

NRHA Report AHMAC National Rural Health Sub-Committee

September 2000

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**Report to
Australian Health Ministers' Advisory Council
National Rural Health Policy Sub-Committee**

Darwin, September 2000

6th National Rural Health Conference

The 6th Conference is to be held at the National Convention Centre in Canberra, 4-7 March 2001. The Alliance is conscious of the responsibility it has in managing this important event and maintaining the event's reputation and purpose. The Alliance itself was established as a result of the 1st Conference held in Toowoomba in 1991.

Planning for the 6th in Canberra is well underway. In response to the call for abstracts about 220 have been received for the 108 twenty-minute spots available. They will be allocated to one of six streams: an arts stream, three descriptive paper streams (including those from consumers), and two research streams. The 85 or so papers in the research streams are currently subject to a formal referee process being managed by the National Association of Rural Health Education and Research Organisations (NARHERO).

The program will be finalised during September and the Program and Registration Brochure will be circulated in October. The Commonwealth Minister for Health, the Shadow Minister and the Leader of the Democrats have all been invited to speak, as have 6-8 other potential keynote speakers.

Given the high level of current interest in rural affairs, including health, planning for the Conference assumes that 800-1000 delegates will attend. (There were 930 at the 5th in Adelaide.)

There will be special opportunities for delegates to visit the ANG, War Memorial and Screen Sound Australia, and there will again be an emphasis on the arts. It is clear that 'arts in health' is finding an important place in the health sector and there are many innovative and exciting programs in the area.

The Conference Project Manager with the Alliance is Ms Lyn Eiszle. The best contact point for the Conference is conference@ruralhealth.org.au.

Other Conferences

The Alliance has again undertaken the administration for the National Undergraduate Rural Health Conference, being held this year in Toowoomba from 9-13 September. This Conference is underwritten by a grant from the General Practice Branch of the Commonwealth Department of Health and this year about 12 undergraduates from each Medical School and 3-5 staff will attend, as well as other invited guests.

The Alliance is also managing the National Workshop on Advanced Nursing Practice being convened by NARHERO. It will be in Canberra on Friday 27 October and it is

hoped that appropriate representatives from all health jurisdictions will attend. Its purpose, in broad terms, is to increase understanding of models of advanced nursing practice, to provide an update of what is happening in each jurisdiction and to discuss some of the barriers to further development. It is anticipated that there will be a discussion paper produced after the Workshop.

The Alliance has also been engaged by Services for Australian Rural and Remote Allied Health (SARRAH) as administrator for the International Rural and Remote Allied Health Professionals' Conference to be held in Cairns in August 2001.

Administration of National Scholarships

The Alliance recently won tenders for two years to be the National Management Agency for the John Flynn Scholarship Scheme (JFSS) and the Rural Australia Medical Undergraduate Scholarship Scheme (RAMUS).

The Alliance became formally involved in mid-2000, which has meant that the timelines for administration of both Schemes in 2000 have been compressed. Applications for both Schemes closed in June and offers were made during July and August.

An additional 150 John Flynn Scholarships have been offered in 2000, bringing the total to 600. Those in the fourth year of the Scheme this year will end their involvement with it and a new cohort of 150 will be selected in 2001, so that the number will remain 600. The Alliance is currently working with other stakeholders to identify additional host communities which can provide safe and instructive experiences for scholars.

As a result of Federal Budget 2000 the number of RAMUS scholarships was increased to 400. Eligible applicants are those who have proof of enrolment in a full-time medical course, are Australian citizens or permanent residents, and who have lived for at least five consecutive years in areas that are classified 3-7 in the Rural, Remote and Metropolitan Areas system. The Guidelines provide the basis for the ranking system used, which is based on longevity of rural residence, recency of rural residence and a financial means test. For RAMUS there is a Rural Doctor Mentor Scheme being established in conjunction with the Rural Doctors' Association of Australia (RDAA).

There is an appeals process associated with both Schemes on which the Alliance and other organisations are currently working.

Rural and Remote Health Financing Project

This is a project started over a year ago jointly by the NRHA and the Department of Health and Aged Care. The Project's Steering Committee has representatives from three States representing AHMAC (NSW, Queensland and WA), the AMA, the Department of Transport and Regional Services, the National Aboriginal Community Controlled Health Organisation, the Pharmacy Guild of Australia, the Royal Flying Doctor Service and the Rural Doctors Association of Australia.

The last meeting of the Steering Committee (28 July 2000) worked on a report which includes draft findings and conclusions. The report is currently being redrafted by DHAC and the Alliance and it is anticipated that it will go to the Federal Minister and from him to AHMAC and AHMC.

Both the content of the project and its process have provided significant challenges. The report will endorse the proposal that "any future rural financing approaches should contain mechanisms to encourage the following essential features: community participation; primary health care focus; integrated and flexible health services; and needs-based resource allocation". In addition, the draft report contained a number of ideas, including one relating to funds pooling, on which parties both within the Alliance and within the Steering Committee have not yet agreed.

For a number of reasons it seems likely that changes to health financing systems will be effected over the next few years. All three political groupings have policies or proposals which would effect change in the current systems of health financing and there has already been significant change on the ground, including in the NT. A recent Senate Round Table also canvassed significant change in this respect and there seems to be a groundswell of support for new or amended systems.

Healthy Horizons

The Alliance posted to its Homepage in early August a first report on progress with implementation of *Healthy Horizons*. That first report includes information from nine of its 22 Member Bodies. They are from:

- the Australian Council of the Royal Flying Doctor Service (RFDS);
- the Rural Faculty of the Royal Australian College of General Practitioners (RACGP);
- Frontier Services;
- the Australian College of Health Service Executives (rural members);
- the Australian Rural and Remote Allied Health Taskforce (ARRAHT);
- Services for Australian Rural and Remote Allied Health (SARRAH);
- the National Association of Rural Health Education and Research Organisations (NARHERO - until recently the National Association of Rural Health Training Units);
- the Isolated Children's Parents' Association (ICPA); and
- Rural Pharmacists Australia (RPA).

The reports were provided by the representatives to Council of the respective organisations. The names and contact points for all Members of Council, as well as much other information, are available on the NRHA homepage (www.ruralhealth.org.au).

The Alliance intends to update this report from time to time.

The Australian Journal of Rural Health

There have been major developments with the AJRH. In 2000 for the first time there will be six issues. The increase from four to six obviously had major financial

implications and these have been carefully worked through between Blackwell Science Asia (the publisher), the NRHA (the owner), and the three Member Associations (AARN – the initial owner and still the copyright owner; ACRRM and SARRAH). The Council of Remote Area Nurses of Australia (CRANA) has this year decided to become a Member Association, which means that all individuals who sign up for membership of the organisation are automatically included as Journal subscribers.

Professor Desley Hegney, USQ and the Cunningham Centre, is still the Journal's Editor. Desley is supported by Assistant Editors, by an International Advisory Board and by the Editorial Board which is responsible for overall management of the Journal. Desley has a part-time Editorial Assistant in Toowoomba and the Alliance employs a part-time Journal Manager in its office in Canberra. Limited and declining financial support for this last position has been provided to the Alliance by RHSET. The names of people on these various committees are regularly included inside the front cover.

As well its core academic and research reports, the Journal also carries regular policy articles. A recent decision will see it carrying regular articles on reflective practice in 2001.

Members of the Editorial Board, with active support from Blackwell's, have worked hard in 2000 to maintain the financial sustainability of the Journal as it goes from strength to strength.

In-house issues

At the time of writing there are 22 national organisations in the Alliance. Its Council is comprised of one from each Member plus two others co-opted as individuals. These are Steve Clark, CEO of ADGP, who is Chairperson of Council; and John Ward, a radiographer from Bathurst who is Chairperson of the Advisory Committee of *friends* of the Alliance.

There is an Executive of seven which meets regularly by teleconference. Some hard decisions have been made recently to contain costs. Full Council teleconferences are now bi-monthly and there are severe restrictions on printing, publishing, travel and other expenses. A decision in principle has been made to extend the successful operation of Partyline, the Newsletter, to all people in the Alliance's immediate network rather than only to those who are financial members of *friends*. This is potentially a very important move in the context of the Alliance's overall communications strategy, which also includes a fortnightly e-forum, a dynamic and extensive homepage, the CD ROM, and media releases.

One of the areas in which the Alliance has always been successful is in providing support for its Member Bodies, including for their organisational development. At the time of writing, significant and very welcome developments are occurring with the two national rural allied health bodies, ARRAHT and SARRAH. The rural and remote work of allied health professionals was given a significant boost at the national level by the new program announcement in Federal Budget 2000. The Alliance is hoping that there can be further developments this year so that all health

professions, including nursing, allied health, oral and dental health and pharmacy, can be given the kind of government support their members need for high quality and safe practice in rural and remote areas. For some aspects of this work the Alliance will continue to seek closer working relationships with State and Territory authorities. At the same time, the Alliance will, as ever, continue to work collaboratively with all relevant stakeholders on the further development of general practice in rural and remote areas which, as emphasised at the recent ADGP National Forum, is "at the centre of health care delivery".

The Alliance currently has a staff complement of six full-timers and three part-timers, all of whom have been called upon recently to make efforts over above 'normal duties'. Of the six full-timers, three are members of the Scholarships Project Administration team. As has been the case for some time, there is still very limited capacity for core staff to undertake policy development work. The work on the Rural and Remote Health Financing Project, for example, has been maintained by tied support from DHAC which has enabled the Alliance to employ a part-time Consultant. We would be keen to talk to any State or Territory about pieces of work the Alliance could undertake or help with in those jurisdictions, to add value in them to the core national network and collaboration which are the cornerstone of the Alliance's operation and existence.

At a time when the landscape in the health sector is changing, not to mention the landscape of rural and remote affairs, it is to be expected that greater attention than ever before is now given to the Alliance's stance on key policies and professional issues. The Alliance will work hard, both internally and externally, to emphasise the common ground of its Members and to continue to work collaboratively as a key voice for rural and remote people.

Dr Steve Clark, Chairperson

Gordon Gregory, Executive Director

4 September 2000