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Coalition rural health investment promise an opportunity for new models of care

The National Rural Health Alliance (the Alliance) has welcomed the Coalition's election commitment to address rural health workforce challenges with an opportunity to introduce new and innovative care models relevant to rural and remote communities.

The Coalition today announced an additional \$35 million, under the *Innovative Models of Collaborative Care program*, to support new team-based primary health care structures in a move that CEO, Dr Gabrielle O'Kane, says strongly aligns with the Alliance's advocacy for its "RACCHO" (Rural Area Community Controlled Health Organisation) model.

The Alliance has been advocating strongly to government over the past two years to fund its proposed RACCHO model – based on a similar structure operating in Aboriginal and Torres Strait Islander communities – and saw the Coalition's promise as a positive step to that end, Dr O'Kane said.

"Driven, co-designed and governed by local communities, RACCHOs are designed to be sustainable within rural settings and utilise evidence-based solutions to attract and retain a rural health workforce, with a focus on secure employment," she said.

"There is now scope, under the proposed expansion of the *Innovative Models of Collaborative Care program*, for rural communities to pilot and test our RACCHO model." Dr O'Kane said.

Supporting junior doctors on their pathway to general practice (GP) is essential to building the rural medical workforce. The promise to grow the John Flynn Prevocational Doctor Program, expanding the number of rural GP placements – from 800 in 2025, to more than 1,000 by 2026 – is a crucial component of ensuring junior doctors go on to become fully fledged rural doctors.

The Alliance also welcomes the expansion of the Murrumbidgee single employer model for rural generalist trainees, allowing more doctors undertaking their vocational training access to improved employment conditions that align with other medical specialities, enhancing the attractiveness and experience of the program.

Dr O'Kane said that while the Alliance welcomed the Workforce Incentive Program's potential to enhance remuneration for rural GPs, "we would like to see that this program

genuinely improves access to multidisciplinary team-based care by bolstering the nursing and allied health workforce and ensuring there is no detrimental impact on existing rural health practitioners.”

The Alliance awaits information on other parties’ election commitments for addressing the rural health crisis.

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