Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

PRE-BUDGET SUBMISSION

February 2021

The College acknowledges the economic challenges that the response to the COVID-19 pandemic has presented to the Commonwealth government and notes the need for fiscal responsibility. However reform is needed to ensure that expenditure on health care is directed to the areas of greatest need, including workforce maldistribution and the need to address the ongoing health disparity between our rural and urban populations.

Our pre-budget submission is therefore focussed on one priority – continuing to develop and support a Rural Generalist workforce to address the health inequities in rural and remote Australia. This is associated with a series of investments which have the potential to significantly increase access to high quality health services in rural and remote areas and consequently improve health outcomes for people living in these communities. This remains critical as rural and remote health outcomes continue to be poorer than those of their urban counterparts.

Rural Generalism and the National Rural Generalist Pathway
The Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

RGs work in a range or combination of settings including general practice clinics, hospitals, Aboriginal Community-Controlled Health Organisations (ACCHOs), and retrieval services. They often provide services in areas such as obstetrics, emergency care, mental health, palliative care and anaesthetics.

ACRRM is a longstanding champion of Rural Generalism in the national and international arenas and College Fellows (FACRRMs) are trained to the scope of RG practice. The College has a strong record in providing highly skilled Rural Generalists who continue to work rurally, with over 80% of Fellows currently working in regional, rural and remote communities.

Budget Priority

Improving access to high quality medical services in rural and remote communities through developing and supporting a Rural Generalist workforce

Investment – Progress the Implementation of the National Rural Generalist Pathway

Ongoing funding commitment to support the next trache of activities to implement the recommendations of the National Rural Generalist Taskforce.

The College acknowledges the funding and policy support that has already been committed and provided to support the development of a National Rural Generalist Pathway.

However Commonwealth, state and territory support for the implementation of the National Rural Generalist Pathway needs to be maintained as a policy and funding priority.

Priority areas for funding should include:

- Ongoing and incrementally increasing funding for the ACRRM Rural Generalist Training Program
- Rural Generalist training including nationally co-ordinated pathways from medical school to Fellowship
- National credentialing and recognition of rural generalists

The role of the National Rural Health Commissioner has been important in progressing a National Rural Generalist Pathway. The College supports ongoing funding for this role and the complementary Deputy Commissioner positions in Allied Health and Aboriginal and Torres Strait Islander Health, including the associated work to develop a rural generalist model of practice for allied health practitioners.

Investment – Restore Sustainability to Rural Practices and Health Services

Reform funding models toward locally-based, comprehensive, continuing care for rural people.

Support rural generalist practice and rural practice more broadly through flexible, innovative and fit-for-purpose funding models delivered through the MBS and the 10-year Primary Care Plan.

ACRRM notes the ongoing work being undertaken to reform primary care funding models through the MBS and the 10-year primary health care plan. Reform is essential to maintain the sustainability and viability of rural practices and primary care facilities so they can continue and enhance access to health care services within their communities.

Funding reforms should incorporate recognition of Rural Generalism.

- Develop and implement of funding models within and outside of the MBS to support high quality continuity of care and sustainable rural and remote practices
- Funding models to provide appropriate recognition and remuneration for rural generalists
- Explore other mechanisms for recognition of general practitioners with extended training and skills for rural and remote practice
- Provide funding for additional trials of innovative funding models to support private rural general practice and primary care in rural and remote communities and enhance access to, and delivery of, services to those communities

Reset national workforce planning to grow rural services

Integrate investments in rural generalist training and recognition of the rural generalist model within the National Health Workforce Strategy and other workforce planning mechanisms.

ACRRM generally supports the policy directions and recommendations which have been put forward in the draft National Health Workforce Strategy, noting the Strategy's identification that many rural general practitioners work to broader scopes of practice and distinctive models of care.

These comments should be supported within the Strategy and through other workforce planning mechanisms to relate to the concept of Rural Generalism and the National Rural Generalist Pathway initiative.

Funding priorities should include:

- Expanded opportunities for rural RG and GP junior doctor training and funding support for rural trainees
- Increased rurally oriented training pathways
- Identify, develop and support models of rural care which recognise the opportunities presented by the breadth of skills of Rural Generalists are trained to provide - to enable collaboration with other specialists and specialised health professionals to maximise rural and remote peoples access to care.
- Link workforce strategies to incentive programs and funding models

Immediate action on rural care priorities

Support rural practitioners in the ongoing response to the COVID-19 pandemic – Rural practitioners and practices have been at the forefront of the COVID-19 response and have an important role to play both in directly providing testing and also in the wider public health response. This role will continue during the rollout of the vaccination program.

ACRRM recommends that additional and targeted funding be allocated to support rural practitioners and practices to respond to the COVID-19 pandemic, including the rollout of the vaccination program and the ongoing public health response.

Funding for mental health training for rural and remote practitioners – These doctors are often the only readily available health care practitioners within their communities and as such, they may need to take on a range of roles which fall to specialists, allied health professionals, or health care teams in larger areas. This is particularly the case with mental health, where the shortage of psychiatrists, psychologists, mental health nurses and other support is more marked.

The cumulative impact of the COVID-19 pandemic; a range of natural disasters including bushfires, droughts and floods; and ongoing shortages of mental health services in rural and remote areas has resulted in an increased demand for mental health services.

ACRRM recommends that a specific funding allocation be made to enable rural and remote rural generalists and general practitioners to access additional mental health training so they can more effectively meet increased need within their communities.

Funding models to support rural and remote primary care through telehealth – The College notes that telehealth should always be used to complement but never replace face-to-face services. It should not be viewed as a substitute or an alternative to ongoing efforts to improve access to face-to-face services in rural and remote communities. Funding models and policies should recognise that telehealth should support high quality continuity of care with the patient's usual GP or practice and minimise the potential for telehealth services to undermine both the quality of care and overall sustainability of rural and remote practices and primary care services in particular.

The introduction of MBS rebates for telehealth primary care consultations has been a positive step; however there is potential for these models to be expanded so they better support rural and remote practitioners and patients. For example, services would be enhanced by extending these telehealth services to include asynchronous (store and forward) consultations in areas such as dermatology and ophthalmology.

ACRRM recommends that the Commonwealth continue investment in telehealth reform within the context of improving outcomes for rural patients and supporting rural practitioners.

There are still areas of Australia where limited access to adequate internet bandwidth and mobile phone coverage are significant impairments to the delivery of telehealth services. These deficiencies should be addressed urgently as part of the broader digital health policy agenda.

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.* It progresses this by delivering quality vocational training and professional development education programs; setting and upholding practice standards; and providing support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

College Details

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.