

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Re: RG as a Specialty for your consideration
Date: Monday, 11 December 2023 2:43:24 PM

In my honest opinion, the Rural Generalist (RG) term should **only** be applied to doctors who are, for all intents and purposes, hospitalists.

This means general practitioners who actually attend to GP cases, as well as attend and care for hospital in-patients and emergency department presentations.

One could argue bestowing this title to GPs who only work as GPs in rural areas with no hospital involvement. Those GPs are not, by any means, Rural Generalists. Calling them specialists would be counter intuitive.

For me, working as a GP in a rural or remote area does not equate to being a rural generalist. That only means those GPs work in rural areas - not necessarily specialists (i.e. attend to GP cases, in-hospital care as well as emergency presentations).

Rural Generalists should possess the necessary skills i.e. intubation, chest drain insertion and procedural sedation to name a few critical skills.

In my years of experience working in rural and remote Australia as a locum and eventually a fellow, I found that only ACRRMs with subspecialties in areas such as EM, O and G, Surgery, Paediatrics, the only doctors who possess the knowledge and skills to be Rural Generalists ,ergo, specialists.

With all due respect to our RACGP colleagues, their exposure and training is solely primary health care. Despite the RACGP having their own curriculum to qualify for a subspecialty, learning these via modules is totally different from actually completing these requirements on the ACRRM pathway.

I believe that only GP-trained doctors who possess the skills as well as who work in hospitals in designated rural and remote areas be the only ones bestowed the honour of being a Rural Generalist. Otherwise, otherwise we will just be opening ourselves to ridicule.

I have encountered some RACGP doctors scrambling to get recognition so they could qualify as RGs simply because they were GPs in rural areas. Some of them to my knowledge got recognised as having had rural training by RACGP. I am not sure what their end goal was in doing such.

Having highly skilled hospitalists, who eventually get reclassified as specialist, may also be the answer to getting such doctors to work in rural and remote Australia. Reclassification

of rural and remote hospitalists as Rural Generalists, could may well be the answer for the critical shortage of doctors in these areas as the pay scale would (and should) change.

Kind regards,

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