## Attachment A

| YEAR | COMMONWEALTH HEALTH POLICY |
|---|---|
| 1984 | *Establishment of the Medicare Scheme*<br>- For the provision of comprehensive medical and hospital cover for all Australians |
| 1985 | *Better Health Commission was established, which produced the Looking forward to better Health and Health for all Australians reports.*<br>- The reports drew attention to the inequalities in health status among different groups of Australians |
| 1992-93 | *Establishment of Divisions of General Practice*<br>- Support for GPs to improve the quality of service delivery at the local level |
| 1994-95 | *Launch of the first National Rural Health Strategy.* |
| 1995-96 | *The Department commenced funding of Aboriginal Medical Services* |
| 1996-97 | *Introduction of Section 19AB of the Health Insurance Act 1973*<br>- To influence the distribution of the medical workforce in rural and remote areas of Australia, ensuring communities have appropriate access to medical services |
| 1996-97 | *Establishment of the University Department of Rural Health (UDRH) program*<br>- Seven UDRHs established at this time, in Broken Hill, Mt Isa, Whyalla, Launceston, Alice Springs, Shepparton and Geraldton.<br>- The Regional Health Strategy of 2000-01, provided for three additional UDRHs to be established at Warrnambool, Tamworth and Lismore.<br>  - The 11th UDRH was established in Moe in 2006-07 |
| | *Commonwealth funding to the Rural Doctors Association Australia*<br>- for secretariat support and their contribution to rural and remote health policy |
| 1998-99 | *Establishment of Rural Workforce Agencies (RWAs) in each state and the Northern Territory.*<br>- funding is provided to RWAs to provide a range of activities and support to aid the recruitment and retention of GPs into rural and remote Australia. |
| 1999-00 | *Development of the Healthy Horizons Framework (1999 – 2003)*<br>- Developed in collaboration with the Rural Health Alliance, which in turn contributed to an increase in effort and resources towards rural and remote health.<br>A key aim of the framework was to engage all parties who have a role in improving the health of rural Australians |
| | *Establishment of Regional Health Services*<br>- to help small rural communities enhance access to primary health care and aged care services |
| 2000-01 | *Establishment of the Rural Clinical School (RCS) program* to encourage medical students to take up a career in rural practice by supporting them to undertake extended clinical training placements in rural locations.<br>- The development of the RCS Program has allowed construction and furnishing of teaching and learning facilities and student accommodation in dozens of rural and regional locations across Australia. |

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| | *Announcement of the Regional Health Strategy: More Doctors, Better Services*<br>- included the implementation of the Medical Rural Bonded (MRB) Scholarship Scheme which provides additional Commonwealth supported University places to first year students. |
| **2001-02** | *Establishment of the General Practice Education Training (GPET)*<br>- for the delivery of Australian General Practice Training (AGPT)<br>- the AGPT delivers a minimum of 50% of GP Registrar training places in regional, rural and remote areas |
| **2003-04** | *Healthy Horizons Framework: Outlook 2003-2007* was released.<br>- the revised Framework gave emphasis to contemporary issues, challenges and emerging priorities, focusing on the special needs of rural, regional and remote Australians.<br>- the report recognised that the establishment of relationships with metropolitan services and the development of national strategies and partnerships needs to be based on better information about the circumstances of people living in rural, regional and remote Australia, in order to respond more effectively. |
| **2004-05** | *Introduction of the Bonded Medical Places (BMP) Scheme*<br>- for the provision of funding to universities for more than 600 additional commencing Commonwealth supported medical school places each year, part of the Strengthening Medicare Package. |
| **2007-08** | *The Funding Agreement between the Royal Flying Doctors Service (RFDS) was upgraded in 2007 through to 2011.*<br>- The new funding agreement provides $223.4 million from 2011-12 to 2014-15. |
| **2008-09** | *Review of the Healthy Horizons*<br>- The review found that the Framework provided a useful guideline for action but that changes were necessary to reflect the contemporary issues in rural and remote health.<br>- |
| | *The Audit of Health Workforce in Rural and Regional Australia is undertaken by the Department* |
| | *COAG commitment to health professionals.*<br>- $1.1 billion invested in the health workforce to train more doctors, nurses and allied health professionals. |
| | *An initiative of COAG, Health Workforce Australia (HWA) was established to meet the future health system challenges facing Australia, by providing a health workforce that responds to the needs of the Australian community.*<br>- A national body, the HWA operates across the health and education sectors and is addressing Australia's critical health workforce planning, training and reform priorities.<br>- |
| | *National Health & Hospitals Reform Commission*<br>- establishment of the National Health and Hospitals Reform Commission to develop a long-term health reform plan for a modern Australia. |

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| **2009-10** | *Rural Health Workforce Strategy*<br>- A $134.4 million package to provide a range of financial and non-financial incentives to encourage doctors to move to and remain in, a regional, rural or remote location. Incentives include:<br>• relocation and retention incentives under the General Practice Rural Incentives Program<br>• scaling of return of service obligations for bonded medical students and overseas trained doctors<br>• scaling of incentive payments under the HECS Reimbursement Scheme<br>• locum schemes under the National Rural Locum Program.<br>• a communications strategy to inform the target audience of the benefits of working in a regional, rural or remote community |
| | *Establishment of the Specialist Training program (STP)*<br>- for the provision of training opportunities for specialist registrars outside the traditional metropolitan teaching hospitals.<br><br>The STP will double the current number of available specialist training posts in private community and rural settings from 360 in 2010 to 900 by 2014. |
| **2010-11** | *Health and Hospital Funding – Regional Priority round*<br>- $1.8 billion available for health infrastructure projects to improve access to essential health services for people living in regional, rural and remote Australia |
| **2011-12** | *National Health Reform*<br>Key components of the National Health Reform Agreement (and the related National Partnership Agreement on Improving Public Hospital Services and the National Healthcare Agreement 2011) that are directing the changes to Australia's health system include:<br><br>- a new framework for funding public hospitals and an investment of an additional $19.8 billion in public hospital services over this decade;<br>- a focus on reducing emergency department and elective surgery waiting times;<br>- increased transparency and accountability across the health and aged care system;<br>- a stronger primary care system supported by joint planning with states and territories and the establishment of Medicare Locals; and<br>- the Australian Government taking full policy and funding responsibility for aged care services, including the transfer to the Australian Government of current resourcing for aged care services from the Home and Community Care (HACC) program, in most states and territories except Victoria and Western Australia. |
| | *Establishment of Rural and Regional Health Australia (within the Department)*<br>- To assist Australians living in rural, regional and remote areas find information about Commonwealth health and aged care programs and services in their local area. |
| | *Introduction of Medicare Locals*<br>- For the coordination of primary health care delivery and tackle local health care needs and service gaps. |

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|---|---|
| | *National Strategic Framework for Rural and Remote Health*<br>- The identification of practical strategies to address key priorities, the Framework is a collaboration of Commonwealth, States and the Northern Territory governments. |
| | *Introduction of spatial reporting for the purpose of capturing and reporting Government expenditure by geographical location.*<br>- Health expenditure is estimated to be almost $48 billion in 2011-12 with almost $11 billion allocated in regional areas, almost $25 billion in non-regional areas and almost $12 billion in non-specific areas. |

## Attachment B

## GEOGRAPHICAL CLASSIFICATION SYSTEMS

The Department uses a range of remoteness classifications, sometimes in combination. Previous geographical classifications are briefly described in the tables below.

| Classification | Description |
|---|---|
| RRMA<br>Rural, Remote and Metropolitan Areas | • Developed in 1994<br>• Used 1991 census data and 1991 Statistical Local Areas (SLAs) boundaries<br>• The first widely available classification tool of its kind<br>• Not updated with latest available census data since 1994<br>• Based on a categories of non-metropolitan SLAs<br>• Distances between centres was calculated 'as the crow flies'<br>• RRMA classifications are:<br>**Zones** — **Classes**<br>Metropolitan — Capital cities; Other metropolitan centres (> 100,000 pop)<br>Rural — Large rural centres (25.000 – 99,999 pop); Small rural centres (10,000 – 24,999); Other rural areas (< 10,000 pop)<br>Remote — Remote centres (> 5,000 pop); Other remote areas (< 5.000 pop) |

| | |
|---|---|
| ARIA<br>Accessibility/Remoteness Index of Australia | • Developed in 1999<br>• Intended to replace RRMA<br>• Used 1996 census data<br>• Not updated with latest available census data since 1999<br>• Based on road distances to four service centres<br>  o A where the population is ≥ 250,000<br>  o B where the population is 48,000 – 249,99<br>  o C where the population is 18.000 – 47,999<br>  o D where the population is 5,000 – 17,999<br>• ARIA index values for 11,340 populated localities<br>• ARIA is interpolated to a 1 km grid of Australia with each grid location given a score between 0 and 12 (0 being highly accessible)<br>• ARIA classification:<br>**Class** — **Index value range**<br>Highly accessible — 0 – 1.84<br>Accessible — > 1.84 – 3.51<br>Moderately accessible — > 3.51 – 5.80<br>Remote — > 5.80 – 9.08<br>Very remote — > 9.08 - 12 |

| Measure | Description |
|---|---|
| GPARIA<br>GP Access/Remoteness Index of Australia | • GPARIA provides a measure of physical remoteness and access to services, social interaction and peer support<br>• Based on ARIA and hence on 1996 population census data but with a number of changes to ARIA methodology<br>• The four population centres are centres where :<br>  o the population is > 100,000<br>  o the population is > 18,000<br>  o the population is >5,000<br>  o the population is > 200 (the nearest 10 centres)<br>• GPARIA uses 6 retention categories rather than 5 for ARIA and thus with different index bands which area also different from those used for PhARIA<br>• Includes distance from a given location to the nearest five doctors with Medicare schedule fee income of > $50,000 in 1998 as a factor in weighting the score<br>• Also includes three further types of category adjustments |

| Measure | Description |
|---|---|
| ARIA+<br>Accessibility/Remoteness Index of Australia+ | • Latest version is the 2006 version, using 2006 census data<br>• Essentially an extension of ARIA<br>• Based on road distances to <u>five</u> service centres with the additional centre having a population of 1000 – 4,999<br>• ARIA+ underlies the ASGC-RA (see below) |

| Measure | Description |
|---|---|
| ASGC-RA<br>Australian Standard Geographical Classification – Remoteness Area | • Latest version is ASGC Edition 2006<br>• Developed by the Australian Bureau of Statistics as part of the Australian Standard Geographical Classification<br>• Based on ARIA+ 2006 version, that is, using 2006 census data<br>• ABS refers to ARIA+ as 'ARIA' in its publications<br>• Updated after each census (allow for lag time)<br>• ASGC classifications |

| **Remoteness Areas** | **ARIA Index value range** |
|---|---|
| Major cities of Australia | 0 – 0.2 |
| Inner Regional Australia | > 0.2 – ≤ 2.4 |
| Outer Regional Australia | > 2.4 – ≤ 5.92 |
| Remote Australia | > 5.92 – ≤ 10.53 |
| Very Remote Australia | > 10.53 |
| Migratory | (off-shore, shipping and migratory CDs) |

The previous classification used by the Department to determine rural and remote Australia was the RRMA classification system. RRMA is a complex, out of date and inconsistent geographic classification system for the following reasons:

- RRMA is based on 1991 Statistical Local Area (SLA) boundaries and 1991 Population Census figures.
- Significant population changes and urban expansion since 1991 mean that the remoteness of many localities is not correctly reflected by the RRMA classification system.
- Compared to the ASGC-RA system, where the remoteness structure will be updated each census.
- RRMA measures distances using the straight-line distance. This crude approach leads to anomalies when compared to the use of road distance in the RA approach.
- RRMA mixes measures of remoteness and town populations and this compromises its usefulness. Remoteness and population size are different dimensions that are often unrelated.

**Incorrect interpretation of RRMA**

The only valid measure of relative remoteness in RRMA is the distinction between the three zones – metropolitan, rural and remote. The seven categories in RRMA are not meant to be used as a continuous index although that is often how they are utilised. For example, RRMA5 areas are often treated as being more remote than RRMA4 areas.

A comparison was made between a transition to basing eligibility for rural programs on ASGC-RA 2-5 and a transition to RRMA 3-7 (as updated with 2006 Census data).

This analysis showed that there is one doctor (i.e. effectively no doctors) that would benefit from a transition to an updated RRMA compared to a move to ASGC-RA. Conversely, there are a significant amount of doctors and communities who have benefited from a transition to ASGC-RA compared to a move to an updated RRMA.

In addition, all GPs that lose eligibility for rural programs under a transition to ASGC-RA would also lose eligibility under a transition to an updated RRMA.

**Background on Remoteness Classifications**

Historically the Department has commissioned work to develop geographic and remoteness classifications starting with the Rural, Remote and Metropolitan Areas (RRMA) classification in 1994, which used 1991 Census data.

When concerns later arose about RRMA, the Department commissioned the development of a new remoteness classification, known as ARIA. ARIA was introduced in 1999 using 1996 Census data. The latest version of ARIA is ARIA Plus, which uses 2006 Census data.

In 2001, the Australian Bureau of Statistics released the Australian Standard Geographical Classification Remoteness Area standard (ASGC-RA). The Australian Standard Geographical Classification (ASGC) is a statistical geographical classification for the whole of Australia. Prior to 2001, the ASGC classified different parts of Australia in various ways (eg. major cities were "Major Statistical Regions"), but did not include a way of classifying areas by their level of remoteness.

This was addressed by the introduction of the AGSC-RA in 2001. The AGSC-RA now relies on ARIA Plus. Broadly, geographic areas with the same average ARIA remoteness score are grouped together into ASGC Remoteness Areas.

**Development of ASGC-RA**

Remoteness Areas (RAs) were derived from aggregations of ABS Collection Districts (CDs), which share common characteristics of remoteness. The RA classification includes all CDs, thereby covering the whole of geographic Australia.

Remoteness is calculated using the road distance to the nearest Urban Centre in each of five classes based on population size. The key element in producing the RA structure is the preparation of the Accessibility/Remoteness Index of Australia (ARIA+) grid – a statistical geography structure created by the National Key Centre for Social Applications of Geographic Information System (GISCA), Adelaide University, South Australia.

ARIA+ scores are first calculated for each Urban Centre, in 1km square grids. These are then added together, covering the whole geography of Australia. Each grid square carries a score of remoteness from an index of scores ranging from zero through to 15.

RAs are created by averaging the ARIA+ scores within CDs, then aggregating the CDs up into the 5 RA categories based on the averaged ARIA+ score.

**GISCA Review of ASGC-RA**

Since the introduction of the rural workforce incentive programs in 2010 concerns have been raised by key stakeholder groups that the classification system, which categorises communities into remoteness areas is disadvantaging some small rural communities across Australia.

In late 2010, the Department engaged GISCA in the University of Adelaide to investigate the 23 small communities that are classified within the same category as larger, better serviced, rural communities and provide advice. GISCA are the spatial experts in this field.

The review was completed by GISCA in early 2011 and identified that overall the ASGC-RA classification system is working well.

Sixteen of the 23 identified communities (69%) had positive improvements in GP FWE numbers which is consistent with the national trend. Of those, 5 communities have shown a significant improvement.

To better understand the actual impacts in these communities, the Department sought advice from Rural Workforce Agencies on the GP workforce situation for those 6 communities that have shown reductions in FWE numbers over the past year.

As part of our ongoing monitoring approach, the Department proposes to provide the Rural Workforce Agencies with these FWE statistics on a regular basis to help identify communities experiencing workforce supply problems and put in place appropriate strategies to address these issues.

Whilst the Government is aware that there is the potential in some rural areas containing large, well serviced centres, to create a disincentive for doctors going to smaller towns outside of these centres, the new classification system has only been in operation for just over twelve months. Boundary issues are not uncommon with that of any other geographical classification system.

**Attachment C**

## RURAL HEALTH WORKFORCE STRATEGY

In response to the audit and the subsequent review of rural health programs, the $134.4 million *RHWS* was announced as part of the 2009-10 Federal Budget. The strategy utilised several existing workforce programs and introduced a number of budget measures in the 2009-10 Federal Budget. The RHWS is underpinned by two key reforms:

- Transition of program eligibility to a new geographic remoteness classification system; and
- Scaling or gearing of incentives and return of service obligations to provide greatest benefits to the most remote communities where there is the greatest need.

**Overseas Trained Doctors (OTDs)**
OTDs and foreign graduates of an accredited medical school (FGAMS) working in private practice in Australia are generally subject to the Medicare provider number restrictions under section 19AB of the Health Insurance Act 1973 (the Act). Section 19AB of the Act restricts access to Medicare provider numbers, and requires OTDs and FGAMS to work in designated districts of workforce shortage (DWS) in order to access Medicare benefits. Scaling is a non-cash incentive offering OTDs and FGAMS opportunities to reduce the 10 year moratorium.

**Medical Rural Bonded Scholarship (MRBS) Scheme**
The MRBS Scheme provides scholarships, where recipients bound by a contract to work in rural and remote areas for up to six continuous years, less any credits obtained through the Scaling Initiative, once they have attained Fellowship.

**Bonded Medical Places (BMP) Scheme**
Under BMP Scheme, students who accept a place at medical school can enter into a Deed of Agreement with the Commonwealth. In doing so they commit to work in a DWS of their choice for a period of time equal to the length of their degree, less any credit obtained through the Scaling Initiative.

**HECS Reimbursement Scheme**
The HECS Reimbursement Scheme aims to promote careers in rural medicine and increase the number of doctors in rural and regional areas in the long term. The Scheme reimburses a proportion of a medical student's HECS debt for every year that they train or work in rural and remote communities. Under the scaling initiative, doctors can reduce the period for reimbursement of the cost of their medical studies from 5 years to 2 years, depending on the ASGC-RA location of their training or practice.

**General Practice Rural Incentives Program (GPRIP)**
GPRIP provides financial incentives for medical practitioners providing services in regional, rural and remote Australia and is comprised of a General Practitioner retention component, a Registrar retention component and a new rural relocation incentive grant.

**National Rural Locum Program (NRLP)**
The NRLP aims to maintain and improve access to quality medical care for rural communities by supporting the provision of locum relief to the rural obstetric (Specialist Obstetrician Locum Scheme), anaesthetic (General Practitioner Anaesthetic Locum Scheme) and GP (Rural General Practice Locum Program) workforce. The NRLP provides subsidised locum relief to eligible specialists and GPs to continue provision of services in rural communities.

**Rural Locum Education Assistance Program (Rural LEAP)**
Rural LEAP commenced in February 2010 and allows urban GPs to access the emergency medicine component of the Rural Procedural Grants Program in return for a commitment to undertake a four week (20 working days) general practice locum placement in a rural locality within a two year period.

**Attachment D**

## TARGETED RURAL PROGRAMS

*Service and Supply Programs*

**Dental Training Expanding Rural Placements (DTERP) Program**

Under the Dental Training Expanding Rural Placements (DTERP) Program, a total of $6.1 million (GST exclusive) is being provided over 2011/12-13/14 to six Australian dental faculties to improve rural access to dental services by expanding dental training in regional settings. These faculties are at the universities of Melbourne, Western Australia, Sydney, Queensland, Griffith and Adelaide. Funding is provided to support extended clinical placements in rural training settings for up to 30 full-time equivalent metropolitan dentistry students annually, representing five ongoing placements per university. Placements must be in ASGC-RA 2-5 areas.

**Rural Health Continuing Education (RHCE) Program**

The RHCE Program, through a competitive application process, provides grants to organisations and individuals. The program aims to develop and deliver training to support multi-disciplinary team-based primary care and increase access to continuing professional development for specialists and allied health professionals working in rural and remote areas of Australia. RHCE funding is provided in two streams. *RHCE Stream 1*: The Committee of Medical Presidents administers RHCE Stream 1 funding to support medical specialists in AGSC RA 2-5 areas with priority given to applicants from AGSC RA 3-5 areas.

*RHCE Stream 2*: The National Rural Health Alliance administers RHCE Stream 2 funding to support allied health professionals, nurses, General Practitioners and Aboriginal and Torres Strait Islander health workers in rural and remote Australia. The RHCE Program also provides funding to the Rural Health Education Fund (RHEF) to produce, broadcast and distribute live and pre-recorded television-based continuing professional education for allied and medical health professionals in rural and remote Australia. Each program is made available on DVD.

**Rural Health Multidisciplinary and Training Program**

The Rural Health Multidisciplinary Training (RHMT) Program funds a number of initiatives to facilitate the education and training of medical, nursing and allied health students in rural and remote regions. These initiatives are designed to encourage the recruitment and retention of rural and remote health professionals by:

- funding universities to support undergraduate medical, nursing and allied health students to experience clinical training in rural and remote regions;
- supporting health professionals who are currently practising in rural settings by providing education, training and support and promoting research into rural and remote health issues and
- promoting rural heath professions to high school students.

**Mental Health Services in Rural and Remote Areas (MHSRRA) Program**

The MHSRRA Program funds Divisions of General Practice (which will transition in full to Medicare Locals by 1 July 2012), Aboriginal Medical Services and the Royal Flying Doctor Service for the delivery of mental health services throughout rural and remote Australia by appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

The program provides funding for mental health professionals in rural and remote communities that would otherwise have little or no access to mental health services, and is designed to address inequities in access to the Medicare Benefits Schedule (MBS) by targeting areas where access to MBS-subsidised mental health services is low.

**Telehealth**

A more modern initiative to increase supply of medical services in rural and remote areas is the Telehealth initiative. Telehealth is aimed at improving access to specialist medical care in remote, regional and outer metropolitan areas, enabling patients to see a specialist without the often significant time and expense incurred in travelling for a face-to-face consultation.

On 1 July 2011 the Government's 2010 election commitment *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations* was implemented through the introduction of Medicare benefits for video consultations (across the full range of medical specialties) for patients in rural, remote and outer metropolitan areas, and patients at Aboriginal Medical Services and residents of aged care facilities in all areas. This proposal has total funding of over $620 million from 2010-11 – 2014-15.

**National Rural and Remote Infrastructure Program (NRRHIP)**

The NRRHIP has been designed to improve opportunities for partnerships and multidisciplinary approaches to the delivery of health care in rural and remote communities through better access to funding for infrastructure.

The NRRHIP provides funding for the provision of essential health infrastructure (capital works and equipment), thereby supporting the establishment of new, or enhanced health services. Funding is also available for strategic service planning for small rural private hospitals.

In 2011-12, $10 million is available for this program. Grants can be up to a maximum of $500,000 for eligible applicants seeking to provide services in rural and remote communities in ASGC-RA 2 to 5 areas with a population of up to 20,000.

**Royal Flying Doctor Service (RFDS)**

The Australian Government funds the RFDS to provide 'traditional' services (health care clinics, primary aero-medical evacuations, medical chests and remote consultations) in rural and remote Australia (NSW, QLD, SA, WA and NT from Tennant Creek to the SA border). In Tasmania, the RFDS provides several medical chests.

A new four-year agreement from 1 July 2011 to 30 June 2015 will provide $223.4 million for traditional services.

**Rural Women's General Practice Service (RWGPS)**
The RWGPS aims to improve access to primary health care services for women in rural and remote Australia, who currently have little or no access to female GPs, by facilitating the travel of female GPs to these communities. The RWGPS is open to all members of the community, including men and children. The RWGPS is auspiced by the Royal Flying Doctor Service (RFDS).

As a result of the Strategic Review of administrative arrangements in the Portfolio, the RWGPS will be consolidated into the Rural Health Outreach Fund through the Department. The Department is working with the RFDS to transition services over a two-year period to 30 June 2013.

**Rural Primary Health Services (RPHS) Program**
The RPHS program funds a range of organisations – state health entities, local government, Indigenous health services, Divisions of General Practice and other non-government organisations,to provide supplementary primary and allied health care services in rural and remote communities. The actual services delivered depend on the identified needs of the target communities.

The Preventative Health Initiative (PHI) provides funding for community capacity building activities across all States and the Northern Territory.

As a result of the Department's Strategic Review, from 1 July 2011, the RPHS and PHI programs have been consolidated into the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals* Flexible Fund. This fund will consolidate funding provided to Medicare Locals and other primary health care organisations for the delivery of a range of initiatives, including the RPHS.

The Fund will provide Medicare Locals with increased flexibility to respond to health and ageing priorities as they emerge, as well as the potential to address the difficulty in recruiting and retaining suitably qualified staff for primary health care service delivery in rural and remote areas

**Medical Specialist Outreach Assistance Program (MSOAP)**
The MSOAP was introduced in 2000 to improve access to medical specialist services for people living in rural and remote Australia. This is achieved by addressing some of the financial disincentives incurred by the medical specialist. Funds are available to cover a range of costs such as travel, meals, accommodation, facility fees and administrative support at the outreach location.

The MSOAP has an annual appropriation of approximately $19 million. In 2010-11, more than 1,300 MSOAP services were provided.

In recent years, the MSOAP has been expanded to target unmet needs in the areas of Aboriginal and Torres Strait Islander health, maternity services and eye health. MSOAP - Indigenous Chronic Disease has introduced multidisciplinary teams, comprising specialists, general practitioners (GPs) and allied health professionals, to

better manage complex and chronic health conditions in rural and remote Indigenous communities. A total of $54.4 million has been provided over four years to 2012-13. More than 540 services were provided in 2010-11.

MSOAP - Maternity Services will increase access to a range of maternity services for women and their families in rural and remote Australia for the duration of pregnancy, confinement and the post natal stage. A total of $10.6 million has been provided over 3 years to 2012-13.

MSOAP - Ophthalmology will increase the number of ophthalmology services delivered to people in rural and remote Australia. A total of $5 million has been provided over four years to 2013-14.

**Visiting Optometrists Scheme (VOS)**
The VOS aims to improve the eye health of Australians living and working in remote and very remote areas, and rural communities with an identified need for optometric services.
To achieve this, the VOS addresses some of the financial disincentives incurred by optometrists providing outreach services, with funding provided for costs that include travel, accommodation and meals, facility fees and administrative support at the outreach location, locum support, lease and transport of equipment and an absence from practice allowance to compensate for the loss of business opportunity due to time spent travelling to and from an outreach location.

Under the core VOS, around $8.6 million is available from 2011-12 to 2013-14. The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure will provide an additional $7.1 million from 2011-12 to 2013-14 to provide increased optometry services for people living and working in Aboriginal and Torres Strait Islander communities.

In 2011-12, the VOS funds 69 optometrists, who plan to deliver services to 430 locations with approximately 30,800 patient contacts.

**Remote Area Health Corps (RAHC)**
Under the Expanding Health Services Delivery Initiative (EHSDI), Aspen Medical Pty Ltd was contracted in October 2008 to establish and run the Remote Area Health Corps (RAHC).

RAHC was established to recruit urban-based health professionals on short-term placements in the Northern Territory to increase access to comprehensive primary health care services for remote indigenous communities.

The RAHC commenced operations on 17 October 2008 and, as at 25 November 2011, had placed a total of 1,206 health professionals. The proportion of health professionals deployed was as follows:

| | |
|---|---|
| General Practitioners | 14% |
| Registered Nurses | 51% |
| Allied Health | 11% |
| Dental | 24% |

### *Education and Training Programs*

The Commonwealth Government recognises the important role that students play in the future supply of health professionals in rural areas. Medical schools and medical student numbers have increased significantly from 2006. Medical student numbers have risen from a total of 10,849 (8,768 domestic) in 2006 to 15,397 (12,946 domestic) students in 2010.

*Medical Students and the Future Rural Medical Workforce*
Increased allocations of Commonwealth supported medical places over the last decade have been accompanied by measures to address workforce shortages in rural areas. For example, under the aforementioned Bonded Medical Places Scheme, 25% of a university's commencing medical places are bonded to a return of service in areas of workforce shortage. There are also 100 commencing medical places each year available under the Medical Rural Bonded Scholarship Scheme. In addition, rural education programs expose medical students to rural practice and are supported through Rural Clinical Schools.

When medical graduate numbers start to plateau from 2014 onwards (at around 3,800), Australia will have more than doubled graduates over a decade, and almost tripled graduate numbers from 2001.

*Rural background of medical students*
Data published for the first time in the 14th Medical Training Review Panel Report demonstrates the numbers of commencing medical students from rural backgrounds, by university and state/territory. The following table indicates those universities (shaded green) to have achieved a proportion of commencing medical students from rural backgrounds of greater than 25%.

**Table: Commencing domestic students with a rural background [a] by state/territory 2010**

| | Male | Female | Total | Proportion domestic students (%) |
|---|---|---|---|---|
| | | **New South Wales** | | |
| Newcastle/UNE | 31 | 43 | 74 | 37.9 |
| Notre Dame Sydney | 10 | 16 | 26 | 24.1 |
| Sydney | 12 | 17 | 29 | 13.0 |
| UNSW | 26 | 37 | 63 | 29.3 |
| UWS | 0 | 0 | 0 | 0.0 |
| Wollongong | 8 | 12 | 20 | 27.0 |
| **Total NSW** | **87** | **125** | **212** | |
| | | **Victoria** | | |
| Deakin | 17 | 17 | 34 | 25.4 |
| Monash PG | 12 | 11 | 23 | 32.9 |
| Monash UG | 17 | 28 | 45 | 17.9 |
| **Total Vic** | **46** | **56** | **102** | |
| | | **Queensland** | | |
| Bond | na | na | na | na |
| Griffith | 22 | 19 | 41 | 26.3 |
| Queensland | 14 | 10 | 24 | 7.5 |
| James Cook | 33 | 43 | 76 | 41.8 |
| **Total Qld** | **69** | **72** | **141** | |
| | | **Western Australia** | | |
| Notre Dame WA | 8 | 8 | 16 | 15.4 |
| UWA PG | 1 | 9 | 10 | 15.9 |
| UWA UG | 18 | 19 | 37 | 25.3 |
| **Total WA** | **27** | **36** | **63** | |
| | | **South Australia** | | |
| Adelaide | 6 | 12 | 18 | 9.7 |
| Flinders | 9 | 17 | 26 | 21.3 |
| **Total SA** | **15** | **29** | **44** | |
| | | **Tasmania** | | |
| Tasmania | 15 | 22 | 37 | 35.9 |
| | | **Australian Capital Territory** | | |
| ANU | 7 | 8 | 15 | 16.0 |
| **Total** | **266** | **348** | **614** | **20.9** |

**UG - undergraduate** **PG - postgraduate**

(a) Based on RRMA classification in which RRMAs 3 to 7 are categorised as rural and remote areas.

Source: Medical Deans Australia and New Zealand Inc

Note: The University of Melbourne is absent from the table above because the University did not have any intake into medicine in 2010. This was part of the transition to a new medical program from 2011.

## Rural Health Multidisciplinary Training (RHMT) Program

The Government's Rural Health Multidisciplinary Training (RHMT) Program is providing $386.8 million (GST exclusive) over the next three years from 2011-12. The RHMT encompasses a number of initiatives that facilitate the education and training of undergraduate medical, nursing and allied health students by supporting clinical training in rural and remote settings. These initiatives include: the Rural

Clinical and Training Support (RCTS) program, University Departments of Rural Health (UDRH) program, Dental Training Expanding Rural Placements (DTERP) program and John Flynn Placement Program (JFPP).

*Rural Clinical Training & Support Program (RCTS)*
The RCTS Program is a merger of the Rural Clinical Schools (RSC) Program and the Rural Undergraduate Support and Coordination (RUSC) Program. The RCTS commenced in July 2011. The RCTS Program will receive over $288.1 million (GST exclusive) over 2011-12 to 2013-14.

The program provides targeted funding to participating Australian medical schools in a number of key areas, including: rural student selection; the enhancement of support systems for students and rural medical educators; and the provision of structured rural placements for all Australian medical students. The RCTS Program targets include the following requirements: 25% of Australian medical students are to undertake a minimum of one year of their clinical training in a rural area, as defined by the ASGC-RA 2-5 by the time they graduate; 25% of Commonwealth Supported medical students are to be recruited from a rural background; and all Commonwealth Supported medical students must undertake at least four weeks of structured residential rural placement in an ASGC-RA 2-5 area.

*University Department of Rural Health (UDRH)*
The UDRH Program is a multidisciplinary rural education and training, research, professional support and service development initiative. The program provides funding to participating universities to maintain rural educational infrastructure at a range of sites throughout Australia. There are 11 UDRHs across Australia - at least one in each State and the Northern Territory. The UDRH Program will receive over $68.3 million (GST exclusive) over 2011-12 to 2013-14.

The UDRH Program aims to increase the recruitment and retention of rural health professionals by providing medical, nursing and allied health students with opportunities to practice clinical skills in a rural environment. It also supports health professionals who are currently practicing in rural settings by providing education, training and support and promoting research into rural and remote health issues.

In 2010, 4,609 undergraduate students of health disciplines undertook a rural clinical placement of at least two weeks duration through the UDRH Program.

*John Flynn Placement Program (JFPP)*
The objective of the JFPP is to increase the number of doctors in rural and remote communities by providing financial support to enable medical students to form a long-term relationship with a rural community and to gain a better understanding of rural medical practice and non-metropolitan health services. The placement is for two weeks each year over four years. The JFPP is currently administered by the Australian College of Rural and Remote Medicine (ACRRM). The funding for 2011-12 is $4.2 million.

**Specialist Training Program**
The Specialist Training Program was established following the 2009-10 Budget as a consolidation of a number of specialist training initiatives. The program provides training opportunities for specialist registrars outside traditional metropolitan teaching hospitals.

As part of the *Hospital and Health Reform* package announced on 15 March 2010, the STP will more than double the current number of available specialist training posts in private, community and rural settings from 360 in 2010 to 900 by 2014. The Government has invested $356.8 million over four years to bring about this major expansion. Just under 50 per cent of 2011 STP training posts are either wholly in rural areas or involve a rural rotation. There were 518 STP training posts in 2011, increasing to 600 posts in 2012.

**National Rural Health Student's Network (NRHSN)**
Funding is provided to the NRHSN to promote rural health practice to students and represent and support university students who have an interest in rural health.

The NRHSN is the national network, representing and supporting 29 university student rural health clubs around Australia. All members (approx. 9,000) of the student clubs are members of the NRHSN. All clubs are regarded as multidisciplinary.

Rural health clubs provide a support and information mechanism for students who have an interest in future rural practice, as well as supporting inter-professional learning and a multidisciplinary approach to health care. Rural health clubs also play a key role in promoting rural health careers to primary and secondary students in rural areas. Club activities include rural high school visits and participation in Indigenous Community Festivals.

**Australian General Practice Training Program (AGPTP) and Prevocational General Practice Placements Program (PGPPP)**
The AGPTP and PGPPP are general practice training programs, which are delivered under a regionalised training model that allocates a minimum requirement of 50% of the placements to RA 2-5 locations. These programs are managed by General Practice Education and Training Ltd.

Both of these programs are experiencing significant growth in placements as a result of recent Government announcements that will see the number of AGPT registrars increase from 675 in 2009 to 1,200 from 2014 onwards, and the number of junior doctors placed in the PGPPP increase from 380 in 2010 to 975 placements from 2012 onwards.

By placing more trainee GPs in rural and regional locations, it is expected that they will be more likely to take up positions in theses areas once they gain Fellowship.

**Remote Vocational Training Scheme (RVTS)**
Commencing in 1999, the RVTS, managed by the Remote Vocational Training Scheme Limited, is a vocational general practice training program for medical practitioners in remote and isolated communities throughout Australia. The RVTS

provides GP training towards Fellowship for doctors already practicing in rural and remote areas, generally in locations where it would not be possible to access the Australian General Practice Training (AGPT) program. The program is particularly targeted at doctors working in solo practice, allowing them to remain in their community throughout their training, ensuring continuity of service.

The RVTS supports 22 doctors per year practicing in some of Australia's remotest locations. The Scheme delivers structured distance education and supervision to doctors while they continue to provide general practice medical services to remote and/or isolated communities.

**Voluntary Dental Intern Program (VDIP)**

The VDIP was announced in the 2011-12 Commonwealth Budget. The VDIP will support the introduction of 50 voluntary intern places per annum from 2013. Where possible the VDIP will facilitate placements of dental interns in areas of need, such as rural and regional areas, noting that the distribution of placements throughout Australia will be influenced by a variety of factors including jurisdictional and local capacity and resources and advice from relevant stakeholders.

**Attachment E**

## Targeted Rural Health Programs listed on the Rural and Regional Health Australia website.

- Royal Hobart Hospital Redevelopment
- Health and Hospitals Fund - Round 3 Regional Priority Round
- Grafton Hospital Redevelopment
- Investment in Tasmanian Health - Improved Patient Transport
- Mersey Hospital Management and Operation
- Mobile Dental Services (Closing the Gap - Indigenous dental services in rural and regional areas)
- Woomera Hospital Redevelopment
- Health and Hospitals Fund - Round 2 Regional Cancer Centres
- Expansion of sub-acute funding in multi-purpose services (MPS)
- Improving Access to Primary Care Services in Rural areas CoAG s19(2) Exemption Initiative
- Continuing Education & Training Support
- GP Procedural Training Support Program
- Multidisciplinary Rural Training Network - Rural Clinical Training & Support
- Multidisciplinary Rural Training Network - University Departments of Rural Health
- Multidisciplinary Rural Training Network - John Flynn Placement Program
- Multidisciplinary Rural Training Network - Dental Training Expanding Rural Placements (DTERP) Program
- Remote Vocational Training Scheme
- Rural Australia Medical Undergraduate Scholarship
- Specialist Training Program (STP)
- Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations
- NT Medical School
- Australian General Practice Training Program (AGPT)
- Prevocational GP Placements Program
- National Rural and Remote Health Program
- Rural Nurse Locum Scheme and the Rural Allied Health Locum Scheme
- Bonded Medical Places Scheme
- Medical Rural Bonded Scholarships
- Specialist Training Support Scheme
- Nursing and Allied Health Scholarship and Support Scheme - Allied Health Scholarship Support
- Quality Assurance for Aboriginal Medical Services (QAAMS)
- Connecting health services with the future: Modernising Medicare by providing rebates for online consultations (Telehealth)
- Higher Bulk Bill Incentives in Regional, Rural and Remote Areas - Tasmania and Metropolitan Areas
- National Illicit Drug Strategy - Youth Wellbeing Program
- COAG Mental Health - Mental Health services in Rural and Remote Areas

- Better Access to Psychiatrists, Psychologists and GPs through Medicare Benefits Schedule initiative - Professional Development
- Indigenous Aged Care Workforce Employment and Training Funding
- Expanding the Outreach and Service Capacity of Indigenous Health Organisations
- Substance Use - Combating Petrol Sniffing
- Torres Strait Health Protection Strategy - Saibai Island Primary Healthcare Clinic
- Substance Use (COAG 06/07)
- Remote Service Delivery (Including Closing the Gap in the Northern Territory) Indigenous health and related services
- NT Renal Access Program
- NT Remote Health Workforce Child Abuse Training and Development
- Remote Area Health Corps (RAHC)
- Closing the Gap - Northern Territory - Dental Program
- Mobile Outreach Service (MOS) Plus - NT Only
- Surveillance - Torres Strait Health Protection Strategy-Mosquito control
- Practice Incentives Program (PIP) & General Practice Immunisation Incentive (GPII) - Practice Nurse Incentive
- Practice Incentives Program (PIP) & General Practice Immunisation Incentive (GPII) - Procedural General Practitioner Payment
- Practice Incentives Program (PIP) & General Practice Immunisation Incentive (GPII) - Rural Loading Incentive
- Practice Incentives Program (PIP) - Domestic Violence Incentive
- Multidisciplinary Rural Training Network - Rural Education Infrastructure Development (REID) Pool
- Multidisciplinary Rural Training Network - Dental School Charles Sturt University
- Tamworth Medical Training & Education Facility
- Medical Specialist Outreach Assistance Program(MSOAP)
- Indigenous Health Professionals Outreach Teams MSOAP ICD
- Medical Specialist Outreach Assistance Program - Maternity
- Medical Specialist Outreach Assistance Program - Opthamology Services
- National Rural and Remote Health Infrastructure Program (NRRHIP)
- Rural Primary Health Services Program
- Rural Womens GP Services (RWGPS)
- Royal Flying Doctors Service
- Visiting Optometrists Scheme
- Practice Nurse Incentives Program (PNIP)
- International Recruitment Strategy
- Workforce Support for Rural General Practice
- National Rural Locum Program - The Rural General Practitioner Locum Program (RGPLP)
- Rural and Remote General Practice Program (element under the GPITS GP Workforce program)
- Rural Locum Education Assistance Program Procedural Training Program - Urban Doctors
- The Rural Procedural Grants Program
- National Rural Locum Program - Specialist Obstetrician Locum Scheme
- General Practice Rural Incentives Program (GPRIP) – GP Component

- General Practice Rural Incentives Program (GPRIP) – Registrars Component
- General Practice Rural Incentives Program (GPRIP) – Rural Relocation Incentive Grant
- HECS Reimbursement Scheme
- Medicare Plus for Other Medical Practitioners Program
- Rural Other Medical Practitioners Program
- National Rural Locum Program - The General Practitioner Anaesthetists Locum Scheme (GPALS)
- Additional Assistance Scheme
- Five Year Overseas Trained Doctor (OTD) Scheme
- OTD Scaling
- Rural Locum Relief Program
- 19AA of the *Health Insurance Act 1973*
- 19AB of the *Health Insurance Act 1973*
- DoctorConnect
- Districts of Workforce Shortage (DWS) and Preliminary Assessment
- Closing the Gap - PBS Co-Payment Measure
- PBS Other - Section 100 & Other - Remote Aboriginal Health Services Program
- Home Medicine Review Rural Loading