



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

12 December 2023

Medical Board of Australia
Executive Officer
Via email: medboardconsultation@ahpra.gov.au

Dear Executive Officer,

Re: Consultation on the recognition of Rural Generalist Medicine as a new field of specialty practice

The College of Intensive Care Medicine of Australia and New Zealand (CICM or the College) thanks the Medical Board of Australia (MBA) for the opportunity to review and provide feedback on the [proposal to recognise rural generalist medicine as a new field of specialty practice within the current specialty of general practice](#).

About CICM

[CICM](#) is the body responsible for intensive care medicine specialist training and education in Australia and Aotearoa New Zealand. We currently have nearly 1500 Fellows and approximately 1500 Trainees.

We provide continuing medical education, professional development, maintain standards and advocate to governments and the community. We provide a high-quality training program, with supervision of clinical training, administration of assessments, and a range of workshops and courses.

General feedback

CICM understands that that the proposal initiated by Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) to recognise rural generalist medicine as a new field of specialty practice aims to improve the coordination of rural generalist training, increase support for rural generalists and keep doctors working in rural and remote communities.

While in principle, CICM supports the recognition of rural generalist medicine as a distinct field of specialty practice as a sub-specialty of general practice, it is important that an appropriate and fit for purpose solution to the maldistribution issue be fully explored and that the quality of patient care in rural and remote areas is not compromised.

The College of Intensive Care Medicine acknowledges and pays respects to the traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Opportunities to improve patient care

Given there are not intensive care units in remote Australia, it is envisaged that specialist intensive care physicians and specialist intensive care paediatric physicians (specialist intensivists) would work collaboratively with the rural generalists working in remote communities.

Through the use of telemedicine, specialist intensivists can provide advice and support to rural generalists when managing critically ill patients in remote locations. This would include providing advice on when to transfer critically ill patients to the closest intensive care unit.

The College is of the view that greater exposure and understanding of intensive care medicine (through the provision of a coordinated intensive care unit experience for ACRRM and RACGP rural generalist trainees) will improve patient care and create efficiencies in the broader health system.

The College supports rural generalists providing critical care services prior to patients being retrieved to larger centres. Where rural generalists are engaging in the provision of critical care services, the CICM recommends that as part of their training, they undertake at least a six-month term in intensive care medicine and develop and maintain an educational and supportive link with the regional or rural intensive care unit that their patients will be retrieved to.

Additionally, exposure to intensive care medicine as part of ongoing professional development during practice as a rural generalist specialist is also recommended.

Noting all of the above, there needs to be broad support for the recognition of rural generalists as a subspecialty of general practice by the other medical colleges and consumer and community groups for the proposal to be progressed.

Conclusion

In summary, given the College's in principle support for the proposal, a range of suggestions have been included below to ensure that rural generalist trainees can be offered a rich and meaningful intensive care experience during their training.

These suggestions include:

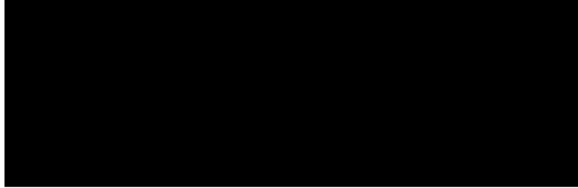
1. Working in an ICU (preferably in a regional or rural location) which has links with rural and/or remote health settings.
2. Working with ICUs that have strong links to retrieval services.
3. Linking in with local retrieval services to access training opportunities where available and appropriate.
4. Working in a hospital which provides a telehealth service for rural, remote health settings.

We hope that the information contained in our submission is helpful.

The College of Intensive Care Medicine acknowledges and pays respects to the traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Should you have any queries or comments regarding our feedback, please feel free to contact [REDACTED] Policy and Advocacy Advisor on ([REDACTED]) or via [REDACTED]

Yours sincerely,



Dr Rob Bevan
President



Dr Penny Stuart
Chair, Rural Committee

The College of Intensive Care Medicine acknowledges and pays respects to the traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Wurundjeri Peoples as the Traditional Custodians of the land on which CICM's office stands. CICM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.