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Mount Isa Centre for Rural & Remote Health

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Repopulating a skills base for rural medical practice – Rural Generalism.

Background

- *2007: Australian Primary Health Care Research Institute (APHCRI) funded 12 Stream 6 Grants on "Generalism".*
- *Systematic review: To map the historical demise of a rural procedural skills base and potential for repopulating a skills base in rural medicine*

Methodology

Systematic review of peer-reviewed literature:

- To map the historical demise of a rural procedural skills base and potential for repopulating a skills base in rural medicine
- The search terms were selected through topic areas
- Initial searching process reducing some 2400 papers to a final 200 deemed by the group relevant to the topic at hand.

Findings

1. **Decline in 'generalist' specialists over the past 50 years – extreme in rural areas**
2. **Decline in GP proceduralists**
   - Differential rebates- a disincentive to rural procedural practice
   - Rural hospital and maternity services closures
   - Loss of a 'critical mass' necessary to provide procedural services
   - Loss of access to procedural training for GPs/Rural Doctors
   - Indemnity crisis

Evidence supporting RGs

- Rural hospitals are as safe as major secondary and tertiary hospitals
- Investment in primary health care and 'generalist' medical services may be more cost effective, efficient and equitable for rural communities compared with specialist and sub-specialist medical service providers
- Specific training and career pathways for 'rural generalists' has been developed in Queensland.
- Mid-level practitioners like physician assistants, practice nurses and nurse practitioners can extend the reach of medical generalists and specialist services.

Policy Implications

- Expand the clinical teaching capacity of the health system in regional areas
- Establish regionally based mechanisms for vertically integrated training including rural generalist pathways.
- Create opportunities and infrastructure for articulated 'generalist' pathways with clear training and career structure within hospital and community sectors
- Promote recognition of rural and remote medicine as a specific discipline
- Fund education and training initiatives required for safe delegated practice arrangements
- The role of generalists be promoted in policy on hospital role delineation and privileging and credentialing processes
- Funds pooling mechanisms at the regional or district level would support flexible and sustainable health care models in rural and remote communities that bridge the primary care and hospital care continuum. This could support more generalist training for rural practice.
- Fund trials of mid-level practitioners in both autonomous practice roles as well as delegated practice arrangements with doctors to enhance the viability and sustainability of rural and remote medical generalist workforce
- Indemnity costs have become a barrier to rural Models of care need to incorporate appropriate address of this issue.
- Explore the integration of other disciplines into generalist primary health care in rural and remote communities, including nursing, medicine, Indigenous

Trends or Changes to the Australian Rural GP Workforce 2002-2007

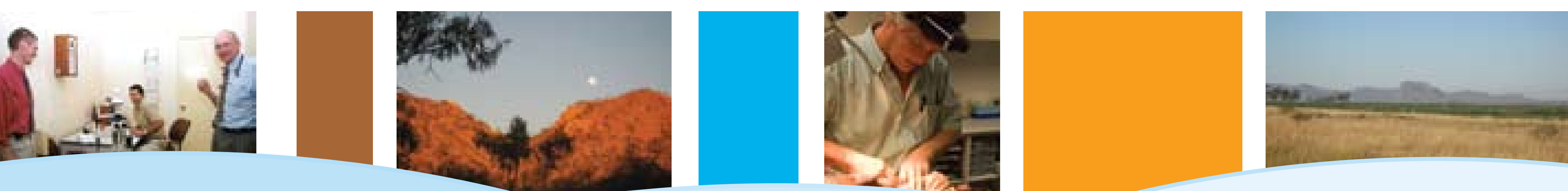
	2002	2003	2004	2005	2006	2007
Total practitioners	3903	4074	4186	4317	4345	4482
Percent female	28.4	29.7	29.7	30.0	30.5	32.2
Percent male	71.6	70.3	70.3	70.0	69.5	67.8
Average age female	42.19	42.6	43.4	43.9	44.3	44.7
Average age male	47.72	48.01	48.6	49.0	49.2	49.5
Average age (all)	46.65	46.44	47.1	47.5	47.7	48.0
Average GP clinical hours	37.67	37.08	36.54	36.2	36.7	36.1
Average total hours	46.65	46.65	43.68	44.1	44.4	44.4
Average length of stay in current practice (years)	8.29	9.15	8.25	8.1	8.27	8.20
*Proceduralists General Anaesthetics	456	435	459	463	445	431
*Proceduralists Obstetrics (Normal delivery)	706	638	657	661	622	599
*Proceduralists Operative surgery	287	287	304	283	275	268
*Known Proceduralists (practising in at least one procedural field)	935	902	933	929	907	896
* Proportion of rural practitioners providing procedural services	24.0	22.1	22.3	21.5	20.9	20.0
Proportion of practitioners providing emergency care services	41.70	46.60	46.85	41.4	49.5	48.5
Proportion of practitioners providing Aboriginal health services	20.50	22.8	19.0	21.4	23.6	23.7
Proportion of GPs working in solo practices	16.6	15.8	15.7	14.5	14.6	12.7
Proportion of GPs working in group practices	83.4	84.2	84.3	85.5	85.4	87.3

Source: Health Workforce Queensland and New South Wales Rural Doctors Network (2008). Medical practice in rural and remote Australia: Combined Rural Workforce Agencies National Minimum Data Set report as at 30th November 2007. Brisbane: HWQ

Future Considerations

- Expansion of geographical spread
  - Hospitalists in NSW
  - RGs in WA
- Expansion of scope
  - Rural Generalist Stream – Emergency Medicine
- Expansion of training
  - Identified RG training facilities
  - Identified RGs within system to act as preceptors

Authors:
Pashen, Dennis R. Director, James Cook University's Mount Isa Centre for Rural and Remote Health, Mount Isa, Queensland, Australia.
White, Col. Data Research Manager, Health Workforce Queensland.
Murray, Richard., Dean, School of Medicine and Dentistry, James Cook University.,
Chater, Bruce., University of Queensland Rural Clinical School.,
Sheedy, Vicki., Australian College of Rural and Remote Medicine/NACCHO.,
de la Rue, Stephanie, MICRRH, Du Rietz, Marnie, ACRRM.



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