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210 EXTRA NURSING PLACES IN 2004: “A DROP IN THE BUCKET”

Organisations collaborating on a national action plan for rural and remote nursing have described the planned 210 extra places in Australian Universities for nursing next year as “a drop in the bucket compared with what is needed”. The full text of the statement is available at <http://www.ruralhealth.org.au> under “latest news” and is reprinted below.

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PEAK RURAL AND REMOTE NURSING GROUP WELCOMES TASKFORCE

The Rural and Remote Area Nursing Project has welcomed the establishment of the National Nursing and Nursing Education Taskforce by the Australian Health Ministers' Conference. The full text of the Taskforce statement is available at <http://www.ruralhealth.org.au> under “latest news” and is reprinted below.

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ALLIANCE SUPPORTS MEDICAL BONDED CONTRACTS THAT INCLUDE FINANCIAL INCENTIVES

The Alliance endorses bonded scholarships for medical students but does not welcome the way the extra 234 bonded places in medical schools have been introduced. The full text of the Alliance statement is available at <http://www.ruralhealth.org.au> under “latest news” and is reprinted below.

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LANDMARK REPORT ON KEEPING DOCTORS IN RURAL COMMUNITIES

The Minister for Health, the Hon. Tony Abbott, and the National President of the Rural Doctors Association of Australia, Dr Sue Page, officially launched the Report of Stages 1 & 2 of the ‘Viable

Models of Rural and Remote Practice Project', conducted by the Rural Doctors Association of Australia and Monash University.

"The Project has revealed many startling statistics about rural Australia and has given us an unprecedented evidence based perspective into the 'real-life' of being a rural doctor," said Dr Page.

The Viable Models Project shows that today one in five practices are not viable and without urgent action this number will rise to over 50% in five years.

The Project findings have clearly identified that practice viability is dependent on three key inter-related dimensions: Economic issues, Professional issues and Practice organisation and infrastructure.

The RDAA statement is available at <http://www.rdaa.com.au/default.cfm?action=docviewer&DocID=99> and information on the report at <http://www.rdaa.com.au/default.cfm?action=publications>. The RDAA response to the report is at http://www.rdaa.com.au/uploaded_documents/RDAA%20RESPONSE_VIABLE%20MODELS%20S1&S2%20REPORT_A4.pdf

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The National SARRAH Conference, "Walking together, side by side" - A Conference for Rural and Remote Allied Health Professionals

26 – 28 August 2004

Alice Springs Convention Centre

Call for papers now open – <http://www.sarrah.org.au> (under "Conferences")

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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

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From: Bruce Simmons <Bruce.Simmons@nt.gov.au>
Subject: Re: NRHA eforum 21 November 2003

One health area still unrepresented in the NHRA is Oral Health which is a shame. I support Sue McAlpin's comments on supporting the plan for more medical student placements under MedicarePlus and calling for the development of similar support for nursing and allied health students. At this stage dental, dental therapy and dental hygiene students don't fit into any other health category, therefore it would be very helpful for Sue and all advocates of equitable, sustainable rural health care access and quality to include dental/oral health students in their releases.

At present there is nil Commonwealth support for dental student placements in rural and remote dental clinics. The recently released AHWOC/NACOH paper prepared for AHMAC entitled " ORAL HEALTH WORKFORCE _ DENTISTS ACHIEVING ADEQUACY AND SUSTAINABILITY " refers to the need to "provide incentives for practice in rural and remote areas". It proposes under "Strategy 7" the necessity to " provide incentives for Australian-trained dental graduates to work in rural/remote areas(short-term)." Recruitment and retention is very difficult at present and is expected to become rapidly worse as demand will increasingly exceed supply for the foreseeable future.

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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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MOST YOUNG AUSTRALIANS HAPPY AND HEALTHY, BUT SOME CONCERNS REMAIN

Most of Australia's young people consider themselves to be in good health and are satisfied with their quality of life, according to a report released by the Australian Institute of Health and Welfare (AIHW).

Australia's Young People: Their Health and Wellbeing 2003 shows that in 2001, 94% of young Australians aged between 15-17 years and 89% of those aged between 18-24 years rated their health as 'excellent', 'very good' or 'good'.

Completion of schooling and employment status seemed to influence self-assessed health: a higher proportion of young people who had completed Year 12, or were employed, rated their health as 'excellent' or 'very good'.

The report found that death rates for both males and females aged 12-24 years fell considerably between 1982 and 2001-by 43% for males and by 34% for females. Transport accident deaths in young people of both sexes decreased by 62%. The suicide rate for young people reached a peak in 1997 with a rate of 15 deaths per 100,000 young people. From 1997, however, the death rate from suicide decreased to 10 deaths per 100,000 young people in 2001.

Injury and poisoning are still the major killers of young people, accounting for over 70% of deaths in 2001. Young Aboriginal and Torres Strait Islander people continued to have higher death and morbidity rates, higher levels of substance use, and lower levels of education and employment than non-Indigenous young people.

The AIHW statement is available at <http://www.aihw.gov.au/media/2003/mr031128a.html> and the full report at <http://www.aihw.gov.au/publications/index.cfm?type=detail&id=9569>

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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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From: Daniela Stehlik <d.stehlik@cqu.edu.au>
Subject: “Rural Society” themed issue on Human Services and Rural Society

Rural Society: the journal of research into rural and regional social issues for Australia and New Zealand
Themed Issue: Human Services and Rural Society: Reflections on a Decade of Change - Call for Journal Articles

Rural Society is a refereed journal published by the Centre for Rural Social Research at Charles Sturt University. Each year one edition is devoted to a particular theme, and the 2004 themed issue will focus on the changing nature of human services in rural Australia

Prospective authors are invited to submit an abstract for consideration by the referees that addresses issues concerning the changing nature of human services in rural Australia. This will be a multidisciplinary issue – and we seek scholarly submissions from a variety of disciplines. If you would like to participate, but would prefer to discuss your proposal before submitting an abstract, please contact the Guest editor.

For this themed issue the deadline for the receipt of abstracts is 1st February 2004. Authors should email a copy of their abstract (of up to 150 words) with no identifying information (for submission to the Guest editor). Successful authors will be advised by mid February, full papers will need to be received by 31st May 2004 and the publication date is December 2004. Abstracts should be sent as email attachments in Microsoft Word Rich Text format to the Editor of Rural Society, Marion Bannister, at mbannister@csu.edu.au. Inquiries can also be made of Dani via mobile on 041 7797608.

Daniela Stehlik
Professor & Director, Alcoa Centre for Stronger Communities. Curtin University. Perth
Guest Editor

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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. AUGUST 2003 ISSUE NOW AVAILABLE. For more information see <http://www.blackwellpublishing.com/journals/ajr/>

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RURAL DOCTORS CALL ON SENATE TO PASS MEDICAREPLUS LEGISLATION

Rural Doctors Association of Australia President, Dr Sue Page, joined with other GP and medical groups in calling on the Australian Senate to pass the MedicarePlus legislation and not to refer it to yet another Senate inquiry.

“While MedicarePlus does not go far enough in addressing the significant deficit of health care spending in Australia’s rural and remote communities we have already had the opportunity to present our views, concerns and policy requirements to the Senate at the Inquiry into Medicare – anyone would think that the Senate wasn’t listening last time, if we have to do it all over again,” Dr Page said.

The full text of the RDAA statement is available at <http://www.rdaa.com.au/default.cfm?action=docviewer&DocID=98>

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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 2,062 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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Full text of Statement: 210 Extra Nursing places in 2004: “a drop in the bucket”

Organisations collaborating on a national action plan for rural and remote nursing have described the planned 210 extra places in Australian Universities for nursing next year as “a drop in the bucket compared with what is needed”. David Lindsay, spokesperson for the Committee, said that the State of Victoria alone is said to have 800 vacant positions for nurses. “There has been some real ground made in improving the image of nursing across Australia, however there are thousands waiting to get into nursing but cannot. This is an untenable situation, and does little to improve the acute shortages in the nursing workforce, particularly in rural and remote areas,” Mr Lindsay said.

Nurses form the largest and most evenly distributed health profession in rural and remote Australia, and provide the greatest proportion of healthcare there. Having an effective nursing workforce in place in rural and remote areas is therefore crucial to the health of people living in such areas. There are

about 70,000 nurses employed outside capital cities, compared with some 11,000 medical workers. In 1999 there were 21,397 nursing students in undergraduate basic bachelor courses. 210 more will be an extra 0.98 per cent. Some regional universities will not receive any extra places.

Over four years the total of new university places currently committed grows to 1,640 – by coincidence about the same as the number of extra practice nurses promised over the next four years in the MedicarePlus package.

Meanwhile aged care facilities cannot find the staff to stay open for 24 hours a day and hospital nurses are over-stretched.

There is another dimension to the worsening crisis in nursing workforce numbers. As well as supply shortages, the existing nursing workforce is ageing, especially in rural and remote areas, and in some areas there is an unacceptably high turnover. The pressure nurses are under in short-staffed clinical situations have seen many graduates not entering the profession or leaving shortly after registration. When combined with insufficient numbers being educated, this is what leads to the very evident and critical shortages.

“There is no doubt that the problems are multi-faceted and will only be resolved by a strategic long-term approach involving all relevant parties,” Mr Lindsay said. “Action can begin with increasing the number of new places funded for nurses in our universities, and more resources for clinical nursing placements in rural and remote areas”.

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Full text of “Peak Rural and Remote Nursing Group Welcomes Taskforce”

The Rural and Remote Area Nursing Project has welcomed the establishment of the National Nursing and Nursing Education Taskforce by the Australian Health Ministers' Conference.

"Nurses at all levels and in all contexts will keenly await the outcomes from the work of this Taskforce. We look forward to working closely with its members to ensure that rural and remote nursing issues are well addressed", said David Lindsay, Chair of the Project Committee.

Many of the recommendations in the Report from the National Review of Education are of direct interest to nurses in rural and remote areas. We therefore want to see action on those recommendations and the new Taskforce will be a key body to deliver that action. The national project led by AARN, the ANF and CRANA has been underway since September 2001. It also involves other key national nursing organisations, and the National Rural Health Network and the National Rural Health Alliance.

"We hope that the work of the Taskforce will lead the way on a number of important issues. Its work will be important to the activities of the Rural and Remote Nursing Project, as we implement the recommendations in our 7-Point Plan for rural and remote nursing", Mr Lindsay said.

We urgently need a coherent national policy agenda to support rural and remote nurses. Issues surrounding the implementation of Nurse Practitioner models in rural and remote areas, the nursing workforce in aged care in rural and remote areas and developing the professional image of rural and remote nursing are also topics that require critical action.

"This new Taskforce has been a long time coming, but we are optimistic that it will act efficiently and effectively to bring about positive reform for all nurses in this country".

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Full Text of "Alliance supports medical bonded contracts that include financial incentives"

The Alliance endorses bonded scholarships for medical students but does not welcome the way the extra 234 bonded places in medical schools have been introduced.

Bonded scholarships, such as the current scheme under which medical students receive \$20,000 a year, are one in a suite of policies to increase recruitment and retention of GPs for country areas. The Alliance supports these as long as there is reward (financial and/or other) and understanding for the students, and the conditions imposed upon them are fair, open and fixed. This will require continual appraisal of the terms and conditions that apply from time to time, with due attention being given to the views of students themselves.

An exception must be made for Indigenous medical students. There is strong opposition to the bonding of any Indigenous health students, including medical students, on the grounds that they are already strongly committed to their local country and community.

However the Alliance does not support the 'bonding' of additional places in Medical Schools that are provided without an associated incentive to either the students or the universities involved. There are no financial or support incentives associated with these places. The proposal seems to have been implemented with indecent haste and without proper consultation with students, the universities or professional bodies.

This policy will mean that one in five medical students will now be bonded in one way or another. In return for a place in medical school, students will be asked on entering to make major decisions about their lives ten to fifteen years hence. Students will be admitted to these extra places in a second phase, once all unencumbered places are filled.

There are also a number of ethical issues around equity and access with regard to HECS and full-fee places in Australian medical schools.

There will need to be continued longitudinal studies to evaluate the impact of bonded scholarships, in particular on the students at medical schools, the schools themselves, their mentors and, most significantly, on the supply of GPs to rural and remote areas.

The Alliance recommends that all medical undergraduate scholarships be brought into line and standardised as much as possible in terms of the benefits offered to the scholars.

This would equalise the opportunities and make it easier for universities and training providers to administer the programs and minimise the risks of different cohorts of students developing.