Rural Generalist Medicine

POSITION STATEMENT

College position

The College believes that people living in rural, remote and First Nations communities can and should have access to the highest quality, safe and sustainable healthcare services. This requires a structured, systematic approach to healthcare delivery which acknowledges and reflects the distinctions of the rural and remote clinical context. Rural Generalists are a cornerstone of this approach.

To provide access to quality services in contexts isolated from a full complement of specialist staff and resources requires medical practitioners in situ, assessed and credentialed, ready to assume the high levels of clinical responsibility that this environment demands. This is a distinct, broad and clinically complex scope of medical practice, and these doctors are Rural Generalists.

Rural Generalist qualifications guarantee rural, remote, and First Nations communities that their doctor has the quality skills and aptitudes to meet their local health care needs either personally or through coordinated healthcare teamwork.

This guarantee involves clearly defined, professional recognition, training, credentialing, and maintenance of standards. To build a robust national workforce to meet the heightened responsibilities associated with Rural Generalist practice, these doctors' efforts, skills and commitment, should be named, acknowledged and celebrated.

ACRRM Fellowship training is toward attainment of proficiency for the Rural Generalist Medicine scope of practice.

What is a Rural Generalist

A Rural Generalist has been trained and assessed to be proficient to practice across the Rural Generalist Medicine scope over the course of their career.

ACRRM endorses the definition (below) provided in the Cairns Consensus International Statement on Rural Generalist Medicine. This has been endorsed by representatives of 23 national and international medical organisations and reaffirmed at the third World Summit on Rural Generalism in 2017.

Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- Comprehensive primary care for individuals, families and communities
- Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting
- Emergency care
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues
- A population health approach that is relevant to the community
- Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.

From: Cairns Consensus Statement on Rural Generalist Medicine, 2014 (Clause 7.)

The Cairns Consensus Statement provides a comprehensive description of the scope and nature of Rural Generalist Medicine. The College endorses the Collingrove Agreement definition of a Rural Generalist as consistent with this framework:

"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."

Rural Generalist Medicine defines the best model of medical practice for a clinical context in which patients do not have easy access to a full suite of specialist services and resources. In these contexts, if quality care is to be upheld, the medical practitioner has a heightened level of responsibility to meet community needs. This clinical context is typical of most rural and remote country towns and First Nations communities, and equally applies in a broad range of contexts such as on road- sides, on military front lines, on islands, on ski slopes, at sea, in refugee camps, crisis centres and in prisons.

Rural Generalist practice and professional boundaries

Rural generalism describes a distinct and identified body of core clinical skills, practices and values which provides the foundation for these doctors to responsively meet their diverse local communities' needs.

The body of core clinical skills is defined by a series of generic clinical disciplines and by what is required of the doctor practicing these disciplines in a rural and remote context. It is recognised that the clinical, professional and personal implications of the rural or remote context impact all aspects of practice and the competencies and aptitudes for addressing these are viewed as core to the Rural Generalist scope.

The ACRRM Fellowship curriculum, assessment, training and professional development programs have been designed to describe and uphold the complete clinical scope, practices and values that characterise Rural Generalist practice as described in the diagram above.

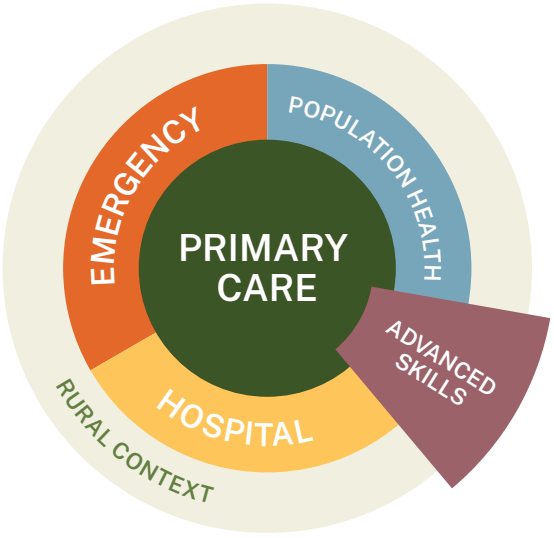

Figure 1 – Rural Generalist Scope of Practice

Elements of the scope of Rural Generalist Medicine are shared across a number of professions and medical professional craft groups, including the care that is provided by general practitioners (who are trained predominantly in community-based primary care roles), hospitalists, emergency physicians, general practitioners with special interests, as well as a range of consultant specialists.

All these groups are important contributors to quality rural and remote care both independently and in collaboration with Rural Generalists. Their contribution however is not a substitute for a strong network of trained and credentialed local Rural Generalists; sustainable, high quality, safe, healthcare delivery in rural and remote clinical contexts requires a network of Rural Generalists.[1]

Why build a Rural Generalist workforce?

The Rural Generalist model of practice can meet the healthcare needs of rural and remote communities efficiently, effectively and sustainably.

Rural Generalism is essential to delivering the safest and highest quality care to rural communities

There are considerable health benefits to offering as much care including advanced and procedural skilled services in the local context as is safely possible. There is extensive evidence that Rural Generalist-led care can provide equivalent or potentially better safety outcomes in areas that might otherwise require referrals to consultant-led care in urban centres, for example in obstetrics[2,3], and neonatology[4]. Rural Generalist care also reflects an integrated model of continuing care that is associated with strong patient satisfaction and preference among rural communities.[5,6]

Conversely, international scoping studies have shown that longer journeys discourage the use of healthcare services.[7] In Australia, this is further indicated by the much lower use of both Pharmaceutical Benefits Scheme and Medicare services recorded by rural people relative to people in major cities.[8]

Extensive literature demonstrates the risks associated with patient travel to access distant health care including a road transport risk which increases with remoteness for people having to access hospital or referred care in urban centres.[10]

The loss of birthing services in rural hospitals in particular diminishes access to quality healthcare and significantly lowers maternal safety. Local services are essential to deal with obstetric emergencies and studies have linked the need for extended travel time to access maternity services to increased rates of mortality and adverse outcomes.[11,12] Canadian studies have found that women with no local access to maternity services have worse maternal and newborn outcomes than women from similar communities with local access to even limited birthing services.[13] United States studies have associated rural obstetrics unit closures with increased out of hospital and pre-term births, births in rural hospitals without obstetrics capacities, and lower prenatal care use.[14]

Reduced health care costs for both governments and patients

Rural Generalists maximise the scope of services available locally. Without local services, the cost burden is transferred from governments to rural patients and their families. These costs include transport, accommodation, childcare, foregone business or employment as well as the personal imposts.

A landmark Ernst and Young study found that even with a dedicated near specialist level remuneration structure (as now exists for Rural Generalists in Northern Territory, Queensland and Western Australia), the development and expansion of this workforce was projected to represent a considerable net cost saving to the health system. Their study found that credentialing general practice trainees to perform procedural skills would produce a return on investment ratio of 1.2 (i.e. the higher wage costs to the health department were more than compensated by expanded procedural rural hospital capacity and the foregone costs of patient transport).[15]

A recent study of a remote First Nations community found the conservatively calculated cost for potentially preventable retrievals matched the maximum cost of providing Rural Generalist staff in situ in accordance with state service provision benchmarks.[16]

Rural generalist model fosters a long-term rural workforce

The Rural Generalist broad and flexible scope model of care is highly attractive to many prospective doctors and is associated with the highest national rates of rural practice and retention.

Rural Generalist careers were ranked as the top preference of 6.2% of surveyed Australian medical graduates. As the only rurally dedicated career option, these graduates are likely to reflect a significant proportion of the 13% of graduates, that indicated their interest in practicing in a rural community.[17]

ACRRM (Rural Generalist) Fellowship is the strongest predictor of long-term rural retention associated with the highest likelihood of practicing in rural communities.[18] Independent annual surveys continue to find around 70% of ACRRM registrars' reporting their interest in practicing rurally five years after Fellowship. This is more than double the national average for general practice registrars.[19]

Rural Generalists are trained to undertake procedural practice to the full extent of their scope as a general practitioner particularly for use in emergency scenarios. The opportunity for general practitioners to be proceduralists is highly valued and is important to attracting and retaining these services for rural and remote communities. Procedural practice is strongly associated with rural retention, and with greater likelihood of general practitioners' practicing in smaller rural communities than those without procedural practice.[20,21]

Rural Generalists are especially important for the most health disadvantaged

Families in remote First Nations communities, and ageing, chronically ill, or economically disadvantaged people living in remote or rural areas are among the groups recording the highest health disadvantage in the country. It is these same people that typically cannot afford trips to cities for specialist care, do not have strong social supports available to sustain them when receiving treatment in the cities, and/or who experience significant cultural stress from being separated from their rural/remote community.[23] Australian and international studies have shown that the observed inverse relationship between distance to care and service utilisation is exacerbated for First Nations people and for those recording lower socioeconomic status.[24] The Rural Generalist workforce is especially important to the healthcare of these people.

Endnotes

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Find out more

If you have any queries relating to this Position Statement, please contact us by:

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.