

Vision: Improved health outcomes for rural communities through the work of high quality, well trained medical generalists working within multidisciplinary teams.

Objectives	Goals	Action			
(1) Promote greater understanding of rural practice & rural health practitioners & their value to NZ health sector	(a) To ascertain greater understanding of rural practitioners by reviewing data & undertaking research on rural practitioners. (b) To promote a greater understanding of value of rural general practice to our stakeholders & health sector in general. (c) To highlight rural practice as a career choice to undergraduate medical students & postgraduate doctors.	Year 1	1ai) Analyse demographics of rural practitioners	1aii) Review data collected on rural practice & rural practitioners	1aiii) Undertake research, eg: - no. RNZCGP members who are in rural practice - factors important in classifying oneself as rural - distance from nearest base hospital; - no. rural GPs not affiliated with the Chapter (eg, RGPN)
		Y2	1bi) Promote the value of rural generalist care, eg, case studies & <i>GP Pulse</i> articles.		
(2) Further develop rural integrated services: improving access for rural populations & health equity, & maintaining quality & safe care.	(a) To support/encourage more integrated services in rural communities (esp. LTC & complex health needs). (b) To support/encourage appropriate & accessible healthcare in rural communities to reduce health inequities & reflect ToW. (c) To support/encourage remote consulting, telehealth & virtual-consultation technologies to improve access & service capacity. (d) To enable delivery of high quality & safe care, & fulfilment of training & education requirements.	Y1	2di) Ensuring an appropriate rural perspective is sought & included in developing Foundation Standard & advanced level standards.		2dii) Encouraging rural general practices to participate in RNZCGP <i>Cornerstone</i> accreditation.
		Y2	2ai) 2ci) To promote the value of the integration of primary care with other community services as a means of addressing inequities for at-risk families.*		
		Y3	2bi) To foster research on deprivation in rural practice & the equity of healthcare between the rural & urban patient.*		
(3) Increase capacity & sustainability of rural practice health workforce to meet population & service needs	(a) To increase no. doctors choosing a career in rural practice (b) To ensure a sufficient supply of generalist training opportunities & placements (c) To maximise the contribution of already qualified health practitioners	1	3ci) 2diii) 4cii) Promote collegiality eg, Skype peer groups, local education (such as urban specialists at peer groups) & implementing CME into the practice.		
		Y2	3ai) 1ci) Maximising exposure to, & promoting careers in, rural general practice to medical students & postgrad trainees.*	3bi) Ensuring all medical students & doctors have opportunity to gain positive experience of working & training in rural settings. Eg, pushing, publicising & better funding PGGP for PGY2 & PGY3.	3cii) 2cii) Promote adequate support for doctors & practices to tackle workload & on-call burden.*
		Y3	3ciii) Promote good work-life balance, the ability to have time off, & protection against burnout.*		3civ) 4ciii) Obtain scholarships for further study &/or travel to encourage Fellows who opt to stay in rural locations long-term.
(4) Enhance the skills & flexibility of the rural medical workforce to provide complex care	(a) To investigate aligning the two training programmes of rural hospital medicine & general practice. (b) To ensure trainees receive appropriate exposure to rural general practice. (c) To enable individual rural practitioners to fulfill training & education requirements & deliver quality and safe care.	Y2	4ai) 3bii) Establish a working group (Chapter & DRHM) to plan ways of aligning future training to:* - consider training models which combine training for rural hospital medicine & rural general practice; - look at models for a post-fellowship pathway to rural practice (eg, a post-grad diploma in rural practice) to allow GPs to gain appropriate skill set (with optional elements).	4bi) 3biii) Investigate ways for trainees to gain exposure to rural general practice such as:* - supporting wider range of rural practices to accommodate trainees; - accrediting practices for rural training if model of care & range of patients are typical of rural experience; - including more rural specific education in GPEP1; - facilitating adequate training in acute care, trauma & emergency care & on-call work during GPEP; - expanding virtual education to allow trainees to work in rural areas while completing GPEP1 & beyond.	
		Y3	4ci) 3cv) Include the following action points in RNZCGP's strategy: (a) To investigate possibility of adding "The Practitioner" to IPIF with progression through quality levels. (b) To investigate extended/advanced competencies for rural health practitioner.		
(5) Increase academic activity to improve effectiveness, research (evaluation) & quality	(a) To undertake high-quality & meaningful research on rural practice. (b) To formulate policy to promote rural health research that is academically rigorous & credible amongst peers. (c) To consider what we want to find out about rural health care through research. (d) To undertake further research on areas identified.	1	5ai) 5dii) 1aiv) To undertake further research on rural health care including having a minimum data set of rural practices (or accredited GP training practices) with data collated annually.		
		Y2	5bi) 5ci) Investigate whether Research Education Charitable Trust could make funding rural research a priority or call for EoI.	5di) 1aiv) Undertake research on rural health care: deprivation in rural practice; equity of healthcare between rural/urban patient; GPEP1 career plans; availability of MOPS activities to rural practitioners; availability of MOPS activities with a rural theme.	
		Y3	5aai) 5bi) Investigate accessing research funding for registrars (eg, from Health Research Council).	5aiii) 5cii) 5dii) Promote the research GP registrar position.	

* Rural General Practitioners' Chapter and Division of Rural Hospital Medicine have responsibility alongside College Groups **Key: Completed Ongoing Not yet started**