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Re: Consultation on the recognition of Rural Generalist Medicine

The Royal Australasian College of Surgeons (RACS) welcomes the opportunity to contribute to the public consultation on the application by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) for recognition of Rural Generalist Medicine as a new field of specialty practice in general practice under the Health Practitioner Regulation National Law.

In this submission, we provide RACS' commentary on the application for Rural Generalist Medicine as well as responses to the specific questions outlined by the Medical Board.

RACS supports the recognition of rural generalist as a subset of general practice.

RACS acknowledges the benefits in supporting Rural Generalist Medicine, is supportive of this application and welcomes the opportunity to work in collaboration to support this outcome. RACS also recognises the important role that rural generalists play in delivering services to rural, regional and remote communities, often in partnership with their non-GP specialist colleagues. These acknowledgements have been relayed in recent submissions to the Australian Senate Standing Committees on Community Affairs[i] and the Australian Medical Council on the ACRRM submission for its 2021 Comprehensive Assessment[ii].

RACS agrees there is a community need for rural generalists with extended and limited scope of practice in surgical procedures, particularly in areas that do not have the population to support a specialist surgical service.

At present RACS is not involved in training rural generalists in procedural skills. Similarly, RACS is not involved in accreditation of hospital training posts in surgery for rural generalists. While Fellows of RACS (FRACS) are informally providing interdisciplinary supervision to all rural generalists' registrars undertaking procedural (surgical) training, data related to how many FRACS are involved in supervisory roles is not captured by nor reported to RACS. It is vital that there is a nationally consistent program of procedural training, curricula, examination, scope of practice, ongoing maintenance of skills, auditing, and peer support for rural generalists providing procedural services to rural, regional and remote communities. As the leading advocate for surgical standards and professionalism and provider of surgical education in Australia and Aotearoa New Zealand, RACS strongly recommends such a program be delivered by RACS in collaboration/partnership with the colleges of general practice.

The RACS Rural Health Equity Strategic Action Plan outlines our desire to collaborate with the colleges of general practice, and other stakeholders, to develop a program for rural generalists in procedural skills, similar to the Rural Generalist Anaesthesia Training Program[iii] (a joint initiative of the Australian and New Zealand College of Anaesthesia, RACGP and ACRRM). RACS proposes the development of such a program in close collaboration with the ACRRM and RACGP. This will ensure standards in patient centred care and surgical excellence are well maintained within surgical teams, and provide the basis for a community of practice for lifelong continuing professional development,

audit and peer review. The inter-college discussion would enhance rural generalist registrar training and support across medical specialties, with the purpose of reinforcing the effectiveness of rural surgical teams.

In order to progress this, funding would be vital to facilitate this joint initiative. We would welcome fiscal support from the government to advance the development of a joint College program to train rural generalists in procedural skills.

RACS General questions outlined by the Medical Board

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

The application to recognise Rural Generalist Medicine as a field of specialty practice has been substantiated. Whilst RACS are supportive of rural generalist as a title, we would not be in favour of using the title of 'surgeon' at this point in time if they have not completed an approved AMC training course in surgery and all its competencies.

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?*

As mentioned in the Background (page 7) the recognition of Rural Generalist Medicine as a field of specialty practice in general practice is vital towards distinguishing the Rural Generalist workforce from other GPs and non-GP specialists. To further enhance this distinction, RACS recommends that rural generalists with extended scope of practice in surgery should adopt the nomenclature 'rural generalist with extended or limited scope in procedural practice'. This would allow patients and stakeholders to clearly identify the training, skills and scope of practice of a rural generalist compared to a FRACS surgeon. This submission aligns with RACS position paper on General Practitioner rural and remote proceduralist services.

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?*

No comment at this moment in time.

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

As stated above, RACS is not currently involved in training, education, accreditation, curriculum development and examination of rural generalists with extended or limited scope of procedural practice. RACS understands that FRACS surgeons are informally involved in the supervision of rural generalist registrars. It is important that rural generalists remain in interdisciplinary teams and networks that include FRACS surgeons beyond the completion of training. RACS supports models of interdisciplinary education in surgical skills through supportive interdisciplinary peer networks including CPD and peer reviewed audit. The Provincial Surgeons of Australia Annual Scientific Conference is an example of an event where rural generalists are welcomed to maintain surgical networks for ongoing mentoring, referral and continuous medical development with FRACS rural surgeons.

We would fully welcome inter-college engagement in this rural generalist procedural training program. Our preferred approach would be to establish a working group to oversee and develop a program to facilitate closer collaboration on training for rural generalists within a RACS educational pathway. We would like to align this pathway with the work being done within RACS to deliver specialist surgical services in rural and regional communities. RACS can readily

provide guidance in this space, and in the provision of continuing professional development and peer reviewed audit.

The proposed working group will work in partnership to further support the development of Rural Generalist Medicine on the basis set out above, bringing RACS leadership, knowledge and expertise on surgery to the discussion to deliver recognised and accredited surgical training. A formalised program in collaboration with the GP medical colleges and RACS would ensure the standards of training are maintained consistently irrespective of location. RACS Rural Health Equity Strategic Action Plan explicitly aims to advance RACS' collaboration with both GP medical colleges to develop systems for interdisciplinary training in surgical skills including rural generalists.

RACS notes that Appendix 5.3 of the Initial Proposal submitted in December 2019 (page 124) outlines the rural generalist's additional/advanced skill for an extended scope in surgery and knowledge and skill requirements. The scope of procedural practice should reflect community need for common low risk procedures where transfer to larger centres is unreasonable, or uncommon but life or limb threatening conditions where transfer time to another service is not appropriate. The current scope of practice in surgical procedures contained in curriculum documents from RACGP and ACRRM has not been endorsed by RACS. RACS welcomes an opportunity to work collaboratively with ACRRM and RACGP and other stakeholders, to define a scope of practice reflecting rural community need and the capability of rural facilities and healthcare teams.

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?*

It is noteworthy that secondary telehealth or co-consulting between rural generalist and patient at one end and urban or regional FRACS at the other end is an important aspect in reducing travel for patients, efficient transfer of clinical information from doctor to doctor and shared decision making, maintaining clinical relationships, and teaching rural generalists to then take on more and more responsibility progressively for providing care locally. Ensuring that this continues will be crucial for access to timely specialist care close to the patient's home, and should be recognised in the MBS items.

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?*

No comment at this moment in time.

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)*

No comment at this moment in time.

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?*

While RACS does not have data capturing the interactions between rural generalists and FRACS, we have received anecdotal reports from rural surgeons of the medical specialties working closely. This has included in roles of surgical assisting and in telehealth. Furthermore, practising rural generalists have indicated keen interest in formalising links with RACS.

RACS acknowledges rural generalists play an integral role in rural surgical teams. The interdisciplinary nature of 'rural surgical teams' enhances the collective patient-centred decision-

making process that helps to determine the minimum level of surgical services that can be provided to the identified community. More information can be read in the Collaborate for Rural chapter of the RACS Rural Health Equity Strategic Action Plan[iv].

RACS would recommend that jurisdictions develop policies for accountability of larger surgical services to provide bidirectional support to rural generalists, so that there is a system's level pathway for rural generalists to maintain connection to larger units, as well as for example, continuing professional development events, multidisciplinary oncological meetings, morbidity mortality and audit meetings.

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

Rural generalists may need targeted financial and other support to obtain and maintain an extended scope of practice in surgical procedures, including reinstatement of MBS item numbers for co-consulting/secondary telehealth and travel to maintain contain with rural and regional surgical units.

Rural generalist with extended or limited scope in procedural practice could potentially contribute to upskilling rural health workforce, providing advice and training in surgical decision making and minor procedures to colleagues.

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?*

Patients being able to receive care closer to home will result in direct and indirect financial benefits to the patient and community. This would outweigh the additional costs of developing new national training programs for rural generalist with extended or limited scope in procedural practice inclusive of RACS, ACRRM and RACGP.

Yours sincerely,

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Chair, Rural Surgery Section
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References

[i] Australian Senate Standing Committees on Community Affairs. (2021). *Provision of general practitioners and related primary health services to outer metropolitan, rural and regional Australians*. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/PrimaryHealthServices. RACS Submission - https://www.surgeons.org/News/Advocacy/Provision-of-general-practice-and-related-primary-health-services

[ii] Australian College of Rural and Remote Medicine. (2021). Australian Medical Council accreditation of ACRRM Specialist Medical Programs and Continuing Professional Development Programs. https://www.acrrm.org.au/docs/default-source/all-files/college-submission---amc-accreditation---july-2021.pdf?sfvrsn=b97108bc_2

[iii] Australian and New Zealand College of Anaesthetists. (2023). Diploma of Rural Generalist Anaesthesia. https://www.anzca.edu.au/education-training/diploma-of-rural-generalist-anaesthesia#

[iv] Royal Australasian College of Surgeons. (2020). *Rural Health Equity Strategic Action Plan – Collaborate for Rural*. https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/interest-groups-sections/Rural-Surgery/4-Collaborate-for-Rural.pdf?rev=17e5072182304e1285410083b9e5937a&hash=82A289EC88C6DF614A50136403C0C944