



Media release
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Follow federal support on rural emergency medicine, Victorian Government urged

The Rural Doctors Association of Victoria (RDAV) has today welcomed an Australian Government initiative to provide extra training support for rural doctors providing emergency services in small rural hospitals—and it has urged the Victorian Government to genuinely commit to preserving the state's rural hospital network so that rural doctors can continue to provide essential emergency medical services in rural Victorian communities.

The *Training for Rural and Remote Procedural GPs Program* provides funding to assist eligible GPs in rural and remote areas to train and maintain their skills in fields such as surgery, anaesthetics, obstetrics and emergency medicine.

Following significant advocacy by the Rural Doctors Association of Australia, Australian College of Rural and Remote Medicine and Royal Australian College of General Practitioners, the emergency medicine component of the program is being expanded to include larger rural centres and the number of days for which eligible GPs can access training support under this component has been increased from two to three days each year. In addition, the maximum value of grants available to eligible GPs under the *Training for Rural and Remote Procedural GPs Program* will increase from \$1500 per day to \$2000 per day.

“Many of Victoria's rural doctors not only provide full general practice services in their communities but they also make themselves available to local hospitals to provide advanced management of urgent and critical patient conditions” RDAV President, Dr Mike Moynihan, said.

“While rural medical organisations including Divisions of General Practice and the RDAV organise a considerable amount of ongoing training and updating for rural doctors providing emergency care services in their communities, the attendance of doctors at this training is often hampered by a lack of funding available to them to cover the expenses involved.

“It costs rural doctors significant amounts of money to undertake training and upskilling—they forfeit their usual income while they are away from the practice, they often need to pay for a locum to cover them, and they need to cover the costs of travel and accommodation in attending the training. The funding available to assist doctors in undertaking this training is therefore very welcome, and the Australian Government is to be thanked for its ongoing support in this regard.

“Victoria is unique in that the State Government does not fund urgent care provided by doctors in category C and D hospitals, instead relying on rural medical practitioners to claim payment from the Federal Government. Currently, only one doctor is paid for attending an emergency, even if two or more doctors are needed to provide treatment to ensure the best outcome for the patient.

“It is critical that the Victorian Government demonstrates a genuine interest in preserving and expanding the state's rural hospital network so that urgent and emergency care is available to all rural Victorians within the vital first or 'golden' hour after an accident or onset of a critical condition, as it is in the city.”

For interviews, contact Dr Mike Moynihan on tel: 0427 331 370.