

'Consultation on the recognition of Rural Generalist Medicine' to
medboardconsultation@ahpra.gov.au

General questions

1. Has the claim that regulatory action is necessary to recognise Rural Generalist Medicine as a field of specialty practice been substantiated? Nil comment
2. Have the positive consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law been stated? Are there additional positive consequences that should be considered?

Yes the positive consequences are clear to me as a medical practitioner in a rural town

-quality of care being assured – training and vocational standards will be set for this skill set

-this area of practice will be named for what it is – doctors can aspire to this qualification

-professional excellence – this unique area of the field of General Practice allows for recognition.

3. Have the potentially negative consequences of recognition of Rural Generalist Medicine as a field of specialty practice under the National Law been stated? Are there additional negative consequences that should be considered? Nil comment
4. Are there specific issues or claims in the application that should be the focus of the AMC assessment of the application?

As a rural generalist I see my role in my community very different to an urban GP despite a very similar training pathway initially. I am providing advanced skills for my community – obstetrics – I also staff an emergency department, manage inpatient care, staff a general practice, visit a nursing home, educate a community on their health – we want recognition of this skill set under the field of General Practice.

5. In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered or need more detailed consideration? Nil comment
6. In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice, are there any impacts for Aboriginal and/or Torres Strait Islander People that have not been considered or need more detailed consideration? Nil comment
7. Are there specific stakeholder groups that should be consulted further as the application is assessed and what would they add to understanding of the application? (please see Attachment B for the stakeholder groups for this consultation) nil comment

The Board is also interested in your views on the following specific questions.

8. What are the interactions now between Rural Generalists and other medical and health practitioners including other General Practitioners? How are these likely to change if Rural Generalist Medicine is recognised as a field of specialty practice?

I rely on phone consultation with regional hospital specialities on a daily basis – for me to ring in as a “Rural Generalist” will allow the doctor on the other end of the line to understand my qualification and seniority in managing cases acutely better allowing advice to be given pitched at the right level for me and the patient.

9. Your views on how the recognition of Rural Generalist Medicine will impact on the following:

- disincentives/incentives for General Practitioners to undertake rural practice resulting from additional training requirements nil comment
- unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.

There is no reason General Practitioners in rural environment without RG recognition cannot continue to practice general practice as they were.

10. Have all economic impacts for governments, businesses and consumers been identified? Should further economic analysis be undertaken during the AMC assessment to assess the claims of minimal costs impact of recognition, and if yes, what should be the focus of the analysis? Nil comment

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