

Dr Veronica Moule



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Submission for recognition of Rural generalism as a specialty of general practice

To whom it may concern

I am a rural GP, who has worked in my community for 25year (MMM4) providing care in general practice, obstetrics, emergency medicine in our local urgent care centre, acute inpatient care, and nursing home care.

I am a supervisor of GP registrars and medical students, supporting the next generation of doctors to be broad and inclusive in their aspirations for their future careers.



I have a strong commitment to both my general practice and hospital work, with FIFO remote locum jobs as a rural generalist with special skills in obstetrics.

The application processes for credentialling in other services is substantial. Reducing the burden of this with a defined title of rural generalist is very attractive.

Students and registrars do look for defined pathways when considering their future careers. Using the example of obstetrics, working in a large centre where consultant support is on site is excellent for initial skill development, but can be a barrier to stepping further afield as the person with primary responsibility and limited support. Consolidating skills in a rural and remote area can be challenging. Receiving guidance, support and mentorship from established rural GP Obstetrician is vital.

We are facing a crisis in the future workforce of rural doctors with obstetric skills.

Recognition of rural generalism, as a defined pathway to aspire towards, will be beneficial to the next generation of doctors. It gives a vision of opportunities available, and a pathway that is clearly recognised.

Working in a rural community, there is a mix of general practitioners with and without advanced skills. We all work together as a team, some in the hospital more than others, but all working together for the healthcare of our community.

I endorse the submission for recognition of rural generalism as a specialty of general practice.

Yours sincerely,

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