REPLY

Reply to 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 reply to the 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
Dear Editor

The authors welcome the comments from Loy\textsuperscript{1} and on their behalf I wish to respond to each of the criticisms of our article\textsuperscript{2} in turn.

The first point I will make is that the purpose of our article\textsuperscript{2} was to describe the development of an innovative assessment program that will be implemented with integrity in Australia’s rural and remote areas, and across the Australian College of Rural and Remote Medicine’s (ACRRM’s) entire training footprint. The focus of the article was not on the political history of rural medicine in Australia, nor was it on the achievements of any other colleges.

The second point I will make is that the Royal Australian College of General Practitioners (RACGP) wrote to ACRRM and formally congratulated them on achieving Australian Medical Council (AMC) Accreditation. Therefore, the interpretation of the AMC decision by Dr Loy, the Deputy Chair of the Rural Faculty of the RACGP, appears to not to be the official position taken by the RACGP on this issue. We have, therefore, viewed this letter as his personal interpretation. Additionally, the Committee of Australian Governments (COAG) announcement of 14 July 2006, stated that:

\textit{…subject to the Australian College of Rural and Remote Medicine’s training programme being accredited by the AMC, the Commonwealth will provide rural medicine with formal recognition under Medicare as a generalist discipline by April 2007.}

Therefore, we regard the agreement made by all governments in Australia, and the subsequent regulation changes to the Health Insurance Act, to carry greater weight.

Loy suggests that the RACGP was recognized 11 years ago as a ‘standards and training provider for rural and remote medical education’. To the best of our knowledge, the RACGP Council has never defined itself as a standards and training provider for rural and remote medicine. Also, the RACGP Graduate Diploma in Rural General Practice has never been accredited by the AMC, but by an external group who did not reaccredit it in 2006. The very existence of this additional qualification is confirmation of the RACGP’s acknowledgement that additional qualifications are required for rural and remote medical practice.

It should also be noted by readers that the ACRRM Fellowship Program, as accredited by the AMC, prepares doctors for both metropolitan general practice and the practice of rural medicine, all in the one training program and qualification. This was a key requirement of the AMC, that ACRRM demonstrate that their program prepares doctors for the full range of generalist environments in Australia.

And finally, ‘initial accreditation’ is the normal process adopted by the AMC Specialist Education Advisory Committee. All medical colleges who meet the AMC’s accreditation requirements are granted initial accreditation, and then embark on a process in partnership with the AMC to be granted full accreditation.

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References
