

## Scope of practice in rural Australia—horses for courses? Or a one-horse race?

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**Background:** Scope of practice for GPs is undergoing considerable change. This has been particularly evident in the last 10 years with feminisation of the medical workforce, an increase in the number of medical students being educated and a reduction in the number of rural facilities providing procedural services such as obstetrics.

Within the medical workforce the number of specialists has increased comparative to the number of general practitioners. With increasing specialisation, rapid population aging and an increase in the number and complexity of diagnostic tests, the impact of these changes on rural Australian has not been evaluated. Thus the aim of this paper is to explore the scope of general practice in rural Australia with a particular focus on the relationship between specialists and GPs.

**Methods:** Following a comprehensive literature review and ethical clearance, a PHD study was conducted considering medical workforce in regional centres. Semi structured interviews were completed with 66 specialists and 62 GPs residing in two inland and two coastal regional centres. Following ethical clearance the results were analysed using SPSS and the qualitative responses were thematically analysed. The quantitative and qualitative elements related to scope of practice are discussed in this paper.

**Results:** Scope of practice in regional centres as measured by hospital access and after hour's involvement was less common than in small rural hospitals where GPs provide hospital and often procedural services. Younger GPs were less likely to provide hospital care and those residing at the coast were less likely to do so than that resident in inland centres.

Scope of practice of GPs was more extensive where specialist access was poorer. In fact many GPs valued the variety of work and skills that they were able to utilise and considered this "scope" as highly important in both their recruitment and retention to regional centres. Specialists described difficulty maintaining some sub specialities in inland regional centres due to critical mass and after hour's issues.

**Discussion and implications:** These findings and other recent evidence suggest that there may be more than one way or one skill mix that suits rural Australia. An increasingly sub specialist model of practice may not be either practical or cost effective. However the worth and value of a generalist skill set may only be measured by its absence when the race is "run". Whilst in metropolitan areas specific models of after-hours and subspecialist services are the norm, the capacity of regional centres and smaller centres to develop a critical mass of specialist practitioners is questionable. Ideally scope of practice, should be aligned with community need and should occur in responsive to viable models of service delivery.

