

National Rural Health Alliance E-forum – 18 February 2000

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"THIS COULD BE THE START OF SOMETHING BIG"

The NRHA released a statement on the Prime Minister's statement promising no further erosion of services to rural and regional areas, saying that "it could be the start of the major turnaround needed in the attitudes of all governments to rural areas." The NRHA statement is available at <http://www.ruralhealth.org.au/6200.htm>.

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RDAA/ACRRM STATEMENTS ON RURAL DOCTORS

The Rural Doctors Association of Australia has called on the Federal Government to support additional training of rural doctors through the Australian College of Rural and Remote Medicine. It is particularly critical of the low numbers of RACGP graduates moving to rural Australia - estimated at 35 since 1997, when more like 350 per year is required.

The RDAA Statement followed a statement from the RACGP calling on the Federal Government to support its program in this area. The RACGP statement "dismissed a bid by a smaller rural college to set up a separate program as an unfortunate exercise that would alarm GP registrars, divide the profession, duplicate training costs and reduce the number of doctors going to rural areas." The RACGP Statement is at <http://www.racgp.org.au/news/media/action.shtml>.

The Statements by the RDAA and ACRRM do not appear to be available on the organisations' Web sites. Due to their significance, they are reprinted in full here without comment.

PRESS RELEASE, 9 February, 2000
RURAL DOCTORS FOR THE BUSH

The Prime Minister has stated that providing adequate numbers of doctors in the bush is his number one social priority. Clearly he has now to back the College that rural doctors themselves have formed in order to provide adequate training.

Recently the RACGP gave yet another undertaking to solve the problem. Former RACGP President, Dr Col Owen says "It has absolutely no credibility in this area. Over the last ten years there have been at least four attempts to resolve the rural training issue".

President of the Rural Doctors Association of Australia, Dr David Mildenhall said

“RDAA is yet to be convinced that the RACGP properly understands the complexity of the rural consultation in terms of lack of ability to down refer to specialists and other health providers, as well as the procedural element and how important this is for rural doctors and rural communities.”

Two independent reports, one by ex-Minister Phillips and the other by the Head of the National Health and Medical Research Council, Jack Best, back up the contentions that the RACGP has not been able to provide an adequate Australia wide training scheme. The Phillips Report into the mid term provider number review has, as one of the recommended options, an independent rural college to be supported by the Government. At Anderson’s Regional Australia Summit, Jack Best talked of the guild-like status of the learned colleges in Australia. He pointed out that since 1997 only 35 RACGP graduates have moved to rural Australia.

Dr Mildenhall said “We need 350 a year”.

Dr Owen said “The Rural doctors have formed their own college, the Australian College of Rural & Remote Medicine and this is fully endorsed by RDAA and by doctors throughout Australia. It is now well established and has comparable numbers of members. It has a training programme and model ready to roll. Experiments with the current funding model have failed”.

“We look forward to the Government providing a bold policy shift to introduce a competitive market into training so that ACRRM can be backed in order that adequate numbers of doctors can be trained in rural Australia and for rural Australian communities” said Dr Mildenhall. “It is time that the taxpayers in the bush at last got their rewards and we look forward to the next budget for this sensible policy shift to ensure that the rural Australian doctors’ own college receives fair government backing. This will allow an Australia wide rural training programme that will not only train doctors for rural Australia but provide them with the correct skills blend so that if they move back to the urban environments they will be able to provide efficient, extended general practice”.

Contacts:

David Mildenhall (President RDAA) 0418 929201

Col Owen (Past President RACGP) 07 4652 1160 or 07 4657 4166

10 February 2000

New Training Program for Rural Doctors - “Towards Quality Health Care for Rural Australians”

The Australian College of Rural and Remote Medicine (ACRRM) is committed to assisting rural communities, It is now ready to deliver high quality education and training for young doctors keen to practice in the country.

The Prime Minister, Mr John Howard, and the Health Minister, Dr Michael Wooldridge, want what is good for rural health care and both have indicated a dedication to solving the problem of recruitment and retention of quality doctors for the bush. Funding ACRRM to deliver vocational training to young doctors is the essential next step to achieve this.

At the Regional Australia Summit the government’s adviser Dr John Best outlined the failure of present training initiatives.

The principles of the ACRRM Training Program (ATP) were developed in 1992 and have been refined to a totally integrated pathway to rural practice – from rural secondary school through to on-going professional development for established rural doctors. “The centre-piece of the ACRRM pathway is the program to train young doctors to be confident and competent in rural practice”. Dr Bryant said “we want to show them how to have a fulfilling

practice in rural areas with the support of ACRRM members”

The key features of our flexible, three year vocational training program are:

- ? Regional Rural Consortia deliver training in the rural setting,
- ? All training is delivered by rural GPs, rural specialists and rural medical educators
- ? Recognition of appropriate prior learning and experience.

Unlike present programs, the government funding will follow the registrar eliminating several bureaucratic/administrative costing levels. The ACRRM Pathway is cost neutral; it redirects rural funding from an urban-based agenda to a dedicated rural one.

The registrars in the ATP will spend 12 months attached to a rural GP, 12 months attached to a rural hospital, and 12 months special skills training. Special skills will include one or more procedural or non-procedural disciplines. All registrars will be trained in emergency medicine and radiology. During the GP and hospital attachments the ACRRM core curriculum will be delivered in problem-based modules to the registrars via distance education.

Australia needs more than the current 35 graduates moving into rural practice every two years. It needs 350 new, appropriately trained rural doctors every year.

When funded the ACRRM Training Program will deliver superior, high quality training in the rural setting. It will be delivered to an increased number of registrars and will result in an increase in the recruitment and retention of quality doctors for the bush. It is an educational solution to the rural medical crisis.

ACRRM looks forward to continuing to work with the Commonwealth Government and anticipates funding of its new Training Program to help solve the problem of the rural doctor shortage.

Contact: Dr Lexia Bryant, President , Mobile: 0418 594 088
Marita Cowie, CEO, Mobile: 0407 019701

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RURAL DOCTORS NETWORK - PROJECT MANAGER

The Rural Doctors Network (RDN) is funded by the Federal and NSW Governments to provide support to General Practitioners in rural and remote NSW communities and to encourage more doctors to take up practice in these areas.

PROJECT MANAGER (Full Time)

Working in a team environment in our Newcastle office, this position is responsible for the coordination of support services to Divisions of General Practice in rural NSW. The position may include the facilitation of regional meetings and state-wide projects.

The successful applicant will have tertiary qualifications, preferably post graduate, be well motivated with good people and communication skills. The position requires experience in project management, competence in Office 97 programmes and a current driver’s licence.

Remuneration will be negotiated with the successful applicant, taking into account qualifications and experience, within the range of \$ 49,000 - \$55,000 pa.

Applicants are advised to obtain written information packages from Megan Elliott on (02) 49291811 or alternatively on the RDN Website <http://www/nswrdn.aust.com>.

Further information on duties and selection criteria may be obtained by contacting Mark Lynch on (02) 49291811.

Please send written applications, including CV, to:

The Manager
NSW Rural Doctors Network Ltd
Suite 19, 133 King St
Newcastle NSW 2300

The closing date for Applications is Monday, 6th March 2000.

Information Sheet For Applicants:

THE NSW Rural Doctors Network (RDN) is a non-profit organisation which provides support to General Practitioners in rural and remote communities in NSW and encourages more doctors to take up practice in these areas.

There are some 400 NSW rural doctors who are Network members. The RDN Board of Directors comprises representatives of rural doctors and health organisations. RDN funding mainly comes from the Commonwealth and State Governments.

Among the range of activities and services provided by RDN are:

- ? Continuing Medical Education (CME) programs for rural doctors such as Specialist Medical Programs, CME refresher weekends, and distance education initiatives such as Satellite Programs through the Rural Satellite Network;
- ? Co-ordination of the activities of 17 rural General Practice Division organisations across NSW;
- ? Directly and indirectly providing locums for rural doctors;
- ? Quarterly publication of a Rural Medical Vacancy Booklet;
- ? Providing formal and informal support for rural doctors and their families;
- ? Working with communities, Local, State and Commonwealth Governments and rural Area Health Services on medical workforce matters;
- ? Working with University Medical Faculties to promote rural medicine;
- ? Administering Local, State and Commonwealth Government Undergraduate Support Programs which include the Rural Health Training Units to co-ordinate activities for Secondary Schools and medical students.

RDN employs about 20 staff directly at a Head Office in Newcastle, a Sydney office near Mascot Airport, and an office in Dubbo, which provides the RDN Locum Service.

POSITION TITLE: PROJECT MANAGER, DIVISIONAL COORDINATION

REPORTS TO: Chief Executive Officer

GENERAL DESCRIPTION: The Project Manager, Divisional Co-ordination, is responsible for assessing how the 17 Divisions of General Practice can best be supported in their work of looking after the professional education and local support needs of rural doctors in their areas. The position involves active and skilled networking with Divisions to maintain a high level of well targeted information and to assist in the design and implementation of projects.

POSITION OBJECTIVE: To evaluate, co-ordinate and monitor appropriate support services for rural Divisions of General Practice in NSW.

DUTY STATEMENT (PRIMARY RESPONSIBILITIES)

- ? Manage the contractual arrangements between RDN and the Alliance of NSW Divisions (ANSWD).
- ? Provide support to rural Divisions of General Practice.
- ? Provide secretariat to the Divisional Committee of RDN and the Rural Chapter of ANSWD.
- ? Undertake and develop effective communication and linkages with Government

Departments and other stakeholder bodies as appropriate.

? Manage the rural divisional coordination priority areas of RDN.

? Provide advice and support to Divisions in relation to their CME and locum activities.

? Evaluate CME and locum activities of Divisions according to agreed performance indicators.

? Provide timely reports and papers to the management and Board of RDN as required.

? Assist in the smooth running of RDN, including through professional collaboration with colleagues and participation in staff meetings and planning activities.

? Undertake such other tasks and duties reasonably requested by RDN that are within the competence of the Project Manager, Divisional Coordination.

CURRENT SALARY RANGE: Commencing salary, dependent upon qualifications, experience and demonstrated competence, will be within the range of \$49,000 to \$55,000.

PERIOD OF APPOINTMENT: Following satisfactory completion of a 3 month probation period, the successful applicant will be appointed initially until 30th June 2001. Subject to continuation of Commonwealth and NSW Government grant funding, appointment will be renewable annually thereafter.

QUALIFICATIONS AND SELECTION CRITERIA:

Qualifications: The successful applicant for this position will have tertiary qualifications, preferably post graduate.

Selection Criteria:

ESSENTIAL:

? Experience in program management

? High level liaison and co-ordination skills

? High level communication skills, including report writing.

? High level of organisational and time management skills

? Capacity to work effectively in a team environment

? Capacity to network effectively

DESIRABLE:

? Knowledge of health services and rural issues in NSW

? Competence in Office 97 software

? Knowledge of project evaluation

Please forward written applications to:-

THE MANAGER,
NSW RURAL DOCTORS NETOWRK
SUITE 19, LEVEL 3,
133 KING STREET
NEWCASTLE NSW 2300

Applications for the position of Project Manager close on Monday, 6th March 2000, after which a short list of the most promising applicants will be invited for interview.

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STUDENTS NEED ENCOURAGEMENT AND SUPPORT TO WORK IN RURAL AREAS

"There may be as many as 5000 health science students who want to make a career out of being a rural health practitioner. They are crying out for governments to help them beat the disincentives placed in the way of students who want to go bush. Unless these barriers are broken down, not many will end up going there," according to National Rural Health Network spokesperson, Richard Sager. The NRHN statement is at <http://www.ruralhealth.org.au/nrhn/16200.htm>.

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is a forum for the expression of YOUR views. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator, Jim Groves, at grovesc@winshop.com.au.

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

The e-forum is sent to a mailing list of the Alliance and those have indicated interest through the subscription box at the NRHA Web site (<http://www.ruralhealth.org.au>). This issue is going to 667 recipients. Please forward a copy to any colleague you think may be interested.

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