

## Media Release

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### **‘Doc of all trades’ best hope to turn the tide for rural communities: Senate inquiry**

Australia must produce more GPs with advanced generalist skills if regional, rural and remote communities are to have decent health care.

This is a key recommendation of the Senate committee inquiring into factors affecting the supply of health services and medical professionals in rural areas.

President of the Australian College of Rural and Remote Medicine, Professor Richard Murray (pictured) welcomed the report’s findings, particularly its recommendation to boost the numbers of Rural Generalists.



"Rural Generalists — generalist practitioners who are 'docs of all trades' — have always been the backbone of health care in rural and remote areas," Professor Murray explains.

"They are the broadly skilled doctors who can manage an extended range of health problems in the community clinic, then look after their patients in the local hospital, deal with life-threatening emergencies, and provide extended specialist services such as procedural obstetric care or cancer care."

Professor Murray said he watched the tide of appropriately trained doctors recede when he worked in the Kimberley as a rural GP.

"Once upon a time we would be able to look for a doctor with qualifications in public health and obstetrics to hold together services in the Kimberley," he told the Committee at a hearing in April. "I just watched all of that disappear over a period of a decade."

Professor Murray said it was gratifying that, despite isolated pockets of criticism of the Rural Generalist concept, the Committee’s conclusion is unequivocal:

*"... if the purpose of a rural health workforce is to provide access to quality health care for communities in rural areas and that this goal is best advanced*

*through a significant increase of Rural Generalist GPs.<sup>1</sup>*"

"Rural generalism has been around for generations. The Queensland Rural Generalist model, instigated in 2005, formalised the concept, according rural generalism appropriate training, recognition, and remuneration," he said.

"The Committee's recommendation that it be rolled out as a national program justifies ACRRM's commitment to rural generalism going back to the 1990s."

He also welcomed the Committee's recommendation that the system of classifying the remoteness of communities be replaced with a scheme that takes account of regularly updated population, workforce and social data.

The logic inherent in the generalist concept for rural and remote health services is being adopted by other professions, such as nursing and specialist physicians.

"Another important recommendation was for the Commonwealth to fund the infrastructure supporting existing rural practices," Professor Murray said. "Predictable infrastructure funding is essential for sustaining rural services and far more equitable and efficient than centralising services in capital cities."

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<sup>1</sup> Committee View: Chapter 3 (para 3.44)