

# COVID-19

# RURAL AND REMOTE RESPONSE

## Media release

Thursday 4 June 2020

### COVID-19 has shown great health reform needn't take decades

While COVID-19 has brought significant upheaval, it has also shown that Australia's federal and state governments can work together to make significant healthcare reforms in double-quick time.

Peak rural medical bodies, the Australian College of Rural and Remote Medicine (ACRRM) and Rural Doctors Association of Australia (RDAA), say this spirit of reform should continue to drive change in the way healthcare is delivered in future years.

"COVID-19 has brought into sharp focus key areas of opportunity for healthcare – and also highlighted areas where reform and improvement is needed," **RDAA President, Dr John Hall, said.**

"Post COVID-19, a crucial place to start will be in strengthening and better supporting the nation's primary healthcare sector, particularly in rural and remote areas.

"There continues to be an unacceptable level of inequality of access and health outcomes for rural Australians.

"The National Cabinet process has demonstrated that our federal and state governments can make health policy decisions very quickly, and we need them to apply this speed and responsiveness now, to improving rural health care.

"To provide clarity and direction around what is needed for primary care reform, it will be critical that the medical profession speaks with a united voice.

"To this end RDAA and ACRRM are keen to reconvene meetings of the peak medical bodies through the United General Practice Australia (UGPA) group, which was revived by RDAA last year."

**ACRRM President, Dr Ewen McPhee,** said the expansion of telehealth during the early stages of the COVID-19 pandemic was a great example of governments implementing meaningful health reform quickly.

"We saw the rapid rollout of telehealth to the general population virtually overnight, when otherwise it may have taken years to get to the same point – this was a great achievement" he said.

"Post-COVID, telehealth will need some fine-tuning to ensure that, for the long-term, it is focused on equity of access, quality care and practice sustainability, and that it maintains a connection between a patient and their regular GP.

"There's also a need to take a serious look at the Primary Health Networks (PHNs). There have always been a handful of high-performing PHNs and some that have been less than effective. COVID-19 highlighted this discrepancy, so we need to bring all the PHNs up to the standard of the high performers.

“Moving forward, the best healthcare reforms will be those that combine a focus on the patient with an ongoing commitment to funding and supporting quality and safe care through general practice.

“COVID-19 has shown that true reform can be achieved, and it needn’t take decades to get there.

“With a genuine commitment by our federal and state governments - and the health sector - to work together to make great reforms, the reforms that are implemented will indeed be great.”

**Find more information on how to protect yourself, your family and community from COVID-19 at [www.health.gov.au](http://www.health.gov.au).**

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**A high resolution photo of ACRRM President, Dr Ewen McPhee, is available here:**  
<https://www.rdaa.com.au/documents/item/968>

**A high resolution photo of RDAA President, Dr John Hall, is available here:**  
<https://www.rdaa.com.au/documents/item/687>

**Available for interview:**

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