RURAL DOCTORS ASSOCIATION OF AUSTRALIA

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Health Review outcomes a 'mixed bag', say rural doctors

The three Government health reviews published this week have been met with mixed reactions from the Rural Doctors Association of Australia (RDAA).

RDAA President, Dr RT Lewandowski, said that there were some positive recommendations in the reports for the future of rural health care, while others failed to deliver ideas for real-world solutions.

"We are pleased to see that the reports are completed and thank the Government for enabling the health sector to engage about the recommendations as they were developed. It has been good to be able to take part in productive discussions as the reviews were progressed and see this feedback reflected in the final recommendations.

"Three reviews were published this week: *Review of General Practice Incentives*; *Review of After-hours Primary Care Programs and Policy*; and *Working Better for Medicare Review*. It's a bit of a mixed bag as far as the overall outcomes, and the likely result for rural and remote patients," Dr Lewandowski said.

"What they have in common is they each acknowledge there is urgent need for additional investment into general practice to support building the teams of healthcare practitioners to meet the current and future needs of our communities."

Dr Lewandowski said that there was much to like for long term rural patient outcomes from the *Working Better for Medicare Review.* The report recommends a move away from automatic Distribution Priority Area (DPA), which is currently used to identify locations in Australia with a shortage of General Practitioner (GP) services, from a simple location-based classification to a more responsive and actual needs-based system.

"While we welcome this recommendation as a positive development, we are already flagging with Government that the system also needs to have the ability to support GP practices that forward plan and succession plan their medical workforce to successfully avoid a crisis shortage situation, to avoid perversely disadvantaging the practices that are doing this well despite being in difficult to recruit to locations," he said.

"A needs-based system must have clear and transparent criteria and be assessed by an independent industry-based panel to ensure it is fairly and accurately applied.

"It is also essential that the mechanism recognise skills that many rural GPs and rural generalists possess that underpin other services needed in the community. For example, there may be a situation where GP numbers are strong in an area, but the number of GPs with advance skills in

obstetrics may be low, putting birthing services at risk. The GP catchment assessment must have the ability to recognise the need for GPs with certain skills that are provided in combination with general practice care.

“The report does contain historic comparisons of GPs per 100,000 head of population, which we need to move away from. As a value, this is now largely irrelevant in rural and remote settings, and the report itself acknowledged that GP numbers per population needs to be higher in rural and remote as there is no other medical workforce to take on some of the care. Combined with the variation in clinical skills and scope of practice, as well as changes to workplace safety and workforce expectations, replacing long-standing rural doctors is rarely a 1:1 ratio, more often 1:2 or 1:3, and so consideration of medical practitioner numbers per population as well as GP numbers per population is needed for rural and remote settings.”

RDAA also welcomed the recommendation that there be an independent primary care pricing authority to determine the payment design and level of MBS rebates and other Commonwealth payments. A number of reviews have made this same suggestion, and after the Medicare freeze and indexation not aligning with health CPI it would be an important development within primary care.

RDAA was also largely happy with the outcomes of the *Review of General Practice Incentives*, which recommends a funding model that allows for greater flexibility to support integrated, multidisciplinary care teams better able to support models of care that are comprehensive and provide continuity of care to patients.

“We welcome the outcomes of the Incentives Review, and its recommendations for a simplification of Medicare and other programs is much needed. RDAA supports a funding model that builds a relationship between the multidisciplinary team and the individual patient,” Dr Lewandowski said.

“Draft recommendations that redirected existing support payments for rural doctors providing after hour and Advance Skill services was extremely concerning for our members, and we are relieved to see that the final recommendation was that further evidence around these proposed changes was needed.

“RDAA supports the recommendation to build this evidence over the next three years, but we would rather see these payments expanded out to directly support allied health professionals, primary care nurses, midwives and pharmacists providing care for rural or remote communities, rather than redirecting these payments to practices that may employ them.

“We also stand by our recommendation in RDAA’s original submission that there needs to be a separation between incentives that are aimed at recruiting and retaining individual practitioners to rural communities, and incentives that are aimed at supporting practices to provide care to sections of the community.

“There remains a workforce shortage across all health disciplines in rural and remote Australia. There needs to be a suite of incentives that make choosing to work rurally financially viable and attractive to individual practitioners.

“In addition to this, there needs to be practice-based incentives to support practice-based multidisciplinary care to meet the health care needs of the community. Examples of this might be after-hours care, or regular care for residents in an aged care facility. This service can be provided

by various members of the in-practice multidisciplinary team, and not limited to consults with a GP, as it is under the current MBS model."

Of concern to RDAA is the recommendation in this report that the 10 year moratorium requiring Overseas Trained Doctors (OTDs) coming into Australia to provide care in rural and remote communities be maintained, where the recent *Independent Review of Overseas Health Practitioner Regulatory Settings* (known as the Kruk Review), indicated this may need to be pulled back.

RDAA agrees that the Australian-trained medical workforce needs to be appropriately distributed, and believe that the continued long-term reliance on OTDs to provide care in rural and remote settings is not helping to address this maldistribution. For a variety of reasons many OTDs are probably the least prepared to provide care to rural and remote patients, and this mechanism, while providing essential workforce in many rural communities, is certainly not addressing the underlying problem.

The great disappointment of the three reviews, was the *Review of After-hours Primary Care* Programs which RDAA said provided no key recommendations on real action to enhance care for patients in the after-hours period.

"Access to after-hours care is really important to patients in rural and remote communities, who are often the most disadvantaged when it comes to accessing this care. RDAA considers that a significant amount of the money currently invested in after-hours could be much better invested into initiatives that support access to a patient's regular GP or practice in a way that makes this care sustainable into the future," Dr Lewandowski said.

"GP peak bodies put forward plenty of solutions, but this report does not reflect that. Unless Government moves quickly develop a working group to look at providing action-based recommendations to actually reform the after hours, the review will be yet another wasted investment in this area.

"RDAA looks forward to working with Department and the Government over the coming months to progress a number of the recommendations and design real world solutions based on principles outlined in the various reports."

Photo of Dr RT Lewandowski

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