National Rural Health Alliance eforum - 27 January 2012

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AUSTRALIAN JOURNAL OF RURAL HEALTH (AJRH) CELEBRATES 20 YEARS

The Australian Journal of Rural Health (AJRH), the premier journal on rural and remote health in Australia, is celebrating its 20th anniversary this year. In his editorial in 20(1), Editor David Perkins evaluates the record of the Journal since its establishment in 1992 by Desley Hegney and the Association for Australian Rural Nurses (AARN).


RURAL INTEREST GROUP OF PHARMACEUTICAL SOCIETY OF AUSTRALIA JOINS NRHA

Following a ballot of existing Alliance members, the Rural Special Interest Group of the Pharmaceutical Society of Australia has been admitted this week to membership in the National Rural Health Alliance. The Special Interest Group consists of over 120 pharmacists working in rural and remote areas in the States and the Northern Territory.

WANTED: A NATIONAL STRATEGY ON FOETAL ALCOHOL SPECTRUM DISORDER

In its submission to the House of Representatives, the Alliance has called for a specific national strategy for the prevention and management of Foetal Alcohol Spectrum Disorder.


ABPM IN JOURNAL OF HYPERTENSION

The National Heart Foundation of Australia, in partnership with the High Blood Pressure Council of Australia, has released a consensus position statement on the role of Ambulatory Blood Pressure Monitoring (ABPM) in Australia. You will need to be a subscriber to the Journal of Hypertension to access this article.

View the abstract at http://journals.lww.com/jhypertension/Abstract/2012/02000/Ambulatory_blood_pressure_monitoring_in_Australia_.2.aspx

For further information contact the Health Information Service on 1300 36 27 87 or email health@heartfoundation.org.au

ROUND THREE OF RHCE2 GRANTS OPEN NOW

The third round of the Rural Health Continuing Education (Stream 2) (RHCE2) grants is open from 9th January to 1st March 2012.

Under this program, health professionals practising in rural and remote areas may apply for a grant to access, develop and/or provide continuing professional development (CDP). Highest priority will be given to proposals that are multi-disciplinary and/or inter-professional.

"Successful applicants in the third round will give priority to projects that clearly demonstrate how they will fill gaps in continuing professional development and inter-professional learning in rural and remote areas,” said RHCE2 Manager, Wendy Downs.
"Applications should provide evidence about how the work to be undertaken will encourage inter-professional learning and teamwork in health services - and how it can have a positive effect on the recruitment and retention of health professionals in rural communities, especially AGSC-RA 3-5," she said.

Just over $630,000 in grants is available in this round to support programs that provide a cost-effective and accessible approach to training. Multiple applications will be accepted but no single entity will receive more than one grant. Projects funded in Round 3 must be completed by 30 April 2013.

Full details about the program, application guidelines and grant objectives, and information on forty-four RHCE2 funded projects, are available on the RHCE website http://rhce.ruralhealth.org.au.

RURAL HEALTH ON TWITTER!

National Rural Health Alliance
'Follow us on Twitter' button now on our home webpage: http://www.ruralhealth.org.au

'Now we are 33': Rural Interest Gp. of Pharmaceutical Soc. of Australia joins NRHA - http://bit.ly/zoi0jg
We all need a ten-year road map: mental health, aged care - and don't forget the 32pc rural! http://bit.ly/yEPWkT
Mark Butler: 'social inclusion' = what we used to call 'whole-of-government' attention to chronic lifestyle challenges
62pc Aust. adults overweight; people in rural/remote areas 16 pc more likely to live sedentary lifestyle http://bit.ly/x8X4IR
337 organ donors in Aust. in 2011: benefits to more than 1000 indivs: let's build it up (check your status) http://bit.ly/xb0ozA

Some other Twitter sites:
ABC Health Online - http://twitter.com/#!/ABCHealthOnline
ABC Open - http://twitter.com/#!/abcopen
ACRRM - http://twitter.com/#!/ACRRM
AgHealthSafety - http://twitter.com/#!/AgHealthSafety
AIHW - http://twitter.com/#!/aihw
Australasian College of Health Service Management - http://twitter.com/#!/ACHSM
Australian Rural Doctor Magazine - http://twitter.com/#!/OzRuralDoc
Consumers Health Forum Australia - http://twitter.com/#!/CHFofAustralia
Country GPs (NZ) - http://twitter.com/#!/CountryGPs
Croakey Blog - http://twitter.com/#!/croakeyblog
eHealthAus - http://twitter.com/#!/eHealthAus
HealthInfoNet - http://twitter.com/#!/HealthInfoNet
NHMRC - http://twitter.com/#!/nhmrc
NSW Health - http://twitter.com/#!/NSWHealth
Queensland Health - http://twitter.com/#!/qldhealthnews
Royal Flying Doctor - http://twitter.com/#!/RoyalFlyingDoc
Rates of substantiated child abuse stable, despite falling notifications

The number of notifications of child abuse or neglect to child welfare departments continued to fall in 2010-11, although the number and rate of children in substantiated cases remained stable, according to a report released by the Australian Institute of Health and Welfare. *Child protection Australia 2010-11* shows a 13% fall in the number of children subject to notifications of possible child abuse or neglect compared with the previous year. During the same period, the number of children in substantiated cases was stable - rising by less than 1%. Aboriginal and Torres Strait Islander children continue to be over-represented within the child protection system. Aboriginal and Torres Strait Islander children were 7.6 times as likely as non-Indigenous children to be the subject of a child protection substantiation, and 10 times as likely to be in out-of-home care.


JOIN friends

We would like to encourage you to join *friends* of the Alliance. The cost of membership is unchanged: $44 (including GST) for an individual, $165 for an organisation of less than 50 people, and $330 for a large organisation. On joining you will receive a *friends* membership pack including a certificate, the Rural and Remote Health Papers CD, lapel pin, fact sheets and the latest annual report. The NRHA values the input of *friends* and finds its advice and contributions invaluable to the work of the Alliance. A membership form can also be found on the *friends* page of the Alliance website at [http://nrha.ruralhealth.org.au/friends/?IntCatId=4](http://nrha.ruralhealth.org.au/friends/?IntCatId=4)

To receive the updated DVD *Rural and Remote Health Papers (1991-2011)* join *friends of the Alliance*

All members of *friends* of the Alliance receive a copy of the updated Rural and Remote Health Papers DVD, a valuable resource on rural, regional and remote health. The 2011 update includes proceedings of the 11th National Rural Health Conference and has 4,000 documents containing 30,000 pages of information. It is searchable by key words. The DVD
includes:
* proceedings of 11 National Rural Health Conferences
* proceedings of the Infront Outback Rural Health Scientific Conferences
* Australian Journal of Rural Health 1992-2010
* Partyline newsletters and other Alliance policy documents and submissions.

LOWITJA INSTITUTE E-BULLETIN
(subscribe at http://www.lowitja.org.au/node/add/profile)

16 January 2012
* New Chief Executive Officer
* Update on the CQI Conference
* New Discussion Paper Series
* Research at the Lowitja Institute
* Published by the Lowitja Institute
* Conferences and Calls for Abstracts
* Events
* Jobs
* Media
* Publications
* Scholarships, Awards, Funding, Grants and Tenders
* Seminars, Courses and Symposia

SIZE BEATS DISTANCE FOR RURAL CLASSIFICATION
(Extract from 6 minutes)

The current rural classification system is "seriously flawed" and should be based on population size rather than location, say Victorian researchers. In a study published in the Australian Journal of Rural Health they say continuing to use the current system would "not only maintain the existing distributional inequities", but also "exacerbate existing difficulties in attracting GPs to small, 'difficult-to-recruit-to' communities where they receive the same incentives as doctors practising in larger communities". They suggest that a classification system based predominantly on town size rather than location would be more effective in defining which groups of doctors should be eligible for rural incentives.

AUSTRALIAN JOURNAL OF RURAL HEALTH

The Australian Journal of Rural Health is a multidisciplinary journal, which aims to facilitate the formation of interdisciplinary networks to build and advance rural practice for all health professionals. Get published in the Australian Journal of Rural Health! The Journal welcomes short reports and letters to the editor as well as review articles, original research articles and clinical perspectives. For useful tips on submitting your manuscript, read the FREE editorial, How to get published in the Australian Journal of Rural Health.
February 2012 issue now available. Contents include:

Editorial - Building for the future of rural health

Original Articles
Who should receive recruitment and retention incentives? Improved targeting of rural doctors using medical workforce data
Farming suicides during the Victorian drought: 2001-2007
Design, implementation and initial assessment of the Northern Territory Point-of-Care Testing Program
Communicating about breast cancer: Rural women's experience of interacting with their surgeon
Why does a rural background make medical students more likely to intend to work in rural areas and how consistent is the effect? A study of the rural background effect
Personal-professional boundary issues in the satisfaction of rural clinicians recruited from within the community: Findings from an exploratory study

Short Reports
Managing oesophageal perforation in a rural hospital: The merits of supportive measures and simple surgical interventions
ENRICHing the rural clinical experience for undergraduate health science students: A short report on inter-professional education in Broken Hill
Filler - Do not move the furniture and other advice for new remote area nurses
Grazing - The elements and man
Letter to the Editor - Need to pay for CQI efforts
From the Journal Associates - The FIFO conundrum


**FEDERAL GOVERNMENT NEWS**

NBN to further boost telehealth takeup
Health Minister, Tanya Plibersek, and Minister for Broadband, Communications and the Digital Economy, Senator Stephen Conroy, said the NBN Telehealth Pilot Program would deliver services to patients in NBN rollout areas and provide feedback on how this program and other health care measures can be delivered nationwide.

**ARTICLE IN RURAL AND REMOTE HEALTH**

'Are medical students influenced by preceptors in making career choices, and if so how? A
systematic review
Are medical students' career choices influenced by their preceptors? And what role, if any, does the duration of rural placement play in students selecting a primary care career? This comprehensive review of the literature has the answers, in what should be essential reading for medical curriculum designers and policy-makers.

LIFELINE INFORMATION SERVICE

The Lifeline Information Service provides access to a variety of self-help tool kits with information about issues such as mental illness, depression, suicide prevention, and more. Theses resources focus on practical steps to help promote mental health and are available online at http://www.lifeline.org.au/infoservice
A limited number of printed tool kits are available on request by emailing infoservice@lifeline.org.au. For more information please visit http://www.lifeline.org.au
If you are in need of 24 hour crisis support, call Lifeline on 13 11 14

The Salvos are among those at the coalface in rural areas with suicide prevention - http://suicideprevention.salvos.org.au/

RURAL HEALTH ON THE ABC

Indigenous children our most vulnerable: report
A Federal Government report shows Aboriginal and Torres Strait Islander children are almost eight times more likely than other children to experience child abuse.

Australian Organ Donor Register is Australia's only national organ and tissue donor register and serves as a lifeline to the people on the organ transplant waiting lists. Register online at http://www.medicareaustralia.gov.au/public/services/aodr/register.jsp to be an Australian Organ Donor now!

BUSH SUPPORT SERVICES (formerly Bush Crisis Line) - 1800 805 391
The Bush Support Services Line is a 24 hour confidential telephone support service for workers, and their families, who work in health related services in remote and isolated situations. It is staffed by qualified psychologists with remote and cross cultural experience, is toll free and available from anywhere in Australia. For more information:
GP uptake of the Federal Government's telehealth initiative has got off to a slow start, with just over 2000 Medicare items claimed for video conferencing in the first six months of the initiative.

GET REGIONAL
Get Regional is the new information and referral service for people living and working throughout country Australia. Engaging and interacting rural, regional and remote communities, via dynamic interactive technologies, to ensure a more sustainable future for the bush. The most up-to-date and independent information service with a wide range of broadcast distribution services.
http://getregional.com.au

Aboriginal & Torres Strait Islander Leadership - Strengthening leadership to 'Close the Gap'
15 - 16 Feb 2012
Citigate Central, Sydney NSW
http://indigenousleaders.com/

International Health Care Reform Conference
Brisbane
6-7 March 2012
Contact Dr Tina Janamian t.janamian1@uq.edu.au
Closing date for abstracts is 28 October 2011.

National Close the Gap Day - Thursday 22 March 2012: Power through Partnership
Please get involved in National Close the Gap Day and join the thousands of people and

Hosting an event is easy. You just register online and Oxfam Australia sends you everything you need, including posters, a DVD specially made for the day and even a Close the Gap t-shirt. Resources will be sent out in February. Events can take place in homes, workplaces, schools, universities, medical centres or wherever you think people may be interested in finding out more about the Close the Gap campaign. Some events are attended by hundreds of people, but others involve just a handful of friends. The events can be formal or informal and can follow whatever format best suits you.

**QUMAX & S100 Joint Forum 2012**  
Melbourne  
26-27 March  
This is the first joint forum for the following programs: QUMAX (Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples), S100 Supply to Remote Area Aboriginal Health Services, and S100 Pharmacy Support Allowance Program. This forum will be an opportunity for community pharmacies and Aboriginal Health Services involved in these programs to share their experiences, build networks and hear from key stakeholders of the programs. The Forum will showcase case studies from each of the programs and provide participants with the opportunity to discuss the implementation and development of these programs at a local level. Conference website is at [http://www.qumax2012.com.au/](http://www.qumax2012.com.au/)

**Health Professionals Teaching and Learning Conference**  
30 - 31 March 2012  
Alice Springs  
The conference theme is True Colours - Performance and Professionalism in Health Professional Education. Early bird registration ends 6 February. For more information and to register, visit the NTGPE website at [http://www.ntgpe.org/](http://www.ntgpe.org/)

**2012 National Conference on CQI in Aboriginal and Torres Strait Islander Primary Health Care**  
'CQI for everyday and everybody'  
Alice Springs Convention Centre  
14-15 May 2012  

**Dermoscopy Third World Congress**
The Australasian College of Dermatologists presents the International Dermoscopy Society's Third World Congress in Brisbane, 17 to 19 May 2012. It will be followed by the ACD's 45th Annual Scientific meeting, from 20 to 23 May 2012. The ACD said the majority of delegates are expected to be general practitioners and rural generalists interested in skin cancer medicine. For registration and accommodation, visit the IDS Congress website at http://www.dermoscopycongress2012.org/welcome.htm

The Aboriginal Health Conference 2012 *Everyone's Responsibility*  
Melbourne  
24-25 May 2012  
The conference aims to inform and inspire delegates through defining the context of Aboriginal health in Victoria; outlining the priority areas and enablers for better health outcomes; demonstrating the value of investment in Aboriginal health; work-shopping ways to close the health gap (it's not easy but not impossible); sharing the experience of innovative and excellent work happening in Victoria; and learning how better health outcomes are being achieved for Aboriginal people.  

2nd National Indigenous Drug & Alcohol Conference (NIDAC 2012)  
Fremantle, Western Australia  
6-8 June  
With the theme 'Beyond 2012: Leading the Way to Action', the Conference promises to build on the success of the inaugural National Indigenous Drug and Alcohol Conference held in June 2010. It aims to highlight how the sector is able to lead the way to action in addressing the harmful effects of alcohol and other drugs and its associated harms among Indigenous Australians.  

13th National Immunisation Conference  
Darwin  
19-21 June 2012  

International Indigenous Development Research Conference 2012  
The 5th Biennial Nga Pae o te Maramatanga conference, to be held 27 - 30 June 2012, will highlight Indigeneity and the multidisciplinary approach used for Indigenous development. Papers are sought that address the themes of optimising Indigenous economic wellbeing,
healthy and thriving Indigenous families, and enhancing Indigenous distinctiveness. They will be underpinned by one or more of the following outcomes: Indigenous knowledge creation, building excellent Indigenous research capability, and research and Indigenous transformation.

http://www.indigenousdevelopment2012.ac.nz/

**NAIDOC Week**

1 - 8 July

http://www.naidoc.org.au

**Third People's Health Assembly PHA3**
6 - 11 July 2012
Cape Town, South Africa
The assembly will be held by the People's Health Movement (PHM). PMH is a global network bringing together grassroots health activists, civil society organisations and academic institutions from around the world, particularly from low and middle income countries. The Assembly flyer is available at http://www.phaa.net.au/documents/111215 3rd Peoples HealthMovement meeting.pdf

**2012 PHC Research Conference 'Inform, Influence, Implement: Research improving policy and practice'**
Canberra
18-20 July 2012
This is the premier annual primary health care research meeting. Delegates include primary health care researchers, allied health practitioners, general practitioners, academics, policy makers, decision makers, consumers and students. For more details visit http://www.phcris.org.au/conference/2012

**13th International Mental Health Conference**
6 - 8 August 2012
Gold Coast, Queensland
The theme is 'Positive Change; Investing in Mental Health'. Mental health awareness and wellbeing strategies are urgent public concerns. Mental illness has the third highest burden of disease in Australia with approximately 45% of adults experiencing a mental illness at some stage of their lives, including alcohol or substance abuse disorders. The Conference will focus on the complex mental issues affecting the elderly including depression, dementia, delirium, paranoid disorders and anxiety. It will also explore the mental health issues of young Australians (aged 18-24 years) struggling with schizophrenia, depression, suicidal
thoughts, bipolar, anxiety disorders and drug use and drug induced psychosis. The conference will examine state, federal, international and COAG initiatives, early intervention strategies, validated treatments, suicide prevention and the effectiveness of mental health preventive measures. The conference website is at http://www.anzmh.asn.au/conference

Bridging the AT Gap, ARATA National Conference
Wednesday 22 - Friday 24 August 2012
Sydney, NSW
The ARATA 2012 Conference: "Bridging the AT Gap" will provide all stakeholders the opportunity to share their knowledge, experience and expertise to help bridge the AT gap between clients, technology, funding and policy. We would like to invite you to participate at "Bridging the AT Gap". This is an opportunity to become an integral part of the development and implementation of Assistive Technology while helping to influence thinking, increase understanding and improve the experience for all stakeholders.
Call for Abstracts is now open and exhibition and sponsorship opportunities available from http://www.arata.org.au
Further information and enquiries.
A.M. Meetings Plus P/L, Conference Management
Phone: +61 (0)3 9372 7182
Email: arata12@ammp.com.au
Website: http://www.arata.org.au

LCANZ Call for Abstracts and Speaker Announcement

Join your fellow health professionals including lactation consultants, maternal child health nurses, Plunket nurses, midwives, GPs, paediatricians, neonatal nurses and other interested participants as we discuss the conference theme, "Breastfeeding - the blueprint for life", across three days of workshops, plenary, concurrent and poster sessions. Prime networking opportunities will also be available at the conference trade exhibition, welcome reception and special gala dinner.

Call for abstracts - NOW OPEN
The Scientific Committee invites you to submit an abstract for consideration as an oral paper or a poster. To submit details of your proposed presentation visit the website http://www.lcanz.org/conference2012.htm and follow the submission of abstracts link.
Deadline for abstracts: Monday 26 March 2012

Keynote speakers
Ann-Marie Widstrom - Karolinska Institutet, Stockholm, on skin-to-skin contact and the first hours after birth.
Cathy Watson Genna - Private practice IBCLC, New York City, USA, author of "Supporting Sucking Skills in Breastfeeding Infants"
Sheela Geraghty - Cincinnati Children's Center for Breastfeeding Medicine, USA, on current trends in breast milk expression and milk sharing
Other exciting speakers to be confirmed.

SAVE THE DATE - LCANZ Inaugural Conference: 7-9 September 2012, Sydney Australia

http://www.lcanz.org/conference2012.htm

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Population Health Congress
Adelaide Convention Centre
10-12 September 2012
The overall theme of this four-yearly event is 'Population Health in a Changing World'. Conference website is at http://www.conferenceco.com.au/PopHealth/Index.html

International Network of Indigenous Health Knowledge and Development Conference
Brisbane, at the University of Queensland, St Lucia Campus
24-28 September 2012
The International Network in Indigenous Health Knowledge and Development will provide the opportunity for knowledge translation through activities designed to build capacity, stimulate research, and strengthen and expand the international knowledge translation system. The aim is to translate new knowledge from the research setting to real-world applications in order to provide more effective health services and strengthen health care systems, thereby improving the health of Indigenous people - Membership of Aboriginal and Torres Strait Islander, Maori, Canadian Aboriginal, Kanaka Maoli, American Indian and Alaska Native peoples. A call for abstracts will be issued early in 2012. Contact is Dr Mick Adams, Australian Steering Committee, E: m2.adams@qut.edu.au

RMA 2012
Fremantle
25 to 28 October
Next year, RMA 2012 will be held in Fremantle, WA. It will have the added attraction of being a scientific forum. To be sure you do not miss out on your preferred workshops and sessions next year, make a diary note to register early - and consider presenting your work as research.
Save the date:
12th National Rural Health Conference
7-10 April 2013
Adelaide

CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is published fortnightly. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au (do not "reply" to this email - send contributions to grovesc@winshop.com.au). Contributions received by the Friday of publication will be included in the e-forum.

The NRHA e-forum is edited by a third party moderator, Jim Groves. As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the views of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au

Please forward a copy to any colleague you think may be interested.

Media Release
23 January 2012
Australian Journal of Rural Health (AJRH) celebrates 20 years

The Australian Journal of Rural Health (AJRH), the premier journal on rural and remote health in Australia, is celebrating its 20th anniversary this year. In his editorial in 20(1), Editor David Perkins evaluates the record of the Journal since its establishment in 1992 by Desley Hegney and the Association for Australian Rural Nurses (AARN).

The Journal's initial goal remains central to its mission: to facilitate publication of scholarly papers on rural and remote health, particularly papers with a multi-disciplinary approach. AJRH has had a steadily rising trajectory of achievement, as reflected in its impact factor of 1.070. AJRH is owned and managed by the National Rural Health Alliance and is the official journal of Services for Rural and Remote Allied Health (SARRAH) and CRANApuls. It is published by Wiley-Blackwell, and is still available both in hard copy and online.

Chair of the Journal's Advisory Committee, Gordon Gregory, has paid credit to those who have been its Honorary Editors over the years: Desley Hegney, John Marley, James Dunbar and the present Editor, David Perkins. "Each of them has had a share of the passion and commitment of the rural and remote health sector in Australia and helped advance the Journal to its present status," he said.
In 2010-11 there were over 139,000 full text downloads of articles from AJRH. While most users are located in Australia, there continues to be a healthy interest from overseas.

The Alliance also acknowledged the organisations that have supported AJRH over the years: Rural Doctors' Association of Australia (RDAA), the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Royal College of Nursing Australia (RCNA) and, more recently, the Australian Rural Health Education Network (ARHEN).

"Special thanks go to Wiley-Blackwell, our publisher since 1995, and its staff, for the unstinting professional support given to AJRH," Mr Gregory said.

Like so many before it, the latest issue - 20(1) - includes an article on a matter of considerable current importance: how city and rural areas should be classified for the purposes of incentive payments to doctors. "It's also noteworthy that John Humphreys, one of that article's authors, has been closely involved with AJRH since the very beginning," Mr Gregory said.

The role of the Journal is to gather and communicate reliable information for rural communities, practitioners, service managers and policy makers. By continuing the high standard of scholarship, AJRH helps build an improved future for rural and remote health.

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**Media Release**

24 January 2012

**Rural Interest Group of Pharmaceutical Society of Australia joins NRHA**

Following a ballot of existing Alliance members, the Rural Special Interest Group of the Pharmaceutical Society of Australia has been admitted this week to membership in the National Rural Health Alliance. The Special Interest Group consists of over 120 pharmacists working in rural and remote areas in the States and the Northern Territory.

The PSA's Rural Special Interest Group represents those pharmacists, provides them with a forum for discussion of the issues and problems unique to rural areas, and works with them on the development of policy positions and submissions. The PSA's Chief Executive Officer, Liesel Wett, said that membership in the Alliance will increase the group's capacity for these activities and the national effectiveness of its involvement in policy issues.

"The rural interest group will provide the Alliance's policy development and advocacy work with the professional views of rural pharmacists working in a range of rural and remote settings," Ms Wett said.

Chair of the Alliance, Lesley Barclay, said today from Lismore that the Alliance was delighted to have the pharmacists' professional association contributing to its work.

"Pharmacists play unique and highly-valued roles in health care and management wherever they are to be found," she said.
This week's decision brings to 33 the number of national organisations in the Alliance and strengthens the voice of rural pharmacy in its work. Rural Pharmacists Australia, now representing the rural and remote interest of the Pharmacy Guild of Australia and the Society of Hospital Pharmacists of Australia, is a long-standing member of the Alliance.

Media Release
25 January 2012
Wanted: a national strategy on Foetal Alcohol Spectrum Disorder

In its submission to the House of Representatives, the Alliance has called for a specific national strategy for the prevention and management of Foetal Alcohol Spectrum Disorder.

Foetal Alcohol Spectrum Disorders (FASD) are 100 per cent preventable: if alcohol is not consumed, the baby will not have FASD. The condition has immense consequences for families and society, as well as for affected individuals. And yet, even with increased knowledge about the condition and its causes, there are still children being born who are alcohol-affected.

The Alliance proposes that the House Standing Committee on Social Policy and Legal Affairs should support the development of a national strategy, to be agreed and prosecuted by all health jurisdictions, to prevent children from being affected by FASD. Although it is a lifetime disability, early diagnosis and appropriate intervention can make a positive difference to the life of the person affected and to the lives of their parents.

The strategy could effect a cultural shift in overall attitudes towards pregnancy and alcohol, and in the role of partners and fathers as active agents of support for healthy pregnancies. Foetal alcohol is not just 'a woman's problem'.

The strategy would accommodate the particular characteristics of rural and remote areas, in which there is a significant prevalence of FASD. It will target effective measures for early identification and ongoing management to selected population groups, including pregnant women, women of child-bearing age generally, 'at risk' groups such as young people, women with an alcohol dependency and the male partners of women in these groups.

This targeting will be undertaken through a range of measures, including generic health promotion and information within the community, training and support for clinicians, and whole-of-government work to improve the determinants of health and wellbeing.

Much could be achieved through greater knowledge of and adherence to guidelines on the consumption of alcohol.

To read the full Submission please see http://www.ruralhealth.org.au under Publications.