

Where are they now? The career trajectories of Remote Vocational Training Scheme Registrars

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Susan Wearne joined Remote Vocational Training Scheme as a Medical Educator with the with responsibility for research, evaluation and supervisor training in 2007. She also teaches on the Flinders Masters of Clinical Education and works as a GP in Alice Springs. She has previously worked as Senior Medical Educator for gp-learning, was inaugural Chair of Northern Territory General Practice Education and was GP-Educator at the Centre for Remote Health in Alice Springs for seven years.

Dr Patrick Giddings MBBS DRANZCOG FRACGP FACRRM Grad Dip Fam Med

Pat Giddings is the foundation CEO of RVTS Ltd as well as the being the organisations Senior Medical Educator. Pat was involvement with Remote Vocational Training Scheme dates back to 2000 when he established the Pilot precursor to today's scheme.

He was until January 2007 the CEO of the Bogong Regional Training Network – a Regional Training Provider in Victoria.

Pat is also a member of the board of ACRRM where he serves as treasurer.

All of this activity is against a background of small town rural practice for many years in Bright Victoria. Pat currently lives and works in Albury NSW

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Jeanette commenced work part time with RVTS in 2000. She was significantly involved in the formation of Bogong Regional Training Network and for a number of years juggled the role of Bogong's senior administrator with RVTS commitments. With the expansion of RVTS, in May 2007 she commenced full time work with RVTS as operations manager.

Catherine Gargan

Catherine Gargan is a final year medical student at Monash University. She has completed rural placements in Bendigo, Ballarat and at the East Gippsland Regional Clinical School, and overseas in Swaziland and Malaysia. She won the Mark Robinson Scholarship for Rural Health – Alpine Health in 2006. She worked part-time as an administrative assistant for the Bogong Regional Training Network from 2005-2007 and as a research assistant for the Remote Vocational Training Scheme in 2007.



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Abstract

Introduction: The Remote Vocational Training Scheme trains doctors for remote communities in remote communities using distance education and supervision.

Aim: To document the training, and current location and services provided by past registrars and a global assessment of the effectiveness of that training.

Method: All registrars who finished the program were contacted to complete an online survey.

Results: Twenty-four doctors completed the RVTS program and twenty responded to the survey (83%). Registrars provided 37 years of clinical service in very remote areas during training and 15 out of 18 (83%) still work in rural areas. The global assessment of the preparation for clinical practice was overwhelmingly positive.

Discussion: The first medical training program to use distance education and supervision is an effective method of vocational training.

Implication: Vocational training by distance education and support can be effective.

Keywords: Remote, rural, general practice training

Introduction

Australians in rural and remote areas have higher rates of morbidity and mortality and lower access to healthcare than their urban counterparts. Rural and remote health professionals are required to deliver complex care , [1] [2]but turnover is high [3].

Considerable welcome investment is being made to redress this workforce imbalance with

initiatives aimed at increasing the number of doctors skilled and willing to work in rural and remote areas post qualification [3] [4] [5].

This paper highlights the outcomes from an alternative approach: a program designed to train and support doctors already working in isolated or solo practice in rural or remote Australia. To our knowledge this is the first post-graduate training program to use distance supervision throughout training.

The Remote Vocational Training Scheme (RVTS) trains doctors for remote communities in remote communities. The aim is to support comprehensive high quality service delivery during training and promote retention after training. Without RVTS, isolated doctors would have to leave their communities to complete vocational training. The program offers training towards Fellowship of the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) and by extension, for Vocational Recognition with Medicare Australia.

The RVTS program uses remote supervision, information and telecommunication technologies, individual learning plans, clinical teaching visits and develops the clinical and procedural skills needed for the extended scope of remote clinical practice [6] at twice yearly face-to-face workshops.

The Pilot Remote Vocational Training Stream (PRVTS) was established in 1999 as a joint training initiative of the RACGP and the ACRRM with funding from the Commonwealth Department of Health and Ageing. In 2006 an independent company Remote Vocational Training Scheme Ltd (RVTS) was established to manage the program and deliver training, again with Commonwealth funding.

Aim

The aims of this study were to:

- document the number of years service provided in rural and remote Australia by RVTS registrars during training
- find out whether past RVTS registrars continue to provide a service in rural and remote Australia after completion of their training, and if so, using which extended skills
- Conduct a global assessment of the effectiveness of RVTS training in preparation for the registrar's current practice.

Method

All registrars who had enrolled in RVTS between 1999 and 2005 and completed the program, were located using contact details in RVTS records or by searching the Register of Medical Practitioners maintained by the Medical Board of each State and Territory and via internet searches. The doctors were emailed an explanation of the study and given the details required to access an online survey. Initial non-responders were followed up by further email, telephone and post. Participants were assured anonymity in our presentation of results.

Survey instrument development

The RVTS senior medical educator, operations manager and research assistant compiled the research questions and designed the online survey. The survey questions asked participants where and when they trained with RVTS, their current medical practice location and service

provision, a global assessment and free text comments on the effectiveness of RVTS training and interest in continued involvement with RVTS (the latter data was of internal interest and is not presented here). The survey was piloted prior to emailing to the survey participants.

Analysis

The registrar's practice location was coded according to the Rural and Remote Medical Area classification (RRMA) [7]. The survey results were analysed by the research assistant, operations manager and a medical educator and supplemented with data on file about the duration of training for each registrar. The standard training program is three years duration but some registrars reduced this by successful application for prior learning.

Results

Twenty four doctors completed training with RVTS between 1999 and December 2007 (two doctors had enrolled but chose not to continue with the scheme). All completers were contacted to complete the survey and 20 (83%) responded.

Service in rural or remote areas

Thirteen registrars completed the whole of their GP training in RRMA 7 locations (table 1). The modal number of year's service was three; the shortest was two. In total thirty seven years service was provided in RRMA 7 locations during training. Five registrars trained in RRMA 5 locations and two in RRMA 4.

Current location

Five registrars work in the same location as they completed their training - three of them in RRMA 7 locations (one part-time) (table 2). One doctor is currently overseas, another has retired and one is taking a year off. Two doctors currently practice in two locations with different RRMA classifications.

Four registrars (one part-time) continue to work in RRMA 7 locations. One registrar has moved to an urban area full time and two work in an urban area for part of the year. One works in RRMA 6, four in RRMA 5 (one part-time) and five in RRMA 3. Overall retention rates are 83% in RRMA 3 or above, 60% in RRMA 4 or above, 47% in RRMA 5 or above, 20% in RRMA 6 or above and 13% in RRMA 7.

Current service provision

Fourteen doctors self-classified their current practice as rural medicine and twelve continue to provide emergency medical services. Three doctors do obstetrics and five work in Indigenous health. Two doctors provide surgical services and one each recorded work in addiction medicine, nutritional medicine, acupuncture, visiting medical officer at a private hospital, health policy and administration, sexual health, ophthalmology and work with the local Division of General Practice.

Effectiveness of RVTS training

On the global assessment of the effectiveness of RVTS training for clinical practice, eleven doctors felt that RVTS had prepared them extremely well and nine felt it had prepared them very well. No one selected the options well, not so well or poorly.

All the free text comments about RVTS were positive.

Four registrars specifically commented on the value of learning procedural and emergency skills at the face-to-face workshops - described as *“superb”* by one registrar, and two commented on the focus on remote and emergency skills in the whole program. Two registrars noted the supportive nature of the program *“For me RVTS was a life-saver”* and *“important to stay in town”*. One registrar said that the combination of supported learning while practising independently meant that they had *“gained a lot more through PRVTS than the conventional path registrars”*.

The comments were best summarised by a registrar who trained in a RRMA 7 location:

“very rewarding clinically, educationally, socially and in terms of supporting ongoing service provision to under-doctored remote Indigenous communities”

Discussion

The Remote Vocational Training Scheme began as a pilot program and is the first vocational training program to use distance supervision throughout training. RVTS registrars provided 37 years of clinical services during training in the most difficult to recruit to location of RRMA 7.

The majority, fifteen (two part-time) out of eighteen (83 %), of RVTS registrars continue to work in rural areas (RRMA 3-7) after completing the program. RVTS graduates are providing significant Emergency and Obstetric services in RRMA 5-7 and five past graduates continue to work in Indigenous health.

Despite the use of distance supervision all past registrars believe RVTS prepared them either extremely well or very well for clinical practice. Registrars valued the support and social

network provided by the scheme as well as the emphasis on the extended skills needed in emergency and remote medicine. These results correlates with findings that the level of professional and social support influence intentions to leave or stay in rural practice [8] [9] and that improving psychological well-being can influence these intentions [10]. The twice yearly face-to-face workshops, to which families are also invited, may have provided an essential component in retention; of relief from on-call for the whole family and opportunity for professional development [8] in the skills needed for rural and remote practice [11].

Limitations of the study

The 83% response rate is excellent for a survey of GPs, giving validity to the results and confirming that internet surveys are acceptable to health professionals [12]. However it is possible that non-responders have less favourable views about the program.

As all these doctors were working in their locations prior to enrolling with RVTS, it is difficult to assess the influence of the program on their career decisions. More detailed qualitative work is planned to assess this as well as to explore the reason two registrars chose not to continue the training scheme.

Implications for general practice training

The Remote Vocational Training program of distance education and supervision, clinical teaching visits and face-to-face workshops is an effective model for general practice training.

Remote Vocational Training scheme registrars provide significant service to rural and remote communities during and after completion of their training.

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Table 1: RRMA location and years of training

RRMA location	1 yr	2 yr	2 yr 6 m	3 yr	Total n = 19
7		2	4	7	13
6					
5	1	1		3	5
4				2	2

Table 2: Current RRMA location and services provided

RRMA location	Rural medicine	Urban GP	Emergency medicine	Indigenous health	Surgery	Anaesthetics	Obstet	Other #
7	4 *		4	1*				
6	1			1				1
5	4*		4	2	1		1	3
4	1		1	1		1		1
3	3	2	2					3
2		1						
1		1*					1	
overseas	1		1		1			

* part-time

One doctor has retired and another is taking a year off

Other# services provided:

RRMA 6 Health policy and administration (1)

RRMA 5 Addiction medicine (1) Nutritional medicine (1) Division (1)

RRMA 4 Ophthalmology (1)

RRMA 3 Acupuncture (1) Sexual health/HIV (1) Hospital visiting medical officer (1)