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

College Submission
November 2022

Feedback on the Agency for Clinical Innovation Draft Strategy 2023-26

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 comment on the Agency for Clinical Innovation (the Agency) Draft Strategy 2023-26 and is pleased to note the opening message from the Board Chair and Chief Executive which states: "*this strategy does not represent business as usual; it outlines significant change in how we work as an organisation and how we partner with clinicians, consumers and system leaders across the NSW Health System*".

Response to Feedback Questions

1. QUESTION ONE: What general comments do you have on the draft Strategy?

The Agency's innovation and transformative approach is welcomed. This is aligned with the World Health Organisation position that in order to strengthen primary health care and universal health coverage as contributors to the Sustainable Development Goals, shifts in mindset and the re-design of health services are required.[1]

Our College supports doctors to become specialist General Practitioners trained to work in the Rural Generalist model of practice. As such they are purpose-trained through the ACRRM Fellowship (FACRRM) to provide comprehensive primary care, secondary care, population and public health services and emergency care within the clinical context of rural and remote locations.

Rural Generalists are often the only provider of medical services in rural and remote areas, and in areas where health services do exist, are often the first point of contact for patients. They work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas.

It is important the Strategy considers the important role of Rural Generalists in rural and remote community contexts, particularly in relation to the "Evolve" and "Transform" aspects, which we have noted in further detail in our response to Questions 5 and 6.

2. QUESTION TWO: What comments do you have on the Vision and Purpose?

Vision	*Clinical innovation for better, fairer, sustainable healthcare*
Purpose	*We bring clinicians, consumers, and system leaders together to design and implement innovations in healthcare. We support innovations that are person-centred, clinically led, evidence-based and value driven*[2]

The College supports these statements.

The Vision and Purpose align very well with the recent World Health Organisation call to action that "*change can be triggered by anyone, at any level of a health system*". By turning inwards and creating opportunities for the system to see itself and feel itself, the stimulus and impetus for change is ignited from the inside out".[3]

[1] WHO Transforming Healthcare, 17 March 2022 https://www.who.int/news/item/17-03-2022-transforming-health-care-stories-of-changemakers-across-the-world
[2] Consultation Draft ACI 2023-2026, page 5
[3] *Ibid.*

3. QUESTION THREE: What comments do you have generally on Strategy 1: Adopting a portfolio approach to clinical innovation?

The College commends the switch to a portfolio approach. This is a robust and dynamic way for the Agency to support its strategic innovation process by analysing current and planned work, and effecting policy and systems change and capacity building, which in turn can improve health equity.[4]

4. QUESTION FOUR: What comments do you have on the "Refine" aspect of Strategy 1?

Clinical Practice Guides are a valuable source of information for health practitioners in maintaining treatment standards which are up to date, evidence based and in accordance with the latest advances and developments in health care. They can assist health practitioners in the decision-making process, help them to make difficult decisions in complex cases and allow them to follow a particular treatment course for the best desired outcome.[5] Evidence based Clinical Practice Guidelines are a key aspect of patient centred care.[6]

However, the distinctions of rural and remote contexts have important implications for what represents the safest and best clinical care. Rural and remote general practitioners work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to allied health professionals or health care teams in larger areas. These doctors work in local healthcare teams that are small in number and supported by minimal resources.

It is important that the Strategy recognises the need for clinical guidelines to reflect the diversity of circumstances of rural and remote clinical contexts. Guidelines need to either be sufficiently flexible to accommodate the range of contexts, or specific fit-for-purpose guidelines should be developed for rural and remote practice.

5. QUESTION FIVE: What comments do you have on the "Evolve" aspect of Strategy 1?

> ***Embedding alternate models of care*** *– working with local services to embed novel technologies, therapeutics and processes that aim at providing care in lower acuity and less resource-intensive settings, such as care in the home, multidisciplinary care, telehealth, and non-admitted models of care.*[7]

The Role of the Rural Generalist - it is important that the Strategy is cognisant of the fact that Rural Generalists are often the only provider of services in rural and remote areas, and in areas where other services do exist, are often the first point of contact for patients and in need of assistance.

They often play a key role in assisting older Australians and local residential aged care facilities and are called upon to support patients in the case of health emergencies.

Rural Generalists are in a unique position to provide holistic care, crossing the siloes of primary, secondary, and tertiary health care and providing care across the illness spectrum and the lifespan, and working with an extended scope of practice in relatively low resource settings.

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[4] *A Portfolio approach for innovation in public health: introducing the innovation for equity matrix,* 2 August 2022, Kevin A Kovach https://jphmpdirect.com/2022/08/02/a-portfolio-approach-for-innovation-in-public-health-introducing-the-innovation-for-equity-matrix/

[5] Clinical Practice Guidelines: Principles for Clinical Practice, Jan 2017 Rao and Tandon, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310103/

[6] https://www.aafp.org/family-physician/patient-care/clinical-recommendations/cpg-manual.html

[7] Consultation Draft ACI 2023-2026, page 11

Telehealth **-** the provision of appropriate services for patients and support for practitioners and caregivers via telehealth and other mechanisms to complement face-to-face services are an important component of workforce support, and when implemented alongside appropriate on-the-ground services, can provide additional access to services for rural and remote communities.

General practice telehealth, which is clearly linked to a continuous care relationship, has played an extremely important role in enabling triage, assessment and follow up of patients in rural and remote communities and it is important that it be supported to continue.

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.

6. QUESTION SIX: What comments do you have on the "Transform" aspect of Strategy 1?

> ***Catalyse system redesign and complex innovation implementation*** *– supporting the design and implementation of statewide programs that more fundamentally transform the way care is delivered; including digitally-enabled clinical care and innovative technologies and therapeutics.*[8]

In aiming to support the design and implementation of statewide programs, it is important for the Strategy to recognise that a "one size fits all" approach may be unsuitable for rural communities.

Service delivery models should be flexible and responsive to the needs of communities where they operate, and co-design of models with input from key partners and stakeholders across communities is welcomed. The Strategy should recognise that tailored models may be required for the rural context. Services also 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 Generalists and rural General Practitioners as community leaders should be leveraged to ensure effective engagement.

7. QUESTION SEVEN: What comments do you have on Strategy 2: Engaging- partnering with agility?

The College welcomes the Agency commitment to building on the legacy of clinical engagement and continuing to foster a clinical voice via clinical networks.

We note the intention to push the boundaries of consumer engagement through initiatives such as increasing the use of deliberative approaches to foster a stronger consumer voice in the work of the Agency. Deliberative processes provide an excellent opportunity to include unengaged voices when the adopted approach allows for informed deliberation, debate and balanced information sharing at a community level. Studies demonstrate that deliberative engagement processes, successfully implemented, can be used to guide decision making.[9]

Strengthening collaborative work with consumers through promoting truly participatory design in innovations, and supporting consumers to lead or co-lead projects builds on the excellent work already being carried out by the Agency in this space, such as the Improving the Rural Patient Journey Initiative and corresponding Friendly Faces, Helping Hands website.

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[8] *Ibid.*
[9] Using deliberative techniques to engage the community in policy development https://anzhealthpolicy.biomedcentral.com/articles/10.1186/1743-8462-5-16

The College would suggest that this approach is especially important in rural and remote and Aboriginal communities, and this Strategy should ensure it makes provision for these voices to be heard. Without deliberate efforts by policy makers, there is a tendency for policies to be designed by urban professionals and reflect urban perspectives. Thus, we would see value in the framework specifically identifying the importance of engaging the perspective of people in these communities.

8. **QUESTION EIGHT: What comments do you have on Strategy 3: Enabling – a toolbox of improvement and transformation methods?**

Working closely with clinicians, consumers and local leaders and partnering with local teams to build capacity, share knowledge, and support implementation to transform health experiences and outcomes is an excellent approach.

Showcasing local innovations and bringing diverse perspectives together to debate ideas will enable tailoring of fit for purpose solutions responsive to local needs.

The role of the local Rural Generalist should be leveraged through these processes.

9. **QUESTION NINE: What comments do you have on Strategy 4: Informing – triangulating sources of evidence?**

Triangulation facilitates validation of data through cross verification, and can also deepen and widen understandings, which in turn can lead to innovation. It will be important to ensure that consumers views and perspectives can be captured as experiential evidence. Whilst emerging methods such as social media and crowdsourcing will be useful in this context, the Strategy needs to consider how to capture the views of consumers with little or limited access to the internet, social media, smartphones, and apps. This is particularly relevant in the context of rural areas with limited access to adequate internet bandwidth and mobile phone coverage.

10. **QUESTION TEN: What comments do you have on Bringing the strategy to life: managing the pipeline of innovation?**

We note that the strategic focus of engaging, enabling and informing will provide a basis to prioritise and manage projects through the pipeline of innovation. The Strategy needs to ensure that rural and remote perspectives are represented at all levels.

11. **QUESTION ELEVEN: What comments do you have on the Harnessing research section?**

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 ensure maintenance of services across rural and remote Australia.

12. **QUESTION TWELVE: What comments do you have on the Priority system challenges?**

Implementing virtual care and digitally enabled models of care - while telehealth consultations can improve access to healthcare, they can never replace high quality, in-person care arrangements. Both patients and providers have shown strong preference to have both these options available to them, and to be able to make use their local, continuous, in person, face to face healthcare services as well as any telehealth opportunities.

Telehealth consultations, when backed by appropriate staff, resources, systems, and training, can substantively improve the quality of medical care that our doctors provide to rural and remote

communities, however, telehealth use in rural and remote areas is largely telephone-based and many of the most vulnerable patients such as the aged, and the economically disadvantaged and people in very remote situations are often the people least likely to have access or capacity to use video-conferencing options.

Delivering patient-centred and culturally appropriate care - 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.

Culturally appropriate care for Aboriginal people and communities – 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.

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.

13. What comments do you have on the Strategic collaborations across the NSW Health system?

Coordination across all levels of the health system 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.

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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.