

VICTORIAN  
RURAL GENERALIST  
PROGRAM

Program Management Framework

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# 1. Introduction

This Program Management Framework (framework) has been designed to inform and guide stakeholders about their role in the Victorian Rural Generalist Program (VRGP) establishment phase.

This framework sets out standards of accountability, underlying principles, outputs and key performance indicators, committee terms of references, statements of duties for clinical leads and regional rural generalist coordinators, and mechanisms to be used for effective governance of the VRGP.

## 2. Background

### 2.1 Rural Generalist definition

Rural Generalists are GPs with advanced skills in areas such as obstetrics, anaesthetics, emergency medicine, paediatrics, internal medicine, population health, Indigenous health and mental health. Rural Generalists in Victoria work in community settings, as well as contributing to the local rural health service to provide vital services including obstetrics, anaesthetics and emergency medicine.

In Victoria, the predominant model of engagement for GP Visiting Medical Officers is via a contracted fee-for-service model whereby the GP primarily works in a private general practice and provides services to the local health service for both in-patient and on-call services.

The Collingrove Agreement<sup>1</sup> defines the role of a Rural Generalist as agreed by the general practice colleges - the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP):

*'A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and/or community settings as part of a rural healthcare team.'*

### 2.2 Victorian Rural Generalist Program

In Victoria, the Department of Health and Human Services (the department) funded rural medical workforce programs have been consolidated to develop a cohesive, well-coordinated end-to-end Rural Generalist training pathway. The long-term objective of the VRGP is to increase employment of Rural Generalists in rural health services.

This framework provides for the involvement of small rural health services in the VRGP and includes a strong focus on leadership by small rural health services in the VRGP.

Selection into the VRGP is intended to commence at the medical intern year or postgraduate year 2 (PGY2). Continuation in the VRGP is subject to a trainee's successful entry to a GP training program. Qualified General Practitioners who have completed their general practice training can also enter the VRGP via lateral entry to expand their skills to be Rural Generalists.

The VRGP will, in collaboration with GP Colleges and Regional Training Organisations (RTOs), support trainees through the VRGP to Fellowship (FACRRM, FRACGP or FARGP).

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[https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/\\$File/National%20Rural%20Health%20Commissioner%20-%20Communique%201-July%202018.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/$File/National%20Rural%20Health%20Commissioner%20-%20Communique%201-July%202018.pdf)

## 2.3 National Rural Generalist Pathway

Emeritus Professor Paul Worley was appointed as Australia's first Rural Health Commissioner (Commissioner) by the Federal Parliament in 2017. His first task was to develop a National Rural Generalist Pathway.

A National Rural Generalist Taskforce was established by the Commissioner in May 2018 which formally released '*Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway*' to guide the development of the training pathway, and to harness the broad-based expertise of the rural health sector.

The National Rural Generalist Pathway will enable students, junior doctors and registrars to be based in rural communities that need rural generalists and call rural communities' home for their entire training.

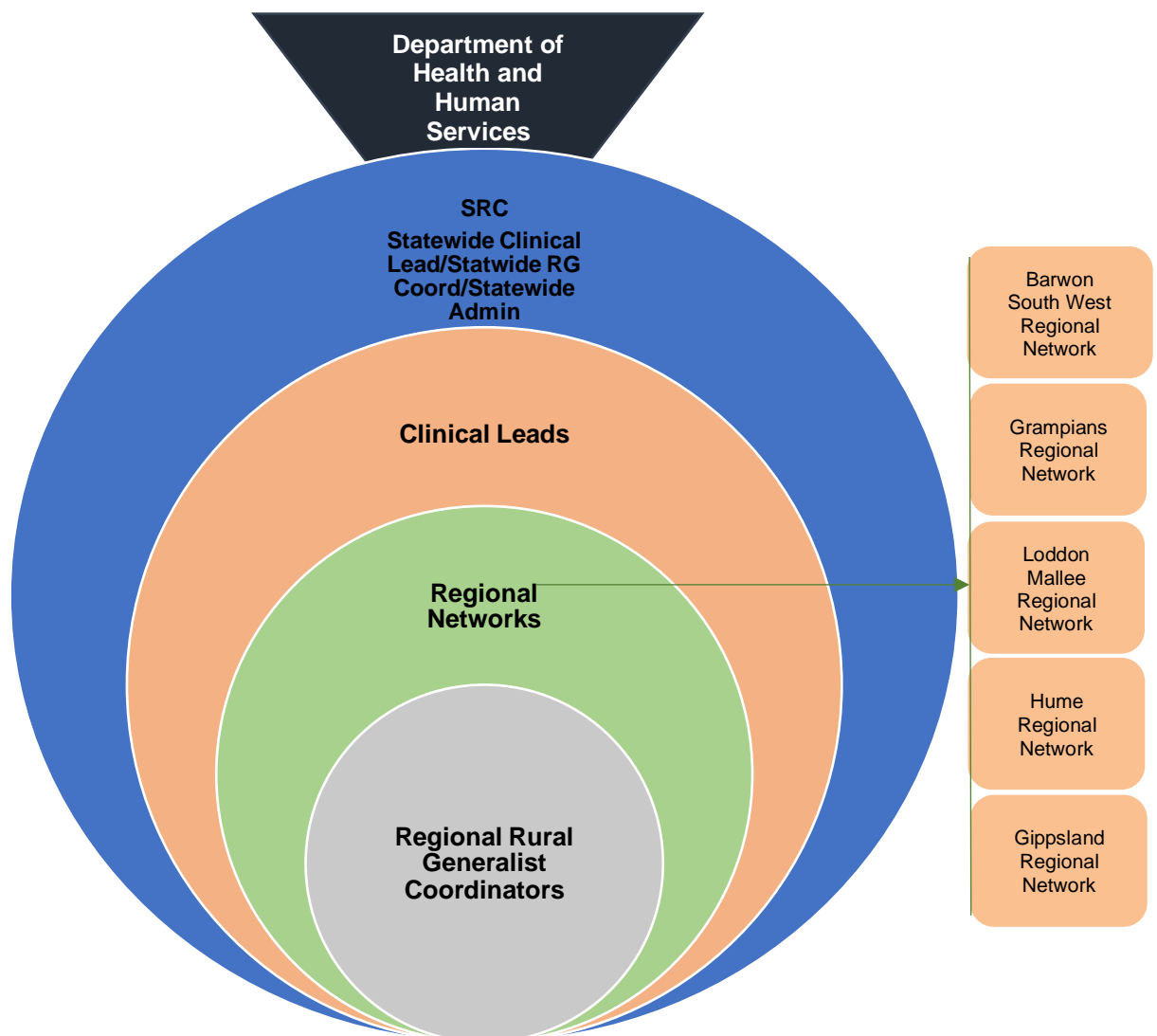
The VRGP seeks to align with the National Rural Generalist Pathway, however as Victoria has existing successful rural postgraduate medical training programs and unique community health requirements, the Victorian Rural Generalist training pathway will be designed to suit the Victorian setting.

### 3. Statewide Management Structure

The department will establish a Statewide Reference Committee (SRC) to monitor and oversee the statewide implementation of the VRGP, including the activity of the Regional Networks in establishing Rural Generalist training pathways.

Coordinating health services in each of the five regions, pictured the diagram below, will recruit VRGP Coordination Unit staff to coordinate the rural generalist training pathway who will:

- implement Regional Network governance arrangements;
- manage and coordinate the intersection between hospital based training and primary care settings;
- support VRGP trainees to meet GP College training requirements and meet Fellowship;
- provide case management coordination;
- expand training opportunities, in collaboration with training providers, health services, VRGP clinical leads, and specialist colleges, that match identified community need for advanced skills practice training; and
- link advanced skills practice training to local career opportunities.



## 4. Victorian policy and strategic environment

It is important to acknowledge the department's policy and strategic environment upon which this framework, and its underlying principles, are based on.

The department's vision is to achieve the best health, wellbeing and safety for all Victorians so that they can live a life they value. The VRGP will contribute towards the department's vision.

The department's strategic directions outlined below continue to drive our reform agenda, to focus on achieving better outcomes for clients, patients and the Victorian community, and ensure sustainable high-quality services into the future. These strategic directions provide an overarching framework for the development and growth of the VRGP.

- 1. Person centred services and care:** Takes into consideration all the influences on a person's health and wellbeing. These services and supports start in childhood and continue through life and are designed in the wider context of people's lives.
- 2. Local Solutions:** Person-centred solutions will work best when they are part of services that respond to the needs of local communities, not just individual clients.
- 3. Prevention and earlier intervention:** Effective prevention and early intervention are critical to reducing inequalities in health and social outcomes, intergenerational transfer of disadvantage, and reducing the need for crisis and emergency services.
- 4. Advancing quality, safety and innovation:** This affirms the department's commitment to advance patient and client safety, the effectiveness of interventions and the experience of the people relying on health and human services. Our focus is on ensuring our services are safe, high quality and provide a foundation to reducing inequalities in care so that all individuals can pursue and live their best life.

## 5. Principles

To achieve a well-coordinated and cohesive VRGP, the department is establishing a robust program management structure, that is not only accountable for the day-to-day running of the training program, but is also responsive, innovative and nurtures collaboration among all stakeholders involved in the training and education of Rural Generalists.

**Table 1: Underlying principles for the establishment phase of the VRGP.**

PRINCIPLES	MINIMUM STANDARDS
<b>Effective Governance</b>	<ul style="list-style-type: none"> <li>• A robust program management framework is developed and implemented. This will provide clarity on the roles and responsibilities of DHHS, the SRC, Clinical Leads, Regional Networks and Regional Rural Generalist Coordinators.</li> <li>• Trainees actively participate in quality improvement activities, for example, peer reviews, clinical audits, program evaluation, and trainee/supervisor satisfaction surveys.</li> <li>• An SRC and five Regional Networks are established and operating in accordance with their respective terms of reference.</li> <li>• The program management framework supports the development of cohesive training pathways that integrate high quality clinical care and teaching to drive a culture of excellence to produce a skilled Rural Generalist workforce that is well prepared for working in rural health services and primary care settings.</li> <li>• All stakeholders are engaged in the quality education, training and expansion of Rural Generalists in Victoria.</li> <li>• Program management conflict resolution processes are established and followed.</li> </ul>
<b>Collaborative</b>	<ul style="list-style-type: none"> <li>• Regional Rural Generalist Coordinators engage with stakeholders to develop integrated, collaborative Regional Networks.</li> <li>• Regional Rural Generalist Coordinators collaborate with health services and the Postgraduate Medical Council of Victoria (PMCV) to identify, select and recruit trainees with rural career intentions into the VRGP.</li> <li>• Training posts and rotations are developed collaboratively to align training opportunities with rural and regional community needs, employment opportunities, trainee interests and career aspirations.</li> <li>• Multi-year training agreements are facilitated through networked training arrangements and include a focus on future employment in the region.</li> <li>• The Statewide and Regional Rural Generalist Coordinators and Clinical Leads work in collaboration with the department, primary care settings, health services, RTOs and GP Colleges to identify training opportunities to match community needs.</li> <li>• The Statewide and Regional Rural Generalist Coordinators engage with Clinical Leads, RTOs and specialist medical colleges to expand accredited training opportunities offered in a region.</li> <li>• Regional Networks share learnings, resources and activities used to support trainees, expand accredited training posts and improve Rural Generalist employment opportunities.</li> <li>• Health service CEOs support the establishment of Regional Networks both individually and collaboratively via existing Rural and Regional Health Partnerships.</li> </ul>

PRINCIPLES	MINIMUM STANDARDS
<b>Access</b>	<ul style="list-style-type: none"> <li>• Increased numbers of Rural Generalists with advanced skills are working in rural health services to deliver care to local communities.</li> <li>• Rural training pathways provide a continuum for medical education and training from internship to Fellowship.</li> <li>• Lateral entry and exit points into the VRGP are established.</li> <li>• Felloved Rural Generalists have access to an alumni network which enables them to access peer support.</li> <li>• The Rural Generalist trainee completion rates are comparable to metropolitan general practitioner trainee completion rates.</li> <li>• Rural Generalist supervisors and mentors have access to professional support and up-skilling.</li> <li>• Online learning tools for trainees in the VRGP are available to support quality trainee education and training that aligns with GP College curriculum.</li> <li>• Rural Generalists have access to employment opportunities that enable them to work at a full scope of practice to support and provide high quality and safe medical services to communities.</li> <li>• Improved community access to a wider range of local medical services, leading to improved health, greater wellbeing, and social and economic development for rural and remote communities.</li> <li>• Trainees and Rural Generalists are provided with opportunities to establish work-life balance through part-time training and employment arrangements.</li> </ul>
<b>Advocate</b>	<ul style="list-style-type: none"> <li>• In collaboration with stakeholders, advocate for trainees with rural backgrounds.</li> <li>• Identify barriers by undertaking a risk assessment of the region that may impede the success of the VRGP, develop strategies to address, and advocate for solutions.</li> <li>• Identify the advanced skill specialities required within the region and advocate for trainees to select those advanced skills that match community and workforce needs, and will lead to a career in the region in the chosen advanced skill.</li> </ul>



## 6. Outcomes

An outcomes-focused approach to measuring and evaluating performance will give the department an understanding of what works, what doesn't and why.

This will help us achieve our long-term objective of increasing the available number of Rural Generalists employed in rural health services.

It will provide evidence to understand the impact of the department's investment and align the department's programs with community needs, placing the patient at the centre of all interventions. It also helps the department to target efforts more effectively to address disparities in access and outcomes for individuals and communities.

Over the two-year VRGP establishment phase, it is intended to use the department's outcomes framework, to measure the outputs and Key Performance Indicators (KPIs) associated with the VRGP establishment phase, as outlined in Table 2.

The SRC will be responsible for monitoring achievement of KPIs across all five regions and providing quarterly reports to the department using the departments reporting template.

**Table 2: VRGP Outputs and KPIs**

Outputs	Key Performance Indicators (KPIs)	Timeframe	Who
The VRGP has a robust governance framework and established Regional Networks.	<ul style="list-style-type: none"> <li>Each of the five Regions is supported by a Regional Rural Generalist Coordinator, has access to clinical lead support and a Statewide Rural Generalist Coordinator.</li> </ul>	6 months	RN/ DHHS
	<ul style="list-style-type: none"> <li>There is a well-defined and robust Program Management Framework that outlines key stakeholder collaborative relationships, roles and responsibilities of all roles in the Coordination Unit and clinical leads, agreed VRGP deliverables, and quality improvement activities.</li> </ul>	1 year	DHHS
	<ul style="list-style-type: none"> <li>Regions have a well-supported, coordinated and facilitated training program that provides support to trainees during the training years, and continues to provide career support post-Fellowship.</li> </ul>	2 years	RN

Outputs	Key Performance Indicators (KPIs)	Timeframe	Who
Regional Rural Generalist Coordinators are based within each of the five Victorian regions to coordinate development of an end to end Rural Generalist training pathway.	<ul style="list-style-type: none"> <li>Coordinated training arrangements in collaboration with existing training providers (RTOs, health services and primary care settings) are formalised with Memorandums of Understanding.</li> <li>Every VRGP trainee has a multi-year training agreement that is individually tailored to the trainees' clinical interests, regional training capacity and aligned to community needs.</li> <li>Multi-year training agreements include links to career opportunities in the region.</li> <li>Regional Rural Generalist Coordinators provide secretariat support to the Regional Networks and other statewide forums to share learnings, experiences and resources.</li> <li>Regional Networks facilitate development of the Rural Generalist pathway development through engagement at CEO Rural and Regional Partnership forums, and in collaboration with existing training providers.</li> <li>In collaboration with RTO's and specialist colleges, all Clinical Leads and Rural Generalist Coordinators will contribute to identifying and expanding the number of accredited training posts to ensure ongoing alignment of advanced skills with the regional communities need for access to services.</li> </ul>	1 year	RN
		1 - 2 years	RN
		2 years	RN
		2 years	Coord
		1-2 years	RN
		2+ years	Coord
VRGP provides a seamless and supportive end to end training pathway linked to employment opportunities.	<ul style="list-style-type: none"> <li>Regional Networks are established to oversee the development of well-coordinated VRGP networked training arrangements, with clear accountabilities, coordinated recruitment and conflict resolution processes.</li> <li>Regional Networks evaluate VRGP trainee, supervisor and employer satisfaction with the alignment of training and employment.</li> <li>A centralised recruitment of Rural Generalist trainees into the VRGP is supported by selection criteria which targets medical graduates intending to practise in rural/regional locations.</li> <li>Trainee progression through the VRGP is managed by a tailored multi-year training agreement for seamless transition between training posts.</li> <li>There is maintenance of, and growth in accredited training sites.</li> <li>There is growth in supervision and training capacity in rural and regional sites.</li> <li>Reporting of annual trainee progression across the VRGP training pathway and career/employment outcomes following attainment of Fellowship.</li> <li>Rural Generalist employment outcomes support system role delineation and sustainable delivery of maternity, surgical, emergency and other services provided in rural hospitals as per Capability Framework requirements.</li> </ul>	1 year	RN
		1 year	RN
		1 year	PMCV
		1-2 years	RN/ Coord
		2 years	RN/CL
		2 years	RN/CL
		2+ years	RN
		2+ years	RN

Outputs	Key Performance Indicators (KPIs)	Timeframe	Who
Trainees who participate in the VRGP have strong linkages to a career in rural and regional Victoria.	• Small rural health services, and the employers of the Rural Generalist workforce, participate in the program management Regional Networks of the VRGP.	6 months	RN
	• Small rural health services are facilitated to engage with trainees during their prevocational and vocational training to build relationships and promote jobs at the end of training.	1 year	Coord/ CL
	• Reduction in trainee attrition rates.	2+ years	RN
	• Rural Generalist Fellows receive employment offers for Rural Generalist positions in rural Victorian health services.	2+ years	RN
	• Establishment of a statewide Rural Generalist alumni network to provide peer support.	2+ years	Coord/ RN

CL = Clinical Leads

RN = Regional Networks

Coord = Regional Rural Generalist Coordinators

PMCV = Post Graduate Medical Council of Victoria

# 7. Terms of Reference - Statewide Reference Committee

## 7.1 Role

The role of the Statewide Reference Committee (SRC) is to oversee and monitor the establishment phase of the VRGP and provide quarterly reports of activity, including progress toward achieving KPIs by each Regional Network, to the department.

The SRC will provide advice to the department that will include assessment of program activity, including how effective each region is managing Memorandums of Understanding, multi-year training agreements, tailored training plans and expanding accredited training posts in accordance with the general practice colleges' curricula and accreditation requirements.

The SRC will facilitate cooperation and collaboration between and within regions to drive innovation and development in training, support and clinical skills.

In doing so, the SRC will also alert the department of training sites or regions that are not meeting expected standards.

Where a Regional Network has referred a training matter to the SRC, if the SRC is unable to resolve the matter it should be escalated to the department in a timely manner.

## 7.2 Objectives

The SRC will:

- Review and monitor the quality and delivery of the VRGP, including the development of a work program to deliver against the objectives and KPIs.
- Encourage and support collaboration between Regional Networks, Rural Generalist Coordinators, Clinical Leads, health services, Regional Training Organisations, general practice colleges, Regional Training Hubs, general practitioners, and community settings.
- Monitor and encourage opportunities to integrate high-quality clinical care and training that will promote and support a sustainable and skilled workforce for rural communities.
- Monitor the number of Rural Generalists, and Rural Generalist trainees, working at their full scope of practice in rural health services post-advanced skills training.
- Ensure multi-year training arrangements for VRGP trainees are effectively coordinated by each Regional Network.
- Ensure all Regional Networks provide case management support to Rural Generalist VRGP trainees.
- Provide an avenue for conflict resolution for program management matters that are unable to be resolved by a region and inform the department in a timely manner if issues are unable to be resolved by the SGC.
- Report to DHHS on VRGP progress against KPIs.

## 7.3 Membership

One representative from each of the following:

- DHHS

- Statewide Clinical Lead
- Regional Network Chairs
- RACGP
- ACCRM
- Victorian Regional Training Hubs Alliance
- RTO's
- RWAV
- PHN representative
- PMCV
- RDAV

## 7.4 Role of the Chair

The Statewide Clinical Lead will be the Chair for the SRC.

The role of the Chair is to lead the SRC to achieve its objectives and execute its responsibilities in line with the terms of reference.

## 7.5 Meetings and administration

### 7.5.1 Frequency of meetings

It is proposed that the SRC meet quarterly.

### 7.5.2 Quorum and decision making

Quorum is reached when at least 50 per cent of the SRC members (or a nominated delegate with similar skill set) are in attendance.

### 7.5.3 Secretariat

The following is a summary of the Secretariat functions:

- organise the business of, and support the group and the Chair;
- organise and manage meeting arrangements, preparation of papers, processes and records of decisions;
- manage meeting and ongoing agenda related processes;
- monitor and ensure follow up on actions arising from meetings;
- maintain a set of official records;
- manage correspondence and other business between meetings;
- manage out of session business; and
- prepare progress reports to DHHS.

### 7.5.4 Reporting

The SRC will table Regional Network reports at each meeting. The SRC will:

- provide a copy of meeting minutes to the department that will include Regional Network reports; and
- provide an annual report to the department using the reporting template provided by the department.

## 8. Terms of Reference - Regional Network

### 8.1 Purpose

The Regional Network (RN) will be accountable for the following:

- Implementation of the *Victorian Rural Generalist Program* (VRGP) in the region.
- Development of networked training pathways and multi-year training agreements for all VRGP trainees in the region.
- Collaboration with all relevant medical training stakeholders to maximise investment and outcomes of VRGP.
- Development and roll out of VRGP trainee case management and career planning processes, ensuring consistency across all regions.
- Oversight of the formalisation of Memorandums of Understanding in the region.
- Provide an avenue for conflict resolution.
- Reporting on the implementation of the VRGP, including quarterly project reports, budgetary allocation and acquittal to the Statewide Reference Committee (SRC).

### 8.2 Membership

Membership will be composed of:

- DHHS representative/s
- Health service CEO or nominated DMS by the CEO representatives from all participating health services in the region. A minimum of 50 per cent of health services in the region must participate; communication processes must be in place to engage all other health services in the development and implementation of the VRGP.
- A CEO representative from a health service in the region, nominated by the Regional CEO Partnership Group as a sponsor to support for the Regional Rural Generalist Coordinator and report back to Regional CEO Partnership group.
- RTO representative
- PHN representative
- Regional Training Hub representative
- Rural Generalist representative
- Rural Generalist trainee representative
- Rural medical clinical school undergraduate trainee representative

Clinical Leads can be invited to meeting as required to discuss specific training issues as required.

### 8.3 Role of the Chair

It is proposed the Chair of the RN will be from a small rural health service to embed links between the training program and future employment.

The role of the Chair is to lead the RN to achieve its objectives and execute its responsibilities in line with the terms of reference.

## **8.4 Meetings and administration**

### **8.4.1 Frequency of meetings**

It is proposed that the RN meet every two months throughout the two-year VRGP establishment phase. Meeting frequency can be reviewed and scaled up or down by the RN.

### **8.4.2 Quorum and decision making**

Quorum is reached when at least 50 per cent of the Regional Network members (or their nominated delegate with similar skill set) are in attendance. A minimum of one representative of each Health Service (DMS or CEO representative or their nominee) is required to be in attendance for every meeting.

### **8.4.3 Secretariat**

The Regional Rural Generalist Coordinator will provide Secretariat services to the RN.

The following is a summary of the Secretariat functions:

- organise the business of and support the group and the Chair;
- organise and manage meeting arrangements, preparation of papers, processes and records of decisions;
- manage meeting and ongoing agenda related processes;
- monitor and ensure follow up on actions arising from meetings;
- maintain a set of official records;
- manage correspondence and other business between meetings;
- manage the out of session business; and
- prepare progress reports to the SRC and DHHS.

### **8.4.4 Reporting**

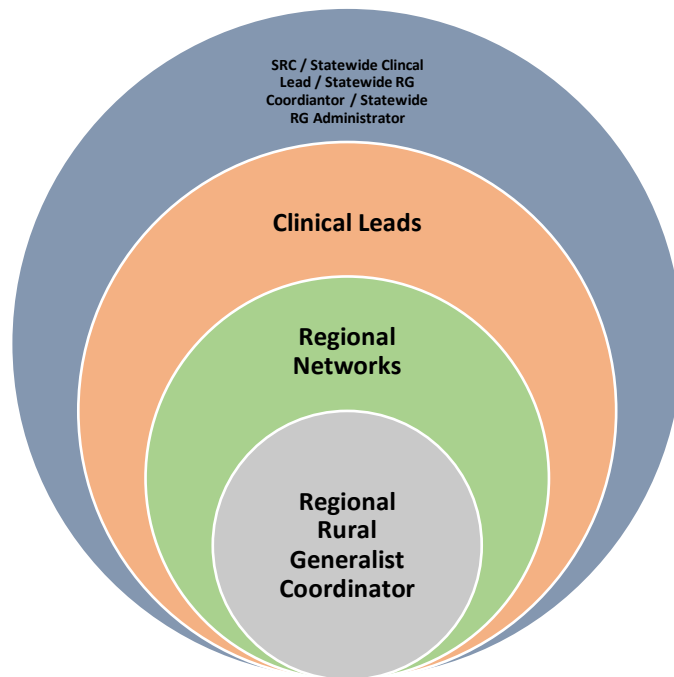
The RN will provide written and/or verbal updates of activity to be tabled at the SRC meetings. The update should include progress reports against the VRGP KPI's on the following:

- multi-year training agreements for VRGP trainees;
- VRGP trainee case management including trainee progression, attrition and career aspirations;
- local workforce and career planning that identifies advanced skills required for local communities;
- execution of Memorandums of Understanding between training providers, health services and primary care settings;
- evaluation planning and data collection; and
- budget acquittal.

# 9 VRGP Clinical Leads and Coordination Unit Recruitment

## 9.1 Context in which the roles exists

The below diagram illustrates the relationship between the roles of the Statewide Rural Generalist Coordinator, Regional Rural Generalist Coordinators, Clinical Leads, Statewide Administrator, and the links to the VRGP work program for the Regional Networks and SRC. It is important to understand the interrelations between the governance arrangements and the role of the Regional Coordinators and Clinical Leads as they all contribute to the development of the VRGP.





# 10. Statement of Duties – Statewide Clinical Lead

The Statewide Clinical Lead will, through professional leadership and expertise, lead the Victorian Rural Generalist Program (VRGP). The Statewide Clinical Lead will drive a culture of clinical excellence through the development of a skilled Rural Generalist workforce.

The Statewide Clinical Lead will support the implementation of the VRGP and governance arrangements for Clinical Leads in rural and regional Victoria. The Statewide Clinical Lead will also provide mentorship and ongoing support to general practice trainees and general practitioners who are interested in pursuing Rural Generalist careers.

The Statewide Clinical Lead will lead a team of Clinical Leads appointed within the VRGP. This includes four Clinical Leads for each of the key advanced skills areas (Anaesthetics, Obstetrics, Emergency Medicine and Paediatrics).

## 10.2 Purpose

- Providing advice to the department and Victorian health services on Rural Generalist workforce requirements to facilitate the delivery of Rural Generalist training services in rural health services.
- Improving training outcomes and experiences of trainees across Victoria;
- Improving access to Rural Generalist training in rural and regional Victoria; and
- Developing and implementing a robust Clinical Lead program management framework.

## 10.3 Roles and responsibilities

- Lead the VRGP by supporting program design and implementation, and governance arrangements.
- Provide oversight and support to Clinical Leads to facilitate consistency of training standards across training posts.
- Provide authoritative advice to inform the implementation of the VRGP with a focus on improving access to Rural Generalist services.
- Facilitate the expansion of Rural Generalist advanced skills training by supporting health services to meet accreditation requirements for the relevant Rural Generalist training activities.
- Provide individualised and consistent advice to ensure trainee progress in accordance with curriculum requirements, and College and contractual standards. This requires an understanding of the architecture of training and the extent to which the interest of stakeholders is recognised and reconciled with the needs of trainees and supervisors.
- Manage and administer the delivery of support and case management to trainees and supervisors.
- Analyse areas of strength and weakness and contribute to professional development and learning plans for individual trainees, including quarterly review of learning plans and logbooks, as required.
- Evaluate the effectiveness of education and training activities.
- Promote the education and training activities of the VRGP.
- Advocate for Rural Generalism and support succession planning for Rural Generalists with advanced skills in health services in rural Victoria.

- Establish and maintain working relationships with hospital directors, Registered Training Organisation (RTO) Medical Educators, GP Colleges, other specialist medical colleges/Joint Consultative Committees, supervisors, regional and rural health services and other stakeholders.
- Participate in the selection and interview process of potential trainees, as required.
- Work collaboratively with the department staff to ensure linkages and synergies of work.
- Participate in VRGP Clinical Lead meetings as required.
- Other duties as directed.

# 11. Statement of Duties – Clinical Leads

The Clinical Leads will drive a culture of clinical excellence by supporting the development of a skilled Rural Generalist workforce. They will lead the delivery of advanced skills training for general practitioners in rural and regional Victoria. The Clinical Leads will also provide mentorship and on-going support to general practice trainees and general practitioners who are undertaking advanced skills training as part of the Victorian Rural Generalist Training Program (VRGP).

Four Clinical Lead roles will be selected through an employment process and will be funded by the Department of Health and Human Services at the health service that they are currently engaged with. There are four Clinical Leads for the advanced skills areas of Anaesthetics, Obstetrics, Emergency Medicine and Paediatrics. Each of the Clinical Leads must be a Fellow of RACGP or ACRRM and hold relevant advanced skill qualifications. The Clinical Leads will report to the Statewide Clinical Lead.

## 11.1 Purpose

Clinical Leads are critical to the success of the VRGP. They will lead the VRGP by:

- Improving training outcomes and experiences of trainees across Victoria;
- Increasing access to Rural Generalist advanced skills service in rural and regional Victoria; and
- Providing advice to the department and Victorian health services on Rural Generalist workforce requirements to facilitate the delivery of advanced skills in rural health services.

## 11.2 Roles and responsibilities

- Provide authoritative advice to inform the implementation of the VRGP with a focus on improving access to Anaesthetics/Obstetrics/Emergency Medicine and Paediatric services to meet the health needs to communities in rural Victoria.
- Facilitate the expansion of Rural Generalist training by supporting health services to attain and sustainably meet accreditation requirements.
- Provide individualised and consistent training advice to support trainees progress in accordance with curriculum requirements, and College and contractual standards. This requires an understanding of the architecture of training and the extent to which the interest of stakeholders is recognised and reconciled with the needs of trainees and supervisors.
- Manage and administer the delivery of support and case management to trainees and supervisors.
- Analyse areas of strengths and weaknesses and contribute to professional development and learning plans for individual trainees, including quarterly review of learning plans and logbooks, as required.
- Analyse areas of strengths and weaknesses and contribute to professional development and learning plans for individual trainees, including quarterly review of learning plans and logbooks, as required.
- Evaluate the effectiveness of education and training activities.
- Promote the education and training activities of the VRGP.
- Advocate for Rural Generalism and support succession planning for Rural Generalists in health services.

- Establish and maintain working relationships with hospital directors, Registered Training Organisation (RTO) Medical Educators, GP Colleges, other specialist medical colleges/Joint Consultative Committees, supervisors, regional and rural health services and other stakeholders.
- Participate in the selection and interview process of potential trainees, as required.
- Work collaboratively with departmental staff to ensure linkages and synergies of work.
- Participate in VRGP Clinical Lead meetings as required.
- Other duties as directed.

# 12. Statement of Duties – Statewide Rural Generalist Coordinator

## 12.1 Purpose of the role

The Statewide Rural Generalist Coordinator will provide leadership and support to each of the five Regional Rural Generalist Coordinators to develop the Victorian Rural Generalist Training Program (VRGP) and will play a crucial role in implementing and overseeing the case-management of VRGP trainees by Regional Rural Generalist Coordinators for the VRGP. The role will support the establishment of links between all stakeholders involved in the training and education of rural generalists and encourage innovation in the development of processes and systems.

## 12.2 Functions of the Statewide Coordinator

- Provide oversight, leadership and support to the five Regional Rural Generalist Coordinators, Statewide Rural Generalist Administrator, Clinical Leads and Regional Networks to achieve well-coordinated and cohesive VRGP by ensuring:
  - a consistent approach by each region for the established of Regional Networks that adheres to the Terms of Reference as detailed in the VRGP Management Framework;
  - processes, systems and activities developed within each region aligns with the underlying principles and minimum standards outlined in the VRGP Program Management Framework;
  - each region develops systems and processes to collect data and information that will contribute to measuring the outputs and Key Performance Indicators (KPIs) associated with the VRGP establishment phase;
  - development and implementation of a case-management framework for all VRGP trainees to provide training support, career planning and provide access to available funding and support program;
  - ensure case-management support is provided to each trainee, inclusive of multi-year training agreements, assistance with accommodation, and ancillary activities to support Rural Generalist trainees and supervisors with mentoring, support services, and family support services;
  - support statewide and regional marketing of the VRGP, particularly to medical schools and secondary schools to attract future trainees into a Rural Generalist career;
  - there are established communications and sharing of knowledge, innovations and learnings between Regional Networks;
  - staff, trainee, supervisor and stakeholder management systems to enable issues to be addressed and escalated accordingly; and
  - ensure VRGP coordination function is in line with Commonwealth Department of Health's funding grant requirements and preparation of reporting to support grant.
- Work collaboratively with VRGP Statewide Clinical Lead and Speciality Clinical Leads and relevant stakeholders in workforce planning activities, including the development of VRGP training positions aligned with health service and community need which can lead to viable careers in rural locations.
- Monitor and encourage opportunities to integrate high-quality clinical care and training that will promote and support a sustainable and skilled workforce for rural communities.
- Monitor and support avenues for conflict resolution for program management matters that are unable to be resolved by a region and inform the department in a timely manner if issues are unable to be resolved by the Statewide Reference Committee.

- Support Regional Coordinators to build relationships with general practices and health services in the region to support VRGP training and develop marketing activities to attract trainees and promote program expansion in the region.
- In collaboration with key stakeholders and Clinical Leads, identify system level improvements to the VRGP, advocate for and implement changes to improve the quality of training and the equitable distribution of training positions and employment opportunities for Rural Generalists.
- Collaborate with key stakeholders involved in medical training, including the Postgraduate Medical Council of Victoria, Regional Training Organisations, Regional Training Hubs, Rural Workforce Agency Victoria, specialist colleges, community general practices and health services, to support productive working relationships and enable effective use of available programs and funding linked to rural generalist training.
- Establish, convene and Chair a Victorian Rural Generalist Program Coordination Working Group that includes membership of all Regional Rural Generalist Coordinators and Rural Community Intern Training (RCIT) Program Managers.
- Other duties as determined.

# 13. Statement of Duties - Regional Rural Generalist Coordinator

## 13.1 Purpose of the role

The Regional Rural Generalist Coordinator, [region], is one of five Regional Rural Generalist Coordinators for the Victorian Rural Generalist Training Program (VRGP) and will play a crucial role in the management of the program and support to trainees in the VRGP in the [region] and in establishing links between all stakeholders involved in the training and education of rural generalists.

The Regional Rural Generalist Coordinators must be willing and available to travel extensively throughout their region and State to support trainees, supervisors and mentors. Face-to-face contact, either in person or 'virtual' is an integral part of the education support function. In addition, Regional Rural Generalist Coordinators will be responsible for the provision of Secretariat support for the Regional Network and the delivery of marketing, engagement and education activities. The Statewide Rural Generalist Coordinator will provide guidance and support to the Regional Rural Generalist Coordinators.

## 13.2 Functions of the Coordinator

- In collaboration with key stakeholders, establish systems and processes to support the establishment of a well-coordinated and cohesive Rural Generalist training program in the [region] that aligns with the underlying principles and minimum standards outlined in the VRGP Program Management Framework. This includes development of an annual work in collaboration with the Statewide Coordinator and the Statewide Clinical Lead.
- Provide leadership within the [region] and collaborate with VRGP Clinical Leads, training sites, specialist colleges and the Commonwealth's Regional Training Organisations to attract prevocational doctors into the VRGP and expand a Rural Generalist training pathway to meet the needs of the rural communities in the region.
- Establish and provide secretariat services to the [region] Regional Network Committee (RNC) ensuring alignment with the Terms of Reference detailed in the VRGP Program Management Framework.
- Establish systems and processes to collect data and information that will contribute to measuring the outputs and Key Performance Indicators (KPIs) associated with the VRGP establishment phase, as outlined in the VRGP Program Management Framework Collate data, monitor and report on the KPIs of the VRGP to the Regional Network Committee, providing quarterly reports to the Statewide Reference Committee using the departments reporting template.
- In collaboration with stakeholders facilitate coordinated training rotations for trainees by liaising, negotiating and establishing Memorandums of Understanding with current and new training providers in hospital and primary care settings. This includes managing trainee, education provider and employer concerns as they arise.
- Support health service development and management of trainee multi-year training agreements, including detail on required training rotations across the five-year training program.
- Support high quality training experience through regular structured check-ins with trainees.
- Provide training and career guidance that is considerate of the individual's clinical interests and aligned with employment opportunities in the region/state.
- Work collaboratively with VRGP Clinical Leads and relevant stakeholders on the development of training positions aligned with health service and community need and facilitate viable practice

models and employment options to support the recruitment, training and retention of rural generalists in the region.

- Work collaboratively with stakeholders to facilitate uptake of mentoring programs which are aligned with the professional, personal and social interests of trainees to minimise attrition from the program and support transition to rural employment.
- Build relationships with general practices and health services in the region to support VRGP training and develop marketing activities to attract trainees and promote program expansion in the region.
- Collaborate with other stakeholders involved in medical training, including the Postgraduate Medical Council of Victoria, Regional Training Organisations, Regional Training Hubs, Rural Workforce Agency Victoria, specialist colleges, community general practices and health services.
- Coordinate ancillary activities to support Rural Generalist trainees and supervisors such as mentoring and support services, and family support services.
- Data collection that would include the trainee's ID, age, gender, year of training, deferrals, withdrawals, sub-speciality rotations and any other information relevant to VRGP objectives and KPIs.
- Assist with short-term accommodation as required for rotations to other communities within the region including metropolitan and outer metropolitan areas as required.
- Collaborate with all Regional Networks to share knowledge, learnings and innovations.
- Other duties as determined.



# 14. Statement of Duties – Statewide Rural Generalist Administrator

## 14.1 Purpose of the role

The Statewide Rural Generalist Administrator will ensure the smooth and efficient management of the day-to-day operations of the Victorian Rural Generalist Program (VRGP) by providing executive and administrative support. The position is a pivotal point of contact between each of the five Regional Networks, Clinical Leads and key stakeholders.

## 14.2 Functions of the role

- Operate as an effective member of the VRGP and deliver quality and timely support to coordinators and clinical leads.
- Provide a range of effective support functions to the VRGP, including providing quality support to committees, including progress reports on outstanding matters and preparing reports, briefs and correspondence.
- As required, arrange meetings, including coordinating papers, organising venues, catering, travel, preparation of agenda papers, taking minutes and follow-up actions.
- Provide support in the development of processes, systems and activities within each region that aligns with the underlying principles and minimum standards outlined in the VRGP Program Management Framework;
- Support each regions systems and processes to collect data and information that will contribute to measuring the outputs and Key Performance Indicators (KPIs) associated with the VRGP establishment phase.
- Answer queries, provide timely advice, undertake follow up action as required.
- Build relationships with trainees, general practices and health services in the region to support VRGP training.
- Collaborate with other stakeholders involved in medical training, including the Postgraduate Medical Council of Victoria, Regional Training Organisations, Regional Training Hubs, Rural Workforce Agency Victoria, specialist colleges, community general practices and health services.

# Glossary

Acronym	Organisation name in full
ACCRM	Australian College of Rural and Remote Medicine
GP	General Practitioner
PHN	Primary Health Network
PMCV	Postgraduate Medical Council of Victoria
RACGP	Royal Australian College of General Practitioners
RDAV	Rural Doctors Association of Victoria
RG	Rural Generalist
RN	Regional Network
RTH	Regional Training Hub
RTO	Regional Training Organisation
RWAV	Rural Workforce Agency Victoria
SGC	Statewide Governance Committee
VRGP	Victorian Rural Generalist Program