

**Submission  
No 45**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** The Royal Australian College of General Practitioners (RACGP) Rural  
**Date Received:** 19 October 2023



Select Committee on Remote, Rural and Regional Health  
NSW Parliament House  
6 Macquarie Street  
Sydney NSW 2000

Via email: [REDACTED]

Dear Dr. Joseph McGirr MP

RACGP Rural would like to thank the Select Committee on Remote, Rural and Regional Health for the opportunity to provide feedback on **the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.**

With over 24,000 rural members the RACGP Rural faculty represents 4 out of 5 rural GPs and our membership includes 9,542 Ahpra-registered specialist GPs across areas classified as MM 2 to MM 7 (regional, rural, and remote) according to the Modified Monash Model (MMM). Our commitment lies in cultivating a strong general practice profession and supporting patient-centred care and equitable health outcomes for all healthcare consumers.

RACGP Rural would like to take this opportunity to commend the Select Committee on Remote, Rural and Regional Health for conducting this inquiry into the implementation of Portfolio Committee No. 2 recommendations specifically relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health. RACGP has been extensively involved in the consultation process for the implementation of the outcomes of the Portfolio Committee No. 2 report. Please note that RACGP Rural has gathered feedback directly from members who have direct experience in the NSW Health workforce and the implementation of the recommended outcomes from Portfolio Committee No. 2.

Overall, it was found that workforce sustainability in rural and remote New South Wales continues to remain a key issue. Members acknowledge that there has been some movement towards a greater change in this area, however, further recommended that the Select Committee on Remote, Rural and Regional Health prioritise innovative models and vertical integration to ensure that these recommendations are implementable.

Notably, RACGP Rural members expressed significant concerns with the implications of the recent reinterpretations and the expansion of the payroll tax. RACGP has been active in advocating against imposing expanded payroll taxes and acknowledges the New South Wales government's recent announcement, pausing payroll tax audits to undertake further consultation. RACGP urges the Select



Committee on Remote, Rural and Regional Health to consider the implications that the introduction of these additional members would have on the ability to achieve the recommendations of the Portfolio Committee No. 2 report. RACGP and its members strongly believe that the implementation of these tax changes come at significant risk to not only practices, but the consumer. The unintended consequences of these tax measure place those living in rural and remote areas at a higher risk of receiving diminished care. Persistent historical disadvantages coupled with potential practice closures and higher costs for appointments place equitable healthcare further out of reach for rural consumers.

For further details relating to RACGP Rural's response to the inquiry, please refer to the attached submission.

We hope that you receive a rich and informative response to the inquiry. If you have any questions or wish to discuss RACGP Rural's response in further detail, please contact RACGP Rural Manager, Andrew Hayward on [REDACTED]

Kind regards



Associate Professor Michael Clements  
Chair – RACGP Rural Council.

## The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health.

### Executive Summary

Health outcomes for people living in rural and remote areas of Australia are inextricably linked with issues surrounding access and health equity. It is well established that those living in rural and remote areas are more likely to experience poorer health outcomes compared to those living in metropolitan areas.<sup>1</sup> Rural communities face higher burden of disease, yet also have the challenges of not having adequate access to the resources and services necessary for preventative and restorative care.<sup>2</sup> At the core of this issue is the impact of the social determinants of health on this demographic with unique and often complex care needs.

A supported and sustainable healthcare system is imperative to close gaps in healthcare access and equity and ensure every Australian has the same access to healthcare resources regardless of their postcode. To rectify these issues, it is important to implement long-term strategies that move towards building the workforce and infrastructure in these regions to accommodate complex and shifting health priorities while taking measures to closing the gaps in access and equity. A strong healthcare system is foundational to achieving these goals. RACGP Rural advocates for GP-led multidisciplinary healthcare teams to streamline rural health services and ensure continuity of care for consumers.

The recommendations outlined in the report by Portfolio Committee No. 2 have identified key opportunities in NSW Health to address issues of workforce shortages. It is imperative that there is a long-term commitment to adapting policies surrounding rural healthcare. RACGP found that the key themes that were discussed during the consultation process were surrounding the need for further exploration of innovative models to support the continued professional development of rural GPs, alongside supportive infrastructure to further enable healthcare interventions such as telehealth and

<sup>1</sup> Australian Institute of Health and Welfare. (2022). *Rural and remote health*. Retrieved from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

<sup>2</sup> Australian Institute of Health and Welfare. (2022). *Rural and remote Australians – Overview*. Retrieved from <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview#:~:text=Health%20inequalities%20in%20rural%20and,tobacco%20smoking%20and%20alcohol%20use>

palliative care for consumers. Members also acknowledged that due to the short time span between the recommendations from Portfolio Committee No. 2 it is not entirely possible to ascertain whether the recommendations have been implemented and if they are adequate for the respective communities.

## List of Recommendations

- NSW Health review the award agreements for rural GPs and locum GPs and take measures towards implementing pay equity for rural GPs
- NSW State government consider providing additional funding to upgrade infrastructure around telehealth services for rural and remote communities.
- NSW Health consider extending IPTAAS funding for instances where consumers require ongoing treatment
- NSW Health prioritise the implementation of Recommendation 13
- NSW Health consider opportunities for streamlining the accreditation process for VMOs and evaluate the viability of a state-wide accreditation process.
- NSW Health consider adding additional funding and opportunities for rural GPs to undertake non-procedural professional development to meet the evolving needs of rural consumers. This includes priority areas such as chronic disease management.

## Introduction

RACGP Rural would like to thank the Select Committee on Remote, Rural and Regional Health for the opportunity to provide feedback on **the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health**. Cultivating a sustainable and supported rural health workforce is imperative to ensuring that rural and remote communities gain health equity and improve overall health outcomes.

RACGP Rural has chosen to focus our response on the key issues of recruitment and training. Ensuring that the general practice workforce is skilled and supported are at the forefront of RACGP's strategic intent. Therefore, RACGP Rural will respond to the following terms of reference:

- b) staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)
- c) staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)

## **Staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)**

Workforce sustainability in rural New South Wales continues to be a key issue for RACGP Rural members in this region. Members have reported that attracting long-term GPs and trainees to the Western New South Wales region was still a critical concern for RACGP Rural members working in these communities.

The shortfalls in the GP workforce require a layered approach to raising and retaining a sustainable and supported GP workforce. Innovative models such as remote supervision to support rural GP training programs are all vital components to addressing the current and persistent GP workforce issues faced by rural and remote communities. RACGP members have suggested that further consideration must be given to cultivating the infrastructure to enable vertical integration in the teaching environment. Through applying innovative infrastructure to the teaching and learning environment for students, NSW Health will be able to ensure that students are able to work alongside GP registrars and healthcare teams, increasing the quality of care received by rural consumers and ensuring all aspects of the rural healthcare workforce are supported at all stages of their careers.

RACGP has been a strong advocate for innovative methods that are designed to bolster the GP workforce for rural and remote areas. In particular, RACGP have welcomed the introduction of the single employer model (SEM) to attract more people to a Rural Generalist pathway. Rural members note that there have been initial steps to implementing the SEM in rural areas, particularly Western New South Wales. RACGP have been active in consulting with the project team dedicated to the implementation of the SEM.

Additionally, members have expressed that there are significant opportunities in workforce management, including for pay equity and accreditation. During the consultation process, RACGP Rural members raised that inequity of pay for GPs who were taking additional shifts to support workforce shortages at local hospitals and health facilities. The discrepancy between local GPs and locum GPs who are being paid at a higher rate is reportedly impacting job satisfaction in rural and remote areas.

RACGP members working in rural New South Wales have expressed that virtual care models still need further consideration and improvement to be optimised for patient-centred care. Although virtual care is now established across New South Wales and does provide support to on-site clinicians, RACGP Rural Members have expressed that the issue lies with both infrastructure and availability of clinical support for these appointments. One member raised the issue of Medicare payments for

clinicians being unavailable for support and advocacy services for their patients during specialist appointments via telehealth. This critical provision was a billable item through Medicare until recently and can have impacts upon clinicians wanting to provide a seamless transition of care for their rural patients who may need these support services. In instances where patients require an advocate or additional support for these appointments and this service is unavailable, there is a serious risk of fragmentation of care for an already vulnerable population group. Additionally, the removal of telehealth allowances has resulted in greater instances of consumers having to pay for services that were previously bulk billed. It is well established that people in rural and remote areas have on average a lower household income.<sup>3</sup>

The financial changes to medical services for people living in these areas is still having persistent and ongoing impacts to their overall health. RACGP Rural notes that this is a national issue, however, it has impacted the ability for Recommendation 30 in particular to be delivered. RACGP Rural members have raised significant concern regarding how the expansion of payroll tax legislation will affect the cost of accessing appropriate care in rural and remote areas. Members feel that the proposed expansion to payroll tax has significant potential to close practices in rural areas and cause further attrition in the rural workforce. RACGP has been actively advocating against the expansions of payroll tax based on the potential unintended consequences this legislation may have on all consumers.

RACGP Rural members expressed that telehealth cancer care models have not been implemented. It was noted that service options including counselling were diminished for rural and remote patients, often in some areas completely unavailable. However, it was noted that other services for cancer patients in rural and remote New South Wales, including Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), was a vital resource that was accessible for consumers. In consultation, members further suggested that although the transportation assistance options were incredibly effective in providing financial support, many patients reported that the accommodation was a barrier. This was particularly pertinent for patients who were travelling to urban centres for extensive periods of time to access ongoing treatment.

#### **RACGP Recommends:**

- NSW Health review the award agreements for rural GPs and locum GPs and take measures towards implementing pay equity for rural GPs
- NSW State government consider providing additional funding to upgrade infrastructure around telehealth services for rural and remote communities.
- NSW Health consider extending IPTAAS funding for instances where consumers require ongoing treatment

<sup>3</sup> Australian Institute of Health and Welfare. (2022). *Rural and remote health*. Retrieved from <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>





## Staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)

RACGP Rural members have expressed that to the extent of their knowledge, Recommendation 13 has not been implemented. Members have raised issues with the fragmentation of the current process in rural areas for VMOs. In particular, members have suggested to be able to adequately implement Recommendation 13, there must be further changes made to streamline the process of accreditation for VMOs. The current accreditation process of registering to be a VMO in a particular local health district (LHD) is difficult, costly, and time consuming for those VMOs wanting to work across districts. Members have suggested that adapting the process to allow VMOs to register for a state-wide or trans-regional agreement would be more effective and assist in minimising workforce shortages.

RACGP Rural members noted that there is also an opportunity for further improvement in the implementation of Recommendation 14. Members have called for an increase in opportunities for rural GPs to engage in ongoing training to meet the evolving needs of rural communities. During the consultation process, members expressed the need for these opportunities to include non-procedural education. Members placed particular importance on the need for these opportunities to include chronic disease management due to the higher risk factors experienced by consumers in these areas. Additionally, it is noted that the RACGP has offered to set up a Memorandum of Understanding with NSW Health on how we can work together to support rural GP and rural generalist training. NSW Health was not ready to look at this in 2022 but has reopened the conversation recently. RACGP looks forward to future opportunities to work collaboratively with NSW Health, the NSW government, and other institutions to improve the quality of care for people living in remote and regional communities.

### RACGP Recommends:

- NSW Health prioritise the implementation of Recommendation 13
- NSW Health consider opportunities for streamlining the accreditation process for VMOs and evaluate the viability of a state-wide accreditation process.
- NSW Health consider adding additional funding and opportunities for rural GPs to undertake non-procedural professional development to meet the evolving needs of rural consumers. This includes priority areas such as chronic disease management.





**RACGP**  
Royal Australian College  
of General Practitioners

Healthy Profession.  
Healthy Australia.

## Conclusion

RACGP Rural thanks the Select Committee on Remote, Rural and Regional Health for their commitment to improving health outcomes for rural consumers and improving the conditions for the rural health workforce. RACGP Rural acknowledges the steps that have already been taken by NSW Health to achieve the recommendations proposed in the Portfolio Committee No. 2 report and notes that the achievement of these outcomes is an ongoing process. RACGP and the RACGP Rural Faculty look forward to opportunities that arise in the future to partner with NSW Health and the Committee to achieve these goals and take critical steps towards improving conditions and achieving health equity for rural and remote consumers living in rural and remote New South Wales.