

National Rural Health Alliance E-forum – 6 July 2001

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NATIONAL UNDERGRADUATE RURAL HEALTH CONFERENCE

The National Undergraduate Rural Health Conference is the annual conference of the National Rural Health Network (NRHN), the peak organisation representing the interests of undergraduate students in all health disciplines. It is concerned with rural health issues and education in rural, remote and Aboriginal Torres Strait Islander health at undergraduate and postgraduate level. NRHN is a member of the National Rural Health Alliance. The 2000 Conference was convened by TROHPIQ, Queensland's Rural Health Organisation for students. The location for the 2000 Conference was the University of Southern Queensland, Toowoomba, Qld and was held between 9 - 13 September 2000. The Conference was attended by approximately 200 student and 40 academic and profession delegates.

The conference theme "Bringing it all Together" represented the need to draw together the diverse aspects of rural health care and to act on them through taking stock, looking ahead, and moving forward. Through the hard work of the delegates and the quality of the presentations of the speakers at the conference, some of the objectives are currently well progressed.

All of the Conference Proceedings can be found at <http://www.nrhn.org/reports/5th-NURHC> which contains all available presentations plus summaries of discussions and supporting papers.

NURHC 2001  
6th National Undergraduate Rural Health Conference  
22 – 26 September 2001  
Tasman Peninsula, Tasmania

Website: <http://www.ruralhealth.utas.edu.au/nurhc-2001>

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INTERNATIONAL RURAL AND REMOTE ALLIED HEALTH PROFESSIONALS CONFERENCE

The International Rural & Remote Allied Health Professionals Conference is to be held in Cairns from 30 August to 1 September 2001.

This conference is a collaboration between Services for Australian Rural and Remote Allied Health (SARRAH), and the North Queensland Rural Health Training Unit (NQRHTU), Queensland Health. The conference will run over three days with additional pre and post conference workshops. The program will feature lecture style presentations, discussion forums, discipline specific and multidisciplinary clinical workshops, and exhibits of products relevant to various allied health professions.

For details, contact the Alliance at:  
PO Box 280  
DEAKIN WEST ACT 2600  
Phone: 02 6285 4660  
Fax: 02 6285 4670  
Email: conference@ruralhealth.org.au  
Web: http://www.ruralhealth.org.au/sarrah/fithconf/program.htm

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9th NATIONAL HEALTH INFORMATICS CONFERENCE

Come to the 9th national health informatics conference, HIC 2001, in Canberra this 29-31 July. Be inspired, informed and encouraged by the insightful international and Australian keynote speakers. Participate in the feature packed program, including tutorials, keynote addresses, meet the expert, CIO forum, and parallel sessions, industry showcases and major exhibition.

The program echoes the diverse professional collaboration, cooperation, and shared commitment to the vital task of realising quality health care. Major government and industry companies are the HIC 2001 sponsors.

Fostered through strong relationships and shared understandings we see health informatics strongly meeting the significant challenges involved in providing the best quality health care. This year's event is co-hosted with HIMAA and HIC 2001 cordially welcomes Health Information Management Association Australia, Health Informatics Society Australia and Australian Computer Society Members. Join us and benefit from HIC 2001!

Contact:  
Website: http://www.hic.org.au/  
Tel: (03) 9388-0555  
Fax: (03) 9388-2086  
hisa@hisa.org.au

Chairman Paul James and members of the Organising and Scientific Program Committees

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## RURAL DOCTORS LEGISLATION PASSED

The debate between the Government and the AMA on the sunset clause in the Medicare Provider Number Legislation has been reported in the last two issues of this e-forum. The legislation was passed on 28 June 2001.

Federal Health Minister, Dr Michael Wooldridge, said that "if the sunset clause was not removed and the legislation had been allowed to expire at the end of the year the Rural Locum Relief Program would have also concluded. The Program means that there are almost 700 doctors practising in country areas who otherwise would be likely to establish a practice in the capital cities,"

"Since the Government introduced the original legislation in 1996, the number of doctors practising in rural and remote areas has increased from about 5,400 in 1995-96 to more than 6,200 in 1999-2000.

"The 1996 legislation also required that all doctors graduating from our medical schools obtain a GP or specialist fellowship before being able to access rebates under Medicare, ensuring Australians will continue to receive the highest quality of care from appropriately trained GPs. said Dr Wooldridge.

In addition, Dr Wooldridge said the legislation ensures the good work of the Medical Review Training Panel will continue, with enhanced functions. The Panel will now have a role in monitoring and reporting on schemes which are available for doctors providing community experience, such as general practice, before they enter vocational training programs.

Dr Wooldridge thanked the Australian Democrats and in particular, their Health Spokeswoman Senator Lees, for their support in passing the legislation.

Dr Wooldridge's statement is available at  
<http://www.health.gov.au/mediarel/yr2001/mw/mw01056.htm>

Federal ALP health spokesperson criticised the passage of the legislation, claiming that This means the current situation where young doctors are only being offered unsupervised GP training in remote rural areas will continue.

Labor moved amendments to ensure all GP training had to be supervised and that young doctors could do 13-week periods called "community terms". These would be located in those urban and rural areas that have insufficient doctors.

"Labor will make it a high priority after the next election to sit down and properly negotiate a satisfactory set of training programs that addresses the concerns that have been raised," Ms Macklin said.

Ms Macklin's statement is available at  
<http://www.alp.org.au/media/0601/jmmspgd290601.html>

Details of the Senate debate are available from the Hansard section of the Parliamentary website at <http://www.aph.gov.au>

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**E-HEALTH'S \$2.8B BOOST**  
(Extract from "The Australian", 26 June 2001)

A CATCH-UP for years of underspending will drive the health IT market to \$2.8 billion by 2004, with solutions providers and outsource services being the main beneficiaries, a local study says.

Spending on health-care IT was \$1.76 billion in 2000, with the market static for a third year at 2.4 per cent of the total health budget, the Collaborative Health Informatics Centre says in its report, Australian E-health Market 2001-2004.

Public hospitals spend an average 1.5 per cent of their total budget on IT, but state health departments are now allocating up to 45 per cent of their capital budgets to IT.

Internal pressures to reduce costs and increase efficiency, together with external demands for better quality services, fewer medical errors and competition in the private sector are changing the way IT is viewed.

"These forces are shifting health IT spending away from the discretionary projects of the past to more strategic, enterprise-wide solutions," CHIC chief executive Anne McGill says.

Health-care providers say bandwidth is their major concern, with 80 per cent of the rural providers identifying lack of bandwidth as their most important technology issue.

Diagnostic quality imaging and telecommunications systems such as satellite, IP telephony and videoconferencing are of particular interest to remote and rural communities.

Sixty-three per cent of respondents identified clinical systems implementations, including care analysis and data warehousing, point of care and specific support systems - such as theatre operating systems, as their main initiatives during the next year.

Further information is available from the Collaborative Health Informatics Centre at <http://www.chic.org.au/ehealthreport2001.htm>

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**RURAL WOMEN: BORN SURVIVORS?**  
(Reprinted from the Commonwealth Department of Health and Aged Care publication, "Regional HealthCheck", June 2001. The publication is available at <http://www.ruralhealth.gov.au/publications/index.htm>)

A nationwide study of women's health has found that rural women in their 70s are in as good health – if not better – than their city cousins, despite lower access to health services.

The study, funded by the Department of Health and Aged Care, showed rural women aged between 70 and 75 are less likely than urban women in the same age group to be diagnosed with osteoporosis, bronchitis or emphysema.

However, the study reported no differences in the rates of other major illnesses between mature rural and city women, or in symptoms such as stiff joints and sore backs, which are very common to this age group.

The findings are part of the Australian Longitudinal Study on Women's Health, a 20-year research project being conducted by the Research Centre for Gender and Health at the University of Newcastle.

Director of the Research Centre, Professor Christina Lee, said the results are surprising and could be due to numerous factors.

"It has been suggested that this is a survivor effect, by which women in poorer health move out of the countryside and into cities to be closer to health services. Current research is exploring this possibility," Professor Lee said.

"It is also possible that the results reflect differences in attitudes and community perceptions ... a perception of rural Australians as hardy and uncomplaining is widely held by city and country people alike.

"A third possibility is that differences in life experiences may underlie the differences in well-being. Rural people tend to come from large families ... this is reflected in a higher sense of community satisfaction and practical and emotional support, which may enable country people to cope successfully with health problems."

The study began in 1995 and examines over 40,000 women in three age groups – young, mid-age and older – with over 60 per cent of the sample living in rural areas.

It explores the relationships between biological, psychological, social and lifestyle factors and women's physical health, emotional well-being and their use and satisfaction with health care services.

As the project progresses, the researchers will watch three generations of Australian women move through the lifecourse and provide information that will be used to assist with policy.

For more information on the Australian Longitudinal Study on Women's Health, ph (02) 4921-8609 or visit the website <http://www.fec.newcastle.edu.au/wha>

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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](mailto: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](mailto: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 1,167 recipients. Please forward a copy to any colleague you think may be interested.

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