



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

Submission to the Medical Board of Australia December 2023

Introduction

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide comment on the application by the Australian College of Rural and Remote Medicine and The Royal Australian College of General Practitioners to have Rural Generalist Medicine recognised as a new speciality practice within the speciality of General Practice, under the Health Practitioner Regulation National Law.

1. About ACEM

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and Aotearoa New Zealand.

As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients.

2. Background

ACEM is committed to working in collaboration with key stakeholders to advocate for equity of access to timely, safe and quality health care for people living in rural areas.

Our emergency medicine (EM) workforce is critical to improving emergency care in regional rural and remote areas. The EM medical workforce is a complex web of Fellows of ACEM (FACEMs), Career Medical Officers (CMOs), and ACEM Certificate/Diploma graduates. We work alongside General Practitioners (GPs), Rural Generalists (RGs) and other specialist physicians.

Around seven million Australians, or approximately one third of the population, live in rural and remote areas. In 2021-22 there was a total of 8.79 million emergency department (ED) presentations in Australia. Of these, approximately 3 million emergency department presentations (or 35%) were to EDs outside of major cities.

There is persistent geographic maldistribution of the specialist EM workforce, with high concentration of EM specialists and trainees in major referral hospitals, lower numbers in urban district hospitals, and even lower numbers across rural, regional and remote areas. This contributes to inequitable access to healthcare and worse health outcomes in regional, rural and remote areas, particularly for Aboriginal and Torres Strait Islander peoples.

Workforce and infrastructure shortages in regional, rural and remote communities can be addressed through working in partnership with medical specialists, their colleges, and with local communities. The timeliness of safe, quality emergency care in rural areas can be strengthened through supporting emergency practitioners' engagement in broader networks of integrated retrieval, referral and transfer services.

3. Submission Overview

ACEM supports option 1 – Recognition of Rural Generalist Medicine as a distinct field of speciality practice within the speciality of General Practice. ACEM supports experts being acknowledged in their field of practice, specialists who provide the same or similar care should be equitably recognised.

Patients are at the centre of ACEM's work and this speciality recognition will mean a better standard of care delivered to patients living in regional, rural and remote areas. The new speciality goes some way in addressing equity issues for these communities.

An additional benefit of this new specialty is the potential for increased health literacy which improves health outcomes. Increased health literacy improves how individuals engage with the health system, and this benefit is wide reaching, both for individuals and for broader public health.

The recognition of Rural Generalist Medicine may also assist practitioners to access funding for Primary Care, Rural Generalists, Career Medical Officers and other doctors working in regional areas. This will allow for increased access to holistic primary care in regional, rural and remote areas, and may lead to a decrease in presentations to EDs. On this basis ACEM supports the new speciality recognition as it will mean a larger workforce working together to serve difficult to reach patients.

Our general support stems from recommendations on workforce planning ACEM has made in the [ACEM's 2021 Workforce Planning Recommendations](#), where we called for:

- A more strategic approach to health workforce supply and demand modelling;
- Increased investment across the health workforce, including emergency specialists and hospital inpatient services;
- Innovative approaches to address workforce maldistribution;
- Increased support staff to allow specialists to work to the top of their scope of practice; and
- A commitment to improving conditions for staff.

As such, ACEM acknowledges that more must be done to address the maldistribution of the healthcare workforce, where a continued over supply of medical professionals, including emergency physicians, are held in metropolitan locations.

4. General comments

4.1 Rural Generalist definition and scope of practice

ACEM notes the following proposed definition is listed:

“A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialty care in hospital and community settings as part of a rural healthcare team.”

ACEM also notes the following scope of practice for the Rural Generalist specialty as listed:

“...comprised of a core skill set which enables practitioners to provide general practice care plus emergency care in a clinical context of relative professional isolation, and in addition, at least one additional area of advanced skills related to the needs of their communities.”

ACEM acknowledges that the term “...general practice and emergency care...” emphasises the importance of general practice, as the foundation of rural generalism. The 'ideal' rural generalist is a GP who also holds advanced skills in another discipline (such as EM, or obstetrics) to allow them to also practice in a rural hospital in addition to working as a GP.

As the experts in emergency medicine, ACEM is the leading voice of emergency care in Australia and stands ready to support all interested stakeholders as the specialist college responsible for the delivery of training in emergency medicine. ACEM notes that RACGP has indicated an intention to train people in emergency care and submits that there should be a distinction between providing emergency medicine

and emergency care. Currently, ACEM is actively involved in emergency medicine training and education activities across regional, rural and remote healthcare services.

4.2 Impacts on Emergency Medicine Training

ACEM has had several ACCRM and RACGP Rural Generalist trainees and fellows complete one of the College's Emergency Medicine Certificate/Diploma (EMCD) programs and has a number currently enrolled. The most popular program for these trainees is the Advanced Diploma, which adds a depth of practice in Emergency Medicine.

As specialists in professional standards in emergency medicine in Australia and Aotearoa New Zealand, ACEM wishes to continue to be seen in this light, with all Rural Generalists completing training in Emergency Medicine with ACEM. However, the College acknowledges that Rural Generalists may train in rural hospitals that are not accredited by ACEM and/or in hospitals that do not meet ACEM supervisory requirements owing to a shortage of accredited supervisors.

ACEM will work collaboratively with ACCRM and RACGP to support Rural Generalist trainees to undertake non-specialist emergency medicine training, including through shared training opportunities and mutual recognition of training/prior learning.

Importantly, ACEM recommends the unhindered continuation of the Emergency Medicine Education and Training (EMET) Program. This program provides specialist education and training in the field of emergency medicine for doctors who are not specialists in the field of emergency medicine. A key feature of the program is funding for FACEMs to supervise doctors on the rural generalist pathway who are obtaining a formal qualification in emergency medicine – either a Certificate, Diploma or Advanced Diploma - as part of their overall training.

ACEM sees the continuation of the EMET program as an integral mechanism in its role of continued regulatory and professional development support for doctors on the rural generalist pathway who deliver emergency medicine care - as was noted in the draft National Medical Workforce Strategy.

EMET directly addresses the priorities of the National Medical Workforce Strategy, and its expansion would be an investment in a program which has proven it delivers. EMET is improving services and helping to address the maldistribution of specialists that is so difficult to overcome, through short-term exposure of FACEMs and longer-term capacity building.

By improving the skills and quality of the wider emergency medicine workforce, formalising emergency care networks to link small rural hospitals and rural doctors with specialist emergency physicians in regional and tertiary hospitals, EMET is reducing professional isolation and making regional areas a more attractive place for rural generalists to work.

4.3 General considerations

ACEM members consider it important that:

- If the application to create a Rural Generalist speciality is successful, a robust governance framework must be in place at the time of establishing the new specialty; and
- Rural Generalists will have the ability to move to metropolitan areas.

5. Consultation Questions for consideration – feedback on general questions

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

In relation to the impacts of recognition, the application states “No significant negative impacts are expected for other medical specialists...”

To some extent emergency medicine specialists have overlap in scope of practice, required knowledge, skills and competencies with the new proposed speciality. It is ACEM's view that EMCD programs provide the competencies doctors need to work as part of a team in an ED, or lead a team in a rural ED. ACEM would like to assist ACCRM and RACGP in training and credentialing rural generalists through closer cooperation.

ACEM would like to be assured that the speciality recognition of Rural Generalist Medicine will not have negative impacts on the emergency medical profession, particularly in regional, rural and remote areas.

Any impacts on ACEM's dedicated efforts to train and attract emergency physicians to regional, rural and remote areas needs to be identified.

As such, ACEM stands ready to support all interested stakeholders with networking and in their training in emergency medicine.

6. Contact

Thank you again for the opportunity to provide this submission. If you require any further information or if you have any questions about our work, please do not hesitate to contact Tina McIvor, Policy Officer (tina.mcivor@acem.org.nz).

Yours sincerely,



Stephen Gourley

President

Australasian College for Emergency Medicine



Niall Small

Chair, Rural, Regional and Remote
Committee

Australasian College for Emergency Medicine