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

FACT SHEET

Drive intergovernmental solutions which deliver high quality, accessible healthcare services for rural and remote Australians

Lead a nationally coordinated approach which sets and upholds acceptable minimum standards of healthcare access for all Australians, wherever they live.

CALLS TO ACTION:

- Establish a single point of accountability to ensure all rural and remote communities are systematically supported by adequate funding and resourcing
- Lead coordination across health systems for rural and remote communities who rely on cross-sector collaboration to maximise local capacity
- Ensure the provision of a minimum acceptable level of service to all isolated Australians.

There can be a lack of overarching authority at the jurisdictional level to translate high-level strategic commitments to on-ground operational outcomes. Conversely, government funding frameworks are simply insufficient to meet local needs. Over time, this results in the erosion of rural services.

The division of service responsibilities which is based on an essentially urban model, enables blame shifting. This results in a situation where no tier of government accepts accountability for service provision in small and isolated communities. It has facilitated the long-term deterioration of funding and resourcing for rural and remote health services at all levels of government to what we consider to be crises levels. We need a national approach to ensure all rural and remote communities are systematically supported by adequate funding and resourcing.

Coordinated oversight at the national, regional, and local level, and a commitment to establishing benchmarks for minimum standards of access to primary and essential care for every Australian are key to positive rural health outcomes.

Accountability for rural healthcare access at the national, regional and local level

Coordinated and systematic approach

Coordination across all levels of health systems is imperative, and especially important for rural and remote communities who rely on cross-sector collaboration to maximise local capacity. A systematic, proactive approach to ensuring all rural and remote communities are supported by adequate funding and resourcing should be adopted, alongside a commitment to cross-sector collaboration to maximise local capacity.

Minimum acceptable standards

Ideally this would involve identification of minimum acceptable health service access standards across the diversity of models of care. This could build on the excellent work in this area by Wakerman, Humphreys and colleagues[1]. Data based on these models could be actively monitored, and communities at-risk of not meeting minimum standards could be identified, referred for action, and subject to ongoing higher-level monitoring.

Nationally consistent health service data

There is urgent need to develop better, nationally consistent health service data on the provision of primary care in rural and remote Australia. The three main sources of national data on rural medical workforces Bettering the Evaluation and Care or Heath (BEACH), Medicine in Australia—Balancing Employment and Life (MABEL), and the Rural Workforce Agencies (RWAs) National Minimum Datasets have all been discontinued. The Australian Institute of Health and Welfare (AIHW) data sets have significant gaps in rural and remote areas. PHN and RWA needs analyses are not nationally consistent and of limited benefit for national benchmarking. Furthermore, less than three percent of National Health and Medical Research Council (NHMRC) grants funding was directed to rural health research projects of the ten years from 2005 to 2014[2].

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The development of evidence-based policy appropriate to rural community needs is not possible without an evidence base. In the absence of this, evidence of workforce models and approaches that have proved effective in urban settings is typically used as proxy evidence for programs implemented rurally often with negative outcomes. Furthermore, there is no reliable dataset to demonstrate program ineffectiveness across rural and remote communities. Appropriate national datasets should include establishment of benchmarks for minimum standards of access to primary and essential care for every Australian which could be used as a proactive planning tool to ensuing maintenance of services across rural and remote Australia.

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 visions 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 Wakerman et al (2008) Primary health care delivery models in rural and remote Australia—a systematic review **BMC Health Services Research** Vol.8:276.

2 Barclay, L et al (2018), Rural and remote health research: Does the investment match the need? Aust. J. Rural Health, 26: 74-79. **https://doi.org/10.1111/ajr.12429**

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.

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