

## Employment of generalist medical practitioners 2017

### 1. Preamble

- 1.1. For the purposes of this position statement, the term generalist medical practitioner (generalist) refers to general practitioners, rural generalists and general specialists who retain a broad scope of practice.<sup>1</sup>
- 1.2. Generalists play a crucial role in delivering healthcare in Australia and are essential for under-served communities that rely on them for specialised services in the absence of specialists. Generalists are able to care for a diverse range of patients with a broad spectrum of illnesses, including medical, surgical, psychiatric and addiction. The AMA believes that Australia's medical workforce needs more generalists to meet the health care needs of rural and metropolitan communities as the demographics of the population shifts and the numbers of patients with long-term chronic conditions and co-morbidities rises.
- 1.3. The quality of healthcare infrastructure, access to credentialing and the scope of clinical practice for generalists are inextricably linked; generalists who cannot get access to proper facilities will not be able to maintain and improve their preferred clinical and procedural skill levels. Unfortunately, it is evident that in many parts of the country the utilisation of clinical and procedural skills is becoming increasingly difficult, driven in large part by the closure or downgrading of facilities.<sup>2</sup>
- 1.4. This position statement can be read in conjunction with our position statements on fostering generalism and rural workforce initiatives listed below.

### 2. Appropriate credentialing, infrastructure and remuneration for generalists

- 2.1. The AMA strongly supports the credentialing process as an essential check in the health system to ensure patient safety and quality of care. With many communities relying on generalists for access to appropriate primary health care and procedural medicine, it is important that credentialing arrangements support access to generalist care and take into account the local context where services are provided. Unnecessary restrictions on scope of practice should be avoided.
- 2.2. Misconceived decisions by governments and health departments to downgrade healthcare facilities and restrict the scope of generalist practice can have significant consequences for local communities and the sustainability of the medical workforce overall if generalists are forced to leave in order to maintain their skills. The capability to train new doctors in rural areas is also diminished. The likely result is reduced access to quality healthcare and poorer patient outcomes.
- 2.3. It is critical that funding is directed to rebuilding and maintaining rural health infrastructure and a rigorous decision-making framework is adopted to govern hospital closures. Access to appropriate clinical privileging should be supported for generalist practice, especially in under-served areas, as well as innovative programs to enable generalists to keep up with the latest clinical practice. Tertiary centres have an important role in giving generalists access to professional development.

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<sup>1</sup> Based on the definition used by the former Health Workforce Australia; see Health Workforce 2025 – Volume 3 – Medical specialties. Adelaide: HWA, 2012.

<sup>2</sup> 2016 AMA Rural Health Issues Survey Report – Rural Doctors Have Their Say. Canberra: AMA, 2016.

2.4. Similarly, the local medical workforce will be sustained when generalists employed in local healthcare facilities are remunerated on a comparable basis to specialists when providing the same clinical services.

2.5. The AMA position is that:

- the available evidence shows that generalists deliver effective outcomes in areas of patient care including primary health, surgical procedures, anaesthesia, paediatrics and maternity services. More comparative research on the quality and cost-effectiveness of care provided by generalists and sub-specialists should be undertaken.
- regulatory and accreditation arrangements for rural health care facilities, including decisions on reducing the scope of practice, should not be based on metropolitan models, but determined by the needs of the local community and the capabilities of the local facility,
- a clear evidence base should be established before services are restricted or removed because of concerns about the safety and quality of care,
- more integrated programs should be established to enable generalists to maintain and upgrade their clinical and procedural skills, and
- generalists should be remunerated on the basis of the nature and value of the work they perform.

2.6. See also the AMA position statements:

[Fostering Generalism in the Medical Workforce 2012](#)  
[Rural Workforce Initiatives 2017](#)