Dr Belinda O'Sullivan
[redacted]

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Medical Board of Australia

Subject: Submission on the Recognition of Rural Generalist Medicine Consultation

Dear Medical Board of Australia,

I am writing to provide my submission on the consultation regarding the recognition of Rural Generalist Medicine. As a rural health academic and policy practitioner focused on rural generalist medicine, I believe that acknowledging and supporting Rural Generalist Medicine is crucial for attracting and sustaining a medical workforce that is required for addressing the unique healthcare needs of rural communities.

I previously worked as Director of Evidence in the inaugural Office of the National Rural Health Commissioner. I have a PhD in rural specialists, based on use of the 10 year MABEL study. Subsequently I led the evaluation of the Victorian Rural Generalist Training Program.

I am interested in the consultation and the recognition of Rural Generalist Medicine because of the collaborative academic research I have done and my policy experience promoting recommendations to the Commonwealth Minister of Health regarding the National Rural Generalist Pathway.

I think there are important benefits of recognising Rural Generalist Medicine, both for healthcare professionals and the communities they serve. My research identifies that this recognition will underpin attractive careers that reward doctors for doing extra specialty training, and for the work they do in supporting expanded specialist services in communities where there are few other specialists (or at least specialists that are not distributed as they could be relative to technical practice requirements) [1] (and one in five Australian specialists doing rural outreach work as an itinerant model that doesn't address 24/7 emergency services[2].

Stimulating supply of local medical students partly relies on reasonable pay and conditions such as recognition in areas that have a continuing reliance on overseas-trained doctors, partly related to regulatory policies [3].

The training to achieve this scope is challenging and the work is demanding to sustain. Recognition and financial reward are known to be one of many factors adding to attractiveness to generalist career choice based on realist review theory drawn from interviews with doctors PGY1-17 working in generalist or specialist fields [4].

Once qualified, the Commissioner's Taskforce noted that rural generalists need recognition and reward for doing additional services like on-call rosters, around primary healthcare services they provide in the community [5]. This becomes pronounced when one considers the increasing proportion of female doctors coming through Australian medical schools (53%+) and the fact they are also balancing extensive family and community commitments to work in rural generalist practice [6]. Work underway to analyse the enablers and barriers for female RG, highlights that female RGs

are more likely to work part-time and must consider opportunity costs for on-call, wider scope roles, against the balance of other commitments (unpublished manuscript under development). These broader commitments sees female GPs leaving smaller towns as soon as they have children, a different pattern to males [7]. Recognition and reward could mitigate some of this pull.

Evidence of the importance of recognition and reward

I have further analysed interviews with 36 stakeholders, presented at Rural and Remote Health Scientific Symposium in Canberra in 2023 and have now submitted to the AJRH, exploring sustainable employment factors for RG doctors in Victoria. I present here the findings in advance of the work undergoing peer review because they are pertinent to the matter at hand. Recognition and reward were a key theme (of seven), for achieving attractive employment that could maintain an RG workforce.

- Interviewees noted that RGs earn no additional income compared with non-RG trained doctors and less than non-GP specialists for providing the same level of service. But an enabler was improving these conditions through substantive appointments in hospitals (itself enabled through appropriate regulatory policy and state awards).

  The job at the end [of the training pathway should be], a substantive appointment…outpatient clinics in mental health …and acute and chronic components. (e31)

- Interviewees reported that sustainable employment for RGs needs to include mechanisms for them to attract more billings for additional specialist skills not just in procedural areas where credentialing is currently clearer, but also things like paediatrics, palliative care and other non-procedural fields provided in hospital or community-based settings.

  Anaesthetics, emergency, and obstetrics are the standout for credentialing. You bill the same for the other non-procedural things, so what is the appeal of doing that? (p18)

- There were suggestions to improve Australia's Medicare Benefits payment systems (fee for service reimbursement for patients receiving additional specialist services from RGs which ensure *"the RGs are…valued." (p22)*

Further, two other themes enabling sustainable employment for RGs were building a state-wide vision and regional level planning. Both could be enhanced through clear recognition of RG as a specialist field within the specialty of general practice.

> *… the health services to come together and plan…a clear forward plan on the needs and how we will deliver? (e27) minimising the need for "an individual doctor to negotiate credentialing for any role". (c15)*

It would also assist with high-quality services in the location.

> *Is the workload safe enough to keep you trained as an RG in that location. Or should there be a local health network for an anaesthetist to be shared around? (p13)*

And it would help state-wide planning.

> *The Department of Health needs to …lead and be clear where we need an RG … make it clear about what models are useful. (p22)*

Implications for measurement

I acknowledge that one issue for the recognition of Rural Generalist Medicine is how these doctors are measured. The endpoint of RG training is a FACRRM and RACGP-FARGP, but RG practice is more mobile than this, in terms of this workforce being deliberately adaptive to meet community needs.

As a result of the above considerations, when the Rural Health Commissioner's Office, and part of the Taskforce Advice [5] concerning an evaluation framework for the National Pathway, I developed a set of indicators of advanced scope to identify RGs. I undertook to work with an evaluation working group of RG-stakeholders from all states and territories to discuss RG measurement (how to do a census-like count to measure workforce development not by just a qualification, but according to scope of actual practice).

- This working group reported to the Taskforce for the National Rural Generalist Training Pathway, which informed national policy advice to the Commonwealth Minister for Health [5].
- This group determined that measuring RGs was best achieved by using a range of indicators of RG scope, including:
    - Rural distribution
    - Servicing more rural areas as a prevocational doctor or GP
    - Being rostered onto an emergency department (ED) roster
    - Engaging in on-call and after-hours components to work
    - Having hospital admitting rights
    - Working in towns with few other specialists
    - Practising or training in additional skills/maintain continuous professional development (CPD)
    - Working in multiple settings across the community or
    - Self-identifying as an RG.
- The reason for choosing indicators of practice, rather than the endpoint of training, was to ensure that all the varieties of RG work are included, and the understanding of RG work stems beyond a qualification. RGs commonly move between different career interests (these doctors demonstrate lifelong learning and enjoy variety [4]) and move between communities that involve them aligning practice scope, sometime ceasing RG work, and other times developing new skills because there is a need [8].
- A qualification alone is often not enough to measure them at any point in time.

Applying the indicators to measuring RGs

I since tested these indictors when evaluating the outcomes of the Victorian Rural Generalist Program. In this work, we used a core set of more specific criteria [9]. We surveyed doctors who completed the Murray to Mountains and other rural intern programs related to the Victorian Rural Generalist Program in 2012-2021.

- The indicators proved useful for identifying RGs based on what work they are practising, not just the qualification of FACRRM and RACGP-FARGP (see Table 4) [9]- RRH: Rural and Remote Health article: 7889 - Outcomes of rural generalist internship training in Victoria, Australia
- Of 59 respondents to the piloted survey (27% response rate) nearly all (97%) met at least one of the key indicators of extended (RG) scope.
- 80% met more specific criteria including working in ED and on after-hours rosters with hospital admitting rights, servicing towns with few other specialists and self-identifying as an RG.
- Overall, 42% self-identified as an RG.
- This suggests that self-identification as an RG is a conservative measure.

Conclusion

In conclusion, I recommend the recognition of Rural Generalist Medicine as a specialist field within the specialty of general practice. This will be one of many steps in Australia adopting evidence-based

policy, aligned with international recommendations for recognition and reward of rural workers to improve retention [10, 11]. This does not account for all of the factors needed to attract and sustain a rural workforce of this nature, but it is a factor of particular interest to the next generation, and the economic climate that they will be working in.

I propose viable solutions as to the issue of counting this workforce in my submission. I hope this demonstrates a thoughtful approach and a willingness to address potential issues, through the involvement of academics in this sector.

Thank you for considering my submission on this important matter. I appreciate the opportunity to contribute to the consultation process. I look forward to the positive impact that the recognition of Rural Generalist Medicine can have on healthcare in rural communities. If you have any questions, please reach out to me.

Your sincerely,

Dr Belinda O'Sullivan

B.Physio (Hons), MPH (Hons), Grad Dip App Epi, PhD, GACID

References

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