



THE EXPANDING ROLE OF GENERALISTS IN RURAL & REMOTE HEALTH

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Background

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





Findings

- **Decline in 'generalist' specialists** over the past 50 years – extreme in rural areas
- **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

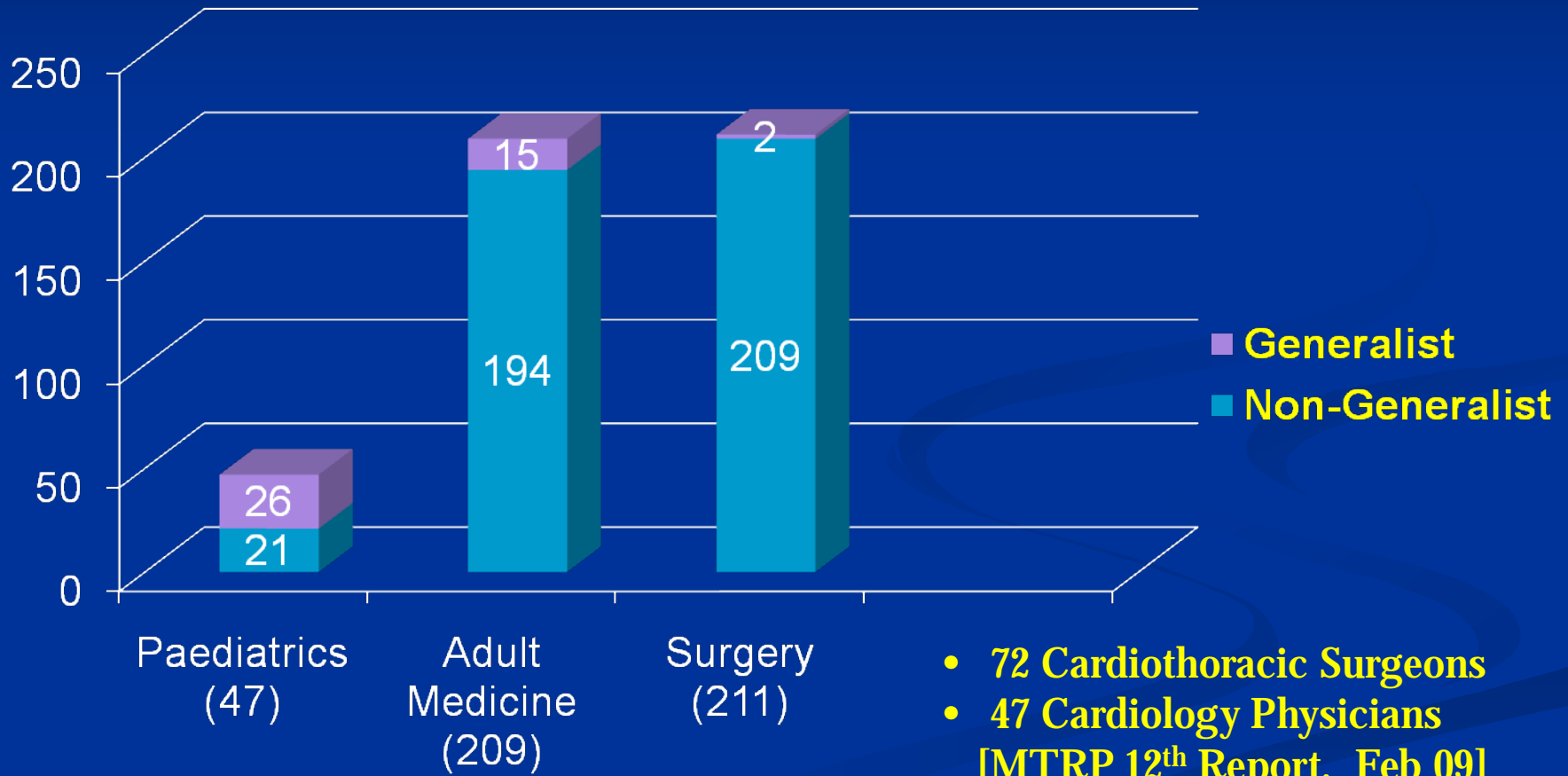


Evidence supporting RGs

- **Specific training and career pathways for ‘rural generalists’ has been implemented in Queensland.**
- **Mid-level practitioners like physician assistants, practice nurses and nurse practitioners can extend the reach of medical generalists and specialist services.**



2007 New College Fellows



- 72 Cardiothoracic Surgeons
 - 47 Cardiology Physicians
- [MTRP 12th Report. Feb 09]



Policy Implications

- **Expand the clinical teaching capacity of the health system in regional areas**
- **Establish regionally based mechanisms for vertically integrated training including generalist pathways.**
- **Create opportunities and infrastructure for articulated 'generalist' pathways with clear training and career structure within hospital and community sectors**



Policy Implications

- **Fund education and training initiatives required for safe delegated practice arrangements**
- **Promote the role of generalists by developing policy of inclusion within hospital role delineation and privileging & credentialing processes**



Policy Implications

- **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.**



Policy Implications

- n **Fund trials of mid-level practitioners**
 - n In autonomous practice
 - n In delegated practice

- n **Enhance the viability and sustainability of rural and remote medical generalist workforce**
 - n Training and ongoing support
 - n Remuneration and professional recognition



Policy Implications

- n Address indemnity costs: -**
 - n Act as a barrier to rural models of care.**
 - n Reduce the effect of metropolitan specialist colleges in creating a “road-block” in rural procedural practice.**
- n Facilitate integration of other disciplines into generalist primary health care, including nursing, medicine, Indigenous Health Workers, Allied Health**





Future Considerations

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

Questions?





APHCRI PUBLICATION

2007–2008: APHCRI Stream 10

The Expanding Role of Generalists in Rural & Remote Health: A Systematic Review

www.anu.edu.au/aphcri/Domain/Workforce/Pashen_1_final.pdf