

17 November 2023

Medical Board Consultation
AHPRA

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Dear Sir/Madam

Re: ASH Submission to AHPRA**Application for the recognition of Rural Generalist Medicine as a new field of specialty practice**

On behalf of the Heads of Department, Alice Springs Hospital, we wish to comment on the proposal to recognise Rural Generalist Medicine as a new field of specialty practice.

As senior clinicians working in the one of the most remote secondary hospitals in the country, servicing arguably the country's most vulnerable population, the value of our rural generalist colleagues is self-evident. We broadly and enthusiastically support the proposal that Rural Generalists be recognised for their unique skillset(s) and the value they add to managing patients in geographically disparate areas of the country.

Regional Australians receive inequitable access to health care services, brought about by the concentration of specialty services in areas of high population density. We acknowledge that the well published evidence around the volume-outcome relationship dictates that specialist services should be concentrated. This should not, however, preclude regional Australians from receiving the best health care possible. An important part of this health care is the delivery of primary health care and preventive medicine in the rural setting, which Rural Generalists are uniquely skilled to deliver.

While supporting the recognition of this expanding and crucial specialty area, it should also be recognised that the training provided by either ACRRM or RACGP does not equip clinicians with the specialty skills that specialists have acquired through intensive and prolonged training, and rigorously assessed through (often multiple) college examinations. An additional 12 months of exposure to (for example) anesthetics, emergency medicine, obstetrics or internal medicine does not provide the breadth nor depth of knowledge that is provided by achieving a fellowship with ANZCA, ACEM, RANZCOG or RACP. Recognizing Rural Generalism as a specialty field also means recognizing that a Rural Generalist with a special skill is not equivalent to a specialist within the same area. Recognition and expansion of the proposed specialty of Rural Generalism must be hand in hand with a concurrent expansion of traditional hospital Specialists in order to close the gap between services available in regional areas and those in metropolitan centres, with the express support of the AMC and specialist colleges. Without this we risk further entrenching the inequity in health care that is increasingly demonstrable the further out you get from a large city.

Any proposal that seeks to recognise Rural Generalist Medicine as a field of specialty should acknowledge this limitation, and that the Rural Generalists have a restricted scope within these clinical specialties.

Beyond this scope, they must operate with the oversight of a clinician who holds specialist registration in that field.

The one area of acute medicine of direct relevance to our region where this may not hold true is Retrieval and Pre-hospital Medicine. There is no dedicated specialist college for this craft group, and we consider that the skills of an appropriately trained Rural Generalist are equivalent to those who hold specialist Registration in the areas of ICU, anesthesia or emergency medicine.

Therefore, while we support the application, it is with the caveat that the scope of practice of Rural Generalists should not be unlimited when it comes to practicing their area of interest, and that the best health care is that delivered by a well-trained primary health care clinician supported by specialist clinicians who have spent considerably more time training in one specific field.

Yours sincerely



Dr Richard Johnson
A/Executive Director Medical & Clinical Services,
Alice Springs Hospital