

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Consultation on the recognition of Rural Generalist Medicine
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Medical Board of Australia
AHPRA

Is it possible for a Generalist working remotely to also be involved in a speciality area ?
There are occasional advs for GP/O & G by which one assumes a General Practitioner with an interest in O & G ?

Although a semiretired GP [REDACTED] I had envisaged filling a mixed role in a rural community. I have had extensive experience in O & G in [REDACTED] and [REDACTED] many years ago.

Maternity care is clearly a protected area in Australia. I am informed by my recruitment agency that if I wished to be involved in obstetric care I would need to complete a 12 month residential programme to obtain an Advanced Diploma in O & G.

I possess the Dip Obst [REDACTED] and MRCOG.

Although I do not wish to practise at Consultant level nevertheless a dual role would enable me to provide expertise in addition to that of a non specialised Generalist. I have performed 1500 caesarean sections, 700 vacuum extractions and retained placenta procedures over a 7 year hospital based Registrar level followed by 25 years in a semirural General Medical Practice [REDACTED]

On a visit to Australia 5 years ago I read in a newspaper of babies dying in regions due to lack of maternity care which I presumed related to inadequate obstetric care. Hence my interest in taking up maternity care as part of rural medical practice.

My conclusion is that the advertisements for GP/Obstetric positions are in effect meaningless. At my mature age I do not wish to return to a hospital based training programme. So I shall be content to continue to perform remote rural locums in which maternity care is managed by local midwives under the jurisdiction of O & G Specialists at a distant base hospital. Rural Obstetrics in effect does not come within the orbit of the Generalist.

Is this an accurate assessment of the current situation ?

[REDACTED]