Growing the NT medical workforce

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live, and pay respect to their elders past, present and future.

Building strong, resilient and sustainable healthcare services

- Rural and remote communities can thrive when access to comprehensive, continuous, high quality healthcare services is guaranteed

- Strong, reliable local services make quality care accessible to people in rural, remote and Aboriginal and Torres Strait Islander communities

- Growing the RG workforce is a key step towards solving pervasive doctor and health workforce shortages and bringing accessible services to all Australians

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

ACRRM Fellowship

- The College provides rural doctor training to Fellowship of ACRRM (FACRRM)

- Award of FACRRM entitles doctors to national recognition as specialist GPs and the associated provision of Medicare supported services

- The FACRRM reflects doctors skills in the Rural Generalist model of practice

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

ACRRM MODEL KEY FEATURES

- Rural Generalist approach
- Strengths-based promotion of rural/remote practice
- Rural/remote selection, curriculum and assessment (rural ready)
- Rural/remote based training
- Rural/remote doctors as peers, mentors, role models (College)
- Flexibility and adaptiveness
- Focus on personal support and relationships

"A key finding is that the stand-alone faculty that has a specific rural mission and delivers wholly rural training (FACRRM) relates to doctors of better distribution into smaller rural and isolated communities, as well as doctors who sustain practice of their advanced skills (working in areas like obstetrics atop of general practice, as rural generalists).

These findings demonstrate the value of rural faculties as a professional hub for rural doctors enabling rural, tailored training and professional support, as a critical strategy for growing and sustaining a skilled and geographically distributed primary care workforce."

MCGRAIL ET AL 2020

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

About Rural Generalists

Rural Generalists are doctors trained and assessed:

- To provide comprehensive primary care, as well as hospital-based care and emergency care

- To have additional advanced skills in at least one area of advanced specialised care such as obstetrics, mental health, or palliative care

- To provide all these services effectively in low-resource, rural, and, isolated settings in response to local needs
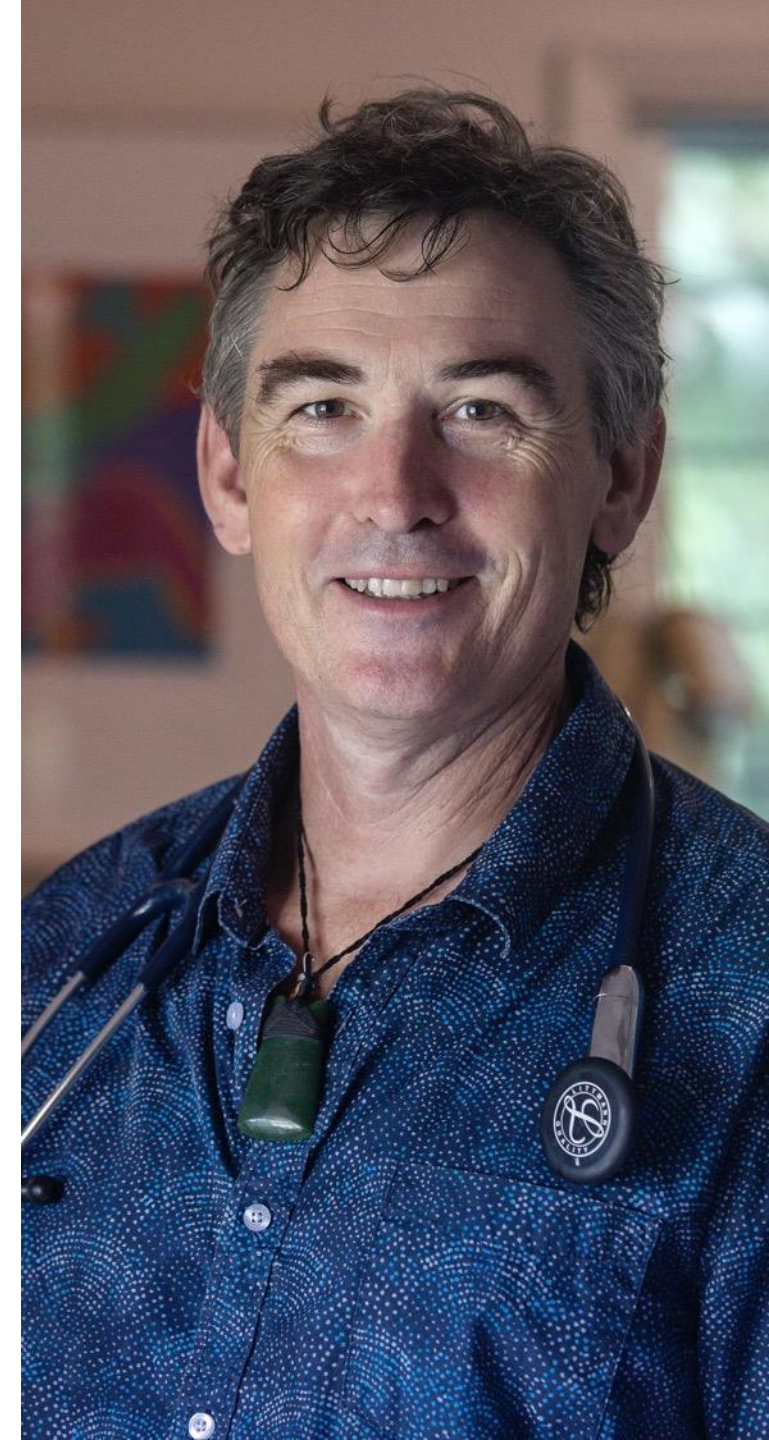
Rural Generalists work in a range or combination of settings including GP clinics, rural hospitals, Aboriginal Community-Controlled Health Services (ACCHSs), and retrieval services.
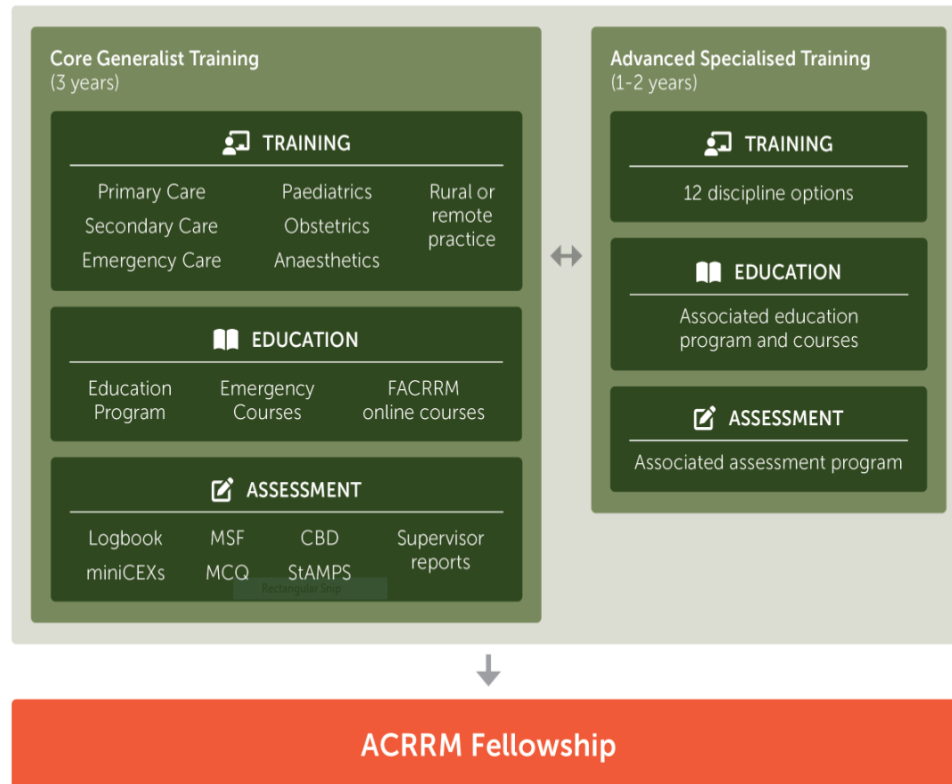
Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Selection to FACRRM training

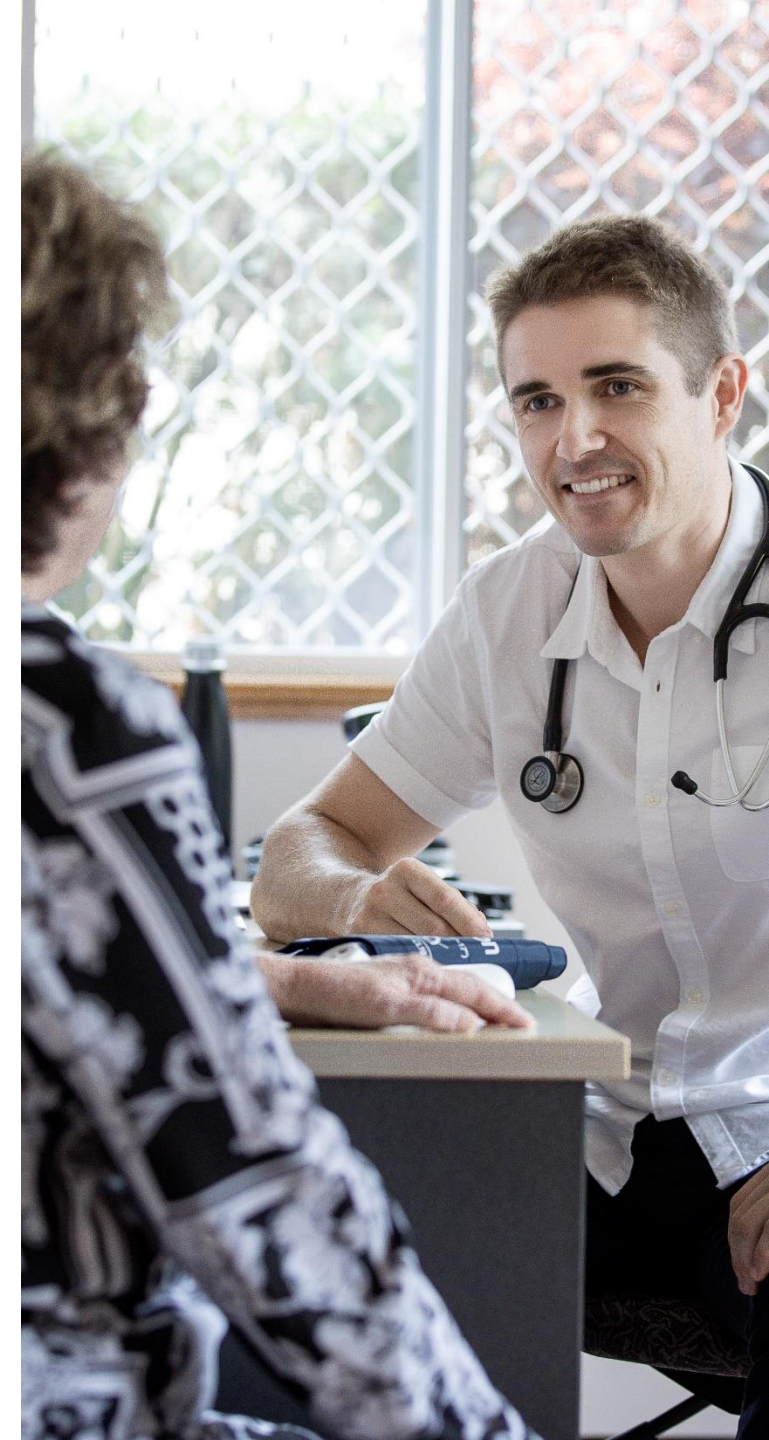| Selection Criteria	
1	Demonstrated commitment to a career as a specialist general practitioner working in rural or remote Australia
2	Demonstrated capacity to work with required skills and enthusiasm to gain required competence in the ACRRM domains of practice
3	Rural background / sense of place and commitment to community
4	Rural training exposure and demonstrated interest in rural health and rural careers
5	Interest in procedural medicine and/or comprehensive advanced scope practice
6	Personal qualities associated with self-reliance and clinical resilience

FACRRM Training Program

Core Generalist Training
(3 years)

TRAINING

Primary Care	Paediatrics	Rural or remote practice
Secondary Care	Obstetrics	
Emergency Care	Anaesthetics	

EDUCATION

| Education Program | Emergency Courses | FACRRM online courses |

ASSESSMENT

| Logbook | MSF | CBD | Supervisor reports |
| miniCEXs | MCQ | StAMPS | |

Advanced Specialised Training
(1-2 years)

TRAINING

12 discipline options

EDUCATION

Associated education program and courses

ASSESSMENT

Associated assessment program

ACRRM Fellowship

Key Features:

- Rurally oriented

- Rural Generalist model

- 8 Domains of Practice (inc. primary care, secondary care, EM, Indigenous health, rural and remote care, pop health)

- Assessed for capacity in remote clinical settings

- Remotely enabled training and assessment

- Flexible pathways

©Australian College of Rural and Remote Medicine

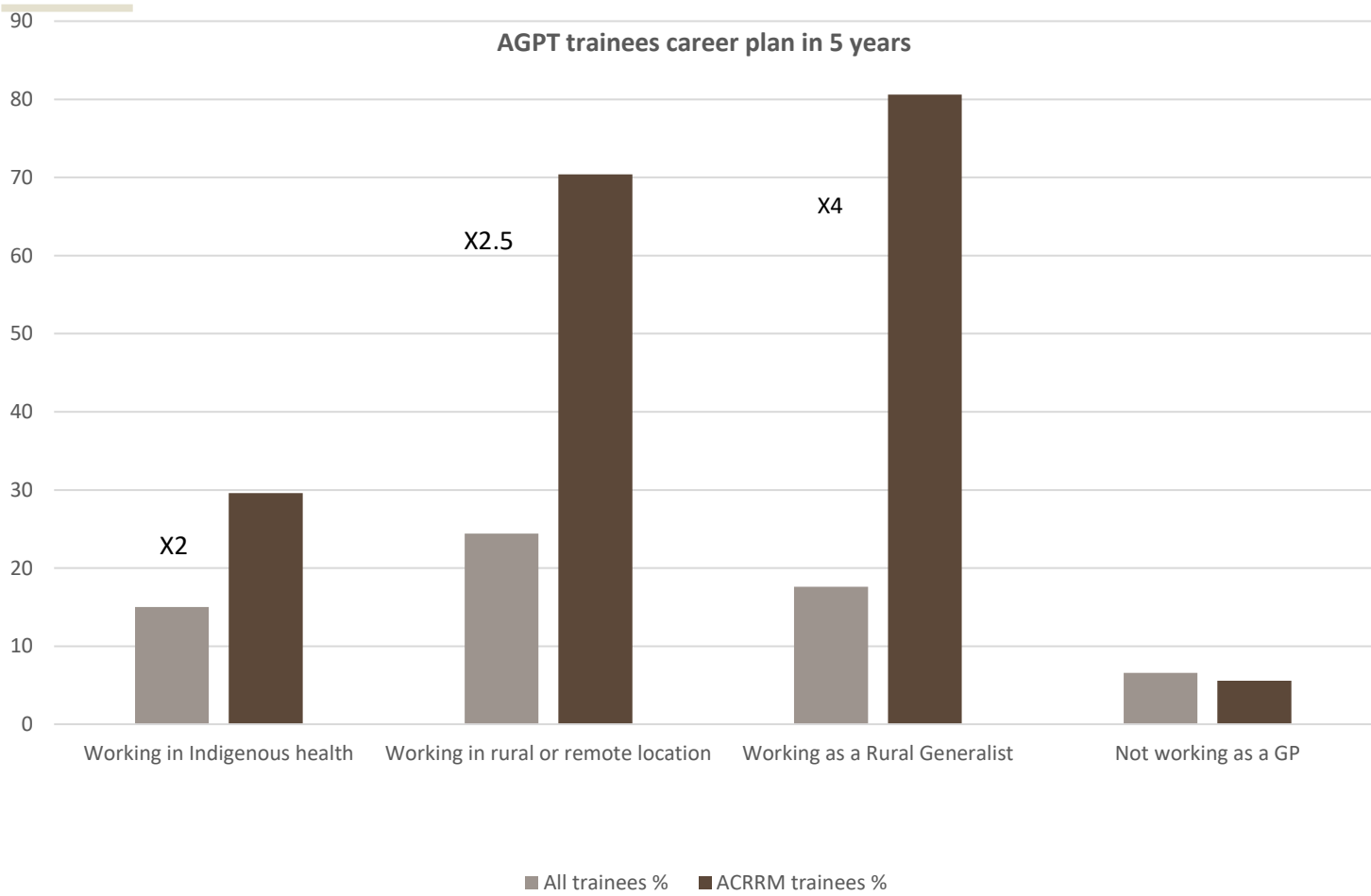# Outcomes: skilled, long-term rural/remote doctors

- 80% of FACRRMs are based in rural and remote areas

- FACRRM doctors (compared to doctors with FRACGP and with FRACGP,FARGP), more likely to be working rurally, to be working remotely, and to be providing advanced skilled services. (McGrail M, 2020)

AGPT Graduates - rural retention rates		
	All AGPT (rural pathway) trainees[1]	ACRRM AGPT trainees[2]
1 year after Fellowship	57%	91%
3 years after Fellowship	45%	89%
5 years after Fellowship	**42%**	**82%**

Source: Cth DoH (2016) AGPT Program Distribution Model Review Discussion Paper Nov. 2016, and, ACRRM membership database figures as at 2021.

[1] AGPT rural trainee totals <u>include</u> ACRRM trainees on AGPT
[2] ACRRM membership database, percentage of total Fellows 1+ years, 3+years, 5+years from Fellowship rurally based as at Apr 2021.

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Outcomes: skilled, long-term, rural/remote doctors

AGPT trainees career plan in 5 years

Category	All trainees %	ACRRM trainees %	Multiplier
Working in Indigenous health	~15	~29	X2
Working in rural or remote location	~24	~70	X2.5
Working as a Rural Generalist	~18	~81	X4
Not working as a GP	~6	~5	

Legend: ■ All trainees % ■ ACRRM trainees %

ACRRM programs in NT

- 80 doctors currently training in NT
- Approx. 15 new enrolments in NT annually
- 90 accredited training posts

From 2021 MBA Medical Training Survey -
- 13% of NT interns/junior docs were interested in training with ACRRM
- This is 54% of all NT interns/junior doctors that were interested in GP

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

RG – rural/remote healthcare solution

- Links patient care experience from primary care clinic to ED

- Broad practice scope delivers specialist services that may not otherwise be accessible

- Ensures immediate emergency response capability

- Enables birthing on country

- Attractive career option with strong rural retention (including for doctors that might otherwise become consultant specialists)

- RG scope and flexibility – low cost and resource efficient

- Can be optimised by RG approach across healthcare teams

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Case studies

East Arnhem

- AGPT pathway

- Composite posts

- Pipeline planning

Tenant Creek

- RVTS and independent pathway

- Single employer model

- Flexibility in training

Lessons learnt to date

- Need for ACRRM registrars to be trained to FACRRM

- Positive impact of targeted assessment support

- Personal and peer support vital (trainees and Fellows)

- Value of RG trainers/mentors (particularly in early years) to inspire rural careers

- Effectiveness of RG-led hospitals as training practices

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Any Questions?

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE