

COMMENT

Comment on: Developing the accredited postgraduate assessment program for Fellowship of the Australian College of Rural and Remote Medicine

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Editor's note

The 'Colleges' have had exclusive control of postgraduate medical training in Australia for the last 50 years. As such, the Colleges have often been accused of trying to protect their own members' interests by being the exclusive providers of doctors trained in their respective fields.

In October 2007, *Rural and Remote Health* published an article *Developing the accredited postgraduate assessment program for Fellowship of the Australian College of Rural and Remote Medicine*. The exchange of letters that has followed (of which this is the initial comment) suggests that new entrants to the field of postgraduate medical education should be prepared with an understanding that the pathway

to being recognised by the Australian Medical Council is not an easy one.

Please note that subsequent comments on this issue will be welcome as posts in the discussion area of the Journal site (accessed by registered Journal users via a link at the head of each article, or the main menu), but further letters or comments on the original article will not be published formally.

Peter Jones
Co-Australasian Regional Editor
Rural and Remote Health



Dear Editor

I would like to correct some misinformation in the 2007 article *Developing the accredited postgraduate assessment program for Fellowship of the Australian College of Rural and Remote Medicine*¹.

The claim in this article's introduction that the February 2007 accreditation of the Australian College of Rural and Remote Medicine (ACRRM) by the Australian Medical Council (AMC) was 'the first time in the world that a peak professional organization for rural and remote medical education had been recognized formally as a standards and training provider' is 11 years void of the facts.

It has to be stated plainly that ACRRM applied for recognition of rural and remote medicine as a medical specialty in 2004 and failed. Rural and remote medicine is not a medical specialty recognized by AMC.

ACRRM was offered an alternate route to accreditation of their medical education and training programs and professional development programs, in the existing recognized medical specialty of general practice. This is the specialty in which the Royal Australian College of General Practitioners (RACGP) holds recognition for its education, training and professional development programs. General practice is the medical specialty that the RACGP led into recognition 30 years ago in 1978. ACRRM has been granted initial accreditation as an organization that can deliver medical education and training and professional development programs in this specialty of general practice.

This is different to what Smith et al. suggest in their article. The AMC assessed the ACRRM application referred to against general practice, not rural and remote medicine. The AMC granted initial accreditation for a training program and professional development program in general practice, not in rural and remote medicine. ACRRM is now able to assess doctors for recognition in the specialty of general practice to become general practitioners, not non-specific and non-

accredited conceptual rural and remote medical practitioners or rural medical generalists.

The AMC is clear in its recommendation and the government is clear in how ACRRM has been incorporated into the Medicare regulations. The semantic blurring employed by the authors to avoid the use of general practice or general practitioner, choosing instead phrases such as 'rural and remote medicine as a generalist discipline' and 'rural and remote medical practitioner'. These terms are misleading for local and international readers and do not represent where the training program the authors describe fits into medical practice in Australia.

I was also struck by the conclusion in which the authors state that additional support for ACRRM's model can be drawn from the AMC 'because it was recognised by the accrediting body, the AMC, with very few queries or concerns'. The public statement from the AMC gives a somewhat different perspective including detail as to what would be required to achieve full accreditation from the current 'initial accreditation'².

While this article goes on to document some interesting advances in assessment of general practice at the vocational level, these developments build on the preceding 40 years in which the RACGP has been delivering an assessment in general practice, 20 years in which they have been delivering an ongoing education program, and 10 years in which the RACGP has been delivering a recognized and rural-specific award in advanced rural general practice, which has also depended on summative assessments that occur progressively, rather than all at once at a training endpoint.

In 1996, the RACGP Graduate Diploma in Rural General Practice was formally accredited as a tertiary qualification, and has since that time demonstrated a 70% retention rate in rural recruitment and retention, and a two-thirds continuity rate in delivery of advanced rural skills - higher for the procedural disciplines.



This graduate diploma has since been re-accredited twice by higher education authorities in every state and territory in Australia and, in 2006, the RACGP itself was re-accredited by these authorities as the training provider responsible for this qualification.

The design, delivery and outcomes of this decade-long successful program for rural and remote general practitioners delivered by the RACGP is totally ignored in the article by Smith et al. ACRRM's accreditation is, however, certainly neither the 'first' nor 'unique' in the manner implied in the article.

International and local readers should not be led to think that ACRRM's Fellowship has been reviewed in anything but the medical specialty of general practice. Holders of the Fellowship of ACRRM are recognized in Australia as general practitioners subject to the conditions laid out in the *Health Insurance Regulations 1975*.

It is unfortunate that the authors' failure to premise their article accurately within the specialty context of medicine in Australia, or to correctly represent the decision of the AMC

in relation to ACRRM accreditation or the inclusion of section 6D in the *Health Insurance Regulations 1975* muddies their subsequent discussion regarding the establishment of an important training and assessment program in general practice.

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References

1. Smith JD, Prideaux D, Wolfe CL, Wilkinson TJ, Sen Gupta T, DeWitt DE et al. Developing the accredited postgraduate assessment program for Fellowship of the Australian College of Rural and Remote Medicine. *Rural and Remote Health* **7**: 805. (Online) 2007. Available: <http://www.rrh.org.au> (Accessed 3 January 2008).
2. Australian Medical Council. *Australian Medical Council Gives ACRRM Initial Accreditation*. (Online) 2007. Available: www.amc.org.au/news50.asp (Accessed 4 November 2007).