

Submission to the Medical Board of Australia on recognition of Rural Generalist Medicine as a new field of specialty practice within the current specialty of General Practice

Introduction

The National Rural Health Alliance (The Alliance) is the peak body for rural, regional, and remote (hereafter rural) health in Australia and welcomes the opportunity to provide feedback to the application for recognition of a new field of speciality practice – Rural Generalist Medicine. The Alliance represents 50 member bodies¹, and our vision is for healthy and sustainable rural communities across Australia. The Alliance is focused on advancing rural health reform to achieve equitable health outcomes for rural communities, that is, the 7 million people residing outside our major cities. Our members include health consumers, health care and medical professionals, service providers, health and medical educators, students, and the Aboriginal and Torres Strait Islander health sector.

The Alliance writes to support the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) application to have Rural Generalist Medicine recognised as a new field of speciality practice within the speciality of General Practice, under the Health Practitioner Regulation National Law. Recognition of Rural Generalist Medicine will:

- Recognise the extended scope of practice that enables Rural Generalists to provide comprehensive, high-quality care that residents of rural and remote Australia deserve, representing one third of the Australian population.
- Standardise and increase the status of Rural Generalist Medicine which is important for attracting doctors to rural generalist careers and sustaining a skilled rural workforce in the longer term.
- Supplement, support, complement, and not compete with existing rural general practice.
- Enable further development of Rural Generalist Medicine as a specialty that is tailored and responsive to rural and remote community needs and the unique challenges of providing healthcare in isolated, low resource settings that exist across much of the Australian continent,
- Work towards addressing health workforce maldistribution, by enhancing career opportunities, shaping a health system that better meets the needs of rural Australians, and promoting rural lifestyles.
- Enhance continuity of care, enable local care without travel, increase consumer health literacy and health system navigation to improve health outcomes for people who live in rural settings.

¹ <https://www.ruralhealth.org.au/>

All Australians, no matter where they live, must have access to the healthcare they need to maximise their health and wellbeing, and hence opportunities to contribute to society (including economically) and live fulfilling lives. The Alliance believes a well-recognised, strong Rural Generalist workforce will provide rural Australians with equitable access to the high-quality healthcare they deserve.

Has the claim that regulatory action is necessary to recognise Rural Generalist Medicine as a field of specialty practice been substantiated?

Yes, the Alliance believes that the claim to recognise Rural Generalist Medicine as a field of specialty practice has been substantiated. Rural Generalists are relied upon to have a broader healthcare knowledge and delivery scope, and this is important because often there are limited other health professionals to provide specialised services.

The Alliance is committed to improving the health and well-being of people living in rural Australia. Rural Australians have, on average, higher exposure to detrimental socioeconomic determinants of health (lower incomes, educational attainment and employment opportunities), health and behavioural risk factors, and a greater overall burden of disease.[1] Additionally, Australians living in rural areas have lower life expectancy and a higher death rate.[1]

Rural Generalism is very different to urban General Practice, where there are other specialists to refer to, the health care teams are larger and broader in support, and the nearest support or choice of another clinician, may be five minutes away.

There is currently no consistent systemic differentiation between the two. Rural Generalists undertake additional training, skills acquisition, and assessment to provide extended scope of practice that is distinctly different to that of urban general practitioners and credentials them to enhance the services provided in rural areas including the hospital setting. Rural Generalists provide care across the lifespan, work across different healthcare settings and are trained to work in geographically dispersed and culturally diverse communities. Situated in a rural community and skilled with extended scope of practice in addition to general practice, Rural Generalists can respond to a variety of clinical situations and the different needs of rural communities. Rural Generalist doctors can provide highly skilled clinical care in other domains including emergency care, obstetrics, paediatrics, anaesthetics and mental health in rural areas where there is insufficient population or infrastructure to sustain such additional specialty services.

The recognition of Rural Generalist Medicine as a new field of specialty practice would define and recognise their unique and additional skills and scope of practice. With a specialist title and recognition of these skills and breadth of scope under national law, the skill set of Rural Generalist doctors will be more visible, transferable, and better understood by employers and communities. As a result of recognition, a single national quality standard (linked to the Rural Generalist Fellowship) will be created, which will be transparent, safe, and easy for medical systems, patients, staff and other doctors to understand.[2]

A National Rural Generalist Pathway would create a defined career pathway for future rural doctors to aspire to (as already exists only in Queensland). It might also incentivise more advanced training positions in a broader range of clinical areas.[2] It is therefore important

that the Rural Generalist Medicine is recognised as a speciality within general practice to build and support a generalist rural medical workforce that is capable of meeting the diverse and complex needs of rural populations, with collegiality, professional pride and the ability to deliver best-practice care.

Have the [positive consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law](#) been stated? Are there additional positive consequences that should be considered?

There will be many positive consequences of recognition of Rural Generalist Medicine as a specialty field.

Workforce

The recognition of Rural Generalist Medicine as a speciality with a broad scope of practice will make a career in rural medicine more attractive and **help address the rural doctor shortfall** that currently exists. In 2020, the prevalence of consultant medical specialists and their trainees in medium and small rural towns, and remote and very remote areas, was much smaller than in major cities, regional areas, and large rural towns.[3]

Major cities have more general practitioners providing primary care compared to regional centres, small rural towns, remote and very remote areas, who have the lowest prevalence. Australia will benefit from the skills of general practitioners practising rurally and those who also specialise further through Rural Generalist Medicine to acquire additional skills and training to serve their communities which have higher burdens of disease and populations are dispersed over vast distances.[4] An attractive Rural Generalist career pathway could entice more doctors and healthcare students to consider a career in rural medicine. This would go some way to alleviating the cost burden for rural hospitals and general practice clinics to employ locums who often return to urban areas, along with improving access to healthcare in rural Australia.

Streamlined, transparent processes.

Being recognised as an endorsed Rural Generalist within the speciality of general practice domain, with clear career pathways and structured credentialing, will simplify the process to endorse Rural Generalist doctors to provide healthcare in rural hospitals. Moreover, the recognition of the Rural Generalist program creates the opportunity for a single national quality standard, which is transparent, safe, purpose-designed, and easily understood by systems, consumers, and doctors.[2]

Integrated, continuous care.

Rural Generalists can provide a broad scope of medical care in rural Australia that encompasses, health care for individuals, families, and communities in a variety of settings. Having a rural medical workforce with the strength to integrate care between primary care in the general practice, acute care in the hospital, and Aboriginal Community Controlled Health Services, facilitates the provision of culturally appropriate, holistic healthcare. It is important to note that in some rural

hospitals, Rural Generalists are the only doctors working in the emergency department. Primary health care delivered locally, enables Rural Generalists to work in partnership with other general practitioners, physicians, surgeons, telehealth consults and multidisciplinary health teams to provide continuous coordinated health care.

Have the potentially negative consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law been stated? Are there additional negative consequences that should be considered?

The Alliance supports the recognition of Rural Generalist Medicine as a speciality within the speciality of general practice, however, the Rural Generalist role should not devalue the role of other doctors who have taken alternative pathways of training and credentialling to become a general practitioner. The rural generalist speciality should be viewed in addition to the general practitioners who have chosen other training pathways. All rural general practitioners are vital if we are to achieve better health outcomes for rural Australians. It is important that recognition of Rural Generalist Medicine as a speciality within general practice separate from a profession that struggles to attract adequate workforce to rural Australia. Hence, simple training and upskilling pathways should be available for experienced doctors who want a Rural Generalist qualification. Aligning remuneration strategies and processes to support comparative and equitable payment, and incentives to other medical speciality would further negate current disparities.[2]

Are there specific issues or claims in the application that should be the focus of the AMC assessment of the application? (What are the key issues for the Medical Board of Australia to focus on?)

In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice are there any impacts for patients and consumers, particularly vulnerable members of the community, that yet to be considered or need more detailed consideration?

Rural Generalists can improve access to high-quality primary health care, emergency care and other types of care specific to their advanced skill set, by rural communities. They can also liaise with consultant specialists in between appointments, sharing care where appropriate.

Providing health care locally reduces the need for costly and time-consuming travel to other regional and urban centres for consultant specialist care. Given rural Australians have lower incomes on average, the cost of accessing health care at a distance in the context of limited public transport can be a barrier to accessing care. Limiting unnecessarily long travel times and extended stays in urban areas reduces consumer's financial and personal costs, including time away from employment, childcare issues, and the social stress of being away from their families and social connections.

Rural Generalists that have completed Fellowship training in a range of surgical skills including doctors that have completed two full years of advanced specialised training

in surgery are now by law not able to describe themselves to their patients as surgeons. People in rural communities rely on these doctors skilled services, but patients are not able to make informed judgements about their care options because their doctor cannot clearly communicate their training or qualifications. Allowing a Rural Generalist to describe themselves as having advanced clinical procedural skills, will enable patients to make confident informed choices to the care they receive.

Travelling to regional and urban centres at a distance from their country is an important consideration for Aboriginal and Torres Strait Islander peoples, particularly in the context of significant rites of passage such as birthing and end of life period and death. Access to Rural Generalist Medicine care locally has the potential to improve the cultural safety of care for Aboriginal and Torres Strait Islander peoples.

Rural Australians who are marginalised, socially disadvantaged, isolated, or who have a chronic disease, mental health condition or disability benefit from a Rural Generalist's local accessibility, broad scope of practice and ability to facilitate integrated, coordinated care.

Another possible concern for rural Australians is **understanding the role and scope of practice of a Rural Generalist**, and how it may differ from other general practitioners, and a consultant specialist. A poor perception or understanding by consumers or vulnerable members of the community to the skill set of a Rural Generalist may require a public awareness campaign.

In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice, are there any impacts for Aboriginal and/or Torres Strait Islander People that have not been considered or need more detailed consideration?

For Aboriginal and Torres Strait Islander people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual, and ecological well-being, for both the individual and the community.[5] Aboriginal and Torres Strait Islander people experience poorer health than non-Indigenous people and often do not have the same access to healthcare.[6] Aboriginal and Torres Strait Islander people living in more socially and economically disadvantaged regions have higher average burden of disease rates.[5] Rates of mortality and morbidity for Aboriginal and Torres Strait Islander peoples increase with remoteness. It is important that Aboriginal and Torres Strait Islander people can access primary and advanced care on country that is culturally safe and supported by strong patient-doctor relationships throughout their health journey.

The Rural Generalist program incorporates Aboriginal and Torres Strait Islander training as core curriculum and additional training that is optional for fellowship with ACRRM and RACGP colleges. With this additional training, Rural Generalists can build strong relationships and provide healthcare services in hospitals, general practice clinics, and retrieval services in a culturally safe manner. Rural Generalists who identify as Aboriginal and/or Torres Strait Islander themselves have an especially important contribution to make in this regard.

There is considerable evidence pointing to the difficulties experienced by many

Aboriginal and Torres Strait Islander people in travelling to cities for care, including excessive costs, lack of transport, family responsibilities and lack of social support in cities.[7] Rural Generalist Medicine is designed to enable primary care and more specialised services such as emergency, obstetric, and palliative care to be provided safely in rural and remote communities.

Are there specific stakeholder groups that should be consulted further as the application is assessed and what would they add to understanding of the application? (Please see Attachment B for the stakeholder groups for this consultation?)

Other key stakeholders who should be consulted (and may have already been consulted) include, rural and remote communities, rural hospital staff, general practice clinics and the Aboriginal community-controlled health organisation sector, to raise awareness and recognition of the Rural Generalist scope of practice and role in rural and remote health care.

What are the interactions now between Rural Generalists and other medical and health practitioners including other General Practitioners? How are these likely to change if Rural Generalist Medicine is recognised as a field of specialty practice?

General Practitioners

The Alliance supports the Rural Generalist Medicine pathway however it asserts that it should not devalue and indeed uphold the role of general practitioners who have not undertaken the Rural Generalist Medicine specialisation. There is a need to recognise the important skills of general practitioners more broadly, to strengthen primary care across the lifespan and support other consultant medical specialists to provide integrated, coordinated care. All general practitioners deserve recognition and professional respect for their advanced training and contribution to the healthcare team.

Medical Specialities

The key change to interactions with consultant medical specialities (other than general practice) would involve the increased awareness, clarity, and recognition around the parameters of the Rural Generalist doctors' skillset and role in systems of care.[2]

Currently, decisions around quality and safety frameworks to determine the services Rural Generalist doctors are permitted to provide often do not include Rural Generalists. Where decision forums do include Rural Generalists, they are often represented as GPs without formal recognition of their additional and distinctive assessed skills. Recognition will facilitate consideration in these decisions of the opportunities for Rural Generalists to safely provide services in rural areas.[2]

Additionally, clarity around standards will provide a strong basis for developing creative models of cross-specialty team-care using telehealth, shared rosters, etc. These can enable the fullest use of the Rural Generalist skillset to provide the broadest, safe scope of services rurally.[2]

Nursing, Allied Health and Aboriginal Health Practitioners

Multidisciplinary health care teams can work together to provide high-quality, coordinated care, by working with rural Australians, their family, carers, and communities. Effective multidisciplinary teams result in fewer unanticipated hospital admissions, improved coordination of care, improved health outcomes and team satisfaction.[8] The Rural Generalist model strongly values rural team-based care.[8]

What are the impacts for rural general practice, will there be unnecessary de-skilling of the standard general practitioner?

Your views on how the recognition of Rural Generalist Medicine will impact on the following:

- disincentives/incentives for General Practitioners to undertake rural practice resulting from additional training requirements.
- unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.

The Alliance supports the Rural Generalist Medicine pathway, and the role of other general practitioners who have chosen alternative pathways to become rural general practitioners. All rural general practitioners are vital if we are to achieve better health outcomes for rural Australians.

There should be training and upskilling pathways, professional development events and learning resources available from both colleges to facilitate Rural Generalist Medicine fellowship, once recognised, by those rural doctors who are interested.

Rural Generalists work to a wider scope of practice, including undertaking advanced clinical procedures and work in different healthcare settings (hospital, community health and general practice settings). As more generalist services are offered, other healthcare professionals will be exposed to a wider scope of practice and complexity in diverse healthcare settings. Working in different and challenging healthcare settings brings benefits for interprofessional collaboration and can foster innovative solutions to improve patient outcomes.

Have all economic impacts for governments, businesses and consumers been identified? Should further economic analysis be undertaken during the AMC assessment to assess the claims of minimal costs impact of recognition, and if yes, what should be the focus of the analysis?

Australia's economic prosperity heavily depends on exports due to rural industries, including the resource sector, agriculture, forestry, and fishing. Improving and maintaining the health and well-being of people living in rural Australia, by supporting and augmenting health services and increasing the health workforce, will provide continued support of economic productivity and development.

This requires a health workforce based on models of care that support rural residents and visitors alike. The building blocks for this include primary health care clinics with rural generalist medical practitioners, nurses (including nurse practitioners) and allied health professionals, outreach clinics, maternal and child health services, mental health services, oral health clinics, health promotion services, and digital technologies. There is a considerable return on investment to communities of having permanently available doctors for emergencies, who are part of the local community and can provide a continuum of care.

The Alliance believes rural Australians deserve and must have equitable health care. This requires a multidisciplinary workforce of adequate size and appropriate distribution, including Rural Generalists and other rural general practitioners with the right skills to support the provision of high quality, culturally safe care in the right place, at the right time.[7]

The Alliance would be pleased to elaborate on any of the responses provided in this public consultation for recognition of a new field of speciality practice: Rural Generalist Medicine

References:

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8. RACGP. *Collaboration and multidisciplinary team-based care*. 2020 [29/11/2023]; Available from: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b/collaboration-and-multidisciplinary-team-based-care>.