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Rural Australia still waiting for major health reform

The National Rural Health Alliance (the Alliance) welcomes the initiatives for rural, regional and remote health outlined in the *Federal Budget 2022–23*. However, it is disappointing that the Budget fails to deliver the significant investment and innovation required to meaningfully address the health access challenges facing rural communities.

The Alliance CEO Susi Tegen observed that the Budget does acknowledge the need for initiatives to support and encourage a rural health workforce, including increasing funding to both the doctor and practice streams of the Workforce Incentive Program, support for additional rural generalists and junior doctors, and expansion of the Single Employer Model trials.

“However, it lacks a bold and broad approach to innovation in primary healthcare delivery in rural areas,” said Ms Tegen.

“What is missing is a clear vision for reform of primary health care in rural Australia,” she said.

Ms Tegen acknowledged that the Budget contains some welcome interventions to support and encourage a rural health workforce.

“The package to strengthen First Nations health is commendable, with additional funding to combat rheumatic heart disease, a Birthing on Country Centre of Excellence, improved access to dialysis treatment – including in rural and remote areas – as well as investment in First Nations health workers.

“However, we need to understand that the challenges of delivering health services in thin rural markets, and attracting and retaining a rural health workforce, are constantly increasing. This Budget will not address these challenges.

“Rural communities are not just small cities,” Ms Tegen said. “They need a model of care that addresses the rural-specific barriers to attracting and retaining a health workforce, while meeting the needs of individual rural communities.”

The Alliance has been calling for a commitment from the Government on the rollout of a new model of primary health care to meet the specific needs of rural communities – rural area community-controlled health organisations*.

“This model should be community-developed and community-led, support access to multidisciplinary teams and ensure attractive conditions through a single employer,” Ms Tegen said.

“Funding of \$24.7 million over four years to trial new primary care models is a step in the right direction.

“However, it falls well short of the significant financial commitment and innovation required to support real and immediate action to improve access to primary health care for rural communities,” said Ms Tegen.

“Rural, regional and remote Australia is not only home to more than seven million Australians, but is also a major contributor to the nation’s economy, with around two-thirds of Australia's export earnings coming from rural, regional and remote activity such as primary industry, mining, tourism, retail services and manufacturing.

“As such, it is not acceptable that rural Australians are missing out on equitable access to essential health care.

“The Alliance anticipates more and broader solutions in the next Budget, when there is opportunity for significant reform for better healthcare outcomes for Australians living in rural, regional and remote areas,” concluded Ms Tegen.

**The Alliance is proposing a different model of rural health care, currently called rural area community controlled health organisations. The model is an evidence-based policy solution that aims to overcome the professional, financial and social barriers to working rurally. It is therefore intended to build the rural primary healthcare workforce, improving access to affordable, high-quality, culturally safe care when and where it is needed.*

Ends.

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