

Remote and rural General Practice in Queensland

Policy Position

The Rural Doctors Association of Queensland (RDAQ) asserts General Practice is a fundamental component of our healthcare system. At the core of primary healthcare delivery, General Practice is the foundation of healthy individuals, healthy families and healthy communities.

All Queenslanders, regardless of remoteness and rurality, have the *right to access* quality primary healthcare. This is in accordance with the [Australian Charter of Healthcare Rights](#). Thriving General Practice in communities ensures people can access early, local, cost-effective, person-centred care, expert advice and navigation of the broader healthcare system, closer to home, and On Country, resulting in improved health outcomes.

General Practice is a distinct form of care that acts as a *pillar of our health system* to deliver wellbeing and improved health outcomes for our rural and remote communities. All levels of government have an obligation to contribute to equity of access to General Practice to deliver on this charter.

At its heart, General Practice's focus is the individual, and the provision of *person-centred care*. It is the relationships between General Practitioners and individuals, and General Practice and communities, that encourages and fosters preventative healthcare and the wellbeing of individuals and communities.

Remote and rural General Practice can offer deeply satisfying and rewarding professional opportunities for doctors and other health professionals. Rural GPs bring with them additional skills that assist the community including obstetrics, anaesthetics, mental health, palliative care and more.

This allows a broad range of health services, from birthing to end-of-life care, to remain within the community. In turn, attracting other health practitioners to the community on either a full-time, part-time or visiting basis such as physiotherapy, podiatry, psychology, and visiting medical specialists.

Key Principles

To address inequities in access to General Practice RDAQ is committed to:

1. Propagating consistent and positive messages regarding the central role of General Practice in rural and remote settings through education, experiences and exposures that are constructive and supported.
2. Calling for positive messaging from the state's health leaders and policy makers to recognise that General Practice is critically important to all Queenslanders, and that thriving General Practice ensures the hospital system can function at its best.
3. Encouraging community involvement and consultation in healthcare needs and delivery across private & public healthcare sectors.
4. Advocating for a nationally agreed program to improve rural General Practice attraction and retention and consistent policy drivers at every level of government.
5. Supporting and advocating for the development of attractive remuneration and training structures for doctors in rural areas, that have parity with hospital-based positions.
6. Promoting educational opportunities, peer support and networking with regional and tertiary centres; to foster, develop and improve ongoing relationships, upskilling opportunities, and patient experiences.

Strategies to address challenges for remote and rural General Practice

First Nations people

The gap in health outcomes and life expectancy between First Nations people and other Australians persists. The continuing disparity can be positively impacted by the provision of primary care that is informed and controlled by First Nations people.

RDAQ calls for:

- Increased access to medical and other healthcare training for First Nations people.
- Training in culturally safe practice across all levels.
- Culturally safe and accessible healthcare services across public, private and community-controlled sectors for First Nations people, wherever possible on country.

From fragmentation to multidisciplinary care

Healthcare delivery, regardless of location, is multifaceted. When delivered to rural and remote communities, care may involve multiple organisations across multiple regions as well as staff at a local level. The role of the general practitioner (GP) as care co-ordinator is therefore critical to ensure person-centred care.

RDAQ seeks to:

- Recognise that General Practice is team-based care. Practice-based nurses, allied health and administrative colleagues are essential, along with partnerships with community-based and hospital services.
- Encourage timely communication between healthcare providers that is fit for purpose, secure, person-centred, and respectful of consent and confidentiality.
- Gain recognition that workforce strategies must focus on supporting growth of rural General Practice. Role substitution will not adequately address the shortage of GPs in rural and remote areas and risks fragmenting and delaying care further.

Training & Workforce

Currently there are fewer doctors in training choosing General Practice as a career.

RDAQ calls for:

- Remote, rural and regional communities to be prioritised training sites at all stages of post-graduate training. These opportunities should be without loss of career opportunity, salary, or entitlements, and ultimately lead to a career as equally respected and remunerated as urban and non-GP specialities.
- A sustainable remote and rural medical workforce with flexible, collaborative and integrated approaches including:
 - Involving GPs in planning referral pathways.
 - Extending hospital admitting rights to GPs and encouraging participation in inpatient care.
 - Sharing workforce through offering Visiting Medical Officer (VMO) positions for community GPs, flexible Senior Medical Officer (SMO) positions and enhancing Medical Practitioner Private Practice (MPPP) options.
 - Offering single or primary employer models.

Funding

Small rural and remote communities are experiencing limited access to General Practice.

General practices are primarily privately owned businesses and, based on current government funding arrangements, the ability for these businesses to continue to provide services in smaller communities now and into the future is uncertain.

RDAQ seeks:

- Redress of inequity in funding and support mechanisms. These mechanisms need to provide flexibility for localised and responsive models based on community needs.
 - Recognition in funding arrangements of the contribution of multidisciplinary health professions including nursing, midwifery and Aboriginal and Torres Strait Health Workers in General Practice settings.
 - Adequate base funding for very small rural and remote communities to contribute to core infrastructure and facilitate attraction of general practitioners.
-

RDAQ emphasises that remote and rural General Practice in Queensland requires increased recognition and support, as well as new ways of thinking, models of service delivery and approaches to training and retention, to enable its viability and sustainability into the future.
