Rural Generalist Medicine and ensuring safe, quality care for rural and remote communities

POSITION STATEMENT

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

The College believes that people living in rural and remote 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 Generalist doctors 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 Aboriginal and Torres Strait Islander communities that their doctor has the quality skills and aptitudes to meet their local health care needs either personally or through coordinated healthcare team work.

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

What is a Rural Generalist?

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 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 curricula and assessment standards, 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 below.

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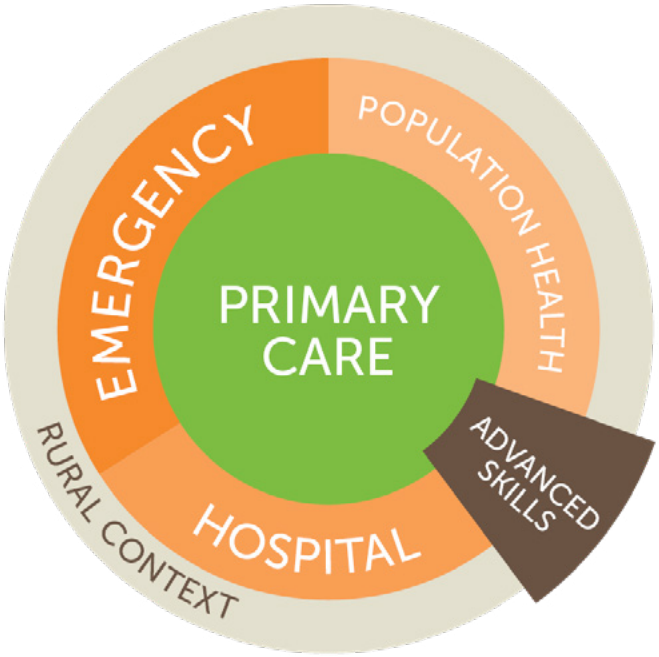
Figure 1: Rural Generalist Scope of Practice



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 primarily 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 Generalist doctors; sustainable, high quality, safe, healthcare delivery in rural and remote clinical contexts requires a network of Rural Generalists.

Why build a Rural Generalist workforce?

The Rural Generalist model of practice can meet the health care 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 many advanced and procedural skilled services in the local context as is safely possible.

International studies have shown that longer journeys discourage the use of healthcare services.[1] The much lower use of both Pharmaceutical Benefits Scheme and Medicare services recorded by rural people relative to people in major cities would suggest that this is also the case in Australia.[2]

Extensive literature documents the risks associated with patient travel to access distant health care.[3,4,5] One study of stroke care for example found that the clinical risks of longer journeys outweighed the benefits of accessing the tertiary service.[6] Another study found that for every mile a seriously injured person had to travel to hospital, the risk of death increased by one per cent.[7]

The loss of maternity services in rural towns in particular diminishes health service quality for rural communities and significantly lowers maternal safety. Local services are essential to deal with obstetric emergencies and studies have clearly linked the need for extended travel time to access maternity services to increased rates of mortality and adverse outcomes.[8] 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.[9]

Reduced health care costs for both governments and patients

An Ernst and Young study found that even with a dedicated near specialist level remuneration structure (as exists for Rural Generalists in Queensland and Northern Territory), 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).[10]

This finding is supported by a 2007 study by the Rural Doctor's Association of NSW which found savings ranging from 12% to 52% to in provision of proceduralist care services at a District Hospital as to equivalent care by specialists at a Base Hospital.[11] Studies into private practitioners' as opposed to specialist hospitals' services in Iceland have reached similar findings.[12]

Rural generalist model fosters a long-term rural workforce

All Rural Generalists are trained and credentialed to undertake procedural practice at the top of the license as a general practitioner particularly for use in emergency scenarios. Procedural skills are also some of the most common areas in which Rural Generalists pursue advanced skills.

The opportunity for general practitioners to be proceduralists is highly valued and is important to attracting and retaining them in rural and remote communities. It has been identified as one of the key attractions to rural practice[13,14,15] and also one of the key predictors of long term rural retention.[16]

Econometric modeling even suggests that junior doctors would be prepared to take a salary reduction of between 20-25% in return for the opportunity to do procedural work.[17] The attraction of proceduralism for prospective rural doctors is also apparent in the international literature.[18] For example: the Cascades rural postgraduate training program in Oregon, United States which has been highly successful at producing rural doctors, reported that 79% of its graduates have hospital admitting rights and 31% regularly practice obstetrics.[19]

Rural generalists are especially important for the countries' most health disadvantaged

Rural and remote Aboriginal and Torres Strait Islander people, the rural and remote poor and the rural and remote aged collectively record the lowest health status in the country.[20] 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 major cultural stress from being separated from their rural/remote community. The Rural Generalist workforce is especially important to the healthcare of these people.

Find out more

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

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Endnotes

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