- GP practices and Aboriginal Medical Services (AMS) locations, GP numbers, patient numbers, workload, working hours and presence of Visiting Medical Officer (VMO) arrangements locally
- Procedural GPs and other non-GP specialist numbers and locations
- Allied health profile within the area
- Community health factors including burden of disease
- Community trends
- Workforce trends
- Current incentives available to trainees and fellows in the area (housing, rural payment schemes)
- Training infrastructure and opportunities

COMMUNITY ENGAGEMENT

The WARG supporting agencies (refer to page 2) work collaboratively to engage at the community level as the community needs analysis process unfolds.

While the community needs analysis and community engagement process are an involved, ongoing body of work, some regional areas are triaged based on our existing knowledge of the community demand.

The outcomes of each region’s community needs analysis and community engagement process informs specific localised regional action plans. Regional action plans are implemented as they are completed and are not held up or reliant on a full statewide approach.

Community profiles and action plans are constantly evolving and will be updated to reflect local stakeholder information and advice, workforce changes and external influences in real time.

REGIONAL ACTION PLANS

Each region or sub region will have its own contextualised action plan that clearly describes the actions, responsibilities and timeframes agreed as a result of the community needs analysis and community engagement processes.

Action plans and regions will be prioritised based on community need and available resources.

There are eight rural regions that WAGPET supports through a regionalised delivery model and these will form the basis of the WARG Program regional profiles.

Region	GPs	No. of GP practices	Number of AMS
Central Wheatbelt	83	36	1
Goldfields/Esperance	79	17	3
Great Southern	100	19	
Kimberley	103	7	7
Mid West	92	20	
Peel	155	23	
Pilbara	63	11	3
South West	260	55	1

As at November 2017. GPs includes GP registrars. Source: Rural Health West Annual Workforce Update 2018.

COMPREHENSIVE AND PERSONALISED MARKETING MATERIAL

The WARG Program is focused on an outcome driven understanding and intimate knowledge of current and past challenges and successes to ensure it is optimally placed to address current and future health determinants.

Accordingly, a marketing plan to address areas of need and triage the greatest impact for rural patients is utilised concurrently to the process of regional needs analysis and community profile building.

Elements of the plan will include:

- A comprehensive WARG website including regional community and medical workforce profiles, iterative action plans and updated medical vacancies for the area
- A regional stakeholder forum in each area of development
- Personal profiling of varied career options and geographical locations by training maturity (i.e. a student, registrar and experienced RG supervisor in each region) complete with testimonials in print, audio and visual media.

The presence of the WARG brand provides a tangible product and personalisation of the program. The importance of identity and brand is essential to avoid attrition of graduates to other well defined and known specialist career paths in WA and other states.

In order to drive a market of Australian graduates to adopt rural generalism as a career of choice in Western Australia, the WARG marketing plan addresses elements of profiling career prospects, mentorship, training opportunities, community value and regional attractiveness through personalised campaigns.

A PERSONALISED APPROACH TO TRAINEES

Success of the WARG Program is primarily dependent on training to an end point. While positions will not be quarantined, the ability to train registrars with knowledge and understanding of future employment opportunities based on contemporary specialised workforce knowledge is paramount. The WARG case managers will provide personalised planning, career mentoring and guidance to maximise opportunities to registrars to truly deliver to those regions most at need. Ideally, the WARG Program begins with the end point of training - driven by community needs and a trainee's prioritised view on vocation or location of practice at completion of training. Individual plans are developed, and the registrar is guided through training via a scheduled engagement process to maximise success and place them in areas needing their skills most.

CENTRALISED RECRUITMENT AND PLACEMENT OF ADVANCED SKILLS POSTS

The WARG supporting agencies are working towards the central coordination of all advanced skills training posts (Advanced Skills Training for ACRRM and Advanced Rural Skills Training for RACGP). These specialised areas of practice provide a directional point for training and are directly linked to the future ability to employ a fully qualified and provisional fellow Rural Generalist.

There are direct links between the advanced skills identified in the community needs analysis and regional action plans, such that those identified as highest priorities in the triaged approach to workforce corrective measures are addressed first.

The centralised advanced skills placement and recruitment process provides a locus of control for the WARG supporting agencies over training outcomes. These outcomes can be designed with capacity matched to prioritised community needs and resultant recruitment and retention of the right practitioner to the neediest region.

Timing of the advanced skill training is optimised through the active involvement of WAGPET in recruitment to the skills posts. While the traditional approach is to ask registrars to complete general practice placements prior to entering their advanced skills term, the WARG Program encourages advanced skills training prior to community GP to allow the advanced skills to be used and clinical skills to develop.

Timing of the advanced skills terms coordinated earlier in the training program (immediately following the Core Clinical Training (CCT)/Hospital year) also reduces disruption to registrars' training.

Rural retention studies show a link between rural practitioners and their final placement immediately before fellowship. Disruption to the trainees' pathway at the end of their training should therefore be minimised. Continuation immediately following the hospital term also provides for continuation of the registrar's hospital practice environment.

PLANNED APPROACH

In order to achieve our goal of ensuring that every Western Australian living in regional, rural and remote communities has equitable access to GPs where the GP training program supports that through the sustainable placement of GP registrars, WARG will progress with the following initiatives:

COMMUNITY NEEDS ANALYSIS	
Desktop audit	Utilising information already publicly available, develop a profile for each region that considers population demographics, health infrastructure and community demand
Produce draft community needs report	Compile the evidence in a draft region-by-region community needs report that will be used as the basis to have informed, evidence-based discussions throughout the community engagement process
Validate the community needs report	As each regional community engagement takes place, validate the findings in the draft community needs report and update the report as needed

COMMUNITY ENGAGEMENT PROCESS	
Prioritise regional community engagement	Utilising the information gathered in the desktop community needs audit, meet key stakeholders in each region as well as related government health stakeholders to validate the findings of the draft community needs report
REGIONAL ACTION PLANS	
Develop regionally specific action plans	Based on the outcomes of the community engagement and final community needs report, develop an agreed plan for each region that articulates responsibilities and timelines
Address critical areas	Prioritise rural and remote areas where there is a critical workforce shortage
Build advanced skills training locations	As community demand for specialised services evolves, we will ensure there is a sufficient number and variety of special skills training locations
Aboriginal and Torres Strait Islander health	Continue to work with Aboriginal Community Controlled Health Services (ACCHS) on developing advanced skills training opportunities in Aboriginal Medical Services posts
FLEXIBLE SUPERVISION AND TRAINING MODELS	
Develop college-approved remote supervision models	Develop models of remote or flexible supervision that allow placements to occur safely in harder-to-fill locations
Technology	Incorporate technology into the supervision and training model where possible to allow greater flexibility with viable GP registrar training locations
ENCOURAGE AND SUPPORT RURAL TRAINING	
Assisting with placements	Adopting a service like that of a recruitment coordinator, adopt a personalised approach to identifying candidates suited to rural and remote

ENCOURAGE AND SUPPORT RURAL TRAINING	
	training and assist and facilitate placements with GP registrars and training posts
Incentivise rural training	Assess each training location to ensure that living and training expenses are not a deterrent to training in that location Assess the viability of incentivising harder-to-fill locations
Rural accommodation	Work with regional stakeholders to ensure GP registrars have access to quality, safe, affordable accommodation
WAGPET rural representation	Ensure WAGPET has local medical education expertise in each region
Rural education	Ensure involvement and travel to WAGPET education for GP registrars in rural and remote locations is not overly onerous when compared to the broader regional cohort Ensure GP registrars are supported with options to attend mini releases remotely utilising technology
SUCCESS MEASURES	
Flexible, supportive and innovative training models facilitate rural placements	All GP registrars who choose to work and train in rural and remote locations will not be disadvantaged by the structure or requirements of the WAGPET training program.
Clinical exposure for rural registrars	There is sufficient exposure for GP registrars to do clinical work as well as mentoring and upskilling opportunities

TANGIBLE OUTCOMES OF THE WARG PROGRAM FOR RURAL GENERALISTS

The WARG Program will spring-board from the current Rural Practice Pathway and through more direct, targeted communication, cross-organisational support, branding, clarity and dedicated funding optimise the training environment and outcomes for those seeking a rural generalist career.

It will provide opportunities for increased engagement with participants and health providers and deliver a structured, bespoke career path designed around the participant and when they choose to enter the program.

All participants will benefit from personal guidance and career mentoring relevant to their career aspirations. There is no bonding for participants, and at present there is no competition to access the program.

MEDICAL STUDENTS

- Students enrolled in placements through the Rural Clinical Schools present ideal candidates to be mentored into the WARG Program. This allows for crafting of a profession early with characteristics embedded within rural students representative of those needed in successful rural generalists
- Training hubs offer the chance for vertical integration of training through use of WARG registrars to afford educational experience to student participants
- Vertical integration within each region can further the reach of the WARG branding and enable ease of communication about future intent and aspirations through subsequent training and Resident Medical Officer (RMO) rotations

HOSPITAL TERM

- The Core Clinical Training (CCT)/Hospital year offers potential to increase the influence of already forged career aspirations of budding WARG candidates. The WA Department of Health GP project plans to ensure GP registrars will get the rotations they need to be GP ready from 2020. The five main GP relevant rotations will provide exposure, experience, supervision, assessment, and expertise needed to enter the rural, and especially the rural generalist, environment the following year with confidence
- Early career planning with a comprehensive training plan meeting will assist with ensuring that RMO rotations have maximal chance of being relevant to WARG career success. This allows for first contact and mentorship within the AGPT program from a senior WARG medical educator and mentor
- All rural generalists in their hospital training year will have access to GP365, the WAGPET in-practice education tool that is completed in the basic and subsequent year. They will

have access voluntarily to a rural recent-fellow peer, who will assist in the transition to community GP through case based mentoring

- The WAGPET Rural Essential Procedural Skills (REPS) workshop and similar programs are strongly encouraged during the CCT/Hospital year. This is a great opportunity to support the development of the candidate's confidence and competence in essential rural emergency skills prior to specific placements
- Participation in the REPS workshop also provides candidates entering AGPT training opportunity to network with peers and medical educators early to further consolidate and forge future practice plans
- Early identification of issues in progression of training can ensure early intervention and bolster a registrar's ability to fulfil the requirements for both general practice and rural generalist practice

ADVANCED SKILLS TRAINING (AST or ARST)

- Centralised recruitment allows WARG supporting agencies to control workforce outputs and increase the regionalisation of advanced skills opportunities
- Providing registrars with advanced skills training in the term immediately following hospital allows for the consolidation of skills during their community terms and promotes greater rural retention

RURAL AND REMOTE GP TRAINING

- Registrars use their advanced skills during their community GP training
- WARG case managers and medical educators assist registrars with placements that understand local nuances, optimise training opportunities and are geared to maximise retention after fellowship
- WARG provides a flexible approach with increased practical time in practice and minimal disturbance through travel for educational events
- A WARG syllabus unique to WA is co-designed with the GP colleges providing a new and unique program delivery methodology for the primary curriculum

FELLOWSHIP

- A rural generalist mentorship network and the opportunity to mentor the next generation of rural generalists
- Active promotion of the CPD activities in WA amongst the broader practising population
- Advertised accessibility for work in several WA locations with attractive remuneration thus preventing excessive travel to other states to maintain scope of practice and credentialing

AFTER FELLOWSHIP

- Incorporation of rural generalist forums into established professional development activities, such as Rural Health West conferences, WACHS events and WAPHA initiatives
- Quality activities coordinated to allow for greater peer review and alumni networking

For further information in relation to the WARG Program please contact WAGPET.

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