



RDAV Statement.

Victorian Rural Generalist Training Program urgently required

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Rural Doctors
Caring for the Country

What are Rural Generalists? In law all Doctors are regarded as practicing a specialty. Specialists confine themselves to a limited area of medicine. Generalists cover a wide range of areas relevant to their geographical area of practice. Rural doctors are generalists who need to be capable of dealing with not only standard general practice conditions but also any death and disability threatening conditions that they are obliged to see either in their practice or hospital, stabilising, definitively treating, or transferring according to the need or their own capabilities.

RDAV has worked since 1991 to achieve formal Rural Generalist training in Victoria, helping develop many initiatives. **It believes that in 2010 there currently exists a new window of opportunity to establish a formal program. Many new hospital training posts are to be created to accommodate increased graduate intake which can be utilised.** Political commitment and funding will however be required. Public backing is harder to achieve because such activity does not have visibility and there is too much faith in the value of transportation of acute illness to major centres. The actual volume of acute illness is too large for such dependence, and the delay from distance to definitive treatment means much extra death and disability.

As described in our Statement on the Rural Hospital Crisis, rural hospitals have deepening inability to maintain services and on-call rosters. Obstetric services continue to close, and emergency capability to deteriorate. Experienced rural doctors now have an average age over 50 and are retiring at a rapid rate.

We already have rural medical schools and GP training programs. Rural Medical student placement has been active for 20 years. Rural Doctors contribute huge effort to such teaching but so far over 95% of the graduates have disappeared into metropolitan specialist and general practice.

RDAV calls for a supportive program which **1.** Educates medical students in the need, value, enjoyment and life-long career advantages of rural practice, **2.** Recruits students in their final year, **3.** Rotates them through appropriate regional and rural hospital and GP placements in first 2 postgraduate years, **4.** Gives them specialised training in needed disciplines in the 3rd year, **5.** Follows this with 2 further years of mentored placement. Such a program is already operational in Queensland.

RDAV calls on National and State Governments and Departments to collaborate to support this program. An initial 40 positions annually are proposed for 2012, giving time for budgetary and bureaucratic processes. Currently postgraduate positions are being planned and created in hospitals to absorb the increased medical school output. Such positions need to be siloed for a rural program. The current Proceduralist training program needs doubling once candidates are available. Federal GP training programs must be authorised to be involved. Academic requirements must be elaborated and endorsed. State hospitals must recognise the higher level of qualification. Federal rural incentives will have to be tied in.