



College Submission  
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# Feedback on the Australian Commission on Safety and Quality in Health Care Draft Sustainable Healthcare Module

## 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 face-to-face specialist and allied health services.

ACRRM has more than 5000 rural doctor members with 1000 doctors in training, who live and work in rural, remote, and indigenous 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 College acknowledges the substantive evidence that the impacts of climate change are creating a global health emergency and that these effects are being felt especially by rural and remote communities in Australia and across the world.<sup>1</sup> The contribution of the health sector to greenhouse gas emissions must be addressed, and supporting health service organisations to deliver sustainable,

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<sup>1</sup> Watts N et al. *The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come* Review. Vol 392: 10163, P2479-2514, Dec 8, 2018: [https://doi.org/10.1016/S0140-6736\(18\)32594-7](https://doi.org/10.1016/S0140-6736(18)32594-7)



adaptable and resilient care health care through the Sustainable Healthcare Module (the Module) is a positive step forward.

As a trainer of the next generation of rural doctors, ACRRM is committed to developing policy and progressing toward reducing its own organisational carbon footprint, as well as educating and supporting its members on practical ways that they can make a positive contribution.

ACRRM notes the Module can be used to drive changes in structures, processes and practices whilst minimising the compliance burden, maximising impact, ensuring that all actions relate directly to the safety and quality of patient care, and harmonising with other national safety and quality standards. The key principles underpinning the module and the five action areas are welcomed.

The module aligns with the World Health Organisation position that in order to strengthen primary health care and universal health coverage as contributors to sustainable development goals, shifts in mindset and the re-design of health services are required.<sup>2</sup>

## General Comments

ACRRM trains doctors to become specialist General Practitioners equipped 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.

The differing circumstances in rural and remote areas which require practitioners to provide a varying and typically broader and more complex suite of services than their urban counterparts apply not only to rural general practice, but also to the provision of other healthcare services in rural and remote areas. Services are often delivered in ways that differ from typical urban practice models due to the limited resources and clinical teams in the local rural setting, and it is important that the Module allows flexibility to reflect these circumstances.

The College is committed to equity of access to high quality health care for all people, regardless of their location. ACRRM supports mechanisms and initiatives to support all health service providers to maintain a high standard with respect to quality and safety, both in patient care and supervision, and engage in a process of continuous quality improvement.

## Response to Survey Questions

### ***Is there a need for the Module as it applies to health service organisations?***

ACRRM considers there is a need for the Module and notes that it has been developed to apply in any healthcare setting across Australia, leveraging the organisation's existing clinical governance framework for its implementation.

The draft Module states that organisations using the Module will:

- Develop systems to anticipate, recognise and respond to changes in climate-based health demands

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<sup>2</sup> WHO Transforming Healthcare, 17 March 2022 <https://www.who.int/news/item/17-03-2022-transforming-health-care-stories-of-changemakers-across-the-world>



- Build resilient systems to plan for adapt to climate threats, and use available resources, while minimising waste
- Reduce the provision of low value care performed
- Develop a workforce with the capacity to understand and interpret risks to sustainable healthcare, as well as build and apply these systems in the workplace.

Whilst these benefits are highly commendable, it is possible that health service organisations will need to be sufficiently funded and supported to achieve these outcomes from the utilisation of the Module. Organisations will need to adapt to manage the impact of climatic events, and anticipate, prepare for and respond to climatic changes to build resilience.

Climate risk literacy will need to be substantially improved across organisations through education, training and support to ensure the workforce is upskilled to meet the challenges associated with delivering sustainable health services in the future.

The fact that the Module will support health service organisations to include sustainability measures and targets when setting priorities and strategies and when partnering with consumers to design, monitor and evaluate services will ensure that organisations based in rural and remote locations include a 'rural and remote proofing' protocol.

- Rural generalist practitioners work under unique circumstances; with a scope of practice and working environment which is very different to urban practice. Rural general practitioners are often the only readily available doctors and commonly take on roles ordinarily the preserve of specialists in the cities. Likewise, rural practices operate under different conditions and challenges. They tend to have higher overhead costs and may have difficulty in recruiting skilled staff.
- Rural hospitals are hubs for the whole community, with the benefits of access to a wider range of services, including diagnostic imaging services, benefiting primary care providers as well as the broader community. Treating patients in their community is much more cost effective both for the patients and for the health care system.

Our rural and remote health service organisations need to be supported to participate in the Module and to ensure that it can be adapted to their unique circumstances.

### ***Do the actions in the Module address the key sustainability and climate-resilience concerns?***

The Module recognises the practices across health care delivery which contribute to changes in the global climate such as low value or unnecessary tests, unnecessary travel, poorly implemented preventative health and ineffective design and management of facilities.

Embedding actions to address sustainability outcomes within a health service organisation's safety and quality monitoring will ensure that climate risk, resilience, adaptability and sustainability become part of daily practice for health service providers.

### ***Are the language and the format of the document appropriate?***

The language and format of the document is clear and appropriate, and the actions are well defined and set a clear roadmap for embedding and implementing sustainable practices. It is important that Module considers the broader context of rural and remote service provision and takes cognisance of the range of settings across which organisations will be developing and implementing sustainable plans for their organisation.

Rural health service providers face a different range of challenges and operate under different circumstances from their urban counterparts. These differences should be considered in this consultation and consideration given to subsequent modifications or changes to any aspects of the Module as required.



***Please provide any further comments in relation to the Module***

ACRRM notes the proposed voluntary status of the Module, however this does create the potential for organisations to disengage from the process if the requirements become too onerous or cannot be justified in terms of a cost-benefit analysis. This should be taken into consideration to ensure the assessment model is as inclusive, simple, and practical as possible.

In addition, voluntary status does not ensure a consistent level of safety and quality across the health care sector. Organisations should be encouraged and supported to undertake the Module and subsequent assessment, with a strong emphasis on providing advice and support and facilitating continuous quality improvement as part of the assessment process.

There is the potential for the costs associated with implementation and assessment to prove prohibitive for smaller service providers without additional funding and support. The College would caution against mandatory participation at this stage.

***The Rural and Remote context*** – health service providers are diverse in terms of size, scope of practice and range of services provided, facilities and funding models. They do however share several commonalities when operating across rural and remote communities:

- Organisations may have to undertake multiple accreditations for a range of agencies which is costly both in time and staff resources, with associated duplication.
- Fragility of workforce– the nature of the rural workforce means that even the strongest service providers can change rapidly with the retirement or departure of a few key personnel
- Less flexibility and ability to quickly respond to change
- Higher cost structures and challenges in sourcing goods and services, including in providing after-hours services
- High patient populations which have generally poorer general health and lower socio-economic status
- Poorer access to prompt referral, hospital-based and psychiatric services

ACRRM acknowledged that smaller service providers in rural and remote communities may face challenges in implementing the Module, even with the best intentions. There is a compelling argument for prioritising opportunities to reduce costs and administrative imposts and streamline the process as much as possible, particularly for smaller organisations in rural and remote areas.

The Commission could consider developing a range of resources to support implementation of the Module, including factsheets, workbooks, tools, and templates.



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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.*