

9 May 2024

## More support sought for rural general practices this Budget

The Rural Doctors Association of Australia (RDAA) has urged the Federal Government to announce significant support measures for rural general practice in this year's Federal Budget, saying practices have become the 'meat in the sandwich' between increasing practice costs and patients who are struggling financially.

"Rural general practices are small businesses – and like any small business, they need to stay afloat" **RDAA President, Dr RT Lewandowski, said.**

"Between the rising cost of living – which is biting many low income rural and remote Australians – and significant practice cost increases, many rural general practices now need long-term support to ensure they can continue to provide crucial care for their communities into the future.



"The tripling of the bulk billing incentive has been great for many patients, and we commend the Government for this, however some important services like antenatal care, chronic care plans and mental health care plans have not been included.

"Appointments for chronic conditions (including mental health care) can take up significant practice time, so there is a direct impact on practices when these areas of care are not receiving additional support funding – particularly if patients would normally be eligible for the triple bulk-billing incentive should they present with other illnesses or health concerns that do attract the incentive payment.

"Importantly too, not including chronic care plans and mental health care plans under the triple bulk-billing incentive means patients for these consults will find it more difficult and expensive to access additional care from allied health professionals (like psychologists).

"RDAA has contributed to a range of reviews undertaken by the Albanese Government regarding primary care services, including the Kruk Review, Strengthening Medicare, Scope of Practice, Thin Markets and GP Incentives reviews. We are looking to this Budget to see where the Government will invest in order to progress the various recommendations of these reviews."

**Throughout the reviews, RDAA has put forward suggestions regarding the need for investment into systems that will facilitate multidisciplinary care, mobilise the medical workforce and support the viability of general practice in rural and remote communities. These include (but are not limited to):**

- A central repository for documentation relating to the employment, registration and credentialing of doctors, in order to better facilitate ease of movement of the medical workforce across multiple sites and reduce duplication and administrative burden.
- Simplification of the Medicare after-hours incentives to align with the operations of general practice and the needs of patients in rural and remote communities.

- A new funding model for rural and remote general practices to ensure the future viability of these essential services in country communities.
- Enhancements to systems to allow for real-time monitoring of patients' diagnostic test referrals to avoid duplication and provide best care to patients.

**Dr Lewandowski said a key pressure point for general practices continues to be the complexity for experienced rural GPs in receiving payment for the time spent supervising medical students and junior doctors in their practices.**

“Despite giving up a lot of their time to supervise and train the next generation of doctors, it is often a complicated process for experienced GPs to access supervision payments, and in some cases these payments are non-existent” **he said.**

“There are few people in healthcare or any other sector who would be expected to supervise and train others for no payment, or to have to navigate a complicated process to receive payments – yet this is exactly what is happening to experienced GPs who are supervising medical students, junior doctors, doctors from overseas who are new to Australian general practice, and trainee GPs or Rural Generalists.

“This is simply unacceptable and unfair, and doing nothing to support a viable future medical workforce for general practice, including in rural and remote communities.

“General practices must be better supported (and incentivised) to provide a training experience across the continuum of a future GP’s training period from medical student, prevocational doctor to registrar.

“At the moment that is simply not happening.”

**RDAA is also seeking from this year’s Budget:**

- Continued expansion of the John Flynn Prevocational Program, to provide more junior doctors with the chance to spend time in rural general practice, and experience the rewarding career path that rural general practice can offer.
- Expansion of MBS and PBS item number eligibility to Rural Generalists with relevant advanced skills.
- Expansion of the Workforce Incentive Program Medical Stream to non-GP Specialists, to better support these specialists who provide care closer to home for rural patients and ensure the viability of specialist services in the bush.
- A 10-site program to establish childcare centres in the grounds of rural or remote hospitals, with places accessible to healthcare workers (state and privately employed) or other critical community workers such as police.
- Expansion of RDAA’s Commonwealth Financial Support Calculator to include State-based incentives – this tool enables current and future rural doctors to determine the financial supports and incentives they may be eligible for, based on their own personal circumstances, depending on the rural or remote location they are already (or are considering) practising in.

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**RDAA’s Pre-Budget Submission is available [here](#).**

**A high resolution photo of Dr RT Lewandowski is available [here](#).**

**Available for interview:**

RDAA President, Dr RT Lewandowski

RDAA CEO, Ms Peta Rutherford

**Media contact:**

Patrick Daley on 0408 004 890