

It's time to care about the health of **rural Australians**



The Royal Australian College of General Practitioners (RACGP) represents **four out of five** rural General Practitioners.

We're calling on the federal government to put rural communities first, and end the GP crisis in regional Australia.

Communities rely on general practice. With 85% of us visiting our GP each year, general practice is the foundation of the Australian healthcare system, and the first point of contact with the healthcare system for most Australians. Whether it's an early cancer diagnosis, or managing conditions to help an older person stay out of residential aged care facilities, investing in general practice can save lives, reduce strain on the hospital system and help people with chronic conditions live full lives.

Help fix the GP crisis

Years of underfunding and neglect has put general practice in crisis. Medicare Benefit Schedule (MBS) patient rebates are set too low. This is affecting all general practice services in Australia. Low rebates are forcing many services to abandon bulk billing in order to keep their doors open. Rural Australia has been hit hard, with clinics at risk of closures and an overreliance on fly-in fly out GPs. Communities need access to continuous, sustainable healthcare.

There is an urgent need to ensure that rural funding reflects the actual cost of providing essential services.

Supporting a future GP workforce

With only 16% of medical students considering general practice as their preferred specialty, we are facing a future workforce crisis. We know that the best way to keep people in the regions, is to train people in the regions. We need to address current and future workforce challenges by finding the right mix of international medical graduates, and locally trained graduates. This means reducing red tape for qualified doctors seeking to serve our communities, and improving training opportunities and supports to train and keep students and registrars in the regions.

The Australian Government has announced that the general practice colleges will deliver the Australian General Practice Training (AGPT) program from 1 February 2023, to achieve a nationally consistent GP training program, which is locally tailored and delivered. Since 2017, we have been working with Federal Government, medical colleges, registered training organisations and other stakeholders to deliver a college-led model. Our model:

- improves supports to regional supervisors
- is flexible and provides additional supports for registrars in rural locations so that they can experience the benefits of practicing in the regions
- focusses on areas of workforce need
- has an emphasis on local knowledge and delivery.

Having consistent standards for GPs will ensure that the community can receive the same high standard of care, regardless of their postcode.

We are seeking continued support for college-led training from all sides of Government.

Next Steps

RACGP are calling on the Federal Government to:

Priority 1: Encourage regular, continuous general practice care to support the health of our most vulnerable Australians by establishing new Service Incentive Payments to provide services that will improve care for:

- older people in the community
- people with mental health conditions
- people living with disability.

Rural Australia has a higher proportion of people with more complex health needs, including more people over the age of 65, higher rates of mental health conditions and higher rates of disability.

Priority 2: Increase the value of Medicare rebates by 10% for GP consultations longer than 20 minutes, and introducing a level E consultation to enable consultations of more than 60 minutes

- Australians living outside of major cities are more likely to need longer GP consultations. These communities often have more complex health needs and higher rates of chronic disease.
- Longer consultations are undervalued in the current system. The Medicare rebate per minute decreases the longer a person spends with their GP, meaning Australians in rural and remote areas are likely to pay relatively more to see their GP.
- People living in remote and very remote areas already pay higher out-of-pocket costs on top of indirect costs such as longer travel times to reach their GP and income lost due to increased time away from work.
- This would also help recognise the additional services offered by rural GPs, who deliver services outside the normal scope of general practice to meet the needs of their community. They aren't currently recognised or appropriately remunerated for doing so.

Priority 3: Reinstitute Medicare rebates for long phone consultations

- People living in rural communities suffer from digital exclusion compared to people living in major cities in terms of access and affordability. This makes it very difficult for people living in these areas to use telehealth video consultations.
- Keeping Medicare rebates for phone consultations of any length is particularly important for rural and remote communities. Telehealth improves access to GPs, and people in remote areas are significantly more likely to report barriers to accessing GPs compared with other Australians.

Priority 4: Introduce a follow-up appointment with a GP within seven days of an unplanned emergency department visit or hospitalisation

- There is no formal process for people to see their GP following an unplanned hospital admission or emergency department visit.
- Patients who have a post-hospital visit with their GP within seven days of an unplanned hospitalisation have a significantly lower risk of readmission within 30 days.
- Potentially preventable hospitalisation rates increase by remoteness – the rate in very remote areas is 2.5 times higher than in major cities.

Priority 5: Strengthen rural healthcare

The RACGP is calling for investment in rural healthcare by:

- providing flexible procedural grants for GPs who provide both community GP services and hospital services
- increasing Workforce Incentive Programs with additional payments for those doctors who use additional advanced skills in the rural areas (scaled to rurality) to reward rural GPs
- providing access to the relevant speciality MBS items when a GP holds advanced skills in a rural area compensates GPs for gaining additional expertise
- providing additional funding for GP supervisors and general practices in rural and remote areas to support GPs in training.

Priority 6: Support International Medical Graduates

International Medical Graduates (IMGs) are an important part of our mix of future workforce. We want to attract and retain high quality IMGs. To achieve this, we are calling for a:

- reduction in red tape for highly qualified IMGs. We want to work with Department of Immigration, Ahpra and Medicare to fast-track those GPs who are ready and eager to meet rural workforce needs
- subsidising the training support program for IMGs through the RACGP's Fellowship Support Program, supporting IMGs achieving general practice specialist recognition across rural and remote Australia.

For more information, see the [RACGP website](#).