Rural health

Getting the levers right: a way forward for rural medicine

The government needs to develop better policies now to ensure a future for rural health care

Anyone who has spent time in the bush knows that if you have seen one rural town, you have only seen one rural town. Tamworth is not the same as Cooktown or Bendigo… or any of the towns in between.

Different locations across rural Australia vary in their level of attractiveness to doctors and what medical skills they may require. Regardless of a location's attractiveness, without appropriate support services and incentives, the next generation of doctors is more likely to gravitate towards urban general practice or specialist practice than towards the bush. This is worrying, given that the iconic rural doctors who have been the backbone of rural medical care for decades are fast approaching retirement.

Generational changes are influencing the working patterns of younger doctors. They are increasingly mobile and want to work fewer hours generally, and more sociable hours overall. Many are daunted by the responsibility and commitment associated with owning a practice. However, many younger doctors still want to provide holistic care for a community as well as individual patients. This is something that rural practice can deliver in spades.

To seal the deal in getting these doctors into rural practice, these generational changes must be reflected in medical workforce policies and programs. A coordinated effort across governments, service providers and professional groups is required. It may take time to respond to these more complex challenges, but key changes must be made at the federal level now if rural practice is to successfully recruit younger doctors into the future.

It is urgent that the federal government fix the Australian Standard Geographical Classification — Remoteness Area (ASGC-RA) system, which continues to be a dead weight for small rural towns in competing for doctors against larger regional locations. While ever a well resourced regional city like Townsville has the same remoteness classification as a small town like Gundagai — resulting in doctors in both locations receiving the same level of federal recruitment and retention incentives — small country towns will find it virtually impossible to compete. Incorporating the Monash Model — developed by Emeritus Professor John Humphreys and his colleagues at Monash University[1] — into a revised ASGC-RA system would mean rural towns are more realistically classified and have some chance of recruiting more doctors.

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doi: 10.5694/mja14.01293

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Larger rural towns need well trained specialists who can work across their disciplines rather than practising only within subspecialist areas. The medical colleges will need to identify strategies to train generalists within their specialties in rural areas to meet the needs of rural local health networks and their populations.

Government also needs urgently to reconsider rural general practitioner training strategies, particularly after the recent federal Budget. With the dismantling of General Practice Education and Training from the end of 2014, rural practices and medical graduates need clarity as to how rurally based GP training will be undertaken going forward.

If they are to help meet growing demand for rural GP training placements, rural practices will need to be better supported. This will be particularly important in ensuring that medical students who have undertaken their undergraduate studies in rural and regional areas can go on to undertake GP training in rural settings.

Similarly, the federal government should immediately reverse its decision to scrap the highly successful Prevocational General Practice Placements Program. This program has encouraged many medical graduates to take up careers as rural doctors.

But these are not the only problems affecting the future of GP training. Should the government's anticipated GP copayment lead to a significant drop in the number of consultations, many practices will decide against taking on GP registrars, leading to a significant drop in the availability of GP training opportunities.

To be sustainable into the future, our health system must shift its focus from specialist medicine and acute care beds to better supporting generalist and team-based community care that is accessible to all Australians, regardless of where they live. In rural and remote Australia, the focus must also be on making the path to rural practice both compelling and easily navigable for the next generation of doctors.

Achieving these outcomes will significantly improve health outcomes in the bush — and will significantly reduce the overall health budget — by ensuring that treatment can be provided closer to home for rural and remote Australians.

Competing interests: No relevant disclosures.

Provenance: Commissioned; not externally peer reviewed.

1 Humphreys JS, McGrail MR, Joyce CM, et al. Who should receive recruitment and retention incentives? Improved targeting of rural doctors using medical workforce data. *Aust J Rural Health* 2012; 20: 3-10. ❑