A PLAN FOR

Better Health Care for Regional, Rural, and Remote Australia

AMA

A PLAN FOR BETTER HEALTH CARE FOR REGIONAL, RURAL, AND REMOTE AUSTRALIA

For too many years, regional, rural, and remote Australians have been treated like second class citizens when it comes to the provision of essential services. They often struggle to access health services that urban Australians would see as a basic right. These inequalities mean that they have lower life expectancy, worse outcomes on leading indicators of health, and poorer access to care compared to people in major cities. Death rates in regional, rural, and remote areas are higher than in major cities, and the rates increase in line with degrees of remoteness[1].

People living in regional, rural, and remote areas are more likely to defer access to general practitioners due to cost. They have higher rates of potentially preventable hospitalisations, and are less likely to gain timely access to aged care[2]. Rural communities often find it very difficult to attract and retain doctors, making local access to even basic medical services challenging. Rural patients often have to travel significant distances for care, or endure a long wait to see a GP close to where they live.

Rural Australians deserve a fair go when it comes to health care. Despite Government policy efforts at both Federal and State/Territory level, this goal is a long way from being achieved.

The AMA believes that health care in regional, rural, and remote Australia deserves significant real funding increases. It is essential that government policy and resources are tailored and targeted to cater to the unique nature of rural health care and the diverse needs of rural and remote communities to ensure they receive timely, comprehensive, and quality health care.

Governments must focus on measures that will make a long-term difference, and commit to policies that focus on:

- rebuilding health infrastructure – particularly public hospitals;
- supporting recruitment and retention;
- providing more opportunities to train medical students and doctors in rural areas; and
- supporting rural medical practices to ensure they are able to meet the complex health needs of people in rural and remote communities.

1 Australian Institute of Health and Welfare, *Australia's Health 2014*, 2014

2 Ibid

1. Rebuilding country hospital infrastructure

The closure and downgrading of rural hospitals is seriously affecting the future delivery of health care in rural areas. For example, more than 50 per cent of small rural maternity units have been closed in the past two decades in Australia.[3]

These decisions are often driven by economic rationalism, without sufficient regard to the significant consequences for local communities and the sustainability of the rural medical workforce. With a lack of funding, the state of facilities and equipment in rural hospitals often lags significantly behind that in their metropolitan counterparts.

Public hospitals are critical to rural health for reasons that go well beyond the services they provide to patients. They provide essential training opportunities. Many rural doctors who work in private practice also work at their local hospital on a salaried basis or as Visiting Medical Officers. Without access to decent public hospital facilities, these doctors cannot maintain their procedural skill levels, and the opportunity to train new doctors in rural areas is greatly diminished.

If rural patients are to receive the same standards of care as other Australians, modern facilities and equipment are essential. Without the latest technology, rural patients cannot benefit from improved surgical techniques or improved methods of care. They may face longer recovery periods, or may not have the same quality of outcome as they would have if they lived in the city.

What is needed?

The Commonwealth and State/Territory Governments must work together to ensure that rural hospitals are adequately funded to meet the needs of their local communities. They need modern facilities, and must be able to attract a sustainable health workforce. Our rural hospitals must provide an environment that is conducive to delivering:

- quality patient care;
- a strong and relevant training experience for doctors in training;
- support for the development and maintenance of procedural skills;
- opportunities for professional development; and
- safe working hours.

The AMA believes that Council of Australian Government (COAG) discussions about the reform of health care must consider a dedicated funding stream for rural hospitals, backed by a national benchmark and performance framework, to ensure that State/Territory Governments maintain the level of services that is promised to local communities.

3 Hoang H, Le Q, Kilpatrick S. Small rural maternity units without caesarean delivery capabilities: is it safe and sustainable in the eyes of health professionals in Tasmania? Rural and Remote Health 12: 1941. (Online) 2012.

2. Rural Recruitment and Retention

Timely access to a doctor is a key problem for people living in rural areas.

The overall distribution of doctors is skewed heavily towards the major cities, which means that regional, rural, and remote areas shoulder a disproportionate workforce shortage burden. The number of medical practitioners, particularly specialists, steadily decreases with increasing rurality. For example, in 2013-14, while the number of full-time workload equivalent GPs per 100,000 population in major cities was 102, there were 91 in outer regional areas, 70 in remote areas, and only 57 in very remote areas[4].

Rural medical practitioners also work longer hours than those in major cities. For example, in 2012, GPs in major cities worked 38 hours per week on average, while those in inner regional areas worked 41 hours, and those in remote/very remote areas worked 46 hours[5].

Rural Australia is also heavily reliant on international medical graduates. Though they do an excellent job, Australia cannot continue to rely on them indefinitely to fill workforce gaps. With record numbers of local medical graduates, programs are needed that do more to attract these doctors to rural practice and retain them for the long term.

Importantly, the issue is not just about attracting and retaining an adequate number of doctors to rural areas. It is also about having the right skill mix, including GPs, procedural GPs, other specialists, and medical officers.

With fewer specialists available, rural GPs are often required to provide a wider scope of practice than in metropolitan areas. The number of GP proceduralists, or generalists, working across rural and remote Australia has been steadily declining. In 2002, almost a quarter (24 per cent) of the Australian rural and remote general practice workforce consisted of GP proceduralists. By 2014, this figure had fallen to just under 10 per cent[6]. While the reasons for this trend are complex, the downgrading or closure of rural hospitals and procedural units has been a significant factor. The high workload of rural doctors and corresponding poor work-life balance also act as disincentives to generalist practice.

4 Australian Government Productivity Commission, *Report on Government Services 2015*, Table 10A.23 *Availability of GPs by region, 2013-14*

5 National Rural Health Alliance, *The little book of rural health numbers: Health Workforce*, 2012 (http://ruralhealth.org.au/book/health-workforce-0)

6 Rural Health Workforce Australia National Minimum Data Set (MDS) Reports 2012, 2013 and 2014. (http://www.rhwa.org.au/fact-sheets--research---workforce-data)

What is needed?

The AMA and the Rural Doctors Association of Australia (RDAA) have developed a package of measures that recognises both the isolation of rural and remote practice and the need for the right skill mix in these areas. *Building a sustainable future for rural practice: the rural rescue package*, proposes two tiers of incentives:

- a rural isolation payment available to all rural doctors including GPs, locums, other specialists, salaried doctors and registrars, with the level of support provided increasing with rurality; and
- a rural procedural and emergency/on-call loading, aimed at boosting the number of doctors in rural areas with essential advanced skills in a range of areas such as obstetrics, surgery, anaesthesia, acute mental health, or emergency medicine[7].

3. Encouraging more young doctors to work in rural areas

The Commonwealth has a range of programs designed to improve the recruitment of doctors in training to rural Australia, including in relation to medical school enrolment targets, and prevocational, and specialist training. Despite this, rural workforce shortages persist. The latest data from the Medical Students Outcome Database Survey (MSOD) reports that 76 per cent of domestic graduates are living in capital cities.

The Government has also pursued the unfunded Bonded Medical Places Program. This program has failed to attract doctors into the rural workforce. Evidence shows that long-term retention rates of bonded doctors in workforce shortage areas are poor, with retention rates around half that of doctors who practise in these areas voluntarily[8].

What is needed?

The AMA has developed a number of positive policy proposals that have the potential to make a real difference for rural patients, recognising that doctors who come from a rural background and/or spend time training in a rural area are more likely to take up long-term practice in a rural location. These include the establishment of a Community Residency Program, an expansion of the Specialist Training Program (STP), increasing the recruitment of medical students from a rural background, and boosting undergraduate exposure to rural clinical training.

7 Other areas of skills need may be added as required, for example palliative care, paediatrics, or Indigenous health, to ensure that community needs are met

8 Sempowski, IP. Effectiveness of financial incentives in exchange for rural and under-serviced area return-of-service commitments: systematic review of the literature. *CJRM* 2004; 9(2):82-8

Community Residency Program

The AMA proposes establishing a program to provide doctors in training with prevocational general practice placements in rural areas. These placements would support efforts to deliver more training and care in the community, supplement the traditional hospital-based approach to medical training, and promote 'generalist' careers. They give doctors in training a valuable insight into life as a rural GP, and encourage a long-term career in rural general practice.

Expanding the Specialist Training Program

The AMA believes the successful Specialist Training Program should be further expanded to 1,400 places by 2018, with higher priority being given to training places in regional and rural areas, generalist training, and specialties that are under-supplied.

Supporting a greater rural focus in medical schools

There is good evidence that having a rural background and/or undertaking training in a rural area is linked to improved rural workforce recruitment and retention[9]. The AMA recommends changes to medical school selection criteria for Commonwealth-supported students and changes to the structure of courses such that:

- the targeted intake of medical students from a rural background be lifted from 25 per cent of all new enrolments to one third of all new enrolments; and
- the proportion of medical students required to undertake at least one year of clinical training in a rural area be lifted from 25 per cent to one third.

Regional Training Networks

The AMA recommends the establishment of regional training networks (RTNs) to bolster rural training opportunities, and to provide a valuable and meaningful career pathway for doctors in training who want to work in regional and rural Australia. Many medical students have positive training experiences in rural areas, but prevocational and specialist medical training often requires a return to metropolitan centres.

The development of RTNs would help promote careers in regional and rural centres, and improve patient access to medical care by enabling doctors in training to spend a significant amount of their training in rural and regional areas, only returning to the city to gain specific skills.

9 Srinivas Kondalsamy-Chennakesavan et al *Determinants of rural practice: positive interaction between rural background and rural undergraduate training* Medical Journal of Australia 2015; 202 (1): 41-45 (https://www.mja.com.au/journal/2015/202/1/determinants-rural-practice-positive-interaction-between-rural-background-and)

4. Supporting rural practices

General practice is the backbone of rural health care, providing high quality primary care services for patients, procedural and emergency services at local hospitals, as well as training the next generation of GPs. Rural GPs would like to do more, but face significant infrastructure limitations in areas such as IT, equipment, and physical space.

If rural general practices are properly funded to improve their available infrastructure, they can expand the services that they provide to patients including GP services, nursing, and allied health care. Such funding can also support improved opportunities for teaching in general practice for prevocational and vocational trainee doctors, as well as other health professionals.

What is needed?

Previous rounds of infrastructure grant funding have delivered real results for rural communities, with local practices taking realistic steps to improve patient access to services and support teaching activities. The Australian National Audit Office reports that infrastructure funding grants are effective and a good value-for-money investment.

The AMA recommends that the Government fund a further 425 rural GP infrastructure grants of up to $500,000 each that would:

- provide additional infrastructure and space to maintain and increase the level of general practice services provided to rural and regional communities;
- support teaching and training in general practices, including increasing opportunities for GPs to maintain and increase supervisory skills;
- support opportunities for medical students to experience working in a rural or regional practice; and
- improve the distribution of the health workforce.

Conclusion - time for action

Improving regional, rural, and remote health care is not a bridge too far. Health care is a key concern for country Australians.

The AMA believes that the standards of health care can be lifted in regional, rural, and remote Australia. These communities are already served by highly skilled doctors who often work long hours and who are totally dedicated to the needs of their community. The work is challenging and can be very rewarding. These doctors are valued by their communities, and there is no doubt that many doctors enjoy the sense of community and the lifestyle.

The Government must accept the challenge of addressing these important rural health care issues. Now is the time to develop comprehensive plans for health care in regional, rural, and remote Australia, and to commit to significant funding increases to bridge the gap between city and country.