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Background

[redacted]

Herewith my submission for consideration.

Why should rural generalists in Australia be recognised as "Specialists" by governments including their regulatory authorities in AHPRA, the AMC, and other Colleges?

- **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.
- The word "specialist" is seemingly at odds with the word rural generalist. However, in this context and discussion, "specialist" implies expertise in a field of medicine. Sadly, general practitioner rural generalists, although experts in their chosen field of practice, are not considered "specialists" by governments as it applies to health policy. Their importance in improving the health of rural peoples and in maintaining their communities is simply not recognised. Rural communities are, by the nature of the current system, disadvantaged and less resourced than city folk and the current policy denies to rural generalists the relative value, remuneration, respect, and authority given to other specialties who, in the main, are distributed in metropolitan and larger urban centres and are, frankly, often oversubscribed on any measure in comparison to the relative need of rural, remote and, in particular, Aboriginal communities. The loss of rural generalists in country towns has been demonstrated to have a serious negative and a domino effect on the local workforce with the ultimate demise of place based local critical services including obstetrics and critical care and an increased safety risk to the community.

So, the need for recognition and change from the status quo regarding rural generalist practice (and general practice overall) is obvious. The current government policy in the past has clearly been a flawed approach in the same way that indigenous policy has been flawed. It is at odds with the beliefs of many Australians including the current government particularly with respect to fairness and equity. There is a clear view on the need to listen, respect and to reflect. The vital importance of rural generalist practice in maintaining good health and well-being for so many Australians needs to be recognised immediately noting that rural generalists have at least equal value to other medical practitioners including emergency physicians, cardiologists, anaesthetists or surgical subspecialists. These specialities have significant influence power with respect to policy, for example and workforce planning definitely needs reform.

The evidence is there to prove that rural generalist practice is safe, cost efficient, fair, more equitable and reduces the burden of illness and death in rural remote and indigenous communities and, importantly, **reduces costs from unnecessary tertiary hospital presentations and the need for many unnecessary "specialist" appointments which has many social, economic and reputational advantages.**

Few other "specialties" can claim this.

- Recognition of rural doctors as equivalent or equal to a "specialist" will undoubtedly **assist in improving the recruitment and retention of rural generalist doctors** by raising the profile importance and reputation of rural practitioners particularly in governments, state jurisdictions, universities and major hospitals and amongst junior doctors and our Fellows. This is an urgent need and has certainly been a focus for all governments.The improvement in recruitment has seemingly already started with the introduction and promotion of the National Rural Generalist Pathway where there has been a significant numbers of applicants to the program for 2024 attracted through both primary colleges.
- Rural generalists are **good value for money e**ven if they were paid at specialist levels in terms of future investment and relative value. There is a host of clinical and economic examples for recognising and promoting rural generalist practice as important as specialist practice because rural generalists can:
    - **Reduce admissions** by treating early at the same level of expertise and knowledge as a specialist for more than 90% of presentations. Country hospital teams demonstrate this simple fact on a daily basis. Removing or losing the rural generalist team has a dire effect on communities.
    - **Provide the same level of care as other specialties in hospital without the need for transfer or referral to outpatients.** This means that a single practitioner, (usually working in close consultation with consultants/specialists) can have clinical scope that includes general medicine, critical care, emergency medicine, paediatrics, obstetrics, surgery, anaesthetics, orthopaedics, public health, and administration. The savings on referrals to specialists and the improved access to timely care for country patients including reduced social costs such as loss of work and cost of travel to major centres must be significant.
    - **Recruit and support local high school students** to rural practice through a vertical program of training and mentorship
    - **Allow country hospitals to function efficiently and sustainably** without the need for additional specialists on the roster. Specialists on call would be a very expensive option given they can only cover their area of expertise needing additional staff for safe rosters and they are not able to safely and clinically provide cover for all the areas of medicine in the hospital.

- Rural generalists have **training programs and quality assurance systems in place i**n both Colleges that are as good, if not better, than many medical specialties and this should be properly recognised and their clinical practice should be recognised and remunerated accordingly.
- **Australia is a world leader in rural generalism** and this should also be recognised in terms of their professional status. Rural generalists are not less “special” than “specialists”.
- In summary, there is a clear **need for the Rural Generalist under RACGP or ACRRM Fellowship to be considered a protected title based around a specific scope of clinical practice.** This has many benefits to the community and will assist planning of systems at state and national level to address gaps in services through addressing maldistribution and other workforce and health system issues.

Dr Neil Beaton 24/10/23