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## Fourth health report drops and misses rural mark again

### Dedicated rural strategy needed

With yet another health review being released this week [5 November], the Rural Doctors Association of Australia (RDAA) says that developing a National Rural Health Strategy is the only sensible way forward.

RDAA President, Dr RT Lewandowski, said that none of the reports can be examined in isolation if a rural solution is to be found.

“The final report of the ***Scope of Practice Review***, which examines barriers to health professionals performing to the full scope of their training, needs to be considered alongside the three other major reports that have been released over the past month: ***Review of General Practice Incentives; Review of After-hours Primary Care Programs and Policy; and Working Better for Medicare Review***,” Dr Lewandowski said.



“While some concepts proposed in the report have merit, such as developing blended payment models with an independent mechanism to set payment levels, there is little recognition that the main barrier to health workers in rural communities being able to work to their full scope is actually the limited workforce.

“If there aren’t enough staff, then it doesn’t matter what other barriers there are in the system, they simply do not have additional capacity to expand the scope of their work.

“We agree that rural and remote practitioners are ideal candidates for scope expansion; the need is there and these practitioners often have an expanded scope catered for in their training.

“New models and innovation in how care is delivered is needed, but this needs to be carefully managed. The focus needs to be on providing care that is not just accessible, but also provides continuity of care among a team, is comprehensive, coordinated and people-centred, as per [World Health Organization’s evidence based definition of primary care](#)\*.

“Recommendations that have the potential to fragment care, such as direct referral arrangements from Recommendation 12, need to be cautiously managed, particularly when rural and remote areas are targeted for early rollout. A robust mechanism of communication between all the members of the team providing a patient’s care needs to be established before this is implemented. For example a referral to an out-of-area consultant specialist may result in delays and fragmentation of care as well as increasing the patient’s out of pocket expense, when there may be scope within the existing team or within the local area through a GP or Rural Generalist with a particular advance skill.”

RDAA has also flagged that the need for further investment in primary care has been largely overlooked in the recommendations from all of the reports.

“The elephant in the room is that there simply is not enough funding available to primary care to deliver the level of service that is needed,” Dr Lewandowski said.

“Throughout the many consultation meetings and workshops RDAA has attended over the past 18 months all have featured feedback that additional funding is needed, however the focus from all the reports seems to be on moving the current funding around.

“For rural we still need incentives targeted at individuals, to support them to relocate and remain working in rural and remote areas, in addition to funding models that then supports the delivery of multidisciplinary care.

“Rural and remote Australians deserve access to quality medical services, nursing and midwifery services and allied health services. And yes a funding model that supports multidisciplinary care and full scope of care is needed. But more than anything we need more health care professionals.

“More investment into rural and remote place-based training is needed. We need incentives that will encourage individuals to relocate rural, remain rural, in addition to needing rewarding jobs to apply for.

“We need Government to support the development a National Rural Health Strategy. This Strategy must be developed through engagement with rural and remote stakeholder groups, enabling coordination of the relevant recommendations across all the reports, bringing it all together into a workable solution for the delivery of sustainable and quality care to rural and remote patients.”

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[\\*https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care](https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care)

[Photo of Dr RT Lewandowski](#)

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