College Submission
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Feedback to Tasmania's 20-year Preventive Health Strategy

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

ACRRM's vision is ***healthy rural, remote and First Nations communities through excellence, social accountability and innovation***.

The College works to define, promote and deliver quality standards of medical practice for rural, remote and First Nations communities through a skilled and dedicated Rural Generalist (RG) profession. We provide a quality Fellowship program including training, professional development, and clinical practice standards; and support advocacy services for rural doctors and the communities they serve.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and First Nations communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as The Royal Flying Doctor Service (RFDS) and Australian Antarctic Division.

About Rural Generalist Medicine

Rural Generalist Medicine is a distinct model of care that delivers a broad and integrated scope of medical services in rural and remote settings. An RG provides:

- Comprehensive primary care for individuals, families, and communities
- Hospital in-patient care and/or related secondary medical care in the institutional, home, or ambulatory setting
- Emergency care
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues
- A population health approach that is relevant to the community

Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.[1]

Initial Comments

ACRRM welcomes the opportunity to provide feedback on the discussion paper in relation to Tasmania's 20-Year Preventive Health Strategy and commends its long-term vision. This strategy is critical to reducing the burden

[1] Cairns Consensus, International Statement on Rural Generalist Medicine, 2014.

of preventable diseases and supporting healthier, more equitable communities—aligned with the United Nations Sustainable Development Goals (SDG 3: Good Health and Wellbeing) and Australia's National Wellbeing Framework.

ACRRM strongly advocates for models of care that are person-centred, locally responsive, and capable of addressing the health inequities experienced by rural and remote communities. The RG model is well placed to support Tasmania's preventive health goals by delivering integrated, comprehensive, and continuous care across diverse geographic and clinical contexts.

The College views strongly, that the strategy should address the specific needs of rural communities, including both the people who live and work there and the healthcare professionals serving them. A key component of the success of this plan will be ensuring that the rural health workforce is adequately supported, with the RG model recognised and embedded as a central pillar in delivering preventive health services. This includes investment in training, retention, infrastructure, and service models that empower RGs to provide high-quality, community-focused care that addresses the social determinants of health and improves long-term health outcomes across Tasmania's rural and remote regions.

Access and Equity Challenges in Rural Health

Tasmania faces a distinct set of challenges in delivering equitable and effective preventive health care, particularly in rural and remote regions. A key example of this is the stark disparity in bulk billing rates across the state. In 2024, Tasmania had the highest inequality in bulk billing rates in the country when comparing the states cities (inner regional) to very remote areas. Very remote areas had a bulk billing rate of 96.7% and cities (inner regional) had a rate of 64.8%.[2] Comparing Tasmania's bulk billing rates to the rest of Australia the state has the highest rate in very remote areas and has one of the lowest rates in inner regional areas apart from the ACT, this trend is also seen in major city areas. This trend reflects broader inequities in access to affordable primary care services and creates substantial barriers to the delivery of consistent, preventive health interventions across communities.

Workforce distribution and demographic trends further exacerbate these challenges. The World Health Organisation projects a global shortfall of 11 million health professionals by 2030.[3] Compounding this are persistent patterns of workforce maldistribution between metropolitan and rural areas, driven by disparities in system resources, migration, training access, and political will. Tasmania's health system is under particular strain due to an ageing workforce, geographic isolation, and the reliance on short-term or locum practitioners, which undermines continuity of care and erodes trust in local health services.

Reliable, sustainable healthcare is fundamental to community resilience. Where services are withdrawn or unstable, communities experience a decline in health system engagement, leading to reduced service utilisation and difficulty attracting and retaining staff.

Strategic Opportunities to Strengthen the Rural Health Workforce

To address these challenges, Tasmania's 20-Year Preventive Health Strategy must be adaptive, forward-looking, and grounded in sustainable rural health solutions. A key opportunity lies in strengthening and embedding the RG workforce as a cornerstone of regional healthcare delivery. RGs provide broad-scope, community-based care that integrates prevention, early intervention, acute care, and population health. Their adaptability makes them

[2] Australian Institute of Health and Welfare. (2024). *Medicare bulk billing and out-of-pocket costs of GP attendances over time.* Retrieved from https://www.aihw.gov.au/reports/medicare/medicare-bulk-billing-of-gp-attendances-over-time

[3] World Health Organization: Health workforce. https://www.who.int/healthtopics/health-workforce#tab=tab_1, 2025

uniquely suited to address emerging rural health challenges such as climate change, shifting disease burden, and an ageing population.

Tasmania already benefits from a well-established RG training pipeline that includes the single employer model and a range of targeted training incentives. However, despite this investment, many trainees are ultimately required to leave the state upon completing their training due to a lack of opportunities to practice to their full scope. This workforce loss reflects policy and system-level barriers rather than a lack of community need. Addressing this gap presents a critical opportunity to strengthen and stabilise Tasmania's rural health system.

To retain this skilled workforce, the strategy must include:

- **Clearly defined and well-supported RG training and career pathways**
- **Flexible employment models with competitive remuneration**
- **Investment in multidisciplinary teams and infrastructure**
- **Removal of regulatory barriers that limit full-scope practice**

ACRRM Fellows are uniquely positioned to deliver long-term rural health outcomes. Approximately 80% of ACRRM-trained Fellows currently practise in rural and remote communities, demonstrating strong retention and alignment with the needs of underserved populations. Strategies to rebuild Tasmania's rural workforce should prioritise collaboration with ACRRM to recruit, train, and retain RG Fellows who are committed to long-term rural practice.

Further, embedding RG-trained practitioners in rural and remote communities ensures the local capacity to deliver both acute and preventive care. This model strengthens community resilience and system responsiveness to future crises such as pandemics, chronic disease in younger populations, and environmental disruptions.

Case Example:
A recent case example on Tasmania's east coast highlights the value of RG integration.

Following the closure of a local paediatric outreach service on the east coast of Tasmania, ACRRM engaged service leaders to explore continuity options. A local RG with Advanced Specialised Training in paediatrics was proposed to collaborate with the paediatrician, enabling reduced travel for families and maintaining local service delivery. It was proposed that the ACRRM RG would collaborate with the specialist paediatrician to provide services in the community. The specialist paediatrician would remain available at reduced hours to provide care for those children needing higher care. This would benefit families by reducing the need to travel and keeping care close to the community. The RG's participation in safety, quality, and professional development activities further demonstrated the role's versatility and value within the team-based care model.

Partnerships, Regulation, and Sustainable Investment

A coordinated and well-resourced system is essential to the long-term success of Tasmania's 20-Year Preventive Health Strategy. Achieving this requires strategic public-private partnerships, robust legislative reform, and sustainable funding mechanisms that collectively support the delivery of comprehensive, community-based preventive care—particularly in rural and remote regions.

Public-Private and Cross-Sector Partnerships

Public-private partnerships (PPPs) offer a valuable mechanism to expand the reach, efficiency, and innovation of preventive health services. In rural Tasmania, PPPs with private healthcare providers, local businesses, and non-governmental organisations can increase access to essential services such as telehealth, mobile clinics, and outreach programs. These partnerships also present opportunities for co-investment in infrastructure and workforce incentives that directly support RG-led models of care.

In parallel, strong intersectoral collaboration is essential for effective strategy implementation. The Tasmanian Government should establish formal governance and coordination structures that include ACRRM and other key stakeholders in the co-design, delivery, and evaluation of preventive health initiatives. Critical partners must include Aboriginal Community Controlled Health Organisations (ACCHO's) education providers, Primary Health Networks, and local governments. Embedding these voices ensures that services are place-based, culturally safe, and responsive to community needs.

Regulatory and Legislative Reform

With the formal recognition of Rural Generalist Medicine expected in 2025, Tasmania has a timely opportunity to embed this model into the foundations of its health system. Legislative and regulatory reform must support the integration of RGs into all levels of health service planning and delivery. This includes recognition of RGs as specialists, expanded scopes of practice, and regulatory flexibility to enable task-sharing within multidisciplinary teams. Additionally, reforms should facilitate interoperability between preventive, acute, and community care systems, including through improved data sharing, workforce mobility, and streamlined credentialing processes.

Sustainable Funding Models

Long-term, stable funding is a critical enabler of effective and enduring preventive health reform. The strategy must move beyond short-term, siloed funding cycles to establish durable mechanisms that support primary care capacity, rural workforce retention, and outcome-based preventive care delivery.

Key priorities include:

- **Block funding models for rural and remote primary care services**
- **Incentive payments for RGs and multidisciplinary teams delivering outreach and public health activities**
- **Investment in community health infrastructure, telehealth, and digital integration**
- **Funding frameworks that reward measurable improvements in preventive health outcomes**

The College believes that investment in these foundational enablers is essential to ensure Tasmania's rural and remote communities have sustained access to high-quality, locally delivered preventive care. Stable, long-term funding supports the recruitment and retention of Rural Generalists, empowers multidisciplinary teams, and ensures that rural health services are equipped to respond to current and future challenges. ACRRM strongly advocates for funding models that recognise and reward the comprehensive, continuous care delivered by RGs, and that embed prevention at the core of Tasmania's health system for the decades ahead.

Measuring Impact and Monitoring Progress

The long-term success of Tasmania's 20-Year Preventive Health Strategy will rely on the implementation of strong mechanisms for measurement, evaluation, and accountability. ACRRM emphasises the need for comprehensive data collection frameworks that capture both quantitative and qualitative indicators across

rural, remote, and urban settings. Regular, publicly accessible reporting is essential to ensure transparency, build public trust, and enable adaptive policy responses.
The College advocates for a consistent evaluation process that includes input from frontline health professionals—particularly RGs—and community stakeholders to ensure that lived experience informs ongoing improvements. Measurement should extend beyond activity metrics to include health outcomes, equity of access, system integration, and workforce sustainability. This will allow government, service providers, and communities to track progress, identify gaps, and refine implementation to achieve lasting preventive health outcomes across Tasmania.

Priority Recommendations

To support Tasmania's 20-Year Preventive Health Strategy, ACRRM recommends the following key actions to advance rural health equity, strengthen workforce sustainability, and improve access to preventive care across the state:

1. **Formally recognise RG Medicine and embed it as a central pillar of Tasmania's preventive health system.**
2. **Support sustainable RG pathways through targeted training, flexible employment models, and infrastructure that enables full-scope practice.**
3. **Improve service access in underserved regions by expanding locally delivered, community-based preventive care.**
4. **Partner with Aboriginal Community Controlled Health Organisations to ensure culturally appropriate, place-based services.**
5. **Build formal partnerships across government, private sector, NGOs, and education providers to strengthen service delivery.**
6. **Enable expanded scopes of practice, task-sharing, and system integration through targeted legislative and regulatory reform.**
7. **Secure stable funding models, including block and incentive-based funding, that reward preventive outcomes and support rural workforce sustainability.**

Conclusion

ACRRM has a clear focus on improving healthcare outcomes by utilising a locally based RG workforce which is appropriately trained and supported to deliver high quality health care. The College believes RGs are central to achieving Tasmania's preventative health goals. By embedding RGs within rural health systems, aligning investments with long-term workforce needs, and supporting collaborative care models, the Tasmanian Government can lead the way in delivering equitable, sustainable health outcomes.

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.