



College position

Aged care is critically important for rural and remote communities and an integral part of rural and remote medical practice. Rural Generalist doctors are involved in the full spectrum of aged care – through general practice-based primary care, home visits, nursing home attendances, secondary care in the local hospital, coordination of team-based care and referrals, support for family and carers, and palliative care.

Rural and remote aged care should be person-centred while being cognisant of the needs and circumstances of families, carers, and the wider community. It should be culturally appropriate and tailored to meet the specific needs of a diverse population, including Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.

Challenges in providing aged care services

The population is ageing, and people are living longer, with a resultant increase in demand for a wider range of both primary and secondary care and associated challenges in service design, funding, and delivery.

The aged care system is complex, difficult to navigate, and poorly coordinated: Many public and private health, social and community groups, together with all levels of government, are involved in providing services through a wide range of programs and funding mechanisms. Consequently, the system is difficult to understand and navigate for all stakeholders including recipients, their families and carers, and service providers.

There are a number of **service constraints**, including recruiting and retaining an appropriately trained and supported aged care workforce both for aged care facilities and in broader community practice; difficulties in accessing specialist, allied health and other team-based care; and provision of after-hours and home visit services. There is poor service integration and a deficient allied health service mix, coupled with lack of skill recognition, inadequate remuneration and local GP workforce shortages. Time constraints workload, and financial feasibility all have the effect of exacerbating barriers to GP-led aged care.

Increasing challenges in **meeting a diverse range of client needs** can include accommodating younger people with disabilities because there are no other care options available; and providing appropriate care for LGBTQI and migrant people and those from Aboriginal and Torres Strait Islander backgrounds. Cultural differences and needs often become more marked as people age, it is important to take cognisance of historical factors which may impact people's experience of the health sector, including the impact of intergenerational trauma, discrimination and systemic racism.

Financial challenges include navigating complex funding models (both for clients and providers); and maintaining financial viability for aged care facilities and services.

Difficulties in **recruiting and retaining staff** are exacerbated by generally low remuneration rates for aged care workers. For medical practitioners, funding models for primary care, including those provided through the Medicare Benefits Schedule (MBS), do not reflect the cost to practitioners of providing services, especially for home and aged care facility visits, and for the additional non face to face work required spending time with family and carers to plan and manage treatment for aged patients.

Aged care in the rural and remote context

Sector challenges are exacerbated by factors such as a lower population base, geographic isolation, and wide cultural and socio-economic variations – all of which increase with remoteness.

There is generally poorer access and availability of a range of services, including specialist advice and allied health services. This is particularly apparent in areas such as mental health and palliative care. Recruiting and retaining a skilled aged care workforce, including medical practitioners and facility and home care staff becomes increasingly difficult with remoteness.

Service funding models are often not designed to cater for the needs of rural and remote consumers and service providers or the context in which care is delivered, and they do not reflect the true cost of service provision. Securing financial viability for aged care services can be challenging in these communities, and the generally higher cost structures cannot be offset by economies of scale as is the case in larger centres.

The Rural and Remote Policy Response

ACRRM views the optimum model of aged care as enabling aging Australians to continue to live within their community where they can be supported by family and their wider networks and receive ongoing, coordinated and collaborative care from a well-trained, skilled and supported health care team led by their local medical practitioner. Patients benefit the most from a lifelong relationship with a “usual GP”.

In recognition of the desire of most people to remain in their homes and communities, aged care service models should be based on meeting as many of the needs of clients as close to home as possible. This will require flexibility in service delivery models, utilising team-based care and providing additional support for facilities and carers.

Funding support

Funding for rural and remote aged care services needs to reflect the additional costs of service delivery in these areas. Existing programs may need to be augmented with rural and remote loadings or subsidies. Likewise, the strategy of relying on market forces to regulate prices is not effective in rural and remote areas and may impact adversely on the sustainability of local service providers.

Many rural and remote facilities would benefit from greater funding flexibility so that they can make the most effective use of locally available resources and tailor services to meet local needs. This includes supporting multi-purpose services and recognising the role of small rural hospitals in catering for long-stay aged care patients.

A revision of the fee structure for aged care in work in different settings, including targeted incentives for rural GP's would increase capacity to work outside of the practice, would allow GP's to carry out “in home” visits.

An overhaul of MBS to value care to all people and accurately reflect the cost of providing aged care, both via home and residential aged care facility visits would be welcomed.

Funding models should recognise the important leadership role GP's can play in providing not only in treating direct clinical needs, but in assisting with strategies to improve overall health and wellbeing.

Practitioner support

The pivotal role played by rural doctors needs to be better recognised and supported through a range of strategies including:

- Providing appropriate remuneration for a full range of services provided, both face-to-face and via telephone/telehealth; and including consultations with relatives, carers, specialist consultants and other members of the health care team
- Increasing the range of rural and remote incentives and loadings to support GPs in providing aged care
- Streamlining administrative requirements and reducing red tape
- Better coordination and communication between aged care facilities, practices, and practitioners to improve the quality of patient care; increase collaboration and communication; and reduce GP workloads.

Workforce shortages and support

The workforce crisis facing the rural and remote aged care sector has been well-documented, and the problems faced by a sector in crisis have been exacerbated by the impact of COVID-19. Whilst the College fully endorses the requirements for vaccinations and boosters, it is important to note the strain this sector has been placed under, and the numbers leaving the sector due to these mandates. The College welcomes initiatives which allow aged care providers to apply for temporary extensions to enable workers to become up to date with their vaccination status, however this does not address the numbers leaving the sector. Better pay and conditions for aged care workers, and nation-wide strategies to retain and attract staff are required.

A well-trained and appropriately remunerated aged care workforce is essential in providing timely access to care and delivering quality services which cater for older people's physical, emotional, functional, and psychosocial needs. In rural and remote areas, one of the most effective workforce strategies is to recruit and train local people who are most likely to remain within the community. This can be facilitated through a wider range of training mechanisms to allow local people to undertake training remotely; and promoting access to and incentivising ongoing training and professional development opportunities.

Aged care and diverse backgrounds: People from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds require aged care services which are culturally appropriate, and providers who can respond to their specific needs. Food, language, and culture should be catered for wherever possible, and the necessary interpreter and translation services must be made available.

Ongoing investment in programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care program is required, along with specific services for the LBQTQI community.



Priority actions for rural and remote aged care

- Funding and support for models of aged care which enable the elderly to continue to live within their own community and receive ongoing, coordinated, and collaborative care from their local medical practitioner.
- Strategies to develop a well-trained and appropriately remunerated aged care workforce which focuses on recruitment and retention of local people who are more likely to remain within the community.
- Support for the pivotal role of rural doctors via appropriate remuneration, and an increased range of rural and remote incentives and loadings.
- Culturally safe and culturally appropriate services for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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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.

