



Rural Medical Workforce Plan

KEY PRINCIPLES

- a) Rural Health Services are identified as those located in MMM 3 – 7
- b) The career trajectory of a rural doctor is from high school through to post Fellowship.
- c) Rural medical practitioners function within a strong multidisciplinary health care team.
- d) Rural medical workforce models must respond to community need, and local solutions to support attraction, recruitment, training and retention and that are culturally safe.
- e) The funding models must be designed to incentivise the intended outcomes of the programs.
- f) Innovative models of rural medical workforce solutions are supported.
- g) Models of care are supported to meet the current needs, build capacity for the future, are sustainable and are supported by evidence and needs analysis.
- h) The strategy's systems, processes and programs will be streamlined and integrated to achieve the best outcomes for rural and remote communities.
- i) This strategy will align with DoH work in process – Stronger Rural Health Strategy, National Medical Workforce Strategy etc.

1. Training

- 1.1 Act on the recommendations of RHMT review, particular focus on selection processes.
- 1.2 Expansion of the junior doctor innovation fund program based on MMM 3-7 rotations.
- 1.3 Full implementation of the National RG Program
- 1.4 Increasing support & reward for rural training and retention.
- 1.5 Audit of the Specialist Training Program and redefine objectives.
- 1.6 Maximise workforce distribution & integration to Fellowship Pathways through consolidation & realignment of Commonwealth Programs.

2. Teaching

- 2.1 Streamline the training accreditation process for General Practice and other rural accredited sites across all levels of learning.
- 2.2 Consolidate teaching incentives and subsidies for General Practice and other rural accredited sites.
- 2.3 Utilise the unique teaching & training opportunities provided by Consultant Specialist Outreach Services.
- 2.4 Every rural supervisor must be able to demonstrate cultural competency and provide a culturally safe environment for learning.

3. Attraction

- 3.1 Specialty colleges supported to deliver a rural focused marketing campaign for training and careers.
- 3.2 Discontinue the Rural Pathway within AGPT – provide Colleges with clearly defined targets and incentives for improved workforce distribution and provision of quality training.
- 3.3 Encourage and facilitate ground up approach to rural & remote training and career promotion.
- 3.4 Reduce administration duplication through investment in infrastructure to support national credentialing, streamlining employment, Registration, Medicare and other processes.
- 3.5 Develop pathways for post rural career options.
- 3.6 Commitment & investment to support rural medical research.

4. Retention

- 4.1 Nationalise rural medical programs to maximise the utilisation of the available workforce.
- 4.2 Consolidation of rural incentive/retention payments to simplify rural General Practice /Rural Generalist remuneration packages
- 4.3 Reward and recognition process for rural practices demonstrating quality training and ongoing retention of workforce.
- 4.4 PHNs scope broadened to support rural based consultant specialists.
- 4.5 Professional development bursaries to be made available to the rural medical workforce.
- 4.6 Upskill rural medical practitioners in areas of leadership, succession planning and workforce planning.
- 4.7 Establish Disaster Response register for RGs