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[redacted]

Executive Officer
Medical Board of Australia
AHPRA

Via email: medboardconsultation@ahpra.gov.au

11 December 2023

Dear Sir/Madam,

RE : Consultation on the recognition of Rural Generalist Medicine

Thank you for the opportunity to respond to the public submission regarding the recognition of Rural Generalist Medicine (RGM) as a subspecialty within the field of General Practice.

I have had a significant role in advocating for the formal recognition of RGM as a specialty and in the crafting of the specialty of Rural Generalist Medicine. As a rural generalist with anaesthetic advanced skills (RG-Anaes), and as the immediate past chair of the Australian Medical Association (AMA) Council of Rural Doctors, I strongly support the joint submission of the RACGP and ACRRM in seeking recognition of RGM as a specialty field within general practice.

For absolute clarity, I support Option 1 in the consultation paper issued by the Medical Board of Australia dated 17 October 2023, for the reasons outlined in the submission.

Additionally, I would like to take the opportunity to address the issues for consultation outlined in the consultation document, with specific reference to the 'Questions for Consultation' as outlined, from my perspective as a rural generalist and advocate for generalist scope of practice, as well as a rural health consumer and medicopolitical advocate.

Please see my responses to the questions outlined below:

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

Yes, this has been substantiated. The experience of multiple rural generalists across Australia has demonstrated ongoing challenges with recognition of skills and obtaining suitable credentialing in health facilities. Reluctance to provide clinical credentials is a key driver of loss of workforce, and this is often based on a lack of suitable recognition of RGM within the National Scheme. Where a standard exists and has been accredited by the appropriate specialty colleges (in this case, RACGP and ACRRM), then listing the specialty of RGM on the

National Register will provide assurance for hospital credentialing committees regarding scope of practice, removing a key driver of workforce attrition in Rural Australia.

Question 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, these have been considered well in the consultation document.

Question 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?

Yes, these have been considered well in the consultation document.

Question 4: Are there specific issues or claims in the application that should be the focus of the AMC assessment of the application?

Yes. The recognition of persons already possessing Rural Generalist endpoint qualifications (currently FRACGP-RG and FACRRM) must be protected and addressed by the AMC. The process by which existing practitioners are onboarded into the national scheme on to the specialist register (a process colloquially known as “grandparenting”) needs to be handled appropriately and understanding the nuances of rural practice.

We have seen the process of grandparenting weaponised to prevent rural practitioners from retaining skills or returning to rural practice. Of note, the implementation of the Diploma of Rural Generalist Anaesthesia (DRGA), has seen a nebulous application of a notion of “rural commitment” to permit grandparenting. This is inconsistent with an approach that recognises a particular standard of care (i.e. generalist anaesthesia) independent of rural location and individual context. The settings in which rural generalists practice are vast, and applying a severe and inconsistent approach to recognition will lead to further unnecessary workforce attrition – as we are now at risk of seeing with the advent of the DRGA.

It is for AHPRA and the National Board to enforce skills maintenance via the Continuing Professional Development Standard, which has been strengthened over recent years and provides ample guidance and support for both persons returning to clinical practice as well as those who have a requirement to maintain rural generalist procedural skills. This includes skills in key areas such as general practice/primary care, emergency care, and one or more advanced skills, in accordance with the Collingrove definition of a Rural Generalist.

Question 5: In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered or need more detailed consideration?

Whilst the recognition of RGM has the potential to greatly benefit consumers, due consideration must be given to protected titles for non-GP and RG specialists and how this will be structured within the National Scheme. Consumers should not be misled into believing that they are being treated by a subspecialist within a particular narrow scope of medicine. This is not the role of RGM recognition. I believe the current submission strikes a balance on this issue well.

Question 6: In the application for the recognition of Rural Generalist Medicine as a new field of specialty practice, are there any impacts for Aboriginal and/or Torres Strait Islander People that have not been considered or need more detailed consideration?

I have no concerns regarding this, except to state that the recognition of Aboriginal and Torres Strait Islander Health as an Advanced Skills Discipline within RGM has the potential to drive culturally safe and appropriate care in a way that we have never seen before in medicine. The opportunity to focus on community connection, cultural safety, and health, within the A&TSI AST discipline is unique in Australia and has the potential to make incredible strides towards Closing the Gap.

Question 7: Are there specific stakeholder groups that should be consulted further as the application is assessed and what would they add to understanding of the application? (please see Attachment B for the stakeholder groups for this consultation)

I think it is important to consult with a wide variety of registered medical practitioners who may be impacted by this change. This particularly includes persons on extended leave (medical, parental, or personal), or those undertaking additional specialty training who may wish to retain rural generalist qualifications. It will be imperative to ensure that these groups of doctors are not needlessly excluded from the opportunity to be brought on to the specialist register, leading to further workforce attrition and risk.

Question 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?

I think interactions and recognition by other specialists will improve due to the recognition of RGM as a subspecialty within General Practice.

Interactions with General Practitioners as a group are likely to remain positive, with further assurances that patients within rural areas can be 'laterally referred' to RG's with appropriate advanced skills (both cognitive and procedural) to receive care closer to home. A process for enabling and supporting GP's who are very close to meeting the definition of a Rural Generalist to be on boarded to the specialist register would provide additional value for the workforce within Rural Australia.

Question 9: *Your views on how the recognition of Rural Generalist Medicine will impact on the following:*
• disincentives/incentives for General Practitioners to undertake rural practice resulting from additional training requirements

This is unlikely. General Practice training in rural areas will continue for those who have an interest. The recognition of RGM will ensure that those who possess appropriate additional skills and have met the standard set by the specialty colleges for RGM will be formally recognised. This formal recognition will assist in eliminating barriers to credentialing and other forms of recognition that currently prevent many people with appropriate skills from providing service in Rural Australia.

• *unnecessary deskilling or restrictions in the scope of practice of other practitioners who practise in rural environments.*

I think this is unlikely. The current environment (where RG's are not recognised) leads to this more frequently. As an example, the advent of the DRGA is likely to lead to significant attrition of GP Anaesthetic workforce (as credentialing committees start 'requiring' DRGA to provide anaesthetic services). Specialist recognition of RGM will permit the RGM colleges (RACGP and ACRRM) to decide regarding whether a medical practitioner meets the standard required for RGM or not.

I cannot overemphasise how challenging it is in the current environment for RG's to obtain clinical credentials in much needed areas of Rural Australia. Recognition of RGM as a specialty will go a long way to addressing this.

Question 10: Have all economic impacts for governments, businesses and consumers been identified? Should further economic analysis be undertaken during the AMC assessment to assess the claims of minimal costs impact of recognition, and if yes, what should be the focus of the analysis?

The economic impacts have been well analysed. Whilst many of the other speciality colleges may be concerned about economic impacts for their members, the vast majority of RGM practitioners do not have significant overlap with those in other forms of specialty practice. Where this occurs, dual fellowship is common and is accepted amongst the clinical community. The arguments about economic impact related to other specialists is not borne out by the evidence and has the potential to be anticompetitive. It is not in the best interests of consumers or the public at large.

Thank you again for the opportunity to provide feedback to this valuable consultation. I am happy to speak to any member of the Medical Board regarding this letter or any of the issues raised at its discretion.

Kind Regards,
[Electronically Signed]
Dr Marco Giuseppin
11/12/2023