

**NRHA eforum 2 November 2007 - Article**

National Rural Health Alliance E-forum 2 November 2007

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Dear eforum subscriber

It has come to our attention that due to a bug in our system some of you may not have received recent editions of eforum.

Hopefully the problem has now been fixed and you continue to receive eforum each fortnight.

Please make sure you update your email address if it changes. You can subscribe and unsubscribe from the front page of our website at <http://www.ruralhealth.org.au>

An archive of past eforums can always be found on the website at <http://nrha.ruralhealth.org.au/eforumarchive/?IntCatId=19>

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The Alliance launched its Key Priorities and Election Charter in Parliament House on 20 September 2007. These documents, together with other election related material, can be found on the 'Election Section' of the Alliance website at <http://nrha.ruralhealth.org.au/election/?IntCatId=24>.

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### WHERE'S THE PLAN FOR RURAL, REGIONAL AND REMOTE HEALTH?

This week's much publicised national health debate was disappointing. With one passing reference to the word 'rural' and none at all to Indigenous health, neither the Coalition nor Labor has added to its tally on this week's election scorecard. The full text of the NRHA statement and the latest election scorecard is at <http://nrha.ruralhealth.org.au/cms/uploads/election/election%20scorecard%20release%201%20november.pdf> and the statement is reprinted below.

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### WHAT SORT OF RURAL AUSTRALIA WILL THE NEXT GENERATION INHERIT?

Much of the recent election debate has been about climate change. Many of its most severe impacts will be in rural and remote Australia not in the capital cities. There is an acknowledged shortage of skilled workforce in Australia and one of the best known cases is the shortage of doctors. These shortages are worst in rural and remote areas. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/rural%20future%2031%20october.pdf> and is reprinted below.

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### WE NEED A HEALTH SYSTEM FOR THE FUTURE - NOT SELECTIVE LOCAL ANNOUNCEMENTS

Politicians have recognised that health is a major issue for the Australian public, but for the most part their responses to date have been disappointing. Far too much emphasis has been on short-term responses to local problems, with little attention to reform and improving relationships within a new system between clinicians, consumers and Commonwealth and State governments. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/health%20system%20for%20the%20future%2031%20october.pdf> and is reprinted below.

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### LOCAL INVOLVEMENT IN HEALTH SERVICES; WHY STOP AT HOSPITALS?

Several weeks ago the Coalition announced its proposal for 'a takeover of public hospitals by local hospital boards'. Although the idea is yet to be fleshed out, there may have been an

important truth in the proposal - although not relating to hospitals alone but to primary health care services as a whole. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/local%20community%20control%2031%20october.pdf> and is reprinted below.

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### GREENS SHOW THE WAY ON RURAL AND REMOTE HEALTH

The Greens, under the leadership of Senator Bob Brown, have committed strongly to most of the key priorities identified by the National Rural Health Alliance as being in the best interest of people in rural, regional and remote Australia. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/greens%20show%20the%20way%2029%20october.pdf> and is reprinted below. The Greens election commitments on rural health are at <http://nrha.ruralhealth.org.au/cms/uploads/election/greenscomm.pdf>

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### MAJOR PARTIES DISAPPOINT ON RURAL AND REMOTE HEALTH

With four weeks to go before the election, both the Coalition and Labor continue to disappoint voters in rural and remote areas in relation to providing health services for the bush. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/scorecard%20release%2025%20october.pdf> and is reprinted below.

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### RATES OF POVERTY INCREASE - BUT WORST IN RURAL AREAS

Despite unprecedented growth in the Australian economy the proportion of people living in poverty rose from 9.8 to 11.1 per cent between 2003 and 2006, and poverty is generally significantly higher outside the capital cities. The full text of the NRHA statement is at <http://nrha.ruralhealth.org.au/cms/uploads/election/rates%20of%20poverty%20increase%2024%20october%202007.pdf> and is reprinted below.

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### 9th NATIONAL RURAL HEALTH CONFERENCE - PROCEEDINGS OUT NOW!

7 - 10 March 2007, Albury, New South Wales

Those unable to attend the 9th National Rural Health Conference in Albury (7-10 March 2007) should take heart. The National Rural Health Alliance (NRHA) has comprehensively updated its website by adding post-Conference information to keep you informed about the state of health in Australia's rural and remote areas.

For instance a Conference Communique highlights the two burning issues that remain even after 17 years of fruitful discussion - the lower rate of Indigenous life expectancy and the insufficient focus within national research programs on rural and remote health and

wellbeing.

The NRHA invites you to download the Communique at a keystroke by visiting <http://nrha.ruralhealth.org.au/conferences/?IntCatId=9> and clicking on the Visit the Conference hotlink.

The revised website also contains a downloadable copy of the 18 priority recommendations covering matters such as Indigenous health, arts-in-health, the health workforce and research to help rural communities cope with the health and social effects of the drought.

A full set of 250 Conference recommendations is also available. They provide a snapshot of current thinking on rural and remote health issues identified by delegates in March 2007 under the theme Standing up for Rural Health: Learning from the past - Action for the future.

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#### RAMUS 2008 APPLICATIONS NOW OPEN

The 2008 round for RAMUS applications is now open. Apply Online Now at <https://www.nrha.net.au/ei/rs.esp?id=51&scriptid=ramlogin>

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#### RDAА STATEMENTS

##### [Coalition health plan ignores rural reality](#)

2 November 2007

[http://www.rdaa.com.au/uploaded\\_documents/RDAА%20RELEASE%2002\\_11\\_07%20coalition.pdf](http://www.rdaa.com.au/uploaded_documents/RDAА%20RELEASE%2002_11_07%20coalition.pdf)

##### [GP training places welcome, but getting graduates to the bush is the real challenge](#)

31 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/GP%20training%20places%20welcome,%20but%20getting%20graduates%20to%20the%20bush%20is%20the%20real%20challenge%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/GP%20training%20places%20welcome,%20but%20getting%20graduates%20to%20the%20bush%20is%20the%20real%20challenge%20--%20October%202007.pdf)

##### [Not even one sentence devoted to rural health at the national health debate](#)

31 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/National%20Press%20Club%20health%20debate%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/National%20Press%20Club%20health%20debate%20--%20October%202007.pdf)

##### [Rural health is marginal, in more ways than one](#)

31 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/Rural%20health%20is%20marginal,%20in%20more%20ways%20than%20one%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/Rural%20health%20is%20marginal,%20in%20more%20ways%20than%20one%20--%20October%202007.pdf)

##### [1.9 million rural Australians missing out on local healthcare](#)

30 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/1.9%20million%20rural%20Australians%20missing%20out%20on%20local%20healthcare%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/1.9%20million%20rural%20Australians%20missing%20out%20on%20local%20healthcare%20--%20October%202007.pdf)

[Dedicated medical student recognised with national award](#)

28 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/Medical%20Student%20of%20the%20Year%20Award%20Winner%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/Medical%20Student%20of%20the%20Year%20Award%20Winner%20--%20October%202007.pdf)

[Joint call for urgent action on rural health: launch of National Rural Health Action Week](#)

28 October 2007

[http://www.rdaa.com.au/uploaded\\_documents/Rural%20Health%20Action%20Week%20--%20launch%20media%20release%20--%20October%202007.pdf](http://www.rdaa.com.au/uploaded_documents/Rural%20Health%20Action%20Week%20--%20launch%20media%20release%20--%20October%202007.pdf)

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**PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS MAY BE AUSTRALIA'S SOLUTION TO ITS HEALTHCARE SHORTAGE**

Nurse practitioners and physician assistants could be some of the answers to the global healthcare industry staff shortage. If mobilized in a thoughtful way, they could well be an essential resource in alleviating the severe shortage of medical staff in Australia and around the world.

As researchers continue to work towards developing feasible solutions to ease global medical workforce shortage, a study published in Australian Journal of Rural Health by Wiley-Blackwell proposes innovative methods to increase healthcare workers need to be considered and suggests that the physician assistant model could be worth a shot.

In her study "Extending Rural and Remote Medicine with a New Type of Health Worker: Physician Assistants", Dr. Teresa M. O'Connor gives an outline of who physician assistants are and what they do. She also pre-empts possible reservations about the quality of care physician assistants are able to provide by emphasizing the rigorous training programme they are all expected to undergo.

Physician assistants undergo two to three years of intensive training and, once experienced, are able to practice at a similar level to junior doctors. Trained within the medical model of care, they are licensed to practice medicine under medical supervision.

"Hospitals find that one physician assistant can substitute about 50-75% of a doctor's work while needing less time to train - hence making them a more cost-effective resource compared to the medical staff.", says Dr O'Connor.

The physician assistants' model was first used in the USA during the late 1960s to great success. Other countries which currently use the model include Canada, The Netherlands, Taiwan, and Britain.

"Medical workforce shortage is part of a worldwide phenomenon and the solution of increasing medical graduates and importing doctors will only leave other countries short." says Dr O'Connor.

She adds, "Nurse practitioners are already playing a significant role in Australia. Physician assistants are another group which could play a significant role and they can be drawn from other careers without depleting the already short supply of nurses. With so much research

demonstrating that physician assistants are not only able to provide quality care but have been accepted by their patients as well; their introduction to Australia may be one strategy to address the ongoing medical workforce shortage."

This paper is published in the December 2007 issue of Australian Journal of Rural Health. The Table of Contents may be viewed online at: <http://www.blackwell-synergy.com/toc/ajr/15/6>.

About Australian Journal of Rural Health The Australian Journal of Rural Health is a multidisciplinary refereed journal, and since its inception in 1993 has contributed to the accumulation of knowledge of rural health in Australia. The Journal aims to establish a national and international reputation for the quality of its scholarly discourse and value to rural health professionals. In 1999 the Australian Journal of Rural Health became the official journal of the National Rural Health Alliance, which is the peak body for rural and remote health organizations in Australia. As well as its readers in Australia, the Journal is taken by subscribers in Canada, Japan, USA and the United Kingdom. Readership includes general practitioners, nurses, allied health professionals, pharmacists, health administrators, universities, rural health units and libraries.

Manuscript submissions to The Australian Journal of Rural Health can now be made online through Manuscript Central. Easy and fast submission process; track the progress of your article at any time; safe and secure site. Simply log on to <http://mc.manuscriptcentral.com/ajrh> to submit your manuscript today and share the wealth of your knowledge. Full author instructions and guidelines can be found at the AJRH homepage - <http://www.blackwellpublishing.com/ajr>

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## REHF BROADCASTS

"Tipping the Scales: Intervention & Mgt of Childhood Obesity"

Rural Health Education Foundation satellite broadcast

Live satellite TV broadcast Produced by the Rural Health Education Foundation

Wed 7th November 2007 8pm AEDT (repeated Friday 9th November 12:30pm AEDT)

This program examines the problem of childhood obesity and its effects on the physical, emotional and social development of children and adolescents. The program explores current research into the large range of external factors and attitudes that influence weight gain in younger Australians, with a focus on rural and remote communities. Finally, examining intervention programs and strategies illustrates the difference health professionals, families, teachers and communities can and are making in stemming the expanding obesity problem.

Program information and detailed broadcast times can be found by clicking

<http://www.rhef.com.au/programs/717/717.html> Contact: Rural Health Education Foundation via email [rhef@rhef.com.au](mailto:rhef@rhef.com.au) or telephone (02) 6232-5480.

Another Shade of Blue: Depression in Older Australians

Live satellite TV broadcast Produced by the Rural Health Education Foundation

Tuesday 13th November 2007 8pm AEDT repeated Friday 16th November 12:30pm AEDT)

This program aims to provide information to rural health professionals on best practice multi-disciplinary interventions for depression in older Australians, including older Indigenous Australians and older people from culturally and linguistically diverse backgrounds. It will

assist health professionals to challenge some of the myths and promote a better understanding of depression to older people in their practice settings. It will encourage health professionals to promote a healthy and active lifestyle and a positive approach to ageing. Program information and detailed broadcast times can be found by clicking <http://www.rhef.com.au/programs/716/716.html> Contact: Rural Health Education Foundation via email [rhef@rhef.com.au](mailto:rhef@rhef.com.au) or telephone (02) 6232-5480.

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Join friends of the Alliance in 2007. By joining friends you will receive the updated CD 'Rural and Remote Health Papers 1991-2007', a 2007 friends certificate, and regular issues of PARTYline newsletter. Membership of friends would also give you the opportunity to be involved more closely with the Alliance's information dissemination and policy work. You will become part of a group of people who contribute to and support the work of the National Rural Health Alliance.

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#### GAINS MADE IN HEALTH OF INDIGENOUS MOTHERS AND BABIES, BUT MORE IMPROVEMENTS NEEDED

Over the period 2001-2004, the perinatal death rate of babies born to Indigenous mothers declined significantly (from 16 to 11 per 1,000 births). Despite this improvement, babies born to Indigenous mothers still had twice the neonatal death rate of other babies according to a new report by the Australian Institute of Health and Welfare. The report, Indigenous mothers and their babies, Australia 2001-2004, shows that over the 2001-2004 period 35,264 women who identified as being of Aboriginal or Torres Strait Islander origin gave birth to 35,682 babies - 3.6 per cent of all babies born to all women in Australia during this period.. The AIHW statement is at <http://www.aihw.gov.au/mediacentre/2007/mr20071024.cfm> and the full report is at <http://www.aihw.gov.au/publications/index.cfm/title/10458>

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#### PARTYline Newsletter

The Alliance's newsletter, PARTYline, is a means of exchanging information between those with an interest in rural health, including friends of the Alliance, health consumers, health professionals, students and policy makers. Contributors report on their personal rural experiences, on programs with which they have been involved, provide information on new initiatives and resources, and it is a vehicle for opinions on rural health issues and events.

PARTYline has a print circulation around Australia of 13,000 and is also available on-line below. PARTYline readily accepts contributions from readers - articles (up to 500 words) and photographs can be sent to [partyline@ruralhealth.org.au](mailto:partyline@ruralhealth.org.au)

**Partyline** No 31 is not available. It contains articles from the Minister for Health and Ageing and Shadow Minister for Health, as well other material related to the election. It includes success stories in health service delivery in rural areas, reports on the Croc Fest and Garma Festival, community health education programs and other resources and news. Included with Partyline is a hardcopy of the Alliance's Key Priorities document as well as our 2008

calendar.

The electronic version of Partyline is also available in the 'Publications' section of our website at <http://nrha.ruralhealth.org.au/publications/?IntContId=57&IntCatId=6>

If you don't receive Partyline but would like to, send your contact details to [nrha@ruralhealth.org.au](mailto:nrha@ruralhealth.org.au) and let us know if you'd prefer a hard copy in the mail or email notification of its availability on the webpage.

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From: Kerry Eccleston  
Subject: 'Seachange, Treechange, Lifestyle Change...

Rural Health Workforce Australia is proud to launch a series of seven documentaries entitled 'Seachange, Treechange, Lifestyle Change...' on a new website [www.gplifestylechange.com.au](http://www.gplifestylechange.com.au)

This series of short 5 minute documentaries directed by award winning film maker Olivia Peniston-Bird provides the opportunity for urban GPs to hear directly from Australian trained GPs who have made the shift to rural or remote practice. Our GPs from all over Australia explore the motivations, barriers, challenges and rewards of moving to rural and remote areas.

We hope you will be interested in checking out the website and documentaries and that you may even be able to help us get the message out there. We have already had interest from some organisations wanting to add our documentaries to their websites, broadcasts, Powerpoint presentations and USB memory sticks. We hope more organisations will perceive these documentaries as valuable resources.

Loretta Walshe  
Communications Manager  
Rural Health Workforce Australia  
PO Box 6244  
South Yarra Vic 3141  
p. 03 8825 4505 f. 03 9804 7370 m. 0400 107 626  
<http://www.rhwa.org.au>

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LIFELINE INFORMATION SERVICE - 1300 13 11 14  
Your Rural Mental Health Information Service  
Lifeline's Information Service is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit <http://www.lifeline.org.au/infoservice> and further information is available at [infoservice@lifeline.org.au](mailto:infoservice@lifeline.org.au) and <http://www.lifeline.org.au>

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NEW ARTICLES IN "RURAL AND REMOTE HEALTH"

'Individual resilience in rural people: a Queensland study, Australia'

What does resilience mean for a rural community? A group from Queensland, Australia, provide us with some interesting clues.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=620>

'The experience of new graduate nurses in rural practice in New South Wales'

What is it really like to be new graduate nurse in rural New South Wales, Australia? This article uses qualitative methodology to allow the reader an insight into the real stresses that confront our junior nurses, making it a "must read" for rural health service managers who want to retrain new and much needed new recruits.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=814>

'Developing the accredited postgraduate assessment program for Fellowship of the Australian College of Rural and Remote Medicine'

This well written paper is a "must read" for any medical educator. The Australian College of Rural and Remote Medicine's (ACCRM) struggle to gain recognition was achieved this year, and its fellowship program is a world first in rural and remote medical education. Not only are the fellowship's underpinning principles clearly documented, but the article also provides new evidence about the effectiveness of a comprehensive and contemporary assessment system in the postgraduate medical setting.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=805>

'Australian Rural Health Education Network's position on interprofessional education and practice in health care'

The Australian Rural Health Education Network (ARHEN) is the peak body representing the 11 University Departments of Rural Health (UDRHs) in Australia. One of ARHEN's strategic purposes is to promote national networks. This editorial provides a position statement from the network regarding Australian rural interprofessional education. Everyone knows we should try and encourage health professions to learn together. Yet, as this editorial highlights, we are still a long way from having clinical undergraduate interprofessional education implemented in any systematic way in Australia.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=866>

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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.bushcrisisline.org.au>

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International Indigenous health leaders call for improvement in the health of Australia's Aboriginal peoples and Torres Strait Islanders

[http://www.naccho.org.au/Files/Documents/Media\\_Release\\_re\\_%20Aotearoa\\_Declaration\\_1](http://www.naccho.org.au/Files/Documents/Media_Release_re_%20Aotearoa_Declaration_1)

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RURAL HEALTH ON THE ABC

(From ABC Rural Newsletter, <http://www.abc.net.au/rural/default.htm> and Health Updates, <http://www.abc.net.au/health/maillinglist.htm>)

Husband and wife named top rural doctors

Two doctors who helped at the scene of a fatal car accident on the New South Wales far north coast have been jointly named Rural Doctor of the Year.

<http://www.abc.net.au/news/stories/2007/10/28/2072420.htm?section=justin>

Doctors demand more rural health funding

Rural lobby groups have slammed both sides of politics, for failing to make any substantial new funding commitments to health.

Labor has committed \$8 million to fund rural medical student scholarships and obstetrics services.

But David Rivett from the Australian Medical Association says both Labor and the Coalition are just tinkering around the edges.

"What the AMA is calling for is an extra \$2 billion over the five years of the next Australian health care agreement", he says.

"That's two billion from the Federal Government, two billion from the state governments, to patch up rural hospitals, plus the workforce crisis packaging, which is about \$330 million a year - substantive funds, not \$5 million or \$6 million at the edges".

The National Rural Health Alliance says it hopes the Greens will be in a strong position in the Senate after the election to put pressure on whoever is in power.

It says the Greens have made most commitments to rural health, including pledges for infrastructure, as well as mental and indigenous health.

The party has also promised an inquiry into the sustainability of rural communities.

DOCTORS SAY RURAL HEALTH HAS BEEN NEGLECTED

Jane Bardon (national rural reporter)

Doctors say rural areas will be reliant on overseas-trained GPs for at least a decade. They're blaming the Federal Coalition for not addressing Australian doctor shortages sooner. Rural health groups don't believe the problems are being properly addressed in the election campaign.

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LABOR SUPPORTING RURAL HEALTH

A Rudd Labor Government will invest \$8.5 million in additional rural scholarships for medical students, and in supporting obstetricians in rural and regional areas.

The full text of the statement by Labor Health spokesperson Nicola Roxon is at <http://www.alp.org.au/media/1007/mshea262.php>

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NEW HELP WELCOME FOR RURAL HEALTH - AMA

The AMA welcomes the Coalition's commitment to extend the Rural Medical Infrastructure Fund (RMIF) and to increase urgently needed support for rural medical practices. Chair of the AMA Rural Reference Group, Dr David Rivett, says the commitment to extend the fund beyond June 2008 when it was due to expire is a welcome relief for rural communities, but the AMA is disappointed there is no increase in the overall funding amount from current levels.

The full text of the AMA statement is at <http://www.ama.com.au/web.nsf/doc/WEEN-78C49X>

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CURRENT ISSUE OF eMJA

(Available at <http://www.mja.com.au/>)

Rapid online publications, 22 October 2007

Rising poverty is bad for our health

The need for leadership in global health

Medical students, medical schools and international health

From the Editor's Desk: Ode to hospitals

Look what I can do while I'm driving: implications for road safety in Australia

The Bettering the Evaluation and Care of Health (BEACH) program may be left high and dry

Handheld mobile telephone use among Melbourne drivers

HIV diagnoses in Australia: diverging epidemics within a low-prevalence country

Choice and voice: obesity debates in television news

Our hearts and minds - what would it take for Australia to become the healthiest country in the world?

Delivery of preventive health services to Indigenous adults: response to a systems-oriented primary care quality improvement intervention

Chronic kidney disease and automatic reporting of estimated glomerular filtration rate: revised recommendations

Breast implant mimicking pericardial effusion in a cancer patient undergoing gated heart pool radionuclide study

Raw salmon or red herring: ascending paralysis with suspected seafood poisoning

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HECS SCHEME FAILS TO ATTRACT YOUNG DOCTORS TO COUNTRY PRACTICE - AMA

A Government Scheme to attract young doctors to work in rural areas has failed to realise its potential, with less than half the funds allocated to the HECS Reimbursement Scheme being spent in 2006-07. The full text of the AMA statement is at <http://www.ama.com.au/web.nsf/doc/WEEN-78K66K>

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Position Available NSW Rural Doctors Network

NSW Rural Doctors Network Director of Workforce Planning, Education and Training (Full time position - Mascot)

This challenging position will be responsible for the overall leadership and staff management in the areas of Workforce Planning, Education and Training, Board support and governance. Working closely with the CEO and senior management, this position will influence the choice of rural general practice by undertaking research in Medical Workforce planning, overseeing all aspects of RDN's rural education and training programs and networking strategically with rural health education organisations.

Further information including qualifications, essential and desirable criteria and the remuneration package is available in the information package. download an information package from the RDN website <http://www.nswrdn.com.au> by accessing "About Us" and then "RDN Staff Jobs". Alternatively, obtain an information package from Ms Lisa Ryan by email [lryan@nswrdn.com.au](mailto:lryan@nswrdn.com.au) or phone (02) 4924 8000. Follow the instructions when applying. Applications for this position will be accepted until close of business on Monday, 12 November 2007.

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UNIVERSITY OF MELBOURNE, SCHOOL OF RURAL HEALTH, 2007 RESEARCH CONFERENCE

The University of Melbourne, School of Rural Health, invites you to participate in the 3rd Annual Shepparton Research Conference on Tuesday 27th November 2007 from 9am to 5pm.

The research conference, entitled: "Moving Forward: Rural Research & Knowledge Transfer" is intended for individuals and organisations with an interest in rural health, including general practice, primary health care, integrated care and population health, research and evaluation. Register online at <http://www.ruralhealth.unimelb.edu.au/announcements/conference/index.htm>. A hardcopy of the registration pack can be obtained by emailing the Conference Secretariat.

Pauline Venn Conference Secretariat [pvenn@unimelb.edu.au](mailto:pvenn@unimelb.edu.au) Ph: 03 5823 4532

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From: Jane Howorth - ECC Information Desk  
Subject: NSW Rural Mental Health Conference

This year's NSW Rural Mental Health Conference is taking place in Batemans Bay, 3 - 5 December 2007, hosted by the Greater Southern Area Health Service. Further information on the conference website <http://www.rmhconference.com> or by contacting [info@eastcoastconferences.com.au](mailto:info@eastcoastconferences.com.au), tel 02 6650 9800.

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"DISADVANTAGE AND DIVERSITY" - AUSTRALIA'S WELFARE 2007 CONFERENCE

Thursday 6 December, The Marque Hotel, 102 Northbourne Avenue, Canberra

"Disadvantage and Diversity", a one-day conference to be held in the nation's capital, will provide a forum for debate and discussion on some of the issues facing Australia's Welfare. Topics covered will include ageing and aged care, children, youth and families, welfare service resources, and the dynamics of homelessness. If you would like to register your interest to receive further information please contact the conference coordinator by telephone or email - Alison Diamond, Tel (02) 6244 1287, Fax (02) 6244 1299, Email conference2007@aihw.gov.au

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DIVERSITY IN HEALTH CONFERENCE

The Diversity in Health 2008: Strengths and Sustainable Solutions Conference (DIH 2008) will be the major event in diversity health in Australia for 2008.

The international conference will be held at the premier conference site at the Sydney Convention and Exhibition Centre, from 10-12 March 2008. DIH 2008 will bring national and international leaders in the health industry together to showcase new and innovative approaches to providing quality health care for Australia's diverse communities. The conference will consider, review and develop strengths and sustainable solutions in the overall approach to health and well-being of culturally and linguistically diverse communities.

To register or to find out more about this momentous event, please go to: <http://www.dhi.gov.au/conference>. Brochures can be downloaded off the website or you can contact the Conference Secretariat on Tel: +61 2 9840 3800 Fax: +61 2 9840 3319, or email: [dhi@swahs.health.nsw.gov.au](mailto:dhi@swahs.health.nsw.gov.au)

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From: Julie-Anne McWhinnie  
Subject: Preliminary Notice re National Nutrition Networks Conference 08

The National Nutrition Networks '08 Conference  
11 - 14 March 2008  
Alice Springs Convention Centre, Northern Territory

This conference will be of interest to those working in Aboriginal and Torres Strait Islander nutrition. Mark these dates in your diary now!

A call for abstracts will follow in the week of 8th of October, closing 26th October. Further details will follow.

The National Nutrition Networks Conference  
PO Box 280

DEAKIN WEST ACT 2600  
Phone: 02 6285 4660  
Fax: 02 6285 4670  
Email: conference@ruralhealth.org.au or register@ruralhealth.org.au

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The World Congress of Health Professions  
Perth, March 26th to 29th, 2008.  
Call for Registrations

You are invited to register for the World Congress of Health Professions, to be hosted by the Metropolitan Allied Health Council Inc and the Allied Health Alliance of WA at the Perth Convention Centre in Perth, March 26th to 29th 2008.

The title of the congress is "The Future Now : Challenges and Opportunities in Health". The congress philosophy is to open possibilities for health professionals from around the globe, inclusive of all cultures and disciplines, through the dissemination of information, the development of networks and forums, and the evolution of cultural and professional exchange.

The Congress has five themes:  
Global Challenges and World Health  
Innovations in Service Delivery  
Workforce and Training Developments  
Demands and Opportunities  
The Impact of New Technology on Health Care

Who should attend: Allied Health, Diagnostic and Scientific Professionals, Medical Practitioners, Nurses, Health Educators & Researchers, Clinical Managers, Health Executives, Community Based Clinicians, Population Health Professionals, Policy Makers, Private Health Industry Providers and Health Promotion Practitioners.

This is a great opportunity for us to share our achievements and learn from others at home and abroad during this exciting period of reform and significant change.

The Organising Committee of the World Congress of Health Professions invites registrations for the congress. The registration brochure and registration form are available at <http://www.worldhealthcongress.org>  
Queries about registration should be directed to Events WA on 9248 5788.

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From: Emma Grayson  
Subject: 10th International Paediatric and Child Health Nursing Conference

The 10th International Paediatric and Child Health Nursing Conference is to be held at the Holiday Inn Esplanade and Darwin Entertainment Centre, Northern Territory, from Wednesday, 30 April to Friday, 2 May 2008. The conference is being hosted by the Australian Confederation of Paediatric and Child Health Nurses. The conference is expected

to attract between 200 and 400 delegates from across Australia and abroad.

Through the implementation of the theme "Crossing barriers", this conference aims to illustrate that barriers can and must be crossed to improve health outcomes for children and young people. The conference aims are: to advance paediatric and child health nursing's contribution to health care and facilitate the dissemination of evidence highlighting effective nursing interventions to arise the profile of the benefits of interdisciplinary collaboration to identify future directions for paediatric and child health nursing to provide a forum that stimulates debate and collegiality.

For more information, to register your expression of interest or to download the call for abstracts, please visit the conference website at <http://www.ipchnconference.com.au> or by contacting the conference secretariat via email at [info@ipchnconference.com.au](mailto:info@ipchnconference.com.au) or by telephone +61 7 3858 5503.

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**ETHICAL RESPONSIVENESS - 2008 NATIONAL CONFERENCE**  
Stamford Grand, Adelaide, 23-25 May 2008

You are invited to attend the third national conference for the Australian College for Child and Family Protection Practitioners in Adelaide.

The conference theme "Ethical Responsiveness" reflects the broad contexts of Australian child and family practice. Workers in the child and family welfare sectors are generally ethical and responsive. This conference celebrates the work done by both statutory and non-government agencies alike in supporting vulnerable children, young people and their families. As debates continue within the child and family welfare system about the effectiveness of strategies to support vulnerable children, the professions are instead struggling to reconcile the need for appropriate supportive relationships with clients against ever increasing compliance bureaucracy. This conference supports the presentation and testing of practice frameworks and is interested in hearing about approaches which make a real difference to people's lives. Conversely presentations on practice issues are also welcomed to improve the evidence base of the profession.

On behalf of the organising committee we invite you to submit an abstract for evaluation for presentation at the Conference. Abstracts are due by December 31, 2007.

Important dates  
Abstracts due 31 December 2007  
Acceptance notified by 25 January, 2008  
Early bird Registration closes 7 March, 2008

The Conference secretariat is based at the Mackay Offices of Relate Human Services, PO Box 1401, Mackay 4740, Phone 07-49575400 Fax 07-49575488  
Email: [accfpp@bigpond.net.au](mailto:accfpp@bigpond.net.au)  
<http://www:relatehumanservices.com.au>

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POPULATION HEALTH CONGRESS 2008  
A Global World - Practical action for health and Well-being

Come to Brisbane and join in Australia's population health event of the decade. Four organisations are working together to provide a line-up of international and national speakers that promises to be excellent.

The Population health Congress 2008 will be held on July 7-9 in the Brisbane Convention and exhibition Centre. Regular updates on Congress 2008 will be available at <http://www.populationhealthcongress.org.au> - log on to register your interest.

Enquiries:  
Conference Coordinators  
PO Box 139  
Calwell ACT 2905  
Ph (02) 6292 9000  
[congress2008@confco.com.au](mailto:congress2008@confco.com.au)

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**10th National Rural Health Conference**

The 10th National Rural Health Conference will be held in Cairns in May 2009. Keep an eye on our website for up-to-date information about the Conference. The first announcement will be the Call for Abstracts in early 2008.

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**CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER**

The NRHA e-forum is published fortnightly. 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) (do not "reply" to this email - send contributions to [grovesc@winshop.com.au](mailto:grovesc@winshop.com.au)). Contributions received by the Friday of publication will be included in the e-forum.

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)

Please forward a copy to any colleague you think may be interested.

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**MEDIA RELEASE**

1 November 2007

Where's the plan for rural, regional and remote health?

This week's much publicised national health debate was disappointing. With one passing reference to the word 'rural' and none at all to Indigenous health, neither the Coalition nor

Labor has added to its tally on this week's election scorecard.

"We need city people and politicians alike to recognise the critical nature of the rural health challenge. They need to consider that a man born in far western New South Wales can expect to die 13 years earlier than someone born in a wealthy Sydney suburb," said Professor John Wakerman, Chair of the National Rural Health Alliance.

"This is not only unfair but quite unnecessary in a country as wealthy as Australia. Only if governments begin working together collaboratively will it be possible to meet our objective of obtaining equal health for those in rural and remote areas by the year 2020."

Professor Wakerman said the Alliance expects policy development in three key areas. "There should be a national plan for the future of rural and remote areas. Recent evidence about rates of poverty and financial stress, coupled with the impact of water shortages and climate change, means that many of these areas have an uncertain future. This requires positive planning for rural and remote communities - and greater clarity about what will happen to those that are not sustainable in an economic climate in which some remote areas are booming as never before.

"We also need a collaborative national plan to build a health sector for the future, not just selected initiatives for the next three years. Part of this will be a plan for rural and remote health. Whereas Labor has committed to such plans, we are still waiting to hear from the Liberal and National parties.

"And thirdly we believe that neither major political party has yet cottoned on to the seriousness of the health workforce shortages," Professor Wakerman said.

"We can turn things around but at this late stage it will take a combination of efforts by the Commonwealth, State and Territory governments, working with professional organisations, service providers and consumers groups, to make it happen."

Professor Wakerman said the health workforce challenge must be met by a combination of factors that include:

- . more targeted recruitment and retention programs
- . additional scholarships and placements
- . the design of an improved system in which hospitals play a different role
- . increased funding and
- . redistribution over time of the work of trained and community health workers.

With weeks to go before polling day the Coalition continues to lag behind Labor on the NRHA scorecard. By contrast the Greens and the Democrats have lifted their game by meeting more of the Alliance's suggested ways to improve health in rural and remote areas.

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Media Release

31 October 2007

What sort of rural Australia will the next generation inherit?

Much of the recent election debate has been about climate change. Many of its most severe

impacts will be in rural and remote Australia not in the capital cities. There is an acknowledged shortage of skilled workforce in Australia and one of the best known cases is the shortage of doctors. These shortages are worst in rural and remote areas.

In the last 10 days new evidence has shown that the proportion of people living in poverty is highest in rural and remote areas, and the extent of financial stress as judged from the default rates on mortgages and credit cards, is also higher in regional areas.

At the same time much of Australia's extraordinary level of sustained economic growth has come from selected rural and remote parts of Australia - the mining and resource centres in remote parts of Western Australia and Queensland.

What are we to make of these mixed messages about the status of rural, regional and remote Australia?

What sort of rural Australia will we pass on to the next generation?

Will governments of the future intervene to support new industries, compensate those affected by unavoidable structural change, and continue to provide infrastructure to rural and remote communities - or will everything be left to market forces?

There needs to be a national focus on these questions so that rural and regional investors, employers, local authorities and citizens have some certainty about what the future holds.

Access to income and services, and the state of local infrastructure, are absolutely fundamental determinants of the health of rural, regional and remote communities and the people who live and work in them.

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Media Release

31 October 2007

We need a health system for the future - not selective local announcements

Politicians have recognised that health is a major issue for the Australian public, but for the most part their responses to date have been disappointing. Far too much emphasis has been on short-term responses to local problems, with little attention to reform and improving relationships within a new system between clinicians, consumers and Commonwealth and State governments.

The Alliance supports the tit-for-tat announcements on cancer, autism, hospital waiting lists, pensioners and carers, but wants to see governments commit to a planned health system for the future - not just selective local initiatives for the next three years.

Professor John Wakerman, Chairperson of the National Rural Health Alliance, today called on Labor to give more emphasis to its plans for a National Health and Hospitals Reform Commission to lead development of a national health policy.

"Labor has plans to reform the health system, but the focus during the election campaign from both major parties has been on cherry picking, aimed particularly at local problems. The

result is that instead of a national plan for rural and remote health, we have commitments to selected places.

"In an election campaign the reasons for this selective approach are obvious, but it does not bode well for improved access, equity and health workforce across the board," Professor Wakerman said.

"And now we find both major parties unwilling to commit to national plans because of their need to demonstrate fiscal responsibility. This is a bit rich when they have both committed over \$30 billion in tax cuts, and when half a billion would make a major contribution to better health for Aboriginal and Torres Islander people and the citizens of rural and remote areas.

"The major parties should have confidence in polling that shows people will support investment in health and other services, and prove they have a vision for the future of rural and remote health services after the election. Lower life expectancy in the bush, poor access to services and the serious shortage of health professionals will not be solved with *ad hoc* commitments to particular locations."

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Media Release

31 October 2007

Local involvement in health services: Why stop at hospitals?

Several weeks ago the Coalition announced its proposal for 'a takeover of public hospitals by local hospital boards'. Although the idea is yet to be fleshed out, there may have been an important truth in the proposal - although not relating to hospitals alone but to primary health care services as a whole.

The notion of 'community control' has been critical in Indigenous services for decades and has been accepted as a key principle in the delivery of effective health services to Aboriginal and Torres Strait Islander people. It is therefore curious that the principle has not been easily accepted in other health services.

In areas where there is a local hospital, it should ideally be part of a comprehensive service involving doctors (GPs and specialists), nurses, ambulance officers, dentists, optometrists and allied health professionals such as physiotherapists, psychologists and occupational therapists.

Smaller towns, not large enough to support a hospital, could have a general practice with a small number of GPs and an arrangement whereby they provide an outreach service to satellite communities in their local area. The costs of providing these visiting services could be underwritten through special practice grants.

Local community involvement should be a feature of all these models of care. The local services would work within a regional plan to meet the specific needs of the population of their local area, while also being subject to national standards.

A local health organisation, with access to State and Federal funds, could pool resources to provide services tailored to the local area. Local government, community groups and

organisations such as Divisions of General Practice already play a role in supporting local health services, but the task is beyond their allotted role in the system, their management capacity and their resources.

Further innovation could ensure that local health services, with the involvement of local people within a regional and national system supported by Commonwealth and State/Territory governments, are part of the solution to the rural health challenge.

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Media Release  
29 October 2007  
Greens show the way on rural and remote health

The Greens, under the leadership of Senator Bob Brown, have committed strongly to most of the key priorities identified by the National Rural Health Alliance as being in the best interest of people in rural, regional and remote Australia.

Professor John Wakerman, Chairperson of the Alliance, has expressed delight that through its representation in the Senate the Greens would support a range of activities designed to improve the health of people in country areas.

"If and when the Senate returns to the position in which the minor parties have the balance of power, there will be a reservoir of good ideas for the health of country people," Professor Wakerman said.

"The Greens have been the first to indicate support for the top strategic priorities of the Alliance - a national inquiry into rural and remote communities and an explicit national health policy.

"They have also committed to the sort of long-term, well funded and collaborative work on Indigenous health which the Alliance and many others are hoping for," Professor Wakerman said.

A summary of the Greens' positions on the Alliance's top 10 rural health priorities can be found by going to the <http://www.ruralhealth.org.au> website. It shows that, given the opportunity in the Senate, the Greens will also support additional rural scholarships for health sciences, better access to tertiary and vocational education in the regions, and extra places for dental students.

"These announcements from the Greens provide a new benchmark for the other political parties to match, with the Greens now scoring 15 out of 20 on the Alliance's election scorecard," said Professor Wakerman.

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Media Release

26 October 2007

Major parties disappoint on rural and remote health

With four weeks to go before the election, both the Coalition and Labor continue to disappoint voters in rural and remote areas in relation to providing health services for the bush.

The Coalition's recent announcement of a school of tropical dentistry for James Cook University in Cairns is the standout exception from the major parties this week.

The Coalition's announcement of a new medical clinic for Forbes mirrors Labor's selective announcements relating to super clinics at Burnie, Ballan and Shellharbour. In addition, both major parties have agreed to rewrite the rules for the Rural Medical Infrastructure Fund - without committing additional money.

It is to be hoped that the Rural Health Action Week, led by the Rural Doctors' Association of Australia and which starts on Sunday, will help focus the minds of politicians on rural and remote health. The opportunity will then exist for Tony Abbott and Nicola Roxon to demonstrate their commitment when they debate each other on 31 October at the National Press Club.

The lack of significant movement on the NRHA election scorecard is disappointing given strong evidence that people in rural, regional and remote Australia are doing it tough. Health outcomes are poorer in remote areas where health workforce shortages are worst. New evidence this week shows that a higher proportion of people in country areas are living in poverty compared to those in capital cities.

All parties have yet to commit to a national review of policies for rural and remote areas. Such a review could be the basis of national efforts to clarify the future for non-metropolitan areas, and how the benefits of the mining boom are to be shared with people in pastoral and drought-affected areas.

"The Alliance is concerned that the Coalition is yet to commit to the development of a national health policy and plan," said NRHA Chairperson, Professor John Wakerman.

"For its part, Labor is yet to commit to rural dental health workforce initiatives or extra health scholarships for people from rural areas.

"Rural people would also like to hear more from both the major parties on what specific proposals they have for mental health services in remote areas," he said.

The NRHA election scorecard is updated each week and is available at <http://www.ruralhealth.org.au>

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Media Release

24 October 2007

Rates of poverty increase - but worst in rural areas

Despite unprecedented growth in the Australian economy the proportion of people living in poverty rose from 9.8 to 11.1 per cent between 2003 and 2006. New information released today by *Australia Fair* shows poverty is generally significantly higher outside the capital cities.

In 2006 the 11.1 per cent figure translated to 2,210,000 people now living in poverty, including 412,000 children.

The latest information is based on those with less than 50 per cent of the median

(middle) disposable income. In 2006 this poverty line was \$281 a week.

Analysis for 2003/4 shows that the non-metropolitan areas of New South Wales, South Australia and Tasmania had significantly higher proportions of people in poverty than their capital cities. The impact of the mining boom meant this was not the case in Queensland and Western Australia, with slightly higher rates in capital cities. In every state except Queensland a higher proportion of people outside the capital city earned less than 60 per cent of the median income.

*Australia Fair* today called for both sides of politics to commit to a national plan and set achievable targets for reducing poverty. *Australia Fair* believes such a plan would receive strong public support, given survey evidence that 91 per cent of Australians believe a fair go for all is an important national value, while a majority of people also support investment in services ahead of tax cuts.

Twenty-two out of 30 OECD nations have national social inclusion or poverty strategies in place to alleviate poverty, but Australia does not. Australia does, however, have the knowledge and resources to follow suit.

Poverty is the single most significant overall determinant of health. National action to reduce poverty would have a beneficial impact on the health of country people, which is why it has the strong support of the National Rural Health Alliance (NRHA).