

Executive Officer, Medical
Ahpra
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Via: medboardconsultation@ahpra.gov.au

12 December 2023

To whom it may concern,

Re: Consultation on the recognition of Rural Generalist Medicine

The Royal Australasian College of Medical Administrators (RACMA) thanks the Medical Board of Australia (Ahpra) for the opportunity to provide feedback on the *Consultation on the recognition of Rural Generalist Medicine*.

RACMA is the specialist medical college responsible for the education and training of medical practitioners in medical leadership and management roles. RACMA Fellows deliver superior medical administration and leadership across Australasia, which is critical to ensuring high quality, effective and safe management and operation of our health care services.

RACMA considers that the elevation of Rural Generalist Medicine as a new field of specialty in General Practice is essential to providing the high-quality medical care that Australians living in rural and remote areas require. The skills of General Practitioners working in rural and remote health services are unique, and recognition of this expertise as a specialty field simplifies and standardises education and training and scope of practice for these practitioners. It will provide important assurances about the quality and standards of training and expected standards of care for consumers, the community, health services and other specialty groups. Specific Rural Generalist training will likely prove a greater attraction for medical practitioners and provide them with the confidence to take up practice in rural and remote areas.

With regards to the questions raised in the application, RACMA provides the following comments:

1. RACMA agrees that regulatory action to recognise Rural Generalist Medicine as a field of specialty has been substantiated.

RACMA's position supports the need for high-quality medical leadership and management in remote, rural, and regional health services. The importance of specialty-trained medical leaders is key to addressing the unique challenges in these areas.

Rural Generalists who have a skill set that spans both community and hospital practice are important in providing both clinical and non-clinical medical leadership, and specialist Rural Generalists are potential rural and remote medical leaders.

The need for the specialty in terms of filling a void in rural and remote medical leadership is well established, so too is the need for training and ongoing professional work in this space,



which is substantially different to other areas of medical practice. The lack of this specialist recognition has impeded training and workforce programs designed to enhance rural medical care.

Where rural generalists take on senior roles in health service administration, it is critical that the rural generalist undertake formal training in medical leadership and management as stated in RACMA's [Position Statement on Remote, Rural and Regional Medical Leadership by Medical Administrators](#).

RACMA is currently providing specifically designed leadership and management training to Rural Generalists in some jurisdictions and this training can also be extended across Australia to this group of clinical leaders.

2. RACMA agrees that the positive consequences of establishing the new specialty have been well stated.

In addition, recognition of Rural Generalist Medicine as a specialty aligns with RACMA's position, by promoting effective medical leadership and management in remote areas – which comes with unique challenges. This recognition will lead to improved access to high-quality healthcare and better education, training, and research in these regions.

Recognition of the specialty also provides potential for the future development of Rural Generalist Medical Administrators, in line with RACMA's Associate Fellowship and Fellowship qualifications to further build on the profession and continue to enhance practice and service delivery for rural and remote communities.

3. RACMA considers that given the overwhelming need for an appropriately trained rural and remote medical workforce, any perceived risks of recognition are greatly outweighed by the clear benefits.

RACMA's position underscores the challenges faced by rural and remote health services due to the maldistribution of the medical workforce. Recognising Rural Generalist Medicine as a specialty, addresses this and is an important contributor to overcoming this issue.

4. RACMA considers there should be a focus on how specialty-trained Rural Generalists can enhance education, training, research, and clinical care in remote and rural settings.

It is important that RACGP and ACRRM have robust mechanisms to recognise prior learning and experience in existing Rural Generalists who have not completed existing rural generalist training pathways, to assist them to become formally qualified as a specialist Rural Generalist.

As with any specialty there is a need to monitor scope of practice and ensure appropriate training, accreditation and supervision regimes are in place. It is also important that rural generalists work within a strong clinical governance framework such as can be provided by specialist medical administrators. It is important to recognise the isolated nature of some rural practice and therefore the greater need for strong clinical governance.



5. As a new field of specialty, RACMA supports the benefits Rural Generalist Medicine specialists would bring in particular to those who are currently vulnerable from a health care perspective.

There are significant gaps in care that exist for rural and remote communities in Australia which expose them to additional healthcare risks.

Effective healthcare delivery in remote and rural areas directly impacts patient outcomes – and by recognising Rural Generalist Medicine, RACMA agrees that it should be expected to positively affect patient access to care by increasing the expertise and numbers of rural medical practitioners.

As articulated in the application, particular care should be taken to ensure better outcomes for Aboriginal and Torres Strait Islander communities and RACMA supports appropriate focus to ensure that Rural Generalist Medicine specialists can support these communities.

6. As stated above, RACMA acknowledges the importance of addressing the specific health needs of Indigenous communities in remote and rural areas.

Recognising Rural Generalist Medicine should ensure a medical workforce is appropriately prepared to meet specific community needs and cultural considerations.

A Rural Generalist Medicine specialisation therefore has the potential to enhance care for Aboriginal and/or Torres Strait Islander people by providing practitioners with a greater level of expertise in and understanding of providing culturally appropriate care in regional and rural and remote communities.

7. RACMA would consider that the Board should engage with the relevant nursing organisations, as well as rural community advocates and the National Rural Health Alliance to enhance their understanding of the application of this new specialisation.

8. RACMA posits that recognising Rural Generalist Medicine could lead to clearer roles and responsibilities among healthcare providers.

RACMA emphasises the need for effective medical leadership and management in integrating primary, secondary, and tertiary care in rural and remote health services.

In our experience, there currently appears to be little or no understanding by non-GP Specialists, other than those involved in rural generalist training, of the scope of practice of Rural Generalists and their knowledge, skills and abilities. Recognition of the specialty will improve this understanding and therefore improve integration and ultimately care delivery.

In regional areas, there is a real role for rural generalists working with non-GP specialists in community-based specialties such as palliative care, paediatrics, obstetrics, mental health, and recognition of the specialty would enhance this role.



9. RACMA would consider that it is likely that this recognition will provide a greater incentive for rural practice.

Not all GPs working in rural areas want to be rural generalists. In larger rural areas there is more than enough work for GPs, rural generalists, and non-GP generalist specialists. In addition, some Fellowed GPs see the need – once they are working in a rural area – to reskill, utilising the Rural GP Procedural Training Program which offers flexible Advanced Skills Training opportunities.

The opportunity for additional specialist recognition will encourage more doctors to train and practice in the area of rural community and hospital practice, and would not in RACMA's view lead to unnecessary deskilling or restrictions on scope of practice of other practitioners.

10. RACMA believes a Rural Generalist Medicine specialty would improve economic efficiency in the delivery of health services, and importantly will contribute to workforce development and sustainability. RACMA would not consider further analysis to be required.

At face value, an appropriately skilled Rural Generalist workforce will reduce overall costs by improving patient access thereby reducing costs of patient travel and hospital transfers.

A stable rural generalist workforce will further limit costs by reducing the need for locums and by improving continuity of care.

There is the potential of improved productivity by the more efficient use of existing rural and remote health service infrastructure and by reducing demand for already stretched metropolitan health services.

Specialist GPs and Rural Generalists need to be remunerated for the utilisation of their knowledge, skills and abilities, in the same way that non-GP Specialists are remunerated in both salaried practice and private practice. This would recognise the equivalency of the work performed.

Any increase in costs will, in RACMA's view, be offset by reduction in locum costs and better access to care closer to home with better health outcomes for communities.

Closing Comments

As an organisation, RACMA's priority is shaping future health systems for the better and to advance medicine, health services and systems for the public good.

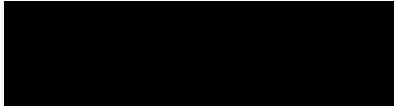
In the College's view, the approval of Rural Generalist Medicine as a new field of specialty practice will improve an arrangement that is broadly delivering a less than optimal health care service to Australians. It will address a critical flaw in our national service delivery and lift the standard of healthcare across the country.

For regional, rural and remote Australians, the effect of this accreditation has the potential to be transformational by lifting the provision and accessibility to specialised care in their home communities. Additionally for Aboriginal and Torres Strait Islander Peoples, the potential improvement to comprehensive and specialised care, including 'on Country', would be incredibly beneficial.

RACMA is pleased to provide this submission to the Board for consideration and welcomes the opportunity to further discuss any matters as required.

RACMA strives to shape future health systems for the better, by managing the complex balance of resources, systems and finances for the betterment of patients. The inclusion of Rural Generalist Medicine as a new field of specialty practice would, in the College's view, contribute to a better-quality health system for all and we wholeheartedly support the application of the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners.

Yours Sincerely



Dr Helen Parsons CSC FRACMA
RACMA President

