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

# PRE-BUDGET SUBMISSION 2022/23

January 2022

Sustainable, high-quality healthcare services are essential to establish and maintain vibrant and sustainable regional, rural, and remote communities. These communities make an invaluable contribution to the ongoing economic and social prosperity of the nation and their importance will increase with the trend in migration to the regions from urban areas.

The 2022-23 budget presents an opportunity for the Federal Government to demonstrate its commitment to building strong and sustainable rural communities and healthcare services; secure equity of access and address their continuing poorer health outcomes.

Targeted investments in a range of areas including Primary Healthcare Reform; health workforce planning; general practice and prevocational training; and the National Rural Generalist Pathway, can provide both an immediate response and longer-term initiatives to stem the loss of healthcare staff and resources across rural and remote Australia. Investments must comprehensively support these initiatives and ensure high-level commitments convert to ground-level resourcing in rural towns and remote communities.

The College pre-budget submission therefore focuses on priority areas for investment which have the potential to significantly increase access to high-quality healthcare services in rural and remote areas, and consequently improve health outcomes for people who reside there.

## BUDGET PRIORITY ONE: Support primary care in rural and remote communities through restoring the value proposition of rural practice

Primary care, including preventative care, is the cornerstone to achieving high-quality health outcomes within an economically sustainable framework that reduces the impost on the acute care system and supports people within their communities.

The value proposition for rural practice has been steadily declining and has reached a point where its sustainability is compromised, both in terms of economic viability and workforce issues. Feedback from College members indicates that immediate action is required to address issues impacting the viability of rural practice, together with longer-term reforms to secure its sustainability.

### *Support financial viability*

In rural and remote areas, costs of operation across resources, staff, access to training, and locum support, are higher than in urban areas, but the ability to recoup these costs is generally more limited. These factors should be acknowledged in the design of all investments and incentives, with incrementally higher rebates being made available to practices and practitioners situated in MMM 3 and above.

***Recognise the complexity of rural practice through Medicare***

Doctors in regional, rural, and remote areas have more responsibilities, and deal with more complex cases and higher rates of chronic disease. This has already been recognised through the introduction of a rural bulk billing incentive. Rural Medical Benefit Scheme (MBS) rebates and incentives should be expanded to include a wider range of Medicare rebates for practices located within MMM 3 and above, with the quantum of payments increasing with remoteness.

***Reform primary care funding***

While it will continue to play an important role within the health-care system, current fee-for-service funding mechanisms do not effectively support the models for team-based continuity of care that can most effectively manage chronic disease; ensure older people can live longer and more productive lives; and manage a range of other conditions.

A range of longer-term reforms, including blended and more flexible funding programs, are required to better support general practice and primary care to deliver these services and promote high-quality, continuity of care. These should lend resilience to rural practices by providing diversity of potential funding sources and provide a range of policy levers to incentivise models of care appropriate to the diversity of rural and remote communities.

***Reduce administrative burdens***

Rural practice involves increasing levels of compliance and administration, associated with practice accreditation, clinical credentialling, and continuing professional development. These are often costly and take up an increasing proportion of the work time of rural doctors who are already overworked.[1]
Investments should be made in streamlining these imposts. Funding programs should also reflect the higher costs incurred by rural doctors in maintaining and upgrading a wider range of skills than may be required by their urban counterparts.

**Investment:**

- *Develop and implement funding models within and outside of the MBS to support high-quality continuity of care and sustainable rural and remote practices*
- *Funding models to provide appropriate recognition and remuneration for Rural Generalists (RGs)*
- *Explore other mechanisms for recognition of General Practitioners (GPs) with extended training and skills for rural and remote practice*

## BUDGET PRIORITY TWO: Continued funding to create and sustain a National Rural Generalist workforce

The Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

[1] Russell D (2016) *How does the workload and work activities of procedural GPs compare to non-procedural GPs?* Aust. J. Rural Health (2017) 25, 219–226

RGs work in a range or combination of settings including general practice clinics, hospitals, Aboriginal Community-Controlled Health Organisations (ACCHOs), and retrieval services. They often provide services in areas such as obstetrics, emergency care, mental health, palliative care, and anaesthetics.

When appropriately recognised, remunerated, and supported, Rural Generalism is an attractive and rewarding career pathway. It is a model of practice that delivers a broad range of services in an effective and economically sustainable manner.

Increased numbers of RGs can stem the reliance on locum and fly-in fly-out (FIFO) workers to fill workforce gaps. These staff are paid at higher rates than permanent locally based staff and may not offer the continuity of care or out of hours, emergency response capacity of permanently based staff.

The College acknowledges the funding and policy initiatives that have already been committed and provided to support the development of a National Rural Generalist Pathway. It is important that this support continues, and that the Commonwealth provides strong leadership to states and territories in a national implementation program.

**Investment:**

- *Continued funding to progress the implementation of the National Rural Generalist Pathway*
- *Funding support for Rural Generalist programs in all states and territories*

## BUDGET PRIORITY THREE: Address barriers and incentivise Rural Generalist and rural general practice training

Despite rural practice being an interesting and rewarding career, there has been declining uptake in general practice training. General practice training is currently less attractive in comparison with other medical specialties. While there is a need to address this issue within the national context, targeted investments should be directed to incentives and programs which increase the likelihood of doctors choosing a career in rural practice.

### *Increase ACRRM training places*

ACRRM Fellowship (FACRRM) training is the best possible predictor that medical graduates will become long-term rural General Practitioners (GPs) and Rural Generalists (RGs). FACRRM are four times more likely to be based remotely and 3.4 times more likely to be rurally based, than those without FACRRM, and the percentage of the ACRRM trained doctors that remain in rural practice for five or more years post-training is double that recorded for all GPs who completed the rural pathway under the Australian General Practice Training Program (AGPT).

Despite the rural workforce shortages, current training allocations restrict ACRRM to no more than 10% of the government-funded general practice training places through the AGPT. This has made it impossible for the College to grow its' programs through the government's funded national framework and to date 45% of FACRRM have completed their training outside the nationally funded framework through the College's self-funded pathway.

Increasing the College's allocation of AGPT places will translate to increased numbers of rural GPs and RGs.

***Support and incentivise rural training***

Rural general practice training options have been disincentivised by lack of recognition of the greater imposts incurred by trainees in comparison with those located in larger centres. These include higher costs in a range of areas including travel and accommodation; lack of employment opportunities for partners; and isolation from family and support networks. More generally, general practice trainees do not have access to continuity of a range of workplace entitlements such as holiday pay, sick leave and study leave, and their employment arrangements can be inconsistent.

The College calls for a continued and increased funding for longer-terms trials of pilot projects for alternative registrar employment models, including a salaried model. These models also support RG trainees as they move between hospital and general practice settings during their four to five years of training.

**Investment:**

- *Reset the percentage of government funded general practice training places assigned to ACRRM through ongoing and incrementally increasing funding for the ACRRM Rural Generalist training program*
- *Fund pilot projects for alternative registrar employment models.*

## BUDGET PRIORITY FOUR: Targeted investments to improve health outcomes for rural and remote Australians

### (1) Aboriginal and Torres Strait Islander health

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

***Support to increase the Aboriginal and Torres Strait Islander medical workforce -*** Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve improved results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.[2] Building the rural and remote Aboriginal and Torres Strait Islander GP workforce and supporting these GPs to provide the best possible services to their patients is a key component of the NACCHO Health Sector Strengthening Plan and implementation of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031. Both plans need to be backed by sufficient investment and funding to achieve their aims. Targeted funding is required to attract, train, and retain Aboriginal and Torres Strait Islander people in rural and remote general practice.

### (2) Expansion of the mobile network and improving connectivity across rural and remote Australia

[2] National Agreement on Closing the Gap July 2020 https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/6-priority-reform-areas/two

Telehealth services form an essential component of effective rural and remote practice where they used to complement, but not replace, face-to-face services. ACRRM welcomed the introduction of permanent MBS rebates for primary care telehealth consultations announced in December 2021.

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.

This is particularly important given the telehealth funding levers which support the use of video consultations.

### (3) Increased support for the primary care response to the COVID-19 pandemic

Rural GPs, RGs and practices have been at the forefront of the COVID-19 response. With limited access to a range of support services and often as one of only a few providers, they have been called on to provide testing, vaccination, assessment, community education, and treatment. These roles will continue with the relaxing of border restrictions and the associated inevitable increase of COVID-19 cases in rural and remote communities.

RGs an GPs are well placed to lead this initiative, as trusted members of their local communities, however they need to be properly funded and fully supported to deliver these services. Funding models for the management of COVID-19 in the community and vaccine administration must reflect the associated costs, especially for rural and remote private general practices.

The existing funding programs should be redesigned to enable GPs, RGs and practices to better reflect the costs of providing these services and enable the general practice community to continue to meet the challenges of COVID-19 in addition to managing their usual workload. In recognition of the additional costs associated with rural and remote practice, these programs should include appropriate and incremental loadings for practices located in areas classified in MMM 3 and above.

**Investment:**

- *Ongoing and increased funding for Closing the Gap*
- *Targeted funding to expand the NACCHO sector and increase numbers of Aboriginal and Torres Strait Islander people undertaking rural GP and RG training*
- *Investment in funding to ensure all Australians have guaranteed minimum access to affordable and reliable data and voice services, fit-for-purpose to meet their specific needs*
- *Additional and targeted funding to support rural practitioners and practices to respond to the COVID-19 pandemic, including the continuing rollout of the vaccination program and ongoing public health response.*

# College Details

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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.*