

# SARRAH

Services for Australian Rural and Remote Allied Health

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Ahpra  
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## **SARRAH Submission: Medical Board of Australia consultation on recognising Rural Generalist Medicine under the Health Practitioner Regulation National Law**

Thank you for the opportunity to contribute to the Medical Board of Australia consultation on the joint application from the Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australian College of General Practitioners (RACGP) proposing that Rural Generalist Medicine be recognised under the Health Practitioner Regulation National Law.

**Services for Australian Rural and Remote Allied Health (SARRAH)** is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

As SARRAH members include allied health professionals working across regional, rural and remote Australia and provide primary health care (as well as a range of other services) to these communities.

### **SARRAHs position:**

- a) SARRAH welcomes and strongly supports the joint application by ACCRM and the RACGP for Rural Generalist Medicine to be recognised under the Health Practitioner Regulation National Law.
- b) The development and professional recognition of medical rural generalism (as described in the Application) is a positive step in facilitating better and much needed access to vital

health care services across rural and remote Australia, where such services and the workforce to deliver them and high demand.

- Further, improving the structures and mechanisms to support development and distribution of the rural medical general practice workforce will assist in promoting team-based, multidisciplinary health care, including the allied health, nursing and other health professional workforces.
- The application is entirely consistent with broader service and policy imperatives such as are currently being considered through the [Unleashing the Potential of our Health Workforce – Scope of Practice Review](#) and the [Working Better for Medicare \(workforce distribution\) Review](#).
- With regard to the evolution and development of the rural generalist workforce in allied health (and possibly nursing), SARRAH notes quite different issues are involved and that, pending further development, the allied health professions may seek to protect the title “allied health rural generalist” or similar. The move toward the protected title for medical rural generalists should therefore not preclude other professions using the term.

## Discussion

The consultation paper notes Ahpra must take account of *How recognition of the proposed new field of specialty practice will advance the objectives of the National Registration and Accreditation Scheme*. The overarching goal of the National Registration and Accreditation Scheme (the National Scheme) is to protect the public.

As noted in the [Guide to the National Registration and Accreditation Scheme](#) (NRAS) for health professions and in describing the origins of the NRAS the [Productivity Commission’s Health Workforce](#) report *recommended that there be a single national registration and accreditation scheme, to ensure that the Australian health workforce is more responsive and flexible to deal with workforce challenges in the future.*

The objectives are further set out on page 3 of the [Guide to the NRAS](#) (with highlighting added by SARRAH):

*Under the National Law, the objectives of the NRAS are:*

- *to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered*
- *to **facilitate workforce mobility across Australia** by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction*
- *to facilitate the provision of high quality education and training of health practitioners*
- *to facilitate the rigorous and responsive assessment of overseas-trained health practitioners*
- ***to facilitate access to services provided by health practitioners in accordance with the public interest***
- *to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

SARRAH asserts, in line with the objectives of the NRAS, it is imperative that regulation support the distribution of health professionals so that Australians can access health services. Not enabling the development and distribution of safe workforce models to groups of the Australian population who have difficulty accessing adequate health services (to protect their health or as comparable with those available to other Australians) is inconsistent with the purpose and requirements of the NRAS.

The responsibilities inherent in the NRAS are consistent with a proactive approach to facilitating access to health professionals and services where people are unable to or face significant barriers in accessing those services.

- The proposal put by ACCRM and the RACGP for recognition of Rural Generalist Medicine as a new field of specialty practice aligns with the purpose of the NRAS and the policy intention that underpinned its establishment.

Further, in forming our position, SARRAH has taken account of:

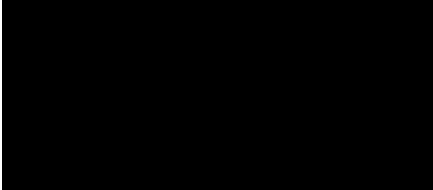
- Advice that Ahpra must take account of whether *regulation in the form of recognition of the field of specialty practice addresses service delivery, and quality of healthcare in Australia.*
- *The colleges (ACCRM and RACGP) confirm that they do not have the same scope of practice and Rural Generalists are specifically trained to work in areas of pervasive workforce shortage.* (page 10)
- Re: *Other health practitioners (non-medical) that: Although difficult to quantify, overall, it is not expected that there will be significant impacts on other health practitioners* (page 10).
  - SARRAH believes the priority in determining this application be that people living in rural and remote communities should have access to safe, quality and timely health care.
  - The provision of medical health care, especially general practice, is not currently available to a large number of communities. This is also the situation for allied health services, which are frequently in very short supply and more difficult to access than are medical general practice services. It is vitally important that action is taken to support the provision of genuine multidisciplinary health care.
  - GPs are generally the gatekeepers for access to MBS subsidised services, including those provided by allied health professionals. The availability of rural general practitioners (which this proposal aims to promote) is essential, under current MBS requirements, to enable people who need mental health, chronic disease management and other therapeutic services from allied health practitioners to access it. Having well-supported, rurally-based GPs who understand the roles of and work with other health professionals to deliver quality health care is crucial to improving health and wellbeing in rural and remote Australia.

SARRAH does not consider recognition of Rural Generalist Medicine will lead to the *unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.*

In practice, improving the distribution of medical general practitioners across rural and remote Australia – coupled with the potential process and regulatory improvements coming from substantive policy reviews and reform and further workforce distribution efforts – will improve the capacity for all health practitioners to practice more effectively in collaborative models of care and to a fuller scope of practice than is possible at present given maldistribution and other systemic constraints.

If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at [REDACTED]

Yours Sincerely

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Cath Maloney  
Chief Executive Officer