Proposal for a revised
National Rural Health Strategy

Consultation paper

Issued by the Australian Health Ministers'
Advisory Council
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Foreword

In July 1993, the Australian Health Ministers' Conference requested the Australian Health Ministers' Advisory Council to conduct a review of rural health developments and to outline options for future action in a revised National Rural Health Strategy.

The revised National Rural Health Strategy is intended to provide a framework which sets a clear direction for the future provision of health services throughout rural and remote areas of Australia. Such a strategy must be sufficiently flexible to meet the diversity of local needs and resources of rural communities.

This draft paper has been developed through a consultation process between the Commonwealth and State/Territory Health Authorities. The paper outlines possible guiding principles which could underly a strategy, its goals, and the priorities for focusing national attention and action in the area of rural health.

The views of consumers and major stakeholders are an important component of the review and in guiding the future directions in rural health.

This draft paper is provided to assist widespread consultation so that consumers and other stakeholders have the opportunity to consider the complex issues involved and to enable their views to be taken into account in the preparation of the strategy document.

The broad directions set out in a revised National Rural Health Strategy, once translated into concrete activities, should result in a significant improvement in the provision of rural health care, which in turn will lead to the improved health status of all rural Australians.
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Introduction

More than one-third of all Australians live in rural areas that lie outside of metropolitan regions. Significant progress has been made in the determination of rural and remote area classifications as they pertain to the provision of health care services, and there is little need to review the issue here. For the purpose of this strategy, rural Australia essentially equates with non-metropolitan areas. It incorporates major provincial centres, country towns, mining and isolated communities, and includes the closely settled farming regions of southern Australia and the sparsely settled areas of northern Australia.

Rural Australia is characterised by large distances, small sparsely distributed populations, harsh environments, and considerable geographical and social diversity. While the problem of overcoming vast distances and coping with isolation from major population centres is shared by many rural communities, these problems are most acute in isolated communities in the north and interior of Australia. Such a situation necessitates a specific and unique strategy in order to meet the health care needs of rural and remote area communities.

A National Rural Health Strategy acknowledges the high priority that must be accorded to the provision of rural health services.

The broad goals of a National Rural Health Strategy are to provide a framework and policy to guide the provision of appropriate, sufficient and accessible rural health services, to provide a mechanism for addressing agreed rural health priorities, and to measure progress towards meeting key rural health goals. In setting these goals, the National Rural Health Strategy should have regard to developments in other national programs, such as the National Aboriginal Health Strategy, the National Mental Health Policy, the National Women's Health Policy, and the Alternative Birthing Services Program.

Since health encompasses more than just the absence of illness and disease, health care extends beyond merely providing services oriented to curative treatment. Maintaining health requires concern with the effects of biological, psychological, socioeconomic, and environmental factors on individuals, their families and their use of services. In view of the need to address these factors, a national rural health strategy must be holistic and recognise the contribution of the broad range of influences, outside of traditional health care, which can impact upon the health of a community.

Given limited resources, the most effective way to achieve the health outcomes sought by the National Rural Health Strategy is to concentrate on those issues warranting highest priority. The priorities identified in this Strategy reflect the major concerns expressed during consultations with consumers, rural health workers, and State and Territory Health Authorities.
2 Major issues

2.1 Introduction to problems in the provision of health care in rural areas

The health status of Australia's rural population varies enormously, with some communities, particularly Aboriginal settlements, characterised by unacceptably high levels of morbidity and mortality.

Compared with their metropolitan counterparts, many rural residents experience significant problems of inequity with respect to access to, and provision of, health care services. Throughout many areas of rural Australia there is a shortage and maldistribution of health care workers, above-average population to health worker ratios, unacceptably high levels of health worker turnover, and major problems of accessibility to services. The lack of access to appropriate health services is invariably exacerbated by inadequate or nonexistent rural public transport services.

Since the 1991 National Rural Health Conference a range of rural health programs has been initiated by both Commonwealth and State Governments. Some of these initiatives focused on immediate concerns and were designed to overcome discrete health service problems, in contrast to other ongoing longer-term programs. While some rural health programs are in their infancy and await evaluation, others are more firmly established and their success in addressing rural health service issues can be more fully ascertained.

In general, rural health policies and programs have been oriented towards the two broad problems of resource allocation and service provision, and workforce development. The issues relating to each of these are discussed below.

2.2 Resource allocation and service provision

Several issues are subsumed within this broad area.

(a) Needs assessment

Needs assessment remains a critical prerequisite to identifying the type of health care services required by rural communities. Attention should continue to be directed towards:

- developing comprehensive strategic frameworks or regional plans based on meeting assessed health care needs of rural communities;
- the establishment and maintenance of appropriate data bases to monitor workforce supply and guide service providers; and
- the establishment and maintenance of information systems which allow health status to be described and changes monitored over time.
(b) Funding arrangements
In areas where it is difficult to meet the funding criteria of mainstream programs, it is important to ensure the effective use of limited resources. For this reason, health programs should be innovative and flexible in order to overcome the problems associated with meeting diverse health care needs of small, widely scattered rural communities. Multipurpose service approaches have indicated the scope for providing rural health services in a flexible and integrated way that responds to the total health needs in the community. Significant attention should continue to be directed towards integrated funding options so that resources can be pooled and allocated in ways that enable health services to better meet local community needs.

(c) Regionalisation
It is vital to evaluate and review the scale at which services are most efficiently and effectively delivered. Devolution of responsibility for service delivery and management provides increased opportunities to:
- maximise consumer access to health services;
- maximise responsiveness to local health needs;
- develop appropriate policies and management guidelines; and
- avoid unnecessary duplication of services.

(d) Coordination and consultation
Improved communication between employers and workers, service users and providers, and those who develop and implement rural health policies is critical to the success of delivering effective rural health services. Attention should be accorded to matters of:
- State and Commonwealth relationships;
- coordination between the activities of Commonwealth departments;
- definitions of rural and remote communities as they relate to various programs;
- increased community consultation and participation in planning rural health services;
- integration of the activities of rural health interest groups; and
- optimising communication between rural communities, the health workforce and employers.

(e) National program activities
The Commonwealth Government has made a major commitment to rural health in Australia over recent years through its national policies. Central to this commitment is:
- the introduction of the Rural Incentives Program as part of the wider general practice reforms, to improve the recruitment to, retention of and support for general practitioners in rural areas;
- support for the establishment of a National Rural Health Unit;
- the establishment of divisions of general practice across rural areas;
• furthering the Rural Health Support Education and Training Program as a catalyst for developing and implementing initiatives and changes in workforce education and training for rural health workers; and

• the development of initiatives to ensure that the benefits and services provided through mainstream programs are accessible to small rural communities.

(f) Inter-sectoral linkages
Optimal health for rural residents is dependent on many factors other than just the availability of, and accessibility to, adequate health care services. It is important to ensure mutual cooperation between government programs which directly and indirectly impact upon rural health status. This interdependence of factors and programs that impinge upon health status provides a major rationale for establishing an Office for Rural Health as one means of improving the coordination between Commonwealth programs.

2.3 Workforce Issues
Workforce issues encompass a wide range of considerations relating to recruitment and retention, education and training, and role interrelationships.

(a) Recruitment and retention
A major ongoing issue of rural health programs relates to the need to overcome problems of staff shortage and maldistribution, excessive staff turnover, stress, low morale and related problems. Program initiatives, some of which are already in place, designed to address these problems include:

• promoting the positive aspects of rural health practice;
• selective admission policies for rural students to enter undergraduate courses;
• promoting health professions as careers with country people;
• provision of incentive packages and measures designed to remove disincentives;
• improved infrastructure;
• improved working conditions for isolated health workers practising in remote areas;
• improved locum arrangements; and
• career pathways, continuing and postgraduate education.

(b) Education and competency standards
Associated with the measures designed to improve the recruitment and retention of rural health workers are several training and education issues. These include the need for better access to continuing education, more support for skills upgrading, better access to peer group support and stimulation, and better access to training facilities. Measures addressing these issues include:

• development of rational core curricula;
• development of survival skills programs;
• establishment of regionalised rural training units;
• providing undergraduates with appropriate rural experience;
• ensuring adequate rural placements during training; and
• increased use of information technologies designed for distance education and service delivery.

(c) Role Inter-relationships
In order to meet the different needs and circumstances associated with providing health care in rural areas, there is a critical need for flexible roles and a clear understanding of the roles and responsibilities of rural health workers. Considerable attention is being directed towards:
• clarifying the roles and inter-relationships of nurses, doctors, and Aboriginal health workers in remote areas;
• overcoming legal impediments to role flexibility and change; and
• establishing best practices and multiskilling as means of maximising co-ordination between services.
3 Policy approach

3.1 Strategic focus and rationale
The critical element underpinning the National Rural Health Strategy is recognition by all interest groups that the development of *appropriate, sufficient and accessible* rural health services and programs is a prerequisite to ensuring *optimal and effective* health care in rural Australia.

While recognising the magnitude of rural health issues that require attention, it is important to note that a range of rural health programs has already been initiated by States since the 1991 National Rural Health Conference. Despite State differences, seeking to address rural health problems simultaneously on independent fronts may not be desirable or feasible, and may result in spreading limited resources inefficiently. Many rural health issues share a common basis and require a national response. A strategic approach focusing national attention and action on shared problems:

- accords with the strategic focus being adopted by States;
- is sufficiently broad and flexible to accommodate the diverse needs and circumstances found in rural Australia; and
- promises most potential in achieving the goal of optimal health for all rural Australians.

3.2 Need for priorities
A major dilemma for all governments is how to maintain a sufficient range of accessible, high quality rural health services while minimising the costs associated with their provision, at a time when governments are confronted with ever-increasing and competing demands that are being placed on a limited set of resources.

Given limited resources, the most effective way to achieve the health outcomes sought by the National Rural Health Strategy is to concentrate on those problems and issues warranting greatest attention. The key proposals of this strategy reflect the major concerns and priorities accorded by rural and remote area residents, rural health workers, major rural health interest groups and State Governments. Moreover, the priorities identify issues that are prerequisite and most urgent if rural health policies are to succeed in meeting national health goals and targets.
3.3 Guiding principles

In seeking to address the diversity of health needs and requirements of health workers and services across rural Australia, an effective national rural health strategy must be guided by key principles. The principles that guide this National Rural Health Strategy are consistent with those underlying the Australian health care system, and can only be met by the adoption of a strategic approach to rural health care needs and service provision.

These guiding principles are:

- Considerations of equity and access to quality health care are foremost in guiding the provision of rural health services.
- The provision of health services is guided by need as opposed to demand. This requires a population focus that specifically targets the identified health care needs and requirements of rural communities.
- It is important to ensure that rural health policies are an appropriate response to meeting current health needs and present circumstances of rural areas, and are not based on the inertia of historical practices and approaches to funding.
- Because mainstream funding criteria are often inappropriate for many small, geographically isolated rural communities, the provision of rural health services requires an emphasis on flexibility in funding, integration and coordination between health workers and services, and close inter-sectoral cooperation with other programs, such as housing, employment and income security, transport, childcare and community services.
- In addition, innovative models of rural service delivery are required to meet the diverse health care needs of rural communities. Hallmark characteristics of these models include the need for a multifaceted and multidisciplinary approach, a focus on primary health care, and an emphasis on health promotion and illness prevention consistent with agreed National Health Goals and Targets.
- Considerable local community participation and involvement in health care planning is required in order to ensure that rural health services are responsive to the needs of rural consumers.
- Rural health care policies must be sensitive to the social and cultural differences characteristic of rural and remote area populations. The opportunity for people to accept greater responsibility for and control of their own health should be encouraged.
- The development of suitable health outcome measures for reviewing progress towards agreed health goals and targets is a special priority. The provision of effective health services is ensured only by linking health service intervention with improved health outcomes.
• **Continual monitoring** of health needs and workforce requirements, and **ongoing evaluation** of health care services must remain an integral component of the rural health strategy, in order to ensure that changing rural health care needs are effectively met in a way that is consistent with the above principles, and in order to maximise the efficiency of services.
Key strategy goals

National goals are needed to ensure that the National Rural Health Strategy is directed towards achieving optimal health for all people in rural and remote Australia. Such goals represent broad aspirations for improvement, and imply action without specifying or restricting the methods by which the goals might be achieved. In the current circumstances these goals need to be:

- to facilitate the identification of the nature and extent of rural health needs so that local communities, rural health workers, and regional health authorities can participate in the systematic planning of appropriate rural health services;
- to take proper account of the special health needs of rural Australians, particularly Aboriginal and Torres Strait Islander communities and the mentally ill;
- to examine the provision of existing health services with a view to identifying their appropriateness and effectiveness in meeting rural health needs;
- to guide progress towards implementing national health goals and targets in rural communities;
- to foster specific measures relating to the recruitment and retention of rural health workers;
- to ensure that the particular skills and educational needs of rural health workers are met through adequate training and support programs;
- to minimise the disincentives, barriers and problems that impede the delivery of effective health care to rural communities;
- to provide equitable access to effective and appropriate health services;
- to institute proper and systematic evaluation of new initiatives and ongoing health care programs designed to meet the needs of rural residents;
- to facilitate the establishment of appropriate processes and structures between the various levels of government with a view to maximising the integration of and co-ordination between rural health services.

These goals are consistent with the objective of ensuring social justice for all rural Australians, including a fair distribution of resources and equitable access to essential services.
5 Priority national strategy issues

A National Rural Health Strategy provides a broad framework to guide the roles, inter-relationships and activities of the major rural health interest groups in their quest to ensure optimal health for all rural communities.

In order to ensure more equitable and accessible provision of appropriate rural health services, State Governments, in conjunction with rural health workers, should address the key workforce, resource allocation and service delivery issues. This requires implementing programs which either deliver health services to rural communities more effectively or which enhance the ability of rural residents to access these services. Appendix A identifies areas in which Health Authorities should continue current activities in order to ensure improvements in the ways that health services meet the needs of rural communities.

State Governments have responsibility for the administration, organisation and delivery of rural health services, while the Commonwealth role is largely one of financing service provision. Because the context in which each Health Authority operates is different, it is important that the National Rural Health Strategy be seen as a working document providing flexible guidelines and directions for action, leaving each Health Authority free to develop implementation strategies appropriate to its circumstances.

Consistent with the recognised value of a strategic approach to rural health policies, Health Authorities and major rural health stakeholders have identified the following priority concerns and activities for achieving national health goals and targets. These priorities form the basis for outcome measures by which to evaluate individual programs and the strategy as a whole.

5.1 Strategic frameworks/regional plans

In order to overcome problems of inequity and ensure the availability of appropriate health services, the provision of resources to rural communities should be determined by needs-based criteria. For this reason, a population focus which assesses local and regional health care needs is required to guide resource allocation.

Strategic frameworks or regional plans would:

- enable the assessment of the health needs of populations in discrete geographical areas;
- facilitate the development of appropriate service models designed to maximise responsiveness to local need;
• provide ample opportunity for consumer and community consultation and participation;
• help ensure maximum accessibility to services;
• maximise administrative economies; and
• facilitate the redistribution of resources in line with changes in health care needs.

Since rural health care needs vary between communities and over time, continual monitoring to assess resource allocation priorities is imperative. The development of strategic frameworks or rural health plans to determine the health and community services needs of a designated area will provide the basis for improved quality and efficiency in service delivery and care, and enable authorities to monitor progress in meeting their health care objectives.

Proposal 1: State and Territory Health Authorities should facilitate the development of strategic frameworks or regional plans for each of their rural regions which are consistent with National and Statewide policies and guidelines.

5.2 Service mix

States, confronting increased use of health services, are having to make difficult resource allocation decisions in the absence of an understanding and consensus on what range and level of health services is appropriate in different communities. Variations in the size, density and degree of isolation of rural populations result in considerable differences in the need for and the abilities of rural communities to sustain the range of health services. Further work is required to develop model health plans as frameworks that determine what level and mix of services is appropriate and essential for different rural communities. Such model plans help:

• to identify core health care needs that require a service response and in what arrangements, and
• to identify the extent to which similarities in the pattern of health needs and service provision exist across communities in different rural locations.

Proposal 2: Health Authorities should further pursue the development of frameworks, such as model health plans, for identifying needs and delivering services to rural communities. Initial attention should focus on developing models that identify the level and mix of health services appropriate for:

(a) rural communities up to one thousand residents;
(b) rural communities up to two thousand residents;
(c) small rural communities with large indigenous populations; and
(d) small rural communities located in close proximity to each other.
Among the factors such models might take into account are the social and economic composition of the resident population, the nature of population change and the distance of the community from major service centres.

Funding for this activity should be sought under the RHSET program with the Commonwealth establishing a steering group, including representatives of State Health Authorities, to commission and oversee the progress of activities.

5.3 Funding, coordination and integration

It has been noted already that health has a psychological and social dimension in addition to a biological one. For this reason the provision of health services extends beyond dealing only with acute and chronic diseases, and includes the need to address the broader issues of occupational and recreational activities, living conditions, and lifestyles as they impact upon the health of residents living in small rural communities.

Ensuring the provision of appropriate, accessible and adequately resourced rural health services in many small, isolated communities has proven to be impossible in the face of their inability to meet the criteria that underpin many mainstream health programs. Criteria governing health service programs often result in fragmented funding and contribute to the maintenance of health service inequities.

More flexible and innovative approaches and models of service delivery are required to provide continuity of care and a balanced mix of services appropriate to meeting local health care needs. Models that enable rural health initiatives to be funded through pooled arrangements with other programs, such as aged care, across the Commonwealth and States may ensure that appropriate health and related services are available to the residents of small, isolated rural communities. For this to occur, funding must be based on criteria relating to service outputs and outcomes rather than program regulations. Models based on pooled funding arrangements provide increased flexibility and responsiveness to local communities by enabling them to pick up or drop off particular services and deploy their workforce in response to anticipated changes in the health and related needs of the community.

Proposal 3: That subject to the first report of the multipurpose service evaluation due in March 1994, there be expansion of the flexible approaches to funding and management arrangements between the Commonwealth and States for aged care and health services in rural communities, consistent with State and Commonwealth plans.
The delivery of integrated health services minimises the problems associated with lack of co-ordination between sometimes competing discrete health services. Recognising that many other programs and services (such as housing, employment and income security, social support, community care and transport) impact upon the health and welfare needs of rural communities, considerable scope exists to ensure greater coordination of, and to establish better links between, these health-related services.

When rural health initiatives develop in different parts of the Commonwealth Department of Health Housing Local Government and Community Services, problems of duplication and inconsistency can emerge. Moreover, rural communities complain of having to deal with several separate Departmental contacts and requirements. The creation of a small Commonwealth rural health unit would help to maximise the integration and coordination of activities relating to rural health. Such a unit would:

- facilitate interaction between the community, health workers, State Governments and the Commonwealth Government;
- provide an interface between Commonwealth programs that impact upon rural health issues; and
- provide advice on policy directions and on ways in which programs might better target rural communities.

At the same time it would ensure greater permanency and consistency in rural health activities being pursued by Commonwealth and State Governments.

In developing such a unit, care should be taken:

- to ensure that actions relating to rural health issues continue as an integral part of mainstream programs; and
- to safeguard against the possibility of marginalising or isolating rural health issues.

**Proposal 4:** A Commonwealth Office of Rural Health should be established to promote the integration and coordination of the funding and provision of rural health-related services.

### 5.4 Workforce recruitment, retention, education and training

Problems of workforce shortage and maldistribution, stress, excessive turnover and low morale persist among rural health workers. Maintaining ongoing programs demonstrated to be effective in overcoming problems relating to recruitment and retention, education, training, and support for rural health workers must remain foremost among rural health objectives.

**Proposal 5:** As well as supporting action in the priority areas proposed in this report, Health Authorities should maintain momentum on
rural health activities and programs relating to issues outlined in Appendix A as the means of continuing to improve the ways that health services meet the needs of rural communities.

Some workforce issues in particular warrant specific attention. New initiatives and greater emphasis must be placed on addressing how to provide health workers in areas that are unserved, underserved or inappropriately served. Given evidence that a rural background is a major factor in determining whether a health worker returns to practise in a rural areas, it is important to investigate the scope for new initiatives as well as broadening existing programs of affirmative action relating to selection of undergraduates. Such measures:

- assist in recruiting health workers to rural areas where they are needed;
- may increase the chances of retaining them in rural locations; and
- may provide a greater guarantee of ensuring continuity of care for rural communities.

Proposal 6: The Commonwealth Minister for Health should negotiate with the Commonwealth Minister for Employment, Education and Training:-

(a) arrangements which provide for tertiary institutions, on advice of AHMAC, to base decisions about health science course intake numbers and curricula that reflect workplace requirements;

(b) the adoption by tertiary education institutions conducting health science courses targets of:
   (i) a minimum of intakes of students from rural backgrounds in undergraduate courses no less than the proportion that rural communities represent of each State's population; and
   (ii) an increase in the number of undergraduate clinical placements being in rural locations; and

(c) to fund a comprehensive evaluation of policies for undergraduate selection and rural clinical practice in order to assess their impact and effectiveness on the recruitment and retention of rural health workers.

The undersupply in rural areas of particular health workers (such as specialists, general practitioners, allied health workers and appropriately trained managers) continues to be a problem. In some rural areas, the diverse demands for health care places enormous pressure on isolated primary care workers charged with the responsibility for providing a wide range of health related services. The shortage of suitably trained specialists and GPs not only accords an expanded role and greater responsibility to some primary care workers, but also disadvantages rural residents in terms of accessibility to services.
Measures are required that increase the supply of specialists or that provide additional training for existing workers to supply services otherwise not available locally. The potential benefits of options such as increased use of mobile clinics, rural divisions of general practice, the advanced rural training year for GPs and rural rotations of health workers operating from regional group practices have not yet been fully realised.

Proposal 7: In conjunction with ongoing programs designed to recruit and retain health professionals in rural areas, Health Authorities should identify and implement specific initiatives directed towards:

(a) developing ways in which specialist medical support for rural GPs can be provided so that rural communities have improved access to services typically provided by medical specialists in major urban areas;

(b) increasing the availability of specialist medical and allied health services in rural areas;

(c) increasing the availability of suitably trained health managers in rural areas; and

(d) encouraging specialist medical colleges to take positive steps to improve the supply of medical specialists in rural areas.

5.5 Expanded roles and flexible work practices

In providing support for rural health workers, particular attention must be given to the diversity of activities which they undertake in the normal course of their duties. In areas where some types of health workers are choosing not to practise, circumstances arise in which resident rural health workers are required to provide care outside of their normal duties. Faced with major difficulties in supplying more appropriate health workers who might legitimately perform these duties, attention must be directed towards the need to formalise and possibly expand the practice roles of rural nurses. At the same time, the training programs of primary health care workers must be examined in order to ensure that they are equipped with the competencies required to cope with the diverse range of activities that they are often called to perform. A national approach to this issue that accords with State initiatives has advantages both in terms of industrial agreements as well as ensuring suitable training for health workers regardless of where they choose to practise.
Proposal 8: In relation to health professionals working in rural Australia:
   (a) action should be taken to formalise existing roles of rural nurses and Aboriginal health workers; and
   (b) pilot projects should be undertaken to assess the scope for expanding the practice roles of nurses and Aboriginal health workers in rural regions undersupplied with medical services.

This activity should be taken by the AHMAC Working Party on the Health Services Workforce in Rural and Remote Areas.

Increasing demands for health services by rural consumers coincides with limited and insufficient resources. This situation necessitates an investigation of the scope for workplace reform. The 'Best Practice in the Health Sector' Program, which addresses the need to accelerate the process of workplace reform in health sector organisations, identifies service delivery in rural and remote hospitals as a priority area. Resulting changes in workplace practice are not intended to result in any reduction of existing recurrent expenditure. Rather the goal is to enable existing services to meet the increasing and diverse health care needs of consumers more effectively as a result of innovations and changes. The need for flexibility in the way in which rural health services are provided is most acute in isolated areas characterised by small, sparsely distributed populations.

Proposal 9: Action should be taken by all Health Authorities to develop and implement innovative best practice models in order to maximise the opportunities for multi-skilling of health workers and the expansion of multidisciplinary activities.

5.6 Special needs

The measures outlined already combine mainstream health programs with a flexible approach specifically oriented towards meeting the unique health care requirements of rural areas. Adoption of these measures by health authorities will facilitate the provision of more effective health services to rural communities.

At the same time, a National Rural Health Strategy should take into account the need to target some groups with special needs. For example, while a special priority is being given to the particular health needs of Aboriginal and Torres Strait Islander communities through the National Aboriginal Health Strategy (NAHS), it is important that a National Rural Health Strategy enhances the momentum of the NAHS. This can be done most effectively by giving priority to the initiatives which are consistent with, and complementary to, the NAHS.

Proposal 10: During 1994-5, special priority should be given to improving:
   • the funding and management of health services for Aboriginal and Torres Strait Islander communities, and
   • rural mental health services.
Concurrently, there should also be improved targeting of existing services to better meet the special health needs of women, men, the aged and persons from Non-English Speaking Backgrounds in rural communities.

Rural Australia is characterised by considerable diversity in population composition, settlement patterns, environment, climate and the role of distance as a barrier to service delivery. The significance of these factors varies across rural Australia, with isolated communities in Northern Australia in particular being characterised by unique problems. In recognition of the specific circumstances and unique health needs of these communities, health care approaches require considerably more flexibility than is characteristic of traditional approaches to health service delivery.

Proposal 11: For isolated communities, including in northern Australia, there needs to be-

(a) re-examination of the Medicare funding arrangements to better meet the unique health needs of those communities;

(b) the development of funding mechanisms to facilitate a greater emphasis on primary health care; and

(c) an increase in the availability of training in public health, with Health Authorities facilitating increased participation by health occupations.

5.7 Rural health care goals and targets

Sparsely settled rural regions cannot sustain a full complement of primary, secondary and tertiary care health services. The importance attributed by isolated rural inhabitants to ambulatory care, particularly aeromedical services, is recognition of this situation.

Considerable scope exists to bring about significant improvements in the health status of rural communities by implementing effective primary health programs. This will necessitate a significant refocusing of community attitudes away from the current emphasis on curative care, towards acceptance of the need for change in the function of local hospital services and recognition of the health benefits associated with community health services. Despite the lack of suitable rural baseline data, realistic targets can be proposed as benchmarks for monitoring progress in re-orienting consumer attitudes to accepting greater responsibility for their own health.

Proposal 12: During 1994-5, special emphasis should be given by Health Authorities to utilising primary health care approaches for meeting rural health needs, and to public health programs targeted towards the early detection and prevention of health problems consistent with agreed National Health Goals and Targets.
The determination of health promotion and prevention of ill health as a priority concern in rural areas should be accompanied by a review of the Medicare funding arrangements in order to identify ways in which the arrangements could more appropriately support public health activities.

5.8 Monitoring and accountability
The importance of health outcomes for the health care system has been recognised as part of the Medicare Agreement and the development of nationally agreed health outcome measures is currently being pursued jointly by the Commonwealth and States.

Currently considerable variation in standards and approaches to common health problems prevails across rural Australia. The priorities targeted in this National Rural Health Strategy provide a core set of directions and facilitate the development of benchmarks to evaluate how well it is meeting its aim of providing optimal health for all rural Australians.

The adoption of outcome measures and indicators enables Health Authorities to monitor both the health status of the population and the performance of the system. In recommending the need to undertake this activity, it is important to recognise that:-

- health outcome indicators associated with the Medicare Agreements do not cover all rural health care services;
- the definition of desired health outcomes and investigation of suitable strategies will take some years;
- the advantages of collaboration and need to avoid duplication in health outcome indicators activity;
- insufficient time has elapsed with some rural health initiatives to gauge health outcomes; and
- the development of indicators needs to be an ongoing process, responding to changes of focus, priorities and information in health.

For these reasons, this strategy accords priority initially to the development of indicators which enable the monitoring of rural health policy implementation rather than to provide a definitive measure of program accomplishment. The process of identifying suitable benchmarks will need to recognise each State's circumstance, and allow for progress to be assessed with respect to the baseline from which each State is moving.

Proposal 13: It is suggested that AHWAC supports the development and adoption of national and local indicators for rural and remote Australia in order to:-

- measure performance in the development and delivery of services;
• measure the health status of rural and remote populations; and
• monitor health outcomes for rural and remote populations, including those for specifically targeted groups

by requesting the State/Commonwealth steering group outlined in proposal 2 to report to AHMAC on:
• the current status of indicator use and development;
• priority areas for funding of special projects to advance the development of indicators for specific rural issues; and
• targets for health status of rural and remote populations.

It is further proposed that, pending the development of indicators, an interim set of outcome measures be adopted to monitor the progress of health service performance in rural and remote areas which relate to the priorities outlined above, namely:

• regional health plans or frameworks are available to provide directions for the delivery of rural health services;
• applications for funding to pilot model health plans within priority categories have been submitted to RHSET;
• the number of multipurpose trial sites has been expanded and alternative funding models implemented;
• there is an increase in the number of rural health service personnel accessing rural health training programs; and
• there is an increase in the supply of targeted health workers and a reduction in the turnover rate of health workers employed in rural areas.
It will be necessary to continue to develop future national initiatives on a collaborative basis in order to guide the development and implementation of a national approach to rural health. The direction needed for this should be provided by the Australian Health Ministers' Conference after it has completed an annual review of progress in rural health.
Summary of proposals

Proposal 1: State and Territory Health Authorities should facilitate the development of strategic frameworks or regional plans for each of their rural regions which are consistent with National and Statewide policies and guidelines.

Proposal 2: Health Authorities should further pursue the development of frameworks, such as model health plans, for identifying needs and delivering services to rural communities. Initial attention should focus on developing models that identify the level and mix of health services appropriate for:
(a) rural communities up to one thousand residents;
(b) rural communities up to two thousand residents;
(c) small rural communities with large indigenous populations; and
(d) small rural communities located in close proximity to each other.

Among the factors such models might take into account are the social and economic composition of the resident population, the nature of population change and the distance of the community from major service centres.

Funding for this activity should be sought under the RHSET program with the Commonwealth establishing a steering group, including representatives of State Health Authorities, to commission and oversee the progress of activities.

Proposal 3: That subject to the first report of the multipurpose service evaluation due in March 1994, there be expansion of the flexible approaches to funding and management arrangements between the States and Commonwealth for aged care and health services in rural communities, consistent with State and Commonwealth plans.

Proposal 4: A Commonwealth Office of Rural Health should be established to promote the integration and coordination of the funding and provision of rural health-related services.
Proposal 5: As well as supporting action in the priority areas proposed in this report, Health Authorities should maintain momentum on rural health activities and programs relating to issues outlined in Appendix A as the means of continuing to improve the ways that health services meet the needs of rural communities.

Proposal 6: The Commonwealth Minister for Health should negotiate with the Commonwealth Minister for Employment, Education and Training:-

(a) arrangements which provide for tertiary institutions, on advice of AHMAC, to base decisions about health science course intake numbers and curricula that reflect workplace requirements;

(b) the adoption by tertiary education institutions conducting health science courses targets of:

(i) minimum of intakes of students from rural backgrounds in undergraduate courses no less than the proportion that rural communities represent of each State's population, and

(ii) an increase in the number of undergraduate clinical placements being in rural locations; and

(c) to fund a comprehensive evaluation of policies for undergraduate selection and rural clinical practice in order to assess their impact and effectiveness on the recruitment and retention of rural health workers.

Proposal 7: In conjunction with ongoing programs designed to recruit and retain health professionals in rural areas, Health Authorities should identify and implement specific initiatives directed towards:-

(a) developing ways in which specialist medical support for rural GPs can be provided so that rural communities have improved access to services typically provided by medical specialists in major urban areas,

(b) increasing the availability of specialist medical and allied health services in rural areas,

(c) increasing the availability of suitably trained health managers in rural areas, and

(d) encouraging specialist medical colleges to take positive steps to improve the supply of medical specialists in rural areas.

Proposal 8: In relation to health professionals working in rural Australia:-

(a) action should be taken to formalise existing roles of rural nurses and Aboriginal health workers; and
(b) Pilot projects should be undertaken to assess the scope for expanding the practice roles of nurses and Aboriginal health workers in rural regions undersupplied with medical services.

This activity should be taken by the AHRAC Working Party on the Health Services Workforce in Rural and Remote Areas.

Proposal 9: Action should be taken by all Health Authorities to develop and implement innovative best practice models in order to maximise the opportunities for multitasking of health workers and the expansion of multidisciplinary activities.

Proposal 10: During 1994-5, special priority should be given to improving:
- the funding and management of health services for Aboriginal and Torres Strait Islander communities, and
- rural mental health services.

Concurrently, there should also be improved targeting of existing services to better meet the special health needs of women, men, the aged and persons from Non-English Speaking Backgrounds in rural communities.

Proposal 11: For isolated communities, including in northern Australia, there needs to be:

(a) a re-examination of the Medicare funding arrangements to better meet the unique health needs of those communities;

(b) the development of funding mechanisms to facilitate a greater emphasis on primary health care; and

(c) an increase in the availability of training in public health, with Health Authorities facilitating increased participation by health occupations.

Proposal 12: During 1994-5, special emphasis should be given by Health Authorities to utilising primary health care approaches for meeting rural health needs, and to public health programs targeted towards the early detection and prevention of health problems consistent with agreed National Health Goals and Targets. The determination of health promotion and prevention of ill health as a priority concern in rural areas should be accompanied by a review of the Medicare funding arrangements in order to identify ways in which the arrangements could more appropriately support public health activities.
Proposal 13: It is suggested that AHMAC supports the development and adoption of national and local indicators for rural and remote Australia in order to:

- measure performance in the development and delivery of services;
- measure the health status of rural and remote populations; and
- monitor health outcomes for rural and remote populations, including those for specifically targeted groups,

by requesting the State/Commonwealth steering group outlined in proposal 2 to report to AHMAC on:

- the current status of indicator use and development;
- priority areas for funding of special projects to advance the development of indicators for specific rural issues; and
- targets for health status of rural and remote populations.

It is further proposed that, pending the development of indicators, an interim set of outcome measures be adopted to monitor the progress of health service performance in rural and remote areas which relate to the priorities outlined above, namely:

- regional health plans or frameworks are available to provide directions for the delivery of rural health services;
- applications for funding to pilot model health plans within priority categories have been submitted to RHSET;
- the number of multipurpose trial sites has been expanded and alternative funding models implemented;
- there is an increase in the number of rural health service personnel accessing rural health training programs; and
- there is an increase in the supply of targeted health workers and a reduction in the turnover rate of health workers employed in rural areas.
Appendix A

Rural health areas requiring on-going activity

Resource allocation
- Needs analysis (including definitions of rural and remote, real health needs, priorities, health outcome indicators);
- Funding (including pooled funding options, funding of nursing home type patients in rural hospitals, grants programs and outcomes);
- Regionalisation;
- Co-ordination (including integration of rural health interest groups);
- Inter-sectoral linkages;
- State-Commonwealth relations and joint initiatives (including regional offices, National Rural Health Unit, Rural Health Support Education and Training).

Service provision and infrastructure
- Infrastructure (including hospitals, nursing homes, retrieval and outpatient services, and housing);
- Rationalisation of services;
- Royal Flying Doctor Service/aeromedical services;
- Ambulatory care.

Workforce issues
- Recruitment and retention (including GP, Nursing, Allied Health and Aboriginal Health Worker supply and distribution, scholarships for rural secondary school students, incentive schemes);
- Rural Health Training Units;
- Education and Training (including undergraduates, curricula, skills and competencies, rural placements, continuing and postgraduate education);
- Role inter-relationships and industrial framework (including multi-skilling and best practice activities);
- Specialist services;
- Special target programs (including mental health services, Aboriginal health, aged and youth health, and the health needs of people from Non-English Speaking Backgrounds).