Dear Colleagues

As you are aware there a number of key rural1 health policy and workforce initiatives that are currently impacting, or will impact, on the work of resident and visiting non-GP rural specialists. The RDAA’s Rural Specialist Group (RSG) provides an avenue for these specialists to voice their needs and concerns within the organisation, and to raise issues more broadly with politicians, relevant Government departments and others in a wide variety of meetings, forums, policy positions and submissions. To this end:

- an RSG facilitated interactive session will be held at the Rural Medicine Australia Conference “Riding the Wave of Change” (RMA19, Gold Coast, 23-26 October 2019 [https://rma.acrrm.org.au](https://rma.acrrm.org.au)) to explore what a fit-for-purpose rural specialist workforce should look like into the future and what needs to be in place to achieve it.

The RSG believes that urgent action to provide more accessible non-GP specialist care in rural communities is needed and it is committed to developing solutions-based approaches to the issues confronting these specialists. Specific proposals agreed by the RSG to address the poor access to non-GP rural specialists in rural communities are listed in the attachment to this letter.

In addition, RDAA’s #Destination Rural initiative actively promotes non-GP specialist career pathways to pre-vocational and junior registrars. It will include links to provide information about non-GP specialist college training, a video exploring life as a rural non-GP specialist (currently under production) and webinars.

The identification of issues of common concern to all craft groups and sub-specialty groups is key aspect of the work of the RSG and we would welcome participation of representatives from all the non-GP specialist Colleges in the RMA19 forum as well as the participation of all non-GP specialist RDA members in RSG teleconferences (held 3-4 times per year).

The RSG would also like to develop a strong network of rural sections of Colleges and other medical associations to promote collaboration and a unified voice in relation to issues identified as being of common concern.

For more information on the RSG and its initiatives please contact RDAA’s Senior Policy Advisor, Anita Rodrigues Macias at policy@rdaa.com.au or call her on (02) 6239 7730 or 0403 805 285.

Yours sincerely

Dr Phil Tideman
Chair
Rural Specialists Group

---

2019 RSG proposals to address the poor access to non-GP rural specialists in rural communities

---

1 The term rural is used to describe smaller regional, rural and remote areas.
Providing support for non-GP rural specialists will be essential to ensure that people from rural communities have access to the care that they need at the time and place they need it to redress inequities of access. This should include:

**Investment in the provision of non-GP specialist training in rural settings for those who wish to pursue careers in rural Australia to understand the needs of rural people and the unique characteristics of non-GP specialist practice in these areas.**

- Implement specific strategies to provide training positions in rural areas for procedural and non-procedural specialists.
  - Example: expand funding for the Specialist Training Program (STP) to create positions that require the supervisor and registrar to provide services in smaller regional, rural or remote locations either part-time or via visiting service arrangements
- Where training can only occur in a tertiary facility allocate rural training positions to those facilities where there is an established specialist workforce providing rural services to allow registrars intending to practice in these areas to train in a supportive environment with like-minded mentors who have a demonstrated commitment to rural communities; and implement strategies to minimise the likelihood that these trainees will be attracted into the tertiary workforce.
- Establish training positions that may involve training in non-traditional settings, for example, positions that allow a trainee rural specialist to undertake training in a regional or tertiary setting as well as rotate through country clinics with an outreach specialist supervisor.
- Provide specific funding to support the training of generalist specialists (such as General Surgeons)
- Continue funding for Regional Training Hubs (RTHs) and provide funding for the expansion of these programs.

**Strategies to support the recruitment and retention of non-GP specialists in smaller regional, settings who provide services to rural and remote communities.**

- Expand funding for the Support for Rural Specialists in Australia (SRSA) to support professional development and skills maintenance.
- Establish service hubs linked to Rural Generalists in smaller communities to enable the development of "critical mass" to allow for improved on-call rosters, clinical networking, peer support, strong clinical governance
- Implement strategies to overcome existing barriers to specialist service provision in rural areas including fragmented or siloed funding streams.

**Strategies to support non-GP specialist service provision in regional, rural and remote areas.**

- Increase and streamline funding for outreach services.
- Introduce a rural loading on Medicare Benefits Schedule items on a sliding scale based on the Modified Monash Model.
- Link service hubs to Rural Generalists in smaller communities to provide collaborative, integrated models of care.
- Streamline telehealth funding to ensure that it is targeted to specialists who provide face-to-face services in rural areas.

The RSG also fully supports the National Rural Generalist Pathway. Non-GP rural specialists can and should play a vital role in supporting the National Rural Generalist Pathway not only as trainers, supervisors and clinical and personal mentors, but also as key members of the collaborative and integrated care teams providing care in rural communities.