Fostering Generalism in the Medical Workforce

Revised 2019

This document outlines the AMA position on the broad measures that should be in place to promote 'generalist medical practice' as a desirable career option for medical practitioners. Encouraging the development of generalist skills will help build a medical workforce that reflects community need.

1. Definition and scope

1.1. This position statement addresses the training aspects of generalism. For the purposes of this position statement, the term 'generalist medical practitioner' refers to general practitioners, rural generalists and general specialists who retain a broad scope of practice.[1]

1.2. Over recent decades there has been an overall decline in the generalist medical practitioner workforce in Australian public and private medical practice. Poor access to sub-specialist services in rural and remote areas has meant that generalist primary care medical practitioners are increasingly relied upon to provide a significant amount of surgical, anaesthetic and obstetric care in these communities.[2]

1.3. Current evidence suggests that the trend towards centralised and sub-specialised care is not always in the best interest of the patient or cost effective for the health system.[2] In all hospitals, generalist medical practitioners are needed to serve an ageing community among whom chronic multi-system diseases are on the rise, and to manage undifferentiated patients with multiple comorbidities.[3]

1.4. Quality of care and patient safety must be the highest priority in any effort to reform the health workforce. Improved training models and pathways, better recognition and support for generalist medical practitioners, and appropriate remuneration will lead to improvements in safety and quality of care and improved patient outcomes.

1.5. The AMA calls for:

(a) Clearly defined training programs and pathways for generalist medical practitioners,

(b) The establishment of a general set of competencies for all doctors in training that will allow the medical workforce to meet community needs and facilitate generalist careers across disciplines.

(c) Consideration of enhanced training opportunities for generalist medical practitioners to enable the acquisition of specialty procedural skills and/or expertise that increase the attractiveness and applicability of generalist vocational medical training,

(d) Greater recognition, flexibility and support for generalist medical practitioners,

(e) More comparable remuneration for generalist medical practitioners and employment conditions that encourage generalist careers, and

[1] Health Workforce Australia. Health Workforce 2025 – Volume 3 – Medical specialties. Adelaide: HWA, 2012.
[2] Pashen D, Murray R, Chater B, et al. The Expanding Role of the Rural Generalist in Australia – A Systematic Review. Australian College of Rural and Remote Medicine. Brisbane: ACRRM, 2007.
[3] Rural Doctors Association of Australia. A National Advanced Rural Training Program Discussion paper. Canberra: RDAA, 2012.

(f) Ongoing modelling to quantify and predict generalist workforce requirements and distribution as a matter of urgency.

2. Introduction

2.1. Generalist medical practitioners play a vital role in the health system as clinicians, teachers and researchers in all settings, from tertiary public hospitals to remote practices.

2.2. Over recent decades, the medical workforce has become increasingly specialised, driven by changes in knowledge, technology, health service delivery and health care financing. The desire for specialisation and sub-specialisation combined with busy practices, lack of support and poor remuneration for doctors has also contributed to the decline in the provision of generalist care in all settings.[4,5,6] With the doubling of medical graduates since 2005 and an expanding medical workforce, Australia has the opportunity to address the relative shortages in generalist specialties.

2.3. Generalist care in collaboration with other medical specialists is the key to successfully managing the health care of an ageing population and increasing numbers of patients with complex multi-system conditions.[7] As with all medical care, the issue of access is crucial regardless of setting. An improved and balanced distribution of generalists, specialists and sub-specialists is needed to meet community demand.

2.4. Improving the distribution of the medical workforce, providing greater support for generalist career pathways and placing a greater emphasis on doctor-led team-based care is central to delivering high-quality and cost-effective health care to patients regardless of locality This is especially important for people living in outer-metropolitan, regional, rural and remote communities.[8]

2.5. It is crucial that generalism is seen as a career path in itself and is accompanied by a supporting framework and shift in status to establish it as an attractive vocation for all medical practitioners. Further research is required to investigate the factors that influence the decisions of medical graduates to pursue these pathways.

2.6. The AMA proposes a number of strategies to support a career in generalism that focus on:

(a) developing attractive training models to encourage trainees to undertake a generalist medical practitioner training program,

(b) developing enhanced training opportunities in specific speciality expertise and procedural skills to complement and usefully augment generalist training to better meet the needs of outer-metropolitan, regional and rural communities, and

(c) increasing recognition of, and support for, generalism, including improving the level of remuneration for generalist medical practitioners to encourage generalist medical practice.

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[4] Landau LI, Gerber JP. Factors influencing generalist intention across medical school years. Concurrent paper of the 11th National Rural Health Conference; 2011 Mar 13-16; Perth, Australia.
[5] Australian Institute of Health and Welfare 2012. Medical workforce 2010. National health workforce series no.1. Cat. no. HWL 47. Canberra: AIHW.
[6] Kirkpatrick K, Loy C, Jodlowski-Tan K, et al. Acquisition, practise and maintenance of advanced skills: addressing patient need in rural general practice. In *New approaches to integrated rural training for medical practitioners: final report* 2014. RACGP.
[7] Larkins, S and Evans R. Greater support for generalism in rural and regional Australia. *Australian Family Physician* 2014: 43(7): 487-90.
[8] Murray R. Action time for regional postgraduate training. *Medical Observer* 2012; 22 Jun.

3. Training models that encourage more generalist careers

3.1. Parallel to sub-specialist careers, generalist medical practice is a complex amalgamation of clinical and non-clinical knowledge and skills that requires specific training and education directed to developing a broader generalist skill set. Generalist training should provide medical graduates with a varied skill base, the chance to experience a range of practice areas and to identify areas for the concomitant development of a special interest or procedural skill.[9]

3.2. Exposure to generalist medical practice should occur throughout undergraduate, prevocational and vocational training and should include access to training networks, models and structured training programs in later years to support generalist career paths during vocational training.

3.3. The development and provision of articulated generalist training pathways, curricula and infrastructure within hospital and community sectors will assist doctors in training to develop the skills to become generalist medical practitioners.[10] Training pathways should provide training in a diversity of skills and a variety of experience allowing the development of a generalist skill set. The AMA supports the establishment of a general set of competencies for all doctors in training that will allow the medical workforce to respond to community requirements and facilitate generalist careers across disciplines.

3.4. Improved linkages between tertiary, regional and rural hospitals, universities, medical colleges and regional training providers are essential. The development of functional and reciprocal links between these institutions and the integration of prevocational and vocational training pathways within these networks must be a priority to ensure trainees undertaking generalist training have adequate access to relevant terms in larger urban hospitals. This link must also continue after training is completed to allow for skill refreshment and updating but also to preserve collegiate relationships and referral pathways. These linkages will promote generalism, facilitate the articulation of training pathways by potential trainees, and enhance the capacity of regional and rural centres to provide doctors in training with the sufficient breadth and depth of training.

3.5. The development and trialling of specific generalist vocational training programs and pathways should be supported. A number of models exist to encourage a career in generalism:

(a) Dual training: An example of this model is delivered by the Royal Australasian College of Physicians in which trainees undertake core training in general medicine and further training in an additional speciality, enabling both breadth of practice but also depth in a specific subspecialty.[11] Adoption of similar models in other vocational training programs would facilitate the expansion of a generalist medical workforce,

(b) Augmenting standard generalist training pathways by providing additional training in sub-speciality fields in order to provide enhanced skills and expertise, as desired,

(c) National advanced rural generalist training pathways: this model represents a step toward developing an incentive based career pathway for doctors in advanced generalist medicine. For example, the National Rural Generalist Pathway provides 100 general practice training places from 2021, in addition to existing GP training places. Under this pathway the curricula is embedded as part of the GP training program and linked to the relevant GP qualifications awarded by ACRRM and the RACGP, and

(d) Harnessing national medical workforce programs to promote generalism. For example, more places could be reserved for generalist training in the Commonwealth's Specialist Training Program.

[9] Australian Medical Associations. Medical Workforce and Training Summit Report. Canberra: AMA, 2018
[10] Strasser R. Will Australia have a fit-for-purpose medical workforce in 2025? *Med J Aust* 2018; 208 (5): 198-199.
[11] Royal Australian College of Physicians. Annual Report 2016. RACP, 2016.

3.6. It is vital that adequate funding is provided to support innovative and emerging generalist training models and improve access to generalist training pathways. In particular, the development of appropriate teaching infrastructure and satisfactory supervisor support needs to be addressed.

3.7. Appropriate supervision is essential to maintaining patient and doctor in training safety and to ensure the educational validity of placements. Innovative models of rural and remote supervision and mentoring must be explored and expanded where possible to facilitate generalist training in these settings. Development of appropriate educational infrastructure is a core part of this process.

3.8. Correcting rural funding inequities is necessary to support infrastructure for generalist training in these settings, especially where there has been a historical deterioration in resourcing. A clear evidence base should be established before services in these areas are restricted or withdrawn on the basis of safety and quality

4. Increased recognition and support for generalism

4.1. Cultural change within the medical profession to recognise and promote the value of a generalist medical practitioner career is central to improving the attractiveness of this career option. In response to this, governments and policymakers must develop strategies and incentives to facilitate generalist medical training. These should take account of:

(a) Improving support for generalist medical practitioners, particularly in rural and regional areas, to lessen high workloads and burn out rates – negative factors that often discourage trainees from undertaking a generalist career. Strategies include adequate locum cover to manage workloads and facilitate professional development leave, and the provision of an appropriate clinical environment (for example, adequately skilled support staff and operating theatres) to enable a range of procedural work to be performed locally,

(b) Providing generalist medical practitioners and trainees with access to continuing professional development (CPD) activities. The appropriate use of technology has the capacity to enhance learning opportunities particularly in regional and rural areas; such initiatives might include access to clinical updates via podcasts and use of video-conferencing facilities,

(c) Increasing state and federal government funding for generalist and procedural training positions in both public hospitals and private practice, in line with medical workforce planning recommendations. Generalist and broad-based procedural training capacity must be resourced adequately as a matter of urgency. This strategy should address existing patterns of workforce maldistribution and be commensurate with community need. Increased funding for the infrastructure to support generalist medical practitioners and trainees, strengthening generalist hospital and academic departments, and the introduction of evidence-based incentives to encourage generalist training and practice in areas of workforce need must be considered, and

(d) Providing professional indemnity insurance cover and support for generalists that is sufficiently broad in scope to ensure there are no legal or financial impediments to practice.

5. Improving remuneration to encourage generalist practice

5.1. The AMA notes that medical practitioners are usually better remunerated in sub-specialty disciplines (particularly for procedural work) and for these reasons it is not unusual for generalist medical practitioners to drift out of the generalist area as they build up practice in sub-specialty areas. Remuneration and support for generalist medical practitioners in both public and private practice must be improved to reduce the financial disincentives.

5.2. The introduction of sustainable and relevant financial incentives for generalist medical practitioners with broad-based advanced skill sets who are prepared to work in outer metropolitan, regional and/or rural areas, will also encourage those doctors who wish to undertake practice in these areas. Models of employment that provide greater security at all stages of training and into the generalist career will also contribute to this.

5.3. It is also essential that where incentives have been introduced to encourage generalists to practice in areas of workforce shortage are not removed once that area has achieved a level of service provision which reflects the community's needs. Removing incentives which have been successful in recruiting medical practitioners to outer metropolitan, regional and/or rural areas undermines financial and professional security and will encourage the workforce to vacate the region.

See also the AMA position statements:

Medical Workforce & Training Summit Report - 2018

Employment of Generalist Medical Practitioners – 2017

Medical Workforce and Training – 2013. Revised 2019

Prevocational Medical Education and Training – 2011. Revised 2017

Regional Training Networks – 2014

Rural Workforce Initiatives – 2017