

Joint media release
12 December 2023

Report shows Victoria must fix unfair approach to rural emergency care

The Rural Doctors Association of Australia (RDAA) and Rural Doctors Association of Victoria (RDAV) are calling on the Victorian Government to urgently make changes to the way it funds the provision of emergency care in rural Victoria, following a key recommendation in the Mid-Term Review of the National Health Reform Agreement.

The objective of the National Health Reform Agreement is to improve health outcomes for all Australians and the sustainability of the Australian health system. The Commonwealth, state and territory governments are all parties to the Agreement.



Dr Dan Wilson (left) and Dr RT Lewandowski (right)

Recommendation 37(c) of the Agreement's Mid-Term Review states that *"Doctors providing rural hospital emergency services should be appropriately remunerated and patients attending the Emergency Department should not be charged out of pocket expenses"*.

The recommendation adds weight to calls – over a number of years – by RDAA and RDAV for the Victorian Government to urgently change the way it funds rural emergency care, to ensure doctors and patients in rural Victoria are not being unfairly treated when emergency care is required.

RDAA President, Dr RT Lewandowski, said: "In recent years, the Victorian Government has rebadged a large number of small rural hospitals as 'Urgent Care Centres' and required a private billing arrangement to be put in place – meaning that at a number of these sites, the doctor providing the service has to either bulk-bill the patient (an unfair level of payment for the service provided) or charge an out of pocket fee (at the patient's expense).

"Neither arrangement is suitable – either for rural patients or the rural doctors providing the service.

"In fact, the only party benefitting from it is the Victorian Government, which is simply shifting the cost of emergency care to rural doctors and patients...while it continues to provide emergency care in metropolitan and large regional centres for free."

RDAV President, Dr Dan Wilson, said: "RDAA and RDAV have long advocated that doctors providing emergency care at rural hospitals – regardless of whether the State Government wants to call them 'Urgent Care Centres' – should be paid by the State (not by patients) for this service. Rural patients should not have to pay for emergency care when their city cousins get the same service at no cost.

"The doctors working in Victoria's small rural hospital Emergency Departments are required to have a high level of emergency skills and to undertake continuing education to maintain those skills. But the Victorian Government doesn't want to have to pay for it – not for rural doctors or their patients anyway.

“Even if the Victorian Government wants to say they are ‘Urgent Care Centres’ – not Emergency Departments – doctors working in Commonwealth-owned Urgent Care Clinics are still being better remunerated, and their patients are not being charged an out of pocket fee.

“It is high time the Victorian Government addresses this glaring inequity in access to emergency care for rural Victorian patients and fairly remunerates the doctors who provide these services.

“More and more rural doctors are withdrawing from providing rural emergency care in Victoria under this unfair model.

“In terms of remuneration, it is so far behind what every other state offers (not to mention what doctors in Melbourne and Victoria’s large regional centres are being paid) it is not funny.

“This needs to be addressed as a matter of urgency – not wait for a new Agreement in two years time – as access to emergency care is declining rapidly for rural Victorian patients under the current arrangement.”

RDAA and RDAV have welcomed other recommendations in the Report and thank the Review leads, Rosemary Huxtable AO PSM and the previous consultant Michael Walsh PSM, for listening to the rural voice and reflecting the feedback of rural stakeholders in their recommendations.

Other key recommendations are:

- Ensuring accountable and equitable distribution of the TTR (teaching, training and research) funding pool to regional and rural hospitals to underpin sustainable health workforce training. This was a key part of RDAA’s submission to the Review, in addition to RDAA’s advocacy on rural Emergency Department funding – leading to Recommendation 37(c).
- There are a number of Recommendations in relation to models of care, workforce sustainability and the need for innovation, flexibility and recognition of the rural and remote context – which are all welcomed.

Given National Cabinet endorsed the Commonwealth increasing National Health Reform Agreement contributions to 45 per cent over ten years from 1 July 2025, it is important that the states work with the Commonwealth to action the Recommendations in the Report.

Read the full Report here:

<https://www.health.gov.au/sites/default/files/2023-12/nhra-mid-term-review-final-report-october-2023.pdf>

A high resolution photo of Dr RT Lewandowski is [available here](#).

A high resolution photo of Dr Dan Wilson is [available here](#).

Available for interview:

RDAA President, Dr Dan Wilson
RDAA President, Dr RT Lewandowski
RDAA CEO, Ms Peta Rutherford

Media contacts:

Patrick Daley on 0408 004 890
Ineke Kuiper on 0408 669 638