RURAL DOCTORS ASSOCIATION OF AUSTRALIA

About RDAA

The Rural Doctors Association of Australia (RDAA) is the peak national body representing the interests of doctors working in rural and remote areas and their patients and communities.

RDAA believes that all Australians have the right to excellent medical care regardless of their postcode.

The health needs of people living and working in rural and remote communities, and the provision of healthcare services, varies considerably from community to community. However, access to all health professionals and healthcare services is generally worse than in cities. This is a significant factor contributing to poorer health outcomes in rural and remote areas, including life expectancy.

It is essential that healthcare services be provided by doctors and other health professionals who have the necessary training and skills to meet the needs of their own communities to redress rural and remote health inequities.

RDAA uses the term 'rural' to encompass all locations described by Modified Monash Model (MMM) levels 3-7 [1], acknowledging that this includes remote and very remote places where the health needs are often greater and healthcare service delivery challenges most difficult.

Introduction

The Commonwealth Government has a key role in leadership and management of crises, including in relation to working with other levels of government and all stakeholders to ensure that Australia's crisis response is robust and agile enough to meet emerging demands.

The impact of crises experienced by rural and remote Australians in recent years has demonstrated that current responses are often disjointed and inert. Significant resourcing and systemic restructure are required to overcome this.

The Commonwealth Government also has a role in ensuring that health professionals are better recognised, utilised and supported within emergency and disaster management.

Many of the issues pointed to in this submission are also raised in RDAA's submission to the Senate Select Committee on Australia's Disaster Resilience inquiry into Australia's preparedness, response and recovery workforce models, as well as alternative models to disaster recovery earlier this year, as is RDAA's position on use of the Australian Defence Force during emergencies and disasters. It is attached to this submission for consideration.

[1] The Modified Monash Model (MMM) is a scaled classification system measuring geographical remoteness and population size with MMM 1 being a major city and MMM 7 being very remote.

Recommendations

- Include an agreed classification of regional, rural and remote areas within all discussion papers, and strategic and operational documents.
- Review national and state/territory emergency and disaster policies, frameworks, protocols and operative plans through a rural and remote lens to ensure that this context is clearly articulated, informs processes, and mitigates any metro-centric assumptions.
- Ensure that a health perspective informs all strategic and operational policy and planning for crises, including for natural disasters.
- Invest in systemic restructuring to ensure that Australia's preparedness for all crises is robust; that governments and other agencies are able to pivot as needed; and key stakeholders are connected to each other and to broader health, social, community and other services to ensure speedy and seamless responses to and recovery from events.
- Develop a multifunctional national emergency app.
- Acknowledged the role of medical peak bodies in disaster and emergency management and ensure that this role is included in strategic and operational policy and planning.
- Audit rural and remote health infrastructure to assess preparedness for emergencies and disasters and remedy deficiencies.
- Integrate local rural doctors in disaster management planning and response for their communities.
- Support rural and remote communities to develop and make visible local disaster management plans (including for the mobilisation and coordination of local, multidisciplinary health care rapid response teams) that align with state/territory and federal plans and are regularly updated.
- Ensure that planning for emergencies and disasters factors in the possible loss of local health services.
- Ensure rural and remote general practices are listed as essential services to provide timely access to funding and support to continue operations during crises.
- Expand national and state/territory stockpiles of necessary medical supplies, equipment and mobile field hospitals.

Key Issues

Australia's geography must always be a factor in all aspects of prevention, preparedness and response[2] to crises, including with respect to natural disasters.

There is insufficient recognition of this in the discussion paper and in other key strategic emergency management documents.

There appears to be no common definition of what is meant by regional, rural and remote areas in these key documents. RDAA believes that the Modified Monash Model (MMM) offers greater granularity than other classification systems and would be useful to inform planning for crises and for policy and program development and implementation.

- **Include an agreed classification of regional, rural and remote areas within all discussion papers, and strategic and operational documents.**
- **Review national and state/territory emergency and disaster policies, frameworks, protocols and operative plans through a rural and remote lens to ensure that this context is clearly articulated, informs processes, and mitigates any metro-centric assumptions.**

The good health and wellbeing of all Australians must be the underlying principle for all strategic and operational policy and planning for crises, including for natural disasters.

There is no mention of health within the discussion paper (other than the footnote to the Minister's Foreword on page 2 referencing *Survey results: National study of the impact of climate-fuelled disasters on the mental health of Australians, 2023)*. This is a significant oversight, as has been made apparent in recent years by the impact on Australia's economic and social prosperity of persistent droughts; the 2019-20 bushfire season; the COVID-19 crisis; and major floods in several states. These events have demonstrated that, at all levels of government, existing measures for responding to emergencies and disasters in rural and remote areas are woefully inadequate and have deleterious effects on the health and wellbeing of people who are resident in or visiting these areas.

- **Ensure that a health perspective informs all strategic and operational policy and planning for crises, including for natural disasters.**

Integration of emergency management with and within health, social and community services is an ongoing problem making the seamless connection of different agency responses during emergencies

[2] Within this document the phrase 'prevention, preparedness and response' should be read as inclusive of relief, recovery, reconstruction and risk reduction.

and disasters challenging, compromising the effectiveness of these responses in rural and remote communities. Poor communication and mixed messages exacerbate the issues.

Without clear information, misinformation is spread through social media and uncertainty and needless anxiety is fostered. Planning to improve communication is required. During natural disasters and other crises information needs include: warnings and alerts; lines of responsibility; current actions; where to evacuate to; and where to go for help. These messages must be delivered succinctly and efficiently.

While a range of state-based apps exist to provide information and alerts (such as the NSW Fires Near Me app), a national emergency app could provide greater functionality than the emergency text service by allowing targeting of warnings and messages to people within particular areas or more broadly and allowing people in danger to send messages and alerts directly to a base of operations.

Medical peak bodies also have a significant role in working with members and other stakeholders and communicating information more broadly. For example, RDAA had a key role in working with the Department of Health (now the Department of Health and Aged Care) in relation to the need for tetanus and other vaccines and medicines when general practices and pharmacies in northern NSW were flooded and existing supplies of all vaccines destroyed.

- **Invest in systemic restructuring to ensure that Australia's preparedness for all crises is robust; that governments and other agencies are able to pivot as needed; and key stakeholders are connected to each other and to broader health, social, community and other services to ensure speedy and seamless responses to and recovery from events.**
- **Develop a multifunctional national emergency app.**
- **Acknowledged the role of medical peak bodies in disaster and emergency management and ensure that this role is included in strategic and operational policy and planning.**

Rural and remote Australians often bear a large part of the burden arising from natural disasters. They experience significant direct and indirect effects from these events, including loss of life and negative impacts on their physical, mental and social health, as well as damage or loss of property, livestock and income sources. For example, rural and remote communities were most at risk and most impacted during the 2019-20 bushfire season as has been well documented. A lack of preparation for emergencies of the scale of these bushfires contributed to this impact. While some of the immediate health burden (such as for smoke related health issues[3]) can be estimated, the full extent of physical and mental health impacts on individuals and communities is not yet apparent and there is likely to be significant longer-term health impacts. The degree to which health harm

[3] Nicolas Borchers Arriagada, Andrew J Palmer, David MJS Bowman, Geoffrey G Morgan, Bin B Jalaludin and Fay H Johnston, 2020. *Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia.* Med J Aust || doi: 10.5694/mja2.50545.Published online 23 March 2020. https://www.mja.com.au/journal/2020/213/6/unprecedented-smoke-related-health-burden-associated-2019-20-bushfires-eastern?utm_source=tiles&utm_medium=web&utm_campaign=homepage. Viewed 20 September 2023.

could have been reduced by better emergency and disaster planning and response and by better prepared rural and remote health services may never be known. However, there are indications that systemic issues are a major contributor to a lack of preparedness for emergencies and disasters, including bushfires, in rural and remote areas.

The system-wide focus on large, central, acute care facilities rather than on primary care and small community rural and remote facilities, and a continuing underspend of health dollars in rural and remote areas[4] has led to the erosion of health services in these communities, leaving them ill-prepared for large-scale crises.

Emergencies and disasters put essential health infrastructure (including hospitals and other health premises and equipment) and services at risk, compromising physical, mental and social health. The degree of remoteness can make the repair of infrastructure and the re-establishment of services much more difficult, exacerbating health issues already being experienced, and placing greater stress on an already under-resourced rural and remote health sector.

Loss of general practices and other health services, such as pharmacy services, create ongoing difficulties in providing health services in rural and remote communities. The negative impact on patients cared for by general practices in Lismore and surrounding areas (closed due to the 2022 floods) are still being felt. These general practices were not considered essential services and were unable to access funding and support to continue operations at a time when they were most needed. Even the temporary closure of the only pharmacy in an isolated district can disrupt access to necessary medications, resulting in immediate and long-term negative health impacts.

Urgent action to improve the preparedness of rural and remote communities to withstand the immediate impacts and ongoing effects of emergencies and disasters is required.

- **Audit rural and remote health infrastructure to assess preparedness for emergencies and disasters and remedy deficiencies.**
- **Integrate local rural doctors in disaster management planning and response for their communities.**
- **Support rural and remote communities to develop and make visible local disaster management plans (including for the mobilisation and coordination of local, multidisciplinary health care rapid response teams) that align with state/territory and federal plans and are regularly updated.**
- **Ensure that planning for emergencies and disasters factors in the possible loss of local health services.**

[4] The National Rural Health Alliance estimates this expenditure differential to be over $6.5 b billion annually. https://www.ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/policy-development/evidence-base-additional-investment-rural-health-australia-june-2023.pdf. Downloaded and viewed 20 September 2023.

- **Ensure rural and remote general practices are listed as essential services to provide timely access to funding and support to continue operations during crises.**

Specific initiatives designed to support the rural and remote health sector during emergencies and disasters are also required. These initiatives should include expanding national and state/territory stockpiles of necessary medical supplies, equipment and mobile field hospitals. Deployable clinics such as those used in Queensland for festivals, "schoolies" and other large events can be used during disasters as they were on several occasions during floods in that state. Such clinics could be up scaled and modulated into shipping containers for deployment across state/territory boundaries when needed.

Rural and remote doctors and their teams are critical players in emergency and disaster response efforts. As frontline health carers during events they provide care for their own patients and others, including first responders, firefighters, and volunteers. 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 natural disasters but also into the operation of the health system, particularly in relation to how rural general practices operate and integrate with secondary and tertiary care. Their skills should be better utilised in planning for and responding to crises. They should be supported to maintain and upskill in emergency management.

A national register of suitably qualified Rural Generalists[5] who can be deployed to any part of Australia when needed during and after disasters would provide a surge workforce of skilled professionals who understand the rural context.

- **Expand national and state/territory stockpiles of necessary medical supplies, equipment and mobile field hospitals.**
- **Ensure all committees responsible for strategic planning and operationalisation of emergency and disaster management include rural and remote medical representatives.**
- **Provide training for multidisciplinary rural health teams, including doctors, nurses, allied health and volunteers, in disaster response. This training should include emergency management and the roles and responsibilities of government and non-government agencies and organisations involved in emergency and disaster management.**

[5] "A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team." National Rural Generalist Taskforce.2018. Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway. p5. https://www.health.gov.au/sites/default/files/documents/2021/05/advice-to-the-national-rural-health-commissioner-on-the-development-of-the-national-rural-generalist-pathway_0.pdf. Downloaded and viewed 20 September 2023.

- **Ensure access to, and fund rural and remote doctors to attend, Major Incident Medical Management and Support (MIMMS) or equivalent courses.**

- **Develop a national register of suitably qualified Rural Generalists who can be deployed in any part of Australia during emergencies and recovery periods that is linked to state- and territory-wide clinical coordination units and to emergency and retrieval services.**

The COVID-19 pandemic also saw an exodus from major cities to regional and rural places and the increased net flow of the population to these communities appears to be continuing[6]. This movement places increased demand on already stretched health and other services which will be compounded by any large-scale emergency or disaster. This issue must be taken into account in the planning for crisis response.

Conclusion

The Commonwealth Government must lead through significant effort and resourcing to restructure systems to improve the connectedness of emergency management with health, social, community and other services to improve planning, preparedness for, response to crises in Australia, including natural disasters. In particular, better support for rural and remote communities is needed.

Rural doctors play a critical role in their communities. Their knowledge, skills and experience should be better utilised at national, state and territory, and local levels and their role better supported to improve Australia's response efforts before, during and after emergencies and disasters.

[6] Regional Australia Institute (2023), Big Movers 2023. https://www.regionalaustralia.org.au/libraryviewer?ResourceID=108. Downloaded and viewed 20 September 2023.