

SUBMISSION

Wednesday, 20 December 2023

Consultation on the recognition of Rural Generalist Medicine

AMA written submission

The Australian Medical Association (AMA) thanks the Medical Board of Australia for the opportunity to provide a written submission to the Consultation on the recognition of Rural Generalist Medicine. The AMA is the peak professional body for doctors in Australia. The AMA promotes and protects the professional interests of doctors and the healthcare needs of patients and communities.

The AMA supports recognising Rural Generalist Medicine as a specialised field within general practice. This will support the development of the National Rural Generalist Pathway (NRGP) and enhance the attractiveness of rural generalism to trainees. This will contribute to developing a workforce that can provide extended services for the healthcare needs of rural and remote communities.

- 1. Has the claim that regulatory action is necessary to recognise Rural Generalist Medicine as a field of specialty practice been substantiated?**
 - 1.1. Yes. The AMA has strongly supported the development of a National Rural Generalist Pathway (NRGP), recognising the pressing health needs of our rural and remote communities and the potential for the NRGPs to support improved recruitment and retention in these areas and contribute to improved health outcomes.
- 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?**
 - 2.1. Yes. Recognition of Rural Generalist Medicine as a speciality within general practice and the implementation of the National Rural Generalist Framework will support Rural Generalists to live, train, and work in rural areas will contribute to the productivity, sustainability, and liveability of a region. This will in turn create and improve access to vibrant patient-centred rural general practice primary care services, including promoting the rewarding aspects of rural practice, overcoming professional isolation, and supporting long term place-based patient care.
 - 2.2. The recommendation for Rural Generalist Medicine to be recognised as a protected title within general practice will make it easier for rural communities, jurisdictions, and employers to identify and understand the scope of practice for 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 additional negative consequences that should be considered?

- 3.1. While the AMA has provided in principle support for Rural Generalist access to non-GP MBS rebates, many doctors in rural and remote settings already practice across an extended scope of medical care and the notion of equal pay for equal work as a basic premise should apply.
- 3.2. The discussion about access to non-GP specialist MBS rebates will need to be part of a much broader discussion about MBS rebates for primary care and not something that is restricted to the NRGP.
- 3.3. Recognition in and of itself will not lead to negative consequences and as stated previously will have a positive impact on patient care. It will be important to ensure that future funding arrangements properly recognise the skills of rural generalists (and other GPs with advanced skills) and seek to promote strengthen the position of generalists within the medical workforce.

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

- 4.1. Access to training posts will be a critical element of any successful NRGP model. It is important that Commonwealth and state/territory Governments consistently fund and quarantine sufficient additional training posts to meet the needs of the NRGP.
- 4.2. Further, the training pathways and posts must be effective in smaller, more isolated locations tailored to provide medical services to the local community. The skills developed must be appropriate for delivering optimal services and must provide culturally safe care for Aboriginal and Torres Strait Islander people.
- 4.3. Continuity of training positions (and competitive salary and conditions), incorporation of flexible approaches, employment arrangements that support access to a variety of clinical experiences and continuity of entitlements are essential to enable rural generalist trainees to move between regions and better match skills acquisition with community needs.

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?

- 5.1. No. The recognition of Rural Generalist Medicine as a new field of speciality practice within general practice will provide a positive impact to rural, regional, and remote communities and patients due to improving access to medical services.

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?

- 6.1. Rural Generalist Medicine practitioners like all doctors must practice in a culturally safe manner and recognise the health needs of Aboriginal and/or Torres Strait Islander people. The AMA recommends that First Nations health organisations like Australian Indigenous Doctors Association (AIDA) and National Aboriginal Community Controlled Health Organisation (NACCHO) are consulted throughout the consultation process.
- 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)**
- 7.1. While the list is comprehensive, consideration should be given to consulting with other diversity groups such as the disability sector and the LGBTQIA+ community to ensure that feedback is reflective of all diversity groups within Australia.
- 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?**
- 8.1. Rural Generalists play an important and positive role between primary and tertiary care in rural settings and will form a key part of rural multidisciplinary teams. As outlined in the Strengthening Medicare Taskforce Report, multidisciplinary care will support rural communities and patients receive quality person centred care with professionals all working to reduce fragmentation and duplication of care and deliver better health outcomes.
- 8.2. Further, as Rural Generalists are further recognised as a specialty and embedded within rural care, professional isolation may be reduced. Positive interactions between Rural Generalists, General Practitioners, and non-GP Specialists will encourage collaboration and satisfaction with work. These vibrant, sustainably staffed, and innovative rural models of care may attract other health professionals and provide communities with wider access to services.
- 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**
 - **unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.**
- 9.1. The issues of access to advanced training places for rural GPs/RGs and scope of practice/credentialing are major disincentives for rural doctors and are practical impediments to realising the potential of the Rural Generalist workforce. The full potential of the Rural Generalist workforce will not be fully realised until training pathways and access to medical training in rural and regional Australia improve. Issues of access to advanced training places for rural GPs/RGs and scope of practice/credentialing are currently major disincentives for rural doctors. The AMA

is encouraging greater collaboration and innovation in rural and regional medical training after the success and discussions occurring in the 2023 AMA Rural Medical Training Summit.

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?

- 10.1. The AMA believe all economic impacts for stakeholders have been accounted for. Broadly, the AMA understands that issues such as the high cost of locum services for communities and practices, in addition to transport and access costs for patients will potentially be addressed through better support, recognition, and embedding of Rural Generalists.
- 10.2. As outlined throughout this submission the AMA believe that Rural Generalists are a key tool in improving liveability and resiliency of rural and regional communities through better access to care.
- 10.3. Consideration should also be given to how specialist recognition of rural generalist medicine within the current speciality of general practice interlinks with other national healthcare strategies. A key example of this is work undertaken by the Department of Health and Aged Care in addressing the National Medical Workforce Strategy.

Contact

president@ama.com.au