

Rural and Regional health

The Best of Health

The Best of Health. The Coalition Government believes that all Australians, wherever they live, should have access to high quality health care. The Coalition will continue to work hard to provide further services to rural and regional communities to strengthen Australia.

The Best of Health

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Executive Summary

Part 1 General Practice – Partnerships in Practice

The Coalition will:

- **Introduce Rural GP Retention Grants, providing \$50 million to help rural communities keep their doctors. This scheme will be administered by the Rural Doctors’ Association and the Rural**

Workforce Agencies, and be available to all doctors in small rural and remote towns.

Part 2 Local Needs – Local Solutions

The Coalition will:

- **Develop thirty new Regional Health Service Centres to provide a variety of health and communities services, investing \$41.6 million in regional and rural areas.**

Part 3 Training

The Coalition will:

- **Fund the establishment of a clinical school in Wagga to facilitate the transfer of a number of students from the University of New South Wales Medical, at a cost of \$13.2 million.**
- **Require Universities to meet a rural and remote quota of 25% for their medical students.**
- **Support the development of a new Medical School at James Cook University, based in Townsville, with an additional capital funding commitment of \$10 million.**

Labor's Record

A A New Era of Responsible Management

Over the past two and a half years, the Coalition Government has been working hard to ensure that all Australians, wherever they live, have access to good quality health care. The Coalition is working towards a solid, sustainable health system, not just the quick fix.

The Australian Labor Party introduced Medicare in 1984, yet did little to ensure access for Australians living outside the capital cities.

Labor allowed all medical graduates unfettered access to Medicare, even if they were not properly trained for general practice. This

resulted in an oversupply of insufficiently trained doctors working in city medical centres.

Labor ignored rural and remote Australia for thirteen years. There were no incentives for doctors to train or work in the country.

Properly trained doctors worked alongside doctors with no formal GP training, who were often able to earn a higher income through the practice of 'six minute medicine'.

This resulted in a decline in the standard of general practice – good quality family doctors, including rural GPs, were disadvantaged.

This loss of quality of general practice also resulted in a decline in the number of procedural GPs, country doctors who practised surgery, anaesthetics and obstetrics.

With fewer doctors undertaking a full range of general practice services, Australians living in some rural and remote areas had to travel long distances for treatment.

Highlights of the Government's Achievements

A A Strong Foundation

Upon coming to Government in March 1996, the Coalition recognised Labor's rural health crisis.

The First Howard/Fischer Government has met every health policy commitment made in 1996 to address Labor's mess.

The Government has given 600 pharmacies and their customers access to Medicare through the Coalition's Medicare Easy Claim. This boost to rural and regional Medicare access has been enormously successful, giving over a million Australians access to Medicare for the first time.

We have retained incentive grants for general practitioners to move to

rural areas, and increased their effectiveness by devolving responsibility to state Rural Workforce Agencies. Decisions about regional communities' health are no longer made in Canberra.

We have worked with Universities and Colleges to address the lack of rural-focussed training, with more students and trainees now receiving rural experience.

The Coalition has established seven University Departments of Rural Health, one extra than was promised, in Mt Isa, Geraldton, Alice Springs, Broken Hill, Launceston, Whyalla and Shepparton.

We have introduced John Flynn Scholarships to give around 600 medical undergraduates exposure to the challenges of country practice.

We have encouraged through tax incentives communities to put local students through university.

The Coalition has worked with Universities on selection practices for medical students, with an increase in the proportion of rural students in medicine to more than one in six, up from one in eleven.

We have maintained the Area of Need scheme for communities in need of overseas trained doctors.

We have funded locum projects, and made rural locums more attractive for new graduates. Many more locums are now available for overworked rural family doctors.

Through Coordinated Care Trials, and encouraging the use of nurse practitioners, suitably qualified nurses are now taking on a greater range of tasks in rural and remote areas. The Howard/Fischer Government has contributed \$1 million over three years for additional training measures to support nurse practitioners.

The Coalition Government has given a five year financial commitment to the Royal Flying Doctor Service – the first time the Flying Doctor has ever had secure long term funding. We have committed over \$82 million over this period. The Flying Doctors secure funding will deliver better services to families in rural and remote areas.

These initiatives have made a good start towards addressing the undersupply of doctors in rural and remote areas. In 1997 the number of rural doctors increased by 4% over the previous year, and the number of doctors practising in remote areas increased by more than

9%. This is the biggest increase in more than a decade.

However, more needs to be done. There is still a very large undersupply of health professionals outside the major cities. The Coalition will continue to work hard to address these challenges.

The Best of Health

A Introduction

The Coalition Government has a commitment to the health of rural, remote and regional Australia. Since being elected to Government in March 1996, the Howard/Fischer Government has been working hard to improve Australia's health system, with a particular focus outside the cities. There have been many worthwhile achievements over the last two and a half years, but more needs to be done.

Australia's health system represents an annual investment of over \$40 billion every year. Of this, the Commonwealth is spending over \$18 billion on health this year, states and territories about \$9 billion, and private spending is around \$13 billion.

The Coalition Government has increased spending in all health programme areas of the portfolio, including spending on preventative health, acute health care through general practice and public hospitals. The Health and Family Services Budget has grown by over \$3 billion in less than three years, from \$19.886 billion in 1995/96 to over \$23.169 billion in 1998/99.

The Commonwealth's spending commitments in health include major health spending such as Medicare, the Pharmaceutical Benefits Scheme and funding for public hospitals administered by the States and Territories. It also includes a number of smaller, yet important spending commitments, such as preventative health programmes, Aboriginal and Torres Strait Islander health, medical research and many others.

Australians living in rural, regional and remote areas do not access the same level of services as the majority of Australians living in the

cities. This situation has improved markedly since March 1996, and we are working hard to redress the balance.

B General Practice – Partnerships in Practice

During its first term, the Coalition Government commissioned two major reviews of General Practice. These reviews were conducted by members of the medical profession. Reports from these reviews were presented to the Government in March 1998.

The Government's response to these reports was very positively received and will provide strong direction for the future of general practice in Australia.

The previous General Practice Strategy, written by Jenny Macklin, was an ill conceived ideological document which was targeted toward Canberra bureaucracy rather than the interests of mainstream Australians.

The Coalition prefers to work in partnership with the profession to work on a plan for the future of family general practice.

Much progress has been made by the Coalition to strengthen General Practice.

One of the key recommendations of the recent General Practice Partnership review was a system of rural GP retention grants, to recognise long serving general practitioners in rural areas. The Coalition will commit \$50 million over four years to a grants programme, to be administered flexibly through state based, independent Rural Workforce Agencies.

Retention grants will recognise long serving rural GPs, and help provide an additional incentive for GPs to remain in rural areas.

The second Howard/Fischer Government will work with the profession to develop a grants process which takes account of local needs and the costs of working in rural and remote practices.

The Rural Doctors' Association and the Rural Workforce Agencies will construct a funding mechanism which automatically rewards doctors remaining in small rural and remote towns.

After two years of operation, the new programme will be reviewed to determine appropriate levels of funding and administration.

General Practitioners are essential in rural communities. While technological advances have diminished some of the professional isolation of only a few years ago, the value of rural GPs will never diminish. Since coming into government we have developed support structures for rural health professionals through a range of measures, including state based Rural Workforce Agencies, -increased training opportunities in rural Australia, and better communication links such as the digital Rural Health Education Foundation satellite network.

The Government appointed the General Practice Advisory Council to advise on the future of the partnership, including such issues as quality, definition, organisation, information technology, financing and rural health.

The Coalition believes that a strong, structured approach to the training of tomorrow's health professionals is vital to ensure Australia's health in future years.

C Local Needs – Local Solutions

Unlike Labor, the Howard/Fischer Government understands that local communities are best placed to know what type of health care they need. That's why co-ordinated care trials have been developed at the local level. The Government has devolved responsibility for GP incentives from Canberra to state based independent Rural Workforce Agencies, and allowed local Divisions of General Practice to make local funding decisions rather than relying on Labor's unresponsive system based in Canberra.

In March 1998 the Coalition produced the first ever information booklet to guide rural communities needing a doctor. The response to this booklet has been remarkable, as regional communities want to provide the best possible care for people in that area, and are prepared to make big efforts to do this. The Condobolin Shire, the case study cited in the booklet, *Rural Practice – A Step By Step Guide*, is one such example.

The Howard/Fischer Government has now established 29 Multi Purpose Services across Australia over the last three years, providing aged care services, accident and emergency facilities, child care,

preventative health services and more. These services have been well received by towns that require a range of health and community services.

To build further on this strong partnership between Governments and rural communities, the Coalition will provide \$41.6 over the next four years to establish a new network of Regional Health Service Centres in 30 rural communities across the country. These new improved services will include a number of services at one central location, such as GP services, aged care, child care, immunisation and other preventative health services. Each local community will be able to decide what range of services best suit the area.

Communities interested in hosting a Regional Health Service Centre will, in the first instance, approach their local Member of Parliament.

D Training Tomorrow's Health Professionals

Over the last three years the Howard/Fischer Government has been working hard with schools, Universities, specialist medical Colleges and the community to ensure we work together to provide more health services and doctors to rural and remote areas. We are proud of initiatives like enhanced incentives for GP training, University Departments of Rural Health, and John Flynn Scholarships for medical students. After 13 years of Labor, however, more needs to be done.

For almost a quarter of a century, people in northern Australia have been advocating the development of a medical school at the James Cook University at Townsville. This medical school has been promised by successive governments for years. Bill Hayden, Treasurer in the Whitlam Government, offered support then withdrew funding in 1975. Bob Hawke's promise of a medical school in 1983 turned out to be just another Labor election promise to buy votes.

The Howard/Fischer Government has finally delivered for north Queensland's health. The Coalition has already committed student places – the most important component of the James Cook University Medical School. Once James Cook University has a full complement of students, this will represent a financial commitment of over \$1.5 million per year.

In addition the Coalition Government will make \$10 million available to assist with the capital requirements of the establishment of the James Cook University Medical School, both in Townsville and surrounding regions.

A second Coalition Government will ensure that the James Cook University Medical School, when it meets accreditation standards, finally becomes a reality.

The Coalition believes that rural and remote area experience is vital to the career development of every health professional. To this end, we will also commit funding to the development of a Clinical School of Health to be developed with the University of New South Wales Medical School based at Wagga. This involves commitment of \$11.2m over four years, plus \$2 million of new funding for additional capital requirements.

This commitment will help develop a world first – a clinical school based outside a major metropolitan area which will help train doctors of the future in a rural community setting.

The Government is proud to be working with the University of New South Wales and the Wagga region on such an innovative proposal.

These two initiatives will help prepare doctors to work in rural and remote areas of Australia. It has been proven through Government commissioned research and the Rural Doctors' Association that medical students who have positive rural experiences as part of their training are more likely to practice in the country (Department of Health and Family Services 1998).