Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
February 2023

Completion of intern training draft revised registration standard

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of in-person specialist and allied health services.

ACRRM has more than 5000 rural doctor members including over 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

General Comments

Thank you for the opportunity to provide feedback to this consultation.

Our College has been pleased to be involved at all stages of the prevocational training framework review which we consider a key national reform to provide stronger pathways to rural medical careers. We recognise the complexity of the stakeholder engagement in this process and have limited our feedback to broad comments related to the areas of key concern to our College membership.

ACRRM welcomes the approach outlined in the revised registration standard which broadly reflects the feedback the College has given to previous related consultations. We consider this approach will introduce much-needed system flexibility which can enable wider change to address system barriers to growing a future rural workforce.

- Alignment with Rural Generalist Training

  The College strongly supports the proposed new framework replacement of the more prescriptive specialised mandatory training terms for completing internship with the broader categories:

  - undifferentiated illness patient care
  - chronic illness patient care
  - acute and critical illness patient care, and
  - peri-procedural patient care.

  These broader categories are well aligned with the ACRRM Rural Generalist Fellowship curriculum and training requirements and will help to facilitate our future registrars' smooth passage from medical school through to Fellowship training.

  The newly defined terms will promote a more generalist approach to medicine. This generalist approach has been recognised as an area of growing deficit in our national medical workforce. It reflects the nature of medical care as it occurs outside urban settings so is especially important for training rural doctors. Importantly, the new term structure will deliver a degree of flexibility that can increase the capacity of smaller country and regional hospitals to train interns and hopefully enable expanded intern training across rural and remote Australia.

  There is a strong relationship between time spent rurally in postgraduate training and outcomes in terms of retaining doctors in rural and remote areas. If successful, the changes will be especially impactful as they occur at the early clinical experience stage of doctors career journey. Studies have found that the rural location of an internship was strongly predictive of a rural career being even stronger than a rural background.[1] Scholarship also points to the negative impacts of urban-based internship experiences in discouraging prospective rural doctors from pursuing rural careers.[2] Early rural exposure during internships will enable emergent doctors to establish formative professional relationships with senior colleagues who are rurally-based doctors practicing the more generalist approach to medicine of rural contexts. It will also facilitate their continuity of training in a single rural area and obviate some of the need to relocate to metropolitan areas to complete needed clinical terms.

  It is noted that the draft registration standard relates only to the first postgraduate year. We anticipate that further discussion will be required to ensure the seamless transition of junior doctors from their subsequent postgraduate years through to Rural Generalist Fellowship training, particularly those engaged on the new John Flynn Doctor Program. We look forward to the opportunity to further discuss these issues.

- Primary Care focus

  National healthcare systems with strong primary care at their core have been shown to deliver better health outcomes in terms of patient satisfaction, population health and equity, lower health costs, and fewer unnecessary hospitalisations.[3] In its previous consultations, the

[1] Sen Gupta et al (2014). Positive impacts on rural and regional workforce from the first seven cohorts of James Cook University graduates. Rural and Remote Health 14:2657.
[2] Rogers ME, Searle J, Creed PA. Why do junior doctors not want to work in a rural location, and what would induce them to do so? Aust J Rural Health. Oct 2010; 18(5):181-6.
[3] van Weel C, Kidd MR (2018). Why strengthening primary health care is essential to achieving universal health coverage. *CMAJ 190*(15), E463–E466. https://doi.org/10.1503/cmaj.170784

College indicated our preference for primary care as a specified mandatory training term. We understand however, that this was not considered to be feasible due to national training capacity issues.

This being the case, we consider there is an evaluated onus on the internship framework to proactively support and promote training in primary care. This is necessary to address a recognised and continuing drift away from general practice toward higher paid consultant/subspecialist medicine.[4]

We would ask that consideration be given to ways this approach could be incorporated into the framework as it is developed. We anticipate these considerations will be more important in the subsequent stages of the implementation of the framework and would be pleased to work with Ahpra and Medical Board to discuss possible approaches.

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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.

[4] Cth Aust – Dept of Health (2021) National Medical Workforce Strategy. Retrieved from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf