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Dear Dr Flynn

Re: Specialist register – General Practitioners

I am writing with respect the Board's establishment of a specialist register of medical practitioners and, in particular, the criteria for the inclusion of a general practitioner on this register. I understand that the Board is currently considering this issue closely.

While some state/territory medical boards currently have a specialist register, none of these include general practitioners. This is despite general practice having been recognised as specialty by the Australian Medical Council.

The AMA believes that the development of criteria for the inclusion of a general practitioner on the specialist register must be undertaken in the context of the changes that have occurred in general practice over the last 20 years and, in particular, the introduction of vocational recognition for the purposes of the Health Insurance Act 1973 (HIA).

The Commonwealth Government introduced vocational recognition in 1989 to recognise general practice as a discipline in its own right, and to acknowledge that training and ongoing education specific to general practice are important elements of maintaining high quality standards in general practice.¹ The Royal Australian College of General Practitioners (RACGP) played a key role in the introduction of vocational recognition and its design.

When vocational recognition was introduced there were two pathways to vocational recognition. A medical practitioner either had to be accepted on to the vocational register or hold Fellowship of the RACGP.

To be entered on the vocational register a general practitioner needed to be certified as eligible by the RACGP, the General Practice Recognition Eligibility Committee or the General Practice Recognition Appeals Committee. Eligibility criteria included the

¹ Biennial Review of the Medicare Provider Number Legislation – December 2005. Australian Government, Department of Health and Ageing.

requirement that a medical practitioner was working predominantly in general practice and that they had appropriate experience and training in general practice.

Continued access to the vocational register was (and remains) dependent on the general practitioner's participation in appropriate quality assurance programs and continuing professional development activities approved by the RACGP or the Australian College of Rural and Remote Medicine (ACRRM), and on the practitioner's service being predominantly in general practice².

The vocational register was closed in 1996, with the Commonwealth introducing provider number restrictions. Since then the only option for medical practitioners to become vocationally recognised is to attain the FRACGP or FACRRM. In relation to the latter, this is restricted to those ACRRM Fellows that have completed the accredited ACRRM training program or have been assessed by ACRRM as having the training and experience equivalent to the successful completion of accredited training.

What is clear from the above is that over time the overall policy settings for general practice have been progressively adjusted to encourage doctors to obtain FRACGP status or, more recently, FACRRM status. However, these policy settings have also acknowledged the need for an appropriate transition process that recognised the significant skills of those general practitioners already working in general practice – provided they demonstrated ongoing education specific to general practice.

The AMA is not aware of any clear evidence showing that these general practitioners are providing care that is of lesser quality than general practitioners holding FRACGP or FACRRM status, which reflects the fact that a quality framework is in place.

There are still around 11,000 general practitioners who are vocationally registered who do not hold either the FRACGP or FACRRM qualification. The AMA believes that they have been delivering high quality general practice care and that they have clearly demonstrated the skills to be considered medical specialists. They have practised within established quality frameworks and have satisfied all relevant obligations that have been placed on them.

Any move to exclude these general practitioners from the specialist register would be inequitable and create two classes of general practitioner. It would see many highly qualified general practitioners effectively holding the same registration status as a doctor in training.

The inevitable result would be significant division within general practice, with the profession being taken back to the conflicts that arose when vocational recognition was first introduced. It would also confuse patients, who would no doubt question why their own long standing GP was not considered a specialist.

The AMA believes that vocationally registered general practitioners should be included on the specialist register as part of an appropriate transition arrangement. We note that section 277 of Health Practitioner Law Act 2009 provides the Board with the legislative basis to do this as part of a "registration transition plan".

² Op cit.

This means that the initial specialist register, in relation to general practitioners, would include vocationally registered general practitioners, FRACGP qualified general practitioners and relevant FACRRM qualified general practitioners. This would provide for a level playing field and appropriately reflect the evolution of general practice as an area of specialty practice in Australia.

In closing, it important to emphasise that the AMA sees this as a one-off transitional arrangement that acknowledges the unique situation that currently exists in general practice. We recognise the importance of the FRACGP and FACRRM qualifications and, to this extent, agree that the key criteria for the inclusion of a general practitioner on the specialist register in future should be FRACGP or FACRRM status.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Pesce', written in a cursive style.

Dr Andrew Pesce
President