Executive Summary

The assessment of applications for recognition of new medical specialties

The Australian Medical Council (AMC) manages a process for assessing applications for the recognition of medical specialties and sub-specialties. Recognition through this process signifies that a medical specialty or sub-specialty is developing in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community.

This recognition process results in advice to the Minister for Health and Ageing to assist in deciding which new medical specialties will be recognised for the purposes of being listed in Schedule 4 of the Health Insurance Regulations 1975 *(Health Insurance Act 1973)*. The process managed by the AMC also provides for applicants seeking recognition for other purposes. For example, organisations may wish to have specialist medical skills and knowledge acknowledged, and the education and training programs that lead to these attributes accepted as the standard for a particular area of practice without seeking recognition for the purposes of the Health Insurance Act. Recognition of such specialties results in inclusion in a separate List of Australian Recognised Medical Specialties and Sub-specialties, maintained by the AMC.

The purpose of this report

The Australian College of Rural and Remote Medicine (ACRRM) has sought recognition of rural and remote medicine as a medical specialty.

This report is the assessment by an AMC recognition review group (called the Review Group in this report), of the case for and against the recognition of rural and remote medicine as a medical specialty, assessed according to the criteria for recognition detailed in the Guidelines for Recognition, *The Recognition of Medical Specialties and Sub-specialties.*

The report is not a commentary on the medical service needs of rural and remote Australia. The AMC is very aware of the major health and health care needs of rural and remote Australians, and of the very significant Government support for a range of initiatives to address these needs including rural health services, programs to support the recruitment and retention of generalist and specialist practitioners and long-term measures to increase the rural workforce. It is also aware of significant issues of morale for general practitioners, including those in rural and remote locations.

The Review Group assessed the application following the process described in the Guidelines for Recognition. In its assessment, the Review Group considered the application for recognition, discussed the application with Directors and staff of the Australian College of Rural and Remote Medicine, sought additional written information from the College, sought public submissions on the application, gathered information relevant to the application, and conducted a series of interviews and site visits.

The College provided an extensive application with supporting material and references, and three sets of supplementary material. The Review Group has not referenced all this material in its assessment. It did, however, consider all the material provided or referred to by ACRRM, and the material provided in submissions on the case for recognition.

The report contains a summary of the key material presented to the Review Group, and the Review Group's assessment of the strengths and weaknesses of the case presented.

The Review Group is not responsible for advising on whether or not rural and remote medicine should be recognised as a specialty. It is responsible for providing the information on which the Recognition of Medical Specialties Advisory Committee can develop recommendations to the Australian Medical Council. Taking account of the material presented to it, the Council itself decides on the advice to the Minister about the recognition of the specialty. The conclusions that the AMC may come to regarding the case made for recognition are part of the advice to the Minister. This advice is confidential.

The application for recognition of rural and remote medicine as a medical specialty

In Australia, medical practice divides broadly into non-referred generalist medical practice and referred specialist practice. The term 'general practice' is commonly used to describe non-referred general medical services.

The case for recognition presented by ACRRM is that rural and remote medicine is a second, distinct specialty within the area of generalist medicine. The College is not seeking recognition of rural and remote medicine as a field of referred specialist medical practice. It describes the practice as 'non-referred, first access practice' and has indicated a preference not to use the terms primary care and general practice which it considers do not describe the scope of practice of rural and remote practitioners.

ACRRM states: "Rural and Remote Medicine is a well defined specialty with knowledge, skills and attitudes that differ to a large extent in depth and complexity, from the other major generalist specialty, General Practice."[1]

The College's application for recognition describes rural and remote medicine as follows:

> "Rural and Remote Medicine operates on a unique paradigm of primary, secondary and tertiary medical care, with increased individual responsibility owing to relative professional isolation, geographic isolation, limited resources and special cultural and sociological factors.
>
> A specialist in Rural and Remote Medicine requires a broad understanding of diagnosis, treatment and management from the perspective of a number of medical and surgical disciplines and applies these skills along the continuum of care from primary presentation to secondary and sometimes tertiary care. Practitioners are able to adapt and build their skills in response to the health needs of a diverse range of rural and remote community settings and the degree of isolation from other health services and resources.
>
> Rural and Remote Medicine is the specialty that focuses on securing optimum patient and community health outcomes utilising a particular range and depth of knowledge, skills and attitudes not common to any other medical craft group to achieve the desired outcomes within the parameters of practice imposed by rural and remote environments.
>
> The defining characteristics of the specialty are the specific content, context and consequent complexity of the discipline."[2]

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[1] Australian College of Rural and Remote Medicine *Application for recognition of the Specialty of 'Rural and Remote Medicine' by the Australian College of Rural and Remote Medicine*, April 2004, p. 13.

[2] ibid.p. 14.

Assessment of the application by the Australian Medical Council

The Australian College of Rural and Remote Medicine's application for recognition was considered by the June 2004 meeting of the AMC Recognition of Medical Specialties Advisory Committee. The application indicated that 'recognition was being sought for a range of reasons including for the purposes of the Health Insurance Act.' At the Committee's request, the College provided additional information clarifying its expectations of the process, specifically that it was seeking recognition of rural and remote medicine as a field of generalist medical practice.

The application for recognition was subsequently accepted by Australian Medical Council in July 2004, and a Recognition Review Group was established to assess the application.

The AMC received 326 submissions on the application for recognition. The Review Group reviewed carefully the information provided in the submissions, noting those that addressed the criteria for recognition, and the large number that were more general statements of support for ACRRM, for recognition of its Fellows, or for accreditation of its training. Many of the submissions expressed strong feelings about the issue, both in favour and against recognition. Some disputed claims made in the application.

Having identified key issues from the submissions, the Review Group invited a number of stakeholders to meet members of the Group to discuss these issues.

The Review Group completed an extensive program of site visits to rural and remote practices, to assist its understanding of the spectrum of rural and remote medical practice. In selecting the sites to visit, the Review Group took account of advice from ACRRM, the submissions received, and advice from the RACGP concerning sites where the Review Group would encounter rural general practice.

Outline of the assessment of the case for recognition

The issues raised in the assessment of the case for recognition of rural and remote medicine are complex.

There are issues relating to the current framework for medical services provision in Australia, which defines generalist and specialist medical practice. In particular, the way in which this framework relates general practice education and training and the category of vocational registration of general practitioners to the standards and processes of the Royal Australian College of General Practitioners is described. The role of the Australian College of Rural and Remote Medicine in this framework is also described. These matters are dealt with in section 3 of the report.

The multiple objectives of the ACRRM in seeking recognition, as outlined to the Review Group, are set out in section 4 of the report. ACRRM has stated[3] that it has the following objectives in seeking recognition:

1. Recognition of a specialty of rural and remote medicine as distinct to other specialties.

2. A training and standards framework matched to the needs of rural and remote medicine. The application for recognition argues that the general practice framework is misaligned

[3] Australian College of Rural and Remote Medicine *Supplementary Information in Support of The Application to have Rural and Remote Medicine recognised as a Medical Specialty* July 2004

with the vocational model likely to appeal to the rural and remote medicine personality type; does not offer clear vocational identity or appeal in content.

3. Vocational registration (or an equivalent government recognised status). ACRRM intends that its vocational training pathways leading to Fellowship of ACRRM would be an independent means for rural doctors to attain access to a generalist vocational register recognised for the purposes of the Medicare Benefits Schedule. It proposes that this be a separate Rural and Remote Medicine Register and that the entry point to this would be an ACRRM Fellows list, analogous to the RACGP Fellows list for entry to the General Practice Vocational Register. Medical practitioners would need to hold FACRRM to be listed on the Rural and Remote Medicine Register. It proposes that rural and remote practitioners would have permanent entry into the MBS, so long as they maintain continuing professional development requirements.

4. Access to A1 item numbers on the Medicare Benefits Schedule and access to all of the current government incentives and support for general practice.

5. Fully transferable access to A1 item numbers anywhere in Australia from both the proposed Rural and Remote Medicine Register and the Vocational Register (i.e. a Fellow of ACRRM can work in the city and a Fellow of the RACGP in the country).

6. Recognition and appropriate remuneration of ACRRM accredited rural specialist services (which ACRRM indicates would be services involving skills appropriate to the rural environment and more complex than those ordinarily associated with generalist practice and/or requiring greater responsibilities and/or time demands).

The report provides information on the numbers of medical practitioners in rural and remote Australia, and the range of incentives to recruit and retain practitioners. These are outlined in Section 5 of the report.

Applications for recognition are assessed against core criteria, which are detailed in the Guidelines for Recognition. In summary, these are:

1. Recognition will improve the safety of health care.

2. Recognition will or is likely to improve the standards of health care and that the data, where available, demonstrate better outcomes.

3. Recognition will result in health care that uses available resources wisely and/or that the community benefits justify the increased costs of health care.

Section 6 of the report assesses the case for and against recognition using these criteria.