



RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Response to announcement of Rural Health Commissioner and Establishment of National Rural Generalist Framework.

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RURAL DOCTORS ASSOCIATION OF AUSTRALIA

The Rural Doctors Association of Australia (RDAA) is a national body representing the interests of all rural medical practitioners and the communities where they live and work. Our vision for rural and remote communities is accessible, high quality health services provided by a medical workforce that is numerically adequate, located within the community it serves, and comprises doctors and other health professionals who have the necessary training and skills to meet the needs of those communities.

INTRODUCTION

The RDAA welcomes the Australian Government's announcement of the appointment of a Rural Health Commissioner, and that a key priority for the role will be the establishment of a National Rural Generalist Framework to ensure that people in rural and remote communities have better access to the health care they need.

The Rural Health Commissioner will provide a strong voice for rural and remote Australia to address the persistent inequalities in access to health care and resultant poorer health outcomes that rural and remote people experience compared to people in major cities.

RECOMMENDATIONS

The RDAA was the key advocate for the establishment of the role of Rural Health Commissioner. The RDAA believes that the Rural Health Commissioner should:

- 1. Promote a multidisciplinary approach to health service delivery.*
- 2. Progress as a priority the establishment of a National Rural Generalist Framework, which encompasses a National Rural Generalist Training Programme.*
- 3. Determine a realistic level of investment by the Australian Government to support the National Rural Generalist Framework and National Rural Generalist Training Programme.*
- 4. Promote the use of new health technologies, health workforce innovation and other measures to support improved access to quality healthcare for rural and remote patients.*
- 5. Promote investment in rural health infrastructure.*
- 6. Establish a Rural Health Advisory Committee to provide expert advice directly to the Assistant Minister for Rural Health on "Rural Proofing" Australian Government policies and programmes across all sectors and on key issues impacting on rural and remote health.*
- 7. Lead a national conversation between health advocates, health service providers and rural health professionals to advise the Australian Government on the key national priorities for investment in the future health of rural and remote Australians, including Aboriginal and Torres Strait Islander health care initiatives.*

BACKGROUND

The RDAA strongly supports a multidisciplinary approach to health service delivery – centred on better access to local, high quality, GP-led team-based primary healthcare – to address the unique challenges posed by isolation and a range of other geographic, climatic, socio-economic, demographic and cultural factors in Australia’s diverse rural and remote communities.

RDAA believes new policy initiatives and funding should be focused on increasing access to services closer to home including supporting the use of new technologies, health workforce innovation and assisting rural clinicians and their teams to work at the top of their scope.

A key challenge is that although a number of initiatives have increased the overall number of doctors in Australia there is still a shortage of doctors with the procedural and other advanced skills needed in many rural and remote areas. There is also a locational and skills maldistribution of the medical workforce, which requires urgent attention. The ageing of the medical workforce exacerbates these issues.

A sustainably and realistically funded National Rural Generalist Framework will provide a cohesive approach to coordinating the range of general and specific workforce, technological, capital infrastructure and other strategies to promote and sustain rural general practices to reduce the impact that poorer access to healthcare has on the health outcomes of rural people.

A National Rural Generalist Training Programme, as a key component of the Framework, will be a positive step towards building upon the successes of state-based Rural Generalist Training programmes to ensure that the next generations of rural doctors are equipped with the necessary education, training and skills to prepare them for rural medical practice across Australia.

KEY PRINCIPLES

A multidisciplinary approach must underpin the work of the Rural Health Commissioner to redress healthcare access and health outcome inequities in rural and remote Australia.

The Rural Health Commissioner should focus attention on and address the broader rural and remote health agenda and priorities. In particular, health workforce shortages in rural and remote Australia continue to have a negative impact on access to healthcare and health outcomes in rural and remote areas. The Commissioner's priorities should include developing and promoting multidisciplinary strategies which:

- improve access to local, high quality, GP-led team-based primary healthcare
- utilise innovative models of care
- maximise the scope of the health workforce, including new roles such as Physician Assistant and Allied Health Assistant, and
- provide the necessary physical and technological infrastructure supports and other initiatives to deliver optimal high quality, safe healthcare for rural and remote patients.

It must also be noted that while the establishment of a National Rural Generalist Framework should be an early priority, the work of the Rural Health Commissioner should continue to respond to other current and emerging rural health needs.

The establishment of a National Rural Generalist Framework encompassing a National Rural Generalist Training Programme must be a key priority.

The Rural Health Commissioner must progress the development of a National Rural Generalist Framework as a key priority. The Framework must achieve:

- A definition of rural generalism agreed to by all governments (state and federal) and key stakeholders.
- National recognition of rural generalism as a specialty stream of medical practice.
- The establishment of a National Rural Generalist Training Programme. While there have been state-based successes in Rural Generalist Training, these must be translated to the national context to ensure nationally equivalent standards and accreditation. A baseline level of Commonwealth investment for each state should be introduced to ensure long-term sustainability of the programme, with additional funds to be invested at a state level.

It should be noted that this framework could also be applicable to the nursing workforce. Nurses, particularly in rural areas, are generalist practitioners, however with the emergence of the rural generalist medical workforce with advanced skills in particular areas, it is imperative that nursing advanced skills in such areas as midwifery (dual degree), perioperative, mental health, child health, and renal to name a few are also critical for the sustainability of rural health services. Discussions on rural generalist nursing have commenced in some states, so engagement at a National level would be timely.

Realistic and sustainable funding by the Australian Government is necessary to support the National Rural Generalist Framework and National Rural Generalist Training Programme.

Providing an appropriately skilled and supported health workforce is the best mechanism for addressing the complex health needs in rural and remote Australia.

Rural generalist clinicians provide a wide range of services in the general practice, Community based and hospital settings. These doctors underpin general medical services within rural and remote communities often providing on-call after hours, emergency and Visiting Medical Officer services. Without them the sustainability of these services would be severely compromised.

The Rural Health Commissioner should work to ensure that the Australian Government provides realistic and sustainable base funding to support the National Rural Generalist Framework and the National Rural Generalist Training Programme to address rural health workforce recruitment and retention issues, training needs and sustainability issues.

The use of new health technologies, health workforce innovation and other measures to support improved access to quality healthcare for rural and remote patients must be explored, utilised and supported.

There have been a number of initiatives to help redress inequalities in access to healthcare and patient outcomes in rural and remote areas. This approach has been somewhat fragmented and, although some measures have been relatively effective, inequalities persist. The need to explore and utilise a comprehensive, evidence-based range of measures targeted to local needs is evident. These measures should include making new health technologies available, developing innovative workforce initiatives and other measures.

The Rural Health Commissioner should take a lead in:

- identifying and developing appropriate measures to support rural generalist practices, including measures to provide better access to digital technologies
- identifying and addressing barriers to the uptake, utilisation and development of these technologies in rural and remote areas, with particular consideration to access to the NBN or satellite coverage
- ensuring the provision of sustainable models of funding to implement identified measures, including addressing funding for telehealth services through the Medicare Benefits Schedule (MBS)
- driving Medicare Benefits Schedule Review processes to ensure opportunities to streamline Medicare items to reflect the changes in the use of technology, and support the uptake of these technologies in rural practices by providing realistic reimbursement which recognises the additional costs of service provision in rural and remote areas.

Providing realistic reimbursement for rural generalist practice through Medicare is essential to: deliver appropriate medical services to patients in a cost effective manner; attract and retain doctors in these areas; maintain the viability of rural practices; and improve health outcomes in rural and remote areas.

Investment in rural health infrastructure is essential and must be improved.

Underfunding of physical and technological infrastructure and capital purchases of clinical equipment in rural and remote general practice, community and hospital settings impacts negatively on the capacity of rural communities to attract and retain medical and allied health professionals, and consequently on the provision of high quality, safe care for patients and on their health outcomes.

Investment in rural generalist practice infrastructure will be critical to provide better access to primary health care services for rural and remote patients, improve capacity to provide training for the next generations of rural generalist doctors and ensure the sustainability of rural practices.

These investments are also necessary in rural hospitals to ensure rural people have better access to treatment options closer to home.

The Rural Health Commissioner will work with State and Territory Governments and their Local Hospital Networks to set a national benchmark for infrastructure upgrades, rebuilds and purchase of clinical equipment for rural and remote health practices and services to an agreed national standard.

Australian Government policies and programmes must be “rural proofed” to minimise any unintended adverse consequences for people in rural and remote Australia.

Consideration must be given to the impacts all Australian Government policies and programmes have on rural and remote communities, and to the significant variance between small regional, rural and remote communities. The challenges of access are multilayered and include financial, family, social and business issues, as well as patient health and well being concerns.

A Rural Health Advisory Committee chaired by the Rural Health Commissioner should also be established. This Committee would report directly to the Assistant Minister for Rural Health. The committee membership should consist of a multidisciplinary group of practising rural and remote clinicians who are able to provide advice in relation to the on the ground practicalities of government policy.

Rural doctors work across a range of craft groups providing generalist services spanning primary and secondary care in general practice, hospital and community settings. They also provide a range of public health, emergency and other services. Many are involved in broader health and other community programmes and activities. This breadth and depth of knowledge and experience means that rural doctors are well placed to be able to provide feedback on all aspects of rural and remote health. It is important that this perspective, informs all new Australian Government policy and programme development to minimise possible negative health consequences for rural and remote people.

The establishment of a Rural Health Advisory Committee would be a key step to support the Australian Government in rural proofing its policy decisions. To ensure that the Committee, the Minister and Department of Health and other relevant bureaucrats develop common understandings of the issues and jointly agreed positions, discussion processes must be open and transparent.

A national conversation between health advocates, health service providers and rural health professionals is necessary to provide meaningful advice to the Australian Government on the key national priorities for investment in the future health of rural and remote Australians.

Consultation must be ongoing and meaningful and include practising rural clinicians as well as representative groups.

Rural health care practitioners and communities are well positioned to know what will work for them, and to work with Government to develop solutions to existing and arising problems. The conversation should be inclusive of Aboriginal and Torres Strait Islander peoples' health care, the Care of Children in their first 1000 days, and the care of young women and mothers in their antenatal period, universal access to mental health services and the National Disability Insurance Scheme. The conversation should address key priorities in addressing social determinants of rural health and the impacts of climate change in rural and remote areas.

As a priority outcome, in addition to the National Rural Generalist Programme, the Rural Health Commissioner should deliver a set of nationally agreed priorities for investment in the future health of rural and remote Australians.