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

College Submission
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Feedback on the Aboriginal and Torres Strait Islander Cancer Plan

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

ACRRM's vision is ***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.

ACRRM has more than 5000 rural doctor members with1000 doctors in training, who live and work in rural, remote, and indigenous 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 RFDS and Australian Antarctic Division.

Initial Comments

The College welcomes the opportunity to provide feedback on the Aboriginal and Torres Strait Islander Cancer Plan.

The College would stress the importance of the Plan recognising that primary healthcare, including cancer care and treatment, in rural and remote areas requires a broad, outcomes-focused definition which incorporates the Rural Generalist scope of practice.

In the rural and remote context, if primary care is to ensure provision of all patients' essential health care needs, this will often involve provision of services extending from general practice clinic-based care to contribution to, and facilitation of as much as practicable of people's secondary and tertiary needs in the most accessible possible way. This involves a blurring of the distinctions between private and public health services, hospital, and private clinics, and between the traditional roles of medical, nursing, and

allied health professionals. This is the Rural Generalist scope of practice which is provided by thousands of general practice doctors across rural and remote Australia.

General Comments

On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services.[1] The Australian Institute of Health and Welfare reports that cancer is responsible for Australia's largest disease burden, and that one third of people affected by cancer live in regional and rural areas. The burden of cancer is disproportionately heavy in rural and remote areas, with people living with cancer having poorer survival rates than those living in major cities.

Factors which contribute to lower survival rates for people with cancer in rural areas include availability of diagnostic and treatment services and delayed or late diagnosis. The Medical Journal of Australia reports that cancer outcomes are particularly poor for Aboriginal and Torres Strait Islander people living in regional and remote communities, with cancer being underreported in this group and death rates being 45% higher than in the non-Indigenous population.[2] "The further from a major city patients with cancer live, the more likely they are to die within five years of diagnosis"[3]

Aboriginal and Torres Strait Islander people living in rural and remote communities should have equitable access to high quality, safe and sustainable healthcare services, including cancer treatment and care. This requires a structured, systematic, and person-centred and team-based approach to service delivery which properly reflects the distinctions of the rural and remote clinical context.

The Plan should consider the following priority areas:

1. Improved access to diagnostic and treatment services

People living in rural and remote areas have difficulty in accessing cancer screening services, such as breast screening services, where there is an insufficient critical mass to sustainably support a full range of diagnostic services. It is imperative that the Plan addresses access to diagnostic services, with studies showing that diagnostic delays are common with increased rurality, and this in turn impacts on mortality.

Our members working with Aboriginal patients in this space in rural and remote areas, report that their experience has been that key issues in provide quality care for these people have been:

- Excessive patient wait times and time delays in their acceptance for referral
- Barriers to patient access to transport and accommodation

There is limited cancer care assistance specifically for Aboriginal and Torres Strait Islander peoples. Funding for rural and remote diagnostic and treatment services for cancer needs to reflect the additional cost of service delivery in these areas. Some important investments in improving the efficacy and quality of this care should include funding and or expanding all the following:

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[1] AIHW Report Rural and Remote Health, Web report updated 22 October 2019

[2] Medical Journal of Australia mja.com.au "Cancer health inequality persist in regional and remote Australia" quoting Adams P, Hardwick J, Embree V, et al. Literature review: models of cancer services for rural and remote communities. Sydney: Cancer Institute NSW, 2009. http://www.cancerinstitute.org.au/media/70218/web09-83-02_literature_review_models_cancer_services_rural_and_remote_communities.pdf

[3] National Rural Health Alliance Inc Factsheet 8: Cancer in Rural Australia https://ruralhealth.org.au/sites/default/files/publications/fact-sheet-08-cancer-rural-australia.pdf

- Culturally appropriate cancer counselling
- Culturally appropriate, accessible screening
- Culturally appropriate literacy resources
- Health worker and/or case worker assignment to attend the multitude of appointments associated with cancer care
- Providing cultural activities for patients undergoing treatment
- Providing patient access to traditional healers

2. Supporting the role of Primary Care in early investigation and referral

There needs to be clear recognition that provision of medical primary health care in the rural and remote context commonly involves an integrated model of care involving hospitals, GP surgeries and other work settings. Rural Generalists typically provide primary care across a range of settings.

In aiming to create a person-centred system which takes a holistic approach to health and wellbeing, the Plan needs to be cognisant that the delivery of support and treatment and who is best placed to deliver it, can be different in the rural and remote context.

Rural Generalist doctors are a vital part of the continuum of care for those living in rural and remote areas, and as such, they should receive appropriate training, recognition, resources, and support to enable them to meet the needs of patients with cancer in rural and remote areas.

The Rural Generalist model can make an important contribution to care of Aboriginal and Torres Strait Islander peoples in rural and remote areas where Rural Generalist doctors work in ACCHSs and other Aboriginal Medical Services and GP clinics and provide services in hospitals. The Rural Generalist builds relationships of trust in their community based, continuous care practice and by being part of the hospital system - help patients to have confidence in hospitals as a culturally safe space in which they can receive needed care. Many ACRRM doctors and especially our Aboriginal and Torres Strait Islander doctors work in Aboriginal Medical Services and are also available to provide services to their Aboriginal and Torres Strait Islander patients in their hospital Emergency Departments, and during their in-patient stays.

All doctors that attain ACRRM Fellowship (FACRRM) are trained to be Rural Generalists. They will have trained to provide essential general practice care particularly in rural and remote communities recognising that these commonly include many Aboriginal and/or Torres Strait Islander peoples. They will have also completed training in hospital in-patient and emergency care and retrievals, and some Fellows will have also opted to complete an additional year of advanced specialised training in Palliative Care. These can be important contributors to Cancer Care for Aboriginal and Torres Strait Islander peoples living in rural and remote Australia.

The plan should emphasise establishing innovative fit-for-purpose models for Aboriginal and Torres Strait Islander people in rural and remote areas. They models emphasise integrated care, centred-around the local professionals providing primary care and be appropriate for the realities of their location.

ACRRM views case conference with Rural Generalists as a key tool for managing Aboriginal and Torres Strait Islander Peoples cancer care *on-country.* These doctors should be included in the multidisciplinary discussions regarding care and should paid for the time the give to contribute to this care. This model of care should be utilised more extensively than is currently the case. This would reduce the burden of transport and treatment. This should present a cost saving and some of these savings should be directed to the Rural Generalists and other locally based health workers and health practitioners who are providing the continuing care.

An example is in Port Lincoln where there is a dialysis unit combined with chemotherapy services. Patients have access to specialist consultants via telehealth (who are usually based in tertiary centres in cities). However, they undertake these telehealth consultations with their local Rural Generalist/General Practitioner and/or nurse to link these in to their accessible, local continuing care. This service is appreciated by patients as they can remain close to home while receiving treatment.

3. Building cancer literacy

Supporting Australians to be physically well is no longer restricted to those experiencing ill-health, but also encompasses education, preventive measures, and early intervention to promote wellbeing, taking a proactive role in your own healthcare and assisting people at risk.

Literacy and consumer engagement initiatives must be designed to ensure they can be easily adapted to the rural and remote context. Health promotion and education activities need to be tailored to the specific needs of each community, particularly high-risk communities, and need to be culturally responsive and safe for those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds. The role of rural General Practitioners and Rural Generalists as leaders in rural and remote communities should be leveraged to ensure effective engagement.

4. Workforce Capacity and Capability

By virtually all indicators, remote Australians are grossly underserved, and this underservice occurs in tandem with this sector of the population recording greater disadvantage by health, mortality, and morbidity measures as well as by most measures of social determinants of health. This equity gap is spiralling as rural health workforce shortages are reinforced by diminishing funding for rurally based practice and services.

The disparities in the health status of Indigenous Australians and those of remote Australians are intertwined, and it is imperative that in addressing rural access that this includes providing access to culturally safe and responsive health care for Aboriginal and Torres Strait Islander peoples.

Therefore, the success of the Plan will be contingent on its interaction with the *National Agreement on Closing the Gap, National Medical Workforce Strategy*, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031,* the *Primary Healthcare 10 Year Plan* and the *National Preventive Health Strategy*, coupled with adequate funding for services in rural and remote areas and the extent to which focus is centred on substantive, immediate intervention in support of rural healthcare.

Workforce shortages - the maldistribution of the medical workforce, both in terms of location and skills, continues to result in pervasive rural workforce shortages. The skills maldistribution particularly relates to the increased numbers of non-GP specialists and sub-specialists. These doctors do not provide the range of services required in rural and remote communities, which require a more generalist model of care to enable them to access as many services as possible, as close to home as possible, and in a way which is economically sustainable.

Securing a Skilled and Sustainable Workforce - the College believes that a key strategy in improving rural cancer outcomes involves providing as many services as possible, as close to home as possible. Urgent and priority action should be taken to improve access to a skilled and sustainable rural and remote primary healthcare workforce, acknowledging the specific challenges facing clinicians working in rural and remote communities.

The importance of the Rural Generalist approach should be recognised, and strategic work is required to support this as an enabler to innovative workforce models and workforce capacity building. Priority should be given to supporting local services and training and growing a local health workforce wherever possible.

The Plan should be developed, implemented, and evaluated in detailed consultation with representatives from rural practitioners, community representatives and stakeholders, and should include a 'rural proofing' protocol.

5. Palliative Care Models

ACRRM views the optimum model of care as enabling patients 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 General Practitioner".

In recognition of the desire of most people to remain in their homes and communities, 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 models should recognise the important leadership role General Practitioners can play in providing not only in treating direct clinical needs, but in assisting with strategies to improve overall health and wellbeing. We would recommend consideration of funding models and incentives that encourage and support general practitioners to be more involved with delivery of palliative care services. In rural and remote areas some positive initiatives might include programs to upskill general practitioners in palliative care provision and incentivising Rural Generalists who have successfully completed Advanced Specialised Training (AST) in palliative care.

6. Summary

The College consulted with our Indigenous Members Group in the drafting, preparation and finalising this feedback document and thanks our Indigenous Members Group for their insight and input.

Summary of ACRRM Recommendations

- There must be improved access to diagnostic services and cancer treatment for rural and remote Aboriginal and Torres Strait Islander peoples
- The Plan must aim to immediately address the health equity gap for rural and remote Aboriginal and Torres Strait Islander peoples
- Health promotion, education, preventive measures that are tailored to ensure they are culturally responsive and safe for Aboriginal and Torres Strait Islander peoples should be supported and expanded
- Rural and remote cancer treatment and care should be person-centred while being cognisant of the needs and circumstances of families, carers, and the wider community
- Cancer treatment and care models that are culturally appropriate and tailored to meet the specific needs of Aboriginal and Torres Strait Islander people should be supported and expanded
- Rural Generalist doctors are a vital part of the continuum of care for Aboriginal and Torres Strait Islander peoples living in rural and remote areas, and as such, they should receive appropriate training, recognition, resources, and support to enable them to meet the needs of patients with cancer in rural and remote areas.
- Case-conferencing with Rural Generalists and local healthcare providers should be recognised and supported as a key delivery model in remote and rural communities
- The Plan should make provision for innovative models of care and service delivery which give patients choices about their cancer-care and treatment, with the option to elect to have some treatment delivered at home.

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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.