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NEW PROJECTS TO HELP SUPPORT, EDUCATE AND TRAIN THE RURAL AND REMOTE HEALTH WORKFORCE

Rural and remote health workers and communities will benefit from new training and support projects announced by the Federal Minister for Health and Ageing, Senator Kay Patterson. The suite of projects, funded through the Commonwealth's Rural Health Support, Education and Training (RHSET) grants Program, cost \$1 million over two years, and included local, specific projects as well as national activities.

"Among the targeted projects are asthma education in the Torres Strait, support for community development workers in the Ceduna area and training and support in renal disease and self-management strategies in the Cherbourg region," Senator Patterson said. "National activities funded under this Program will provide support for nurses, Aboriginal health workers, health service managers and other service providers by enabling grass roots opportunities in innovative project development."

Senator Patterson's statement is available at
<http://www.health.gov.au/mediarel/yr2003/kp/kp03137.htm>

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PARTYline is the official newsletter of the National Rural Health Alliance. Keep up to date with rural health policy information and good news stories on living and working in the rural health community. Available online on <http://www.ruralhealth.org.au> or receive a hard copy by emailing michele@ruralhealth.org.au

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FACTORS ASSOCIATED WITH RURAL PRACTICE AMONG AUSTRALIAN-TRAINED GENERAL PRACTITIONERS

(Extract from AMWAC and AHWAC, "Health Workforce Intelligence", July 2003 available at <http://amwac.health.nsw.gov.au/amwac/intel.html>)

Laven GA, Beilby JJ, Wilkinson D, McElroy HJ "Factors associated with rural practice among Australian-trained general practitioners", Medical Journal of Australia 179:75-79, 2003.

The purpose of this study from South Australia was to determine demographic factors associated with rural practice among Australian-trained GPs. In 2000, a questionnaire was mailed to a random sample of 400 urban GPs and 400 rural GPs in each jurisdiction across Australia except the ACT. The response rate was 71.1%. A total of 78% of respondents (n=2414) were graduates of Australian medical schools and their data were analysed. It was found that rural GPs were more likely to be male, Australian-born, and to have attended a rural primary school for some or all of their primary schooling. Data for a subgroup of 2164 GPs (90%) with spouses/partners were analysed separately. GPs with a rural background who had spouses/partners with a rural background were 6 times more likely to practice in a rural location than GPs without a rural background. "Rural background" is defined as "any rural experience or rural exposure, eg residing in, or attending primary school or secondary school in a rural area". It was also found that a GP with an urban background and a spouse/partner with a rural background, was more likely to be in rural practice than a GP with a rural background and a spouse/partner with an urban background. The researchers conclude that a rural background (GP and/or spouse/partner) is associated with rural practice in Australia among Australian-trained GPs.

Pathman DE, Konrad TR, Agnew CR, "Predictive Accuracy of Rural Physicians' Stated Retention Plans", *The Journal of Rural Health* 19(3):236-244, 2003.

This study from the University of North Carolina School of Medicine tested the accuracy of US rural primary doctors at predicting how long they would remain in rural practice. Using data obtained from the American Medical Association's Physician Masterfile, a questionnaire was sent in 1991 to a random sample of doctors who moved to a rural area in the US between 1987 and 1990. Doctors were asked how many more years they thought they would remain in their current practice. A follow-up survey was conducted 5-6 years later to determine if and when respondents had moved away from a rural area. The combined response rate was 67.5% (405 respondents). The average age of respondents in 1991 was 37.5 years (range 27 to 76 years), 77.2% were male, 85.1% were white, 82.3% were married, 74.6% had children under age 18 years, 53.2% had a rural upbringing, 50.5% owned their own practices, and 48.6% were on-call =3 times per week. Overall, 9.3% of doctors had anticipated leaving their practices within 12 months and 15.6% actually left; and 32.7% had anticipated leaving by 5 years and 36.1% had left. However, at the individual level, some of those who left were not those who predicted doing so. Four out of 5 doctors who predicted remaining at least 5 years did so, and 2 out of 3 who predicted remaining less than 5 years left before 5 years. Owning the practice and/or being on-call =3 times per week were found to be associated with leaving within 5 years for those who estimated staying longer. The researchers conclude that rural primary care doctors in the US are moderately accurate when reporting how much longer they will remain in their practices, validating the use of anticipated retention in rural health workforce studies.

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BUSH CRISIS LINE - 1800 805 391

Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information http://www.crana.org.au/pandp_bcl.html

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DIVISIONS OF GENERAL PRACTICE REVIEW RELEASED

The Divisions of General Practice review has been released today by the Federal Minister for Health and Ageing, Senator Kay Patterson. The six person review panel was chaired by the Honourable Ron Phillips, former NSW Minister for Health. The full text of Senator Patterson’s statement is at <http://www.health.gov.au/mediarel/yr2003/kp/kp03143.htm>

The Executive Summary is at <http://www.health.gov.au/hsdd/gp/pdf/execsum.pdf>
The Recommendations are at <http://www.health.gov.au/hsdd/gp/pdf/recomend.pdf>
The full report at <http://www.health.gov.au/hsdd/gp/pdf/divfuture.pdf>

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ACOSS CONGRESS 2003 – THEME, STATEMENT, PURPOSE AND CALL FOR CONTRIBUTORS

Piecing it Together: equity, empowerment and change
12-14 November, 2003 at Rydges Lakeside, Canberra

The ACOSS (Australian Council of Social Service) Congress comprises an Annual General Meeting for members, followed by a two-day national open conference. As the peak organisation in the community sector, ACOSS aims, through its conference, to provide a forum to explore contemporary issues of importance and relevance to the sector and its constituents. These are presented in a number of ways by a diverse range of speakers.

Keynote sessions offer the perspective of high profile speakers and are designed to challenge and stimulate. Seminar sessions examine issues in more depth utilising presenters with specific expertise and inviting audience debate. Facilitated workshops explore the possibilities of action for change.

The 2003 ACOSS Congress will seek to stimulate thinking and debate across three related themes – equity, empowerment and change. ACOSS is seeking contributors around the following broad topic areas and will assess expressions of interests as they relate to these in the context of the conference themes:

- * Autonomy of communities and civil society;
- * Participation, enfranchisement and human rights;
- * Poverty, disadvantage, and the role of income support;
- * Service delivery, management and accountability;
- * Economics and tax;
- * Housing and homelessness;
- * Disability and empowerment;
- * Employment pathways;
- * Domestic and family violence;
- * Universality versus targeting in areas such as health, income support, and education;
- * Prevention, capacity building and sustainability;
- * Advocacy and public education.

Contact for the Congress is Gill Whan, gill@acoss.org.au

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The "Australian Journal of Rural Health" is a refereed journal with a national and international reputation for quality scholarship. Its focus is multi-disciplinary and it includes articles of interest to general practitioners, nurses, allied health professionals, pharmacists, health administrators, universities and rural health units. Reduced rates apply to members of some organisations. For more information see <http://www.blackwell-science.com/ajr>

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Extract from ABC Health-Updates
(Health-Updates is a weekly alert about recent ABC health coverage now available online.
Subscription information is at <http://www.abc.net.au/health/maillinglist.htm>)

FEATURE: MACHO MINERS

Miners work long hours, often around the clock, and this puts stress on their relationships and health. But the community of the Northern Goldfields in Western Australia is tackling the problem head on. In this special feature by ABC Local Radio and Health Matters, we look at initiatives to encourage men to look after their wellbeing.

<http://www.abc.net.au/health/regions/features/machominers/default.htm>

**'WE'VE BOWLED HALF OF ONE OVER': DODSON ON INDIGENOUS VIOLENCE SUMMIT
(AM: 24/07/2003)**

<http://www.abc.net.au/am/content/2003/s909057.htm>

<http://www.abc.net.au/pm/content/2003/s908693.htm>

TORRES STRAIT DOCTOR SHORTAGE (The World Today: 21/07/2003)

<http://www.abc.net.au/worldtoday/content/2003/s906844.htm>

DIGITAL DOCTORS

With the advent of new technologies, more and more doctors are using telemedicine to treat patients in rural and remote locations. In our feature 'Digital Doctors', Matthew Liddy asks: Is telemedicine the answer for the bush, or just another case of second-best?

<http://www.abc.net.au/health/regions/features/digital/default.htm>

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Extract from ABC Rural Newsletter
(<http://www.abc.net.au/rural/default.htm>)

HEYWIRE invites 16-22 year olds to have their say about what life is like for young people in regional Australia. Selected stories are broadcast on national radio and in February 2004, winners will gather in Canberra for the Heywire Youth Issues Forum at the Australian Institute of Sport. Entries are now open. <http://www.abc.net.au/heywire>

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Interested in becoming a “friend” of the Alliance? Become more involved with the work of the Alliance by becoming a “friend”. “friends” support the Alliance by being an integral part of the Alliance’s policy and evaluation process. They also receive other benefits. For more information on membership see <http://www.ruralhealth.org.au>

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INCOME DISTRIBUTION, 2000-01

There are considerable differences between the incomes recorded in capital cities in Australia compared to those earned elsewhere, according to the Australian Bureau of Statistics 2000-01 Survey of Income and Housing Costs.

At the national level, average incomes in the capital cities were 20% above those in the balance of state, and in each state (separate information is not available for the NT and ACT) the capital city average incomes were above those in the balance of state. The largest difference was recorded for NSW where the capital city incomes were 30% above the average incomes across the rest of the state.

For further information, see the Main Features section at <http://www.abs.gov.au> (look for Cat 6523.0).

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is edited by a third party moderator, Jim Groves. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au or use the eforum contribution box at the NRHA website, <http://www.ruralhealth.org.au>

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.

This issue is going to 2,282 email addresses. Please forward a copy to any colleague you think may be interested.

To subscribe or unsubscribe, use the “sign up” box at <http://www.ruralhealth.org.au>. The archive of the newsletter is available at <http://www.ruralhealth.org.au> under “Publications & News”.