Public Consultation

17 October 2023

Application for recognition of a new field of specialty practice: Rural Generalist Medicine

Consultation closes: 12 December 2023

Medical Board of Australia
Australian Health Practitioner Regulation Agency

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Contents

The Medical Board of Australia and Ahpra acknowledge the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.

Summary

The Medical Board of Australia is consulting on the application by the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners to have Rural Generalist Medicine recognised as a new field of specialty practice within the specialty of General Practice, under the Health Practitioner Regulation National Law (National Law).

The colleges' application for Rural Generalist Medicine to be recognised as a new field of specialty practice can be accessed on the Board's **Current consultations page.**

Under section 13 of the National Law, a National Board for a profession may recommend that Health Ministers approve one or more specialties and associated specialist titles for a profession.

The recognition of a new or amended specialty by the Health Ministers is a 'regulatory instrument'. It extends the scope of offences that apply to the unauthorised use of protected specialist titles and to individuals who otherwise hold themselves out as being authorised or qualified to use the titles. Therefore, the process for assessing whether a new or amended specialty should be recognised is rigorous. It includes public consultation and oversight of the regulatory assessment process by the Office of Impact Analysis (formerly the Office of Best Practice Regulation) located in the Department of Prime Minister and Cabinet.

Health Ministers may approve a new or amended specialty only after a public benefit has been demonstrated. That is, applicants proposing a new or amended specialty for recognition under the National Law must establish that there is a need for government intervention (regulation) in the interests of the public and that existing arrangements or other alternative non-regulatory options are unsatisfactory. Specialist recognition is not about the interest or prestige of the practitioners who are seeking this recognition.

Further details about the Rural Generalist Medicine application and recognition process are contained in the consultation documents.

The consultation is open until **Tuesday 12 December 2023**

Consultation process

The Australian Medical Council's (AMC's) review panel assesses and provides advice to the Medical Board of Australia (the Board) on applications for the recognition of new or amended medical specialties. Stakeholder feedback received by the Board will be forwarded to the AMC for analysis and advice.

On behalf of the Board, the AMC may also seek additional information in order to complete its detailed assessment of the application based on stakeholder feedback. For example, it may:

- interview representatives of the applicant and other relevant stakeholders;
- seek additional information from the applicant or any other person or organisation;
- complete a program of clinical site visits to contribute to understanding of the role and place of clinical practice in the proposed specialty or field of specialty practice within the broader context of the Australian health system. These visits may include interviews with practitioners practising substantially in the field, and other health professionals working in related or associated disciplines. The review panel may seek recommendations from the applicant on who to include in the clinical site visits, but the group will develop its own program; and/or
- undertake any other investigations or inquiry that appears appropriate to the review panel.

In some circumstances, the AMC may recommend to the Board that additional work be commissioned by third parties (e.g. academics, health economists), if this work is regarded as essential to the assessment of the case.

Making a submission

The Board is inviting comments on the application by the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners for Rural Generalist Medicine to be recognised as a new field of specialty practice in general practice under the Health Practitioner Regulation National Law. There are also specific questions which you may wish to address in your response.

Please provide written submissions by email, marked: '*Consultation on the recognition of Rural Generalist Medicine*' to medboardconsultation@ahpra.gov.au by close of business on **Tuesday 12 December 2023.**

Submissions for publication on the Board's website should be sent in Word format or equivalent[1].

Submissions by post should be addressed to the Executive Officer, Medical, Ahpra, GPO Box 9958, Melbourne 3001.

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Before publication, we may remove personally-identifying information from submissions, including contact details.

[1] You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, Ahpra and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is requested.

Background

Health Ministers have approved a range of specialties for medicine under section 13 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Some specialties also have specialty fields (sub-specialties). The approved list of specialties, specialty fields and specialist titles for medical practitioners is available on the Board's website.

Under the National Law, a National Board for a profession may recommend that Health Ministers approve new or amended medical specialties for a health profession for which specialist registration applies.

Health Ministers will only consider a recommendation for a new or amended specialty if a public benefit has been demonstrated. That is, applicants proposing a new or amended specialty must establish that there is a need for government intervention (regulation) in the interests of the public and that existing arrangements, or other regulation or non-regulatory options are unsatisfactory. For this reason, the application process involves a robust regulatory assessment, with extensive stakeholder consultation.

The recognition process is a two-stage, linked process. The Australian Medical Council (AMC), as the accreditation authority for medicine under the National Law, provides advice to the Medical Board of Australia having undertaken detailed assessments of applications for specialist recognition.

Stage 1: Initial assessment of proposal: In this stage, applicants for a new or amended specialty submit an initial proposal to the Board. The Board decides whether the proposal demonstrates there may be a case for recognition of a new or amended specialty. If it decides there is no case for recognition, the application does not proceed further.

Stage 2: Detailed assessment of proposal: In this stage, the Board conducts a detailed assessment of the case for recognition including public consultation on the proposal. This includes seeking advice from the AMC. This stage leads to the Board deciding whether or not to recommend that Health Ministers approve the new or amended specialty and Health Ministers making a decision.

Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law details the process for organisations to apply for recognition of new or amended medical specialties under the National Law.

Rural Generalist Medicine application

The Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) submitted an initial (Stage 1) application for Rural Generalist Medicine to be recognised as a new field of specialty practice in the specialty of general practice

The proposal is one of the aims of the National Rural Generalist Pathway (the Pathway), an initiative of the Commonwealth Government. The National Rural Health Commissioner has been tasked by the Commonwealth Government with establishing the Pathway.

The Pathway aims to:

- formally recognise the role and skills of Rural generalists through protection of title
- improve the coordination of Rural generalist training
- increase support for Rural generalists
- increase opportunities for doctors to train and practise in both hospital and primary care settings in regional, rural or remote communities
- keep doctors working in regional, rural or remote communities.

In line with the *Guidelines*, the AMC has assessed the proposal and provided advice to the Board. The Board has determined that the information presented indicated that there may be a case for the recognition of Rural Generalist Medicine as a new field of specialty practice and agreed to progress the application to the detailed (Stage 2) assessment.

The Office of Impact Analysis (formerly the Office of Best Practice Regulation) has determined a Regulatory Impact Statement (RIS) is not required to support the public consultation on this

application. Therefore, the public consultation is being conducted in accordance with Ahpra's and the National Boards consultation process.

Rural Generalist Definition

The following definition for Rural Generalist was agreed to by the ACRRM and the RACGP in collaboration with the National Rural Health Commissioner (the 'Collingrove Agreement') in February 2018:

"A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialty care in hospital and community settings as part of a rural healthcare team."

The Rural Generalist scope of practice is described in the colleges' application as '*comprised of a core skill set which enables practitioners to provide general practice care plus emergency care in a clinical context of relative professional isolation, and in addition, at least one additional area of advanced skills related to the needs of their communities*.'

The full application by the ACRRM and RACGP, including additional information to support the Stage 2 assessment process is on the Board's Current consultations page.

Options

The AMC will be undertaking the Stage 2 assessment of the application for Rural Generalist Medicine to be recognised as a new field of specialty practice. At this early stage, two options have been identified for consultation. As outlined in the *Guidelines*, the AMC will thoroughly investigate the detailed case for and against the recognition of Rural Generalist Medicine, and report on its assessment to the Board.

Option 1 – Recognition of Rural Generalist Medicine as a distinct field of specialty practice within the specialty of General Practice

In this option, if approved by Health Ministers, Rural Generalist Medicine will become a new field of specialty practice and the title 'Specialist Rural Generalist' would become a protected title under the National Law. This will enable General Practitioners' (GP) with an approved qualification in Rural Generalist Medicine to have Rural Generalist Medicine added to their record on the Register of Specialists. Their skill set will be recognised nationally.

The ACRRM and RACGP confirm that Rural Generalists are trained to provide comprehensive general practice and emergency care, as well as components of other medical specialty care in hospital and community settings and to work as a part of a rural health team.

The colleges' application notes that Rural Generalist training and scope of practice is designed to provide high quality care in isolated, low resource, low patient caseload contexts. Rural Generalists enable secondary health services such as rural hospitals to continue to provide quality and safe specialised care where there is limited or no access to other medical specialists. Without recognition of title, it may be difficult to attract and retain doctors in this area of practice.

The colleges' application also contends that approval of Rural Generalist Medicine as a distinct field of specialty practice will support the expansion and retention of a robust rural generalist workforce, with the following outcomes expected:

- increased awareness of, and incentive to pursue rural generalist careers. Rural and remote communities will therefore have improved access to comprehensive and specialised healthcare
- simplified, nationally consistent, quality-assurance, credentialing and employment
- greater visibility and integration of the workforce in policy, planning and resourcing
- other health practitioners, employers and the public will be able to distinguish 'Rural Generalists' from other GPs and non-GP specialists and be assured that Rural Generalists have been trained to an approved nationally consistent standard.

The ACRRM and RACGP each provide a program of advanced education and training for GPs. If Rural Generalist Medicine is recognised as a field of specialty practice, the AMC will invite education providers with rural generalist programs of study to seek accreditation of their program. This will ensure training is accredited to nationally consistent standards.

Option 2 – No change - retain status quo

In this option, Rural Generalist Medicine will not be recognised as a field of specialty practice under the National Law and the associated title of 'Specialist Rural Generalist' will not become a protected title.

Medical graduates will not be encouraged or incentivised to undertake a career in rural generalist practice because there will be no recognised career path. This may mean that communities could have reduced access to the services of Rural Generalists.

The ACRRM and the RACGP deliver training in enhanced GP skills. Although there are medical practitioners with enhanced GP skills practising as 'Rural Generalists' working in rural and remote communities, the colleges confirm there is currently no uniform or national approach to recognising and credentialing this scope of practice across jurisdictions. Recognition of current advanced training is not transferrable across jurisdictions. There will continue to be an absence of national standards for credentialling and recognising the qualifications of this cohort of practitioners.

The submission from the ACCRM and the RACGP notes that rural and remote communities do not typically have the population, infrastructure and resources needed to support a permanent range of non-GP specialists. Health services will continue to rely on fly-in/fly-out specialists or locums. This can be a costly, resource intensive measure that could potentially delay patients receiving care. Although some services can be delivered through telehealth, there are some that cannot be, such as physical examinations and procedures. Locum or fly-in/fly-out non-GP specialists cannot provide the breadth and continuity of care needed in rural communities that can be provided by a local 'Rural Generalist'.

If Rural Generalist Medicine is not recognised as a distinct field of specialty practice, the ACRRM and the RACGP submission contends that employers and the public will continue to be unable to easily distinguish the skill set of Rural Generalists from other GPs and non-GP specialists. This will likely be more costly for the health system to support the recruitment and credentialing of doctors with this necessary skill set because assessment and credentialing will continue to be reliant upon individual skills assessment without the benefit of a nationally recognised qualification.

Issues for consultation

Assessment of the impact of recognition

Wide ranging consultation with stakeholders is a part of the assessment of the application for Rural Generalist Medicine to be recognised as a field of specialty practice. The assessment will consider the information, submissions and evidence concerning the impact of the recognition of a new field of specialty practice including:

- How recognition of the proposed new field of specialty practice will advance the objectives of the National Registration and Accreditation Scheme
- Whether the existing arrangements are unsatisfactory, and the net benefit of the proposed change
- The extent to which health services are established in the proposed field of specialty practice and the demonstrated and/or potential ability of this application to improve the provision of those services
- Stakeholder groups likely to be affected by recognition and the likely impacts on these groups
- If the field of specialty practice is distinct and a legitimate area of specialist practice
- If the field of specialty practice is capable of contributing to the standards of medical practice
- If regulation in the form of recognition of the field of specialty practice addresses service delivery, and quality of healthcare in Australia.

Potential impacts of recognition of Rural Generalist Medicine identified by the ACRRM and the RACGP

The ACRRM and the RACGP application for recognition of Rural Generalist Medicine as a field of specialty practice outlines the colleges' assessment of the potential impacts. This consultation is seeking submissions on the potential impacts identified by the applicants, as well as other impacts not identified here that should be considered.

This consultation also invites comments on alternative options (both regulatory and non-regulatory) for addressing the problem identified. This includes options put forward in the application by the colleges.

A summary of the potential impacts is provided below. Note that this summary is provided to assist stakeholder consultation. It does not indicate that the Medical Board of Australia has endorsed the statements by the applying colleges'.

You can also refer to the colleges' assessment of the potential impacts in full in their application on the Board's Current consultations page:

1. *Rural generalist medicine - Initial (Stage1) proposal and attachments for recognition of a new field of specialty practice*
2. *Rural generalist medicine - additional information to support initial (Stage 1) proposal for recognition*
3. *Rural generalist medicine - information to support the Stage 2 assessment process*

In summary, if the proposal is approved:

- Costs impacts are expected to be small for Government and for medical practitioners seeking to use the protected title 'Specialist Rural Generalist'.
- No significant changes to existing arrangements are expected. However, if numbers of Rural Generalists in rural and remote communities increase, the ACRRM and RACGP expect that the positive impacts will be
    - there is improved access to locally delivered high quality health care.
    - Rural Generalists will be able to support services in both local hospitals and primary healthcare facilities to maintain and improve services. This may in turn support local communities, including by giving employment opportunities to other staff.
    - the flexibility created by Rural Generalists' capacity to work across multiple medical work settings will create viable medical service models for permanent locally based doctors in small and remote communities which may not have the population to support local teams of specialist doctors.
- The delivery of training in advanced skills to GPs would continue by the ACRRM and the RACGP. The ACRRM currently has an integrated GP and Rural generalist program. The RACGP currently has a GP training program and the Rural Generalist Fellowship, which includes additional rural skills training, aligned to community need.

Stakeholder groups likely to be affected by recognition of Rural Generalist Medicine have been identified. The Board's consultation aims to investigate the impacts thoroughly with all stakeholders:

- **Specialist General Practitioners with additional training (Rural Generalists)**

  These are medical practitioners who are currently working in rural practice and have advanced skills. If they already have the necessary qualifications or are assessed as having the necessary skills, training and experience for specialist registration in Rural Generalist Medicine, they could be included on the Register of Specialists in the field of Rural Generalist Medicine for a small registration fee.

  Medical practitioners with specialist registration are currently required to complete the continuing professional development program (CPD) for their scope of practice and have a CPD home. These requirements would continue if the proposal is approved. There would be no additional CPD requirements.

- **Specialist general practitioners without additional training (GPs)**

  If the proposal is approved, there is not expected to be significant competition between GPs and Rural Generalists. The colleges confirm that they do not have the same scope of practice and Rural Generalists are specifically trained to work in areas of pervasive workforce shortage. Community needs will determine the type of practitioner required. Where a community lacks access to a range of non-GP specialists, a Rural Generalist may be of benefit to that community compared to a GP.

  Training in Rural Generalist Medicine currently exists, even though it is not recognised through protection of title. There are government initiatives to increase this workforce including through funding of training. Protection of title will not change the existence of this workforce or initiatives to expand this workforce but it will give greater visibility of this workforce to employers and consumers and will protect the public by ensuring Rural Generalists can be distinguished from GPs.

- **Non-GP specialists (e.g. all other medical specialists - anaesthetists, psychiatrists, obstetricians and gynaecologists etc)**

  No significant negative impacts are expected for other medical specialists. Most rural and remote communities do not typically have the population, resources and infrastructure to support full-time local specialists, hence the need for Rural Generalists. Although Rural Generalists have advanced skills in one or more of the other medical specialties, they are not trained to the full scope of the other specialties. Rural Generalists currently provide some specialised care in the absence of a fully trained specialist or they work in conjunction with other specialists (either locally or remotely) to ensure their patients receive the care they need.

- **Other health practitioners (non-medical)**

  Although difficult to quantify, overall, it is not expected that there will be significant impacts on other health practitioners. It is possible that with the ability of rural hospitals to increase their activity because of the involvement of a Rural Generalist, there will be increased local employment opportunities for some practitioners.

- **Governments and businesses**

  Minimal additional costs are expected for governments and businesses.

  It is expected that governments and businesses will benefit from the application as it will establish a national standard for Rural Generalists that will be transferable across jurisdictions, streamlining the assessment and credentialing process for the employment of Rural Generalists, thereby reducing costs. If the application is approved and this results in more Rural Generalists, this will further reduce costs by minimising the reliance on fly-in/fly-out specialists and locums and reducing the requirement for ambulance and helicopter services to transport patients to where specialists are available.

  More doctors training to become Rural Generalists will see an increase in the number of training positions/sites required. However, the Commonwealth Government and some state and territory governments have committed funding to support the training of Rural Generalists.

  If approved, the application may see an increase in the remuneration of Rural Generalists. Although this cost may be passed onto employers and consumers, the benefits to consumers of having timely access to a broader range of healthcare services is likely to outweigh any increases to salaries.

  Queensland currently recognises Rural Generalists through an industrial award. In other states, GPs with additional training (e.g. GP Obstetricians) are remunerated under another award at an appropriate rate for their advanced skill set.

  If the application is approved, other states may establish a specific award for these doctors which would simplify remuneration structures but may or may not increase costs.

- **Consumers**

  If approved, the proposal will ensure timely access to specialised care including emergency care within rural and remote communities and promote continuity of care as Rural Generalists are also primary care providers. The need for consumers to travel to see specialists in major centres and the associated costs (e.g. travel and accommodation) will be reduced or not required. In particular, Aboriginal and Torres Islander Peoples with have access to specialised care 'on Country'.

Questions for consideration

The Board is inviting general comments on the application for Rural Generalist Medicine to be recognised as a new field of specialty practice in the specialty of General Practice with reference to the criteria for recognition (see Part A), as well as feedback on the following questions.

General questions

1. Has the claim that regulatory action is necessary to recognise Rural Generalist Medicine as a field of specialty practice been substantiated?

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?

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?

4. Are there specific issues or claims in the application that should be the focus of the AMC assessment of the application?

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?

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?

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)

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?

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

   - unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.

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?

Relevant sections of the National Law

The relevant section of the National Law is section 13.

The full application from the ACRRM and RACGP can be accessed on the Board's Current consultations page.

Recognition of new medical specialties and fields of specialty practice

What does specialist recognition mean?

Recognition of a specialty or field of specialty practice means that the Health Ministers have made a decision under the National Law to recognise a new or revised specialty or field of specialty practice and to amend the List of specialties, fields of specialty practice and titles for the profession. The National Law protects the public through 'protection of title'. Only individuals who are registered in a particular profession and/or specialty can use the titles associated with that profession and/or specialty. For example, under the National Law:

- A person can only use the title 'medical practitioner' if they are a registered medical practitioner.
- A person can only use the title 'medical specialist' if they are registered in a recognised specialty in the medical profession.
- A person can only use a protected specialist title if they are registered in the associated recognised specialty or field of specialty practice. To illustrate, the title 'specialist general practitioner' can only be used by someone who has specialist registration in general practice and the title 'specialist in addiction medicine' can only be used by someone who has specialist registration in addiction medicine.

Therefore, specialist registration means that a person can use the protected title associated with the specialty in which they are registered.

Health Ministers approval of a specialty or field of specialty practice is a 'regulatory instrument'. It extends the scope of offences that apply to the unauthorised use of these protected titles and to individuals who otherwise hold themselves out as being authorised or qualified to use them.

Approved specialties

The current approved 'List of specialties, fields of specialty practice and related specialist titles' for the medical profession that took effect at the commencement of the National Registration and Accreditation Scheme (the National Scheme) is published on the Board's website.

Organisations responsible for recognition of a new or amended medical specialty or field of specialty practice

- **Health Ministers** approve new or amended specialties or fields of specialty practice.
- The **Medical Board of Australia** recommends to Health Ministers to approve a new or amended specialty or field of specialty practice.
- The **Australian Medical Council** provides advice to the Medical Board on the application for recognition of a new or amended specialty, including the education and training impacts of the application. The Australian Medical Council also prepares the consultation documents and reports for the Medical Board of Australia.
- The **Office of Impact Analysis** located in the Department of Prime Minister and Cabinet oversees the regulatory assessment process prior to the Health Ministers decision.
- The **applicant** is responsible for making a case for recognition of a new or amended specialty or field of specialty practice and the reasonable costs of any assessment work required by the Medical Board.

Criteria for applications seeking recognition

Initial application

The initial application must describe the objective/s of the proposal in broad terms. The proposal must also:

1. Describe the function of the organisation lodging the preliminary proposal and its interest in the proposal.
2. Present a clear statement of the issue or issues that the proposal for the recognition of a new or amended specialty is intended to address, including:
    a. How recognition of the proposed new or amended specialty within the National Scheme will advance the objectives of the National Scheme
    b. Why the existing arrangements are unsatisfactory.
    c. How significant the benefits of recognition are in terms of the objectives of the National Scheme.
    d. The extent to which health services are established in the proposed specialist or field of specialty practice and the demonstrated and/or potential ability of this proposal to improve the provision of the service.
    e. Describe other ways in which the proposal is in the public interest.
3. Describe alternative options (both regulatory and non-regulatory) for addressing the issues outlined in point 2. In addition to recognition under the National Law, the proposal must present and compare the advantages and disadvantages of:
    - existing arrangements (no change);
    - other regulation that exists that may be used to address the problem listed in point 2;
    - other non-regulatory mechanisms to achieve the desired outcome, for example: self regulation of practitioners through professional (voluntary) codes of conduct.
4. Describe the existing professional standards that are relevant to training and specialty practice in the specialty:
    a. If education programs and continuing professional development programs exist, provide a short outline of them and a link to more detailed information.
    b. Indicate what new standards or requirements are anticipated if the proposal results in recognition of a new or amended specialty of field of specialty practice under the National Law.
5. Identify the stakeholder groups likely to be affected by the recognition of the specialty including groups within the regulated profession or segments of the profession, other health professions, health consumers and the community, health service providers, funding bodies, education providers and Aboriginal and Torres Strait Islander Peoples.
6. Describe the consultation which has been undertaken to determine the stakeholders affected by the proposal.
7. Identify extant medical specialties and/or fields of specialty practice that have significant overlap in scope of practice, required knowledge, skills and competencies with the proposed new or amended specialty or field of specialty practice; and describe what differentiates the proposed new or amended specialty from these existing specialties.
8. Identify expected impacts of each option on the various stakeholder groups, including impacts on coordination and continuity of health care and the quality and safety of care, workforce impacts, financial impacts, business impacts and competition impacts

Detailed (Stage 2) assessment of the application

These matters are based on the Australian Health Workforce Ministerial Council Guidance to National Boards about the matters that should at least be addressed in a submission for approval of a new or amended specialty. Applicants must address these matters as part of the detailed assessment of the proposal to the Medical Board.

1. The field of practice is distinct and a legitimate area of specialist practice:
    a. that the specialty or field of practice is based on substantiated concepts in medical science and health care delivery
    b. that the specialty or field of practice is a legitimate and distinctive field of medicine with

specialist knowledge and skills that are over and above those required for generalist practice and separate from other existing specialties or fields of practice. This might include, for example, the extent to which the field of practice has:

- an established and distinct body of knowledge;
- a comprehensive and developing body of international and local research, literature, practice and innovation;
- formal recognition as a specialty in comparable countries.

2. The specialty or field of practice is capable of contributing to the standards of medical practice The applicant must address the following concerning the scope of practice of the specialty or field of practice:
   a. that the specialty or field of practice has structures and governance arrangements in place that demonstrate substantial institutional support for its practice including:
      - professional bodies that represent practitioners in the field of practice;
      - acceptance by government and non-government health service funders, and service delivery bodies.
   b. that there are standards for:
      - medical practice in the specialty or field of specialty practice to ensure high quality health care;
      - guidelines and procedures for determining who will be Foundation Fellows/Members of the professional body (NB the level of knowledge, skills and competence of Foundation Fellows/Members should be no lower than those who will complete its training program); and
      - training, assessment and certification in the specialty or field of practice.
   c. that the Australian professional body or bodies can demonstrate experience in all or some of the following:
      - health policy development; health promotion and advocacy;
      - research facilitation;
      - the development and dissemination of the discipline's evidence base;
      - the education of other medical and health professionals;
      - engagement with health consumers.
3. Regulation in the form of recognition of the specialty or field of specialty practice addresses service delivery, and quality of healthcare in Australia:
   a. How the recognition of the scope of practice of the specialty or field of specialty through the Health Practitioner Regulation National Law will address service delivery, including one or more of the following:
      - safety of service delivery;
      - quality of service delivery;
      - access to services for consumers;
      - efficiency of the health system.
   b. How the recognition of the scope of practice of the specialty or field of specialty through the Health Practitioner Regulation National Law enhances protection of the public and addresses quality of healthcare in one or more of the following dimensions:
      - effectiveness of health care as defined by improved health outcomes;
      - appropriateness of health care as defined by providing care relevant to the patient's needs and based on established standards;
      - safety of care (e.g. significant reduction of harm experienced as a result of receiving

healthcare);

- public health significance as defined by a significant burden of disease, incidence, prevalence or impact on the community relevant to the proposed specialty coupled with a demonstrated capacity of members of the proposed specialty to influence this at a population level.

c. That the recognition of the scope of practice of the specialty or field of specialty through the Health Practitioner Regulation National Law will not adversely affect the quality of healthcare in Australia by promoting:

- the unnecessary fragmentation of medical knowledge and skills (e.g. where this serves to increase the risk of medical errors and/or inefficient or inappropriate care);
- the unnecessary fragmentation of medical care (e.g. where patients are required to see multiple practitioners for care at a significant coordination cost);
- the unnecessary deskilling of other medical practitioners (e.g. General Practitioners and other primary health care providers);
- inequitable access to health care as defined by socioeconomic status, geography or culture.

Recognition process

Responsibility Key:

Applicant	
Medical Board of Australia (the Board)	
Australian Medical Council (AMC)	
Health Ministers	

Initial assessment process (Stage 1)	
Step 1	Applicant submits an initial proposal to the Board
Step 2	The Board seeks advice from the AMC on the initial proposal
Step 3	The AMC prepares advice on the initial proposal
Step 4	The Board considers the initial proposal and AMC's advice. **If there is not a sufficient case for recognition** • the application process closes • the applicant unable to reapply for recognition for 12 months **If there may be a case for recognition** • the Board informs the Office of Impact Analysis (OIA), Health Ministers, applicant and AMC • the Board liaises with OIA if a Consultation Regulatory Impact Statement (RIS) is needed in the detailed assessment (Stage 2) • the Board advises applicant on information for Stage 2 based on OIA advice and requirements in Guidelines for Recognition
Detailed assessment process (Stage 2)	
Step 5	The Board requests the AMC commence the detailed assessment of the proposal
Step 6	Applicant submits the information requirements for the detailed assessment

Step 7	AMC sets up review panel to complete assessment. (Review panel considers the application and decides on the activities necessary to assess the case e.g. meetings, site visits)
Step 8	Review panel prepares consultation documents (a consultation RIS if needed) which is sent to the Board
Step 9	Stakeholder consultation: The Board will: • consult OIA on document if consultation RIS was required. • seeks submissions using the consultation document prepared by the AMC • provides consultation submissions to AMC and publishes submissions on website
Step 10	AMC Review Panel assesses the consultation feedback, and completes assessment. It may seek additional information through: site visits, stakeholder discussions, and/or asking the Board to commission additional work
Step 11	The AMC review panel prepares a report on the case for recognition
Step 12	Applicant comments on report's accuracy and findings
Step 13	The AMC Recognition of Medical Specialties Sub Committee considers report and provides advice to Specialist Education Accreditation Committee, which finalises AMC's advice to the Board. If a consultation RIS was required, AMC prepares report in the form of a Decision RIS
Step 14	The AMC provides a report to the Board
Step 15	The Board considers the report and decides: **Not to recommend** recognition. The Board will then: • inform the applicant • inform Health Ministers **Assessment ends** **To recommend** recognition. The Board will then:

	• inform the applicant • if Decision RIS was required it seeks OIA advice on whether document meets Guide to Best Practice Regulation requirements **Assessment continues to Step 16-19**
Step 16	Health Ministers make a decision. In approving the specialty, Health Ministers must be satisfied that: • there has been sufficient consultation with key stakeholders during development of the proposal for approval of the specialty • approval of the specialty provides the greatest net public benefit, compared with alternative options
Step 17	The Board publishes its advice to Health Ministers and their decision on its website
Step 18	If Health Ministers approve the specialty, the Board updates the List of specialties, fields of specialty practice and related specialist titles and will publish the amended list
Step 19	AMC calls for applications for accreditation of programs of study in the new specialty or field of specialty practice. Only programs of study that have been accredited by the AMC and approved by the Board will lead to specialist registration.

Accreditation assessment and approval of education providers

If Health Ministers approve the recognition of a new specialty, education providers with programs of study in that specialty may apply to the AMC for accreditation of their program of study. The AMC assesses programs of study in recognised specialties against the relevant approved accreditation standards for specialist medical training programs.

A medical practitioner awarded a qualification after completing an AMC accredited program of study in a recognised specialty, which has also been approved by the Medical Board, is qualified for specialist registration.

Proposals not likely to meet the requirements for recognition under the National Law

A guiding principle of the recognition process is that the Australian community and health system are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. The onus is placed on the applicant to demonstrate the benefits of specialty in a particular field of medicine and present evidence to this effect. It is unlikely that preliminary proposals based on any of the following would be successful:

- an area of practice limited to a specific geographic area or narrow demographic group;
- an area of practice limited to the treatment of a single disease;
- an area of practice based on a single modality of treatment;
- an area of practice not directly involved in clinical care unless evidence is presented that

specialisation is providing substantial benefits to the health status of the Australian community;

- an area of practice already recognised (fully or partly) under a different name unless there was a clear case that the new specialty represented major developments. More than one professional body, however, may consider that it fulfils the standard setting and training roles for an already recognised specialty. In such cases, the most appropriate avenue is via the AMC's process for accreditation of the program of study and not the recognition process.

Statement of assessment

The Medical Board of Australia's statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Proposal to recognise Rural Generalist Medicine as a new field of specialty practice

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: https://www.ahpra.gov.au/Resources/Procedures.aspx

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Medical Board of Australia's (the Board's) initial assessment of the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioner's (RACGP's) joint proposal for the approval of Rural General Medicine as a new field of specialty practice against the three elements outlined in the Ahpra procedures is based on the ACRRM and RACGP's proposal and the AMC's initial advice about the proposal. A detailed assessment of the proposal will be conducted following stakeholder consultation before the Board decides whether or not to recommend the proposal to the Ministerial Council for approval.

1. The proposal takes into account the objectives and guiding principles in the National Law (sections 3 and 3A) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

National Board assessment

Based on the information from the ACRRM and RACGP, and the AMC's initial advice, the proposal takes into account the National Scheme's:

- paramount principles of protecting the public and public confidence in the safety of services provided by health practitioners and students by:
    - ensuring only medical practitioners qualified in Rural Generalist Medicine are granted specialist registration and can call themselves a 'Specialist Rural Generalist'
- objectives of facilitating workforce mobility, facilitating the provision of high-quality education and training by:
    - enabling the growth of a robust Rural Generalist workforce to enhance access to quality care for rural and remote communities
    - ensuring that Rural Generalist Medicine training is accredited against national standards
    - simplifying and streamlining jurisdictional recruitment and credentialing processes for Rural Generalists, reducing the administrative burden for health practitioners wishing to move between jurisdictions enabling workforce mobility across Australia.

The Board's consultation and assessment of the ACRRM and the RACGP proposal will consider the information, submissions and evidence concerning the impact of the recognition of Rural Generalist Medicine, including how recognition will advance the guiding principles and objectives of the National Scheme, and whether the claims made in the application have been substantiated.

2. Steps have been taken to achieve greater consistency within the national scheme (for example, by adopting any available template, guidance or good practice approaches used by national scheme bodies), and the consultation requirements of the National Law are met

National Board assessment

Applications for the recognition of a new or amended medical specialty must meet the requirements of the Board and AMC's *Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law* (the Guidelines). The Guidelines align with the *Australian Health Workforce Ministerial Council (AHWMC) - Guidance for National Board submissions to the Australian Health Workforce Ministerial Council for approval of specialties under Section I3 of the Health Practitioner Regulation National Law - 29 July 2014*.

The college's initial application (Stage 1) met the requirements of the Guidelines.

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines, including consulting on applications for recognition of new medical specialties and fields of specialty practice.

The Board will ensure that there is public exposure of the ACRRM and the RACGP proposal for the approval of Rural Generalist Medicine as a new field of specialty practice and the opportunity for public comment by undertaking an eight-week public consultation process. The public process will include the publication of the consultation paper on the Board's website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners.

Key stakeholders will also be invited to comment on the proposal including, specialist medical colleges, Commonwealth and State and Territory Governments, professional organisations, patient safety organisations, consumer groups, and Aboriginal and Torres Strait Islander groups.

The Board will take into account the feedback and advice it receives during the consultation process in deciding whether to recommend to Health Ministers that Rural Generalist Medicine be approved as a new field of specialty practice.

3. The proposal takes into account the principles set out in the Ahpra procedures

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

National Board assessment

Based on the ACCRM and the RACGP's application, the proposal will:

- protect the public by ensuring that other medical practitioners, employers and the public can distinguish 'Rural Generalists' from other GPs and non-GP specialists and be assured that Rural Generalists have been trained to an approved nationally consistent standard attract medical practitioners to the specialty which will improve access to comprehensive healthcare for people living in rural and remote communities, particularly Aboriginal and Torres Strait Islander people, by establishing Rural Generalist Medicine as a recognised career pathway
- simplify and streamline jurisdictional recruitment and credentialing processes for Rural generalists. Employers will be able to be assured that practitioners with specialist registration in Rural Generalist Medicine have undertaken nationally accredited training and hold an approved qualification. At present jurisdictional employers in the private and public sector have different approaches to assessing and credentialing Rural Generalists which offer no consistency and rely heavily on individual's skills assessment without the benefit of a nationally recognised standard
- give greater visibility and integration of the workforce in policy, planning and resourcing.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Board assessment

The proposal is not expected to restrict competition amongst other health practitioners working in rural and remote communities.

The ACRRM and the RACGP confirm that the training requirements, scopes of practice and skill sets of other medical practitioners, are different to medical practitioners qualified as Rural Generalists.

General Practitioners (GPs) and Rural Generalists do not have the same scope of practice. Rural Generalists are specifically trained to work in areas of workforce shortage and community needs will determine the type of practitioner required. Where a community lacks access to a range of non-GP specialists, a Rural Generalist may be of benefit to that community compared to a GP.

Although Rural Generalists have advanced skills in one or more of the other medical specialties, they are not trained to the full scope of the other specialties. Rural Generalists currently provide some specialised care in the absence of a fully trained specialist as most rural and remote communities do not typically have the population, resources and infrastructure to support full-time local specialists, or they work in conjunction with other specialists (either locally or remotely) to ensure their patients receive the care they need.

It should be noted that training in Rural Generalist Medicine currently exists, even though it is not recognised through protection of title. There are government initiatives to increase this workforce including through funding of training. Protection of title will not change the existence of this workforce or initiatives to expand this workforce but it will give greater visibility of this workforce to employers and consumers and will protect the public by ensuring Rural Generalists can be distinguished from GPs and who are trained to a nationally consistent standard.

The consultation process will help to identify if there may be any unintended impacts for GPs or other health practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Board assessment

The proposal aims to enhance patient access to specialised care including emergency care within rural and remote communities, and promote continuity of care as Rural Generalists are also primary care providers. This may save patients time and money and reduce delays to receiving treatment as they may not need to travel to see specialists in major centres. In particular, Aboriginal and Torres Islander peoples with have access to specialised care ‘on Country’.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Board assessment

The proposal is not expected to have any significant cost impacts for members of the public, registrants or governments.

The ACRRM and the RACGP currently deliver training in Rural Generalist Medicine to GPs. If the proposal is approved, medical practitioners with the necessary qualifications or who are assessed as having the necessary skills, training and experience for specialist registration will need to pay a small application fee to obtain specialist registration in Rural Generalist Medicine.

It is expected that governments will benefit from the proposal as it will establish a national standard for Rural Generalists that will be transferable across jurisdictions, streamlining the assessment and credentialing process for the employment of Rural Generalists, thereby likely reducing costs. If the proposal is approved and this results in more Rural Generalists, this could further reduce costs by minimising the reliance on fly-in/fly-out specialists and locums and reducing the requirement for ambulance and helicopter services to transport patients to where specialists are available.

The proposal may incentivise more medical practitioners to take up training in Rural Generalist Medicine which will see an increase in the number of training positions/sites required. However, the Commonwealth Government and some state and territory governments have committed funding to support the training of Rural Generalists.

If approved, the proposal may see an increase in the remuneration of Rural Generalists. Although this cost may be passed onto employers and the patients, the benefits to the public of having timely access to a broader range of healthcare services is likely to outweigh any increases to salaries.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Board assessment

The proposal is an application by the ACRRM and the RACGP for the recognition of Rural Generalist Medicine as a new field of specialty practice. The consultation document is written in plain language and outlines the colleges proposal and what are the perceived consequences of the recognition of Rural Generalist Medicine as a new field of specialty practice.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

National Board assessment

There is a process for recognising new medical specialties and fields of specialty practice but there is no legislated process for reviewing the list of recognised medical specialties and fields of specialty practice.

The AMC assesses programs of study, including the continuing professional development programs in recognised specialties, against the approved accreditation standards. If this proposal is approved, education providers and their programs of study in Rural Generalist Medicine are expected to meet the accreditation standards.

These accreditation standards require educational outcomes for programs to address community needs, and that education providers relate their training and education functions to the health care needs of the community, ensuring the promotion of health and safety of the public including Aboriginal and Torres Strait Islander Peoples. If certain standards are not met, the AMC applies accreditation conditions to the program, and continuing accreditation is subject to satisfying these conditions. The AMC may decide not to grant accreditation if programs do not meet the standards.

Once the AMC has accredited programs and their providers, under the National Law it must monitor the program and provider to ensure that they continue to meet the accreditation standards. The AMC seeks annual submissions from accredited education providers to satisfy this monitoring requirement.

Accreditation standards are also reviewed regularly.

Attachment B

National Boards' Patient and Consumer Health and Safety Impact Statement

17 October 2023

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)[2] explains the potential impacts of the proposal by the Australian College of Rural and Remote Medicine (ACCRM) and the Royal Australian College of General Practitioners (RACGP) for the approval of Rural Generalist Medicine as a new field of specialty practice (the proposal), on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposal for the approval of Rural Generalist Medicine as a new field of specialty practice on the health and safety of patients particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects
2. The potential impact of approval of Rural Generalist Medicine as a new field of specialty practice on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients, particularly vulnerable members of the community, about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the *National Scheme's* *Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025*, *the NRAS engagement Strategy 2020-25*, the *NRAS Strategy 2020-25* and reflect key aspects of the revised consultation process in the Procedures for developing registration standards, codes and guidelines and accreditation standards.

[2] This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Below is our initial assessment of the potential impact of the proposal by the ACRRM and the RACGP for the approval of Rural Generalist Medicine as a new field of specialty practice on the health and safety of patients, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. The initial assessment is based on the information contained in the ACRRM and RACGP application. This statement will be updated after a detailed assessment of the proposal including consultation with stakeholders.

1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The ACRRM and RACGP have made an application for Rural Generalist Medicine to be approved as a recognised field of specialty practice within the specialty of General Practice. If the proposal is approved by Ministers for Health, medical practitioners who hold an approved qualification in Rural Generalist Medicine can apply for specialist registration and use the protected title 'Specialist Rural Generalist'. The names of Rural Generalists will be published on the Specialists Register.

The proposal aims to address the inequity of access to healthcare for people living in rural and remote areas by:

- ensuring that other health practitioners, employers and the public can distinguish 'Rural Generalists' from other GPs and non-GP specialists and be assured that Rural Generalists have been trained to an approved nationally consistent standard
- attract medical practitioners to the specialty
- simplify and streamline jurisdictional recruitment and credentialing processes for Rural Generalists.
- give greater visibility and integration of the workforce in policy, planning and resourcing.

Rural Generalists are trained to provide comprehensive general practice and emergency care, as well as components of other medical specialty care in hospital and community settings and work as a part of a rural health team. The Rural Generalist training and scope of practice is designed to provide high quality care in isolated, low resource, low patient caseload contexts. Rural Generalists enable secondary health services such as rural hospitals to continue to provide quality and safe specialised care where there is limited or no access to other medical specialists. With specialist recognition it is expected that there will be improved access for rural and remote communities to comprehensive and specialised healthcare, and improved access to preventative care and emergency and hospital care in these communities leading to better health outcomes.

Engagement through the stakeholder consultation will help to better understand possible outcomes and to meet the Board's responsibilities to protect patient safety and health care quality.

2. How will consultation engage with patients and consumers, particularly vulnerable members of the community?

In line with our consultation processes, the Medical Board of Australia (the Board) is undertaking wide-ranging public consultation for a minimum of eight weeks. During the public consultation phase, the Board will engage with patient and consumer organisations, peak bodies and other relevant organisations to get input and to identify any issues for vulnerable consumers and for Aboriginal and Torres Strait Islander Peoples.

Stakeholders who have been invited to comment on the proposal are:

- Specialist medical colleges
- National Health Practitioner Boards
- Commonwealth and State and Territory Governments
- Australian Medical Schools
- Australian Postgraduate Medical Councils

- Consumer health and safety organisations
- Aboriginal and Torres Strait Islander Health & Community Organisations
- Medical professional associations
- General Practice educational and professional associations
- Specialist medical trainee associations
- Health complaints entities
- Health quality and safety entities
- Hospital Associations
- Allied health professional associations
- Registered medical practitioners

3. What might be the unintended impacts for patients and consumers particularly vulnerable members of the community? How will these be addressed?

The Board is not aware of any unintended impacts for patients and consumers, particularly vulnerable members of the public. The proposal is likely to improve access to healthcare for people living in rural and remote areas.

The consultation is part of the Board's and the Australian Medical Council's (AMC) assessment process of the ACRRM and the RACGP proposal. The consultation will investigate the likely impacts with relevant organisations and consumer groups, and will also help to identify any potential impacts.

The Board will fully consider any potential impacts that are raised during the consultation process in making a decision of whether to recommend to Health Ministers that Rural Generalist Medicine be approved as a new field of specialty practice.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board is not aware of any impacts that will be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples.

The Board considers the provision of safe care, particularly for Aboriginal and Torres Strait Islander Peoples is very important. The ACRRM and the RACGP contend that the proposal is expected to improve access for rural and remote communities to comprehensive and specialised healthcare, and improve access to preventative care and emergency and hospital care in these communities leading to better health outcomes. In particular, Aboriginal and Torres Islander Peoples with have access to specialised care 'on Country'.

The Board's engagement with stakeholders through wide-ranging consultation will help to identity any potential impacts and to meet the Board's responsibilities to protect the safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

The Board will fully consider any potential impacts that are raised during the consultation process in making a decision of whether to recommend to Health Ministers that Rural Generalist Medicine be approved as a new field of specialty practice.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025 which focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of the consultation process, there will be engagement with relevant Aboriginal and Torres Strait Islander organisations and stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? how will these be addressed?

The Board does not expect there to be any adverse impacts for Aboriginal and Torres Strait Islander Peoples as a result of the proposal. The ACRRM and the RACGP contend that the proposal will benefit Aboriginal and Torres Strait Islander Peoples as well as other patients by improving access to specialised care including continuity of care in rural and remote communities.

The consultation aims to investigate the likely stated impacts with relevant organisations and Aboriginal and Torres Strait Islander Peoples, and will also help to identify any unintended impacts.

The Board will fully consider any potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation when making a decision on whether or not to recommend to Health Ministers that Rural Generalist Medicine be approved as a new field of specialty practice.

7 How will the impact of this proposal be actively monitored and evaluated?

If Health Ministers approve the recognition of Rural Generalist Medicine as a new field of specialty practice, education providers with programs of study in this specialty may apply to the AMC, as the accreditation authority for medicine under the National Law, for accreditation of their program of study. The AMC assesses programs of study, including the continuing professional development programs in recognised specialties, against the approved accreditation standards.

Education providers and their programs of study are required to meet the accreditation standards. These standards require educational outcomes for programs to address community needs, and that education providers relate their training and education functions to the health care needs of the community, ensuring the promotion of health and safety of the public including Aboriginal and Torres Strait Islander Peoples. If certain standards are not met, the AMC applies accreditation conditions to the program, and continuing accreditation is subject to satisfying these conditions. The AMC may decide not to grant accreditation if programs do not meet the standards.

Once the AMC has accredited programs and their providers, under the National Law it must monitor the program and provider to ensure that they continue to meet the accreditation standards.