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**DEATH RATES 50% HIGHER IN VERY REMOTE AREAS: FOCUS NEEDED ON "WORST FIRST"**

A recent report from the Australian Institute of Health and Welfare (AIHW) on death rates in rural and remote Australia reminds all of us that there is still much to be done to equalise life opportunities for those in disadvantaged areas. And it offers some positive news and a way forward for funders of health programs: focus on 'worst first'. The full text of the NRHA statement is available at <http://www.ruralhealth.org.au> and is reprinted below.

The AIHW statement is available at <http://www.aihw.gov.au/media/2003/mr031031.html> and the full report at <http://www.aihw.gov.au/publications/index.cfm?type=detail&id=9411>

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**MORE SUPPORT NEEDED FOR OVERSEAS TRAINED DOCTORS**

National Rural Health Alliance  
Policy Portion 2003-3  
Support for Overseas Trained Doctors (OTDs)

Overseas Trained Doctors (OTDs) make a valuable contribution to the health of people in rural and remote Australia because of the long-term shortage of GPs and specialists there - one that is proving very hard to turn around and one which, were it not for OTDs, would be of massive proportions. This Policy Portion deals with just two issues: the way they should be supported and welcomed as Australian citizens; and the means by which their safe practice can be assured. To view this Policy

Portion click [http://www.ruralhealth.org.au/nrhpublic/PublicDocs/PolicyPortions/2003-3\\_Support\\_for\\_OTDs.pdf](http://www.ruralhealth.org.au/nrhpublic/PublicDocs/PolicyPortions/2003-3_Support_for_OTDs.pdf)

In an associated media statement, the National Rural Health Alliance has called for immediate additional support for Overseas Trained Doctors (OTDs) working (and willing to work in) rural and remote areas. The full text of the Alliance statement is available at <http://www.ruralhealth.org.au> and is reprinted below.

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### WANTED: PRINCIPLES REFORM OF MEDICARE – AND SEPARATE CONSIDERATION OF RURAL HEALTH WORKFORCE ISSUES

The NRHA has welcomed Minister Tony Abbott's moves to review the Coalition's current proposals for Medicare. Sue McAlpin, Chairperson of the NRHA, said the reforms must retain the key principles of Medicare and need not become confused with long-term work to develop a sustainable rural health workforce. The NRHA Statement is available at <http://www.ruralhealth.org.au> and is reprinted below.

The Senate Committee report, “Medicare – healthcare or welfare?” is available at [http://www.aph.gov.au/Senate/committee/medicare\\_ctte/index.htm](http://www.aph.gov.au/Senate/committee/medicare_ctte/index.htm)

The Federal Opposition has made several announcements on health policy issues, including a commitment to introduce special Medicare Teams for Australia’s health hotspots where bulk billing is lowest and patients can’t afford to go to the doctor. The ALP statement is available at <http://www.alp.org.au/media/1003/20006173.html>. Other statements by ALP Health spokesperson, Julia Gillard, are available at [http://www.alp.org.au/media/search.html?task=search\\_go&restrict\\_search=%21med&keyword\\_query=&restrict\\_media\\_name=&restrict\\_media\\_portfolio=%21pthea&method=AND&display=25&dates=0](http://www.alp.org.au/media/search.html?task=search_go&restrict_search=%21med&keyword_query=&restrict_media_name=&restrict_media_portfolio=%21pthea&method=AND&display=25&dates=0)

The Democrats alternative health package is at <http://www.democrats.org.au/campaigns/medicare/>

Not surprisingly, Health Minister Tony Abbott has had a few things to say about all this. His comments are available at <http://www.health.gov.au/mediarel/yr2003/ta/tamr2003.htm>. Information on the Government’s “Fairer Medicare” package is at <http://www.health.gov.au/fairermedicare/index.htm>

Health organisations have also of course been active in the debate. AMA statements are available at <http://www.ama.com.au/web.nsf/topic/media-releases>, statements by the Doctors Reform Society are at <http://www.drs.org.au/media/2003/03janjun.htm>, statements by the Australian Divisions of General Practice are at <http://www.adgp.com.au/site/index.cfm?display=305> and statements by the Australian Nursing Federation are at <http://www.anf.org.au/>

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PARTYline Issue No.16 - OUT NOW. 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](mailto:michele@ruralhealth.org.au)

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RURAL DOCTORS ON THE INCREASE

GP services to rural and remote areas have increased by more than 15 per cent since 1996 while the Rural Health Strategy has provided \$560 million over the past three years to fund a range of programs and incentives in rural areas according to Health Minister Tony Abbott. Mr Abbott's statement is available at <http://www.health.gov.au/mediarel/yr2003/ta/abb081.htm>

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NEW WAYS TO WIN BUSH DOCTORS

An innovative approach to GP Recruitment, dubbed Easy Entry, Gracious Exit, has succeeded in attracting doctors to the remote North West of NSW. A guide to implementing this new strategy has recently been produced by the NSW Rural Doctors Network, to help other rural and remote towns that are also looking for new ways to overcome chronic doctor shortages.

The focus of this new approach is on the continuity of the practice management structure, rather than the traditional approach of continuity of the individual doctor. This approach to recruitment provides the GP with housing, surgery infrastructure, staff and practice management for a fee. This means that the GPs are free to focus on good patient health care without having to worry about managing their business. The towns also benefit from this new strategy in that the infrastructure, practice staff and medical records remain in place even if the doctors come and go.

The Easy Entry, Gracious Exit Guide can be obtained from the RDN website (<http://www.nswrdn.com.au> under the Doctors section and under GP Entity Resources). It is also available in CDROM form. Please contact Melissa Boucher on phone (02) 6545-2854 for a copy.

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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](http://www.crana.org.au/pandp_bcl.html)

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INNOVATIVE DEVELOPMENT OPPORTUNITIES FOR RURAL SPECIALISTS

Health Minister Tony Abbott has announced that \$1.4 million extra would be made available to the Support Scheme for Rural Specialists (SSRS), bringing total funding in 2003-04 to \$3.8 million. The scheme aims to help overcome the isolation of rural specialists from the professional development programs available to their counterparts in capital cities. 22 projects had been funded so far this calendar year. The full text of Mr Abbott's statement is at <http://www.health.gov.au/mediarel/yr2003/ta/abb078.htm>

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From: Tanya.Boston@health.gov.au <Tanya.Boston@health.gov.au>  
Subject: Bonded Medical Places Agreement

Thank you very much to those who provided comments on the draft Agreement for the Bonded Medical Places Scheme. We have considered your input in finalising the document. I am pleased to advise that the approved Agreement is now available on the Bonded Medical Places Scheme website at <http://www.health.gov.au/workforce>. The Agreement is down-loadable so students may print the document and seek legal advice at their leisure.

We will forward hard copies to university admissions officers early next week for distribution to successful applicants. I wish you well in the selection of medical students for 2004. I would be grateful to have your feedback on the rate of uptake and decline of offers of places under the Scheme. Please do not hesitate to contact me should you have any queries about the Bonded Medical Places Scheme.

Tanya Boston  
Assistant Director  
Undergraduate Initiatives Section  
Phone: 02 6289 8366

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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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**RECORD IMPROVEMENTS IN INDIGENOUS EDUCATION**

The Federal Government’s “National Report to Parliament on Indigenous Education and Training, 2002” finds that on many measures, the results and the specific outcomes for Indigenous students are the best to date. For example:

- \* There was a 12.3% increase in year 12 enrolments last year to a record 2,941 students. This contributed to a record year 12 retention rate of 38%, up from 29% in 1996.
- \* Indigenous vocational education and training enrolments have increased by 84.9% since 1996 to a record 59,763.
- \* More Indigenous students than ever before are now going to university. The number of Indigenous students doing Bachelor or higher degrees had increased by 24% since 1996.

Education Minister Brendan Nelson commented that whilst these improvements offer hope to those who work towards educational equality for Indigenous people, the report shows that there remains unacceptable disadvantage across key indicators. Dr Nelson’s statement is available at <http://www.dest.gov.au/Ministers/Media/Nelson/2003/11/n514061103.asp>. The report is available at <http://www.dest.gov.au/schools/Publications/2003/nrpiet/2002split.htm>

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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.blackwellpublishing.com/journals/ajr/>

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EXTRACT FROM AMWAC/AHWAC, HEALTH WORKFORCE INTELLIGENCE

Hughes-Anderson W, House J, Aitken RJ, Rankin SL, House AK, "Analysis of the Outcomes of a Visiting Surgical Service to Small Rural Communities", ANZ Journal of Surgery 73:833-835, 2003.

This paper reviews the results of a government funded visiting surgical service to small rural communities in Western Australia beginning in 1997. A central office coordinated the program. All patients were referred by their general practitioner (GP). Six surgeons participated in the service, typically for 3 years with new surgeons recruited to take their place. A total of 180 GPs participated, with only 5 of the original GPs serving throughout the program. Local doctors had procedural facilities and regular surgical lists. The visiting service offered consultations and day surgery. A total of 3421 patients were provided with 7419 items of service including 2676 procedures over a 7-year period. It was found that hospital separations from the visiting service were similar to that from all Australian hospitals for surgical conditions. Postoperative complications over the first four years of the service were reviewed. A total of 79 patients (3.4%) made elective or unplanned outpatient visits to their district hospital following surgery, 28 (0.01%) had an unplanned readmission, 7 (0.003%) had an extended length of stay, 2 were transferred, and there were no deaths in the 30 day period after surgery. The authors conclude that experienced surgeons operating on selected patients with careful nursing care in small country hospitals have outcomes similar to urban hospitals.

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POPULATION CHARACTERISTICS OF ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS: 2001 CENSUS

A profile of the socioeconomic characteristics of Australia's Indigenous population released by the Australian Bureau of Statistics (ABS) showed that the average (mean) equivalised gross household income for Indigenous Australians was 62% of the income level for non-Indigenous Australians in 2001.

Some of the main findings were:

- \* The experimental estimated resident Indigenous population was 458,520, or 2.4% of the total population (up from 2.1% in 1996) at 30 June 2001;
- \* Almost 40% of the Indigenous population was under the age of 15 years, compared with 20% for the non-Indigenous population;
- \* 27% of the Indigenous population lived in remote or very remote parts of Australia, compared with 2% of non-Indigenous Australians;
- \* The estimated resident Torres Strait Islander population was 48,791, of whom 86% lived outside the Torres Strait Area;

- \* The households where Indigenous Australians reside tended to be larger (3.5 people on average compared with 2.6 people in other households); more likely than other households to be renting (63% compared with 27%); and when renting, much more likely than other households to rent from community or cooperative housing groups (17% compared to 2%);
- \* Indigenous Australians aged 15 years and over who had left school were half as likely (18%) as non-Indigenous Australians (41%) to have completed Year 12;
- \* 55% of Indigenous Australians living in very remote areas spoke an Indigenous language at home, compared with 1% in major cities and inner regional areas;
- \* 42% of Indigenous Australians aged 15 years and over were employed (41% in 1996), well below the 59% recorded for the non-Indigenous population in 2001;
- \* Indigenous Australians in the labour force were much more likely than non-Indigenous people to be unemployed (20% compared with 7%).

The ABS statement is available at  
<http://www.abs.gov.au/ausstats/abs%40.nsf/5f1e01afb32859f9ca25697500217f48/4b01828aae8653cdca256dce007f78e2!OpenDocument>

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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](mailto: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](mailto:grovesc@winshop.com.au).

This issue is going to 2,311 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".

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#### More support needed for Overseas Trained Doctors

The National Rural Health Alliance has called for immediate additional support for Overseas Trained Doctors (OTDs) working (and willing to work in) rural and remote areas. Sue McAlpin, Chairperson of the Alliance, said today that the process for providing suitable OTDs with unconditional vocational registration needs to be better resourced and faster.

"Many of the programs in place to improve the supply of doctors to rural and remote areas will not deliver on the ground for 6-12 years," Ms McAlpin said. "In the meantime, even if we accept the assertion that the number of doctors working in rural areas for some time each year has increased, we are still short of up to 2,000 doctors."

"We need a quicker system to help permanent residents who have medical training and skills make the transition from non-health occupations and from supervised medical practice into general practice if they are suited, or to other health work. This could be achieved through a more intensive case-management approach to OTDs. This will require additional resources for mentoring, supervision and support. Currently only a proportion of those eligible are dealt with each year," she said.

The delays are particularly savage for OTDs working as locums, who have to re-locate (and re-do their paperwork) as often as every two weeks.

The Senate Select Committee on Medicare has reported the commonly-held view that there are currently around 2,000 OTDs in Australia not working as doctors.

As well as speeding up the processes for getting OTDs into the health workforce, we also need to ensure that they are all practising to the standards of safety Australian citizens are entitled to expect. There is need for a regular 'audit' of those who are currently practising as OTDs, whether on Temporary Visas, with conditional accreditation in areas of need, or as unrestricted GPs. This will help guarantee safe practice and enable targeted support to be provided.

The Alliance has also called for governments to get behind the commitment of Australia's professional medical bodies not to poach doctors from needy areas of the world.

The Alliance's new Policy Position on OTDs is on the website at <http://www.ruralhealth.org.au>

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Death rates 50 % higher in very remote areas: focus needed on "worst first"

A recent report from the Australian Institute of Health and Welfare (AIHW) on death rates in rural and remote Australia reminds all of us that there is still much to be done to equalise life opportunities for those in disadvantaged areas. And it offers some positive news and a way forward for funders of health programs: focus on 'worst first'. Most of the causes of higher death rates in those areas are preventable.

In its high-quality and valuable research, the AIHW has shown categorically that death rates in regional and remote areas are 10 per cent higher than in major cities, and 50 per cent higher in very remote areas.

The good news is that death rates have declined since 1992 in very remote areas faster than in metropolitan and rural areas. This has been due largely to some success with circulatory disease, respiratory disease and cancer. However in that period there has been very little reduction in deaths due to injury.

This important report also disentangles high Indigenous death rates and high overall mortality rates in rural and remote Australia. It has been known for some time that one of the main reasons for higher morbidity and mortality in remote areas is the higher proportion there of Aboriginal and Torres Strait Islander people. However the report shows that living in rural and remote areas is in itself a risk to health, with a number of factors identified.

The Alliance has called on Government to allocate more resources to the AIHW's work. It will help direct resources and effort to areas where they can have the greatest benefit. Such work can also

provide benchmarks for measuring the value of taxpayer investment in rural health, for instance by tracking trends in 'avoidable deaths'.

The report shows that the rate of morbidity and mortality is high overall in remote areas partly because of extraordinarily high rates in a few of them. The program and resource implications of this are clear: we must focus first on areas of greatest need, as proposed in Healthy Horizons Outlook 2003-2007, the strategic document adopted by all Health Departments around the country.

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Wanted: Principled reform of Medicare - and separate consideration of rural health workforce issues

The NRHA has welcomed Minister Tony Abbott's moves to review the Coalition's current proposals for Medicare. Sue McAlpin, Chairperson of the NRHA, said the reforms must retain the key principles of Medicare and need not become confused with long-term work to develop a sustainable rural health workforce.

"Reform of Medicare would immediately provide better access to doctors in areas where they are already practising. This would be achieved through increased bulk billing and reduced out-of-pocket costs for country people. Many country Australians currently face high out-of-pocket costs for visits to a GP and these often come on top of substantial travel and time costs associated with the consultation.

"Measures to increase the supply of doctors and to improve their distribution, on the other hand, are part of strategic workforce planning that has to include all health professionals. This will help improve access to primary health care in the longer-term for people in rural, regional and remote areas," Ms McAlpin said.

The Alliance has some agreed criteria against which specific proposals on both Medicare and the health workforce can be judged.

"An effective Medicare is vital to ensuring access to health care on the basis of need, rather than location or ability to pay. The current proposals on Medicare from the various political Parties are useful additions to the health policy debate. However it is vital that in the rough and tumble of the debate we do not lose the basic principles of Medicare - the centrepiece of accessible, affordable health care for people in rural and remote areas.

"These basic principles include universality, efficiency, simplicity, access and equity."

There is good evidence that people in rural and remote areas have poorer health than metropolitan people, and that their access to Medicare is substantially lower. Death rates in regional and remote areas are 10 per cent higher than in major cities, and 50 per cent higher in very remote areas. People in some areas miss out on accessing Medicare because of poor or no access to doctors (this is what is called the 'rural Medicare deficit').

The Medicare proposals from the Coalition, the Labor Party and the Democrats all contain measures to increase the supply of GPs in rural and remote areas. The Alliance welcomes these measures as parts of a long-term strategic approach to the rural health workforce - but they need not be part of Medicare reform.

The rural health workforce situation will become more critical over the next few years as professionals retire or reduce their hours. The current level of government commitment to supporting the rural medical workforce, for example, will not be sufficient to manage the impending challenge in that sector.

Australia is becoming more creative about how to deliver health care to people in areas that are unable to support sustainable fee-for-service private practices. In some of these it is best to have a local collaboration employ a salaried GP and other health team members. It could involve the local authority or Land Council, community groups, private companies, with State/Territory, local and Australian Government support. There are already a few successful examples of such an approach.

"We hope the Parties will continue to work on both fronts: for a reformed Medicare that retains its key principles, and for a sustainable rural and remote health workforce. But the two issues will benefit from clear and separate consideration," Ms McAlpin said.