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Dear Sir/Madam

CONSULTATION ON THE RECOGNITION OF RURAL GENERALIST MEDICINE

The WA Country Health Service (WACHS) is the largest health service in Australia and one of the biggest in the world. WACHS encompasses 2.55 million square kilometres and provides healthcare to approximately 600,000 people through 6 large regional hospitals, 15 district hospitals, 50 small hospitals, 32 health centres and nursing posts, 4 dedicated mental health inpatient units and 24 dedicated mental health services. Across Western Australia (WA), WACHS manages close to 170 facilities where population health teams are based, and outreach services extend into WA's most remote locations.

WACHS employs a diverse range of medical practitioners who provide generalist healthcare. The cornerstone of WACHS's medical workforce is rural generalists. Many of WACHS's doctors work in primary care while at the same time supporting local rural hospitals with the provision of emergency medicine and other advanced skills to meet the needs of their communities. In addition, they provide an on-call service that supports after-hours delivery of healthcare. WACHS also employs doctors who work exclusively in hospitals providing emergency medicine and/or other advanced skill care. Many of these doctors are rural generalists who have completed accredited training or received post-fellowship recognition through the Australian College of Rural and Remote Medicine (ACRRM) or the Royal Australian College of General Practitioners (RACGP). WACHS is also an employer of other specialists with a particular focus on adult and paediatric general medicine, emergency medicine, anaesthetics, obstetrics and gynaecology, surgery, psychiatry and population health. These specialists are typically based in one of WACHS's six regional resource centres, provide outreach services to other sites, and work as members of teams that include rural generalists. Finally, WACHS operates a virtual clinical hub which incorporates access to emergency and inpatient telehealth, specialist clinical advice, advanced patient monitoring and the coordination of timely transfers to and from country and metropolitan hospitals.

There is a current decline in interest in general practice training by prevocational junior doctors across Australia; however, there is increasing interest in rural generalist training which may be in part due to the development of a National Rural Generalist Pathway. Research conducted by the Rural Doctors Association of Australia (RDAA) and other organisations reveal that many medical students express a desire to work in rural areas. For example, a recent survey

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conducted by the RDAA found that more than 70 percent of medical students expressed interest in practicing Rural Generalist Medicine, citing a desire for a diverse scope of practice and the opportunity to make significant impact on underserved populations. Rural generalist training and recognition of Rural Generalist Medicine provides a mechanism to sustain and develop interest in rural medical practice.

Communities outside metropolitan areas need rural generalists to be available so they can access a broad spectrum of services and skills and reduce the disparate health outcomes that exist between rural and city patients. To be able to build and sustain a viable workforce for regional and remote areas, WACHS must be able to incentivise and recognise the unique strengths and training required for generalism across all specialties, including rural generalists. WACHS recognises and values the significant contribution of rural generalists to rural and remote communities in WA. Whilst primary care services typically fall under the remit of the Commonwealth, WACHS is committed to supporting rural generalists through both their training and their careers. As part of the National Rural Generalist Pathway, the WACHS Medical Education Unit hosts the Rural Generalist Pathway WA (RGPWA) Coordination Unit to support the expansion of a dedicated training pathway for aspiring rural generalists in WA. The aim of the RGPWA is to facilitate the transition for rural generalist trainees through the various educational and training components, as well as provide post-fellowship support to rural generalists.

The Medical Board of Australia is inviting general comments on the application for Rural Generalist Medicine to be recognised as a new field of specialty practice in the specialty of General Practice with reference to the criteria for recognition and a set of questions. WACHS supports *Option 1: Recognition of Rural Generalist Medicine as a distinct field of specialty practice within the specialty of General Practice*.

Specific responses to the questions for consideration outlined in the application for recognition of Rural Generalist Medicine as a field of specialty practice are provided below.

1. Need for regulatory action

WACHS believes that the claim that regulatory action is necessary to recognise Rural Generalist Medicine as a field of specialty practice has been substantiated.

2. Positive consequences

WACHS believes that the positive consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law have been stated. WACHS foresees the positive impacts are likely to include improved access by rural communities to a wider range of local healthcare services. In addition, healthcare services will be able to identify more easily, credential and recruit doctors with a defined scope of practice and this will be standardised across Australia. The consistency provided by recognition will ensure practitioners, hospital administrators and consumers are able to easily identify the skillset and scope of practice of their treating practitioner.

3. Potentially negative consequences

WACHS believes that the potentially negative consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law have been stated. The potential negative consequences and their mitigation are listed below.

- Reduction in the rural general practitioner workforce could be an unintended consequence of a tiered system of rural generalist and general practitioners (with no advanced skills). This could result in hospital-centred care and a further reduction in rural community-based general practitioners. It is anticipated this is unlikely to be the case, as incentivised rural primary care is well-defined and established and the Commonwealth remains focused on supporting community-based general practitioners in addition to rural generalists. In addition, in alignment with the Collingrove Agreement it would be anticipated that the recognition of rural generalists would require consistency with the Cairns Consensus Statement on Rural Generalist Medicine which acknowledges that rural generalists provide both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.
- Consumer confusion and interruption to existing models of care are unlikely as other rural specialist doctors already work side-by-side with rural generalists in well-functioning rural hospitals across WA. Capacity to train and retain other rural specialist doctors may be impacted by an increasing number of rural generalist trainees. This is unlikely as the training required and scope of practice of other specialist doctors will remain greater than that of rural generalists and general practitioners. In addition, other specialist training and practice will retain a focus on hospital-based practice while rural generalists and general practitioners will continue to require a significant component of community general practice training and would be anticipated to retain a component of community-based practice.

4. Focus for the Australian Medical Council

WACHS believes that there are no specific issues of claims in the application that should be the focus of the Australian Medical Council assessment of the application. It is anticipated that recognition of Rural Generalist Medicine as a field of specialty practice under the National Law will lead to an even greater interest in rural generalist training by prevocational junior doctors. This will be enhanced by existing programs such as the John Flynn Prevocational Doctor Program (JFPDP). In turn this will increase the pool of doctors working in the regions and support health services in meeting their medical workforce needs.

5. Impacts for patients and consumers, particularly vulnerable members of the community

WACHS believes that there are no impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered or need more detailed consideration. It is anticipated that recognition will have a far more positive impact on patients, consumers and particularly the vulnerable members of the community. Well-trained rural generalists with a broader range of skills will be ideally suited to meeting local community healthcare needs.

6. Impacts for Aboriginal and/or Torres Strait Islander People

WACHS believes that there are no impacts for Aboriginal and/or Torres Strait Islander People that have not been considered or need more detailed consideration. It is anticipated that recognition would enable the best level of care to be directed to the most vulnerable

communities. As a vulnerable group, First Nations people have had many challenges, many of which are ongoing. One of the recognised advanced skills for Rural Generalist Medicine is Aboriginal and Torres Strait Islander Health.

7. Other stakeholders

WACHS believes that a broad range of stakeholder groups have already consulted with, including medical schools. Given the potential impact recognition may have on other rural medical practitioners, it is suggested that consultation also occur with career medical officers (those who do not possess a vocational qualification) and international medical graduates with limited registration. In addition, consultation with medical student associations (e.g., AMSA), rural health clubs (e.g., SPINRPHEX), the Australian Indigenous Doctors Association (AIDA), nursing practitioner and remote nursing (CCRANaplus) bodies and the Royal Flying Doctor Service should be considered.

8. Rural generalists and other medical and health practitioners including other general practitioners.

The current interactions between rural generalists and other medical and health practitioners including general practitioners are generally positive in WA. A large part of rural generalist training involves collaboration with other specialist doctors. Working in smaller locations, rural generalists work closely in multidisciplinary teams to provide effective and robust healthcare for populations. Any change in recognition would occur in the context of an existing well-defined scope of practice. Other general practitioners and specialist doctors already have a well-defined scope of practice defined and there should be no difficulty in extending this to Rural Generalist Medicine.

9. Other impacts

It is unlikely that recognition of Rural Generalist Medicine will create a disincentive for general practitioners to undertake rural practice, as many already perform these duties in rural areas. General practitioners who already work at the level of rural generalists have an existing pathway available to achieve post-fellowship recognition in this area. With appropriate credentials, this will allow continued work in their communities within a well-defined scope of practice. There has been an increased interest in Rural Generalist Medicine from prevocational junior doctors and medical students in WA. Increased training will allow safe and confident practice with extended skills. There will be no change to the standard general practice training program and general practitioners will continue to provide specialist care in primary care settings. Ongoing professional development and upskilling opportunities will be provided, coordinated by WACHS, to non-rural generalists to support them to continue delivering high-quality care.

10. Economic impacts

WACHS believes that the economic impacts for governments, businesses and consumers have been identified. Recognition of Rural Generalist Medicine will be key to ensure it results in an efficient, appropriate, and economically sustainable model of care. The potential economic impacts of such recognition are difficult to anticipate. Nonetheless it is

likely that there will be significant advocacy to reflect Rural Generalist Medicine in relation to specific MBS item number access and billing and in jurisdictional medical practitioner employment agreements. Such considerations are at this stage theoretical and should not impede the progression of this application. Whether such recognition, particularly in relation to community-based general practitioners, translates to an increase in gap payments and patient out of pocket expenses will need to be carefully considered. Such a risk could be mitigated by ensuring existing bulk billing incentives extend to rural generalist community-based MBS billing.

In summary, WACHS supports the recognition of Rural Generalist Medicine, for the following benefits:

- By consolidating a range of medical services into a single practitioner, rural communities gain access to comprehensive care that would otherwise be challenging to provide due to limited resources and geographical constraints.
- Rural communities will experience improved health outcomes.
- There will be improved retention of skilled medical professionals in rural areas. This will reduce the reliance on contracted medical practitioners (locums), improve workforce stability and reduce costs overall for health systems with appropriate management close to home.
- Enhanced emergency care will occur leading to shorter response times, improved stabilisation of patients and better outcomes for those in need of urgent medical attention.
- Improved rural healthcare system sustainability will improve recognition and will encourage medical students and practitioners to pursue additional training and qualifications, ensuring a steady supply of skilled healthcare professionals in rural areas.
- Closing the Gap: Additional training in First Nations Health and recognition of that skill in Generalist Medicine will allow greater retention and improved health care for Aboriginal and Torres Strait Islander people. This will be one of the ways the current health inequality can be addressed in this vulnerable population.

Evidence from studies in Australia and overseas shows that this can be achieved in a safe, effective, and sustainable model that will support rural communities and health services in WA. WACHS is an enthusiastic supporter of Rural Generalist Medicine and sees a bright future for this as a cornerstone of regional healthcare delivery in WA. Subject to the considerations outlined above, WACHS is supportive of this application.

Yours sincerely



Dr Andrew Jamieson
**EXECUTIVE DIRECTOR
MEDICAL SERVICES**

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