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Rural generalists the way of the future

REPORTS BY SHAH SAHARI PHOTOS BY DR ASHRAF SALEH

Rural generalists are the "right answer to the right question" that needs to be asked about health care in Australia, says ACRRM president, Professor Richard Murray.

Presenting the Queensland Health Rural Generalist Medicine Prevocational Certifications at the RDAO conference last month, Professor Murray said doctors on the Queensland rural generalist pathway training program were part of the "bridgehead into the new world" that Australia is about to enter.

Australia'a problem, he said, was not a shortage of doctors but geographic and discipline maldistribution, with about 240 patients per doctor in city areas, about 580 in outer regional, and almost 1000 in remote areas.

He said Health Workforce Australia, in its recent report, Health Workforce 2025, projected that Australia would need 50% more doctors than it has now. But while Australia had made a "courageous", more-thanmedical students in less than 10 years,



"we have not dealt with the pipeline disease care to go around. But can we areas".

Most of that new workforce, he said, would not surprisingly end up in the cities, where they would increasingly specialise and subspecialise to treat the conditions that come with an ageing population.

"Of course people deserve highly

for them to go to rural and remote maintain such a system nationally? No, that is not affordable.

> ahead of us. Turn left and we end up with an American-style health system ... in which gaps will open up, with a population that will spend 18-19% of GDP on health.

Alternatively, he said, Australia double increase in the number of specialised care [that comes with] an could have a system "based upon ageing population; there is plenty of generalism", which meant "generalists Van Gent, Liam Weber.

who can be in the best position to look after complex comorbidity ... who can work in a community setting, a hospital setting, and emergency department, who feel confident to respond and deal with problems at a population level, who can contribute medical leadership within teams, working with others, where there is a telehealth-enabled, called-upon consultant workforce...

"And that is the future that makes any sense at all."

The doctors who received the prevocational certification were: David Barker, Michael Berkley, Heather Carcary, Brendan Carrigan, Terry Cheng, Ian Condon, Evan Coppin, Fiona Cowan, Renae Dall'alba, Stephen Dick, Sarah Fairhall, Craig Fairley, Sarah Handley, Emily Hay, Tristan Howie, Michael Hurley, "We have in fact a very sharp choice Alison Kirby, Nicolas Lenskyj, Rae Madison, Robert Marcok, Cassandra McKay, Stephen McLaughlin, Brooke Miegel, David Morgan, Marjad Page, Michael Reinke, Claire Robinson, Riley Savage, David Scott, Maureen Shuttlewood, Zach Tappenden, Alexandra Te-Loo, Emily Vagg, Mathew