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Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: O'Sullivan BG, Giddings P, McGrail MR. Perceived stakeholder benefits of continuously training general practitioners in the same rural or remote practice: interviews exploring the Remote Vocational Training Scheme. *Med J Aust* 2024; doi: 10.5694/mja2.52446.

Interview questions

Firstly welcome. Tell me a bit about yourself and where you work. [PROMPT and your country of origin, family and professional roles]

The first set of questions is about the value and benefit of the Remote Vocational Training Scheme (RVTS).	
QUESTION	***PROMPT***
What do you think is the main value of the RVTS?	How is it different to other programs?
Can you give me some concrete examples of the benefits of the RVTS?	Examples at the community level, specifically of continuity of high-quality care, where and who, when, and how? To what extent are the benefits a result of the program or other influences? Or is it a combination of both?
The second set of questions is about the supervision and the professional support models used in the RVTS and we will ask about each separately here.	
QUESTION	***PROMPT***
Are there examples of when the supervision model has met the needs of trainees or not?	Can you give me an example of what happened and when and how, how did the trainee react to this and what happened next, reflecting on different community settings like: community size, practice context where trainees were working in medical or other rural teams or on their own, trainee characteristics, background, skill levels, or from different family situations?
	How did the trainee sense their needs were met or not as a result?
And what about the professional support the RVTS applies? Are there examples of when the RVTS	Can you give me an example of what happened and when and how, how did the trainee react to this and what happened next, reflecting on different community settings like: community size, practice

professional support has met the needs of trainees or not?	context where trainees were working in medical or other rural teams or on their own, trainee characteristics, background, skill levels, or from different family situations?
	How did the trainee sense their needs were met or not as a result?
In what ways does the professional support model enable the supervision model to work well or not?	I am interested in how they support meeting the trainee's holistic needs. And how it works in practice.
What is the 'special sauce' of the RVTS model?	What makes it good?
The third set of questions is about is about employment and retention	
QUESTION	***PROMPT***
To what extent does the practice make the trainees feel valued as a whole person (professional and non-professional)? In what areas could this be improved?	What does the community support look like to support the doctor holistically?
The RVTS aims to retain doctors. To what extent do trainees intend to stay in smaller rural and remote communities beyond fellowship? Why?	
Are the trainees able to find sustainable employment models, during and beyond their training? In what areas could this be improved?	Sustainable employment could be considered jobs that are viable and rewarding. What is an attractive employment package?
The final set of questions are about the next steps for the RVTS	
QUESTION	***PROMPT***
To what extent do you think the program can be integrated into wider General Practice (GP)	Could this be feasible to do? Would it impact the quality of this component/RVTS value if this happened?

training or support aspects of wider GP training models?	
Overall, how do you think that the program can be improved or expanded?	Could this be feasible to do? Would it impact the quality of the RVTS as it is?
Thank you for your time, if you have any questions, please feel free to contact the UQ project team who are noted on your information for participants.	