

30 November 2023

**Australian College of Rural and
Remote Medicine Limited**

ABN 12 078 081 848

acrrm.org.au

Executive Officer - Medical
Ahpra
GPO Box 9958
MELBOURNE VIC 3001

Dear Ahpra,

Re: Consultation on the Recognition of Rural Generalist Medicine

I am writing to you as Chair, and on behalf of, the ACRRM Rural and Remote Community Reference Group. This is to express our support for the joint-application to have Rural Generalist Medicine recognised as a specialist field within General Practice.

ACRRM's [Community Reference Group](#) provides advice and guidance to enable the College to deliver programs and activities that promote the best possible healthcare outcomes for rural and remote people, including Aboriginal and Torres Strait Islander communities.

Community Reference Group members come from rural and remote locations across Australia, and are diverse in location, age, background and interests. Their unique community perspectives are invaluable in keeping the College informed of community priorities and needs. The group provides a conduit for strengthening community partnerships and a vehicle for community input and advocacy in College operations.

There is an urgent need to improve access to care for people living in rural and remote areas including those remote Aboriginal and Torres Strait Islander communities. We believe that a strong Rural Generalist workforce can make a significant contribution to improving these peoples' access to high quality care and through this to bringing their health status closer to parity with that of Australians living in cities.

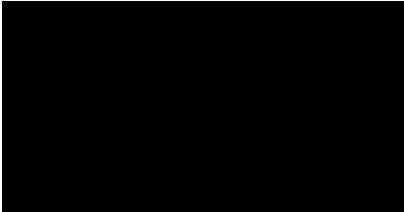
Rural Generalists are comprehensively trained to provide as much care close to home as they safely can, to meet the needs of the patients that they serve in rural and remote areas. People in these areas have less access to every kind of medical and allied health specialist than their counterparts in cities and receive far fewer services.

National recognition of the training and professional standards of care that these doctors provide will give confidence to rural communities in the care they receive. It will also provide the current Rural Generalist workforce with the status commensurate with their actual training and scope, and which will advance an aspirational rural career path for future generations of doctors.

We expect that national specialist recognition will also enable structural change by enabling credentialing, employment, and workforce planning to fully incorporate these doctors and to build resources and models of care around their full scope of service. They will be able to provide leadership and hierarchy to the rural health service, while having their unique skills recognised.

Rural Generalists do not work in isolation but are a critical part of the local healthcare team, all members of which are of utmost importance to rural and remote communities. Recognition will however maximise the contribution these doctors are able to make within their local teams for their local communities. We expect it will also contribute to a stronger national network of doctors to service rural and remote communities into the future.

Yours sincerely,



Angus (Gus) Whyte
Chair, Rural and Remote Community Reference Group