A summary prepared by NRHA

Senate Community Affairs References Committee

The factors affecting the supply of health services and medical professionals in rural areas

Report released 22 August 2012

This Senate Committee report on the factors affecting the supply of health services and medical professionals in rural areas maps out recommendations that – if implemented – would be the biggest step forward for better health for rural people for over a decade. The recommendations in each chapter are based on an analysis of the evidence from submissions and public hearings, as follows.

Chapter 2. The distribution of medical, nursing and allied health professionals across Australia

The analysis of distribution of medical, nursing and allied health professionals across the country identifies substantial gaps in the evidence. The national registration scheme is starting to produce higher quality data for the numbers and types of health practitioners. The Committee notes that providing equal numbers of health professionals per 100,000 people, while a good starting point, is not the solution in itself. Other issues such as accessibility and higher disease burdens and poorer health outcomes in rural and remote areas need to be taken into account. The Committee also notes that more effort is needed to ensure that policies are in place to promote the development and retention of multidisciplinary health teams outside the major cities.

Rural and Regional Health Australia is charged with prioritising the collection of robust and meaningful data on rural health. It is also called upon to review the current literature from key stakeholders and universities and develop a strategy to address the gaps in research and knowledge affecting rural health service delivery. (Note: one of the strategic or high level conclusions from the 3rd Rural and Remote Scientific Symposium was that it would help if there was a rural and remote health research strategy.)

Chapter 3. The nature of the medical profession in rural areas

The types of medical practitioners working in rural and remote areas and the policy proposals submitted by some of the specialist Colleges are examined, along with the evidence received about how the workforce has developed in Central Australia and the issues still unresolved.

The recommendations include:

- the expansion of rural generalist programs to be considered by the Council of Australian Governments’ Standing Council on Health; and
- Commonwealth government, education providers and the medical profession to work to address the issue of inadequate supply of rural placements for junior doctors in their pre-vocational and vocational years.
Chapter 4. Attempts to address the rural medical skills deficit

The effectiveness of various attempts to alleviate workforce pressures in rural areas in recent years is analysed. The various programs to increase the numbers of medical professionals outside the major cities fall into three broad categories: attracting sufficient numbers of doctors to rural areas (primarily skilled migration); retaining the existing workforce (recruitment and retention incentives); and ensuring an adequate future supply of medical professions (education incentives). The disparity between the support provided for allied health professionals and for doctors to work outside the cities means that access to quality healthcare in rural areas, taking team-based care requirements into account, is not well promoted.

The Alliance welcomes the Committee’s focus on greater equivalence across the professions and its recommendation that the HECS reimbursement scheme for doctors training and working in rural areas be extended to nurses and allied health professionals.

The Committee’s recognition of the work of overseas trained doctors in rural and remote Australia, and its endorsement of the recommendations of the Lost in the Labyrinth report of the House of Representatives Standing Committee on Health and Ageing inquiry into registration processes and support for overseas trained doctors, are also welcome.

Chapter 5. Australian Standard Geographical Classification for Remoteness Areas

The systems used to classify different areas of the country for workforce purposes dictate how incentives are managed.

The Committee is of the view that the current system is untenable and suggests that the upcoming review of the rural health workforce policy area by the Department of Health and Ageing provides an ideal opportunity for a broad and comprehensive re-evaluation of the classification system. The new ASGC-RA will need to be augmented with further layers of data and the Committee is supportive of the methodology and data used in the Humphreys model, which it would like to see incorporated into the new system.

The Committee recommendation is that the classification systems currently used for workforce incentives purposes be replaced with a scheme that takes account of regularly updated geographical, population, workforce, professional and social data to classify areas where recruitment and retention incentives are required. It further recommends that the revised workforce incentive scheme include a comprehensive, public evaluation process.

Chapter 6. The role of universities and medical schools

The roles of the universities and medical schools in providing educational pathways for the rural health workforce are outlined and some of the current issues they face are discussed, as well as some possible remedies.

Rural people will intuitively support the idea of applying "meaningful sanctions" to those universities that fail to meet the enrolment targets that are in place to ensure fair representation of students from rural and remote areas in medical courses.

The report makes the point that some of our public institutions can do much to improve health services in rural and remote areas. For example, universities, professional Colleges and regulatory bodies should make every effort to ensure it is easier for health professionals to be recruited and trained locally – which will improve the likelihood that they will remain and practise in their local area.
The recommendations for incentives to ensure that rural GPs who provide training to pre-vocational and vocational students are not financially disadvantaged and to provide locum support for rural GPs involved in delivering training will also help to ensure rural training experiences for more early career health professionals.

The issue of affordable housing for rural health workers is also formally on the table with the recommendation that a coordinated accommodation strategy be developed in the Government’s forthcoming review of rural health programs.

**Chapter 7. Medicare Locals**

Due to their recent introduction, it was too early for the Committee to consider their impact on rural health services and workforce. However, the Committee expressed cautious optimism for the potential of Medicare Locals to fill the gaps between local health or hospital networks, primary care and community health stakeholders and to embrace innovative service delivery models.

In the Committee’s view the needs assessment of the Medicare Locals program is the singular most important aspect or their work as it will provide the strategic overview that has been missing to date. The timely dissemination of the results of the needs assessments can ensure the constructive input of many of the key stakeholders. In the medium to longer term the regular dissemination of the monitoring and evaluation of programs nationwide will also ensure that best practice is shared and replicated across the country. Thus the Committee recommends that the Medicare Locals Needs Assessment reports are made public, and that a process of engagement and consultation is undertaken.

The final recommendation in the Committee's Report relates to policy misalignment between the Commonwealth and State which might contribute to some health service gaps.

The Alliance view remains that development of a National Rural Health Plan by the Commonwealth would play a significant role in clarifying the responsibilities of various governments and improving health outcomes.

**Action!**

The Alliance will be encouraging the Government to adopt the Committee’s recommendations en bloc. Let’s take the ‘big step’ for rural health!

National Rural Health Alliance

[www.ruralhealth.org.au](http://www.ruralhealth.org.au)

25 August 2012