The RG plane is leaving....

But what is the evidence base about rural generalists?

And where does it need to go?

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Sentinel policy for rural and remote health
Incentives, rural service obligations and locums for enough capacity

Metropolitan tertiary teaching hospital

Specialisation

Basic training

Early career pre-specialisation
Rural and remote communities

“grow your own” through local rural health learning networks

Cycle of sustained supply and retention

Broadly skilled health workers supporting community needs

Supervisors and mentors

Rural Generalist continuing professional development

Basic training regional, rural & remote

1-2 years community practice (consolidate all skills)

PGY1-2 Community practice, ED, hospital inpatients

1-2 years specialist skills related to community needs
Strategic intent

• Coordinated, high-quality rural-relevant training across all disciplines
• Supply and retention – services closer to home, rural, remote
• Relevant range, quality, stability of services
• More cost-effective services
• Community health outcomes
What is already known?

• Definition
• Factors influencing rural workforce supply and retention
• Description of generalist providers & barriers and enablers
  • Not specific enough measures of the workforce and models now
• Regionalised generalist training models
  • Effective learning and economic outcomes
  • ? The outcomes of designs
• Rural health services drivers
• Context of rural and remote health care
• Community-level outcomes not well studied
Main priorities for RG evidence (baseline)

1. A population measure of rural generalists
   Supply, distribution and retention patterns
2. Effects of training models (selection and design)
3. Community effects of more rural generalists
How to study community effects?

• Wide variation of rural and remote communities, jurisdictions
• Generalist vs specialist practice models (current)
• Population size, growing?
• Population need and SES
• Nearby service centres (larger hospitals)
• Transport options
• Health service size
• Public/private service base and generalist employment
• Areas of care (procedural, non-procedural)
We need your help!

What are the main changes that rural and remote communities can expect from increasing the critical mass of rural generalists?
We need your help!

What are the characteristics of communities where the changes related to introducing more rural generalists can be tested?
We need your help!

What are some of the key indicators that can be used to test the effects of increasing rural generalists in rural and remote communities?
Finally

Partnerships, timeframes and enablers for this work?