

Mr Andrew Freeman
Executive Director
Hume Health Services Partnership
andrew.freeman@gvhealth.org.au

Ms Joelene Mitchell
VRGP Regional Coordinator - Hume
Victorian Rural Generalist Program
hume2@vicruralgeneralist.com.au

BUILDING A SUSTAINABLE RURAL & REGIONAL MEDICAL WORKFORCE

Hume Rural Hospitalist Pilot

AFFILIATIONS

Department of Health
Hume Health Services Partnership
Hume Regional Network
Albury Wodonga Health
Goulburn Valley Health
Northeast Health Wangaratta
Mansfield District Hospital
NCN Health
Seymour Health

INTRODUCTION

Health workforce shortages, have led to challenges within rural healthcare in Victoria, limiting access to general practitioners and visiting medical officers. The Victorian Health Workforce Strategy aims to address workforce shortages and equitable care through innovative models and rural training. One of the issues being considered by HHSP is to assure medical coverage in rural hospitals whilst reducing burden on the declining GP workforce. The Hume Health Service Partnership (HHSP) Rural Hospitalist Pilot Project is one such model that focuses on collaborative solutions to strengthen the workforce, improve access, focus on care closer to home, and reduce rural-metropolitan disparities.

PROJECT VISION

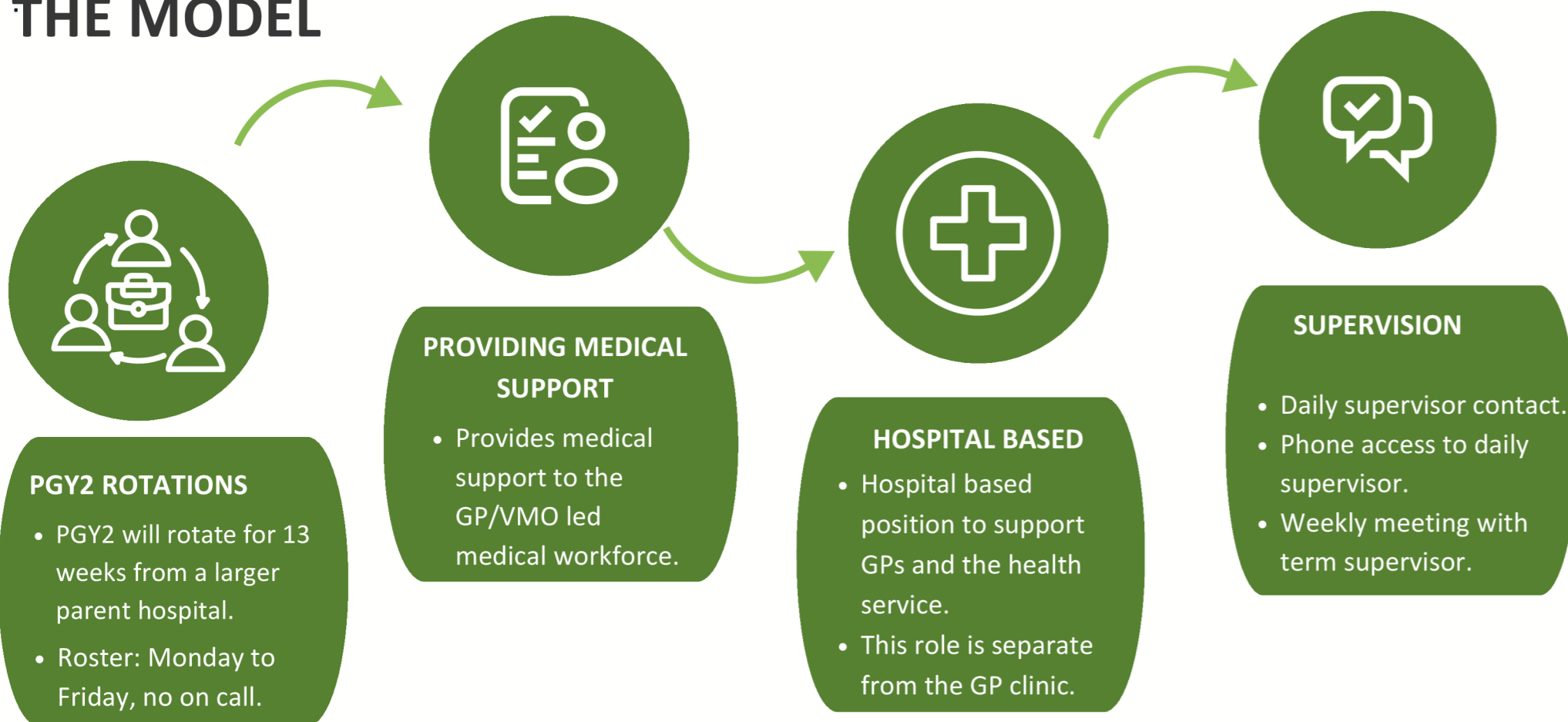
To create a recognised Prevocational Doctor (PD) role (Rural Hospitalist), via a Rural Generalist, Rural General Practitioner and Career Medical Officer pathways, while simultaneously supporting the diminishing local General Practitioner/Visiting Medical Officer led medical workforce in Rural Public Health Services.

PROJECT OBJECTIVES

The HHSP Rural Hospitalist Pilot Project has been implemented at NCN Health Cobram, Mansfield District Hospital and Seymour Health with the following aims:

- To Develop Targeted Training Pathways
- To Attract and Retain Workforce
- To Expand Training Capacity
- To Foster Collaboration
- To Support the Delivery of Care Close to Home

THE MODEL



ACCREDITATION

Each site must hold PMCV accreditation to participate in the Hospitalist Pilot Project.

Accreditation Ensures:

- Trainee Support
 - Resources
 - Rotation objectives
 - Compliance with Doctors In Training EBA
 - Accommodation
 - Position description
- Supervision
 - Tailored supervision model
 - Supervisor training
 - Supervisor position description
- Training
 - Quality medical training
 - Pre-vocational recognition
 - Meets National Framework for Prevocational Medical Training
- Policy & Governance
 - Escalation processes
 - Trainee wellbeing
 - Supervision
 - Secondment agreements

Resources, Policies & Processes



HOSPITALIST ROLE RESPONSIBILITIES

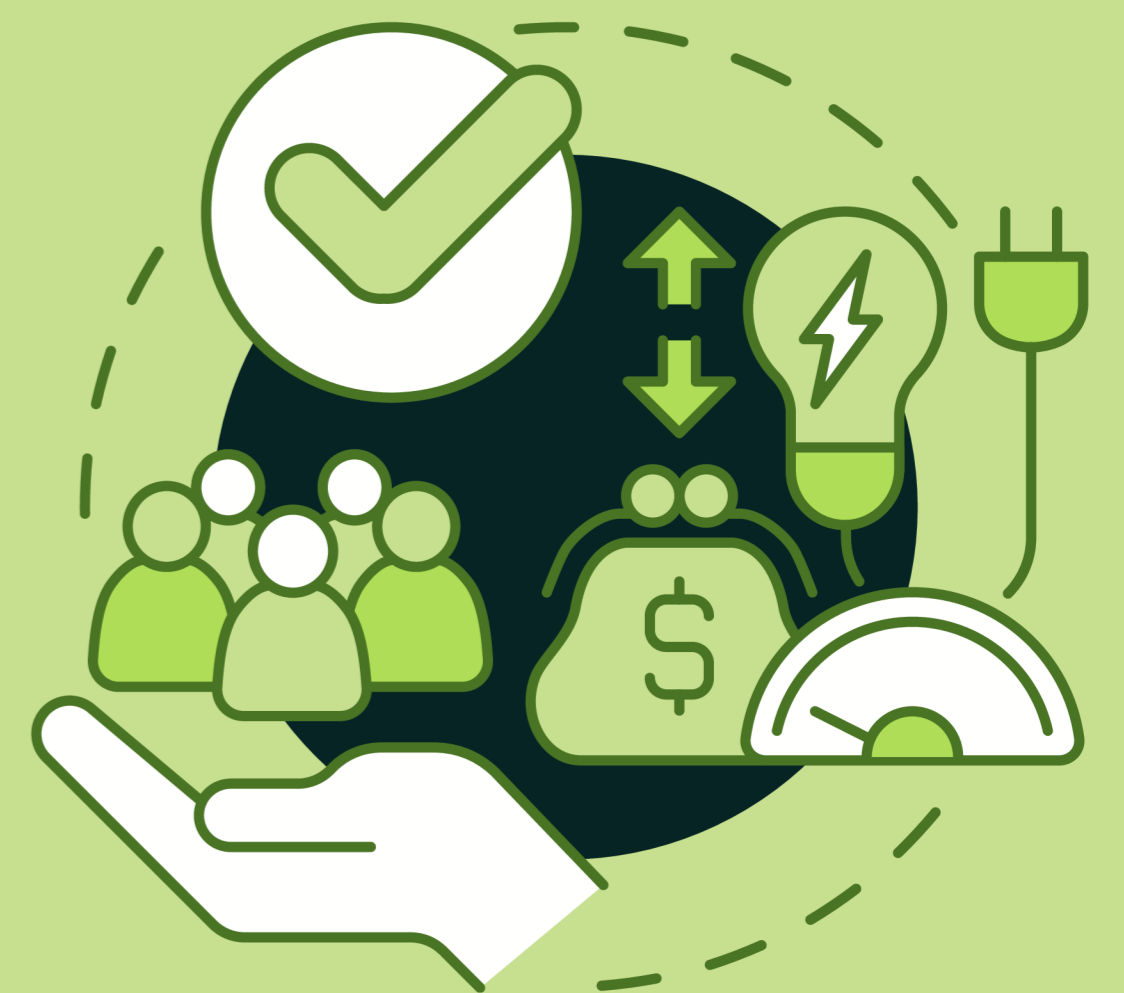
- | | | | |
|---|--|--|--|
| ACUTE ADMISSIONS <ul style="list-style-type: none"> • Ward Rounds • Progress Notes • Referrals • Medications | URGENT CARE CENTRE <ul style="list-style-type: none"> • Triage • Treatment • Management • Admission | RESIDENTIAL AGED CARE <ul style="list-style-type: none"> • Acute Review • Medication Management | DOCUMENTATION & COMMUNICATION <ul style="list-style-type: none"> • Discharge Paperwork • Communication • Timely communication with colleagues, patients & carers |
|---|--|--|--|

INTENDED OUTCOMES



INTENDED BENEFITS

- Reduced Need for GP's to Attend the Hospital in Person**
 - Reduced VMO costs
 - GP clinics experience reduced interruptions
- On Site Medical Coverage**
- Improved Patient Care**
 - Care close to home
 - Reduced need for patient transfers
- Improved and Timely Documentation**
- Rural Health Experience**
- Improved Bed Flow**
- Supporting GP Workforce**
- Benefits to Doctors**
 - Improved work-life balance
 - Decreased fatigue and stress
 - Improved job satisfaction for GPs and Registrars
- Complementary RG Training Pathways**
- Scalable & Sustainable Growth**
- Flexible Entry**



IMPLEMENTATION & FUNDING CONSIDERATIONS

- Funding considerations include:
 - trainee salary, accommodation, travel allowances & education costs
 - supervision remuneration
- PMCV accreditation
- Engaged and supportive GP workforce
- Supervision model development
- Regional & Sub Regional Health Service commitment to the recruitment of appropriate trainees for Hospitalist rotations
- Consultation, engagement & the commitment to a unified approach and model from Hospital Board, health service staff and partners
- Governance including appropriate policies and procedures
- Secondment agreement
- Access to and/or development of a prevocational doctor education program
- Medical workforce or senior administration support within the Health Service

EVALUATION

The pilot project will be reviewed by two separate evaluations which aim to demonstrate the model's financial viability, workforce sustainability, and potential integration into routine operations. Data collection is currently underway.

Qualitative Evaluation: In collaboration with the University of Melbourne Rural Health Academic Network (RHAN), NCN Health, and GV Health, the qualitative evaluation examines recruitment, implementation, stakeholder experiences, supervision model & retention, and economic impact (ethics approval submitted).

Economic Evaluation: led by Aspex Consulting, assesses the financial and operational impacts of the Rural Hospitalist role at NCN Health, focusing on capacity building, and economic benefits, such as reduced VMO call-out fees compared to Hospitalist remuneration.

NEXT STEPS

- Building on the success of a Rural Hospitalist position in 2024 at NCN Health - Cobram, the project has expanded to include rotations at Mansfield District Hospital and Seymour Health in 2025.
- Other health services have expressed interest, initiating discussions with their medical workforce and boards.

Guided by a governance committee, expansions into new sites ensures proper training, education, and supervision while addressing funding challenges for sustaining rural medical coverage, particularly in urgent care centres and acute wards.

FURTHER INFORMATION

