

Media release  
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## Rural patients and doctors still getting “blatantly unfair” deal on urgent care

The Rural Doctors Association of Victoria (RDAV) has called for a better deal for Victoria’s rural patients and rural doctors when it comes to how emergency care is funded in Victoria’s Urgent Care Centres (UCCs), saying the current system is “blatantly unfair” to both patients and doctors.

RDAV has contributed to – and endorsed – recommendations put forward by the Rural Workforce Agency of Victoria (RWAV) in its [Statement from RWAV on Rural Urgent and Emergency Care in Victoria](#), released recently.

**In the statement, RWAV has warned:**

*“The current urgent and emergency healthcare system and models in rural Victoria are unsustainable and are not meeting the needs of small rural communities. People living in rural Victoria are receiving less consistent and sustainable access to urgent and emergency care.”*

**Amongst a raft of recommendations, RWAV has called on the Victorian Government to:**

*“Establish sustainable, urgent and emergency care models that are context appropriate, effectively governed, and codesigned with the local rural community and its professional workforce...and funding models which ensure appropriate workforce capacity and capability with suitable infrastructure.”*

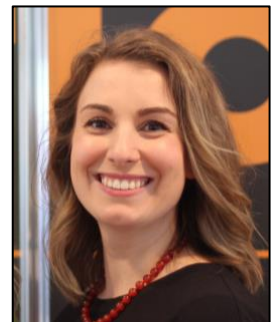
**RDAV Acting President, Dr Louise Manning, said RDAV has been calling for significant reform on rural urgent care for many years.**

“The Urgent Care Centres in small rural hospitals across Victoria are, by any other description, the local rural hospital Emergency Department – but it serves the Victorian Government’s interests to pretend they are not” **she said.**

“Rural UCCs are located in small rural hospitals, the doctors who work in rural UCCs are expected to have a high level of emergency skills (and they are credentialed by the hospital to ensure this), the nursing staff who work in the UCCs are the hospital staff, and the UCCs use clinical supplies and equipment from the hospitals.

“Yet when it comes to funding arrangements for care provided at the UCCs, incredibly they are not considered to be part of the hospital – local rural doctors are expected to either bulk-bill the patient for their time and service (which comes at a financial disadvantage to the doctor) or privately bill the patient (which comes at a financial disadvantage to the patient).

**“For the same care in an Emergency Department in Melbourne and Bendigo, the care is absolutely free to the patient and the doctor is paid fairly – without having to charge the ED patient a full fee or accept a lower fee than their urban colleagues for the same service. So why is the Victorian Government denying rural patients and their doctors the same deal as patients and doctors in Melbourne and regional cities?**



“Recommendation 37(c) of the recent Mid Term Review of the National Healthcare Reform Agreement (an Agreement to which the Victorian Government is a signatory) specifies:

*“Ensure that doctors providing rural hospital emergency services are appropriately remunerated and patients who attend the ED are not charged out-of-pocket fees.”*

“Clearly, this is not happening in Victoria – either the rural doctors are being short-changed or rural patients are.

“RDAV urges the Victorian Government to reform the current approach to rural urgent care so patients who present at Urgent Care Centres across rural Victoria are able to access the emergency care they need and not have to pay for it, and the doctors providing the service are remunerated in line with their colleagues in Melbourne and Bendigo.

“The current arrangement shows a huge lack of respect from the Victorian Government for both rural Victorians and the state’s rural doctors – it is high time this blatantly unfair arrangement is replaced by a much fairer one.”

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### [High resolution photo of Dr Manning](#)

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