

Rural Generalist Pathway – why this, why now

- Rural community needs still great, and some communities are struggling significantly to meet local need
- NOSM producing 6-7 rural clinicians per year; current need across NE and NW LHIN regions is for >100 FP's (including FPA's)



Rural Generalist Pathway – why this, why now

- Summit North – Jan 2018
- Northern Physician Resources Task Force

Building the action plan:



Action plan includes:

- Dr Denis Lennox – Tour of Northern Ontario – identify if RGP supportable in Northern Ontario
- Health Force Ontario – working to support clinicians, recruiters and communities
- OHA – working on shared credentialing
- OMA – needs to work on contracts and understand resource challenges in N. Ontario
- NOSM – training for rural practice, support to learners and faculty
- LHINs – community needs (but role and capacity now very unclear)

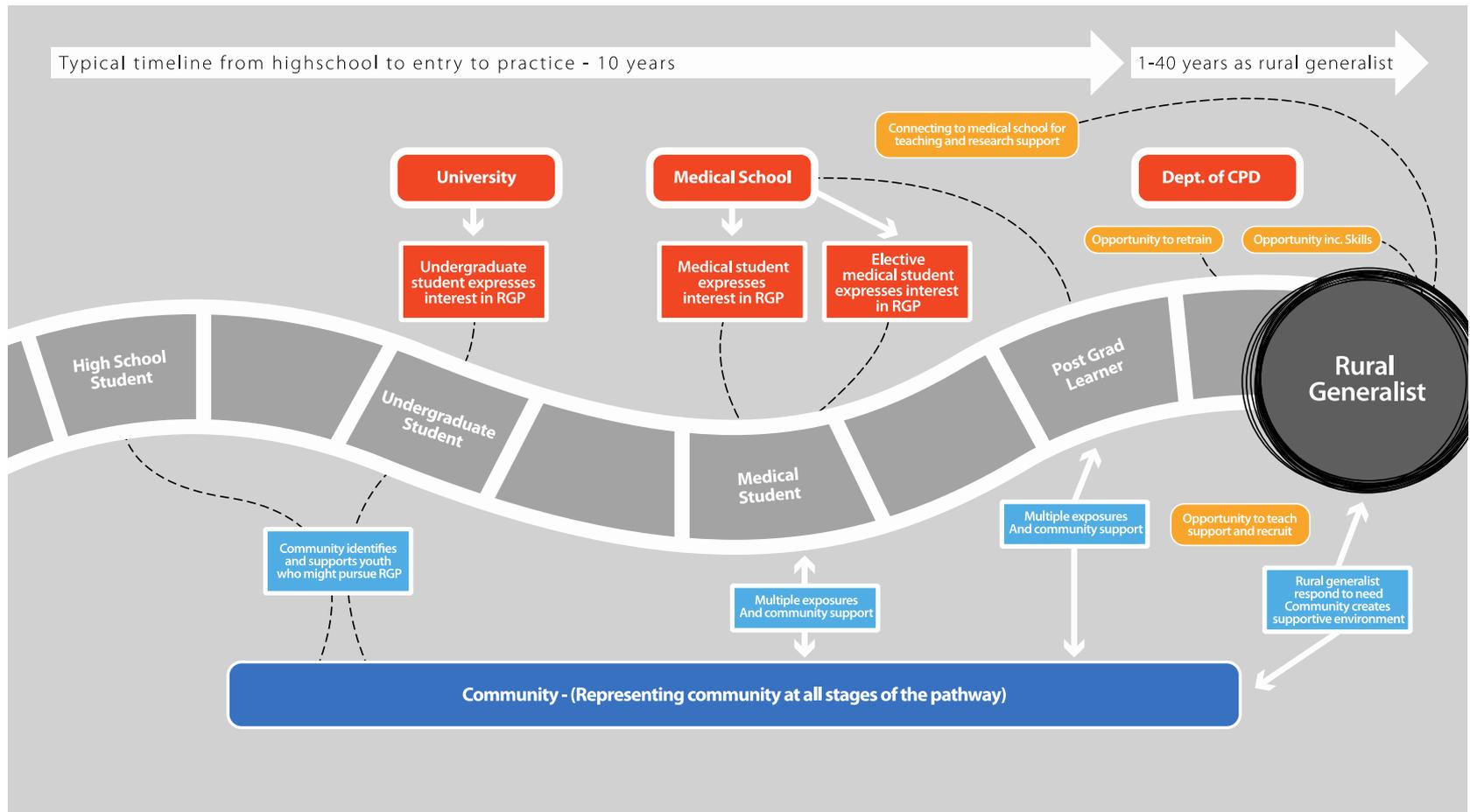


Rural Generalist Pathway – what is it?

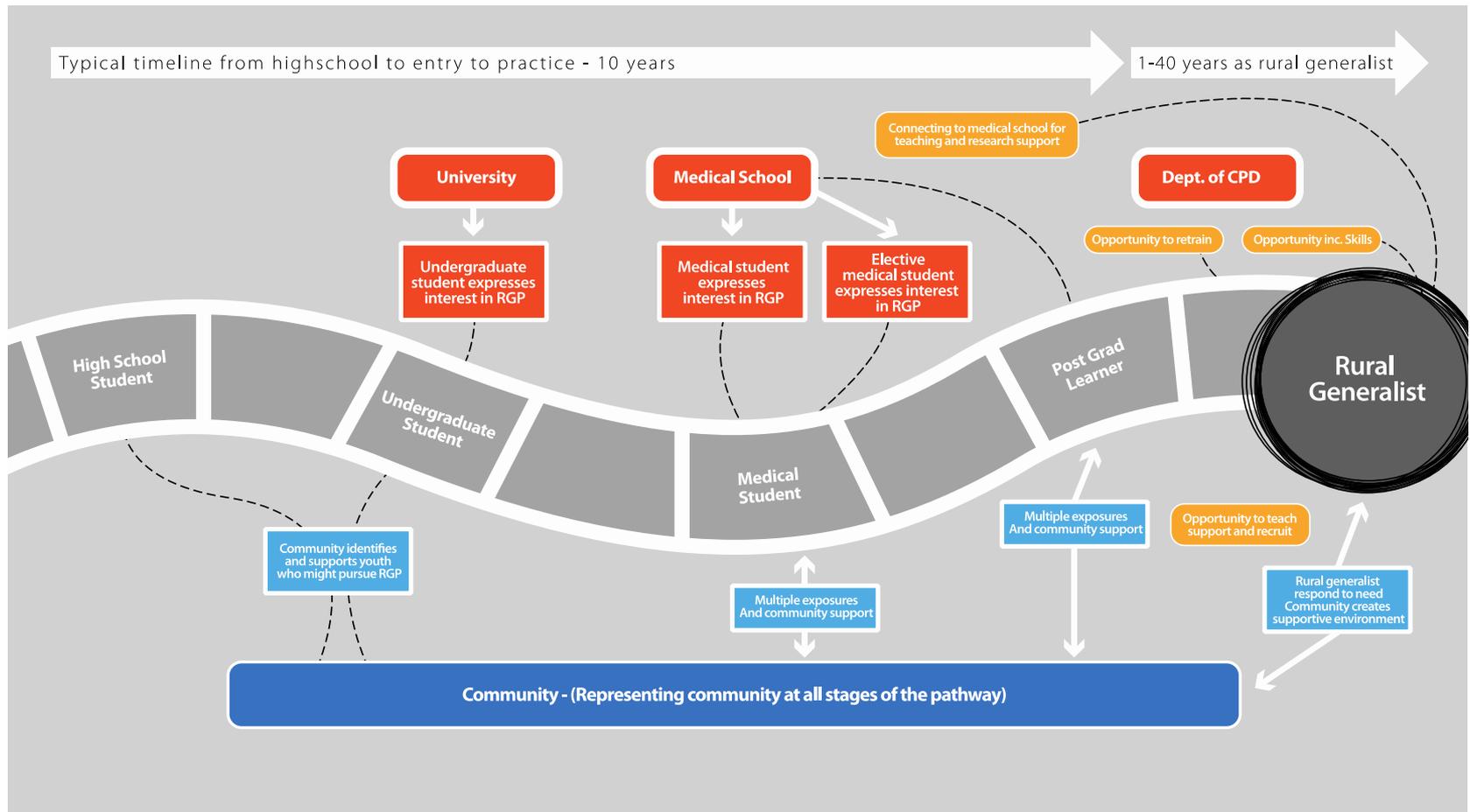
- Built on some of the thinking that has led to success in Australia, as well as the Rural Road Map for Action and the Rural and Northern Health Care panel
- Begin with the end in mind:
 - Create focused incentives that allow rural generalist faculty to see a “career with cachet” to which they can reasonably aspire
 - Connect high school to UG to UG medicine to PG medicine to CPD in seamless coherent path, that is also open to entry at various points



The pathway



Begin with the end in mind



Begin with the end in mind – faculty career to aspire to

What could a faculty designation of rural generalist mean?

How can we create something that would be sufficiently attractive that it would draw clinicians to a rural generalist career?

- Research and leadership time protected?
 - Incentives that flow through NOSM for rural generalist learners and faculty?
 - CPD support that flows through NOSM for funded education support?
 - Other...
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- When could it be achieved? After two years of completed time in a rural community as NOSM faculty?

Undergraduate

- Identify those students with aptitude and interest
- Priority access to positive rural experiences – 108, 110, CCC
- Rural Medicine Interest Group
- Workshops with RGP residents and rural faculty – build community
- Rural faculty mentors
- Enhance visibility of rural generalist faculty through UG teaching
- Ability to step onto RGP at any point in training



Learner affairs

- Support for learners on RG Pathway
- Intentional periodic discussion with those on RG Pathway regarding needs and supports
- Discussion with those who step off of path to understand why

System level/parallel processes

- Leadership training for RGP learners and clinicians
- Evaluation of processes to support – in UG, PG and practice
- Community needs assessments, predictions and alignment with training funding allocation
- Ensure mechanisms in place to support “joining up” medical groups, community recruiters,



