

# SUBMISSION

## AMA Submission to the Inquiry into Local Government Sustainability

### House of Representatives Standing Committee on Regional Development, Infrastructure and Transport

#### Introduction

The Australian Medical Association (AMA) thanks the Standing Committee on Regional Development, Infrastructure and Transport for the opportunity to provide a submission to the inquiry into Local Government Sustainability. This submission will be addressing four terms of reference covering:

- The financial sustainability and funding of local government
- The changing infrastructure and service delivery obligations of local government
- The role of the Australian Government in addressing issues raised in relation to the above
- Other relevant issues.

Local governments are increasingly involved in supporting the provision of healthcare to its residents, especially in rural and regional areas. This has included actively recruiting, campaigning, and offering incentives for General Practitioners to work and reside in their local communities; operating medical and multi-service centres; funding temporary locum doctors; and providing infrastructure for doctors such as housing and practice facilities. These activities have not formed part of the traditional responsibility of local governments but have been necessitated by local market failure and the need for more bespoke solutions than are available through relevant state/territory or federal programs.

A one size fits all approach to support for access to health care will not work for all communities and there is no doubt that local governments will need to continue to develop local solutions to local problems and they should be better supported and resourced to fulfil this role. This submission will cover discussions regarding socio-cultural supports for doctors and their communities, and infrastructure assistance.

#### Socio-cultural supports for doctors and their communities

Rural doctors all identify that job satisfaction, practice viability, and an environment that is attractive to their families are among the key priorities that influence their decisions to work in rural areas. Local communities and governments have a reciprocal role in supporting healthcare to rural communities. Doctors newly arriving in an unfamiliar rural town or community, including those who have come to work in Australia from overseas, often encounter significant barriers that will inevitably impact on their retention.

Childcare is an example of an essential service, and this is often very difficult to access. Training and working in rural areas often include shift work, on call hours, and weekend work, with many doctors undertaking short term placement in a rural area either as part of their training or working as a locum or on a fixed term contract. No matter the length of engagement, it is critical that these doctors are supported to have a good experience as it may influence future career choice and how they discuss their experience with colleagues. Removing barriers to accessing childcare is very clearly an area where local governments have a future role and this could include funding childcare facilities, or reserving positions within existing facilities.

The [AMA Plan for Improving Access to Rural General Practice](#) also outlines that local governments and councils should consider how to provide family support for doctors to practice in rural areas including spousal employment, educational opportunities for children, housing support and help with relocation costs. The AMA encourages greater role clarification and collaboration between Local Health Districts (LHDs), Primary Health Networks (PHNs), and local governments to provide meaningful socio-cultural support for doctors and their community as a mechanism to support access to health care services.

### **Infrastructure assistance**

The AMA has developed the [Easy Entry, Gracious Entry](#) model that provides for local government to support, with federal funding, the provision of primary care services in rural and thin markets. The Easy Entry, Gracious Entry model allows doctors to work in facilities provided by local government without having to become small business owners and managers or incur significant upfront financial costs. This model provides continuity of access to care for patients, with appropriate systems and processes to ensure that high quality care is maintained. These arrangements can also be integrated with local hospitals services through VMO arrangements allowing patients to access acute services. Additional models to look towards also include the work undertaken by the Health Communities Foundation Australia.

The ideal outcome is that doctors remain in rural and remote towns due to their experiences of support, financial arrangements, and the rewarding aspects of rural medical practice.

### **Contact**

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