



RURAL & REMOTE MEDICAL PRACTICE

# MURRUMBIDGEE RURAL TRAINING PATHWAY SOLE EMPLOYER MODEL



RURAL & REMOTE PRACTICE IS ABOUT PATIENTS

ARE RURAL COMMUNITIES AND PATIENTS  
GETTING WHAT THEY DESERVE?

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ARE RURAL COMMUNITIES AND PATIENTS  
GETTING WHAT THEY DESERVE?

WELL WHY DO WE KEEP GIVING THEM THE SAME  
COW PATTIES?

RURAL & REMOTE PRACTICE IS NOT GENERAL PRACTICE

SIMPLE SOLUTIONS WILL ONLY COME FROM A DEEP  
UNDERSTANDING OF THE COMPLEXITY OF THE PROBLEM

RURAL & REMOTE PRACTICE IS NOT GENERAL PRACTICE

LACK OF UNDERSTANDING ABOUT NATURE AND PERCEPTION OF THE WORKFORCE PROBLEM

RURAL & REMOTE IS ABOUT SERVICING COMPREHENSIVE & CONTINUING HEALTH NEEDS

METROPOLITAN IS ABOUT BUSINESS MODELS - TOO MANY PRACTICES | BUILT TO SELL MODEL

PERFECT STORM IN GENERAL PRACTICE SEEING PROBLEMS THROUGH THE PRISM OF MEDICARE AND  
REBATES

RURAL & REMOTE PRACTICE IS ABOUT PATIENTS NOT DOCTORS

AS DOCTORS WE DO NOT HAVE A RIGHT TO BE COMFORTABLE

WE HAVE A RESPONSIBILITY TO FEEL & BE DISTURBED

RURAL & REMOTE PRACTICE IS NOT GENERAL PRACTICE

GENERALIST VS SPECIALIST

PATIENTS & THEIR STORIES

EXTENDED PRACTICE - PRIMARY & SECONDARY CARE

SPECIAL OR ADVANCED SKILLS - NOT JUST PROCEDURAL

MURRUMBIDGEE RURAL SERVICE & TRAINING PATHWAY - WORKFORCE SOLUTION

1. CASE BY CASE NEEDS ASSESSMENT | CAPACITY

RURAL TRAINING PATHWAY - SOLE EMPLOYER MODEL

SUPPORT & SERVICE - VIABLE PRACTICE MODELS



MURRUMBIDGEE RURAL TRAINING PATHWAY

PARTNERSHIP UNSW HUB & MLHD

INTEGRATED SIX (2 + 4) YEAR TRAINING PROGRAM

ONE EMPLOYER - MLHD UNDER STANDARD AWARDS

RECOGNITION AS PART OF THE NETWORK

SUPPORT CHOICE FLEXIBILITY - ACRRM OR RACGP(RURAL)



SOLE EMPLOYER MODEL - TOTAL SERVICE & TRAINING WORKFORCE SOLUTION

NOT A HOSPITALIST BASED MODEL

NOT A NEW (YET ANOTHER) TRAINING PROGRAM

NOT A STATE-COMMONWEALTH FUNDING SCAM

NOT PRIMARILY AN INDUSTRIAL MODEL FOR REGISTRARS

NOT AN OPPORTUNITY FOR RURAL CRISIS INDUSTRY

NOT NECESSARILY APPLICABLE FOR CITY BASED TRAINING



SOLE EMPLOYER MODEL - FUTURE ROLE AS A TOTAL WORKFORCE SOLUTION

BUILDING CAPACITY THAT ENSURES VIABILITY

WIDE IMPLICATIONS IN MEETING LONG TERM NEEDS OF RURAL COMMUNITIES & PATIENTS

INTEGRATED COMMUNITY & PRIMARY HEALTH CARE WITH CARE IN EXTENDED SETTINGS



SOLE EMPLOYER MODEL - FUTURE ROLE AS A TOTAL WORKFORCE SOLUTION

MATHEMATICS OF WORKFORCE - DON'T CHANGE NOTHING CHANGES

INCREASE MANDATORY PREVOCATIONAL TRAINING TO 3 YEARS FOR EVERY GRADUATE  
REGARDLESS OF CHOICE OF SPECIALITY WITH AT LEAST 6-9 MONTHS WORKING IN A RURAL OR  
REMOTE COMMUNITY UNDER THE SOLE EMPLOYER MODEL



A scenic view of a paved road curving through a lush green landscape. Large trees with dense foliage line both sides of the road, and a bright, hazy sky is visible in the background. The road is bordered by a low brick wall on the left and a grassy area on the right.

RURAL & REMOTE PRACTICE IS ABOUT PATIENTS NOT DOCTORS

HOW MUCH MONEY DO WE HAVE TO THROW AT THE PROBLEM?

HOW LONG DO WE HAVE TO WAIT BEFORE PEOPLE LIVING IN RURAL  
AND REMOTE AUSTRALIA GET EQUITY?