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DOCTORS IN VOCATIONAL TRAINING
(Extract from AMWAC and AHWAC "Health Workforce Intelligence" February 2005)

"Doctors in vocational training: ruralbackground and rural practice intentions", .Australian Medical Workforce AdvisoryCommittee (AMWAC) in Aust J Rural Health13:14-20, February 2005.

In 2002, the Australian Medical Workforce AdvisoryCommittee (AMWAC), with support from the Australian medical colleges, commenced a study of the career decisions of junior doctors, to inform workforce planning in Australia. In September 2002, a postal questionnaire was sent to all Australian doctors (n = 7899) registered with one of Australia's 17 medical college vocational training programs (response rate: 54%). The purpose of this paper was to report results from that study relating to ruralpractice intentions.

It was found that: (1) of the totalnumber of respondents (n = 4259), 47% were female; 23% had a rural background (defined as "having lived in a rural area for a minimum of five consecutive years or eight cumulative years"); and 14% had a preference for rural practice, ie 28% of those with a rural background plus 10% of those with an urban background; (2) of the 17% of respondents who were trainees in general practice (n = 740): 66% were female; 28% had a rural background; and 31% had a preference for rural practice, ie 50% of those with a rural background plus 25% of those with an urban background; (3) of the 83% of respondents who were specialist practice trainees (n = 3519): 43% werefemale; 22% had a rural background; and 10% had a preference for rural practice, ie 23% of those with a rural background plus 7% of those with an urban background; and (4) irrespective of preferred practice location, 47% of general practice trainees and 26% of other specialist trainees intended to practise part-time. The authors conclude from the study findings that Australian doctors in vocational training who have a rural background are more likely to intend to practise in a rural location than their urban background counterparts.

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RURAL HEALTH ON THE WEB
(Courtesy of GoogleAlert, <http://www.googlealert.com/>)

California Rural Health Policy Council (CRHPC)
Vision - Equitable Healthcare Accessibility for California.
<http://www.ruralhealth.ca.gov/default.htm>

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NEW FUEL TO ASSIST IN COMBATING PETROL SNIFFING

The Commonwealth Government has welcomed the availability of a new fuel to help reduce the harm caused by petrol sniffing in remote Indigenous communities. Known generically as 'Opal', BP has developed a fuel that contains neither lead and only has very low levels of the aromatic hydrocarbons, which give the "high" sought by petrol sniffers. The statement by Health Minister Tony Abbott is at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-mediarel-yr2005-ta-abb017.htm>

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PARTYline 8th Conference Edition 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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SAFER FENCES FOR CHILDREN ON FARMS
(Extract from "RIRDC Online", February)

Effective safe play area fencing for rural properties
More than half of the 30 deaths per year that occur on Australian farms occur to children under 4 years of age and drowning accounts for around one third of all deaths. Securely fenced safe play areas are critical for the prevention of child death and injury on farms due to drowning or with accidents involving farm vehicles and machinery. Report summary is at <http://www.rirdc.gov.au/reports/HCC/05-008sum.html> and the full report at <http://www.rirdc.gov.au/reports/HCC/05-008.pdf>. Also read Safety promotion - a tale of lost opportunities at <http://www.rirdc.gov.au/reports/HCC/03-082sum.html>

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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.

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 2,088 email addresses. Please forward a copy to any colleague you think may be interested.

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Rural and remote dentists and ambulance services join the NRHA

The representative ability and expertise of the NRHA have been further enhanced with admission of two national bodies whose members provide key services to people in the

bush. Dentists and ambulance officers are two professional groups critical to health outcomes and, as with other health professionals, their non-metropolitan members have particular abilities and work to overcome particular challenges.

They will now both be represented on the Alliance, through the Rural Dentists Network of the Australian Dental Association and the Rural and Remote Group of the Convention of Ambulance Authorities

Dental health has been high on the list of NRHA priorities and has been in the news again recently. The Rural Dentists Network will provide further strength to the Alliance's calls for greater commitments to oral health and dental care for people on low incomes and with poor access to dentists and oral health workers.

Ambulance officers undertake much front-line service provision, including in emergency situations and especially in more remote areas. Membership of the Alliance will provide the NRHA's policy and advocacy work with greater expertise and more evidence in these areas. Ambulance services have large numbers of volunteers and their contributions are vital, as is the integration between ambulance services and other health services.

In return for their contributions to the Alliance's work, rural dentists and ambulance services will be connected to a unique network of health service consumers and providers with an unequalled capacity to support public and private agencies working in rural and remote health. The Alliance has a good track record in policy development, mainly at the national level, and well-developed means for information dissemination and collection.

Membership of the Alliance will also help the rural sub-groups to build their own organisation and to improve collegiality in rural and remote sections of the professions concerned. This should help in their work on recruitment and retention in non-metropolitan areas.

Existing Members of the Alliance - doctors, students, nurses, allied health workers, managers, pharmacists, researchers - look forward to welcoming the new professions to the organisation and working closely with them for better health outcomes.