



5th December 2023

Mr Nick Bush

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Re: Consultation on the Recognition of Rural Generalist Medicine

The Grampians Regional Network is made up of the following health services:

Beaufort Skipton Health Service	Central Highlands Rural Health
East Grampians Health Service	East Wimmera Health Service
Maryborough District health Service	Grampians Health, Ballarat, Horsham, Stawell & Edenhope
West Wimmera Health Service	Rural Northwest Health
Rural Workforce Agency Victoria	St John of God Ballarat
Western Victoria Regional Training Hub	West Vic Primary Health Network

The Network expresses its support for the joint-application to have Rural Generalist Medicine recognised as a specialist field within General Practice.

The Grampians Regional Network (a representative network of health services and key partners across the Grampians region in MMM 2-5), in collaboration with the Victorian Rural Generalist Program is actively involved in supporting Rural Generalist training pathways through the Grampians region and training Rural Generalists.

We have experienced within our own region a concerning loss of rurally based General Practitioners and subsequent reduced medical services to rural health services within Grampians Region.

Please find below the Grampians Regional Network response to the consultation questions:

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

The Grampians Regional Network can confirm that a need to recognise Rural Generalist medicine as a field of specialty practice has been substantiated.

There is an urgent need to improve access to care for people living in rural and remote

areas including in remote Aboriginal and Torres Strait Islander communities. We believe that a strong Rural Generalist workforce can make a significant contribution to improving these peoples' access to high quality care, particularly rural and isolated, vulnerable, aged and Aboriginal and Torres Strait Islander peoples. Improved access to high quality care will bring rural and remote community health status closer to parity with that of Australians living in cities.

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?

The positive consequences of recognition of Rural Generalist Medicine as a field of specialty practice has been stated.

Additional positive consequences that we believe should be considered include:

- The recognition of Rural Generalist Medicine as a field of specialty practice brings greater recognition of training pathways and training programs within larger Regional health services. Therefore providing greater visibility and recognition of the health services support to prioritise training and careers of Rural Generalists.

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 any additional negative consequences that should be considered?

The potentially negative consequences of recognition of Rural Generalist medicine as a field of specialty practice under the National Law has been stated.

The Grampians Regional Network has no negative consequences to add for consideration.

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

The Grampians Regional Network seeks to request the following specific claims to be of focus in the AMC assessment of the application:

- If the number of Rural Generalists in rural and remote communities increase, will there be the opportunity and support to allow the growth of these service provisions in our health services.

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?

The Grampians Regional Network is satisfied that impacts for patients and consumers, particularly vulnerable members of the community has been considered.

Rural Generalists are comprehensively trained to provide an increased range of care as close to home as they safely can, to meet the needs of the patients that they serve in

rural and remote areas. People in these areas have reduced access to all medical and allied health specialists than their counterparts in cities.

The people most likely to rely on the local care that can be provided through the broad scope of services of a Rural Generalist, are often the people in these communities with the most disadvantage who are unable to travel to cities for care. They often have limited access to reliable private transport and often there is very limited or no, public transport. Many are also providing care for others and are unable to be away from home to look after their own health needs.

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 meet more detailed consideration?

The Grampians Regional Network is satisfied that impacts for patients and consumers, particularly vulnerable members of the community has been considered.

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).

The Grampians Regional Network is satisfied with the specific stakeholder groups listed for consultation.

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 Grampians Region incorporates a diverse range of health care settings from regional health services in MMM2 to small rural health services in MMM5 settings. Within the region we note a strong collaboration between Rural Generalists and other medical and health practitioners in the region.

Regional and Sub Regional health services have obstetrics roster support via Rural Generalist with Obstetrics as their specialty skill. Allowing a more balanced work-life balance for specialists, whilst also allowing the Rural Generalists to maintain their skills within a higher acuity setting.

In regard to other specialties, smaller health services are reliant on delivering services such as anaesthetics and obstetric services to the rural towns through the engagement of Rural Generalists. Rural Generalists maintain strong relationships with specialists for emergency support, referral pathways, upskilling and skills maintenance.

Collaboration between Paediatric specialties and Rural Generalists exist through early screening clinics for child health conditions with an identified referral pathway.

Collaborations such as this compliment the Paediatric specialists in enabling:

- Patients to seek a larger portion of care and assessments close to home reducing travel

- Paediatric specialists to reduce patient waitlist times to ensure an improved timeframe for diagnosis and treatment.

Rural and remote patient access to Palliative Care through the Rural Generalist Model, supported by Palliative Care Physicians in areas where patient need cannot support a specialist. Supporting families and patients to a transition of life within their home or local community.

9. In 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**

Disincentives

- With formal recognition there may be an increase of interest in vacancies for Rural Generalist positions which may deter General Practitioners from applying

Incentives

- Formally recognised qualifications would support the specific recruitment of Rural Generalists to meet the community and health service needs.
- Formal Rural Generalist training and career pathways can be created with identified end points.

- **Unnecessary deskilling or restrictions in the scope of practice of other practitioners who practice in rural environments**

Due to a workforce shortage in rural communities, the Grampians Regional Network does not anticipate the formal recognition of Rural Generalist Medicine impacting other practitioners deskilling or scope of practice. Conversely, we see an opportunity for upskilling with a higher acuity & diversity of patients being seen in the GP clinics.

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?

Grampians Regional Networks believes all economic impacts for governments, businesses and consumers has been identified. The Grampians Regional Network is satisfied by the economic analysis.

National recognition of the training and professional standards of care that these doctors provide will give confidence to rural communities in the care they receive. It will also provide the current Rural Generalist workforce with the status commensurate with their actual training and scope, and which will advance an aspirational rural career path for future generations of doctors.

We expect that national specialist recognition will also enable structural change by enabling credentialing, employment, and workforce planning to fully incorporate these doctors and to build resources and models of care around their full scope of service.

Rural Generalists do not work in isolation but are a critical part of the local healthcare team, all members of which are of utmost importance to rural and remote communities.

Recognition will maximise the contribution these doctors are able to make within their local teams and for their local communities. We expect it will also contribute to a stronger national network of doctors to service rural and remote communities into the future.

Yours sincerely,



Mr Nick Bush

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