RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Pre-Budget 2017-18 Submission

RDAA is the peak national body representing the interests of doctors working in rural and remote areas and the patients and communities they serve.

EXECUTIVE SUMMARY

RDAA's vision for rural and remote communities is simple – excellent medical care.

What exactly does this mean? It means high quality health services that are:

- patient-centred,
- continuous
- comprehensive
- collaborative
- coordinated, and
- accessible

and are provided by a GP-led team of doctors and other health professionals who have the necessary training and skills to meet the needs of those communities.

Providing high quality health care for all Australians is challenging. The Australian Government has over the past two years instituted a number of reviews and measures within the Health portfolio to address fiscal challenges. These have the potential to significantly reform health care in this country. However, such reform takes both time and appropriate levels of funding.

RDAA believes that while value for money is important, the Australian Government must consider expenditure on health, particularly primary health care, as an investment in the future wellbeing and productivity of all Australians, not a cost to be minimised. Providing realistic levels of investment to support system reform and transition to new arrangements will be key to achieving change, especially in rural and remote Australia, where the degree of remoteness and other geographic, climatic, socio-economic, demographic and cultural factors impact on the provision and cost of services, and inequities of access to health care and significantly poorer health outcomes exist.

RECOMMENDATIONS

RDAA calls on the Australian Government to consolidate primary health care reforms that are already underway before any new policy initiatives are introduced.

A number of initiatives within the Health portfolio are still in their infancy, including the establishment of Health Care Homes, the National Rural Health Commissioner role and the National Rural Generalist Training Pathway. These initiatives have the potential to significantly improve the health outcomes of rural and remote people. However, to be successfully implemented, adequate and equitable investment that takes into account the unique circumstances impacting on rural and remote health care is required.

RDAA recommends that the Australian Government:

Better supports rural and remote general practices and Aboriginal Community Controlled Health Services to allow them to participate effectively in the first stage implementation of Health Care Homes.

There is broad concern that current funding allocation is not sufficient to ensure the adoption of the Health Care Home model of care.

To support a truly multidisciplinary approach in rural and remote areas – that will make a difference to patient outcomes – further funding must be allocated to the first stage (the 'trial') of the initiative, which must be closely monitored and evaluated.

It is essential that the higher costs associated with delivering high quality health care in rural and remote areas are realistically assessed, and additional funds for practice support and infrastructure development provided, to allow rural and remote general practices and Aboriginal Community Controlled Health Services to participate in the first stage implementation of Health Care Homes with some chance of success.

RDAA believes that providing incentives for rural and remote practices will increase the likelihood of successful implementation of the Health Care Homes initiative. Although the proposed tiered funding arrangements may provide a reasonable foundation, the adequacy of the funding for patients with highly complex needs, especially for those who are unable to afford the increased out of pocket expenses that would occur, must be addressed. Additional incentive payments for improved outcomes should also form a key component of the model. These incentive payments to practices could be funded through savings generated by reduced hospital admissions.

Ensures that the National Rural Health Commissioner is able to effectively deliver the National Rural Generalist Pathway.

While funding was allocated in the Mid-year Economic Financial Outlook (MYEFO) to support the establishment of a Rural Health Commissioner role, it is insufficient to achieve the Commissioner's first objective: the establishment and implementation of a National Rural Generalist Pathway.

Appropriate levels of funding for key initiatives across the continuum of medical education and a medical career must be provided to achieve the longer-term goals. This investment should include:

- *providing and prioritising rural and remote options during initial medical training*

Students who have positive rural and remote training experiences are more likely to stay in or return to these areas once their training has been completed. The current review into the allocation of medical school student places across Australia provides an opportunity to prioritise rural and remote medical training options at this initial juncture in medical training. Investment to ensure that medical students are able to undertake studies in rural and remote communities, including for facilities infrastructure and student support, will be necessary.

- *expanding the current Rural Junior Doctor Innovation Fund to include key pre-vocational terms to facilitate a streamlined pathway for Rural Generalist trainees in all states and territories*

Expanding pre-vocational placements for medical graduates to include rural general practice rotations as well as key craft rotations – including (but not limited to) anaesthetics, mental health, obstetrics, paediatrics and Indigenous health – in regional and rural hospitals would both

    - provide the opportunity for positive rural training experiences, and therefore the likelihood of remaining in rural areas
    - facilitate streamlining of the Rural Generalist training pathway.

- *supporting training programs and locations that have demonstrated post-Fellowship retention of trainees into rural and remote practice*

Record numbers of medical students are graduating from Australian universities yet there is still a maldistribution of doctors in terms of location and of skills. Additional investment to build the capacity of training sites and

programs that measurably work in retaining doctors in rural and remote areas is critical to redressing the maldistribution of doctors in Australia.

- *providing base level funding to each state and territory to establish and maintain a Rural Generalist training pathway*

Medical training takes place in both federally funded and state funded sites. Coordination between the Commonwealth and State/Territory governments is essential for a nationally consistent approach to Rural Generalist training.

The provision of base level funding by the Commonwealth Government will set the national training agenda. However, each state and territory should provide additional funding depending on needs and size of the Rural Generalist Program.

Recognises Rural Generalist practice through the Medicare Benefits Schedule (MBS).

The MBS review provides an opportunity to ensure that appropriate levels of compensation are provided to Rural Generalist practitioners for the higher costs and complexity of rural practice and for the advanced skills needed in rural and remote communities.

Removes the Medicare indexation freeze.

The ongoing freeze on Medicare indexation continues to negatively impact on the viability of rural and remote practices. This must be resolved to ensure sustainability of the rural and remote health care into the future.

If the Medicare freeze is not immediately removed consideration must be given to other mechanisms to address the impacts on rural and remote practices and the communities they serve.