

Rural Generalist Pathway

Sarah Newbery
NOSM LEG meeting Webinar
October 23, 2019



Objectives

- Understand why this is proposed and why now
- Describe the purpose and the elements of the Rural Generalist Pathway
- Discuss next steps for deeper discussion
Nov. 9, 2019 LEG meeting



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



Rural Road Map for Action

Two years in the making

National “launch”
February 2017



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 – why now

Local clinicians not always able to meet local clinical need:

- EDLP program use increased overall in 2019;
- >700 shifts covered in Northern Ontario 2018-19 by EDLP program alone
- New grads doing summer locums in rural communities – decreased 70% from 2017 to 2019
 - Puts future recruitment in jeopardy
 - Puts current retention in jeopardy



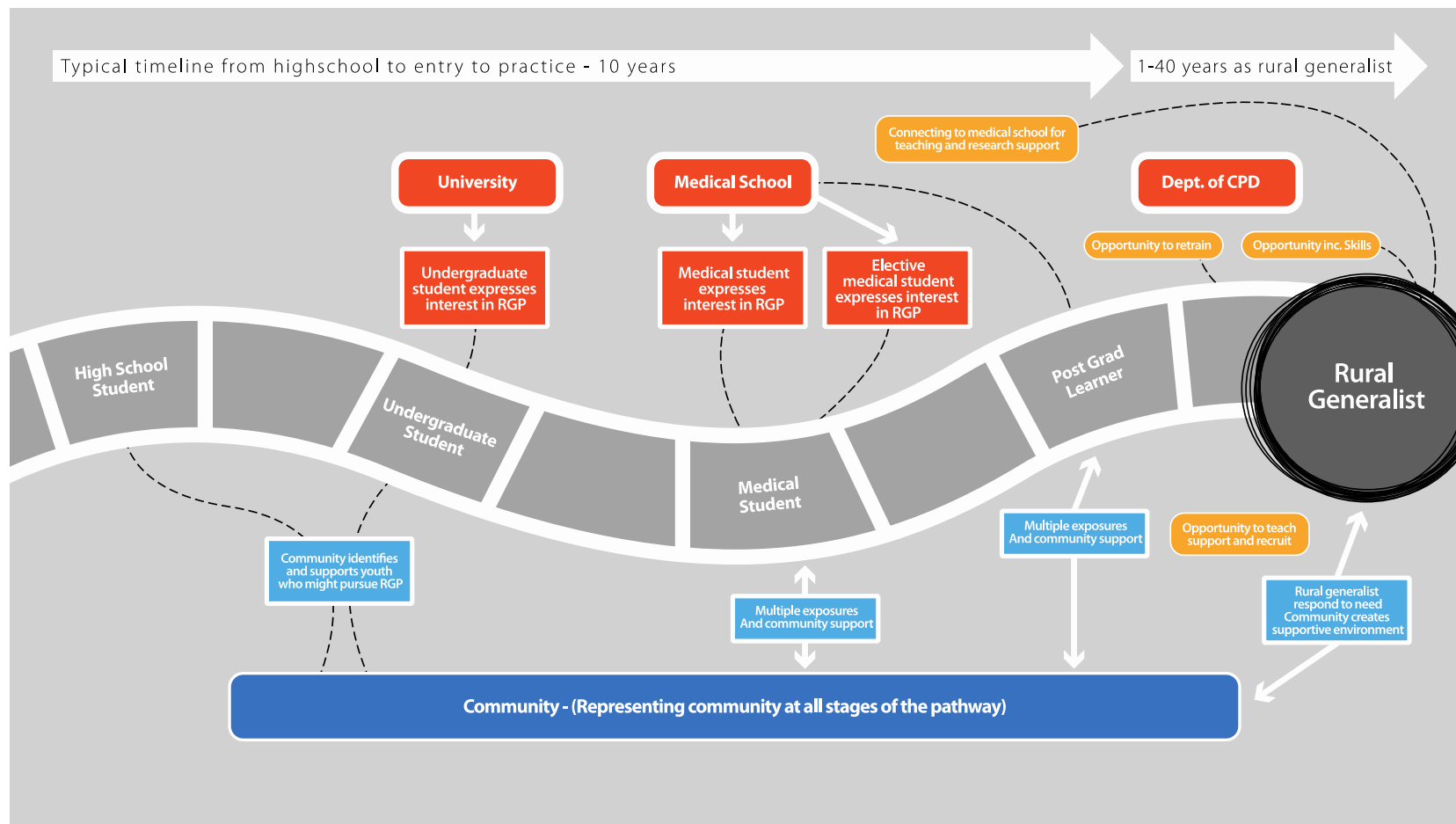
Rural Generalist Pathway – why this, why now

- Population needs remain high – especially in remote and Indigenous communities
- NOSM's DME model depends on adequate local clinicians to deliver the rural education on which reputation has been based
- Community based needs assessment needs to be strengthened

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



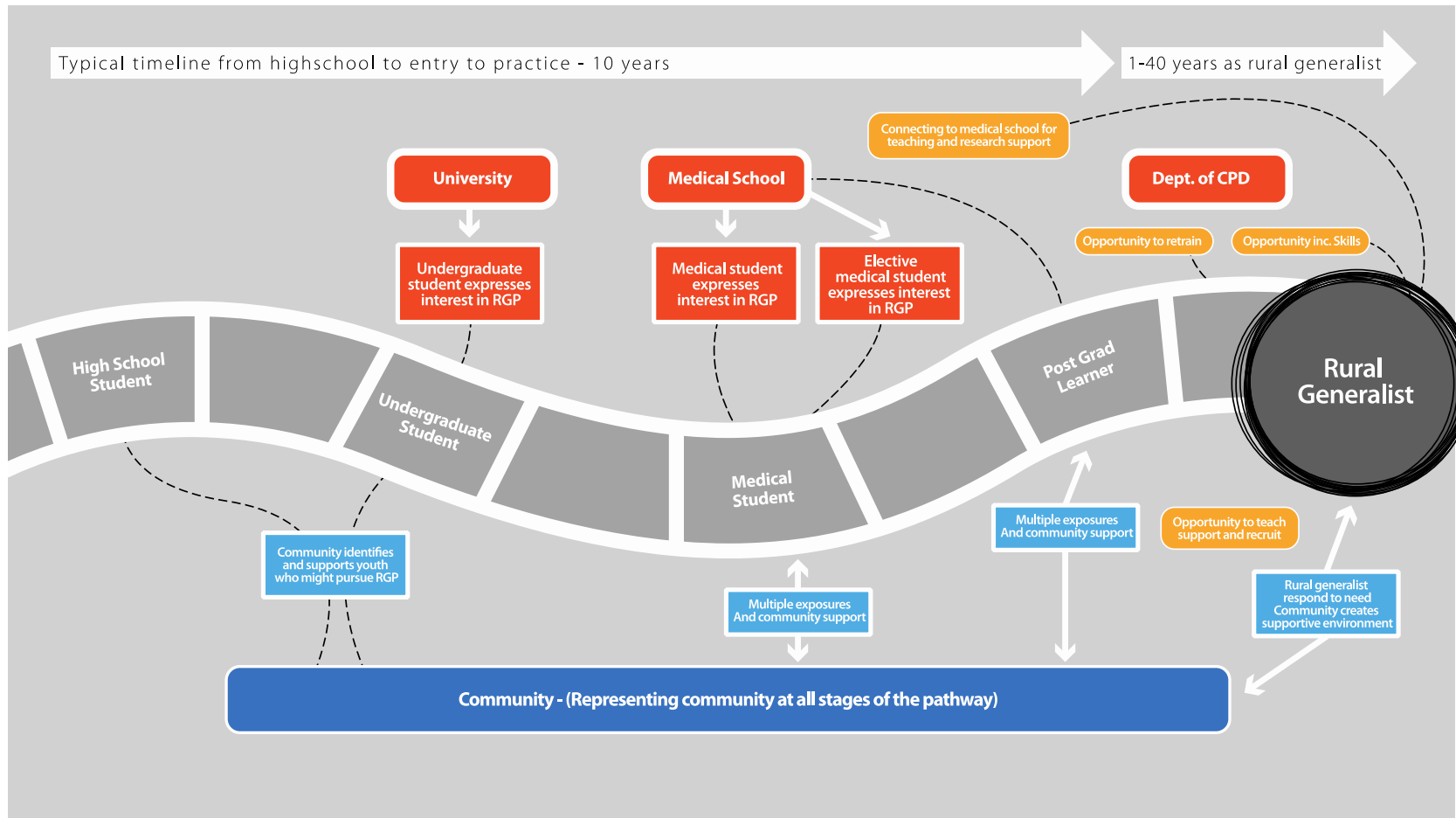
Rural Generalist Pathway – what is it?

- It is NOT a separate college/certification (this is different than in Australia)
- It IS a designation for family physicians working as comprehensive generalists in rural and remote communities.

Defined:

- A rural generalist can be defined as **primary care physician, general practitioner (GP), or family practitioner/family physician, with ‘recognised skill sets and qualifications, credentialed to provide primary care, hospital, emergency and population health care as well as one or more areas of advanced specialised practice in a rural, remote and/or regional setting’ (1).**

Begin with the end in mind



Beginning with the end in mind - community

- Community engagement and planning
- Determination of future need/community goals and aligning NOSM training and streams to support (including third year allocations)



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...
-
- When could it be achieved? After two years of completed time in a rural community as NOSM faculty?

What does it mean at the start?

- High school – informing, encouraging students who may be identified by staff as good candidates for rural medicine
- Admissions - admissions committee to work with what is known about selection for rural future careers

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



Postgraduate

- Streaming for rural generalist residents
- Identification of RGP residents not just for rural placement but also for specialist teaching
- Guarantee of access to PGY3 funding
- Workshops with RGP faculty and UG learners – building community
- Funded and privileged access to workshops and training (ACLS, ATLS, ALARM, etc.)
- Rural generalist faculty mentor
- Opportunities to pursue research, training in rural communities



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



NOSM electives

- Ensure access for elective learners to NOSM communities – UG and PG
- Ensure that RG Pathway is open to learners externally who choose NOSM for PG learning (i.e. Pathway is not closed to NOSM learners)

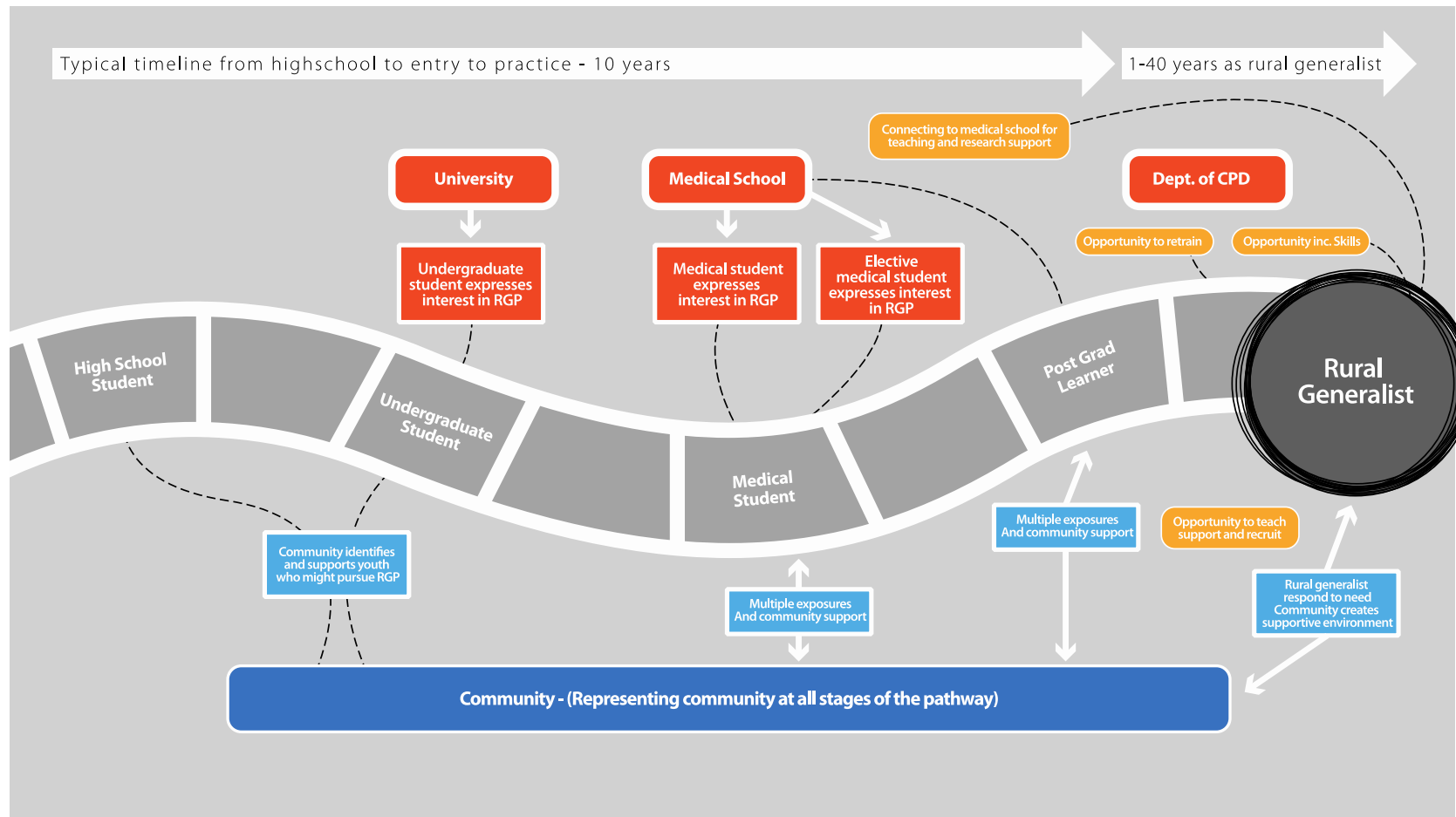


Practice Level

- 6-12 months of guaranteed and funded mentorship
- Paired recruitment model
- Targeted CPD for rural clinicians to maintain competence and confidence
- Support for skills enhancement including retraining (protected income, locum days) for things like OB, ED, colonoscopy and other skills needed in community
- Additional incentives for Rural generalist designated faculty including protected research, QI, system leadership time



High School to in Practice



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,

Where to from here:

- Explore with faculty
- Share with MOH
- Seek funding and supports
- Set up plan to ensure seamless coordination across programs (admissions, learner affairs, UG, PG, CPD)
- Continue to promote the elements that we believe can make a difference even in absence of fully articulated pathway
- Open electives opportunities, increase PG learners in communities, ensure rural generalist mentor for rural generalist learners, etc.



Next steps - short term

- Full paper to be distributed to all
- LEG meeting on Nov 9 to discuss details, identify risks, determine in more detailed way, the next steps