

Executive Officer, Medical
Ahpra
GPO Box 9958
Melbourne. 3001

12 December 2023

Dear Consultation Team,

Re: Consultation on the recognition of Rural Generalist Medicine

Monash University supports the application to recognise Rural Generalist Medicine as a specialty within General Practice. We are grateful for the opportunity to make a submission in response to selected general questions posed in the MBA and Ahpra 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, the claim is substantiated. Rural generalists will have a uniform, consistent, nationally recognised and distinctive scope of practice to fill the healthcare gap created by the lack of other non-GP specialists in rural and remote areas. As a result of recognition, Rural Generalist Medicine will receive greater consideration in policy and planning decisions.

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?

A number of our medical students are showing greater interest in Rural Generalist Medicine. The Medical Deans of Australia and New Zealand Medical School Outcome Database (MSOD) Report 2023, shows rural generalism is a growing preference for domestic graduates, current ranked the eight most preferred specialty.

The recognition of the specialty of Rural Generalist Medicine removes existing barriers to recruitment and creates a driver for medical students and junior doctors to see working in rural and remote healthcare as an attractive career choice. Such recognition presents the opportunity for medical schools to incorporate rural medicine as a discipline within the curriculum more explicitly.

In addition to reducing costs and locums, rural generalists have enormous potential to reduce the demand for Fly In-Fly Out clinicians and increase continuity of care in communities.

Rural generalists have broad skills and can work well with GP and nurse practitioners to provide a network of supervision for junior clinicians in rural areas.

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?

We do not see any significant negative impacts associated with recognition. Once specialty recognition is granted, Rural Generalists working in rural hospitals will come under the applicable AMA State EBA, so costs may increase for rural public hospitals. However, given the medical workforce shortages in rural and remote areas around, the benefits of timely access to health should outweigh the increased costs. The recruitment and retention of Rural Generalists may reduce somewhat the costs to rural hospitals who often currently spend a large amount of money on locums to provide health services to their communities. In our view supply is the bigger issue as we cannot foresee enough non-GP specialists available or committed to service rural areas. The market (demand & availability) will decide who the rural service will employ in an isolated, low resource environment and low population base.

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

An issue that should be considered in the AMC assessment is the process by which GPs can obtain specialist registration in Rural Generalist Medicine. What are the barriers and enablers? How transparent is the process?

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?

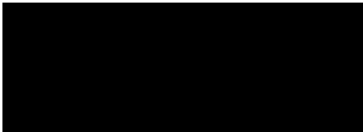
The impacts for patients and consumers have been considered in the application – addressed in terms of timely access to healthcare locally in rural and remote communities and possible increases in costs. The recognition of Rural Generalist Medicine as a specialty primarily brings with it the regulatory protection of the community from unauthorized use of the specialist title.

The scope of practice of rural generalism, in particular some obstetric, anaesthetic and other services, may allow Indigenous people and others in remote communities to stay on Country for childbirth and a range of other medical services.

We are unaware of any unintended impacts.

We thank the MBA and Ahpra for their work in assessing the application to recognise Rural Generalist Medicine as a specialty within General Practice.

Yours faithfully,



Professor Shane Bullock
Head of School
Monash Rural Health