Queensland Rural
Generalist Pathway

Darling Downs Hospital and Health Service
PO Box 405 Toowoomba QLD 4350
T 1800 680 291
E rural_generalist@health.qld.gov.au
W generalistpathway.com.au

Submission to public consultation: Application for the recognition of Rural Generalist Medicine as a new field of specialty practice

The Queensland Rural Generalist Pathway (QRGP) has been supporting medical officers with rural generalist career intent since it was established in 2007.

Queensland has a long history of recognising and remunerating Rural Generalist practitioners. Queensland's efforts and progress in Rural Generalist Medicine have been enabled by four founding pillars:

1. *Recognition* of rural generalist medicine as a unique medical discipline in its own right
2. *Valuing the practice* for its true worth
3. A *training pathway* / supply line to practice (the QRGP)
4. *Service and workforce design* to ensure the right doctor with the right skills is doing the right job in the right place.

The QRGP contends these four pillars are critical to the success of rural generalist training and workforce efforts as they holistically consider influential factors such as professional credibility and aspiration, access to defined remuneration and entitlements, validation of career choice and a defined career progression from trainee to practitioner.

In Queensland the recognition of rural generalism as a Discipline has positively benefited rural communities. 251 Rural Generalist Fellows have trained through the Pathway to date with another 359 at various stages of training. Excluding those trainees in their advanced skill training year, 68% of Fellows and trainees are working in MMM 4-7 communities. National recognition will increase these positive outcomes in Queensland, improve rural outcomes in other jurisdictions and create interjurisdictional training recognition and employment models.

It is an important outcome to define the practice and scope of rural generalist medicine to build a cohort profession that enables employment portability and bespoke practice domains that describe the medical workforce rural communities need. Rural communities do not have the scale necessary to support multiple specialist services and deserve an appropriate rural specialty that meets their health needs. This is the specific value of rural generalist doctors in that they are specifically trained to work in rural communities in the absence of local tertiary specialist services. Rural communities require generalist medical services, and those medical practitioners deserve professional recognition in line with the value and additional skills they bring to their communities.

General questions

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

   Yes. Recognising Rural Generalist Medicine (RGM) as a field of specialty practice will enable professional recognition of the skillset and scope of practice of rural generalists across primary, secondary and emergency care as being distinct from those of general practice. This is likely to increase visibility and professional credibility for rural generalist practice which may in turn drive increased trainee interest.

   Rural communities that do not have direct geographical connection with tertiary specialist services need a doctor that can deliver a broader range of mixed primary/secondary/emergency medical care. Communities benefit greatly from these combined services where they live, providing more complex integrated services that improve community health overall and minimise referral to larger health centres that require travel, inconvenience and dislocation from their home.

2. *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?*

   Yes. Endorsement will encourage more doctors to consider a Rural Generalist training pathway which will result in the availability of a wider range of medical services to communities, over and above the services provided by rural General Practitioners who may choose not to undertake advanced skills training, especially procedural skills and emergency medicine. A separate endorsement of Rural Generalism within General Practice will differentiate Fellows of ACRRM and RACGP who have chosen advanced skills training as an option to serve communities where they work /intend to work. Recognition will be valuable as a retention strategy for employing HHSs/LHNs. The QRGP has demonstrated that recognition has attracted more doctors to consider a Rural Generalist career and this can be replicated in all jurisdictions with national recognition and endorsement.

3. *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?*

   Yes. No additional consequences have been identified.

4. *Are there specific issues or claims in the application that should be the focus of the AMC assessment of the application?*

   Yes. RGM recognition will enable employment of Rural Generalists to be advertised with consistent title and expectations of qualifications and scope of practice. The clinical standard will be consistent across jurisdictions, and clear and broadly understood throughout public and private health settings. An RG title holder will provide a broad scope of services to a defined and assessed professional standard. Via that standard, and through conferment of RG title, an RG will be assumed to have successfully completed training in at least one advanced skill, attained advanced emergency medicine skills, hold expanded general practice skills for practice in rural clinical settings and training, experience and capacity as a community-based general practitioner.

   The addition of a protected title may be the impetus for improved RG specific data capture and analysis of the contribution and quantity of RGs in the workforce.

5. *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 have not been considered or need more detailed consideration?*

   No. The submission outlines the (positive) community impacts well.

6. *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?*

   Recognition enhances the capacity to formally offer defined opportunities / positions to best support Aboriginal and/or Torres Strait Islander People to undertake training and provide services to the benefit of rural and Aboriginal and/or Torres Strait Islander communities. Providing a professionally recognised career path for Aboriginal and/or Torres Strait Islander People may further advance efforts to increase the proportion of Aboriginal and/or Torres Strait Islander doctors undertaking RGM training.

7. *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)*

   No additional stakeholders have been identified.

The Board is also interested in your views on the following specific questions.

8. *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?*

   The team based and limited resource context in which rural workforce teams operate necessitates collaborative approaches and 'shared care' of rural patients. It would be difficult to imagine recognition would negatively affect these interactions. The expansion of the rural generalist concept to allied health and nursing disciplines further strengthens the collective generalist approach, scope of practice and service delivery intentions or rural workforce teams.

9. 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

     Doctors don't particularly choose to train with ACRRM and RACGP to be recognised as Rural Generalists. Many choose it to become valued Rural General Practitioners to provide holistic primary care including comprehensive chronic disease management within general practices and/or to sustain their small businesses. Rural GPs will continue to work in accredited practices and satisfy their Continuous Professional Development requirements by choosing areas of personal skills development and quality improvement programs within their practices. This cohort will not be disincentivised by other rural doctors choosing to work as described under the Collingrove Agreement across all three sectors.

     Undertaking advanced skills training and working across the general practice and hospital domains increases confidence for rural practice and improves the incentive to undertake rural medicine. Isolated practice is a disincentive to career choice, however building communities of rural generalist practice in teams that work across hospitals and general practice improves attraction, retention of doctors and improved integrated rural medical care.

- unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.

  Suitable RPL opportunities exist via both colleges to gain RG qualifications if so desired. Recognition is not seeking to limit the scope of practice for general practitioners. Specialists are largely absent from insitu rural workforce and no impact on scope of practice is identified.

  A rural generalist can lead team-based care in a rural centre and incorporate allied health referral and specialist/ tertiary referral as needed. A practicing rural generalist in a community is an attractor of additional services through team-based care structures and referral avenues. Visiting augmented services are more common in locations that have a rural generalist-led service.

10. 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?

    The primary care sector has contracted in many rural communities with access to medical care at risk through underservice or at times absent general practice. The economic impacts of rural generalist recognition are positive at the community level with local economies benefiting from connection with in-town medical services. All sectors of the local economy will benefit from a local health economy, with no additional analysis recommended.