



AMA

AMA 2022

RURAL HEALTH ISSUES SURVEY

Developed by the AMA Council of Rural Doctors, the 2022 AMA Rural Health Issues Survey was conducted in February 2022 with 473 rural doctors responding to the Survey invitation.

The survey canvassed the views of regional, rural and remote doctors on the most pressing priorities in 13 areas: rural hospitals, procedural skills, non-GP specialist services, financial incentives, practice support, education and training, undergraduate medical education, locum relief and family support, continuing professional development, technology, COVID-19 context and oral health.

The COVID-19 pandemic has highlighted the inadequacies of the public hospital system across the country and the long-term under-resourcing of general practice as highlighted in [AMA submission to inquiry into provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians](#) and [AMA Public Hospital Report Card 2022](#).



SURVEY RESULTS

The survey questions were framed as policy proposals for rural and remote health issues.

The top 10 policy proposals according to rural medical practitioners were:

- 1 Provide extra funding and resources to support improved staffing levels, including core visiting medical officers, to allow workable rosters.
- 2 Provide telehealth Medicare items that fairly compensate doctors for patient and non-patient contact time.
- 3 Encourage medical colleges to include rotations for trainees to rural areas - subject to appropriate experience and supervision.
- 4 Access to vaccine roll out among rural communities
- 5 Ensure that rural hospitals have modern facilities and equipment.
- 6 Further expand funding to ensure locum relief for rural general practitioners and non-GP specialists.
- 7 Establish regional training networks to enhance opportunities for non-GP specialist training in rural areas and to support rurally based career paths.
- 8 Access to the provision of personal protective equipment (PPE), training programs and guidelines in response to COVID-19 pandemic for medical practitioners in rural hospitals and clinics.
- 9 Increase funding for appropriately trained ancillary staff at rural hospitals.
- 10 Increase the available infrastructure, resources and supervision to support prevocational and non-GP specialist training in rural areas.

*Comparison of the top 10 policy proposals according to medical practitioner practice groups is available [here](#).

The need for extra funding and resources to support improved staffing levels in rural hospitals has been the number one issue over the last three Surveys (2016, 2019 and 2022).

Rural doctor workforce shortages persist, and we need to do more to encourage medical practitioners to live and work in the rural and remote Australia.

Seven of the top 10 priorities in 2016 and 2019 are priorities again in 2022.

The top ten proposals can be categorised into three groups:

- Training
- Retention
- COVID-19 response

The AMA advocacy priorities for training and retention can be seen in the [AMA Rural and Remote Medical Workforce Summary](#).

WHAT YOU SAID ABOUT:

Training, retention, and rewarding experience



More specialty training positions in regional and rural areas will help settle young Doctors in Training (DiT) in these areas and create ties to bring them back.

We have trained almost 100 registrars over 27 years. The issue is ...training doctors who have a rural background as they are more likely to stay out here.

Students have a great time here and want to return. We lose them to specialties in their early post graduate years.

Workforce is currently the key crisis across all disciplines - burnt out staff leave. Once the critical mass is lost, any workforce program is exponentially more difficult.

Need GPs as well as rural generalists in these areas...I have never seen the fragility of private GP as bad as it is and this needs to be urgently addressed before the system collapses.

Need support for practices that provide actual after-hours services for their patients 24/7. This is poorly remunerated and therefore becoming more and more scarce.

In rural, you have to cope with anything that is thrown at you. For that reason, many doctors are not capable of being a rural practitioner.

There is such a variety of clinical challenges; the people element ...and sprinkled with a genuine touch of living a fulfilling community life.

Working in rural gives the opportunity to understand the impact of environment on health and to treat multi generations of families with a broad range of medical issues. This provides both professional and personal reward.

We just need more doctors willing to work rural and we should support junior doctors in regional specialist and generalist training programs that show a commitment to a community.

We need significant investment in Rural Generalist training to get young doctors into rural areas. We largely bulkbill to ensure access. However, the Medicare rebates are woeful.

Rural GP is dying as there are not many young doctors coming to replace my retiring colleagues and the situation is very serious in the region I live and work for more than 20 years.

Jobs for spouses and education for children and work/life balance are keys to sustainable workforce and longevity in country generalist work.

You get to be involved in the community with caring from birth to end of life. It's also important for rural families to access healthcare that is close to home... and to be able to trust their local doctors.

Personally, being a part of a real community and feels valued by everybody. Work-related travel time is minimal, allowing more time for leisure and professional development. The daily challenge of "What am I going to learn today?" brings me in eager and cheerful.



What is the AMA doing to strengthen rural and remote health workforce?

In the 2022 Federal Election, the AMA is calling for both parties to invest in the rural medical training pipeline.

To improve access to medical care for regional/rural areas and disadvantaged communities, we need to develop clear training pathways and solutions to rural medical workforce needs and distribution. This requires an increased focus on generalism within the non-GP specialist workforce, improved access to non-GP specialist services in rural Australia, and development of a rural training pipeline which takes students all the way through to the completion of non-GP specialist fellowship training.

To achieve this, we need to see:



The **expansion of the Commonwealth Government's Specialist Training Program (STP)** to 1700 places over the next term, giving priority to rural areas, generalist training and specialties that are under-supplied

Investment in regional teaching hospitals to ensure they have sufficient capacity to host STP-funded non-GP specialist registrars\



Implement the National Rural Generalist Pathway nationally and **a commitment to ongoing funding**

Encouragement of end-to-end rural medical training programs with a view to ensuring they provide positive rural exposure and lead to **retention of rural medical practitioners**

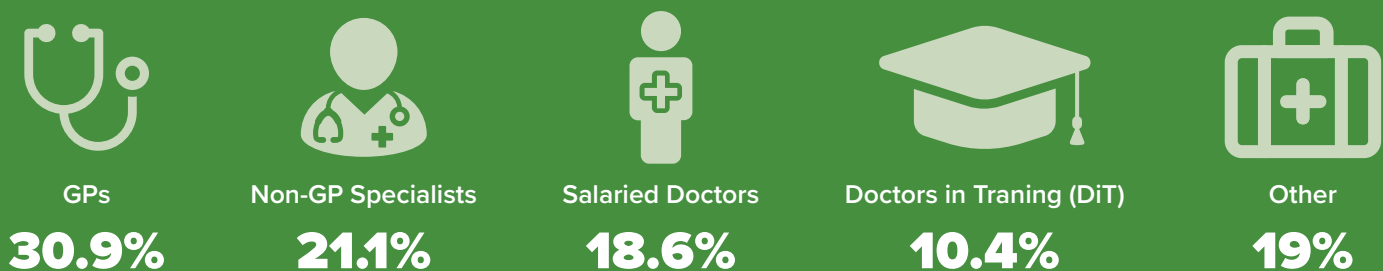


Expansion of capacity for remote learning (training and educational opportunities, especially for trainees in regional/rural sites, and potential remote supervision)

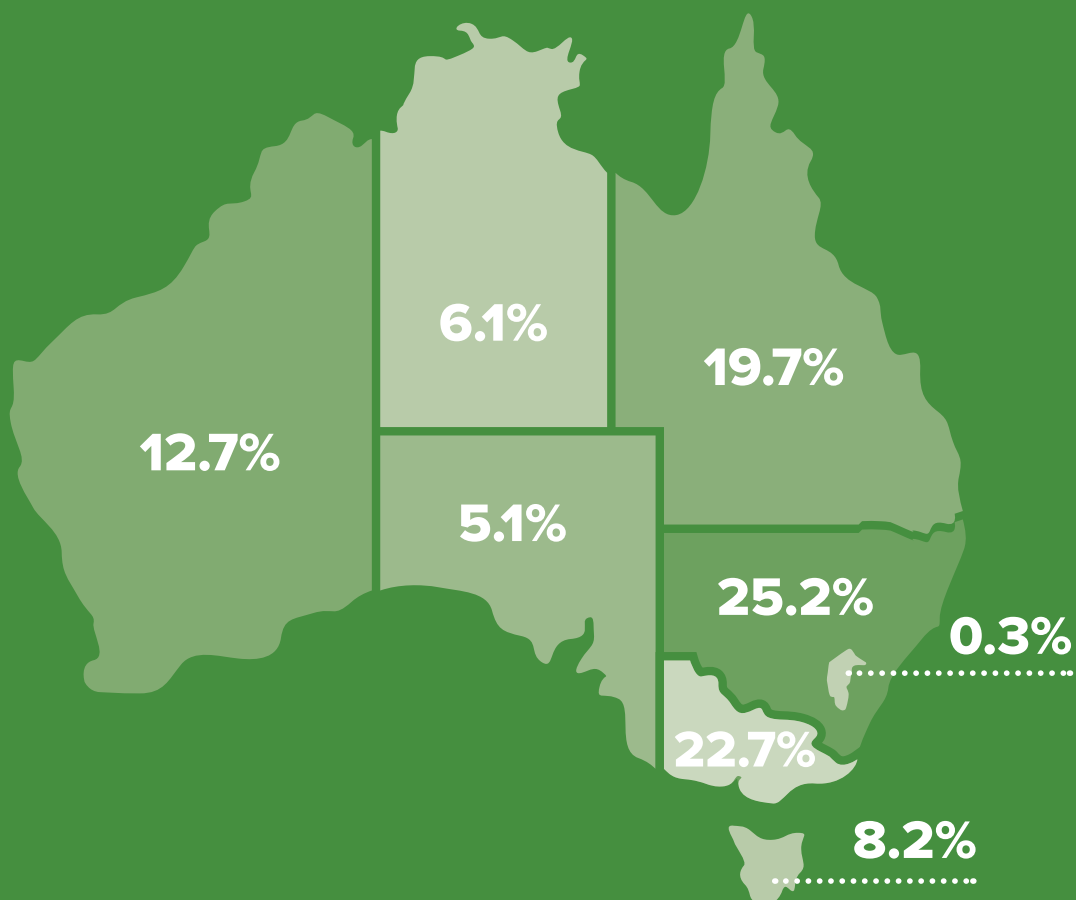
Promotion of regional training and research teaching hospital hubs to grow non-GP specialist capacity outside metropolitan areas.



Survey response: 473 participants



Locations of practice





As the peak advocacy body for all doctors working in Australia, the AMA represents a diverse range of individuals.

This Survey provides us with a qualitative snapshot about what some of our members think about how we engage with and represent people from diverse backgrounds.

Email your ideas about how we can involve our diverse membership at all levels within the AMA and bring their unique skills, perspectives, and networks to the AMA at ama@ama.com.au.



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