

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Consultation on the recognition of Rural Generalist Medicine
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Dear Board members,

I have been in rural general practice for over 30 years. I consider myself a procedural Rural generalist.

Services provided over this time: Anaesthetics, Obstetrics (including Caesarian section), Gynaecologic laparoscopy, Sterilisation procedures, Skin cancer surgery, Endoscopy, Internal medicine, Emergency medicine, Aged care and Primary care.

I was born and raised in suburban Melbourne.

My training pathway was relatively ad hoc, but assisted by Box Hill Hospitals GP training program at the time of graduation with Anaesthetic and Obstetric training posts in the UK clearly defined.

There is a great need for the recognition of Rural Generalism as a specialty for the following reasons:

If there is not a clear pathway with a clear end point, doctors will choose to divert into other more narrow specialties which require less time, less ongoing professional development requirements, better remuneration, better recognition by their colleagues and society as a whole, less arduous on call (due to the absence of Rural generalist registrars at Rural hospitals), better access to secondary education options for their offspring and arguably an easier life.

Providing this end point and an appropriate remuneration should attract doctors to rural communities and improve the declining services available to rural communities. Otherwise, there will be more disjoint care, increasingly costly transfers, increased patient stress and delays in diagnosis.

The need was present 30years ago and is even more pressing now.

Kind regards

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