

We acknowledge the traditional custodians whose ancestral lands we live and work upon today

Inquiry into the provision of General Practice and related primary health services to outer metropolitan, rural and regional Australians

Professor Lucie Walters

Acknowledgment



Uncle Lyndsay Thomas
Nukunu Elder

What is rural generalist practice?

Features of Clinical Courage



1. Standing up to serve anybody and everybody in the community
2. Accepting uncertainty and persistently seeking to prepare
3. Deliberately understanding and marshalling resources in the context
4. Humbly seeking to know one's own limits
5. Clearing the cognitive hurdle when something needs to be done for your patient
6. Collegial support to stand up again

Konkin J , Grave L, Cockburn E, Couper I, Stewart R, Campbell D, Walters L. (2020) Exploration of rural physicians' lived experience of practicing outside their usual scope of practice to provide access to essential medical care (clinical courage): an international phenomenological study *BMJ Open* <https://bmjopen.bmj.com/content/bmjopen/10/8/e037705.full.pdf>

The evidence

If supported,

- rural background students
- who undertake prolonged rural community placements
- supervised by well-supported rural generalists

....are significantly more likely to become the next generation of small town rural doctors.



Dr Holly Deer
GP at Crystal Brook
ARCS alumnus 2006

The challenges

Rural background

You can't become a rural doctor if you cannot see the whole pathway

Prolonged rural community placements

It takes about 12 years and a community to take a high school student and transform them into a small town rural doctor (rural generalist)

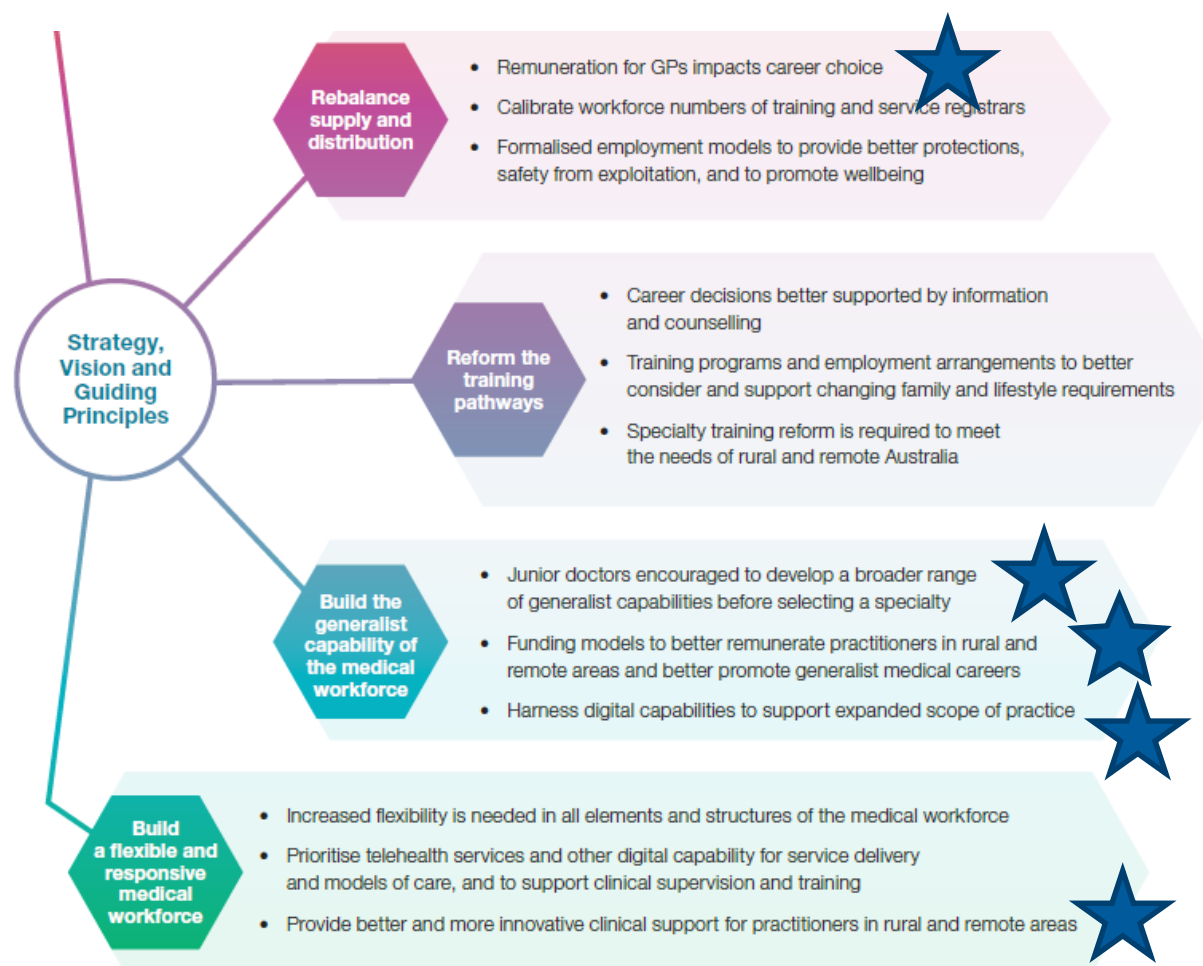
Supervised by well supported rural generalists

Increased complexity and cost of primary care, Medicare freeze, Federal/state funding divide, models of care, COVID



Dr Marion Crompton
GP at Clare
ARCS alumnus 2004

National Medical Workforce Plan



Adelaide Rural Clinical School



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Medical School Academic Program

- Yr 4 surgery (9weeks)
- Yr 5 full year
- Tr 6 rural GP (4 weeks)

Supporting junior
doctor training (full year)

- 5 Interns
- 4 PGY2

Rural generalist training

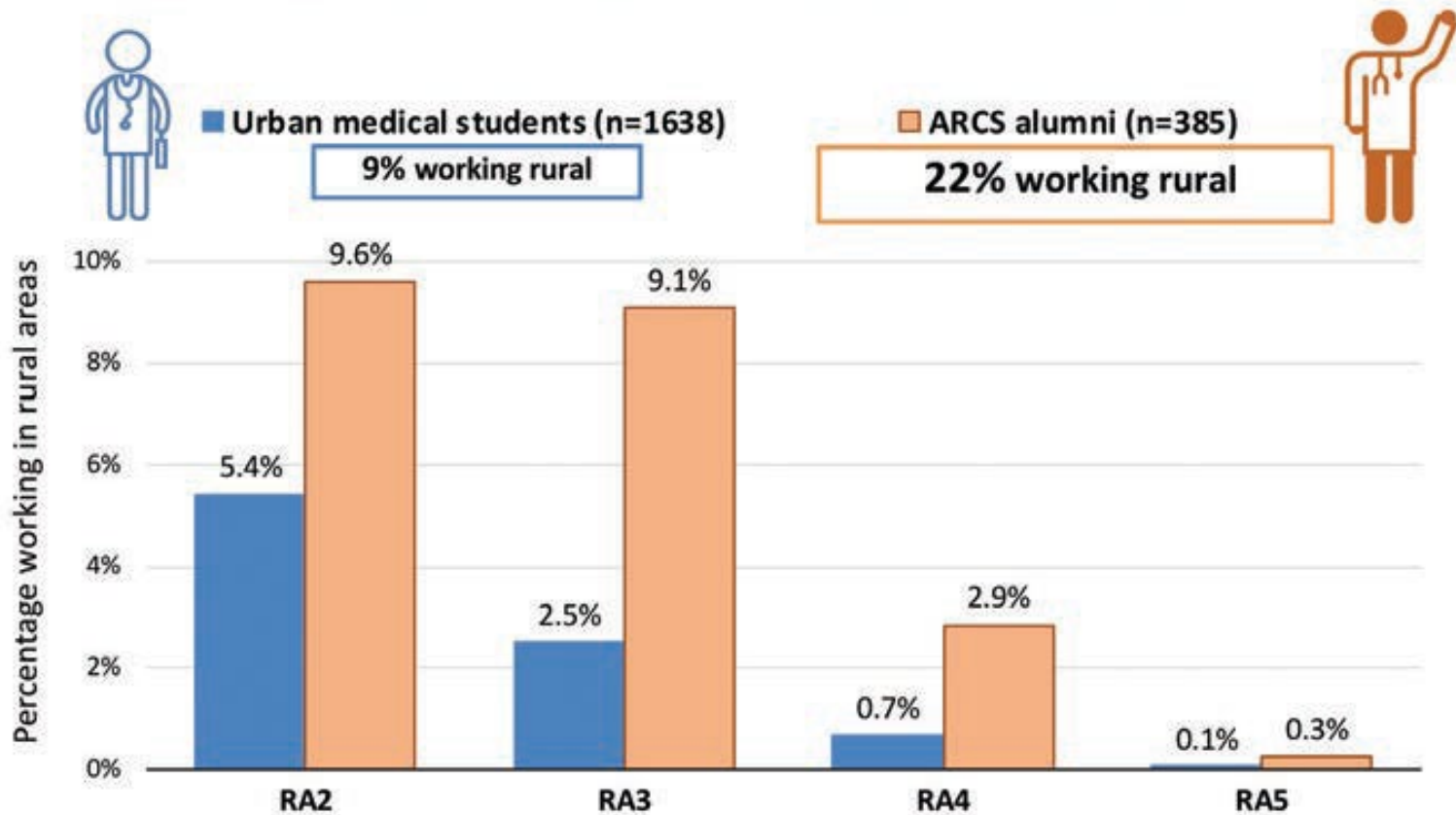


Adelaide Rural Clinical School Alumni



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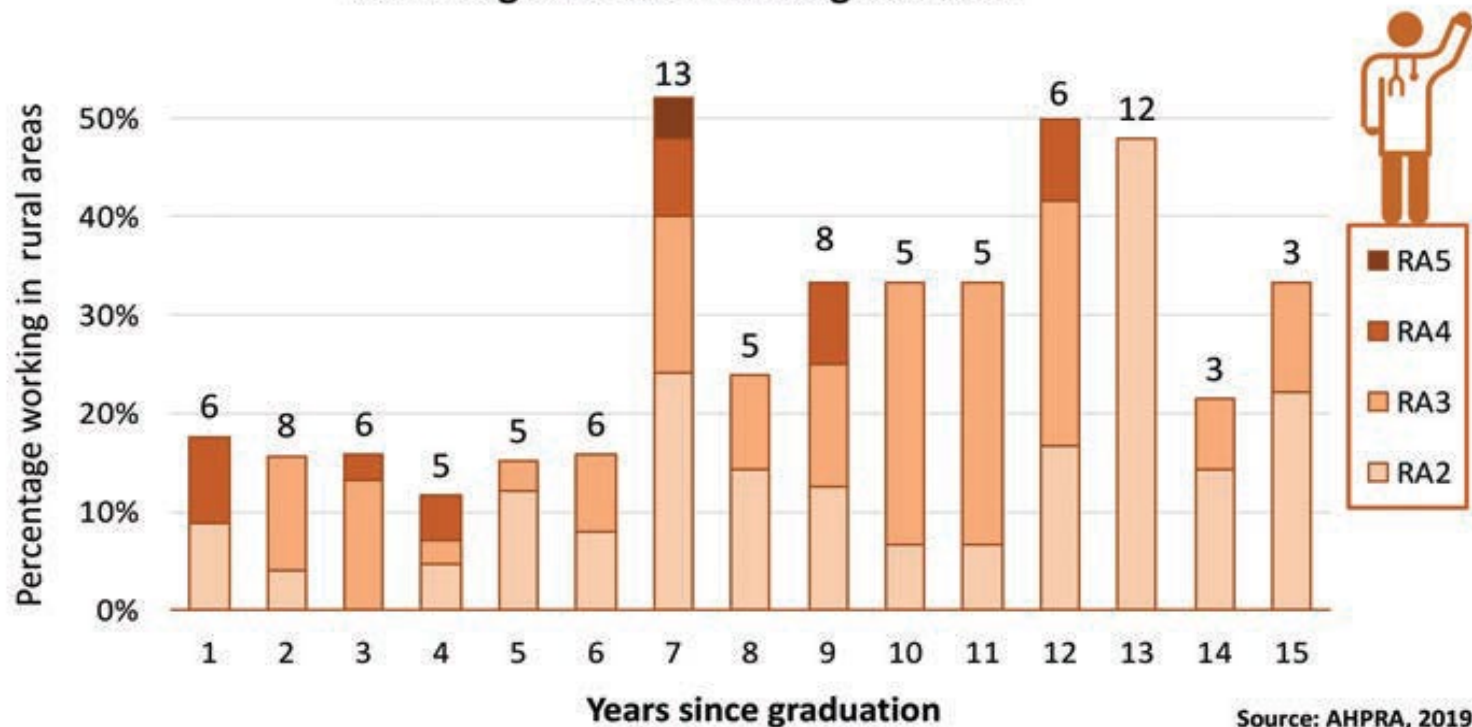
Current place of practice in Australia (2019) of medical doctors graduated at the University of Adelaide since ARCS was created



Source: AHPRA, 2019

Adelaide Rural Clinical School Alumni

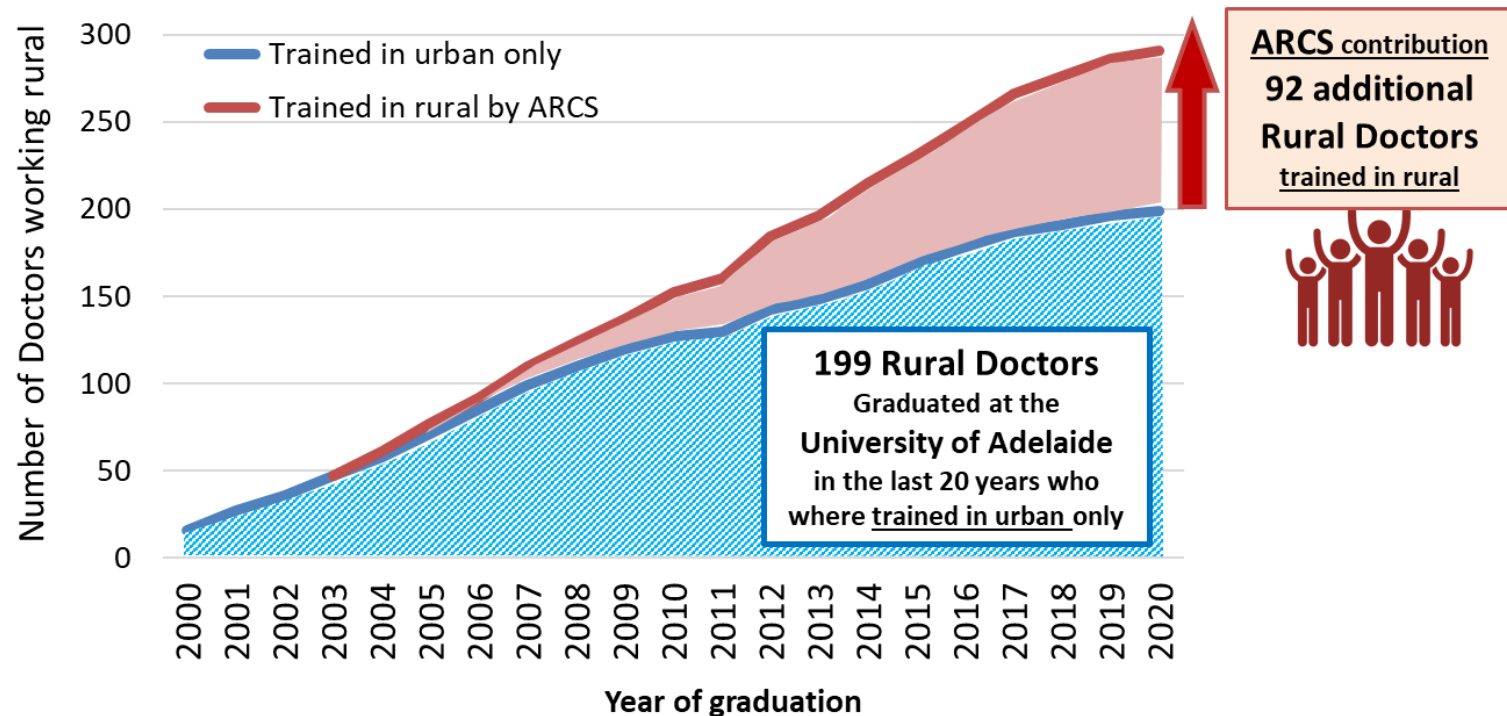
**Distribution of ARCS alumni working in Rural Australia in 2019
according to the time since graduation**



Adelaide Rural Clinical School

Alumni

Total contribution of the University of Adelaide and ARCS to the current Rural Medical Workforce in the last 20 years



Source: AHPRA, 2021

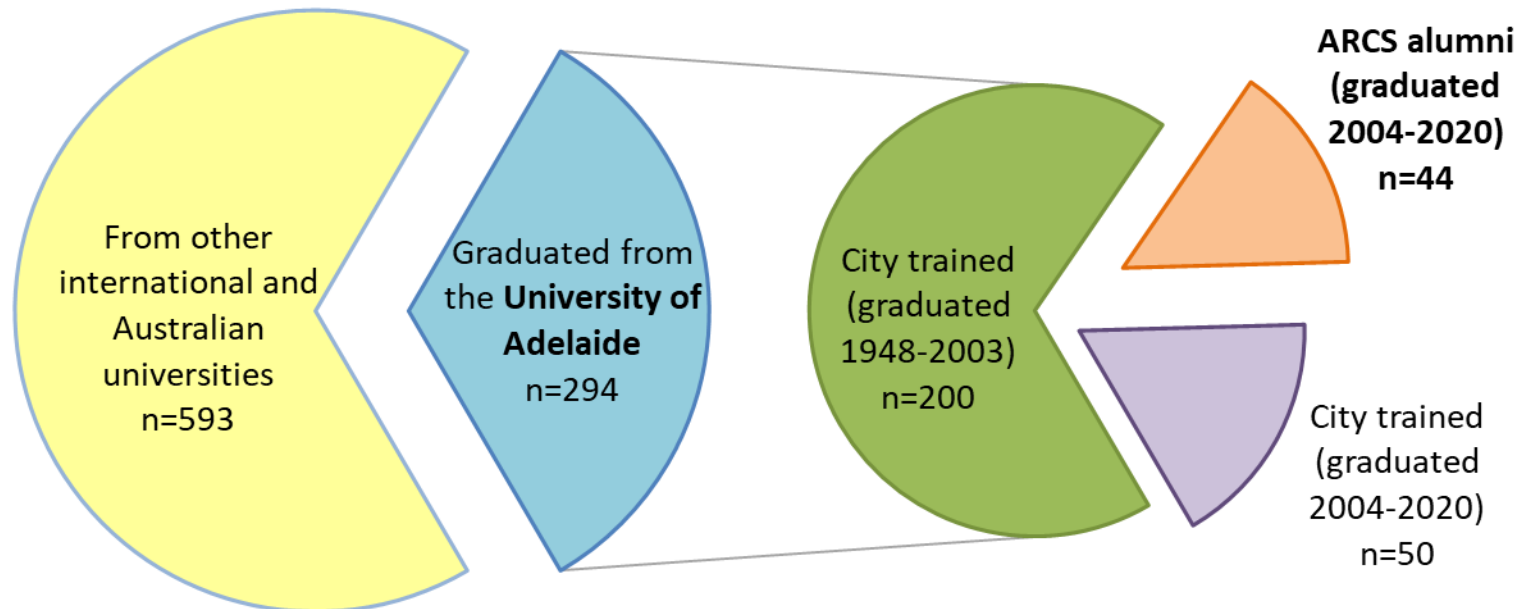
Adelaide Rural Clinical School Alumni

DOCTORS WORKING ANYWHERE IN SOUTH AUSTRALIA

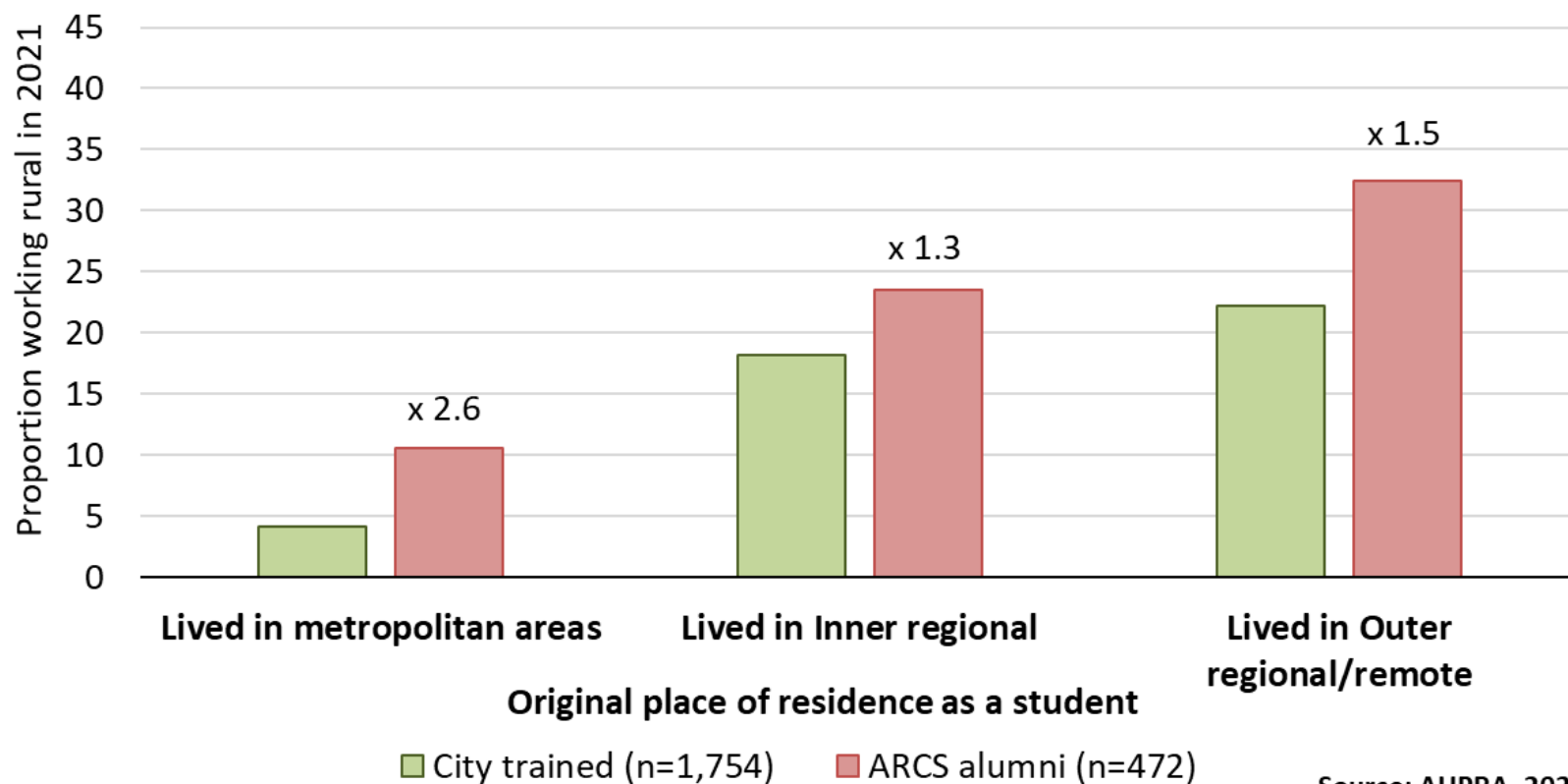
N=9,019 (AHPRA, 2021)

Doctors working in RURAL South Australia

n=887 doctors (9.8%)



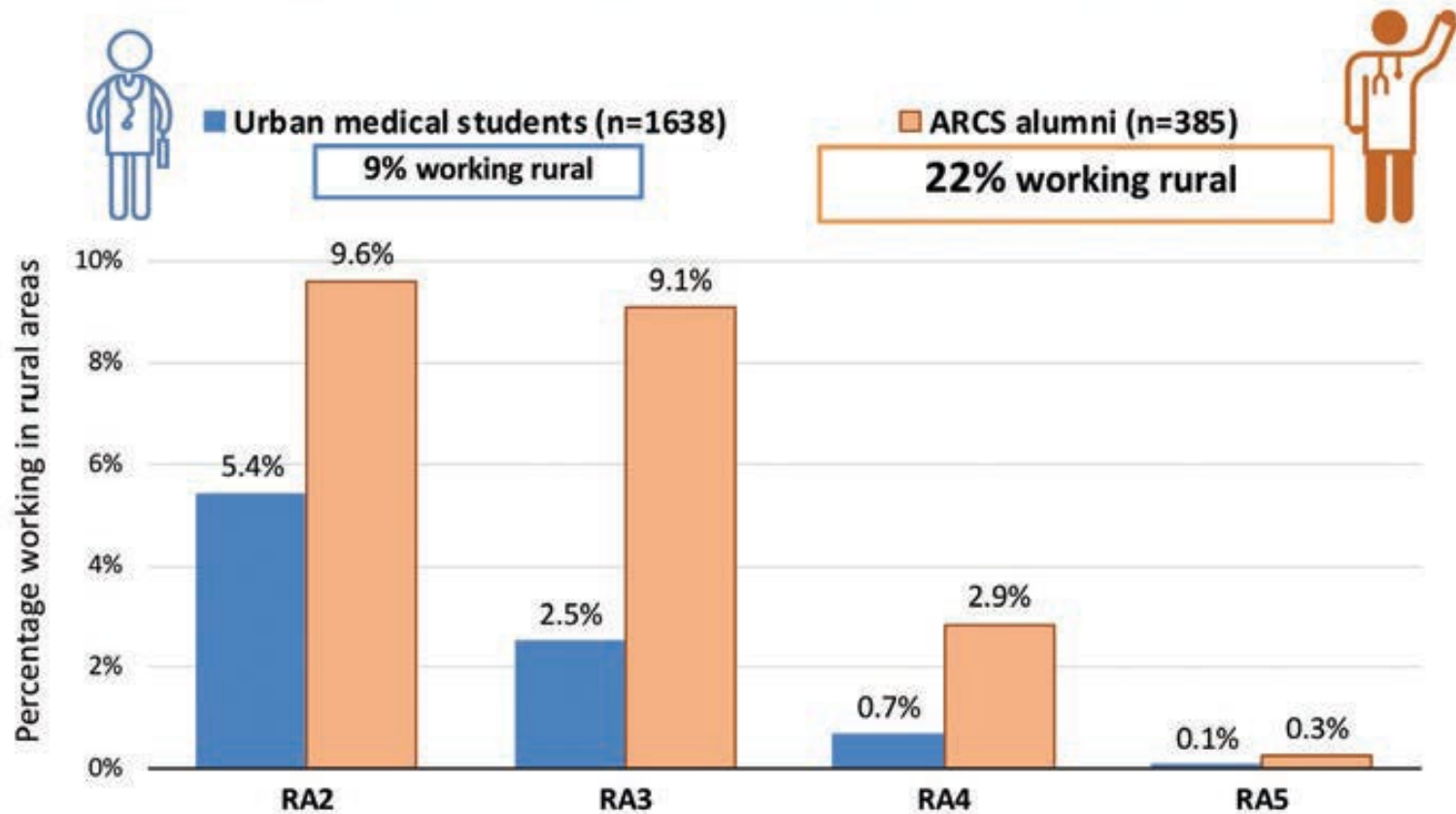
**Doctors working rural in 2021 (MMM3-7) according to
original place of residence in Australia
Graduated since 2004 (ARCS creation) at the University of Adelaide**



Source: AHPRA, 2021

Adelaide Rural Clinical School Alumni

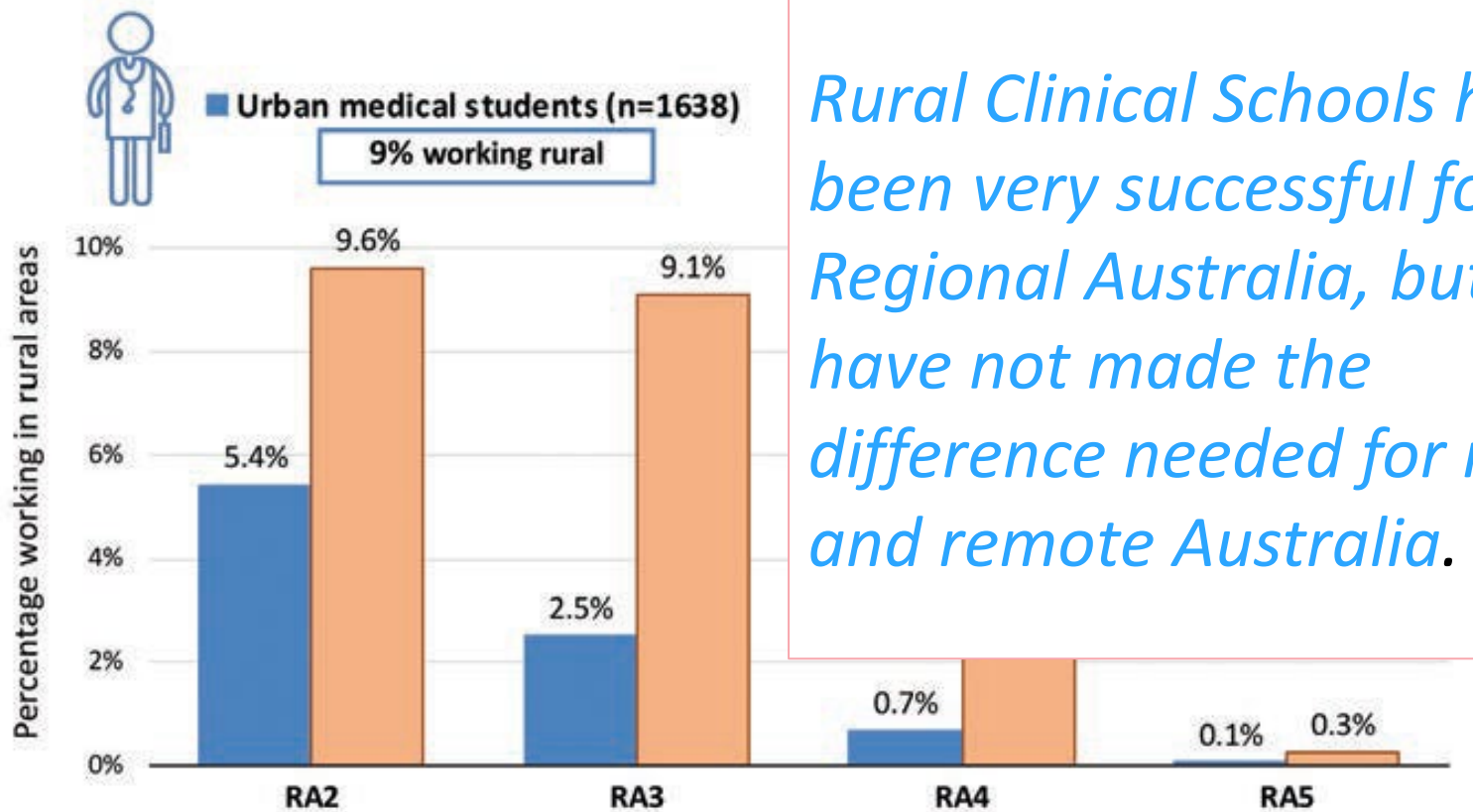
Current place of practice in Australia (2019) of medical doctors graduated at the University of Adelaide since ARCS was created



Source: AHPRA, 2019

Adelaide Rural Clinical School Alumni

Current place of practice in Australia (2019) of medical doctors graduated at the University of Adelaide since ARCS was created



Rural Clinical Schools have been very successful for Regional Australia, but have not made the difference needed for rural and remote Australia.

Source: AHPRA, 2019



Royal Flying Doctor Service

VH-OWS



ARMA

The Australian Remote
Medicine Academy



AIDA
AUSTRALIAN INDIGENOUS
DOCTORS' ASSOCIATION

Australian
College of
Rural & Remote
Medicine



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Concept model – our proposal for ARMA



Eight communities with RFDS presence across Australia. Initially Pt Augusta, Bairnsdale, Port Hedland and Alice Springs

- 5 students commence in Year 1 of the medical course annually
- Spend the majority of their six years of medical school training in and around this location (30 learners per region)
- Medical school articulates with prevocational and RG vocational training around the same locations (30 doctors-in-training per region)
- Medical workforce is consolidated through academic roles



Orientating medical training to create a remote Indigenous medical workforce

- Select students who choose remote with 50% Indigenous profile
- Train students where the workforce is needed
- Provide a well supported community of practice
- Provide early continuous authentic service-learning
- Ensure trainees can see a connected pathway to becoming a rural generalist



Progress

- Seeking Commonwealth funding
- Ongoing consultation to ensure effective collaborative models
- Admissions working party seeking to consult with local and academic stakeholders
- Trial of Year 2 preclinical program in 2022 in Pt Augusta



In summary:

- Support rural GPs adequately
- Develop models of care when provide enough in-hours well funded activity to support group practice: models of care which include: primary care, clinical teaching, and in-reach to maintain skills
- Select the right people for rural medical training
- Immerse them in the environment you want them to work in

Australian Remote Medicine Academy
offers a way forward for rural practice in Australia.

