Allied Health Services in Rural Australia

The recruitment, education, training and support of allied health professionals in rural and remote Australia is a major issue in the provision of appropriate levels of care to rural communities. Allied health professionals are an essential element of primary health care teams but are often more readily available in city than country areas.

Who are the allied health professionals we are talking about? Allied health professionals in the context of rural practice most commonly include physiotherapists, podiatrists, occupational therapists, speech pathologists, clinical psychologists, social workers, audiologists, podiatrists, dieticians and radiographers. Allied health professionals broadly encompass tertiary trained health professionals other than medical practitioners, nurses, dentists, pharmacists and administrators.

There are a number of issues faced by allied health professionals that are unique to rural and remote practice. These include utilising different service delivery techniques, a shortage of specific education on rural and remote practice, professional isolation, limited career progression, social isolation and family issues. Other health professionals in rural and remote practice face many of the same issues.

Allied health professionals have to modify their service delivery techniques for use in rural and remote practice. These service delivery techniques are “characterised by designing programs for others to carry out; reliance on other professionals to provide follow up; delegation of tasks; emphasis on patient/client self-management; telephone consultation; one-off visits for assessment and intervention strategies; improvisation and use of less specialized equipment.” (Bishop 1996)

A number of tertiary education institutions involved in the training of allied health professionals have recognised the need for specific course elements in aspects of rural practice. These courses have been found to be very useful for those already practising in rural areas, and they also have a positive effect on encouraging graduates to work in rural areas.

Limited career progression and difficulty accessing ongoing professional development are often cited as reasons for health professionals to spend only a relatively short time in rural and remote practice. In some areas this retention problem is being addressed

Continued on page 3
Meet our new Council Members

Help us to welcome some new faces on the Alliance Council team!

Victoria Gilmore has replaced the long serving Margi Stewart for the Australian Nursing Federation (ANF). Victoria is the Federal Professional Officer with the ANF. She is a registered nurse and midwife with experience in children’s nursing and intensive care. Victoria joined the ANF after working in public hospital management in Sydney and in regional New South Wales. Victoria convenes an internal ANF network that addresses both industrial and professional issues for nurses across the country and has a network of rural and remote representatives she uses as resources for rural and remote issues. Recent issues have included safety and security, single nurse posts in rural areas, cross-border work, and continuing education.

Sue McAlpin has replaced John Lawrence, past Chair of the Alliance, as representative of the Australian College of Health Services Executives (ACHSE). Sue is a Senior Lecturer in the first undergraduate Nutrition and Dietetics course in rural Australia, being run by Charles Sturt University in Wagga. Sue has had extensive experience as an allied health professional in rural NSW. Sue is passionate about rural health; she lives in a rural community with limited access to specialist medical care and has first-hand experience of what that means to her own family members. Sue also loves playing bridge, gardening and (like all dieticians) cooking.

Judi Walker takes the place of Lesley Fitzpatrick as the representative for the National Association of Rural Health Education and Research Organisations (NARHERO). Judy is the Director of the University Department of Rural Health in Tasmania and is recognised for her work on rural health, primary health care and medical education. Judi lives on a farm in north-west Tasmania with her husband and three children.

Danielle Hornsby has taken over from Chris Ward for Services for Australian Rural and Remote Allied Health (SARRAH). Danielle is a speech pathologist and has practised in regional, rural and outreach positions in Queensland during the 1990s. Danielle now lives and works in Toowoomba, Queensland, and from there she manages the state-wide telehealth program for Queensland Health. Danielle’s most favoured possessions are her hammock and sun hat! She is passionate about her work, rural and remote Australia, her friends and colleagues and enjoying life to the full.

Bruce Mackay, better known as “Macca”, represents the Council of Remote Area Nurses of Australia (CRANA), replacing the redoubtable Sabina Knight. Bruce is the Administrator/Clinical Project Co-Ordinator for the Mutitjula Community Health Service at Uluru. He is President of CRANA and has been a member for about 10 years. He spent three years on Darnley Island in the Eastern Torres Strait as the sole nurse practitioner. Although Bruce is ‘on-call’ every 3rd weekend, one of his favourite pastimes is camping with a group of friends in the Uluru National Park. He also loves spending time in his vegie garden where he grows a wide variety of vegies including Asian greens – under a totally enclosed shade cloth. Macca recently married Densy, an Indonesian from the island of Flores. He is a crazy Aquarian “with 3 lovely children and 3 adorable grandchildren.” Macca says that of all the things he has lost he misses his mind the most.
Doug Issell, the Chief Executive Officer of Cobden District Health Services Inc, writes about a very successful Men’s Health Night held in Cobden. The night incorporated the newly developed ‘Pit Stop Program’.

In August, the Cobden District Health Services ran a very successful ‘Nuts and Bolts of Men’s Health’ night. Around 150 men and women from around the district attended the night. The evening revolved around connections made at the 6th National Rural Health Conference.

First there was the comic presentation by the acclaimed actor Alan Hopgood ‘For Better for Worse’ and, second, the Pit Stop Program from our friends at Gascoyne Health Services WA, implemented by our staff.

The Pit Stop Program

The Program provides the opportunity for men to undergo a series of standard men’s health screening tests under the guise of a mechanical service. There are a number of ‘Pit Stop’ stations where participants have their oil levels (blood pressure), fuel additives (alcohol intake), spark plugs (testicular cancer) and a number of other key health areas checked.

It is currently under production to incorporate additional checks, including a ‘Shock Absorber Test’ where questions about the participant’s relationships are asked and allowing the program to be used with other health groups and service providers.

For further details contact Elsa Alston at the Gascoyne Public Health Unit, Carnarvon, WA on 08 9943 0686.
24 hours- A day in the life of a larrkin from Cooktown

All the locals know Bruce Jenkins, the likeable larrkin from Cooktown in North Queensland. Most days you’ll find him on the wharf, welcoming the tourists on holidays, having a yarn with the local policeman or listening to the troubles of a teenage kid who is having problems at home. But beneath the veneer of the light heartedness and cheer is a man who is not often well, who has daily visits to the local health centre and finds relief from his medical condition in the richness of life in his beloved Cooktown.

6.00 am Bruce rises when the birds wake. He peers out the window to take in the sights of his beloved Cooktown. With the town’s population of only 1500, it is a far cry from the hustle and bustle of his home town of Sydney. He feels like he is living in a small slice of paradise. There are views of the ocean, a river harbour flowing from one of the two National Parks and they are only a stone’s throw away from the Great Barrier Reef.

This country life may be paradise but it is not without its ‘snakes in the grass’. Three months ago, whilst walking along the beach, Bruce was stung in the ankle by a stonefish. It is the most venomous fish in the world, the venom destroying the protein in the flesh. A nearby tourist rushed him to hospital.

Since this time, Bruce has been in a fair bit of pain, but he merely describes it as ‘uncomfortable’. He spends much of his time with pins and needles and he is not as stable on his feet as he used to be. Not that you will find him complaining. If he gets up and moving he says he will be OK.

7.30am He heads down to the wharf and starts his day’s fishing for mackerel, trevally, and barramundi. His catch of 12 fish for the morning is the envy of many of the tourists who want to know the knack.

8.30am Bruce receives a call from the principal of the local primary school where he often fills in as a teacher’s aid. Although he has no formal qualifications in teaching, being a retired insurance broker and restaurateur, he is often called upon to help out.

9.00am The school bell goes and Bruce takes four local Indigenous students for a tutorial, under a new scheme known as the Aboriginal Tutorial Assessment Scheme. Bruce has seen great results from this one-on-one teaching method. He has a great rapport with this particular group as they often come down to the wharf. Most of them say that they hate school, but they like it when Bruce is around. Bruce manages to include a few gentle ‘homilies’ in his chats based on his life experiences and gets great satisfaction when they respond to his positive praise.

12.00pm Bruce has a spot of lunch and whips down to the Cooktown Multi Purpose Health Service (MPHS) about a kilometre away. Bruce has got thyroid problems and needs to have weekly blood tests in order to get his steroid treatment stabilised.

The MPHS was established as a pilot site in 1996 under a joint agreement with the Commonwealth/States and Cairns Health Service District. In the past 4 years, Bruce has used many of the services provided at the facility, including the hospital (which provides acute inpatient and emergency care), the visiting specialists such as podiatrists, ophthalmologist for his cataracts, dentists and other allied health services such as physiotherapists. Bruce is looking forward to also utilising the aged care services at the centre where he hopes to play bridge.

Bruce is feeling a little tired, but heads back to school to finish the afternoon with the kids.

3.15pm School’s out and Bruce drops his library books back (Bruce raves about the local mobile library service) before heading home to pick up his fishing gear for another spot of fishing.

3.30pm Bruce catches up with some German tourists he met the previous day. As the unofficial ambassador of Cooktown, Bruce invites them to dinner. He has made some great friends this way and has contacts all over the globe.

6.00pm Using his culinary skills, Bruce whips up a gourmet meal from the catch of the day. Whilst some may think they miss out on entertainment, arts and restaurants when living in a small town, Bruce says he much prefers the friendly, casual and relaxed style of entertaining at home.

9.00pm After a long day, Bruce retires to bed. The pins and needles are heavy now and his joints are aching. But with the soft ocean breeze and the slap of the waves outside, Bruce rests easy and thinks about all the things he will do tomorrow.

Bruce Jenkins on his beloved beach in Cooktown
TRIBUTE TO PUGGY HUNTER

Puggy was the Chairperson of the National Aboriginal Community Controlled Health Organisation.

Puggy Hunter was a great advocate for Aboriginal people in general and for work to improve their health status in particular. Puggy had a real presence, and when he spoke people listened. This was due to both his physical stature and to the passion and sincerity he gave his words. He was tireless in his work for Aboriginal people through the National Aboriginal Community Controlled Health Organisation and incredibly busy! He single-handedly got the term ‘a body parts approach’ accepted into the Australian lexicon and in so doing has made all of us aware of the deficiencies of such work and of the need for a whole-of-body, whole-of-life, whole-of-government attitude to improving health. Much of what Puggy said and stood for relates to non-Indigenous people as well: the health of all people is best improved through a holistic approach; all communities strive for and would benefit from a ‘community-controlled’ approach to their affairs.

We will miss Puggy. We will miss hearing him on the podium and making his contributions from the floor. Puggy would have wanted us to see his early passing as yet another tragic example of the need to reduce the unacceptable difference in the life expectancy of Indigenous and non-Indigenous people in this country. The main memorial he would have wanted from us is a commitment that we will all continue to do whatever we can to improve the health of his People.

Gordon Gregory
Executive Director, NRHA

The National Aboriginal Community Controlled Health Organisation (NACCHO), a member body of the National Rural Health Alliance, is calling on the Ministers for Aboriginal Affairs and Health to take on board the principles of improving Indigenous Health through adequate resourcing. Kirstie Hanson, NACCHO’s media adviser, sent the Call to Action that was launched by NACCHO in early November.

The National Aboriginal Community Controlled Health Organisation (NACCHO) calls for a new commitment to Aboriginal health.

A new and non-partisan commitment to Aboriginal health is needed with an ongoing commitment which outlasts current election cycles.

Aboriginal health cannot be done to Aboriginal people – it can only be done with Aboriginal people. Improvement in Aboriginal health must be based on community control and community ownership of health problems. The capacity and power to act on those problems will then be achieved.

Aboriginal people have been running their own community controlled health services for 30 years, delivering cost-effective, culturally appropriate health care and building community capacity to deal with health problems. While mainstream and government services will always be part of health care, they alone cannot meet the health needs of Aboriginal people.

Significant new funding is needed to improve Aboriginal health, but this must be targeted to support, not undermine, community control. One-off projects and body-part specific programs are often inappropriate, inefficient and wasteful. Many mainstream and state government programs lack accountability and spend money with little gain. Instead, global funding for community controlled services is needed.

NACCHO calls for a commitment to the principles of Aboriginal self-determination and community control through:

- adequate resourcing of Aboriginal community controlled primary health care services to meet the needs of their communities; and
- recognition and on-going resourcing of the community controlled sector’s national representative structure, NACCHO.

NACCHO can be contacted on 02 6282 7513.

Become a Friend of NACCHO

Help Aboriginal people take control of their own health. The ‘Friends of NACCHO’ is a new support group for the National Aboriginal Community Controlled Health Organisation (NACCHO) – which is the peak national body in Aboriginal health representing 100 Aboriginal Medical Services across Australia. The ‘Friends’ is a way for ordinary people and non-Aboriginal organisations to get involved in improving Aboriginal health.

Want more information?
Call NACCHO on 02 6282 7513.
Irene Mills, Chairperson of the friends of the Alliance, was recently recognised for her tireless work to the rural community by being awarded the Volunteer of the Year for the State of Western Australia. Irene was instrumental in bringing the first multipurpose health service to Western Australia. The trial has now become a full-steam program and Irene is still involved in its management committee. She is also a member of the Rural Health Reference Group providing community input into professional academic organisations. She is also a volunteer ambulance driver for the St John’s Ambulance Service and in her ‘spare time’ helps manage the family farm.

And to top it all off, she is a warm, ‘down-to-earth’, and welcoming person who loves a challenge and brings a common sense approach to any forum. We are very privileged to have her working closely with the Alliance as the Chairperson of friends and benefit from her grass roots knowledge of rural and remote issues.

Well done Irene and thanks.
Dental Alliance calls for Commonwealth leadership on oral health crisis

The National Rural Health Alliance joined other peak community, dental and health organisations in a National Dental Health Alliance (NDHA) in an effort to address the current dental crisis for low income and disadvantaged Australians.

The NDHA Alliance is calling for leadership from the Commonwealth and a commitment by all political parties to improve dental health.

Over 500,000 Australians are on waiting lists for dental care for public dental services and many others are not even on the list as they can’t afford to access dental care.

Research shows that the highest rate of decayed teeth is for rural and remote health patients aged between 25–34 years. If you live in and around Broken Hill and are between 0–14 years of age, you are 6 times more likely to have your tooth extracted if than if you live in central Sydney.

The National Dental Health Alliance launched its campaign in September at Parliament House, by distributing to all parliamentarians a specially labelled tin of Baby Food as a practical example of the pain and difficulty faced by those on public dental waiting lists. The parliamentarians were also given an open letter endorsed by 75 organisations representing an unprecedented range of interests.

The National Dental Health Alliance, led by the Australian Council of Social Service, has formed a Working Group comprising the Australian Intravenous League, NCOSS, Public Health Association of Australia, Consumers Health Forum, the Council of the Ageing, Westmead Hospital, Australian Pensioners and Superannuants’ Federation, Brotherhood of St Laurence and the National Rural Health Alliance.

The Working Party will work closely with the Australian Health Ministers Advisory Council (AHMAC) who will be establishing a National Advisory Committee on Oral Health. The Committee

Megan McNicholl, President of the ICPA, writes for PARTYline about a new body to promote the voice of rural education.

In August 2000, at the Annual Conference, members of the Isolated Children’s Parents’ Association (ICPA Aust.) called on Federal Council to develop a proposal to establish an alliance of organisations committed to rural education.

Members felt that there was need for a new national focus to promote and monitor rural education and to ensure that the findings of the Human Rights and Equal Opportunity Commission (HREOC) Inquiry into Rural and Remote Education (plus those from the Regional Australia Summit) remained on the political agenda.

In April this year ICPA and the National Farmers’ Federation joined together to host a Rural Education and Training Stakeholders’ Roundtable, bringing together representatives from groups with a stake in rural education and training.

Invitations were extended to groups that had already been part of collaborative working relationships promoting rural education and training within the States. The thirty-five representatives at the meeting did not form an exhaustive list of rural education advocates, but it included a diversity of groups with a commitment to furthering student outcomes in rural education and training, including senior officers from five State Education Departments.

The roundtable discussion was led by Dr. Steve Clark, whose facilitation skills kept the group well focused and on task.

The group acknowledged that there have been considerable achievements in many aspects of rural education and training. However there was a shared belief that there are a range of recommendations and reports containing issues that need to be further addressed, and that to achieve long term solutions, the rural education/training community needs a unified voice.

A broad list of issues was identified including:
• the need for greater collaboration among and between States and the Commonwealth;
• the need for greater collaboration with other service providers i.e. the health sector; and

• the need to identify a voice for rural education and training in Australia.

There were clear similarities between the list developed by the delegates at the roundtable and issues raised in the reports from the Regional Australia Summit and the HREOC Inquiry. These similarities affirmed our view that there are still outstanding issues to be addressed in rural education and training.

A second Roundtable was held at the end of August at which the group worked through specific agenda topics. These included:
• the image of rural schools and communities;
• recruitment and retention of teachers; and
• the development of community compacts.

Roundtable 2 gave us a taste of how effective we could be when tackling issues together – it was a valuable, collaborative experience that augurs well for the group continuing to explore a framework for a unified, national rural education voice.

Roundtable 3, in November, agreed to seek support from the 35 rural and remote education/training groups already in the network to sign up to the establishment of the Rural Education Forum of Australia. Watch this space for further developments – and remember the initials! “REFA”.

Megan McNicholl
Federal President ICPA Aust.

continued on page 13
George Neale, a consultant for the National Rural Health Alliance, outlines some of the themes on which the National Rural Health Alliance will be lobbying governments over the next three to five years.

The implementation by governments of a number of initiatives to improve health care in rural and remote communities in recent years has been encouraging: there is recognition that problems exist! Despite these initiatives there are still major deficits in the health status of, and the accessibility of health services by, people in rural and remote areas.

The National Rural Health Alliance has played a significant role in these past initiatives and is now working towards the expansion of these initiatives and implementation of further improvements in the provision of health services to rural and remote communities.

The NRHA’s 2001 Election charter included sixteen key issues. In the next three to five years the NRHA will be calling on governments at all levels to implement plans to help improve health in rural and remote communities.

The sixteen issues identified in the Charter can be grouped into three main areas:

• Service provision and access;
• Training, recruitment and retention of health professionals; and
• Resource allocation and infrastructure support.

Service Provision and Access

• Improve the availability of aged care services

The current and growing need for aged care services in rural areas requires positive action by Federal, State and Territory Governments. The present funding mechanisms do not adequately provide appropriate aged care services to support people in rural communities to ‘age in place’. The sector is seriously short of nursing staff.

• Improve child health

The Alliance will be seeking the support of all levels of government to revitalise children’s health initiatives. Research into childhood development has identified models that can be implemented nationally to improve children’s education, health and welfare. These models would be particularly targeted at pregnancy, the birthing process, infancy and pre-school years for rural and remote communities, in particular Indigenous communities.

• Further programs for the improvement of the health status of Indigenous people

There have been a number of reports to Government on Indigenous health issues over the past decade. The Alliance sees the need now for a national campaign that will actually achieve measurable improvements in the health status of Indigenous people. The Alliance believes the catalysts for the success of such a campaign are self-determination for Indigenous people and an emphasis on primary health care services and community capacity building.

• Development of a National Male Health Policy

The differences in the health status of males and females are especially significant in rural and remote areas. Men rarely seek preventative care and tend to be involved in higher health risk activities. The Alliance will be seeking the development of National Male Health Policy for all Australian Males. A research model based on the Australian Longitudinal Study on Women’s Health is seen as a good starting point and there are a number of small programs in place, including the Centre for Men’s Health in Victoria and the Pit Stop program in Western Australia.

• Focus on the mental health needs of rural and remote communities

The Alliance will be taking up some aspects of mental health services in rural and remote areas. There are particular rural and remote aspects of mental health promotion, illness prevention and suicide intervention. One in five Australians aged over 18 years suffered from a mental disorder in the 12 months prior to the Mental Health and Well-being survey carried out in 1997. This equates to 1.25 million people in rural and remote Australia. The social and economic pressures of rural life plus the lack of appropriate services and service providers exacerbates the problem. The most distressing factor is the consistently higher incidence of suicide in rural and remote areas compared to metropolitan and regional areas.

• Development of public dental health services in rural and remote areas

A combination of factors have been identified that result in a poorer state of oral and dental health of people in rural and remote areas. The responsibility for the provision of oral and dental services has traditionally been subject to dispute between State and Federal jurisdictions. The Alliance will be lobbying all levels of government to ensure acceptance of their responsibility and to increase their spending on the provision of public dental services.
• Recognition of the valuable contributions to be made by arts-in-health.

Health services and health promotion can be effectively delivered through artistic activity such as theatre, music, dance and story telling. The Alliance believes that arts can make a major contribution as education and promotion tool. In addition art, in its many forms, is noted for its direct therapeutic effect on individuals and communities.

Training, Recruitment and Retention of Health Professionals

• Development of more flexible education programs for health care professionals

The pursuit of health services that meet the needs of rural and remote communities requires appropriately trained health care professionals. The Alliance will be trying to ensure that health professional undergraduate curricula include health promotion, primary health care, population health and cultural safety components. This is designed to ensure that future health professionals have the basic health competencies and also the ability to work effectively with Indigenous and multi-cultural communities.

• Improve resource allocation for the recruitment, retention, education, training and support of non-medical health professionals

The general shortage of nurses, allied health professionals, dentists and pharmacists in rural and remote areas is a major concern. The Alliance will be seeking a substantial increase in the resources allocated to the recruitment, retention, education, training and support of these health professionals – but not at the expense of the general practice programs. Consideration will be given to the establishment of scholarship programs for undergraduates and the development of all important professional support mechanisms for health professionals in rural and remote areas.

• Hold national summits on rural and remote nursing (see story elsewhere) and allied health.

In order to address a number of the inadequacies in health service provision in rural and remote areas the Alliance believes that further models for rural health workforce initiatives need to be developed. National Summits on rural and remote nursing and on rural allied health are seen as one means by which policies and models can be developed.

Resource Allocation and Infrastructure Support

• Fair share of the health budget for rural and remote communities

Thirty percent of Australians live outside metropolitan areas. The Alliance will seek commitments from governments that at least 30% of the overall health dollar is spent in rural and remote areas. Health data shows that health status declines proportional to the distance individuals live from capital cities.

• Better identification of areas of health need and appropriate allocation of resources

The Alliance will push for further research into identifying the areas of greatest need, based on health status, in the provision of and access to health services in Australia. Governments will be approached to allocate health care resources based on these identified needs and the comparative cost of providing the required health care.

• Improve security of supply of essential services and infrastructure to rural and remote communities

The availability and services of infrastructure such as transport, communications and education make a major impact on health status. One of the major health service issues for rural and remote communities is relative ease of access to health services if there is no local provision. Without security of infrastructure this access cannot be guaranteed. The Alliance will be seeking policies of Government that provide this infrastructure security.

• Improved enforcement of Community Service Obligations by telecommunications providers

Health services are prime users of information technology and associated communications technology. In rural and remote areas the maintenance of communications is of particular importance in maintaining accessibility to health services and health information. The Alliance will be seeking the establishment of a national communication fund to assist in the implementation of communication projects and also seek further improvement and enforcement of Community Service Obligations by telecommunications and other infrastructure providers.

• Recasting of the National Competition policy into a positive framework for rural development

The present National Competition Policy does not fit well with rural communities. The Alliance intends to seek a recasting of this policy to provide a greater emphasis on developing a framework for rural development. Both sides of politics have committed to a review of the NCP. Continuing rural development is intrinsic to the maintenance and further development in rural areas of adequate levels of health services, education services and supporting infrastructure such as transport.

• Establishment of a Rural Development Commission to support the economic and social development of rural communities

The Alliance strongly supports the establishment of a Rural Development Commission to provide all levels of government with research and policy development capabilities regarding rural issues. The Commission would be a significant move forward for the social and economic development of rural and remote communities.

Where are we Going?
The National Rural Health Alliance certainly has a full agenda for the next three to five years in pursuing these policy initiatives. There will be extensive consultation and discussion required, both within the Alliance, and with governments and government agencies. The process will clearly identify important peripheral issues and propose solutions.

Other important issues will certainly come on to the agenda as well.

The continued active support of all Alliance members and friends will help to ensure success in improving the provision of health services and the health status of rural and remote communities.
Nursing Summit Gets The Go Ahead

Nurses will have an opportunity to debate and develop solutions to some of the current challenges facing the nursing workforce in rural and remote areas with a National Nursing Summit in July 2002.

Strong support for a national nursing summit was given by delegates at the 6th National Rural Health Conference in March 2001. It was one of the 15 priority recommendations from the Conference. The Summit will identify rural and remote nursing workforce issues and develop a national framework for action.

A consortium of eight national nursing organisations, led by the three from the National Rural Health Alliance, are organising the 2002 Rural and Remote Nursing Summit to be held in Adelaide on 1–2 July 2002. The Summit will also receive strong support from the other 18 Member Bodies of the Alliance, ensuring a multi-disciplinary and collaborative forum.

The purpose of the Summit is to ensure that developments in nursing policy and practice are informed by the particular characteristics of people and health settings in non-metropolitan areas, and of the nurses who work in them.

In particular the 2002 Rural Nursing Summit and its related activities will provide:

• an opportunity for rural and remote nurses and their national organisations to respond in a collaborative way to the findings of the National Review of Nursing Education (expected to report by June 2002), the 2001 Senate Inquiry into Nursing, and the directions set for nursing by the new Minister for Health in the Federal Government;
• a forum for debate and agreement about the solutions to some of the current challenges facing the nursing workforce in rural and remote areas;
• recommendations to the employers and managers, funders, educators and trainers, and researchers of nurses and nursing services on the ground in rural and remote Australia,
• an agreed set of initiatives to be proposed to local, State, Territory and Commonwealth Governments, employers, education and training bodies, and to nursing bodies themselves, and
• feedback to consumers, students and other health care professionals.

The 2002 Rural Nursing Summit and its related activities will result in:

• a set of recommendations to Governments, employers, education and training bodies and nursing bodies;
• confirmation of agreed principles and policies, or suggestion of new principles and policies, relating to the management and operation of nursing practice and the education, training and support of nurses in rural and remote Australia;
• one or more publications on these subjects;
• increased media attention to issues affecting rural and remote nurses, and
• a strengthened network among rural and remote nurses, their national bodies and other nursing organisations.

The 2002 Rural Nursing Summit will be a public event. Anyone interested in the contribution of nursing to health outcomes in rural and remote areas will be welcome.

The first point of contact at the Alliance for matters related to the 2002 Rural Nursing Summit and its related activities is Lyn Eiszele on 02 6285 4660 or lyn@ruralhealth.org.au

What’s happening in Allied Health

The 6th National Rural Health Conference also recommended a Summit on allied health in rural and remote areas. There are currently some major developments in the workforce area for rural and remote allied health professionals.

There are two schemes for which funds are being sought. The first is for scholarships for undergraduate (entry level) fields of allied health, dentistry, nursing and pharmacy, combined with a mentoring scheme in rural and remote communities. The second is for scholarships available to allied health professionals in rural areas wishing to attend postgraduate courses.

The proposals are being put forward by the University Department of Rural Health, Tasmania, the National Rural Health Network and the National Rural Health Alliance, and is supported by a broader National Scholarship Reference Group.

PARTYline will keep you posted on further developments. If you would like to know more details, contact Shelagh Lowe on 03 6372 2111 or Alison Miles at the Alliance office on 02 6285 4660.
Medical undergraduates participating in the John Flynn Scholarship Scheme have received a boost with the Federal Government giving them a $500 increase in their annual stipend.

The John Flynn Scholarship Scheme provides medical students with the opportunity to experience medical practice in a rural setting under the guidance of a General Practitioner mentor, for two weeks each year, for four years. The John Flynn scholars’ placements are undertaken during university vacations. The scholars receive financial assistance to cover the costs of travel, accommodation and living expenses, and the additional $500 will assist with costs such as rent while they are on placement.

The important role of the General Practitioner mentors is also acknowledged, with GP mentors now to receive $500 (up from $350) in recognition of their contribution in offering their knowledge and experience to the scholars.

In other developments, the NRHA has decided that both Rural Australia Medical Undergraduate Scholarship holders and John Flynn Scholars who have completed their scholarships will receive complimentary membership of friends of the Alliance for one year. The Alliance sees this as a way of keeping former scholars – the leaders of the future – in the information loop about rural and remote health issues and policy developments. It is important for these young people to give their input to policy issues.

Members of friends receive an updated copy of the CD-Rom 1991–2001 Rural and Remote Health Papers. This great resource provides ten years worth of research and conference information on rural and remote health, including models of best practice and key contacts in the rural and remote health community. For further information on the benefits of friends or the CD-Rom, visit the Alliance website www.ruralhealth.org.au

In 2002, as in previous years, 150 medical undergraduate students will be awarded a John Flynn Scholarship. Applications will open early in the new year. There will also be new RAMUS scholars selected. RAMUS applications for 2002 close at the end of February 2002. The application form will be available online at www.ruralhealth.org.au. 

The Alliance Conference team, led by Lyn Eiszele, is supporting the NRHN’s Shepparton (Monash and Melbourne) and Tasmanian teams with student conferences in ‘Shepp’ (April 2002) and on the Tasman Peninsula (August 2002). Planning is also underway on the 7th National Rural Health Conference to be held in Hobart, 1–4 March, 2003. Check the Health Calendar on page 16 for further information.

Emphasized News

To subscribe, send a message saying “subscribe NRHA eforum” to grovesc@winshop.com.au.

In each coming edition of PARTYline a section will be dedicated to following-up on one or two of the 149 the Recommendations from the 6th National Rural Health Conference.

In this edition, we look at a recommendation on the University Departments of Rural Health (UDRHs).

The recommendation reads “the University Departments of Rural Health should co-ordinate efforts to demonstrate the cost-effectiveness of the use of video-conferencing and associated technologies”.

The recommendation was scribed, on behalf of her group, by Margaret Dunkley. Margaret is both a John Flynn and RAMUS Scholar and is also a member of the Planning Committee for the Conference to be held by the student clubs in Shepparton in April 2002 (before WONCA in Melbourne).

The UDRHs are coming together in a body to be called ARHEN – the Australian Rural Health Education Network. It will have a part-time secretariat. The Alliance will pass this recommendation to ARHEN for follow-up.
The 2001 Cairns International Rural and Remote Allied Health professionals Conference, August 30 - September 1, was co-convened by Services for Rural and Remote Allied Health (SARRAH) and the North Queensland Rural Health Training Unit (NQRHTU). The conference explored best practice for the provision of allied health services in rural and remote environments.

There were over 180 registrations with the following breakdown of health professionals attending: Physiotherapists (32%), Occupational Therapists (26%), Speech Pathologists (11%), Social Workers (12%), Dieticians (6%), Podiatrists (5%), Nurses (4%), Psychologists (3%), Pharmacists (2%) and Radiographers (1%). A small number of undergraduate students from across a range of disciplines were also welcomed.

Delegates were stimulated and challenged by a well-balanced program incorporating papers on therapies, education and support delivery and information technology.

Professor Marjorie Concha, Head of the Department of Occupation Therapy, at the University of Witwatersrand in South Africa, made everyone sit up and take notice of descriptions of the impact of the AIDS epidemic in South Africa and the impetus for allied health professionals to gain training and experience.

Positive Rural Futures

Michael Bishop reports on a very successful Positive Rural Futures Conference held in Sarina, Queensland.

Since leaving the formal health care system of hospitals, community health centres and private practitioners, I have come to realise the various creative strategies used by communities to get their health needs met. An outstanding example of a rural ‘health’ conference not about rural health and not on the ‘rural, remote and very very remote health conference circuit’ was held in Sarina, just South of Mackay, in May 2001.

Positive Rural Futures 2001 provided an excellent opportunity for community teams to develop innovative plans to motivate and empower their communities, expand networks and share experiences of success and failure in rural, remote and very remote life in the Australian bush.

In Queensland these positive rural futures conferences have been held in Charters Towers, Biloela, Goondiwindi and Cooktown. This year the conference was conducted by Education Queensland, supported by the Department of Primary Industries and the Office of Rural Communities. The aims of the conference were to stimulate economic development and employment, foster enterprise, improve education and training opportunities, enhance social infrastructure and provide opportunities for young people.

In my opinion the conference achieved all this and more. Of particular relevance were the solutions posed by young people for revitalising and improving their environments. The examples of success showed just how healthy country towns can be. Keynote speakers from the Aspen Institute in Washington and Ernesto Siroli from the Sirolli Institute in Minnesota illustrated the practices being used in America in the revitalisation of rural communities. Examples from across the state illustrated the “dos and don’ts” in keeping bush communities vibrant.

Health services and the delivery of and access to specialist health services were repeatedly mentioned as a difficulty, but where communities had rallied and experienced success after years of depression and repression, access to health services improved as the esteem and life of the communities grew.

Michael Bishop is the Regional Director of the Department of Families in the Mackay Whitsunday Region and is the Queensland State Convenor of SARRAH.

A key component of the conference was the launch of the RHSET-funded Study of Allied Health professionals in Rural and Remote Australia that represents a first step in key issues facing allied health professionals and key areas for improvement in support, education and training. Copies of this report are available at www.ruralhealth.org.au/sarrah/rhset.htm.

An address by Dr Steve Clark, CEO of the Australian Divisions of General Practice, emphasised the importance of partnerships in health. Over the next five years the united voice of organisations such as SARRAH, ARRAHT and the HPCA, together with the NRHA, are going to have a key role in successful advocacy for all allied health professionals. This will enhance the groundwork already done for physiotherapists by the Australian Physiotherapy Association.
Legal Service

Through-Our-Eyes is a new free Australian national fortnightly public email bulletin about legal issues and legal services for women in regional, rural and remote Australia. The bulletin is provided by the National Women’s Justice Coalition Inc., in partnership with the Albury Wodonga Community Legal Service. The Through-Our-Eyes follow-on project aims to boost policy input particularly on federal issues relating to women and the law by services, networks and communities in regional, rural and remote Australia.

You can read more about the project on the web site at: http://www.nwjc.org.au/rrr/

Send your contributions to Kaz Eaton, RRR Project Officer, PO Box 107 Brompton SA 5007, Ph: 08.8346.2056, Fax: 08.8346.1052, email: kaz.eaton@nwjc.org.au

Auctioning Medicare Provider Numbers?

A recent newsletter of the The Australia Institute included a piece on auctioning Medicare Provider Numbers. The article asserts that this would be “the best way to solve the problem of the shortage of doctors in the bush”. The article can be found at www.tai.org.au/media/PRDoctors.shtml.

Call for Funding for Indigenous Health

The Alcohol and Other Drugs Council of Australia (ADCA) led an alliance of twelve public health groups to make substance misuse, mental health promotion and suicide prevention national priorities. They called for “a significant funding commitment to community controlled Aboriginal and Torres Strait Islander health and substance misuse services”, and for increased investment in such programs to be funded through revenue from alcohol and tobacco taxes.

Healthy Rural Women

A nationwide study of women’s health has found that rural women are in just as good health physically – and even better emotionally – than their city cousins, despite having poorer access to health services. Christina Lee, Director of the Women’s Health Australia project, has an article about the project in the latest edition of Network, the newsletter of the Victorian Rural Women’s Network. The website for the Rural Women’s Network is www.nre.vic.gov.au/ruralwomen and the project’s website is www.fec.newcastle.edu.au

Employment, Income and Health

In the lead-up to the Federal Election Australia’s major charities were united in their call to have the political parties focus on jobs, employment growth and unemployment. It will remain critical for national and State governments to have programs ready to be launched early enough to reduce the impact of any economic downturn. Employment and income are prerequisites for good health.

Dental Alliance calls for Commonwealth leadership on oral health crisis

will ‘guide and co-ordinate the development of a National Oral Health Plan and oversee its implementation, monitoring and evaluation.’

For further information contact the National Rural Health Alliance representative on the Working Party, Alison Miles 02 6285 4660 or visit www.acoss.org.au

See the National Rural Health Alliance’s position statement on Oral Health in Rural Communities at www.ruralhealth.org.au

Report on Indigenous Funding 2001 Commonwealth Grants Commission

There has been an increase in the amount of spending on health services for Indigenous peoples by all levels of Government, but it falls way short of the mark considering the relatively poor health status of Indigenous people.

This is one of the main findings of a report recently released by the Commonwealth Grants Commission into Indigenous Funding. Quoting figures for the Australian Institute of Health and Welfare (AIHW), the report shows that in 1998–1999, for every dollar spent on services for non-Indigenous persons $1.22 was spent on an Indigenous person. This is an improvement from the figures in 1995–96 when it was $1.08.

However, this is much less than would be expected considering the health status of Indigenous people. Indigenous people die on average 20 years younger, are more likely to die as an infant or suffer from most diseases at a greater rate than non-Indigenous people. The more remote is their home, the worse their health status will be.

The complete report is available on the web at www.cgc.gov.au or by contacting the CGC on 02 6229 8800.

The Australian Journal of Rural Health is a highly regarded peer reviewed Journal featuring articles on health care and policy in rural and remote Australia.

Obtain a free sample copy.

Visit the website at www.blackwell-synergy.com, phone 03 9347 0300 or email subs@blacksci-asia.com.au.

Subscribe to the Journal

The Australian Journal of Rural Health

Number 10, December 2001
Early indications suggest that the Commonwealth Government’s strategic medical scholarships will provide country areas with a new wave of doctors seeking challenging and rewarding careers in rural health.

Meet two adventurous young Australian women, who are among the future pioneers in rural health practitioners…

**Bethany Beckett**

With uncles who are GPs, medicine is in the family genes for Bethany Beckett. So it was no surprise when she chose a career as a doctor.

Having made this decision, Bethany then faced the financial problems many rural students encounter when considering studying away from home. Fortunately, these worries were quickly alleviated when Bethany was successful in her application for a Commonwealth Government scholarship scheme that supports students from rural and regional areas.

Worth $10,000 a year, the Rural Australia Medical Undergraduate Scholarship (RAMUS) Scheme is now helping Bethany meet the cost of accommodation, travel and the many daily expenses medical students incur.

“The scholarship has been important to me because medicine is such an expensive course – dress code, books, equipment and everything like that,” Bethany says.

Nothing will quash the enthusiasm of this future rural doctor.

“My Uncles who are also GPs, have tried to dissuade me. But, they got caught up in the rat race of Perth. I’m not planning on being that sort of a GP,” she offers.

“I’ll definitely move to the country as soon as possible. I miss the community – people looking out for you and knowing who you are and how you’re doing. I’d also like to give people the choice of seeing a female doctor.”

People interested in applying for the RAMUS Scheme should visit the Commonwealth Department of Health and Aged Care’s rural health website at: www.ruralhealth.gov.au or freecall 1800 460 440.

**Nadia Peoples**

Aramac medical student Nadia Peoples extensive travelling through rural Queensland has given her the motivation to pursue a medical career in rural Australia.

Although just 19, Nadia has moved extensively around central Queensland with her family – from Longreach to Winton, Aramac and Rockhampton, where she completed grade 12 at boarding school, and Townsville. Her parents still live in Aramac.

Nadia, a first year student at James Cook University Medical School in Townsville, is among a select group of 100 medical students around the country who are helping to change the face of medical education, by signing up for the Federal Government’s new Medical Rural Bonded Scholarship Scheme.

Under the scheme, Nadia will receive payments worth $20,000 for each year of her medical studies, in return for a commitment to work rural Australia for at least six years after graduation.

“I view this as an opportunity to become an experienced rural general practitioner who is well travelled throughout outback Australia and I expect to enjoy every minute of it.”

“Primarily rural medicine appeals to me because I have experienced the hardships that occur in a rural area and I want to be able to put something back into the bush,” Nadia said.

Nadia said the financial assistance would pay for university studies, leaving her to concentrate on the task at hand.

Nadia doesn’t know where she would like to practice upon graduation, but she plans to see as much of outback Australia as possible.

For more information on the Medical Rural Bonded Scholarship Scheme T: 1800 248 720 or visit the website www.health.gov.au/workforce

Who’s gone where?

Changing jobs or moving elsewhere? Let PARTYline know so we can keep our readers up-to-date.

Here are some changes we know about.

Joanna Davidson who was the Manager of the Office of Rural Health has been promoted to head of the Commonwealth team to work with the states to prepare the next Australian Healthcare Agreement.

Pat Field has decided to leave the National Heart Foundation for project work in PNG. Good luck to Pat!
Rural Health in the Spotlight through Young Australian of the Year

James Fitzpatrick is well known in rural health circles in Western Australia for his tireless contributions to this cause. He is also committed to drawing attention to specific issues in public and community health in rural and remote regions throughout Australia.

James’ particular interest lies in indigenous health and medicine, for which he invests considerable time and energy. His major contributions to these fields include: providing undergraduate representation on the National Rural Health Network; serving as President of SPINRPHEX, the student organisation that fosters interest in rural medicine; and organising medical students’ involvement in the Carnarvon Children’s Festival.

His current involvement with the wider community has taken on a more organised form attending the World Rural Health Conference 2000 in Canada, and the National Undergraduate Rural Health Conference 2000, as well as fundraising for the Save the Children Fund in Western Australia.

James is currently tutor at the Centre for Aboriginal Programs at the University of WA, developing a strong accord with the Aboriginal staff and students. Involvement in Aboriginal health through medical attachments to communities around Carnarvon has given James an insight into the issues surrounding Aboriginal health.

“James is an inspiring individual with a unique outlook on life and a fresh and energetic enthusiasm for what he does. He is making a real difference in rural and remote areas and he has served as Young Australian of the Year 2001 with outstanding confidence, class and distinction,” said Senator Macdonald.

The Award categories recognise hard work and commitment in the areas of regional initiative, the arts, sport, the environment, science and technology, career achievement and community service.

The Awards are presented to young achievers in each State and Territory and will culminate in the national Young Australian of the Year Awards 2002 presentations in January 2002.

For further information contact:
Office of Senator Macdonald: (02) 6277 7060
Young Australian of the Year Awards: (07) 5531 1541

Carers Week– Raising Awareness and Promoting Carers

Nicole Leishman of the Carers Association of Australia talks about Carers’ Week and the need to Listen to Carers.

All around Australia, Carers’ Week was celebrated during 21–27 October. The event not only increased an awareness of carers but also the contribution carers make to the community.

The theme, Listen to Carers, was interpreted in many ways through a variety of functions such as morning teas, information stalls and pampering activities for carers. Carers, their families and friends and service providers came together to celebrate the week and learn from each other, it was an ideal opportunity to build and strengthen community partnerships and future direction.

As part of the celebrations, the inaugural ‘Listen to Carers Day’ was held on Wednesday 24 October. The event aimed to collect information to assist Carers Associations better represent their concerns to government. Better information and representation leads to improved support and services.

Carer Resource Centres operate as part of the Carers Association in each State and Territory and provide carers with referral to services and practical written information to support them in their caring role. Carers can call their Carer Resource Centre on 1800 242 636 (free call) or visit the Carers Website at www.carers.asn.au

Nicole Leishman
Carers Week Co-ordinator, Canberra
Health Calendar

Feb 2002

Rural Workforce Agency Vic Education Workshop
15–17 February 2002
Rydges Melbourne
Phone: 03 9349 4899
Fax: 03 9349 4211
Email veerajau@rwav.com.au
Web http://www.rwav.com.au

Australian Association of Rural Nurses (AARN) Conference
“Re-thinking nursing roles in rural communities”
15–17 February, 2002
All Seasons Darling Harbour, Sydney
Contact: David Lindsay
Phone: 07 4781 5352
Fax: 07 4781 4026

Australian General Practice Accreditation Ltd
Quality in Practice Conference
28 Feb – 3 March 2002
Gold Coast, QLD
Phone: 07 5574 1144
Fax: 07 5574 1199
Email: www.conferenceonline.com.au

April 2002

Australian Huntington Disease Association National Conference
Collaboration: Making the Difference
18–19 April 2002
Fremantle, Western Australia
Phone: 08.9332.2900
Email: Promaco@promaco.com

ACRRM Scientific Forum & RWAV Annual Conference
Tuesday 30 April 2002
Carlton Crest Melbourne
Phone: 07 3352 8600
Fax: 07 3356 2167
Email: m.bryan@acrrm.org.au.
Web: http://www.acrrm.org.au

National Rural Health Network Pre WONCA Conference
27 – 30 April 2002
Shepparton, Victoria
Contact: National Rural Health Alliance
Phone: 02 6285 4660
Fax: 02 6285 4670
Email: conference@ruralhealth.org.au

Fifth WONCA World Conference on Rural Health
‘Working Together, Communities, Professionals and Services’
28 April–5 May 2002
Melbourne, Victoria
Phone: 03.9417.0888
Email: ruralhealth@meetingplanners.com.au

May 2002

Tasmanian Rural Health – Collaboration in Action
Post-WONCA event
‘Southern Sites & Services’
4 – 8 May 2002
Phone: (03) 6224 3773
E-mail: lee@cdesign.com.au

Post WONCA Satellite Conference
Alice Springs, 4 – 6 May 2002
‘Working Together, Sharing Experiences’.
Contact : Centre for Remote Health
Phone: 08 8951 4700
Fax: 08 8951 4777
Email: carly.dolinski@flinders.edu.au
Web: http://crh.flinders.edu.au/wonca

July 2002

Rural and Remote Area Nursing Summit
1 – 2 July 2002
Adelaide, South Australia
Contact : National Rural Health Alliance
Phone: 02 6285 4660
Fax: 02 6285 4670
Email: conference@ruralhealth.org.au
Web: www.ruralhealth.org.au

August 2002

6th National Undergraduate Rural Health Conference 2002
8 – 12 August 2002
Tasman Peninsular, Tasmania
Phone: (02) 6285 4660
E-mail: conference@ruralhealth.org.au

March 2003

7th National Rural Health Conference
Hobart, 1 – 4 March 2003
Contact details: National Rural Health Alliance
Phone: 02 6285 4660
Fax: 02 6285 4670
Email: conference@ruralhealth.org.au
Web: www.ruralhealth.org.au