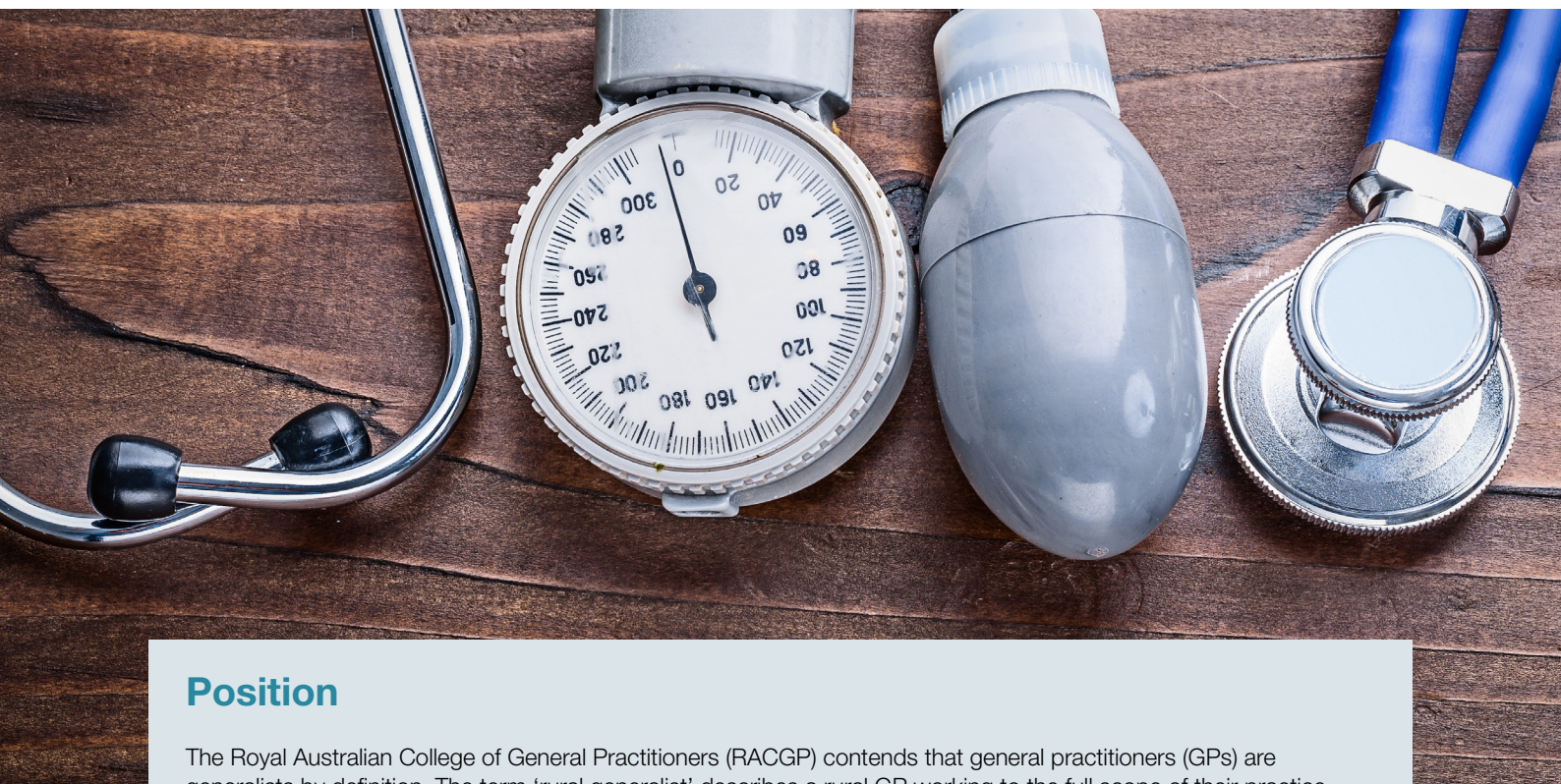


Rural generalism 2020

Position statement – 3 July 2017



Position

The Royal Australian College of General Practitioners (RACGP) contends that general practitioners (GPs) are generalists by definition. The term 'rural generalist' describes a rural GP working to the full scope of their practice with skill sets that are informed by the needs of the community they serve. These skill sets may encompass both advanced procedural and non-procedural skills with an emphasis on emergency medicine.

Background

The RACGP is the key representative body for Australian GPs and represents over 35,000 members working in or towards a career in general practice across urban and rural areas of Australia.

For nearly 60 years the RACGP has led general practice training, including rural general practice training that is contextualised to the specific community it serves. The RACGP's training model incorporates core skills applicable across all general practice contexts and support for skills specific to practice contexts. In a rural context, the unique healthcare needs of, and available infrastructure in the GP's community will inform the skills required. Such skills will include the provision of procedural and non-procedural services, which can occur across primary and secondary healthcare settings.

The RACGP recognises that in many rural and remote communities across Australia, GPs with advanced skill sets provide the only access to ongoing specialist medical services. Examples of these services include emergency medicine, mental health, aged care, Aboriginal and Torres Strait Islander health, palliative care, anaesthesia, surgery and obstetrics.

The term 'rural generalist' has emerged, in large part, from the development of various state-based workforce models that are seeking to address patients' needs in rural communities. However, just as Australia has a variety of jurisdictional health delivery models, it also has disparities in the prevalence and burden of chronic disease across different communities. That which succeeds in one jurisdiction may not work or replicate results in another.

The rural generalist training pathway

The RACGP supports efforts to increase the number of doctors working in rural and remote Australia. It does not support mechanisms that will fragment the rural general practice workforce, or lead to a separately recognised specialty based on location. All initiatives to increase the number of rural doctors, and thus improve access of care, must include general practice skills at their core. As such, training should be delivered through the existing Australian General Practice Training (AGPT) program and the Remote Vocational Training Scheme (RVTS).

The RACGP is of the view that a national rural generalist pathway (NRGP) could enhance and complement the current rural workforce, if the NRGP:

- recognises that rural GPs have a central role in the delivery of healthcare to the community they serve
- recognises that for many rural GPs Fellowship of the RACGP (FRACGP) is sufficient recognition of their competence to provide unsupervised, high-quality, patient-centred rural general practice care
- aligns a rural GP's acquirement of an advanced skill set to the specific needs of their community
- considers the existing different jurisdictional primary healthcare and hospital-based delivery models, and acknowledges that rural general practice or rural generalism is not a one-size-fits-all solution
- agrees upon training endpoints and includes RACGP endpoints such as FRACGP and FRACGP-Fellowship in Advanced Rural General Practice (FARGP), as well as Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). If the endpoint of the NRGP is vocational recognition as a GP, there must be adequate, supported and valued general practice exposure in training. Training must not be only hospital-based
- allows for flexible entry, exit and re-entry points for trainees, and awards all training positions and placements competitively and equitably
- ensures access to training for all general practice registrars who wish to pursue an advanced skill in preparation for rural and remote practice, regardless of their college of preference
- makes training positions available for experienced GPs, and addresses skills maintenance, indemnity and locum support for experienced GPs
- ensures placements are available across the primary and secondary sectors, and across the clinic, hospital and outreach settings.

Conclusion

Doctors in the AGPT program, including those working under state-based rural generalism/rural generalist workforce programs and arrangements, develop their skills and competence to a general practice endpoint. The vocational and professional recognition achieved at the completion of training is that of a specialist GP. These doctors, working in rural and remote communities, in diverse settings and under a variety of remuneration models, are specialist rural GPs.

An NRGP must acknowledge the contribution that quality general practice makes to the healthcare system and its essential and enduring role in supporting rural communities. Any training under an NRGP needs to be transferable across Australia in order to ensure a mobile, community-responsive and multiskilled workforce. The training must include primary care skills as well as advanced procedural and non-procedural skills. Remuneration packages reflecting primary, tertiary and combined practice settings are required for general practice registrars and their supervisors, along with robust support services.

The RACGP will engage in and support the development of an NRGP that equips GPs with a full range of competencies enabling them to deliver patient care closer to home in primary and secondary care contexts.