



## Guaranteeing Medicare – Rural health workforce

The Australian Government is investing \$123 million to ensure the necessary health workforce is available to improve the health and wellbeing of all Australians. These measures support the delivery of health services especially in regional, rural and remote areas of Australia and will significantly benefit many communities and their residents.

This investment further builds on and supports the implementation of the Government's ten year Stronger Rural Health Strategy.

Key measures include:

- \$65.8 million to progressively increase the Rural Bulk Billing Incentive to doctors working in rural towns and remote areas (see separate fact sheet, *Guaranteeing Medicare - Improved patient care through Rural Bulk Billing Incentives*).
- \$12.4 million through the John Flynn Prevocational Doctor Training Program to almost double the number of rural primary care rotations for prevocational doctors (see separate fact sheet, *Guaranteeing Medicare - John Flynn Prevocational Doctor Program*).
- \$9.6 million to expand the Allied Health Rural Generalist Pathway (AHRGP) to attract and retain allied health professionals in rural and remote communities through an additional 90 workplace training packages, including up to 30 packages for Aboriginal Community Controlled Health Organisations. This will also include incentives for practices to employ and train up to 30 rural allied health assistant trainees.
- \$300,000 for the development of a new streamlined program to support rural generalist GPs to maintain their range of advanced skills and encourage them to practice in rural and remote communities. This work will explore options to streamline the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments.
- \$29.5 million for an innovative funding pool for non-GP medical specialist training from 1 January 2022. This will fund activities such as trials of networked training models, supervision models, and transition of junior

specialists to practice in rural settings, and continued professional development for rural medical specialists.

- \$2.2 million to expand the collaborative primary care models, currently running in 5 rural communities in western and southern NSW. A competitive grant program will be created to extend trials into rural communities in other states and territories.
- \$3.8 million for the full implementation of the Bonded Return of Service System (BRoSS), to support Bonded Medical Program (the Program) participants in self-managing and completing their Return of Service Obligation. The Program supports more Australian-trained doctors in areas of workforce shortage, particularly in regional, rural and remote Australia.

### Why is this important?

These measures will alleviate workforce shortages, extend investment in rural training and help to build a sustainable health service in regional, rural and remote Australia.

Attracting and retaining early career allied health professionals in rural and remote Australia will address the uneven distribution of the allied health workforce delivering services where they are needed.

GPs with non-procedural skills are critical to meeting rural and regional community needs and improving health outcomes. The development of a new model, streamlining the RPGP and PIP will support GPs to maintain their skills and stay in regional, rural, and remote Australia.

The Government's new innovative funding pool will help target investment in non-GP medical specialist training by providing increased flexibility to support and promote growth in specialist medical training in settings where the workforce is needed. It will deliver on the Government's priority to increase rural training capacity and better balance the supply and distribution of medical specialists.

The expansion of the Innovative Models of Primary Care in more rural communities will improve access to healthcare and alleviate workforce pressures by addressing these issues across multiple interconnected communities, while reflecting the unique needs of those communities.

The full implementation of BRoSS will support hundreds of new medical students each year, and thousands of legacy participants to transfer to the Bonded Medical Program, improve knowledge of the program, and manage their return of service obligations.

### Who will benefit?

Many of these measures will provide significant flow-on benefits for patients, including better access to healthcare and access to practitioners with a broader range of skills. Special priority is being given to high need areas such as rural and remote communities, Aboriginal and Torres Strait patients and areas with higher workforce and service delivery pressures.

Streamlining the existing RPGP and PIP procedural GP payment will result in administrative efficiencies and a more streamlined experience for GPs with advanced skills who participate.

The collaborative models of primary care trial has already attracted strong and growing interest from rural communities and stakeholders to develop solutions tailored to meet their

own unique needs. The expansion will benefit doctors, nurses and allied health professionals providing essential primary care services to rural communities.

The BRoSS system will benefit 850 new Commonwealth supported medical students joining the Bonded Medical Program every year, and more than 12,000 Australian trained doctors currently in the program's legacy schemes.

#### **How much will this cost?**

The Australian Government is investing \$123 million over 4 years, from 2021–22.