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## Australia recognised Rural Generalists. Medicare still hasn't.

**Twelve months after Australia's rural health sector handed the Federal Government a blueprint to embed Rural Generalist Medicine into Medicare, rural doctors are still waiting for action.**

Despite providing advanced and specialist-level care to rural and remote communities, Rural Generalists remain unable to access many Medicare items that recognise the additional skills and services they deliver, leaving them restricted to standard GP consultation items.

President of the Rural Doctors Association of Australia (RDAA), Professor Sarah Chalmers, said the reform represented a critical next step in embedding Rural Generalist Medicine into Australia's healthcare system.

"We've done the hard work of building the Rural Generalist workforce. We've secured recognition of Rural Generalist Medicine as a specialty. Now Medicare needs to catch up," Prof Chalmers said.



"Without Medicare recognition, many Rural Generalists are effectively delivering specialist-level care while being restricted to claiming standard GP consultation items, which does not reflect the reality of the care being provided in rural and remote Australia.

"Almost a year ago rural health organisations came together to provide Government with a practical solution. We are still waiting to see meaningful progress.

The proposal, which was developed jointly by the RDAA, the Australian College of Rural and Remote Medicine (ACRRM), RACGP Rural and the AMA Rural Doctors Group, with input from the Australian Indigenous Doctors' Association (AIDA), outlined a pathway to create dedicated Medicare Benefits Schedule (MBS) items for Rural Generalists working within their advanced skills and emergency medicine scope of practice.

Professor Chalmers said the need for reform had become even more important following the formal recognition of Rural Generalist Medicine by the Australian Medical Council.

"Rural Generalist Medicine is now recognised by the Australian Medical Council as a specialty within the specialty of General Practice, just as neurosurgery and orthopaedic surgery are recognised within the broader specialty of Surgery," she said.

"That recognition was a landmark achievement, but recognition alone is not enough. To fully embed Rural Generalist Medicine into Australia's healthcare system Medicare must also recognise the additional skills, expertise and services Rural Generalists provide.

"This is particularly important for Rural Generalists working in non-procedural advanced skills areas such as mental health, paediatrics and palliative care, where they currently have limited capacity to bill for the additional expertise they bring to patient care."

Professor Chalmers said governments had invested millions of dollars over the past decade to build the Rural Generalist workforce, recognising the crucial role these doctors play in delivering healthcare closer to home.

"Governments have invested heavily in training Rural Generalists because they recognised these doctors are the key to delivering more healthcare closer to home for rural and remote Australians," she said.

"But to receive the full return on that investment Medicare must support Rural Generalists to use their advanced skills and provide the full suite of medical services they have been trained to provide.

"This isn't about creating another layer of bureaucracy or complexity. It's about ensuring the funding system reflects the reality of rural healthcare.

"Every time a patient has to leave their community to access care that could otherwise be provided locally, there is a cost; to the patient, their family, their employer and the healthcare system itself.

"Rural Generalists help keep care local. They improve access to services such as mental health care, paediatrics, palliative care and emergency medicine, while supporting multidisciplinary teams and helping other health professionals work to their full scope of practice."

Prof Chalmers said the reform would also help create sustainable and rewarding career pathways that attract and retain more doctors into rural and remote Australia.

"Dedicated Rural Generalist Medicare items are needed to support coordinated, integrated models of care which help ensure rural patients can access the right care, in the right place, at the right time," Prof Chalmers said.

"The Government recognised Rural Generalist Medicine. The Australian Medical Council recognised Rural Generalist Medicine. Now it's time for Medicare to recognise Rural Generalist Medicine."

"This reform is ready to go. Rural communities shouldn't have to wait any longer."

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