PARTYline
DECEMBER 2000
Newsletter of the National Rural Health Alliance
Working for Good Health and Well-being in Rural and Remote Australia

A DIVISION TO END ALL DIVISIONS?

COURTESY OF SABINA KNIGHT

A team approach to effect improved health outcomes

A strong desire to improve health outcomes across the board has led to the formation of Australia's first Division of Primary Health Care. The Central Australian Division of General Practice in Alice Springs has recently voted in a range of constitutional changes associated with a Division of Primary Health Care.

At the same meeting, attended by nineteen General Practitioners and a number of allied health professionals, the Council of Remote Area Nurses of Australia (CRANA) was accepted as a member organisation with representation on the Board Of Governance. CRANA joins the Central Australian and Barkly Aboriginal Health Worker Association (CABAHWA) and consumers on the Governing Committee of the Division. Expressions of interest have also been received from other allied health organisations.

"We need to recognise that without multidisciplinary teams in health care we cannot change health outcomes," said Dr Chris Wake, Chair of the Division. He added, "It is for all health professionals, not just doctors, to put aside self interest and work for cohesion in primary health care rather than protecting their own patch."

Dr Wake said that the challenge is whether doctors could become social engineers and public health oriented medical practitioners who could see themselves as equal partners with other primary care providers in service delivery. In the future, the Division system cannot remain wrapped up in the world of doctors. That future must be involved in actively working towards better outcomes for our communities in education, housing, welfare and social justice. Only by this means can improvement in health outcomes that has proved so elusive be achieved, particularly in rural and remote locations.

There is significant interest in the PHC Division agenda from many other Divisions and the Australian Divisions of General Practice (ADGP), the Divisions' peak body. The Central Australian Division of Primary Health Care sees itself as the trail-blazer for a new, national thrust in the Divisions' movement, a coming of age for that movement.

continued on page 3

IN THIS *issue*

Contents

Editorial details

PARTYline is the Newsletter of the National Rural Health Alliance, the Peak Body working to improve health and well-being in rural and remote Australia. The Editorial Group for *PARTYline* is Michele Foley, Gordon Gregory, Irene Mills, David Petty, Mandy Pusmucans, Storry Walton and Gratton Wilson. *PARTYline* is distributed free. Articles, letters to the editor, and any other contributions are very welcome. Please send these to:
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There's a belief in some sectors of the sales profession that more can be achieved by a cohesive team of good salespeople than by a group of individual sales superstars all acting in their own self interest. This is a principle that is also practised in many a progressive workplace. It could well be the worthy, though unintentioned, theme of this edition of PARTYline.

Our Page one story, "Division To End All Divisions"- an account of the formation of Australia's first Division of Primary Health Care, is an excellent example. The Central Australian Division of Primary Health Care (formerly General Practice) has realised that the best way to positively achieve their desired health outcomes is through the combined and integrated efforts of all health professions in that area.

The formation of a new national Alliance, this time to facilitate the improvement of education in rural and remote Australia, is another case in point. This article provides a glimpse of the very beginning of what could be a significant collaboration with a very valuable goal – the improved quality of education for the future generations of rural and remote Australia.

A cohesive, collaborative and cooperative approach is perhaps the remedy required by the nursing profession in its long running battle to advance the cause of Advanced Nursing Practice and Nurse Practitioners. These are models which, if successfully implemented, are sure to herald some very real health benefits for our rural and, especially, our remote communities. However, as our Page 16 news feature explains, the absence of a team approach may well mean that the reality of these practices is still a long way away.

PARTYline's Special Feature this issue is about what is possibly the best and most relevant example of what can be achieved with the team approach, the Alliance itself. As a peak body of 22 national associations, all with declared interest in rural and remote health, and many of whom have traditionally practised an isolated or competitive approach to their business, the Alliance is living proof of what can be achieved collaboratively.

The Special Feature provides an overview of CouncilFest 2000. CouncilFest is the annual face-to-face meeting of the Alliance's governing body and as the feature shows it is a lot more than just the vital strategic planning of the Alliance.

I am sure you will find this edition of PARTYline very interesting reading if not challenging and possibly even provocative at times. Whatever your response, I believe we are seeing a definite trend emerging of what "getting the job done" in rural and remote health will look like in the future.

David Petty

PARTYLINE COMES OF AGE

With this edition, PARTYline reaches its maturity. PARTYline is now the official newsletter of the National Rural Health Alliance. It has been almost two years since it began its life as the newsletter of the then newly-formed *friends* of the Alliance.

Along with *friends*, PARTYline has grown in its importance as a vital communication organ for the work of the Alliance. Such has been the response to the articles and issues covered by PARTYline, that the Alliance has recognised the important strategic value in adopting it as the official newsletter and thereby substantially increasing PARTYline's distribution.

Gordon Gregory, Executive Director of Alliance, has extended his appreciation to *friends* of the Alliance for the creation and nurturing of such a valuable asset for the Alliance. "This is one of many ways in which *friends* has supported the Alliance and as a result the Alliance and those with an interest in rural and remote health will benefit for a long time to come," he said.

PARTYline will continue in its current format and page extent, although there are already plans to increase its frequency to bi-monthly if and when funds permit.

A NEW ALLIANCE FOR RURAL AUSTRALIA

A new national alliance for rural Australia has been proposed, this time for rural education. The proposal has arisen from the October Federal Conference of the Isolated Children's Parents' Association (ICPA).

ICPA's Mission Statement is "to provide equality of access to education for all students who live in rural and remote communities". In seeking to fulfill this mission, delegates to the conference agreed that there is a need for a new national focus to promote and monitor education and educational access in rural and remote areas. ICPA is a member of the National Rural Health Alliance, recognising the inextricable link between good education and good health in a community. ICPA has been greatly encouraged by the success of the Alliance in furthering the needs of rural and remote health.

The proposal for a national alliance for rural and remote education received additional emphasis from needs identified by the Human Rights and Equal Opportunity Commission. Human Rights Commissioner, Mr Chris Sidoti, addressed the ICPA Conference and strongly supported the proposal for a new alliance.

"Education is not a privilege for rural children but a human right," Mr Sidoti told delegates.

As has been the National Rural Health Alliance's experience, the formation of a national peak body is not an easy path to pursue, however. Megan McNicholl, President of the ICPA, warned that a major and ongoing effort would be required to make it successful.

"The ICPA is very keen to carry the torch for rural education. But I emphasised to delegates at the Conference that this will be a marathon effort," Ms McNicholl said.

For more information contact:

Mrs Megan McNicholl, Federal President ICPA – 07 4627 6364 or 0428 655 725

NIGEL JEFFORD

Megan McNicholl – Federal President Isolated Children's Parents' Association

A DIVISION TO END ALL DIVISIONS?

(continued from page 1)

One of the first priorities of the new Division will be to explore why it is that health professionals are unable to work together across organisations. Having identified the blocks the Division then intends to actively seek, with whole of Government help, to pull down those barriers. Dr Wake believes it is highly likely that the PHC Division will become a fund holder for consideration of training, recruitment and retention and possibly for service delivery in difficult environments.

Application for Membership of the Central Australian Division of Primary Health Care is open to any incorporated primary care related organisation whose aims mirror those of the Division. An organisation seeking membership must also agree to the Division's agenda as expressed from time to time. An application to join the Division must then obtain a 75% vote of the Board of Governance. This is designed to ensure that groups who are considered by the Board to be inappropriate members of the Division may not be admitted. Then a 66% majority of the general membership vote at a Special General Meeting is required for the application to be successful.

COURTESY-CENTRAL AUSTRALIAN DIVISION OF PRIMARY HEALTH CARE

Dr Chris Wake

Dr Wake believes that the Division in its Primary Health Care clothes has multiple advantages in advancing the agenda for groups of health professionals. "We will quickly develop two financing streams. One to continue to roll out programs to medical practitioners but a new one to advance the whole primary health care agenda in Central Australia. The PHC Division will be different because it will work well and will not be bogged down in internecine arguments about control."

The Division sees many opportunities arising from this transition. These include trials of budget holding in remote practice which will free doctors from the burden of the Medicare system so that they are able to perform more public work and more public health work. Other expectations are a renaissance in allied health for remote areas out of all that has been learnt from maintaining doctor and nurse practitioners in the bush and a new professionalism for Aboriginal Health Workers who will assume a rightful pre-eminent place in health care in Central Australia.

And a final word from Dr Wake, "A brave new world maybe, but then never forget that fortune favours the brave."

For more information contact:

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REGIONAL HEALTH SERVICES – THE ANSWER?

Budget 2000 announced unprecedented allocations and initiatives to address health issues in rural and remote Australia. One of these is the Regional Health Services Program of the Commonwealth Department of Health and Aged Care. This program aims to improve the access of smaller rural communities to health, aged care and other community services. It has both a primary care and an aged care component and incorporates the Multipurpose Services initiative.

But, like all programs and initiatives, its true value will be tested in its implementation. PARTYline has recently received a submission from a correspondent who is a resident of a rural community. This report suggests that perhaps there is still some fine tuning to be done to enable this important initiative to fulfill its aims. The correspondent's comments are reported here in full.

"There are several areas that need to be commented on relating to this document and other programs put out with the same intent from the Commonwealth. They all have far too many 'strings' attached and too much bureaucratic language for the normal community submission writer to follow. Also, these guidelines are far too broad and non-specific.

The following points are some of the areas I believe are restrictive or inappropriate in my own service provider area.

Equity

If we wanted to make health services really equitable, the Commonwealth could hand all health service provision money to the States on a per capita basis and make adjustments for remoteness and community disadvantage.

Historically HACC services (initially Commonwealth funded) are provided through a community group or Shire Council via a submission or application. This has caused huge problems and duplication of services to a community, not to mention the inequitable distribution of those funds and services. For example, the better the application the more money received and it often seems to be 'first in, best dressed'. The Regional Health Services Program has the potential to go down the same road as HACC and other Commonwealth initiatives generated from Canberra unless we are careful and consider some better ways of implementing it.

DAVID PETTY

Potential for increasing small town rivalry

"…local government is not in the business of delivering health as its primary role…"

One of the difficulties encountered when a community is developing an MPS agreement is the strong resistance from established HACC and other Commonwealth funded aged care facilities (hostels) to become integrated within the MPS and the fear of loss of control. At all the rural health conferences I have attended, it has been a recommendation that all health services be administered through the one provider.

This program should be able to help enhance the MPS program and speed up development of new sites. It should also assist with the integration of services, not create fragmentation.

Division and competition

There are some very real fears that this program will create a situation, in rural and regional areas, of division and competition rather than putting the dollars to services and community benefit on a needs basis. Towns and areas will again be bidding against each other for limited funds. An alternative would be to allocate money directly to existing service providers and disadvantaged groups addressing areas of need in Aboriginal health and isolated communities.

continued on page 5

NEW FEATURES FOR THE NEW YEAR

2001 will see new additional features included in the Australian Journal of Rural Health giving the Journal appeal to an even broader spectrum of readership. Submissions are currently being sought for a new section entitled "Experiences in Rural and Remote Practice". Associate Professor Lorraine Sheppard has been appointed as the Assistant Editor for this feature. This is an opportunity for practitioners to reflect on experiences in their practice and relate those experiences and lessons learnt – a true sharing of hands-on practical issues.

THE AUSTRALIAN JOURNAL OF RURAL HEALTH

The Editorial Board of the Journal has recently appointed Professor David Wilkinson, Head of the South Australian Centre for Rural and Remote Health, as Assistant Editor – Clinical. David will bring a strong balance of clinical papers to the Journal from across all health disciplines. Letters to the Editor will also be a feature of the Journal in 2001. This will be a valuable way of extending discourse and debate on current articles, research and issues.

The themes for the two thematic issues for 2001 have been chosen. They will be Aboriginal and Torres Straight Islander Health, and Occupational Health and Safety in Rural Industries (agriculture, forestry and fishing).

For further details contact Professor Desley Hegney, Editor on phone 07 4631 2971 or email hegney@usq.edu.au *or David Petty, Journal Manager, at the Alliance on phone (02) 6285 4660 or email* ajrh@ruralhealth.org.au

continued from page 4

REGIONAL HEALTH SERVICES – THE ANSWER?

Aged care dollars need to have more flexibility, enabling providers to provide a wider range of services closer to the homes of the clients, allowing them to remain at home longer.

"…real danger in… creating a bigger gap between those who have and those who haven't…"

Some of the problems I see in this program are the need for communities to develop a submission around an idea/initiative and have an incorporated body to be the applying organisation. The difficulty with this in the rural context, and more so in the eastern states than Western Australia, is that health mostly no longer has local hospital boards as incorporated entities that can apply for the money or program. Consequently, the application would need to be done at a district or further removed at a regional level. This would be acceptable if communities trusted each other and worked together for each other's benefit along the lines of *'healthy communities'* that Jack Best spoke about in his report. But, we all know that this often does not happen. For instance, Jack Best was quite critical of Western Australia's parochialism and inter-town rivalry. These types of programs encourage rivalry and competition.

Appropriate stakeholders and purse holders

This mechanism also allows Local Government to be the host organisation. I have a real problem with allocating health service dollars to Local Government, especially primary (or acute) care dollars. The reason for this is that local government is not in the business of delivering health as its primary role. However there does need to be recognition and assistance to those local government authorities who contribute significantly to the recruitment and retention of a medical practitioner.

As for Divisions of General Practice being the purse holders for health, doctors are busy and vital members of the health team in a rural area and are quite keen to participate in primary health care. But when it comes to the crunch their practice, and the patient numbers and time available, dictate where they prioritise their time.

Recruitment of health professionals should be addressed nationally and equitably with support scholarship schemes and incentives for practitioners in relation to the situation they work in. You could hardly place the same incentives for towns of 10,000 or more residents as you would for those with populations of less than 1000.

Conclusions

The real danger in the program is that it won't get out to where the real needs are, therefore creating a bigger gap between those who have and those who haven't. It will be the smarter ones, not necessarily those with the greatest need, that will be successful.

In summary, the program may be okay but the method of application is flawed, with the opportunities swinging in favour of the larger towns and regional centres again.

Programs such as these may look good from Canberra but they may do little to address the shortfall of services to the real rural areas. Furthermore they by no means offer equity.

Primary health care needs to be included in the main stream of health service provision and funded accordingly, thus ensuring there are fewer gaps.

Thank you for my say!"

More information about the Regional Health Services Program can be found at: www.health.gov.au/ruralhealth/services/rhsp.htm

COUNCILFEST – NOT JUST ANOTHER "BORED" MEETING

Once a year the Council of the National Rural Health Alliance gathers for a face-to-face meeting. This is the Alliance's CouncilFest and, as the name suggests, this is more than the usual corporate boardroom planning meeting. Held over a five day period, CouncilFest incorporates everything from strategic planning and review to the Annual General Meeting and elections, to a day in Parliament House meeting with the politicians.

CouncilFest 2000 has just finished and this PARTYline Special Feature provides a glimpse into what happened and what was achieved.

A Day on Capital Hill

Perhaps the hardest and certainly the most physically demanding part of CouncilFest for the Councilors is the day spent in Parliament House, Canberra. The Council members together with Alliance staff members are divided into groups of five or six and are allocated a number of appointments each with individual parliamentarians in their offices. These parliamentarians are chosen on the basis of their relevance to and/or interest in rural health either by virtue of their Ministerial or Shadow Ministerial responsibilities or the geographic location of their electorates.

Prior to this day, the full Council of the Alliance had determined three key issues affecting rural and remote health that they intended to bring to the attention of each parliamentarian who was visited. This year the three key areas of need were:

1) family health (with an emphasis on early intervention, parenting and youth suicide),
2) rural and remote health workforce and
3) putting rural policy and rural resourcing into rural hands.

Parliamentarians visited during the day included Senators Ron Boswell, Rosemary Crowley, Alan Eggleston, John Herron, Sue Knowles, Meg Lees, Ian Macdonald, Jocelyn Newman, Grant Tambling, Sue West, and MPs Larry Anthony, Fran Bailey, Bronwyn Bishop, Martin Ferguson, Tim Fischer, Steve Gibbons, Kay Hull, Tony Lawler, Kirsten Livermore, Ian MacFarlane, Jenny Macklin, Phillip Ruddock, Warren Snowdon, Sharmon Stone, Wayne Swan, Wilson Tuckey, and Barry Wakelin.

The Council members took a break from the individual discussions to attend Question Time. At the conclusion of the day the entire Council met together again to hold discussions with the Federal Health Minister, Dr Michael Wooldridge. In addition to providing members of Council with an update on current government initiatives, Dr Wooldridge was keen to hear the concerns of the Alliance and to engage in productive discussion on appropriate courses of action to address these concerns.

A Focus on Some Key Issues

One important item of business for the Council of the Alliance was to determine its position on certain key policy areas. Draft Alliance Position Papers had been prepared for discussion, amendment and adoption. The four key policy areas chosen for this Council meeting were Dental Health, Suicide, Allied Health workforce and a 30% Fair Share.

NIGEL JEFFORD

Federal Health Minister, Dr Michael Wooldridge, in discussion with Alliance Council.

PARTYLINE
special feature

A NEW EXECUTIVE

Each year elections are held during the AGM to appoint an Executive of the Alliance Council. This year saw a number of new faces elected to the Executive as well as the retention of some of the more experienced Councillors. The Executive for the next twelve months is:

NIGEL JEFFORD

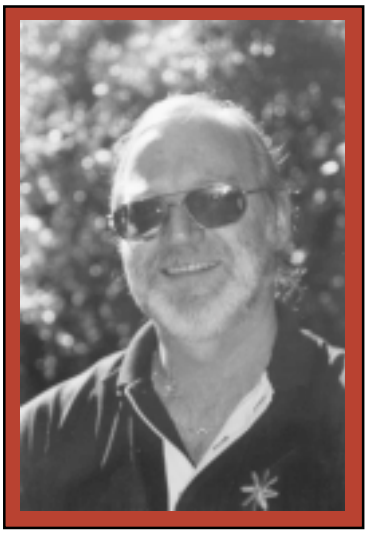
Dr Nigel Stewart – Chairperson

NIGEL JEFFORD

Mrs Shelagh Lowe – Hon. Secretary

NIGEL JEFFORD

Mr Mark Dunn – Hon. Treasurer



NIGEL JEFFORD

Mr John Lawrence – Deputy Chairperson

NIGEL JEFFORD

Dr Steve Clark – Immediate Past Chairperson

NIGEL JEFFORD

Ms Louise Lawler – Executive Member

NIGEL JEFFORD

Ms Sabina Knight – Executive Member

NIGEL JEFFORD

Dr Jane Greacen – Executive Member

NIGEL JEFFORD

Dr Nola Maxfield – Executive Member

NIGEL JEFFORD

Mrs Megan McNicholl – Executive Member

A Chance to Meet Other Stakeholders

A highlight of each CouncilFest is the Associations' day. This is a day extended to include representatives from many national associations, community organisations and government departments. Time and resource restrictions saw this component of CouncilFest limited to a morning session this year. Nonetheless, the morning proved particularly popular and valuable with two prominent guest speakers in Professor John Chudleigh, Chair of the Regional Australia Summit Implementation Committee and Rt. Hon. Ian Sinclair, Chair of the Foundation for Rural and Regional Renewal of Australia.

NIGEL JEFFORD

Professor John Chudleigh, Rt. Hon. Ian Sinclair and Alliance Executive Director, Gordon Gregory, discuss regional matters at the Associations' day

Professor John Chudleigh – Chairperson, the Regional Australia Summit Implementation Committee

As the Regional Australia Summit Implementation Committee puts the finishing touches to its final report, "Regional Australia – Making a Difference", Professor Chudleigh was well placed to provide the gathering with a clear overview of what has and has not been achieved since the Summit. Since the Committee will then be wound up, there was also some timely advice on how we should proceed from here.

The report being prepared will specifically contain an assessment by the Committee of what the Government has done from the recommendations of the Committee's first report and what is still to be achieved. Specifically, Professor Chudleigh expressed concern that issues of economic development and investment in regional Australia are still not being addressed. These included the general areas of infrastructure, innovation and natural resource management.

Equity of services and access to them in regional Australia, particularly education, health and communication, is still a significant issue. There is a clear link between the standard of education and the health of the people in a community. This is particularly relevant in the context of Indigenous communities. This was again explored in the Northern Australia Forum and Professor Chudleigh expected that both health and education will benefit when Senator Macdonald receives the report from the Forum.

Professor Chudleigh noted that the benefits of the successful economic reforms and efficiencies of the present government had not been distributed equitably with respect to regional Australia. Nor had the impact on regional Australia of the irreversible changes arising from globalisation been considered thus far.

Professor Chudleigh's final advice concerned life after the end of his Committee. When the Committee is wound up after the delivery of its final report, it will be over to the community to pursue the continuation of reforms. His advice was that the formation of partnerships between the government and the community is the way to achieve progress. It is necessary to keep reminding the government of what was said at the Regional Australia Summit and what commitments it gave.

"…the benefits of the successful economic reforms and efficiencies…had not been distributed equitably with respect to regional Australia…"

Rt. Hon. Ian Sinclair – Chairperson, Foundation for Rural and Regional Renewal

How do you attract young people back to your community when they have been forced to leave to gain a quality secondary and tertiary education? How do you convince them that there is a viable future for them back in their own community using their newly acquired qualifications? How do you create or sustain the infrastructure that will provide such opportunities?

These are some of the key issues that the Foundation for Rural and Regional Renewal is currently seeking to address according to its Chairperson, Ian Sinclair. Young people in many of Australia's rural and remote localities are forced to leave their communities to obtain a quality secondary and tertiary education. Their failure to return after completing their education is a major contributor to a declining and aging rural population. Thus the Foundation considers this to be a key priority for project funding.

The Foundation for Rural and Regional Renewal is a product of the Regional Australia Summit. It is a partnership of corporations, philanthropy and government. The Foundation has recently opened its office at Mt Barker and has appointed a Chief Executive Officer, Mr Peter Cook. To date, $500,000 in project finding has been approved.

Mr Sinclair had commenced his presentation with some comments on the work of the Alliance and how the achievement of its aims might be achieved. He highlighted an issue that had been spoken about in so many different venues across the previous days of CouncilFest – Commonwealth/State relations. The Commonwealth and the States do not trust each other, he said. However, he felt that the only way to achieve adequate service delivery across the diversity of a country like Australia was to involve the three levels of government, the community and a wide breadth of health professionals.

He implored all present to run seminars for politicians – they need to be kept informed.

Meet the New Chairperson

This year saw the election of a new Chairperson of the Alliance, Dr Nigel Stewart. Nigel is a child health specialist who lives in Port Augusta, SA. He represents the Regional and General Paediatric Society on the Alliance Council. Nigel, a Kiwi by accent, trained as a child health specialist in New Zealand and practised for five years in South Auckland with Maori, Pacific Islander and Pakeha children.

Seven years ago he moved to Australia and took up practice in Port Augusta, South Australia, as the sole paediatrician for that area. At that time, as he does now, Nigel found the support of the town's GPs, nurses, Aboriginal Health Workers, Allied Health professionals and health administrators invaluable.

Today, Nigel has two specialist colleagues as well as paediatric registrars visiting from Adelaide and medical students from the University of Adelaide. His practice has an outreach area of some 800klms.

What does Nigel hold important? He thinks that rural people should be in charge of their own lives and believes that ultimately they have to find their own solutions. He is passionate about children and that their needs and those of their families are being met. He believes that the Commonwealth and the States have a special responsibility to rural and remote communities where the services have been centralised in the metropolitan areas.

DAVID PETTY

Dr Nigel Stewart

"…rural people should be in charge of their own lives…"

When asked why would you go to a rural community to practise, Nigel is passionate about the challenges the change in environment and community bring. "It is a real test of your skills – to act on your own. You have to depend on yourself, your community and your family and you have to be resourceful and resilient." He adds that the challenge and excitement is there for the whole family too. They have to make new friends, get involved in a new community, be supportive and be supported.

Nigel particularly values the support he receives from his partner and four children. He says they are the ones who pay the real costs of what he does both in his practice and with his work with the Alliance. They don't receive the benefits of what he strives for but pay the price of not having him around.

Regarding his new role as Chair of the National Rural Health Alliance, Nigel admits to being a little overwhelmed by the role. He says he will be looking to Council, the Member Bodies of the Alliance and the staff for lots of support in this position. His priorities are keeping the Alliance safe and sustainable and working with the whole of government ie politicians, bureaucrats and other stakeholders.

Nigel believes in working collaboratively. He enjoys what he does and when it stops being fun – he'll find a new job.

The Member Bodies of the National Rural Health Alliance

The National Rural Health Alliance is a peak body comprised of 22 national associations known as the Member Bodies of the Alliance. Each Member Body nominates a representative to the Alliance and they collectively comprise the Council of the Alliance:

Below are listed the names of the 22 Member Bodies and their respective Council member.

Association for Australian Rural Nurses (AARN)	Ms Kris Malko-Nyhan
Australian Community Health Association	Ms Sue Wade
Australian College of Health Service Executives (rural members) (ACHSE)	Mr John Lawrence
Australian College of Rural and Remote Medicine (ACRRM)	Dr Jane Greacen
Rural Policy Group of the Australian Healthcare Association (AHA)	Mrs Judith Adams
Australian Nursing Federation (rural members) (ANF)	Ms Margi Stewart
Australian Rural and Remote Allied Health Taskforce of the Health Professions Council of Australia (ARRAHT)	Mrs Shelagh Lowe
Aboriginal and Torres Strait Islander Commission (ATSIC)	Ms Christine Thorne
Council of Remote Area Nurses of Australia Inc. (CRANA)	Ms Sabina Knight
Country Women's Association of Australia (CWAA)	Mrs Marie Lally
Frontier Services	Ms Barbara Foggin
Health Consumers of Rural and Remote Australia (HCRRA)	Ms Marg Brown
Isolated Children's Parents' Association of Australia (ICPA)	Mrs Megan McNicholl
National Association of Community Controlled Health Organisations (NACCHO)	Ms Colleen Prideaux
National Association of Rural Health Education and Research Organisations (NARHERO)	Ms Louise Lawler
National Rural Health Network (NRHN)	Mr Richard Sager
Rural Doctors' Association of Australia (RDAA)	Dr Nola Maxfield
Rural Faculty of Royal Australian College of GPs (RACGP)	Dr Bruce Harris
The Australian Council of the Royal Flying Doctor Service of Australia (RFDS)	Ms Barbara Ryan-Thomas
Regional and General Paediatric Society	Dr Nigel Stewart
Rural Pharmacists Australia (RPA)	Mr Mark Dunn
Services for Australian Rural and Remote Allied Health (SARRAH)	Ms Chris Ward

friends – THE FRIENDLY FACE OF THE ALLIANCE

By Michele Foley

After a long day of meetings in Canberra, Michael, an occupational therapist from Toowoomba, and Sabina, a remote area nurse from Alice Springs, sit under a tree with a drink and a view of Parliament House. The two Alliance Council members, a long way from home, contemplate how best to bring the message from the bush to those in the Nation's Capital who make decisions about matters related to rural and remote health.

How could the Alliance get more people talking about the fact that families in towns near them were waiting up to two years to get to a dentist, that young males were committing suicide at twice the rate of their city counterparts and that decisions about transport systems, hospitals, schools and banks needed to be considered with a "rural perspective" and not one that just reflects the needs of the city?

How could they get more of this "real life" experience expressed in government policy positions and a fair share of government funding?

They also wanted to keep in contact with all the special people they had worked with and met over the years who had seen the Alliance grow from a loose-knit group of a dozen enthusiasts who met on the phone to an organisation with a secretariat which is in contact with over 80,000 people through its 22 Member Bodies.

DAVID PETTY

SANDE TALESKI

Sabina Knight and Michael Bishop – inspiration for *friends*

"We need a means for people to become involved, you know, like a ***friends*** of the Art Gallery or ***friends*** of the Botanical Gardens, a joining of a core group of people who want to support the Alliance financially as well as through sharing of information and networks," they concluded.

And so the concept of ***friends*** of the Alliance, affectionately known as "***friends***", was born. ***friends*** has a small "f" to connote a friendly, inclusive "club" that represents grass roots values and is seen as a great way to incorporate all of these concepts; two-way flow of information, grass roots input into the Alliance's position statements, a means for those interested in rural and remote health to become more involved with the Alliance, a great way to earn funds to put the Alliance on a more sustainable financial footing.

The ***friends*** "baby" was conceived in 1997 and birthed with the official launch by the Minister for Regional Services, Senator Ian Macdonald, at the 5th National Rural Health Conference in March 1999. Ian Macdonald has remained a good friend. An Advisory Committee of eleven members was established to administer the project, with eight members representing the six States and two Territories to ensure a truly national focus. Two representatives were from the Alliance Council and an additional person elected as Chairperson. A part-time Project Manager was employed at the office of the Alliance.

With 55 founding members, the organisation gave itself 12–18 months to increase membership and become financially independent.

And join they did! Three levels of membership were offered: individuals, small and large organisations. Some had stories to tell, others just wanted to lend their support. There was K. from Lockwood whose son was dying of cancer and expressed concern about the lack of adequate health services in rural areas, and the Coleraine District Hospital that wanted to be kept abreast of what was happening with other Multi Purpose Centres and keep abreast of changes in policy. Other larger organisations were happy to "donate" some funds as they saw the work of the Alliance as invaluable.

The ***friends*** movement has since grown to become a robust and healthy organisation, with some 500 members. A pleasing number of them are community organisations and health groups.

PARTYline, originally the quarterly newsletter of ***friends***, became the key means for effecting this two-way flow of information. The 16 page newsletter, used by many as a 'coffee table mag' (although we did have one ***friends*** member admit it was something he read whilst on the toilet), was extremely well received by ***friends***. Feedback indicated a liking to the mix of policy information with anecdotal stories from ***friends*** members as well as the use of photographs and graphics.

It's not just the negative or the problematic issues either. The flow of information between rural and remote communities to government must also reflect the positive and innovative solutions and spirit such as the Be Positive Campaign in Kilmany, Victoria, and the community spirit in Exmouth, Western Australia, after the floods in early 1999. It is important to retain a mix of 'good news stories' as well.

friends members also received other benefits. A CD-ROM containing 9 years of rural and remote health information papers was provided free with membership. Certificates of Membership and reduced subscription to the Australian Journal of Rural Health were also included. With the Alliance having a comprehensive rural and remote database, members were also able to tap into a wide network of individuals and organisations with an interest in rural and remote health. A reduced registration fee to the National Rural Health Conference has since been included as part of the ***friends*** membership.

But as with any evolving organisation, the emphasis of ***friends*** has changed. The number of members, whilst substantial, was not at a level great enough to pay for itself without ongoing Alliance support. PARTYline was such a success that it has now become the newsletter of the Alliance itself. ***friends*** members wanted more involvement at the policy level and wanted contact on a more regular basis.

The shift has seen a greater emphasis on policy development and away from the selling and marketing of products of ***friends***. Whilst all the original benefits have been maintained, ***friends*** members now have the opportunity to have direct input into the Alliance's draft position papers, and therefore have a tangible means of influencing change in rural and remote health policy.

The response from the circulation of three position papers has been extremely pleasing. ***friends*** expressed their pleasure and gratitude at being given the opportunity to have input into the process. The quality and detailed nature of the responses showed that ***friends*** had put a considerable amount of time and thought into the returned work. Some ***friends*** provided statistical and referencing information, some commented on changes to style and emphasis of the content, whilst others provided anecdotal information which enhanced the text. Written comments through the post and email were popular, with others preferring to pick up the phone and tell us their story.

The result for the Alliance is position papers on Dental Health, a 30% Fair Share, Allied Health and Rural Suicide which truly reflect the experience and priorities of people living and working in rural and remote Australia. With ***friends*** members being from such a diverse background, and with such a wealth of knowledge and experience in the field, the final documents, when used as part of the Alliance's advocacy work, will give an accurate message to policy makers and government.

*"... **friends** has a small 'f' to connote a friendly, inclusive 'club' that represents grass roots values..."*

The current status is that the 30% Fair Share and Rural Suicide papers have been approved by Council of the Alliance and the Dental Health and Allied Health papers are still being considered. All documents will be made available for circulation in time for the 6th National Rural Health Conference in March 2001.

This consultation process has proved so beneficial for the Alliance and so well received by ***friends*** that we will be continuing this with additional topics in the new year.

The 6th National Health Conference in March 2001 will see the changeover of the ***friends*** Chairperson, John Ward, a radiographer from Bathurst, NSW. John has been involved with the project from the very beginning and his pragmatic and easy-going approach to the project will be missed. John has been assisted by a wonderful committee, some of whom have moved on and others who have stayed through the organisation's various transitions. Whilst some members of the Advisory Committee are no longer actively involved with the project, their ideas and input are still invaluable and through ***friends*** can still be involved and kept informed of the work of the Alliance.

Anita Phillips, the original Project Officer, who left for greener pastures this time last year played a vital role in the establishment phase and set up many of the systems whilst never losing sight of individual members. And, of course, the Alliance Council has always been integral to the development and moulding of the project.

It has been some time now since Michael and Sabina sat and reflected on better representation for the bush. The concept of ***friends*** has been redefined at various times along the way, and this new phase is developing the project with as much enthusiasm as when it was first conceived.

For further information about friends, contact Michele Foley, *friends* Manager on 02 6285 4660 or email friends@ruralhealth.org.au

WHY NOT JOIN *friends*

If you would like to be more involved with the work of the Alliance and receive regular up-to-date information about rural and remote health issues, then join *friends* of the Alliance. Complete the enclosed application form and return to NRHA, PO Box 280, Deakin West, ACT, 2600. If you are intending to attend the 6th National Rural Health Conference, then take advantage of the discounted ***friends*** membership/conference registration package.

THE 6TH NATIONAL RURAL HEALTH CONFERENCE

The 6th National Rural Health Conference will be held from 4–7 March 2001 at the National Convention Centre in Canberra. The Conference has become a key part of the agenda–forming process for rural and remote health. It provides a valuable opportunity for those living in rural and remote areas and those working in the health sector to exchange views with each other and with policy makers.

This biennial Conference is the biggest public event for the rural and remote health community in Australia. The last conference in Adelaide in March 1999 was attended by 930 delegates. It has now become even more important, given the incorporation of the Infront-Outback, the Rural and Remote Health Scientific Conference previously held in Toowoomba.

The Conference theme is ***Good Health – Good Country: from conception to completion***. This connotes the connections between health status and so many aspects of life in this country and also speaks of the importance of getting it right at each stage of the human life cycle.

The Conference will pick up a range of current strategies and developments that are important, including those spelled out in *Healthy Horizons*. It will help participants to see and feel the relationship between their local work and national, state and regional developments. Finally, the Conference will make an explicit attempt to involve people from outside the health sector in work to improve health status.

If you are interested in better health in rural and remote areas, this Conference is a major opportunity. Consumers and service providers. The public and private sectors. All health professions, researchers and policy makers. City and country – we need to work together!

There are 7 concurrent sessions in the Conference program. Delegates will have the choice of attending one of 6 streams: 2 Infront-Outback streams, 3 general streams and 1 arts stream. These streams have been organised so that it will be logistically possible to change in mid-stream.

All plenary and concurrent sessions will be held at the National Convention Centre located in Constitution Avenue in the civic centre of the national capital, Canberra.

If you would like more information please contact the National Rural Health Alliance:

The 6th National Rural Health Conference (incorporating 'Infront-Outback')

Email: conference@ruralhealth.org.au

Web: www.ruralhealth.org.au

Phone: 02 6285 4660

Fax: 02 6285 4670

PO Box 280 DEAKIN WEST ACT 2600

ADVANCING THE PRACTICE OF NURSING

continued from Page 16

The role and value of Aboriginal Health Workers was further supported by Professor Dirk Keyzer, University Department of Rural Health, Broken Hill, who said that non-indigenous people were not appropriate AHWs. Professor Keyzer expressed disappointment that this issue (Advanced Nursing Practice/Nurse Practitioner) remains unresolved. In giving his international perspective, he noted that the debate is now ten years old in Australia. The rest of the world has moved on from here – this is no longer a leading edge issue.

AMA National President, Dr Kerryn Phelps, was unable to attend and the organisation declined to nominate another representative. However, Dr Les Woollard, a rural GP from Moree, New South Wales, represented both the Royal Australian College of General Practitioners and the Rural Doctors Association of Australia.

Dr Woollard maintained that the medical profession fully supported Advanced Nursing Practice and stood eager to cooperate and collaborate with the nurses. Nurse Practitioners, however, were another matter. He argued that a medical degree is the only appropriate basis for prescribing, interprofessional referral and diagnosis.

"…the debate is now ten years old in Australia. The rest of the world has moved on from here…"

NIGEL JEFFORD

Professor Dirk Keyzer

Dr Woollard felt that the current proposed New South Wales legislation on Nurse Practitioners had been counterproductive to a uniting of the two professions. He strongly expressed the concerns of the doctors he represented that the NSW legislation had been "hijacked" by metropolitan interests and did little to address the needs of rural and remote Australia.

A series of small discussion groups in the afternoon of the Workshop produced a variety of responses regarding the need to advance the issue further. Most common though was the need for quality, higher education for health professionals working at an advanced level in rural and remote Australia. "Rural and remote" needs to be recognised as a specialty in its own right.

Perhaps the lack of a national approach and the rural and remote versus metropolitan factions have been the main impediments to advancement of these practices. This would suggest a less than united profession stemming from differences of a political and factional nature.

In the meantime those who stand to benefit in real terms, the rural and remote health workers of Australia and, most importantly, the members of the rural and remote communities, continue to miss out or, worse still, have to operate outside of the protection of the law because there is a need and an obligation.

Regional Solutions Program

Applications for funding under the fist round of the 4 year Regional Solutions Program are invited from non-profit groups with strong community or regional support, or a local government body. To demonstrate community support for proposals, applicants will be encouraged to obtain cash or in-kind contributions from other sources, which may include appropriate state and local government bodies. Grants are available of between $1,000 and $500,000.

Information on Regional Solutions is available at http://www.regionalsolutions.gov.au or by freecall 1800 026 222. (Note: If you have ideas for your community but are not yet ready to make an application, you have the opportunity to complete an expression of interest form and forward to the Regional Solutions Program – they may be able to provide information or advice on how to develop your idea.) Applications for funding can be submitted at any time in accordance with published Guidelines and Application Forms. Proposals that miss the advertised closing date for an assessment round will be assessed in the following round. Calls for applications will be advertised several times per year.

Michelle S. Whyard

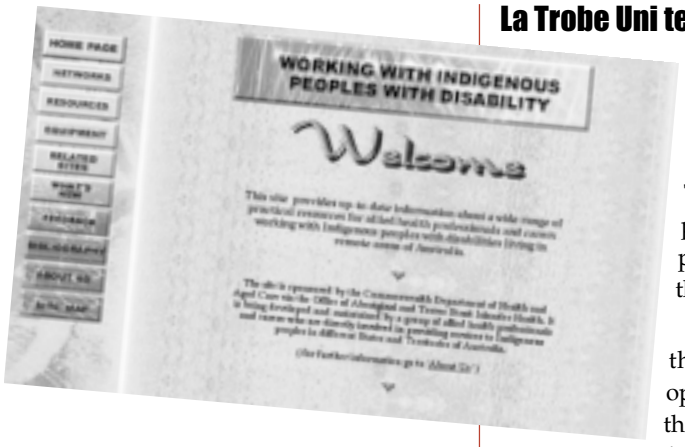
Manager, Transport & Regional Development

Australian Local Government Association

Ph: 02-6122-9443

Fax: 02-6282-2110

web site: http://www.alga.com.au



Working With Indigenous Peoples With Disabilities

Working With Indigenous Peoples With Disabilities has recently established a website to provide access to resources for allied health professionals who work with Indigenous people with disabilities in the most remote areas of Australia. If you haven't already done so, I would invite you to visit the site (the address is www.wired.org.au) and provide us with some feedback.

Tim Ziersch

Chairperson – Website Reference Group

Working With Indigenous Peoples With Disability Website

Address: PO Box 2438 Regency Park 5942

Ph: 8243 8278

Fax: (08) 8243 8208

Mobile: 0414 880 674

Email: tim.ziersch@cca.org.au
Website: www.wired.org.au

La Trobe Uni telehealth seminar –

Following the telehealth seminar held there on Tuesday 14 November, La Trobe University Telehealth Group has posted two items of possible interest to you on their web site.

This medium therefore is an excellent opportunity to view all of the slides and continue the discussion on line.

The discussion forum is at http://www.sph.health.latrobe.edu.au/Ryan/

All the slides can be viewed at

http://www-sph.health.latrobe.edu.au/Ryan/TeleHealth_Ryan_2000_files/frame.htm

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MB 0414 587 608

Web: www.telehealth.com.au

New Sexual Health Phone Help Line

The Acting Prime Minister Mr John Anderson launched a 1300 number for the FPA Healthline on 27 October 2000. The launch took place in Gunnedah.

The FPA Healthline is a telephone information service responding to questions about reproductive and sexual health. It provides information and referral for people in NSW including the general public, doctors and nurses and other service providers. Young women are major users of the service. Experienced clinical nurses with specific expertise in sexual and reproductive health staff the Healthline.

FPA Health (formerly Family Planning NSW) has for some time had an information line with a metropolitan Sydney number. Last year some 10,000 calls were received. The new service (Phone 1300 65 88 86) will enable a better service to be provided to people in rural and regional NSW.

David Wheen

dwheen@actonline.com.au

RAMUS SCHOLARSHIPS FOR 2001

Senior secondary school leavers and medical students from rural and remote Australia interested in a career as a country doctor can apply for financial support from the Federal Government under a scholarship scheme which is part of a broad strategy to encourage more doctors to practise in rural and remote Australia.

The Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme provides medical students who have a rural background with $10,000 annually to help cover the costs of accommodation, living and travel expenses during their medical course.

The Scheme is open to Australian citizens or permanent residents who have lived in a rural or remote region in Australia. Applicants must be entering, or currently enrolled as a full-time student in an accredited undergraduate or graduate medical course at an Australian medical school.

Eligible applicants for the scholarship scheme will be ranked according to their rural experience and financial need. Around 80 new scholarships in total will be awarded for 2001. Applications close late January 2001.

For more information on the RAMUS and to register for an application form telephone the National Rural Health Alliance on 1800 460 440 or visit their website at: www.ruralhealth.org.au

Commonwealth Department of Health and Aged Care

Commonwealth Department of Health and Aged Care

EASY GATEWAY TO RELIABLE HEALTH INFORMATION

Many Australians now recognise the usefulness of the Internet, with on-line shopping, email and workplace Internet connections becoming commonplace. More and more, rural communities are also taking advantage of the benefits of information technology.

Nick and Kate live on a large property west of Mt Isa. Their teenage son Brett had experienced breathing difficulties and a doctor had diagnosed him with having a mild form of asthma. After seeing the doctor, Kate worried that Brett would have an asthma attack when away from the house with no one around to help. Seeking further advice, she logged onto the Internet to find more information about asthma. She quickly found the Federal Government's Health*Insite*, an easy-to-read website with accurate information on many different health topics.

"I found heaps of information about asthma on Health*Insite*, including what to do when someone you're with has an asthma attack," Kate said.

She also discovered that her son's condition wasn't as intimidating as she first thought.

"I know now that asthma can be kept under control with a good asthma management plan," she said. "It's very common, with one in seven teenagers experiencing some form of asthma."

Presently around two million Australians have asthma, a figure of major concern to health professionals. The Federal Government has recognised asthma as one of its national health priority areas, along with other illnesses such as cancer and cardiovascular disease.

Asthma management was the subject of a recent satellite broadcast to rural and remote doctors. The broadcast covered the most appropriate medications for asthma control, the latest therapies for asthma care, and asthma management strategies. The program recognised that people with asthma in rural and remote areas are a priority population, and it is vital that health professionals in those areas are provided with access to the latest information.

The broadcast occurred in the lead up to National Asthma Week, held from 8–14 October. Organised by Asthma Australia, the aim of the week was to encourage people with asthma to be active.

People who go into Health*Insite* for information about asthma, will find that there are links to over 100 asthma resources ranging from the treatment of asthma to asthma and pregnancy. All the information available through Health*Insite* is credible, reliable and up-to-date. An expert editorial committee reviews all articles for accuracy before they appear on the site.

Health*Insite* will be especially useful to people living in rural communities, who sometimes do not have the same ready access to the latest health information as people in metropolitan areas. Through Health*Insite* you can access information on a range of health topics including cardiovascular disease, cancer, diabetes and children's health. The current list of nearly 4,000 items grows every day.

Visit Health*Insite* on the web at:
www.healthinsite.gov.au

A copy of the asthma satellite broadcast can be ordered through:

The Rural Health Education Foundation
Unit 5, 53 Dundas Court, Phillip ACT 2606
PO Box 219 MAWSON ACT 2607
Telephone (02) 6232 5480
Facsimile (02) 6232 5484
www.rhef.com.au
rhef@hcn.net.au

Commonwealth Department of Transport and Regional Services

NORTHERN AUSTRALIA LOOKS TO THE FUTURE

Katherine in the Northern Territory played host to an array of delegates from across the north between 17 and 20 October as the *Northern Australia Forum* brought forward a collaborative vision of northern Australia's requirements for a sustainable and prosperous future.

The *Northern Australia Forum: For Growth into the New Century*, hosted by Federal Minister for Regional Services, Territories and Local Government, Senator the Hon Ian Macdonald, involved almost 200 delegates contributing their ideas about "where to from here".

A common desire to sustainably develop the enormous potential of Northern Australia for the future prosperity of the nation was the hallmark of the *Northern Australia Forum*.

Delegates at the *Forum* included members of all three spheres of government, corporate influencers and community leaders, all of whom came together under the one banner of looking forward for the future of northern Australia.

Opening the *Northern Australia Forum* in Katherine, Senator Macdonald said the Forum provided them with an unprecedented opportunity to shape the future of the North well into the 21st century.

"This *Forum* provides a perfect opportunity for these sectors to get into the ears of policy decision makers, as the Federal Government and all spheres of government across Queensland, Western Australia and the Northern Territory are here to listen and respond to what the North has to say," Senator Macdonald said.

The *Forum* represented the first time that all 10 regions across northern Australia had worked together to develop a shared vision for the future. It was also unique in that delegates set their own agenda through a pre-Forum local consultation process; delegates were selected by members of their own communities; and politicians attended the *Forum*, not to lead but to listen and hear what delegates had to say.

COURTESY OF DEPT. OF TRANSPORT & REGIONAL SERVICES

Senator Ian Macdonald

The common issues raised through the 21 pre-*Forum* local consultations included infrastructure, education, health, environment, employment and economic development.

"Really it's the commonalities and the initiatives that are coming out. The fact that we're talking Northern Australia and we're talking about our common issues…" said one delegate representing the WA Tourism Commission, "…and we're starting to find common solutions, which are fantastic."

Forum delegates called for increased recognition by the rest of Australia for the significant contribution the North makes to the national economy. While not all delegates shared the same views, they shared a common desire to see the North prosper in a sustainable way.

Priorities discussed during the *Forum* included examining mechanisms to effectively access private and public sector infrastructure funding; continuing to expand tourism while respecting indigenous cultural needs and traditions; taking a comprehensive and coordinated approach to service delivery; balancing environment, social and economic concerns in developing opportunities for growth; and forming a northern Australian advisory body to progress trade and export options.

Senator Macdonald said he would be referring issues raised during the process to his ministerial colleagues so a 'whole-of-government' response to the Forum could be developed, and praised the Forum delegates for the spirit of cooperation that has existed throughout the three-day event.

Information on the Forum and the lead up local consultations, including the Forum Business Paper and Communique are available on the Commonwealth Department of Transport and Regional Services website at:
www.dotrs.gov.au/regional/northern_forum/

NORTHERN Australia FORUM

ADVANCING THE PRACTICE OF NURSING

by David Petty

You say "Advanced Nursing Practice", I say "Nurse Practitioner", let's sort the whole thing out! This could well have been the theme of the national Advanced Nursing Practice Workshop held in Canberra on 27 October 2000 organised by the National Association of Rural Health Education and Research Organisations (NARHERO – refer to insert). But by the end of the day it seemed that there was more to "sort out" than just names and definitions.

Whilst the definitions of Advanced Nursing Practice versus Nurse Practitioner are two different factors to consider, the rural and remote versus metropolitan debate also entered the free-flowing discussions of the day as did a State versus National approach. And interprofessional suspicion is still a potent force to be considered.

The aim of the workshop was to bring together a national forum on this very important and current issue. Approximately 75 delegates from across Australia representing every health discipline as well as consumers, bureaucracy and academia attended the one-day workshop. They were treated to a range of notable speakers on the subject.

Professor David Lyle, Director, University Department of Rural Health, Broken Hill, in providing the context for a discussion on Advanced Nursing Practice, noted that the majority of rural communities in Australia are small communities and therefore are ideal for Primary Health Care teams. A Primary Health Care team would comprise a GP, nurse, Aboriginal Health Worker and other health professionals.

He stated that the principle underpinning Primary Health Care is one of what needs to be done rather than what doctors do and what nurses do. He added that in some rural and remote areas nurses become mainline health workers.

It was quite apparent however, very early in the day, that delegates' perception of Advanced Nursing Practice varied considerably. Some definitions were needed to delineate between Advanced Nursing Practice and Nurse Practitioner. It was obvious that some thought they were the same thing, some thought they were there to discuss, debate, defend or debase Nurse Practitioners and others were there to discuss the pros and cons of forms of advanced practice for nurses.

NIGEL JEFFORD

Dr Alex Hope

Ms Jill Iliffe, Federal Secretary of the Australian Nursing Federation, brought some enlightenment to the debate by providing definitions for the two roles (refer to insert below). Whilst these could not be portrayed as universally accepted definitions they certainly seemed to be accepted as contributing to a clearer understanding for the day.

But the second part of Ms Iliffe's address perhaps highlighted one of the true dilemmas for the development of Advanced Nursing Practice. In providing a summary of the progress of Advanced Nursing Practice and/or Nurse Practitioner in each State/Territory, it became obvious that the age-old problem of every State doing their own thing (the railway gauge syndrome) still thrives – much to our detriment.

The folly of a non-national approach was driven home by Dr Alex Hope, a remote area GP from Central Australia, whose service area crosses State borders. He added that it is outrageous that Aboriginal Health Workers have not been included in the strategies by nurses to promote this cause. Dr Hope said it was unrealistic to expect the average "whitefella" to stay in a remote area for more than two years.

This was supported by Ms Jean Ah Chee, an Indigenous Health Worker from Alice Springs, who relayed that in two areas she was associated with, the turnover of Doctors was 80% and nurses 110%. Aboriginal Health Workers, on the other hand, were there to stay – it is their home. She added that often the only available support for nurses was from Aboriginal Health Workers.

continued on page 12

The National Association of Rural Health Education and Research Organisations (NARHERO) is the peak sector body representing organisations involved in the education of rural and remote area health professionals. It is a collaborative group working for the integrated support and development of the rural and remote health workforce in Australia through research and education.

NARHERO is a Member Body of the National Rural Health Alliance. It is taking a leading role in facilitating discussion on priority rural and remote workforce issues, including those outlined in **Healthy Horizons**. *NARHERO's first project was a Workshop to progress a national approach to Advanced Nursing Practice, co-ordinated by Lesley Fitzpatrick, Convenor of NARHERO. The workshop focused on common ground shared by all parties to Advanced Nursing Practice. A discussion paper on the issue is currently being prepared and will be released by NARHERO in early 2001.*

At present it would seem very difficult, if not impossible, to provide universally accepted definitions for Nurse Practitioner and Advanced Nursing Practice. However, the following characteristics provide some guidance as to the fundamental differences.

- **Both are characterised by advanced educational qualifications and clinical experience.**
- **Different State legislations will vary the scope of each practice.**

NURSE PRACTITIONERS

- **Have autonomous decision making authority**
- **Are able to prescribe medications**
- **Can conduct or order diagnostic investigations**
- **Can make referrals to other health professionals and services.**

ADVANCED NURSING PRACTICE

- **Unable to prescribe medications but can initiate, supply and adjust medications**
- **Unable to prescribe diagnostic investigations if they are to be subject to Medicare claim by diagnostician**
- **Able to refer GPs and Allied Health practitioners (lower Medicare rebate applies if referring to specialist medical practitioners)**

Source: Australian Nursing Federation

PARTYLINE IS PRINTED ON RECYCLED PAPER