Australian College of Rural & Remote Medicine

WORLD LEADERS IN RURAL PRACTICE

COLLEGE FEDERAL BUDGET and ELECTION STATEMENT 2019

12 February 2019

Summary of Recommendations

Given the continuing and significant disparity in health outcomes and the ongoing Medicare underspend in rural and remote areas, there continues to be a strong case for increased government investment in rural and remote health infrastructure, programs and services. This investment should be provided in a manner that supports and enhances local services and encourages skills development within a resident and local workforce; empowering and building social and economic capital within those communities and consequently securing beneficial and sustainable outcomes. The National Rural Generalist Pathway is based on these principles.

1. Training and supporting the next generation of rural doctors

National Rural Generalist Pathway:

- Immediate and unequivocal support for recognition and implementation of the National Rural Generalist Pathway, commencing with progression of an application for formal recognition of Rural Generalism as a specialised field within General Practice by the Australian Medical Council.

Training for Rural and Remote General Practice:

- Continued support for the transition to College-led general practice training
- Increased remuneration and infrastructure grants to enable rural and remote supervisors and their practices to effectively train the next generation of rural and remote practitioners

2. Supporting rural doctors and rural medical practice

Infrastructure for Rural Hospital and Health Facilities:

- Increased investment in hospital and health service infrastructure to support Rural Generalist practice and increase the services available within the local community
- Investment in training rural and remote nurses and other health practitioners to support team-based care

Rural Practices and Primary Care Facilities:

- Return to full indexation for MBS rebates
- Continued funding for general practice incentives with associated rural loadings
- General practice infrastructure grants to address flexibility and income tax liability issues

Rural Doctors' Health:

- Coordinated peer-support programs to address the vicarious impacts on rural doctor's health and well-being of soaring mental illness in rural Australia

3. Better Health Care for Rural Communities

Rural and Remote Mental Health:

- Rural and remote general practices to be linked-in to national mental health programs
- Funding to expand College-led mental health training for rural and remote practitioners

Aboriginal and Torres Strait Islander Health:

- Aboriginal and Torres Strait Islander health funding parity with healthcare need
- Targeted funding for management of Syphilis and RHD in remote communities
- Funding to support Aboriginal and Torres Strait Islander doctors to ACRRM Fellowship

Virtual Health:

- Ongoing support for an expansion of telehealth services, recognising that these should not replace face-to-face services for rural and remote communities

Rural Occupational Health:

- Multi-faceted program to improve occupational (agricultural, mining, environmental) health outcomes in rural areas including rural doctor upskilling and facilitation for their specialist services collaborations

Refugee Health:

- Programs to support the social and healthcare needs of refugees resettled into communities

Background

The College strongly supports a strategic, coordinated and evidence-based approach to rural and remote health policy and funding which is aimed at improving the quality of, and access to, health care services in rural and remote communities.

People living in rural and remote communities have poorer access to healthcare and poorer health outcomes than their urban counterparts and these inequities are even greater for Aboriginal and Torres Strait Islander peoples. To address these inequities, action is required at both policy and operational levels in health care; service provision; and in the training and support of doctors and other health professionals.

Given the continuing and significant disparity in health outcomes between rural and urban communities and the ongoing Medicare underspend in rural and remote areas, there continues to be a strong case for increased government investment in rural and remote health infrastructure, programs and services. This investment should be provided in a manner that supports and enhances local services and encourages skills development within a resident and local workforce rather than focussing on obtaining services from external sources and providers. This will empower and build social and economic capital within those communities, securing sustainable outcomes.

The National Rural Generalist Pathway is based on these principles.

ACRRM Priorities

1. Training and supporting the next generation of rural doctors

1.1 The National Rural Generalist Pathway

As a leader in the global movement to establish the field of Rural Generalist practice, ACRRM has first-hand knowledge of the transformative health, social and economic benefits of this model, both for people living in rural and remote communities and in the wider national context.

The College urges all political parties and candidates to commit to working with all jurisdictions and stakeholders to establish and fully fund a National Rural Generalist Pathway, noting that work to date has already attained considerable consensus and national and international interest.

> ***ACRRM calls for all political parties to immediately and unequivocally support recognition and implementation of the National Rural Generalist Pathway, commencing with the progression of formal recognition of Rural Generalism as a specialised field within General Practice by the Australian Medical Council.***

A funding commitment will be needed to keep the process on track and direct this momentum to achieve positive and lasting change which will increase access to a wider range of health care services and ultimately improve health outcomes for people living in regional, rural and remote areas.

To facilitate national adoption of the Program and to enable it to reach its full potential, implementation and associated funding should encompass all of the Pathway's key components:

i) National recognition and accreditation for Rural Generalists, including funding to cover costs for the application to the Australian Medical Council for accreditation
ii) Training and a training pipeline – including quarantined training places; designated Rural Generalist training positions which are supported by Government; and flexible training arrangements to accommodate acquisition of a range of skills and the personal circumstances of trainees

iii) Industrial arrangements which are nationally consistent, and which recognise and reward doctors who are working at an advanced scope of practice to meet the health care needs of their communities
iv) Personal and professional support for Rural Generalists, both in practice and during training
v) Rural and remote medical infrastructure to support Rural Generalist practice, both in hospitals and health care facilities and in private practice

These components are strongly interlinked. Implementing a national Rural Generalist training pipeline without the associated professional and industrial recognition and employment arrangements for Rural Generalist practitioners following their completion of training, is unlikely to make rural generalism an attractive career path. Likewise, health infrastructure in rural and remote areas will need to be of a standard which will enable and support Rural Generalist practice.

Recognition of Rural Generalists should extend to the Medical Benefits Schedule (MBS) and support mechanisms such as the Patient Transit Subsidy Scheme (PTSS) so that rural and remote people who are forced to travel to access Rural Generalist services which are not available within their own communities are eligible for travel and accommodation subsidies.

ACRRM calls for dedicated funding and policy support for the implementation of the National Rural Generalist Pathway in accordance with the National Rural Generalist Taskforce Advisory Report. This should include the development of structured programs for RG trainees and national and jurisdictional recognition and remuneration of the qualifications.

1.2 Training for Rural and Remote General Practice

Proactive steps are needed to encourage medical students and junior doctors to enter rural and remote general practice. The Colleges urges all political parties to commit to continuing initiatives which are already in place, including the transition to College-led training; rural and regionally based training initiatives; and programs to expose junior doctors to rural general practice.

ACRRM seeks provision of adequate funding support to enable a smooth transition to College-led training by 2020, followed by appropriate measures to ensure that the College can effectively perform this role into the future.

ACRRM supports continued investment in rural and regionally based training which will allow medical students and junior doctors to remain in rural areas for as much of their training as possible. This should be supported by increased funding for exposure to Rural Generalist practice.

Given the increased demand for regional, rural and remote supervisors for medical students, junior doctors and General Practitioner/Rural Generalist registrars, the College strongly supports increased remuneration for supervisors in recognition of this increased workload.

Rural doctor teachers and supervisors should be supported both through appropriate remuneration and incentives, together with increased access to grants to allow practices to acquire the necessary infrastructure and equipment to facilitate teaching and training.

2. Supporting rural doctors and rural practices

2.1 Rural Practices and Primary Care Services

Rural general practitioners (GPs) work to a wide scope of practice, including in the areas of office-based primary care and general practice; acute care at the local hospital or other health care facility; aged care; emergency and after-hours care; and public health.

If a community loses a doctor or a practice, a wide range of other health care and community services can potentially be compromised within that community. It is therefore especially important that support and incentives for rural practices and practitioners are maintained and enhanced.

Although it has been lifted to some extent, the freeze on Medical Benefits Schedule (MBS) indexation payments continues to adversely impact on rural practices, which tend to be more fragile economically and less able to respond to changing policies and economic circumstances.

Given the generally lower socio-economic circumstances of many rural and remote communities, there is greater pressure to bulk-bill in these practices, particularly when the local community is undergoing some form of hardship such as the ongoing drought.

The College urges an immediate return to MBS rebate parity for primary care services with other medical services.

Support for rural practices should include streamlined access to grants for practice infrastructure, especially teaching infrastructure. There are a number of significant barriers to accessing existing practice infrastructure grants. These include a complex application process and tax liabilities which can effectively halve the value of grants in some cases.

The College recommends that funding grants for rural practice infrastructure be reviewed to allow for more flexibility and to streamline the funding application process. This review should include a review of the existing taxation arrangements.

2.2 Rural and Remote Hospital and Health Facilities

Well-equipped rural hospitals and health facilities will improve access to a wider range of services within their communities. They will be necessary to underpin the Rural Generalist model of practice; and support rural training hubs and regionally-based rural training programs at all levels from medical student to specialist training.

Widespread implementation of the Rural Generalist model of practice will be dependent on the availability of appropriate facilities and infrastructure to enable Rural Generalist practitioners to work at full scope of practice.

This will require leadership on the part of the Federal government to ensure that State jurisdictions maintain or improve the clinical capacity of their rural and remote health and hospital facilities.

The College supports increased investment in rural facility infrastructure, much of which has been progressively downgraded over the past decade with the resultant decline in the level of available services.
This support should extend not only to equipment and facilities but investment in recruitment and training of support staff such as nurses, allied health workers.

2.3 Rural Medical Workforce Policy, Planning and Distribution

This encompasses remuneration and incentive structures that recognise the expanded scope and demands of service provision in rural practice and encourage retention of an appropriately skilled medical workforce which provides the required services to the communities in which they are needed.

2.4 Maintaining and enhancing skills for Rural General Practitioners

The Rural Procedural Grants Program (RPGP) provides important support for rural and remote procedural practitioners to maintain and enhance their skills in the fields of obstetrics, anaesthetics, surgery and emergency medicine.

ACRRM strongly supports ongoing and increased funding for the Rural Procedural Grants Program, especially if it is to be expanded to include other advanced skills such as mental health and indigenous health.

2.5 Doctors' Health

The recent drought crises have exacerbated the already disturbing incidence of mental illness in rural and remote areas. This coupled with the professionally isolating nature of rural and remote medical practice is leading to widespread experience of vicarious trauma among rural doctors. A lack of other local doctors, professional confidentiality, the high local profile and lack of privacy, all make it especially difficult for rural doctors to debrief on these stresses with people in similar situations who can understand their experience.

The College sees urgent need for a coordinated peer-support program to address the vicarious impacts on rural doctor's health and well-being of soaring mental illness in rural Australia

3. Better Health for Rural and Remote Communities

3.1 Rural and Remote Mental Health

GPs are often the first point of contact for rural and remote people who are seeking treatment for a wide range of mental health conditions. The importance of their role is magnified in areas where the local GP has limited or no ability to refer patients to specialist and allied health care services and where isolation also limits access to support mechanisms such as interpreter services.

Rural and remote General Practitioners have a unique opportunity to provide holistic mental health care, crossing the siloes of mental health care and providing care across the illness spectrum and the lifespan. They work with an extended scope of practice which includes primary mental health care; coordination of clinical care; dealing with emergencies; and managing dual diagnoses and special populations including elderly, children and intellectually disabled patients.

Given these circumstances, it is important that GPs who are providing mental health services to their communities are appropriately trained, remunerated and supported.

ACRRM supports the introduction of rurally-focussed training packages which are designed and implemented through the College, to ensure that College Fellows have access to relevant training to enable them to provide appropriate mental health services within their communities.

3.2 Virtual Health

The College recognises the potential of digital health to improve access to a range of health care services for people living in rural and remote areas, but as an enhancement and not as a replacement for face-to-face services provided by locally based doctors.

ACRRM supports further investment in digital health to foster innovation and the adoption of strategies and services where these will improve outcomes for rural communities, including in the areas of practitioner training and professional development.

This investment should promote the delivery of high-quality continuity of care for rural and remote patients and support rural and remote health professionals through the provision of clinical advice and educational support.

The College supports funding to extend the current MBS rebates for telehealth items to GP consultations within the parameters outlined in the joint proposal submitted by ACRRM and the Rural Doctors Association of Australia (RDAA).

It is essential that any MBS rebates for GP item numbers are developed in close consultation with the College; the Rural Doctors Association of Australia; and other relevant stakeholders to ensure that they support rural and remote practitioners and the sustainability of rural practices.

3.3 Aboriginal and Torres Strait Islander Peoples' Health

ACRRM is committed to improving health outcomes for Aboriginal and Torres Strait Islander people and increasing the number of Aboriginal and Torres Strait Islander doctors achieving Fellowship of the College through focussed strategies and support mechanisms and in close collaboration and co-design with key stakeholders in Aboriginal and Torres Strait Islander peoples' health

ACRRM supports ongoing proactive and collaborative measures to improve health outcomes for Aboriginal and Torres Strait Islander people, particularly those living in rural and remote communities. This includes increases support to enable Aboriginal and Torres Strait Islander medical students and junior doctors to achieve Fellowship of the College.

In association with the Closing the Gap Steering Committee position the College supports the national quantum of funding for Aboriginal and Torres Strait Islander people's healthcare being brought to parity with that population's healthcare need.

The College sees an urgent need for targeted support to two areas of health crisis particularly in some rural and remote Aboriginal and Torres Strait Islander communities. The first is Rheumatic Heart Disease (RHD) where our national rates of incidence are anomalous in the developed world.

The second area is in the prevention, control and management of syphilis which has become endemic across some parts of remote northern Australia

The College calls for targeted support programs to assist patients and stem the incidence of Syphilis and RHD. This should involve a primary-care based model of prevention and control particularly within the remote community context of both.

3.4 Refugee Health

The College recognises the efforts under way to resettle asylum seekers in communities across the country and supports the provision of dedicated funding to ensuring this process involves appropriate health and social supports.

About ACRRM

The Australian College of Rural and Remote Medicine (ACRRM) is one of two professional Colleges recognised by the Australian Medical Council to provide vocational training towards Fellowship in the specialty of General Practice. The College's programs are specifically designed to provide Fellows with the extended skills required to provide the highest quality care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

The College vision is for *the right doctors, with the right skills, in the right places providing excellent healthcare to rural people.* It progresses this through the provision of quality vocational training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve.

College Details

Organisation: Australian College of Rural and Remote Medicine (ACRRM)
ABN 12 078 081 848
Contact Person: Marita Cowie, Chief Executive Officer
Contact details: Level 2, 410 Queen St, BRISBANE QLD 4000
GPO Box 2507 BRISBANE QLD 4001
Ph: 07 3105 8200
Email: m.cowie@acrrm.org.au

Date: 12 February 2019

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.