



From the President

7 June 2021

Dr Sarah Chalmers
President ACRRM

Dr Karen Price
President RACGP

Via email: recognitiontaskforce@acrrm.org.au

Dear Dr Chalmers and Dr Price

Rural Generalist Medicine joint application for recognition as a specialist field within general practice

Thank you for your letter 15 December 2020, and the opportunity to provide consultation feedback to the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australasian College of General Practitioners (RACGP) on the proposed joint application for recognition of Rural Generalist Medicine as a specialist field within general practice.

Rural generalists make significant contributions to rural and remote medicine while recognising the scope of practice for Rural Generalists vary between regions and states/territories. Rural generalists support the provision of services in rural clinics and hospitals to some of our most underserved areas where attraction and retention of a health workforce is most challenging. We welcome initiatives that address community need and promote equitable access to high quality healthcare for rural and remote populations and commend ACCRM and RACGP's partnership and leadership in rural and remote health workforce development.

In formation of the RACP's feedback about the joint application, we have consulted with membership of RACP committees involved in local workforce matters, medical education, health policy and advocacy, Indigenous health, general and acute care medicine and general paediatrics. We have also consulted with our Consumer Advisory Group. Members considered the implications that recognition of Rural Generalist Medicine as a specialist field within general practice would have on consumers, rural and remote communities, the RACP and the wider healthcare sector. Overall, while there was general support and acknowledgement that the proposal would improve rural and remote medicine career pathways and workforce development, the RACP would like further consideration and detail about some of the broader impacts before determining unreserved support for the proposal.

Outlined below are some matters for consideration we identified through our consultation. We would be happy to discuss these matters further with the Recognition Taskforce.

1. Further definition of the proposed rural generalist competencies, scope of practice and intersections with other medical professions

The two definitions provided in the consultation papers for a rural generalist leave some room for interpretation:

“A Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.” (page 2, underline added)

“Rural generalists (RGs) are trained to deliver the fullest scope of services they safely can in a rural or remote clinical context either independently or as part of a healthcare team.” (page 4, underline added)

We understand the need for the individual practitioner's scope of practice to flex in response to local contexts however, in terms of assessing broader health workforce implications, it is important to have more specificity in terms of the expected competencies and likely scopes of work. In particular, we would like further information about how rural generalists' scope of work relates to those of general physicians and general paediatricians.

2. Detail about how rural generalists will work with other healthcare professionals

Leading on from item two above, we would value more discussion about how increasing the recognition (and purportedly number) of rural generalists will impact existing models of care, affect the composition of healthcare teams and the implications for the existing rural health workforce. For example, how will rural generalists work with a patient's usual GP and rurally located general physicians and paediatricians? Considering the potentially substantial overlap of skills within healthcare teams that may include a rural generalist and a physician/paediatrician/emergency physician, how will an appropriate degree of skill redundancy be maintained to ensure care is provided effectively?

In some rural locales, general physicians provide on-call hospital cover as well as public and private specialist general medical care in inpatient and outpatient settings. Reducing the service opportunities for general physicians may decrease the viability and attractiveness of rural practice and unintentionally reduce the availability of consultant physician level care in rural areas. Better outlining the models of care between general physicians/paediatricians and rural generalists will aid attraction, development and retention of each of these specialty workforces in rural areas.

3. Resourcing for training and education

Rural physicians play a key role in the work-based training and supervision of rural generalists. Increasing the number of rural generalist trainees will require concomitant increased capacity for supervision and education.

Rural generalist trainees are likely to have clinical training experience requirements in common with basic physician trainees and general medicine/paediatrics advanced trainees. An increase in demand for these clinical experiences from rural generalist trainees may reduce opportunities for basic physician trainees and general medicine/paediatrics advanced trainees to undertake rural training experiences.

We would like to see further consideration and discussion of these educational impacts and plans to address them.

4. Potential increase in the cost of healthcare for rural patients

Our Consumer Advisory Group was concerned that promotion of enhanced skills and increased recognition may contribute to a rise in healthcare costs for rural patients. For example, if a general practitioner is qualified as a rural generalist, it is reasonable to speculate that they may charge a higher 'gap' payment fee than a general practitioner. We would like further information about measures to ensure this change will not contribute to an adverse financial effect on consumers.

5. Clarity of specialist titles and fields of specialty practice

Healthcare consumers can find the plethora of medical specialties and specialist titles confusing, especially in the context of navigating a complex health system. The proposed new field of specialty practice and specialist title are notably similar to those currently in use for general medicine:

Field of specialty practice	Specialist title
General Medicine	Specialist general physician
Rural Generalist Medicine	Specialist rural generalist

Noting that the National Law is a regulatory instrument to protect the public through the "protection of title"¹, we would suggest that the title should be sufficiently descriptive of the specialty and distinguishable from other specialist titles to support healthcare consumers to make informed choices. The title 'specialist rural generalist' may not be readily understood by consumers. While we recognise that the term rural generalist has a history, we encourage caution in the selection of this nomenclature and invite further consideration as to how the terminology will be received by and benefit consumers.

Additionally, we invite further comment regarding how general practitioners with advanced skills who are currently referred to as rural generalists will be affected by the protection of the 'specialist rural generalist' title and what recognition pathways will be developed to recognise these competencies.

6. Rural health needs fundamental reform

Both health workforce and health system reform are needed to improve health outcomes for rural Australians. Defining and recognising rural generalist career pathways can contribute to workforce development but there is more that needs to be done to address workforce maldistribution and to achieve fundamental health system change. We

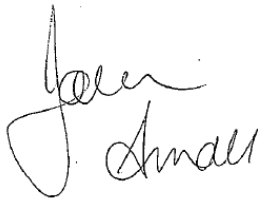
¹ [Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law](#), p2

encourage the Recognition Taskforce to provide more detail about associated recruitment, retention and workforce distribution plans for Rural Generalists and commentary on how achieving recognition will contribute to rural health reform and improved health outcomes for rural communities.

Thank you again for the opportunity to provide comment on this application. We look forward to continued discussion and contributing to our shared goal of improving rural health outcomes through workforce development.

Should you wish to discuss this further, please do not hesitate to contact me via email: President@racp.edu.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jacqueline Small'. The signature is written in a cursive, flowing style.

Dr Jacqueline Small
President-Elect and Acting President