

22nd November 2023

Dear Whom it may concern,

RE: Consultation on the recognition of Rural Generalist Medicine

My name is Nichole Harch, and I am a rural generalist working in [REDACTED]. I am fortunate enough to work in a primary care setting along with at my local hospital, and utilise advance specialist training in the field of mental health. I love my career and consider myself incredibly fortunate to have found my place in medicine. I grew up in small rural towns in [REDACTED], and the value of rural generalist for my communities is unmeasurable. I strongly recommend that there is national recognition of rural generalist medicine as a speciality and would like to put forward my views in the general questions asked under the public consultation.

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

Yes

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 include the appropriate remuneration and increased recruitment of rural generalist, thereby increasing the rural workforce. This has proven to occur in Queensland, where senior medical officers working in rural and remote settings are able to be remunerated in a way comparable to their city specialist counterparts. This has improved the recruitment and retention of staff. National recognition would ensure that other states would be able to offer similar. Rural communities value their doctors, yet currently the financial compensation does not show this value, and instead shows favouritism to metropolitan medical officers.

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?*

The negative consequences have been stated. There are no additional consequences to be considered.

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

The focus of AMC assessment of application should be around ensuring equality of health care to rural residents and ensuring high quality generalist care that is needed. Australia has geographical complexity that most other nations do not, and should be considered world leading in ensuring there are no disadvantages in the care that the rural population receives.

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?

I have advanced specialist training in mental health, and I provide an on-the-ground psychiatric clinic with the support of a community mental health team and telehealth psychiatrist. I believe that the service that these consumers receive is improved by having someone face to face that they can consult with at times when they are incredibly vulnerable. These consultations are able to be more nuanced with increased non-verbal communication and the ability to follow up in the community with their chosen support. My rural generalist colleagues with procedural skills are able to prevent travel away from home and family supports by providing birthing services in town and follow these patients up closely, as well as provide expert opinions that consider the rural context and our resources. We recently had the opportunity to train one of our registrars in palliative care medicine at our closest regional centre, and she has brought her skills back to our rural town to implement and assist for those to have a dignified end of life in line with their own choices.

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?

Providing culturally appropriate care to Aboriginal and Torres Strait Islander people is improved by the field of rural generalism, as deeper relationships and connections with the town are able to be established and location-specific cultural norms can be understood and the impact on healthcare better understood.

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)

No

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?

I find that there can be a misunderstanding at times on the scope of medicine that a generalist can provide and would hope that recognition will assist with the clarification. Rural generalist work in conjunction with all specialists including general practitioners and many work in primary care, which should ensure that there is no conflict with non-rural generalist general practitioners.

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.

I believe that the recognition of rural generalism will incentivise students and junior doctors to practice rural medicine- quite simply you can not be what you can not see. Rural generalist medicine should in no way deskill or restrict those who otherwise are practicing in rural areas, as there is more than enough work to go around! (PS- feel free to send any health practitioners out to [REDACTED] if they want more work).

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?

Nil further analysis is needed.

I thank you for your review of my submission.

Sincerely,

Dr Nichole Harch

MBBS, FACRRM