



COMUNICAÇÃO ORAL COORDENADA

Human Resources and Training for Rural Health

Queensland rural generalist program, lessons learned for clinical supervisors and training providers

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Introdução: The Queensland Rural Generalist Program (QRGP) was described as: The lifeline for country medicine. The program promises to redress rural medical workforce issues in Queensland. Success will be with the support of medical educators adapting to new expectations of competencies and training structures.

Objetivos: Here we outline the lessons learnt and adaptations made by clinical supervisors and medical educators in the Queensland Rural Medical Education (QRME) group, to deliver the rural GP training to registrars in the Rural Generalist program since 2006.

Metodologia ou Descrição da Experiência: QRME is a training provider supporting rural clinical supervisors, delivering an exclusively rural medical vocational training program through to the specialist qualifications in Rural Medicine in Australia. The group also conducts a large pre-vocational rural general practice placement program and the Longlook Program, placing senior medical students into longitudinal rural placements. Lessons learned relevant for training providers from this experience of students, junior doctors and registrars involved in the QRGP relate to medical workforce, administrative and educational issues.

Resultados: Recruitment from students, the nature of practice in training placements and the tension between private and public placements have been workforce issues to overcome. Administrative issues are linking selection and placement within separate employment and education programs; casemix of practice placements; and ensuring employment and College training programs requirements are both met. Education issues have merged into clinical governance aspects of training some of which it into a concept coined the learner-leader conflict of junior vocational trainees also providing unsupervised advanced skills in rural areas. Solutions have been identified so that all issues have been manageable.

Conclusão ou Hipóteses: There are particular issues confronting clinical supervisors and training providers associated with the QRGP. These may vary with different models however; some lessons of the administrative complexities and the educational issues will remain relevant. Managing these issues is worthwhile to support this great initiative in Rural Medicine which is undoubtedly benefitting rural communities.

Palavras-chave: Rural Generalist. Training Providers. Lessons Learned.