

ELECTION PLATFORM 2013

The Rural Doctors Association of Australia (RDAA) has nine recommendations for the parties contesting the Federal Election in 2013. These recommendations centre on adopting evidenced-based initiatives to ensure that:

- A pipeline of doctors receive the qualifications, skills and training required for rural practice, and
- Rural practices receive the support they need to be able to attract and retain this pipeline of doctors to rural area to provide health services that meet the needs of their local communities.

RECOMMENDATIONS

1: Fund more rural training places for interns, junior doctors and registrars.

Rural practices and rural hospitals can provide excellent learning experiences for doctors-in-training. In view of this, the increasing number of medical graduates provides a real opportunity to invest in a range of initiatives to ensure that medical trainees with a commitment to rural training can access clear pathways through medical school and, following graduation, to rural practice.

RDAA calls on the parties to commit to expanding the number of rural training places available to accommodate the increasing number of graduates from Australian medical schools and move Australia towards the goal of national self sufficiency in medical workforce supply.

2: Implement a national advanced rural training program to provide a fully supported pathway into rural medicine.

Addressing the future medical needs of rural areas is not just about finding any doctor to work in these communities; it is about finding the right doctor with the skills, qualification and experience required for rural practice. Doctors in small rural towns, in particular, are expected to provide full-time practice-based and hospital-based services. To do this they require strong generalist skills and the training to provide more acute services.

RDAA calls on the parties to commit to implementing a national advanced rural training program to equip future rural GPs with the necessary skills to ensure appropriate medical services remain accessible within local communities.

3: Invest in infrastructure to build the capacity of rural practices to train medical students, junior doctors and GP registrars as the rural doctors of the future.

Teaching and supervising requires practices to have the necessary space. In rural areas, the cost of expanding infrastructure can be significant and may not represent a profitable short or long-term investment. While existing infrastructure grants are extremely important to rural practices, more support is required to accommodate the growing numbers of trainees.

RDAA calls on the parties to invest in infrastructure to assist rural practices wishing to refurbish, and/or expand their premises in order to make space to train the next generation of rural doctors.

4: Provide realistic reimbursements for skilled rural clinical supervisors and rural practices to train future rural doctors.

Many rural doctors and practices are finding it harder to balance clinical service provision and teaching roles. Teaching and supervising takes GPs away from patient care, creates additional paper work for other practice staff and requires practices to purchase relevant equipment for teaching purposes.

RDAA calls on the parties to commit to providing realistic reimbursements to support rural practices to offer meaningful training and learning opportunities to a larger number of trainees in the full range of clinical settings in rural areas.

5: Implement a national approach to employing GP registrars as a way of delivering a more sustainable model for training future GPs.

Increasing cost pressures, decreasing supports and burgeoning red tape are leading more and more practices to question whether they can afford to employ and supervise GP registrars. These pressures come at a time when a growing number of registrars require training and supervision. The current arrangements are simply not sustainable.

RDAA calls on the parties to commit to a national approach to employing GP registrars that reduces red tape and gives certainty to the registrars on their income during their training, as is the case with other specialist registrars.

6: Fund a nationally coordinated program to ensure that overseas trained doctors seeking to practise in rural and remote communities receive access to the training required to meet the needs of these communities, prior to unsupervised practise.

Any doctor seeking to work in rural and remote communities, wherever they have trained, should be given priority access to the training and support they require to meet the needs of these communities, prior to unsupervised practise. However, overseas trained doctor (OTDs) arrive in Australia with significant variability in the level of their training, experience, clinical skills and communication skills and are often sent to work in isolated areas.

RDAA calls on the parties to commit to funding a coordinated, national approach to providing appropriate initial and ongoing assessment, training, support and supervision for OTDs.

7: Provide fair and realistic incentives to encourage rural doctors to relocate to, and remain in, rural practice, with the level of incentive increasing with actual rurality.

Rural incentives and grants are important as they help redistribute doctors to rural and remote communities that traditionally face challenges attracting and retaining a medical workforce. However, the rural classification system currently used to allocate these rural incentives and grants classifies some large cities as equally rural as small inland towns.

RDAA calls on the parties to commit to changing the rural classification system to provide fairer and more realistic incentives and grants to the rural and remote communities that most need them.

8: Recognise and reward rural doctors for the complexity of work they perform across the general practice and hospital setting.

Rural practice is a specialised and often demanding discipline that requires advanced training and skills beyond those required of urban GPs. However, doctors with this advanced training and additional skills needed for rural practice do not receive recognition and rewards for the more complex work they perform in the general practice and hospital setting.

RDAA calls on the parties to commit to providing appropriate recognition and rewards to rural doctors with the appropriate credentials who provide: general practice services; meaningful on-call services, services at the local hospital that involve using advanced skills training.

9: A rural health infrastructure program to assist rural practices to expand and extend health services to meet the needs of their communities.

One of the biggest challenges in rural practice is affording the expansion of the infrastructure to accommodate more doctors, nurses and other health professionals. The cost is significant, with many rural practices unable to expand their services because they can't afford to expand their practice.

RDAA calls on the parties to commit to funding a rural health infrastructure program to assist rural practices wishing to refurbish, and/or expand their premises in order to improve or extend their services.