

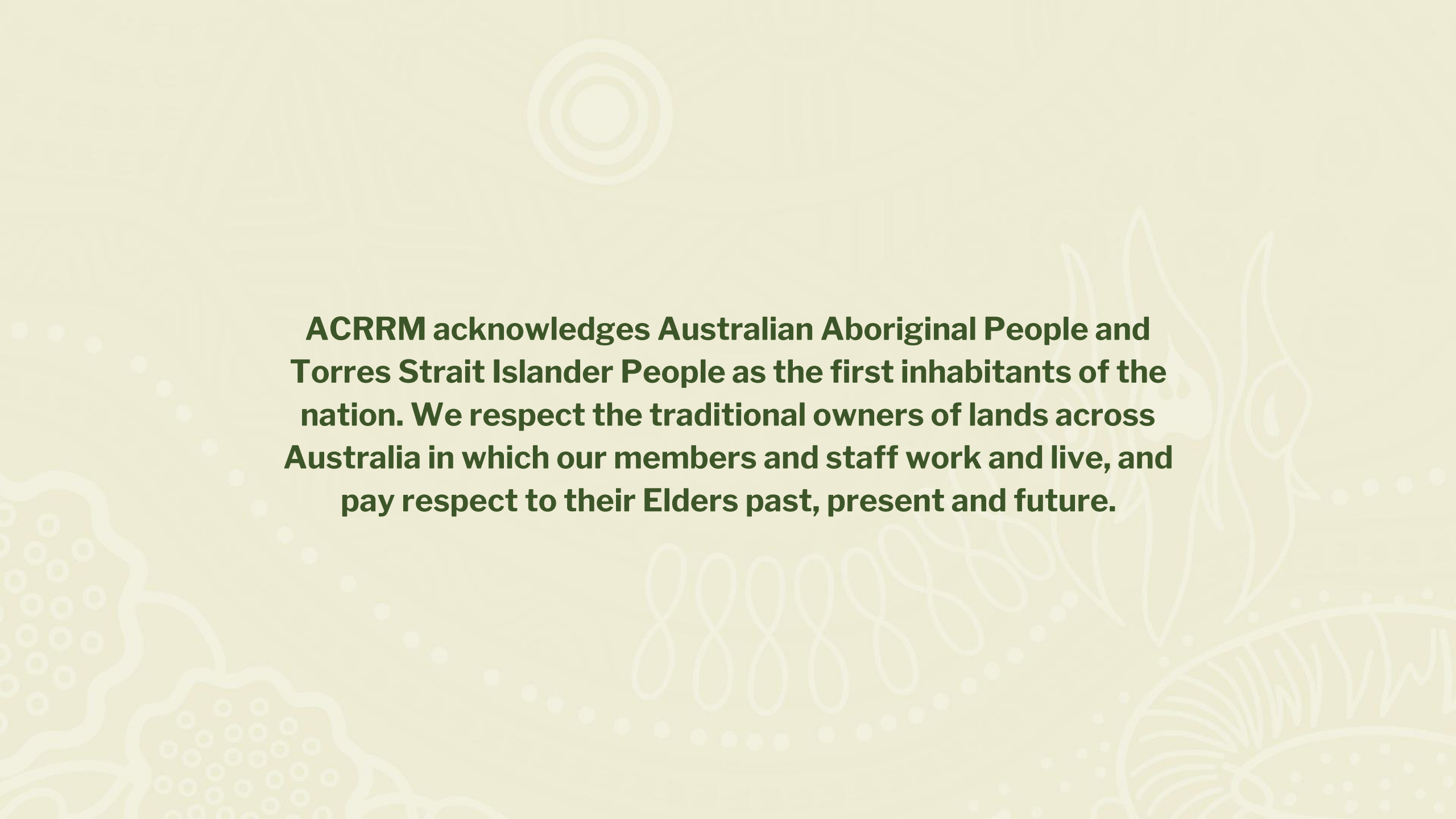
Specialist Recognition Rural Generalist Medicine

Overview and Update

Brisbane, 27 August 2023

Mary Jane Streeton





ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past, present and future.

Case for change – services access

GP and Non-GP specialist MBS expenditure by geographic classification 2020-21

	GP specialist services		Non-GP specialist services	
	Services per 100 people	MBS funding per 100 people	Services per 100 people	MBS funding per 100 people
National	666	\$34,064	102	\$9,135
Major Cities	675	\$34,349	106	\$9,507
Inner Regional	675	\$34,916	104	\$9,061
Outer Regional	613	\$31,730	80	\$7,000
Remote/ Very Remote	431	\$24,619	44	\$3,889

Rural expenditure gap: **\$6.55b p/a, \$850 p/c** (NRHA, 2023)

GP services p/c compared to major cities:

- **9% lower (OR)**
- **36% lower (R/VR)**

Non-GP services p/c compared to major cities:

- **25% lower (OR)**
- **59% lower (R/VR)**

Source: AIHW. (2021). Medicare-subsidised GP, allied health and specialist health care across local areas: 2019–20 to 2020–21.

International Perspectives

- Cairns Consensus 2014
- RG Summits 2013, 2015, 2017
- WONCA Rural Practice Statements
- RG terminology - 108 publications, 11 countries, 53% outside Aust (2017-22)
- RG Curricula (Canada, Japan, South Africa, Scotland, New Zealand)



Montignac, France/ 2023

Dr Aaron Hawkins,

RG, Deloraine, Tasmania

“ As a junior doctor I had been tossing up between psychiatry training, physician training and paediatrics, but then realised rural generalism could offer a small part of all of those without having to give any of it up. That realisation came at a time when my wife and I were feeling like a bit of an adventure, so we packed up and moved to Tasmania! Once we settled in and were enjoying the lifestyle that living in the country can bring, we realised it was the right place for us. ”



Dr Aaron Hawkins and family

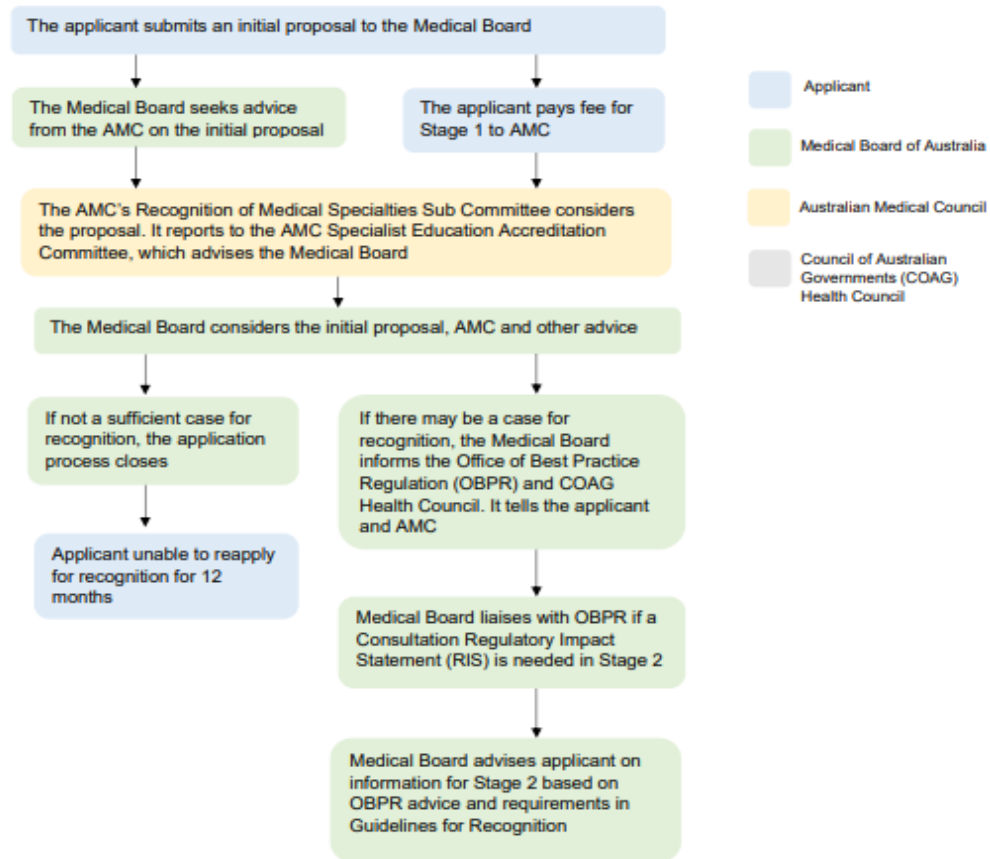
Early steps...

- Application for RRM as a medical specialty 2005
- Draft National Framework for RGM 2011
- Commitment to NRGH, National Rural Health Commissioner 2014
- NRGH Taskforce National Consultation 2017
- NRGH Recommendations 2018



RG Summit, Cairns 2017

Stage 1 – Initial Assessment



Initial proposal - Dec 2019

MBA Advice – Aug 2020

Additional information – July 2021

Approval to proceed to Stage 2 – Nov 2021

Application to OBPR – Feb 2022

Approval to proceed w/o RIS – May 2022

Source: AMC Flowchart, Sept 2018, MBA website,
<https://www.medicalboard.gov.au/registration/recognition-of-medical-specialties.aspx>

Stage 2 – Detailed Assessment

Stage 2 application – Dec 2022

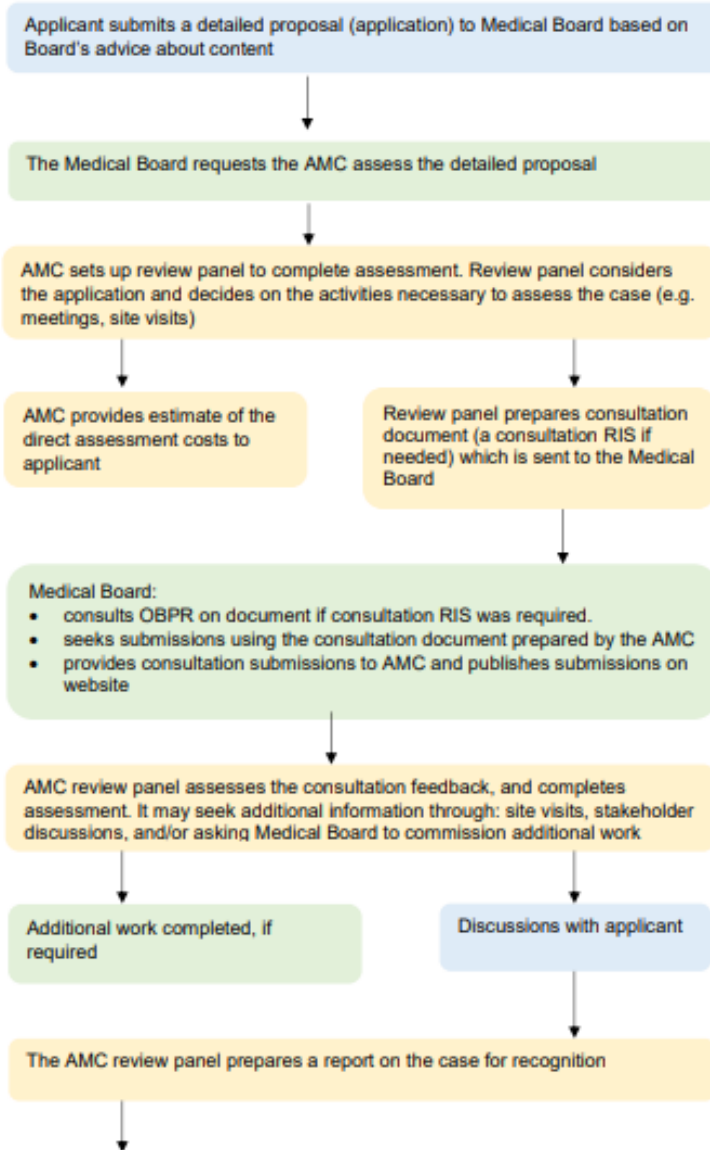
AMC Assessment Panel formed – late 2022

Application reviewed/consultation drafted - July 2023

Consultation Paper MBA endorsed – Aug 2023

National Consultation (8 weeks) – Oct-Nov 2023

AMC Assessment Panel reviews feedback and drafts report (may involve additional steps - stakeholder discussions, expert advice) – Dec 2023

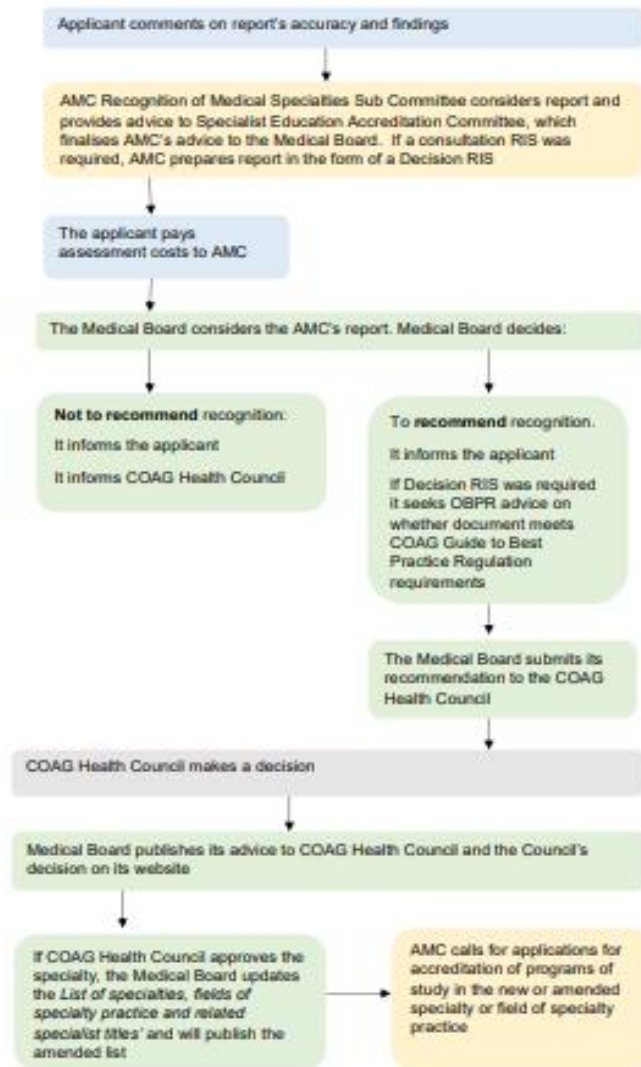


Consultation Questions

1. Has need been substantiated?
2. Positive consequences
3. Negative consequences
4. Key issues for focus
5. Negative patient impacts
6. First nations peoples impacts
7. Key stakeholders for further consultation
8. Impacts with other GPs and other medical specialties
9. Impacts for rural general practice, unnecessary deskilling
10. Economic impacts for govt, business, consumers



Stage 2 – Next Steps



AMC Assessment Panel advice

AMC RoMSAC review and advice

AMC SEAC review and advice

MBA review and advice

HMM decision (specialist title and specialist field created on register)

AMC accreditation of RG programs

LIST OF SPECIALTIES, FIELDS OF SPECIALTY PRACTICE AND RELATED SPECIALIST TITLES

Authority

This revised list of specialties, fields of specialty practice and related specialist titles has been approved by the COAG Health Council on 27 March 2018 pursuant to the Health Practitioner Regulation National Law, as in force in each state and territory with approval taking effect from 1 June 2018.

Specialty	Fields of specialty practice	Specialist titles
Addiction medicine	—	Specialist in addiction medicine
Anaesthesia	—	Specialist anaesthetist
Dermatology	—	Specialist dermatologist
Emergency medicine	—	Specialist emergency physician
	Paediatric emergency medicine	Specialist paediatric emergency physician
General practice	—	Specialist general practitioner
Intensive care medicine	—	Specialist intensive care physician
	Paediatric intensive care medicine	Specialist paediatric intensive care physician
Medical administration	—	Specialist medical administrator
Obstetrics and gynaecology	—	Specialist obstetrician and gynaecologist
	Gynaecological oncology	Specialist gynaecological oncologist
	Maternal–fetal medicine	Specialist in maternal–fetal medicine
	Obstetrics and gynaecological ultrasound	Specialist in obstetrics and gynaecological ultrasound
	Reproductive endocrinology and infertility	Specialist in reproductive endocrinology and infertility
	Urogynaecology	Specialist urogynaecologist
Occupational and environmental medicine	—	Specialist occupational and environmental physician
Ophthalmology	—	Specialist ophthalmologist

Rural generalist medicine,
Specialist rgm

Dr Regina Waterhouse,

RG Obstetrician, Joyce Palmer Health Service,
Palm Island, Queensland

“Mostly I’ve never been able to contain my interest to just one area of medicine and thinking about systems in isolation without consideration of the whole has never made much sense to me. Rural Generalists look at the whole, not just the flavour of the day.

They not only consider all the health issues a person has, they put it into context of what is happening in that person’s life, family and community. That and they have mad skills... when your colleague says ‘you’ll just have to MacGyver it’ you know you’ve found your tribe.”



Regina Waterhouse / RG Obstetrician

Questions?

