THE EXPANDING ROLE OF GENERALISTS IN RURAL & REMOTE HEALTH

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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
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

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

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

- Address indemnity costs:
  - Act as a barrier to rural models of care.
  - Reduce the effect of metropolitan specialist colleges in creating a “road-block” in rural procedural practice.

- Facilitate integration of other disciplines into generalist primary health care, including nursing, medicine, Indigenous Health Workers, Allied Health
Future Considerations

- Expansion and 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
Questions?
2007–2008: APHCRI Stream 10

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