From: Charlie Hsu
To: medboardconsultation
Subject: Consultation on the recognition of Rural Generalist Medicine
Date: Monday, 11 December 2023 11:58:40 AM

Greetings,
I am writing to provide support for the application for the recognition of Rural Generalist Medicine as a new field of specialty practice.

The main thing I wanted to re-iterate is that the scope of practice, knowledge, skills and resources of an RG are distinctly different from that of a GP or an ED. Looking at the history of Emergency Medicine in Australia as an example, the establishment of the ED society, college, and eventually the recognition of ED as a specialty was also born out of a necessity to established standardised training for the skillset and clinical decision making skills required in managing high acuity medical presentation and trauma in the emergency setting.

Similarly, the resource limitation and geographical isolation faced by an RG in the rural and remote context requires a broader and unique set of clinical skills, knowledge and decision-making process that is distinct compared to that of a metro GP. RG often have limited access to sub-speciality services, and would need those extra skills to manage patient in the rural and remote settings.

From experience, I know first-hand that working in regional, rural and remote setting required additional different set of skills than those working in metro setting. For example, when I was an intern, I had to learn ultra-guided cannulation within the first 3 months of starting because there were limited staff that could perform the procedure. Compare to now working in a tertiary hospital, the nurses are often very experienced with cannulation that I hardly ever need to do that in ED. As well, the type of clinical presentations in the regional, rural and remote settings are also quite different than the ones in metro area. As a junior, I often would be the first to see and manage acutely ill patient in the resus in rural hospitals, whereas in a metro hospital, those acute presentation would be seen by senior doctors first or directly transferred to inpatient team (eg. stroke and cath lab). As such, having started in the regional setting, my skillset, knowledge and clinical acumen were far more broader than if I were to begin my internship in a metro tertiary hospital.

It's important to recognise that, in the absence of sub-specialty department and tertiary level services in the regional and remote setting, a Rural Generalist would be the one to provide those services first-hand. That is not a trivial feat. It takes years of training to attain those additional skills. I think it's absolute vital to recognise people who are willing and able to go above and beyond to provide that services to our rural and remote communities.

Thank you,

Charlie