National roundtable hears practical solutions to rural health workforce crisis

Today’s National Rural Health Workforce Roundtable of 15 peak rural health and consumer organisations raised a range of practical and cost-effective solutions to get and keep more health professionals in rural and remote Australia.

A key message coming from the meeting is that rural communities do not just need one type of health professional — they will benefit most from a multi-disciplinary mix of doctors, nurses, midwives, Aboriginal Health Workers, dentists and allied health professionals if they are to enjoy better access to local healthcare. This mix would also help make rural practice more sustainable.

Nationally, at least 16000 more health professionals — 1000 additional doctors, 5400 additional nurses, 600 additional midwives, 1000 additional Aboriginal Health Workers, 1700 dentists, and over 6100 additional allied health professionals — are urgently needed in the bush.

Many rural Australians are now waiting six weeks or more for a standard medical consultation, while others are having to drive hundreds of kilometres to access basic healthcare. This is at a time when rural Australians have much worse health outcomes than those living in the cities, including significantly lower life expectancies. The relentless downgrading or closure of rural hospitals and other rural health services also continues unabated. For example, 50% of all rural maternity units across Australia have been closed in the past decade alone, forcing many rural women to travel long distances to give birth elsewhere.

The 15 organisations at today’s Roundtable greatly appreciated the willingness of Federal Health Minister, Nicola Roxon MP, and her Departmental representatives to attend the Roundtable to hear the variety of solutions put forward.

We also welcome the Minister’s commitment that the National Health and Hospitals Reform Commission will be asked to explicitly identify a long-term plan for improving rural health services, however it is critical this work is undertaken urgently.

We look forward to working with the Minister and her representatives to effect positive change in rural healthcare delivery, particularly given the opportunities presented by the election of a new federal government.

The organisations participating in today’s national Roundtable emphasised the need for:

- immediate action to get and keep more doctors, nurses, midwives, Aboriginal Health Workers, dentists and allied health professionals in the bush, through a range of supports and incentives (both financial and non-financial)
- the introduction of a Rural Health Obligation and a national rural primary healthcare strategy, to set an absolute minimum standard of access to local rural health professionals, as well as to local hospitals and health services, for all rural Australians
- broadening of the funding arrangements under the next round of the Australian Health Care Agreements between the federal and state governments to go beyond hospital care, including increased and quarantined funding for small rural hospitals and rural primary healthcare services
- targeted funding to enable health professionals to work with patients, parents, communities and schools to intervene early, promote health and healthy choices, and close the equity gap, based on best evidence
- specific funding for health training infrastructure and educational support to provide positive experience of rural interprofessional healthcare from the undergraduate level through to vocational qualification and beyond
investment in rural health practitioner development; support for working arrangements that attract and retain skilled staff; and the consideration of opportunities to better utilise the clinical skills of all health professionals in the rural healthcare team

better assistance for rural patients to access healthcare services, including through improvements in the management and funding of Patient Assisted Travel Schemes (PATS), I.T. infrastructure and other initiatives

reform of the funding arrangements for healthcare to facilitate more flexible models of care to make best use of the available workforce

government to address the social determinants of health, including poverty, housing, reduced educational opportunities, employment and transport as an important step in improving rural health outcomes, particularly in Indigenous communities, and specific investment in community controlled aboriginal health services and other elements of the NACCHO/OXFAM Closing the Gap proposal

The organisations attending today’s roundtable were:

- Rural Doctors Association of Australia
- Australian College of Midwives
- Australian College of Rural and Remote Medicine
- Australian General Practice Network
- Australian Nursing Federation
- Australian Rural Nurses and Midwives
- Council of Remote Area Nurses of Australia
- Country Women’s Association of Australia
- Health Consumers of Rural and Remote Australia
- National Aboriginal Community Controlled Health Organisation
- National Farmers’ Federation (represented by the NSW Farmers Association)
- National Rural Faculty of the Royal Australian College of General Practitioners
- National Rural Health Alliance
- Rural Health Workforce Australia
- Services for Australian Rural and Remote Allied Health

Spokespeople are available from all participating organisations for interviews.
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