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REMOVE BARRIERS TO RURAL GPs WORKING IN LOCAL HOSPITALS, AMA SAYS

New AMA Position Statement says care to rural, regional and remote communities is being undermined

The AMA is calling for easier pathways for rural doctors to work in their local hospitals and better support remote, regional and rural health in the community.

Examining rural workforce shortages, the AMA has found stringent bureaucratic processes by local hospitals or health services prevent some rural GPs and rural generalists from having any connection or involvement whatsoever in their local hospitals.

In a new AMA [Position Statement](#) on integrating GPs into rural hospitals, the AMA makes a series of recommendations addressing doctor shortages in rural areas, with benefits to local hospitals, better health care for regional communities and which contribute to a more viable sustainable career for rural GPs.

Among the recommendations are support for local GPs' clinical up-skilling or re-skilling in multiple domains by local hospitals or health services, consistent, fair and non-restrictive credentialling that assures competency and safe practice in rural settings and easier access to working in local hospitals.

The AMA Council of Rural Doctors (CRD) has seen concerning situations around Australia where rural GPs are denied opportunities to work in their local hospital, while temporary locums are hired, charging costs far higher for their services than a simple contract with the GP.

AMA President Dr Omar Khorshid says a properly functioning arrangement would have rural GPs remunerated by the MBS for services provided in their private practice and by the State for services provided in their local hospitals.

“At a time when our hospitals are under immense pressure, it’s extraordinary that regional hospitals and health services are appointing locums – often at higher costs – when there are highly-skilled GPs prevented by administrative barriers from bringing their experience in the community to their own local hospitals.

“We need clear and fair arrangements in place so GPs and health services can work together to deliver better health outcomes for our regional and rural communities.

“The best model for our communities is where the talent and expertise in local rural general practices is harnessed by local hospitals and remunerated through the hospital system, while the MBS covers GPs’ work in their practices.

“This increases job satisfaction for the GPs, contributes positively to retention of the rural workforce, and means hospitals won’t have to rely on a costly, impermanent workforce.

“GPs are the backbone of rural health, providing cradle-to-grave medicine for whole families through their practices, as well as emergency care for their communities through arrangements with their local hospitals,” Dr Khorshid said.

CRD Chair, Dr Marco Giuseppin, says the AMA is serious about addressing rural workforce shortages.

“We’re really attacking the problems GPs are finding and which can ultimately mean the difference between them staying in the community or deciding to leave. We want to build stronger, fulfilling, lasting careers for our rural doctors and that’s what’s behind the AMA’s new position statement.

“Integrating our current and future rural GPs and rural generalists into a single health care environment is achievable and will deliver better outcomes for everyone; especially patients, but also hospitals themselves and we’re hoping the position statement helps regional health services understand and move to realise the benefits of integrating local GPs into their services.

“Supporting rural GPs and rural generalists to work collaboratively between hospitals and private general practices gives these doctors more reasons to stay rural and serve their communities.

“Implementing the Commonwealth Government’s National Rural Generalist Pathway can facilitate the industrial and cultural change necessary to achieve this,” Dr Giuseppin said.

MAIN RECOMMENDATIONS:

- Rural hospitals and health services must have a local GP or rural generalist involved in decision-making processes
- Nationally consistent credentialling must ensure rural GPs or rural generalists with advanced skills are not arbitrarily restricted in scope of practice
- Enshrine models of employment with standard conditions for rural GPs and RGs providing clinical services at rural health services which are transparent, fair and consistent.
- Telehealth and virtual services must not be considered a direct replacement for face-to-face service in a rural town.

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