



21/11/2023

To Dr Anne Tonkin AO

AHPRA and Medical Board of Australia

Dear Anne,

Re: Recognition of rural generalist as a new field of speciality practice

The Federation of Rural Australian Medical Educators (FRAME) is the peak body representing those Rural Clinical Schools (RCS) and Regional Medical Schools (RMS) funded through the Australian Government Department of Health and Ageing's Rural Health Multidisciplinary Training program (RHMT). Our aims include:

- To influence and advocate for Australian rural medical education policy and innovative practice.
- To promote rural medical education as a core component of Australian rural medical workforce strategy, by supporting integrated rural career pathways throughout all stages of medical education and training
- To act as a forum for the discussion of rural medical pedagogy and research, rural health, Aboriginal and Torres Strait Islander Health, student selection for rural training, rural community engagement and collaboration and other topics of mutual interest.
- To ensure all stages of medical education and research address the priority health care needs of rural, regional and remote Australia.
- To collaborate with relevant national organisations to facilitate and promote rural medical education

FRAME is a community of practice whose members are represented by the Policy Group. I currently chair this group.

FRAME would like to commend the application for recognition of rural generalist practice as a field of specialty practice within General Practice. Specifically in relation to the questions asked by MBA and AHPRA in public consultation document:

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

Yes. Rural Generalism has a unique broad scope of practice across primary care, emergency presentations and increased depth of scope in one or more of a number of discipline areas essential to the local healthcare of rural people. These features make rural generalist medicine a unique field of specialty.

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?

Yes. In addition to the positive consequences already described, recognising the scope of rural generalist practice enables Rural Clinical Schools and medical schools more generally to increase the focus on rural medicine as a specific, contextually-rich field of medical practice which needs to be included within the medical course.

Medical schools currently teach about the context of rural practice including: difference between urban and rural population demography, patterns of illness and timelines for accessing care and the impact this can have on following evidence based protocols. Recognising rural generalist medicine as a distinct field enables medical schools to focus more on teaching the distinct practices of rural medicine such as: adaptive expertise, clinical courage, and how to make decisions about optimum place for care and retrieval.

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?

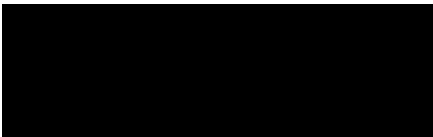
We do not see any significant negative consequences of recognition of Rural Generalist Medicine under National Law.

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?

As outlined above, Medical schools currently teach about the context of rural practice including: difference between urban and rural population demography, patterns of illness and timelines for accessing care and the impact this can have on following evidence based protocols. Recognising rural generalist medicine as a distinct field enables medical schools to focus more on teaching the distinct practices of rural medicine such as: adaptive expertise, clinical courage, and how to make decisions about optimum place for care and retrieval.

We commend the MBA and AHPRA's work to recognise rural generalist medicine as a new field of speciality practice.

Yours sincerely

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Lucie Walters

Chair FRAME