

FACT SHEET

Build strong, resilient and sustainable health services within rural and remote and Aboriginal and Torres Strait Islander communities



Fund strong, resilient, and sustainable health resources and services within rural and remote communities and support bespoke solutions which reflect the needs of the community.

! CALLS TO ACTION:

- Urgently address the health workforce shortages in rural and remote and Aboriginal and Torres Strait Islander communities
- Reset policy to prioritise funding and support for staff and resourcing in rural, remote, and Aboriginal and Torres Strait Islander communities
- Guarantee minimum access for all Australians to affordable and reliable data and voice services, which meet their specific needs, especially accessing telehealth
- Take immediate and sustained action to minimise the impact of climate change to protect the health and wellbeing of communities.

Rural and remote communities can thrive when access to comprehensive, continuous, high-quality healthcare services is guaranteed. Strong, reliable local services make quality care accessible to people in rural, remote, and Aboriginal and Torres Strait Islander areas. They are also key to strengthening their economic and social opportunities, making their communities more attractive places to live and work.

People in rural and remote communities may not have the same model of care as that for people in cities, however they can and should experience the same high standard of quality and safety of care.

There is currently an estimated annual national health underspend on rural and remote Australians of around \$2.1b arising from lack of access to services. This underspend reflects the money saved through an estimated 25 million health care services each year, that rural and remote people do not receive that they would be expected to receive if they lived in a city¹.

There continues to be a reliance on locum and FIFO workforces in rural and remote areas. These staff are paid at higher rates than permanent locally based staff and may not offer the continuity of care or out of hours, emergency response capacity of permanently based staff.

Workforce maldistribution

The pervasive failures to provide enough doctors with appropriate skills to rural areas have reached crisis levels for many rural, remote, and Aboriginal and Torres Strait Islander communities. These communities face growing difficulties in accessing a doctor, have diminishing local hospital services, and where doctors are available these are increasingly provided on a FIFO basis. The national commitment to improving rural health is acknowledged, but too often, positive rural health policies are undermined in their implementation, and rural health funding does not invest in healthcare staff and resources located in rural communities. Smart policy solutions with rural people guiding their design and implementation are required. There needs to be a reset in long-term strategic thinking about rural health, and this must be supported by significant, immediate action to address the crisis state of workforce shortages.

Well supported local Rural Generalist led care

The National Rural Generalist Pathway has the potential, if properly implemented, to grow a strong workforce of rurally based doctors that can provide primary care along with emergency, hospital, and other advanced care services. These doctors working in skilled, rural healthcare teams can bring comprehensive, high quality services to communities that are geographically isolated from many specialised secondary and tertiary care services. These doctors can provide excellent services where they are supported by strong, sustained local hospital and healthcare resources, and healthcare teams.



Digital health and connectivity issues

Telehealth services form an essential component of effective rural and remote practice where they are used to complement, but not replace, face-to-face services. ACRRM welcomed the introduction of permanent MBS rebates for primary care telehealth consultations announced in December 2021. There are still areas of Australia where limited access to adequate internet bandwidth and mobile phone coverage are significant impairments to the delivery of telehealth services. These deficiencies should be addressed urgently as part of the broader digital health policy agenda. Significant and ongoing investment is required in programs such as the mobile blackspot and regional connectivity programs, to enable expansion of the mobile network and guarantee access to affordable voice and data services which meet minimum standards of reliability.

This is particularly important given the telehealth funding levers which support the use of video consultations.

Aboriginal and Torres Strait Islander People's Health

The disparities of the health status of Indigenous Australians and those of remote Australians are intertwined and it is imperative in addressing rural access that this includes providing access to culturally safe and responsive health care for Aboriginal and Torres Strait Islander peoples. National plans to strengthen care for Aboriginal and Torres Strait Islander peoples, need to be backed by sufficient investment and funding to achieve their aims. These need to include strong, targeted funding to attract, train, and retain Aboriginal and Torres Strait Islander people in rural and remote general practice.

Climate change

A global health emergency calls for an emergency response, and ACRRM calls on all levels of Government in Australia to take immediate and sustained action to minimise the impact of climate change. Australia needs to take much greater steps to mitigate and adapt to bring climate change under control to save lives and protect health. ACRRM calls on government at all levels to apply a "rural-proofing lens" to climate change policy to ensure the health of our population living in rural and remote Australia. We support the development of National Climate Change and Health Strategy to facilitate planning for future climate health impacts, and rural research into the health effects of climate change. Rural Generalists will play a pivotal role in responding to the burden of non-communicable disease resulting from climate change such as mental illness, to provide high quality care, and keep people healthy and out of hospital.

Further reading

[ACRRM Submission Senate Inquiry into the Provision of General Practitioner and related primary health services to outer metropolitan, rural and regional Australians October 2021](#)

[ACRRM Feedback on the Draft Primary Health Care 10-year plan November 2021](#)

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

ACRRM's vision is for **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 face-to-face specialist and allied health services.

Endnotes

- 1 National Rural Health Alliance (2016). The Extent of the Rural Health Deficit. <https://www.ruralhealth.org.au/sites/default/files/publications/fact-sheet-27-election2016-13-may-2016.pdf>

FIND OUT MORE

acrrm.org.au/advocacy



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.

