



## THE EXPANDING ROLE OF GENERALISTS IN RURAL & REMOTE HEALTH: A SYSTEMATIC REVIEW

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### POLICY CONTEXT

Rural and remote communities have poorer health outcomes and health care access than urban populations. Doctors are in short supply. Generalist practitioners in rural and remote areas apply a broad scope of clinical practice. Despite policy support for generalism and initiatives to sustain skills, trends towards sub-specialisation, diminishing practice scope among General Practitioners and loss of generalist specialists continue. We examined policy options for expanding generalist roles in the rural and remote context.

### KEY FINDINGS

Medical generalist roles in rural and remote areas

- Rural generalists offer acceptable, sustainable and cost-effective primary health care, anaesthetics, obstetrics, emergency and procedural services

Education and training for generalism

- Rural and regional recruitment and medical training along the [rural 'pipeline'](#) enhances retention in rural areas and generalist career choices. Regionally-planned medical workforce production is a key policy goal. Access to hospitals for training and professional development is a critical challenge

Funding rural generalism

- Primary health care is equity producing and 'generalist' services are cost effective and sustainable for rural communities. Perverse incentives favouring specialist and sub-specialist practice undermine generalist career choices

[Quality and safety in rural health care](#)

- Health outcomes in small rural hospitals - notably in obstetrics - are equivalent to those in major centres, particularly compared with 'travel-out' alternatives.

[Service models and regulatory framework](#)

- Generalist workforce, viable service models and regulatory frameworks are linked. Models of delegated practice should be explored for both mid-level providers and for specialist substitution by generalists

For more details, go to the [three page report](#).

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.