

MEDIA RELEASE



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New health plan: only a true success if it improves rural access

Statement by RDAA President, Dr Paul Mara

The Rural Doctors Association of Australia (RDAA) has reserved judgment on the modified national health plan until we see the fine detail.

RDAA welcomes a shared pool of funding and hopes this will lead to greater co-ordination of planning and service delivery, matching resources to local need.

But at the very top of the list for government action must be the critical need to address the shortage of doctors and other health professionals that is impacting so badly on access to healthcare in rural and remote communities.

Part of the pooled funding must be allocated to train, attract and retain doctors, nurses and other health professionals in country Australia, to ensure a sustainable future for healthcare in the bush.

Ultimately, this will only be truly successful as a national plan if it:

- improves the access of rural and remote Australians to local health services provided by appropriately trained, qualified and supported doctors and other health professionals
- maintains or increases the availability of local rural hospital services (such as obstetrics, surgery, anaesthetics, and accident and emergency care) as well as existing after-hours care and primary care / general practice infrastructure in rural towns.

To achieve this, the following is required:

- A national advanced training pathway for rural generalist doctors (who provide both primary care / general practice and secondary care / hospital practice in rural communities) to deliver more young doctors into this rewarding and essential medical career path. A national pathway has been proposed by RDAA based on the already successful Queensland Rural Generalist Pathway model—the Queensland model provides guaranteed advanced training to equip future rural generalist doctors for the challenges of rural practice, early entry (straight from university), ongoing support for trainees in the pathway, and professional and financial recognition for graduates of the pathway.
- Medicare-based incentives that reflect both the isolation and complexity, and content and costs, of rural practice.
- Guaranteed recreation and professional development leave for rural doctors, backed by guaranteed locum support (this is also provided under Queensland's Rural Generalist Pathway).
- Amendments to the Australian Standard Geographical Classification—Remoteness Areas (ASGC-RA) classification system that lumps many small rural towns in the same category as some major regional centres (including major coastal centres) and even Hobart in determining the level of relocation and retention incentives provided to doctors in those towns. So whether a doctor chooses to practise in one of many small rural towns across Australia, or practise in Mackay or Hobart for example, they currently receive the same level of federal incentives to do so. This is putting many small rural towns at a significant disadvantage in being able to attract skilled doctors to their communities, as most doctors will opt for the larger centres.

In rural communities there is minimal separation between primary care and hospital-based secondary care—it is often provided by the same doctors. Most rural doctors already provide after-hours services and emergency care to their patients and communities. This requires increased skills, responsibility and—at a government level—recognition of the important and unique role of rural doctors in meeting the healthcare needs of their communities.

It also requires recognition of the importance of, at the very least, maintaining rural hospital services to ensure rural generalist doctors can do their job.

We look forward to seeing the fine details of the modified national health plan, and working with the federal and state governments to ensure it delivers better access to healthcare in the bush.

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