

I am [REDACTED], procedural General Practitioner who has worked in the same rural town for 29 years. I own a General Practice that has trained nearly 100 registrars, both procedural and non-procedural, over the last 25 years.

My comments come from my own knowledge, exit interviews with registrars and discussions with rural GPs from all the States and Territories of Australia, and extensive reading of literature.

[REDACTED] is now seeing the results of the Rural Generalist (RG) training over the last few years. Unfortunately, it has been a sad tale for rural General Practice, as the rural generalist trainees (once gaining their qualifications) move into the generally more lucrative small public hospital jobs doing inpatient care, emergency medicine, anaesthetics, obstetrics but not General Practice. General Practice is now looking to International Medical Graduates (IMGs) to fill the gap. The IMG solution to our workforce problem (despite the many policies and programmes) has not changed in my lifetime. The RGs are not being trained to provide a solution to the rural medical workforce shortage that is so desperately needed.

I do not believe the qualification to become a Rural Generalist (RG), which only requires six months of training in General Practice, is safe or fit for purpose. General Practice is complex and becoming more so as the population lives longer with their multiple medications, morbidities and burden of undifferentiated illness. I do not believe that training for this can be done in an emergency department (ED) or that these patients should be managed from an ED. This is what is happening and will continue to happen, as the RGs with hospital centric training, and minimal General Practice exposure, continue to gravitate towards State based hospital jobs.

The present proposition has very limited buy-in to the concept of 'continuity of care' or 'community engagement' and these concepts are not the strengths of EDs.

Though the hospital skills of local Doctors are important for rural communities, so is General Practice, and this is where the bulk of Doctors' hours should be spent. General practice also is where the most cost-effective medicine occurs, as outlined in International studies. This specialist area of medicine – General Practice – is very important to the health of rural communities and requires more than six months of training.

The RG qualification as it stands does not really fulfil the working group's definition of a rural generalist - ie - **'in a cost effective way by providing (both) comprehensive general practice'** - Six months of training does not allow a Doctor to obtain the skills to provide comprehensive General Practice, nor do Doctors working from ED provide 'comprehensive general practice'.

If the proposed RG training requirement is accepted it will lead to more expensive care, and more patient suffering. It has already done this in our town, and this could be discussed further should AHPRA be interested.

I believe that General Practice component should be increased to at least 12 months full time equivalent, preferably 18 months, and this to be done in one practice such that the training Doctors understand the concept of continuity of care, which is safe and efficient care, and the cornerstone of General Practice. It is also what rural patients need and require, not the situation which is currently evolving, where their care is run from an ED.

There should be a requirement to have continual General Practice exposure to maintain registration as an RG. It is not possible for General Practice skills to be learnt or maintained through working in an ED. General Practice is an entirely different craft, one which has become much more complex in my years of practising, it cannot be learnt from 6 months of exposure in a practice, with no maintenance of skills thereafter.

I would be happy to provide more information if needed, and I hope that this process may lead to less costly outcomes for rural patients. This should occur by recognising more clearly the complexity and value of General Practice and giving it the recognition it deserves in the process towards formalising the qualification of Rural Generalist. To be seen as a Rural Generalist under the banner of a General Practice college requires more than 6 months of exposure in that field.

[REDACTED]

[REDACTED]