

## Chapter 5.1.4

### IMPLEMENTING A PROFESSIONAL DEVELOPMENT FRAMEWORK FOR RURAL AND REMOTE DOCTORS

**Di Wyatt**

*Australian College of Rural and Remote Medicine, Australia*

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#### **Introduction**

The development of the Australian College of Rural and Remote Medicine's (ACRRM) Professional Development Programme (PDP) was based on the findings of studies conducted in the mid to late 1990s which identified the educational factors which influenced both the recruitment and retention of doctors in rural and remote practice. These found that two key consistent determinants in doctors leaving rural and remote practice were inadequate and lack of access to appropriate professional development and the inability to maintain advanced skills.

Rural and remote doctors tend to be highly motivated to gain and retain the high level and range of skills required to perform the wide scope of practice implicit in their practice environments. But ACRRM observed a considerable reluctance by rural and remote doctors to take part in the programmes being provided, as they were fundamentally urban based training models and viewed by rural and remote doctors as being out of step with their training needs. These continuing professional development programmes did not recognise the fundamentally different practice patterns associated with rural and remote practice which had been widely recognised in scientific literature, both in Australia and internationally.

#### ***Offering suitable professional development***

ACRRM is dedicated to rural and remote medicine training designed to cultivate the skills, competencies, behaviours and values that are critical to effective practice across all rural and remote environments. The skill set which reflects the actual nature of the best models of rural and remote practice has provided the base for assessment and credentialing of the College's Professional Development Programme.

A professional development programme which is dedicated to rural and remote medicine is essential

- to ensure rural and remote doctors have equity of access to high quality and relevant training;
- to respond appropriately to the health requirements of rural and remote communities; and
- to produce the best health outcomes in priority areas.

Distance and isolation presents a specific set of challenges for education delivery which requires specific targeted programme design. Capacity to delivery not only relevant educational content but the ability to deliver it at a local level in a timely manner is also essential to the implementation of the professional development framework.

## **Stakeholders**

There are two key groups fundamental to the successful implementation of a professional development programme: the rural and remote doctors who are the participants and the education providers. And there is a third group which holds the education providers to account and ensures their relevance: the membership and board of the organisation in which they are embedded.

### ***Education providers***

Education providers invariably comprise teams of people - and while professional educators are expected to know about learning management, design and processes, rural doctors themselves are often ideally placed to offer their expertise through this role. Their participation gives substance to the philosophy that the programme must be designed, developed, implemented, managed and delivered by rural and remote doctors for rural and remote doctors. This is premised on the idea that the most successful teachers are peer teachers. Where this is the case, these medical practitioners should ideally be enabled in this role by learning about educational processes (as well as management and design, where suitable) such that they can contribute optimally to their colleagues' learning.

Important to the successful implementation of any of professional development framework is that the educational providers are delivering the right education in the right modes for the right audience. Education providers have a tendency to provide what they know- and a high proportion of professional development is delivered by external urban-based education organisations.

As rural and remote requirements differ from those of urban practice there is the need to work with providers to provide educational content suitable to the rural and remote context, and to encourage them to develop new products relevant to the audience. This is often achieved through consultation and collaboration in both the design and delivery of the programmes. Many good programmes have been delivered by bringing together resources, skills, knowledge, context and environmental understanding – including the educator-doctors mentioned above. In this and other ways, education providers can be supported in customising their educational programmes to be more relevant to the conditions and diversity found in rural and remote practice.

### ***Organisational location and membership accountability***

A third group of stakeholders, however, is the member-based organisation with whom education providers work in order to implement their professional development strategies in ways that are accountable. Organisational governance structures ensure validity and member control while an established authorised group/committee of members:

- retains an overview and review the development of professional standards and policy;
- provides direction and guidance for the implementation of the professional development programme;
- identifies and develops policy to ensure professional development programmes reflects best practice;
- ensures that accountability for the programme is maintained and supported by appropriate systems and controls; and
- ensures that appropriate systems are in place to collect data, which will enable the committee to monitor and evaluate the effectiveness of the programme over time.

In addition and as noted above, it is critical to implementation of the professional development framework that members are empowered to become the teachers as they know the needs and have the skills and knowledge to do it.

In addition there should be structures within the committee that carry out specific tasks on behalf of the group, for example a sub-committee that accredits the educational activities that are endorsed by the organisation.

To ensure that the professional development programme remains appropriate, responsive and relevant in an ever changing environment it is important to establish mechanisms for ongoing consultations with your members. While this can be done in a number of ways - including through annual surveys - the establishment of a mechanism that encourages and supports feedback about educational activities on an ongoing basis is important as it enables the gauging of quality and appropriateness of existing educational activities. It also enables providers to identify gaps in educational opportunities. The people that are in the best position to tell you what you should be doing and what you should be providing are the participants.

## **Elements of professional development**

### ***Getting the framework right***

The principles underlining a professional development framework include that it

- be relevant and appropriate for rural and remote practice, promoting educational activities based on rural models of care;
- be based on standards that provide rural and remote medical practitioners with a framework for educational activities, service delivery, and systematic, continuous quality improvement that in turn supports quality care and patient safety;
- clearly defines and supports the knowledge and skills that doctors require to practice safely and competently in the rural and remote environment;
- be developed and managed by rural and remote doctors;
- be innovative, flexible and supportive;
- be accessible;
- supports self-directed learning and encourages individual continuing professional development that is relevant to a person's profile of professional practice and performance;
- supports peer teaching; and
- supports lifelong learning as part of a vertically integrated approach to education and training.

### ***Getting the objectives right***

The objectives of professional development for rural and remote medical practitioners should include:

- to be relevant and responsive to the individual and developing needs of rural and remote practitioner and the communities they serve;
- to recognise and respond to the scope and diversity of rural and remote practice;
- to be flexible and inclusive in recognising and weighting elements of the programme in line with anticipated educational and professional values;
- to provide an accountable and peer validated method that demonstrates to patients, communities, the profession and authorities that rural and remote medical practitioners are committed to and engage in quality improvement and continuing professional development;
- to support members in fulfilling their commitments with other professional bodies and authorities for purposes such as clinical privileging, revalidation and recertification; and
- to provide lifelong learning opportunities for all rural and remote doctors.

### ***Resourcing the strategy***

Implementation of strategy should be realised through various resources – which should be

- supported within the organisational structure ;
- cost effective; and
- supported by well qualified, efficient and effective staff.

### **Staying ahead of the game**

#### ***Innovation***

Access to appropriate and cost effective continuing professional development is an issue for many in rural and remote areas. In recognition of these particular circumstances, education providers should be encouraged to find innovative ways of providing high quality education - remembering you may be the education provider! As flexibility and adaptability are key to innovation, education providers will need to invest considerable commitment and a continuing dedicated focus to the specific issues facing rural doctors.

As with all training programmes, education providers must be responsive to changing rural circumstances and educational technologies and must be continually informed by ongoing investigation into the best possible rural models of delivery. Such sustained interest, investment and commitment can be achieved through a dedicated rural and remote medical programme.

### ***Online services***

The development of online education means that doctors no longer have to travel to undertake high quality, appropriate and relevant education – but can do so in their own environments and at times that suits them best, thus lessening the cost both in monetary and personal terms. In addition online services provide medical practitioners with the opportunity to assess the nature and requirements of their practice and of community needs and to plan a programme of training and development that supports the attainment and maintenance of relevant skills and knowledge (see ‘Content’ below).

The development of Rural and Remote Medical Education Online (RRMEO) as ACRRM’s online learning platform has been significant in providing opportunities for rural and remote practitioners. For example ACRRM is using Elluminate - an interactive live classroom for teaching both registrars and members engaged in continuing professional development. The use of this new technology has meant the College can deliver a broader range of programmes - for example in mental health and cancer care; but a major benefit identified by members has been their capacity to learn in an interactive peer environment which has limited their isolation.

Innovation in information technology offers increasing ways of providing ongoing professional development for rural and remote practitioners. As it is forever changing, however, committee and staffing structures should encourage investigation and piloting of new technologies for teaching and learning to ensure that educators stay ahead of the game and remain alert to innovation in the use of new technologies.

## **Content**

A professional development framework should include an opportunity for the doctor to develop a learning plan based on their practice profile. In this way they will be able also to identify the required content (skills and knowledge) needed to provide focused patient care in their particular context.

One model for informing this plan is to conduct a periodic review of the epidemiology of the community. This would include its demography, economic or social conditions impacting on health status, local health resources, changing in-patient management and community expectations. A (online) template which would guide the doctor through each of these activities can be really useful. Once the nature and needs of the practice have been established, a resource inventory can be developed that provides access to a range of education and training to meet those requirements should be built into your learning platform.

Committee and staffing structures should also ensure that content is not only up-to-date but adapts to change. For example, in Australia we are increasingly moving to a community-based care model – while we also have an ageing population. These are two factors which can impact on patient profiles and the management and the skills required by the doctor to provide quality care. As such they can inform that doctor's scope of work and identify any gaps – which become the doctor's learning needs.

Review of content must be part of the framework and the ability to develop new content is essential.

## **Foster exciting career pathways in rural and remote medicine**

A well structured professional development framework will facilitate ways in which aspiring rural doctors may select and pursue a career pathway which they find exciting and professionally rewarding. Professional satisfaction remains the principle operative factor in retention of rural doctors and, as such, professional development provides an important mechanism for attracting and retaining the best and brightest doctors to rural and remote medical practice. A professional development programme with a dedicated focus and expertise in the area of rural and remote medical education will ensure a long term pathway for career advancement.

## **Conclusion**

For those of us who have the interests of remote and rural medical practice at heart, it is completely unproductive to try to implement something that is fundamentally flawed – or to implement something that is not going to support and provide continuing improvement to rural and remote practice. And it is not in our interests to implement something that is complex and costly and is not focused on the purpose and needs of rural and remote practitioners.

Well established principles, objectives, structures and innovation are critical factors in successfully implementing a professional development framework - but the most important factor is that it is developed and implemented by rural doctors for rural doctors.

## **Acknowledgments**

The author wishes to acknowledge ACRRM fellows and staff, both past and present, who played a significant role in the development and implementation of the ACRRM PDP. I thank them for allowing me access to the documentation from which this paper has been drawn.



This article is a chapter from the **WONCA Rural Medical Education Guidebook**.  
It is available from [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com).

Published by:

WONCA Working Party on Rural Practice  
World Organization of Family Doctors (WONCA)  
12A-05 Chartered Square Building  
152 North Sathon Road  
Silom, Bangrak  
Bangkok 10500  
THAILAND



[manager@wonca.net](mailto:manager@wonca.net)

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**Suggested citation:** Wyatt D. Implementing a professional development framework for rural and remote doctors. In Chater AB, Rourke J, Couper ID, Strasser RP, Reid S (eds.) *WONCA Rural Medical Education Guidebook*. World Organization of Family Doctors (WONCA): WONCA Working Party on Rural Practice, 2014. [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com) (accessed [date]).