From: Bament, Jason (Health)
To: medboardconsultation
Subject: Consultation on the recognition of Rural Generalist Medicine.
Date: Wednesday, 8 November 2023 1:42:42 PM

OFFICIAL

Dear AHPRA,

I write in response for an invitation to provide feedback on the question: "Why should rural generalists in Australia be recognised as specialists?"

As you can see from my signature and qualifications, I am a Rural Generalist in Emergency and Anaesthetics with extensive post graduate training and qualifications. I have also been extensively involved in building Rural Generalist clinical workforce models in [redacted]. I personally maintain annual CPD for [redacted]

Rural Generalists are clearly and easily distinguishable from General Practitioners in their post graduate qualifications and training to provide specialist level Hospital based services.

Firstly, I fully support the joint RACGP/ACRRM submission to the AMC on rural generalist practice as a recognised specialty with a defined scope of clinical practice within the specialty of general practice.

As you would be aware, skilled senior rurally based medical workforces are in crisis across rural and regional Australia contributing to worse overall health outcomes for these populations. The continued under recognition and under valuation of Rural Generalists impacts on future efforts to address this as well as attract a pipeline of trainees to specialise in the field of Rural Generalism.

There are 3 main ways a Rural Generalists can be employed within Local Health Networks:

1. Entirely salaried within a rural/regional Hospital network (as I am)- this will entail the Rural Generalist working across 1 or often 2 specialty areas with a defined scope of practice. The advantages of Rural Generalists employed in this way are numerous and include flexibility to work in multiple Departments with lower resources than metro; as well as an acute awareness and familiarity with the entire patient treatment journey.
2. Part time Primary Care and part time salaried Hospital based Rural Generalist Specialist working in a specialty with a defined scope of practice.
3. Principally working in Primary Care with Sessional employment as a Rural Generalist specialist within a Hospital based specialty.

The delays in achieving official recognition of rural generalism as a specialty has also had a flow on effect of State based Health systems being reluctant to establish fair, consistent and transparent industrial enterprise bargaining arrangements (EBAs) with Rural Generalist

specialists. This has led to a confusing and inequitable array of renumeration and employment conditions, often within the same Local Health Networks.

An effective and sufficiently resourced Rural Generalist specialist workforce offers a cost effective and efficient model for staffing rural and regional areas:

- Providing training and supervision for Rural Generalist trainees to effectively develop a pipeline of future rural specialists.
- Reducing need for patient transfers to an overburdened Tertiary metro Hospital system through building greater capacity for local management.
- Increased familiarity with the entire patient journey in rural and regional environments and how to best integrate both Hospital and Primary Care/Community resources and treatments into this care.
- Rural Generalist specialists are already obliged to meet extensive post graduate training as well as continuing professional development requirements in their fields giving assurance of meeting high standards of expertise and care.

I strongly believe official recognition of Rural Generalism as a specialty is urgently needed and essential as a catalyst for improving the health outcomes for patients and populations in rural and regional areas of Australia.

I would welcome any invitation for further comment and involvement in this discussion and process.

Kind regards,

Jason Bament

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