

Federal Budget 2024-24

Key initiatives and recommendations

The 2024-25 Budget presents an opportunity for the Federal Government to demonstrate its commitment to building strong and sustainable rural communities and healthcare services.

The College has submitted its key initiatives and recommendations for the 2024-2025 Budget as part of our continuous advocacy to improve access and quality of primary healthcare for rural and remote, and Aboriginal and Torres Strait Islander communities.

Expand and support a strong and sustainable ACRRM Rural Generalist training pipeline to provide long-term, high quality rural and remote healthcare services.

Strengthen Medicare within the rural and remote context through progressing the introduction of Rural Generalist specific MBS item numbers.

Support Rural Generalist training and generational transfer through increased funding to recognise both the training and clinical consultancy roles of Rural Generalist and rural General Practitioner supervisors.

Extend the Rural Generalist training pipeline through funding to promote careers in rural medicine to remote, rural, and regional secondary school students.

BUDGET PRIORITY ONE: Funding support to maintain and expand a strong and sustainable ACRRM Rural Generalist training pipeline.

Increasing funded ACRRM training places will bring highly skilled First Nations doctors to rural and remote communities.

ACRRM calls for:

Recurrent funding to support the selection and ongoing training and support of a total of 500 ACRRM registrars annually for the next five years.

BUDGET PRIORITY TWO: Strengthen Medicare within the rural and remote context through funding to progress the design and eventual introduction of Rural Generalist specific MBS item numbers.

The Rural Generalist (RG) model of care is key to the delivery of the best possible healthcare services in rural and remote communities, including maximising the care that can be provided locally.

ACRRM calls for:

Funding to progress and ultimately implement the introduction of specific MBS item numbers for Rural Generalist practice to:

- Reflect the clinical complexity and heightened responsibilities associated with working in rural and remote areas, and
- Appropriately incentivise and reflect the value of these services.

BUDGET PRIORITY THREE: Support Rural Generalist training and generational transfer through increased funding to recognise the training and clinical consultancy roles of Rural Generalist and rural General Practitioner supervisors.

The future Rural Generalist workforce should be trained by current Rural Generalists, including key training periods in rural general practice and other primary care settings.

ACRRM calls for:

Review and delivery of current and new MBS item numbers and/ or other mechanisms which acknowledge the clinical consultant services provided by GP supervisors, with indexed loadings for rural and procedural practice supervision.

BUDGET PRIORITY FOUR: Extend the Rural Generalist training pipeline through funding to promote careers in rural medicine to remote, rural and regional secondary school students.

Additional programs should be funded to generate interest in medical careers and support students along these career pathways.

ACRRM calls for:

- Funding for ACRRM to establish and implement an Australia-wide program to promote careers in Rural Generalist Medicine to remote, rural and regional secondary students - \$2.5 million per annum over 3 years (total cost \$7.5 million)
- Support for the College to enhance partnerships with universities and promote rural medical careers through a scholarship scheme to support rural and remote students commencing a medical degree - \$5.75 million per annum over three years (total cost of \$17.25 million). This would deliver 200 annual scholarships to the value of \$25,000 per recipient and cover associated administrative support (15%).

Find out more here



For more information, please contact the policy team at policy@acrrm.org.au or call 1800 223 226