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National Rural Health Commissioner

Office of the National Rural Health Commissioner

**Submission: The recognition of Rural Generalist Medicine as a field
of specialty practice in the specialty of General Practice**

12 December 2023



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Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) and her Office acknowledges the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises and deeply respects the strength and resilience of Aboriginal and Torres Strait Islander people and their continuing connections and relationships to community, rivers, land and sea.

The Commissioner and her Office pay respect to Elders past, present and emerging and extend that respect to all Traditional Custodians of this land and Aboriginal and Torres Strait Islander people reading this document.

Executive Summary

Thank you for the opportunity to respond to the Consultation on the recognition of Rural Generalist Medicine.

The Office of the National Rural Health Commissioner strongly supports the recognition of Rural Generalist Medicine as a specialised field within the specialty of General Practice.

The National Rural Health Commissioner is an independent, statutory office holder, appointed under Part VA of the Health Insurance Act 1973 (the Act). The Office of the National Rural Health Commissioner works with regional, rural and remote communities, the health sector, universities, specialist training colleges and across all levels of government to improve rural health policies and ensure there remains a strong focus on the needs of rural communities.

The National Rural Health Commissioner chairs the Rural Generalist Recognition Taskforce which was established in 2019 to oversee the joint college application to the Medical Board of Australia for recognition of Rural Generalist Medicine as a specialised field within the specialty of General Practice. The members of the Rural Generalist Recognition Taskforce are representatives from the two GP colleges.

This submission includes a general statement regarding the application for Rural Generalist Medicine as a specialised field within the specialty of General Practice followed by responses to the proposed questions.



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Introduction

Provision of health care for Australia's rural and remote populations is complex. The twin challenges of distance and geography, means that rural and remote communities need doctors who can integrate skills that are traditionally delegated to separate specialties in urban practice.

Rural communities often depend on their doctors integrating the skills of comprehensive General Practice, emergency care and Additional Skills to meet their needs. These Additional Skills include the fields of Emergency Medicine, Mental Health, Addiction Medicine, Paediatrics, Remote Medicine, Aboriginal and Torres Strait Islander Health and Health Administration. These General Practice, Emergency and Additional Skills represent the broad scope of practice of a Rural Generalist.

The Rural Generalist is a high value contribution to the medical workforce. Their scope of practice offers solutions for the current problems of workforce maldistribution, patient upheaval and reliance on temporary workforce that beleaguer rural and remote health care in Australia. The Rural Generalist is specifically trained to work in low resource settings and meet the health needs of rural and remote communities.

The heavy burden of chronic disease in rural and remote communities reflects the poor access people in these regions have to primary health care. To focus the workforce reforms for rural and remote health where they are most needed we first and foremost need to increase the numbers of General Practitioners providing primary health care. Communities also need their health care providers to have Additional Skills, but those skills must be in addition to their primary health care scope and not instead of it. This is what a Rural Generalist provides a community; comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings.

It is important for Rural Generalist medicine to be recognised as a specialised field within the specialty of General Practice as this reinforces the centrality of primary health care in the scope of practice. It is also important that Rural Generalist medicine is recognised as specialised field within the specialty of General Practice because this will clarify the different skill set and training required for expertise in the field of Rural Generalism from those required for standard General Practice.

For clinicians, recognition of Rural Generalism as a specialised field of practice will provide clear and public recognition of their scope of practice. It will signal to the incoming generation of doctors that there is value and prestige in becoming a Rural Generalist. For rural communities, it provides transparent and rigorous public accountability for the skills and qualifications of their doctors.



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Context

The National Rural Generalist Pathway (the Pathway) implementation follows the Commissioner's presentation of the [Advice to the NRHC on a national rural generalist pathway](#) (the Advice) and its 19 recommendations to the then Minister for Regional Services, Decentralisation and Local Government, Senator the Hon Bridget McKenzie (the Minister), in October 2018.

The Advice to the NRHC on the design and development of a national Rural Generalist pathway articulated what Rural Generalism is, why it is needed, why it should be recognised as a distinct specialty, how such doctors can be trained, and how it can be supported and enabled.

The Minister accepted the Advice and all recommendations in November 2018, announcing an initial Commonwealth investment of \$62.2 million in 2019 to begin implementing the National Rural Generalist Pathway. This included provision of funding for Recommendation 6 to prepare the joint application for national recognition of Rural Generalist medicine as a specialised field of practice.

We have seen the application for recognition of Rural Generalist Medicine progress to the final stage of assessment by the Medical Board of Australia. This is an exciting step forward in the recognition of the scope and breadth of Rural Generalist Medicine, given Rural Generalists with Additional Skills, provide invaluable contributions to rural and remote communities across Australia.

Response to Consultation Questions

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

Yes, the claim has been well stated.

Title recognition will provide a national process for recognising and supporting existing practitioners and by extension recognition of the Pathway will alleviate the inconsistency across jurisdictions in support of the Pathway for training this workforce.

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, the positive consequences of recognition have been well stated.

Structured yet flexible Rural Generalist training pathways create a rural-ready medical workforce to meet the health needs of rural Australia. This is well recognised and



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strongly supported by the Commonwealth Government as evidenced by the Stronger Rural Health Strategy, and the 2019 rollout of the abovementioned National Rural Generalist Pathway. Rural and remote communities need Rural Generalists. Australia needs a workforce that wants to work in rural and remote communities and is specifically equipped to do so. National recognition of Rural Generalist Medicine is a key component to growing this workforce and will:

- enable health service quality and safety and employment systems to consistently recognise and understand these doctors' capacity and appropriately utilise their skills
- simplify the processes for training, employment and hospital credentialing for RG doctors (which are currently complex and onerous due to lack of coordination)
- enable rural patients and communities to better understand the training, qualifications and capacity of their doctors
- provide a mechanism for Rural Generalists and their skillsets to be counted in rural workforce and resource planning
- make it easier to promote rural careers as Rural Generalists to the next generation

Additionally, it is likely that national and jurisdictional recognition of the Rural Generalist and a growing cohort of doctors with the Rural Generalist skill-set will influence new and sustainable models of rural medical care which are tailored to meet rural and remote community needs.

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, they have been clearly stated.

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

Yes, particular focus on increasing access to high quality care for underserved rural and remote communities by formally recognising current and emerging highly skilled Rural Generalists is an essential component to addressing the current health inequities experienced in rural and remote Australia.

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?**



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The ability to access appropriate care, when it is needed, is key in effective disease prevention, management of chronic disease and in improving health outcomes. The risk to patient health outcomes increases when access to the right care, at the right time, is compromised. Where there are access and system barriers, the risk unfairly shifts to the patient and adverse outcomes are more likely to occur.

Rural and remote communities face two major obstacles in accessing comprehensive healthcare – distance and population size. The smaller scale of rural and remote towns and some regional centres means that permanent teams of specialist healthcare providers offering a full range of the required specialities are neither viable nor sustainable.

Geographical dispersal means that residents of these communities are frequently required to travel long distances to larger regional centres to access the healthcare they require, often facing long patient waiting lists, lost productivity and incurring travel and accommodation costs with limited local follow-up. This causes upheaval and disruption not only to individuals and their families, but also to their employers and communities.

Rural and remote communities are calling for services led by, and constructed around, locally based Rural Generalists supported, when necessary, through telehealth services and visiting specialists. For continuity and sustainability, the principle responsibility for care and leadership needs to be locally led and remain with Rural Generalists rather than with distant specialists. This continuity of care is a major contribution that Rural Generalists can make to safety and quality of service provision in rural and remote communities. By providing both primary care in General Practice and emergency care and Additional Skills in hospital and community settings, Rural Generalists link together community and hospital health care. Consumers build trust in the resident broad scope of practice doctor and the doctor builds deep knowledge of their patients histories and psychosocial situation.

Rural Generalists are trained to deliver an extended scope of services in a rural or remote clinical context. For people who live in places isolated from city-based resources this scope is critical to providing them with safe, high-quality care. Many of these services are especially important to patients without the social, physical or financial capacity to travel to cities for care, such as the socioeconomically disadvantaged, the aged or people with disabilities.

In essence the Rural Generalist training is geared toward delivering high quality, accessible, equitable care to rural and remote communities, these include:



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- a. Ensuring patient safety and practice standards are at optimal levels in their practice context; and to maintain and enhance individual skills and knowledge through a robust continuing education program.
- b. Providing high quality, culturally safe, community and population based General Practice. This may occur in accredited General Practices, Aboriginal Medical Services or equivalent accredited health services in rural communities, and include the use of telemedicine, critical enquiry and research, and the training of registrars and students.
- c. Providing emergency/trauma services at the local rural hospital and/or health-care facility/practice.
- d. Providing in-patient care for a wide range of patients, and to organise retrieval/referral as appropriate.
- e. Working in teams, including through telehealth and multi-town network models, to provide healthcare and health service leadership, quality improvement, and advocacy for their rural communities.
- f. Providing after-hours services for rural and remote communities.
- g. Adapting practise where there is no or limited access to local specialists. This includes the development of advanced leadership, coordination and decision-making skills particularly in relation to health systems and emergency patient management.
- h. Providing a range of Additional Skills that reflects the needs of the diverse rural communities they serve.

Rural Generalists broaden the range of locally available medical services for rural Australians. This helps these communities to access the right care, in the right place, at the right time, as close to home as possible. Because of their combination of skills in primary health care and one or more Additional Skills, such as obstetrics, emergency medicine, mental health and anaesthetics, Rural Generalists are an invaluable contribution to health care in rural and remote communities across Australia.

When a health system is developed with Rural Generalist models of care (incorporating the principles of Rural Generalism) Rural Generalists Additional Skills are responsive to the specific needs of the communities they serve. This adds value to that local health system. Within these models of care and applying the principles of community control, local health services, Rural Generalists and the communities, co-design and determine the range of services required to address the needs of local people and families.

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?**



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At the heart of the Pathway and recognition of Rural Generalist Medicine is the premise that a rural and remote health “grow your own” training system that embraces Aboriginal and Torres Strait Islander understandings of health, healthcare and decision-making; is continuous and integrated; and overcomes the disadvantage rural and remote communities face in accessing healthcare.

A core skill (and training) of the Rural Generalist is to provide high quality culturally safe community and population based General Practice.

Training to become a Rural Generalist includes structured mentorship and tailoring of training for trainees, including Aboriginal and Torres Strait Islander people to ensure a cohort of doctors is graduated that is culturally aware, meets the needs of communities including Aboriginal and Torres Strait Islander people and prioritises Aboriginal and Torres Strait Islander self-determination and decision-making in health care.

Rural Generalists and their supervisors are trained to have an appropriate understanding of the culture of rural communities and the patients they will serve, and be willing and able to critically reflect on their own cultural influences and the impacts the latter might have on the provision of care to their patients.

By formally recognising Rural Generalist Medicine it signals that this workforce and the training they undertake to become deliverers of high quality culturally safe and responsive care to First Nations communities is respected and valued. Rural Generalist Medicine is likely to also attract First Nations medical students to a discipline that is committed to providing a culturally safe training pathway that values First Nations holistic concepts of health, wellbeing and connections to country, community and culture.

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 application for recognition was preceded by a comprehensive national consultation by the National Rural Health Commissioner on behalf of the National Rural Generalist Taskforce in 2018. The consultation included education and training providers (colleges, universities, academics), Commonwealth and jurisdictional governments, Aboriginal and Torres Strait Islander groups, professional bodies, agencies, consumer representatives, clinicians, trainees, medical students and community leaders from across rural and remote Australia. The Taskforce recommendations based on feedback from these groups, and the advice of the over 200 expert stakeholders demonstrates the extensive reach of this consultation and acceptance of the recommendations.

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



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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?

Rural Generalists are first and foremost General Practitioners. There is a long history of what were then called “proceduralist GPs” working side by side with “Non-proceduralist GPs” recognition of Rural Generalists will not create a new skill set. It will recognise an existing skill set and recognise the scope of practice of Rural Generalists.

Rural Generalists are trained to provide the broadest scope of services including primary care in the community, as well to provide care in hospitals; to provide emergency care and care in other medical specialist areas. They are well connected to local and distant medical and other health practitioners in part because they traverse primary, acute and emergency settings and also because they are often the coordinators of the care for their rural and remote patients and communities.

Rural Generalists support services in both local hospitals and primary healthcare facilities to maintain and improve services. The flexibility created by Rural Generalists’ capacity to work across multiple health settings creates viable medical service models for permanent locally based doctors in small and remote communities which may not have the population to support local teams of specialist doctors.

The setting in which Rural Generalist is predominate is in smaller towns without the critical mass to support larger medical specialist teams. Here they provide Additional Skills as part of regional networks of providers. This is coincidentally the zone where mental health services using specialist doctors, nurses and allied health practitioners are most stretched. Increasingly we are seeing the development of Rural Generalist mental health care models in which Rural Generalist doctors with Additional Skills in mental health care, work within Rural Multidisciplinary Health Teams to offer localised mental health care to people in need.

Rural Generalists are also trained in telehealth, retrieval and other systems so that they can work effectively with distant urban specialists and specialised services to fill gaps in their health care skillset.

Rural Generalists and other rural GPs often work together as leaders and as part of primary care teams. Both rural GPs and Rural Generalists are important for a strong primary care system in rural and remote communities.

9. Your views on how the recognition of Rural Generalist Medicine will impact on the following:

- **incentives for General Practitioners to undertake rural practice resulting from additional training requirements**



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Title recognition and by extension recognition of the National Rural Generalist Pathway (NRGP) will alleviate the inconsistency across jurisdictions which sees the Rural Generalist scope of practice highly rewarded in Queensland and drawing less reward in others. Where there is status and financial reward for the Rural Generalist scope of practice more doctors are drawn to Rural Generalism. A national pathway has been established for Rural Generalism but it is more successful where it is clearly linked to status and reward.

Title recognition will:

- provide medical graduates and junior doctors with a nationally recognised endpoint with status equivalent to other training endpoints, and one that can deliver with portability between jurisdictions.
- Enable health services to clearly articulate the skill set they are seeking in recruiting Rural Generalists to work in their community.
- create a more structured credentialing and titling framework which can provide clarity regarding best practice quality and safety for Rural Generalist practice.

Remuneration is a key element in attracting junior doctors into Rural Generalism or rural General Practice. Increased payment for the Additional Skills of Rural Generalists compared with rural General Practitioners skill set will compensate for and incentivise the extra training needed to acquire those skills.

Shifts in market forces are becoming evident, for example as Rural Generalist obstetricians retire and replacements are sought; the going rate for locums with that skill set is climbing. A Rural Generalist with obstetric skills can now command a salaried payment of up to \$3,800 per day of on call work in all jurisdictions. Market levers are being examined to respond. Consideration is being given to recognition of scope of practice of Rural Generalists within the Medicare system and jurisdictional industrial frameworks. Rural Generalists can be paid equivalent rates to their specialist colleagues for obstetric care or anaesthetic care however disparities in payments for delivering the same services in other Additional Skills still exists. Recognition of Rural Generalist Medicine as a specialised field within the specialty of General Practice is likely to assist in addressing the current pay disparities and ensure that there is parity in remuneration for Rural Generalists and non-GP Specialists who undertake similar episodes of care.

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?

Yes, economic impacts have been well identified. Noting that Rural Generalists are a sustainable workforce able to deliver the high-quality care that rural and remote



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communities need. Their ability to work across communities makes them a very cost-effective option in low volume settings.

Concluding remarks

Rural Generalists are currently ‘filling the gap’ in rural and remote areas and delivering specialist treatment in rural and remote communities. The joint application for national recognition of ‘Rural Generalist’ as a specialised field within the specialty of General Practice recognises the dedication and commitment these Rural Generalists give to keeping rural and remote communities healthy by providing local, high quality, care.

Recognition of Rural Generalist Medicine will provide a clearly sign-posted professional goal for medical students considering a rural career. It will address the lesser status of Rural Generalist working under current arrangements and enable the creation of robust industrial frameworks to financially reward the scope of practise. In this way Rural Generalist recognition will contribute to creating a safe, secure, and well supported highway for doctors to the bush and the outback.

Formal recognition will build on the growing body of evidence both in Australia and internationally that Rural Generalist Medicine is a highly viable alternative to the current pattern of maldistribution, patient upheaval, community disruption and reliance on temporary workforce. Recognition will signal the value and importance of the Rural Generalist skillset in the delivery of quality, cost-effective healthcare in rural and remote Australia and will enable access to a range of specialist skills that would likely not be available to them close to home.