



Position statement: The role of the Rural Health Commissioner



Endorsed: 31 January 2017

During the 2016 Federal Election campaign, the Government announced that a Rural Health Commissioner would be appointed in order to lead the development of a National Rural Generalist Pathway, and act as a champion for rural health issues.

The RACGP supports the appointment of a Rural Health Commissioner and looks forward to working closely with the Commissioner to enhance rural health outcomes by strengthening support for rural general practice. For over 50 years the RACGP has supported rural GPs to acquire advanced skills (more recently often referred to as ‘rural generalists’) in rural general practice, and has long supported general practice training that reflects the specific and varying needs of rural and remote communities across Australia.

The RACGP has a well-developed training curriculum (coupled with its Fellowship in Advanced Rural General Practice [FARGP]) to support high-quality training. The RACGP’s education model supports training for core skills applicable across all general practice contexts, as well as those skills required in more specific practice contexts. The unique healthcare needs and concerns of the rural GP’s community will inform the skills they practise.

The RACGP also supports the acquisition of training for advanced rural procedural and non-procedural skills in order to acquire abilities and expertise in areas that meet community need.

The RACGP believes the Rural Health Commissioner should:

- be an experienced rural GP with a good understanding of national rural workforce issues
- understand that patient-centred approaches to care can lead to improvements in safety, quality and cost-effectiveness
- understand and promote the benefits that eHealth and telehealth can bring to rural communities
- enjoy bipartisan support to enable effective advocacy for rural populations and the medical workforce that supports them
- champion the cause of rural general practice and encourage participation in the rural health workforce across medical specialties and allied health
- lead strategies to monitor and address workforce maldistribution through strengthened national planning and training policies that ensure doctors are trained to deliver care where it is needed, alongside targeted incentives aligned to addressing workforce and retention barriers in rural and remote communities

- recognise that GPs with advanced procedural and/or non-procedural skills often provide rural and remote communities with the only local specialist medical services
- develop an equitable funding model to support rural patients, with a focus on generalists and training designed to increase access to high-quality primary care in rural communities
- invest in integrated rural GP-led models of care, prioritising skill-specific solutions for the full multidisciplinary team to address service gaps and enable patients to be treated locally
- ensure ongoing investment and support for GPs to acquire and maintain the advanced skills needed by their communities
- progress the establishment of a National Rural Generalist Pathway to form part of a solution to enhance and complement the current rural general practice workforce
- ensure the pathway framework development is led collaboratively by the RACGP and other specialist medical colleges
- promote a balanced framework in setting both definition and scope of practice – rural generalism is rural general practice – ensuring that it includes whole-patient care to whole-of-community care, including aspects of public health and advocacy
- ensure a positive focus on general practice and its essential and enduring role in supporting rural communities, linking patient need and community need with training opportunities to address recruitment and retention aims
- build equal training opportunity measures into the rural generalist framework in order to be inclusive and supportive of the existing rural general practice workforce, and focus on improving access to training for registrars wishing to pursue procedural and non-procedural advanced skills in preparation for rural and remote practice
- work collaboratively with the RACGP and other specialist medical colleges, universities, nursing colleges, allied health bodies and other relevant peak organisations to enhance broad rural health policies and training pathways
- utilise existing rural workforce data, including health productivity commission reports, to inform initial work, eliminating the need for time-intensive new research
- regularly schedule meetings with key sector stakeholders to ensure there is ongoing and continued engagement, advice and information exchange, as well as real-time understanding of rural community needs.