



College Submission

September 2023

National Resilience Taskforce: Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is **the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care**. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial comments

The health impacts of climate change in rural and remote Australia are broad, damaging, increasing and under-estimated. They include (but are not limited to): increasing heat stress; exacerbation of non-communicable diseases; increasing exposure to infectious diseases; increasing frequency and severity of hydrometeorological disasters (droughts, floods, and tropical cyclones); and psychological distress.¹

¹ Climate change: a brief overview of the science and health impacts for Australia, Hanna, and McIver

Our rural and remote communities already experience many disadvantages compared to their urban counterparts, and the risks posed by climate change to health threaten to exacerbate many of the health inequities experienced by those living and working in regional and rural areas.²

With many rural and remote areas reliant on primary agriculture production and vulnerable to drought, bushfires, cyclones, floods and heatwaves, these areas stand to be disproportionately affected by the impacts of climate change, particularly as water security is inherently threatened by changes in climate.

Rural Generalism

ACRRM supports doctors to become specialist General Practitioners trained to work in the Rural Generalist model of practice. As such they are purpose-trained through the ACRRM Fellowship (FACRRM) to provide comprehensive primary care, secondary care, population and public health services and emergency care within the clinical context of rural and remote locations.

Prolonged periods of droughts, large-scale bushfires, and the increasing number of adverse weather events and floods, together with the advent of the COVID-19 pandemic in Australia in early 2020, have reinforced the need to better utilise the skills and experience of rural doctors as first responders, as providers of frontline health care in the community and local hospitals during and in the aftermath of emergencies and disasters, in strategic planning at the local, jurisdictional and national levels, and addressing secondary health impacts such as outbreaks of mosquito-borne illness after floods.

The Role of the Rural Generalist

Rural Generalists are often the only provider of medical services in rural and remote areas, and in areas where health services do exist, are often the first point of contact for patients. They work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only (or one of very few) readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas.

Rural Generalists are uniquely placed to lead the frontline response to crises and disasters. They are also able to support ongoing education for themselves, other health professionals, communities and patients regarding climate change and its impact on individual and population health. Within the public health setting, they can strengthen preparedness for disaster and promote resilience and community capacity building.

Crisis response in rural and remote areas

Rural doctors are at the frontline of the emergency and disaster response in rural and remote areas. They are often called to assist the ambulance and retrieval services at the roadside; supervise transport to the local hospital; and stabilise the patient for retrieval. Many have on-call responsibilities to their local rural hospital. This local involvement is important and can save lives. It is important that these rural doctors have the necessary training, skills, and support to be able to provide an effective response to a wide range of emergency situations.

² Climate Council "On the Frontline: Climate Change & Rural Communities", MJA 208 97) 16 April 2018.

The establishment of a well-equipped and appropriately skilled surge health and medical workforce for deployment in response to extreme weather events would be welcomed, alongside maximising the potential from existing locally based services. The development and rollout of guidelines and training to support locally led climate risk and vulnerability assessment, adaptation, and resilience planning, co-designed, and where appropriate, and guided by First Nations leadership. should be included in the Strategy. The national approach must be sufficiently flexible to allow adaptation to suit rural and remote contexts and tailoring to specific needs.

A range of resources, information for patients, resilience initiatives and appropriate workshops and training for frontline healthcare teams should be funded and developed in consultation with rural and remote practitioners and communities.

Improved integration of public education and awareness with the primary healthcare sector is especially important in improving healthcare outcomes for rural and remote communities which are geographically isolated and rely on collaboration to maximise local capacity.

Priority system adaptation actions

The response to and impacts from extreme weather events should be considered as an urgent national priority. In countries such as New Zealand, Scotland, the UK and Canada, there are formal rural responder networks which incorporate the rural GP in their centralised emergency response protocols. By contrast, Australia's health system is characterised by siloed approaches, fragmented and inequitable funding, and convoluted arrangements, including the two-tiers of responsibility (Commonwealth and State/Territory).

Poor interconnectedness between health services and social and community services, emergency services and others, means that delivering the integrated responses needed during emergencies and disasters is challenging. Poor communication and mixed messages exacerbate the issues.

The College recommends that national and regional emergency and disaster response be reviewed as one immediate system adaptation action. This should include the involvement of rural and remote doctors and their teams, who are critical players in emergency and disaster response efforts. As frontline health carers during events they provide care for their own patients and others. They are also the main providers of ongoing care following such events. They can offer unique insights not only into community responses during and in the aftermath of emergencies and disasters but also into the operation of the health system, particularly in relation to how rural general practices and community care can operate and integrate with secondary and tertiary care.

Utilising self-nominated volunteer members of the rural doctors workforce or from rural responder support groups would ensure that there are highly skilled and experienced practitioners available to respond and assist in mitigating any delays in retrieval services.

An example of such a network exists in South Australia. The Rural Emergency Responder Network (RERN) is a network of specially trained South Australian Rural GPs that attend out-of-hospital emergencies in partnership with the SA Ambulance Service (SAAS) and the MedStar retrieval service. RERN doctors are linked to the SAAS communications network allowing them to be called to life threatening incidents in regional South Australia.³ These doctors commit to maintaining relevant emergency skills. They are

³<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/regional+health+services/rural+emergency+responders+network+rem/rural+emergency+responders+network+-+rem+-+member+resources>

equipped by SA County Health and operate within a formal clinical governance structure. Variants of this model could be adopted by other State jurisdictions.⁴

A 2015 survey demonstrated tacit support for such a scheme, with 98% of 420 rural doctor responders supporting involvement in a National Rural Emergency Responder Network⁵. This network should be national, have reciprocal recognition between the states for credentialing, include ongoing upskilling in prehospital and emergency care, and be integrated into existing disaster plans.

Building resilience and protecting frontline responders

While practitioner health and wellbeing must be supported at all times, this becomes more vital during, after and beyond emergency and disaster response. The rural and remote health workforce must have easy access to personal mentoring and support structures to assist them maintain their physical and mental safety and wellbeing. Services such as the CRANAplus Bush Support Line⁶, (which provides high-quality, free of charge, confidential 24/7 telephone support and is open to all health workers and their families in rural, remote, and isolated communities), and should be promoted and supported, alongside specific training and support for in person services to assist frontline healthcare teams working in disaster and emergency response.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.

⁴ Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia*. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.

⁵ Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia*. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.

⁶ <https://crana.org.au/mental-health-wellbeing/call-1800-805-391>