**JULIE McCROSSIN:** Thank you very much. Thank you. Now, what I might do, John, if I may, is I may invite Lesley to come up now with the recommendations and the communiqué, if that’s okay, and I will bring you up soon. Ladies and gentlemen, of course this whole event, as well as informing us and building relationships, is about advocacy for better rural health and the recommendations and the communiqué are what we will finally see now. Please welcome back Lesley Fitzpatrick, the convenor of the recommendations group.

**Recommendations keynote: Communiqué and Conference recommendations**

**Lesley Fitzpatrick**, Convenor, Recommendations Group

**LESLEY FITZPATRICK:** Thank you. I just wanted to let you know that we have worked on this while you’ve had your lunch and the morning session. It is still a work in progress but what you will get today from this is an opportunity to make comment but also a sense of the feel of this communiqué and of the recommendations. Now, for those of you who are aural learners I will read through the communiqué and you can read it on the screen.

Twelve hundred delegates brought to the ninth National Rural Health Conference in Albury a range of experiences and reports of health conditions throughout rural and remote Australia. For seventeen years these biannual conference have provided up to date audits of the state of health in country Australia. Only two issues have been on the agenda over the whole of that period and they remain unfinished business today.

Indigenous life expectancy is still unacceptably low and the rural and remote health sector has renewed its commitment to play its part in ensuring that Indigenous Australians have equal health status within a generation. The second ongoing and still unresolved issue is that despite significant increases in the quality of research and the fact that Australia leads the way in rural and remote health research, there is still an insufficient focus on national health research efforts on rural and remote communities.

Despite some gains the long term situation remains largely the same. There have been significant reductions in infant mortality and morbidity and mortality from infectious disease, including in remote areas, but health outcomes are still worse overall in rural and remote Australia than in the major cities. Workforce shortages are worse in rural and remote areas. There is still a higher incidence of health risk factors and despite technical change the provision of health services in rural and remote areas is still more costly.

The conference had a focus on two issues compounding this general situation. The first is a serious and widespread drought and the prospect of further impacts from long term climate change. The second is the uncertainty and opportunity created by efforts to reform the Australian health care system. Workforce issues were also in the spotlight at the conference. Despite assertions to the contrary, the general situation for the rural and remote health workforce has not improved.

In many areas, existing professionals are busier than ever and feeling threatened both by their own advancing age and the demographic shift which is increasing the demand on their services. The new epidemic of chronic diseases requires greater co-ordination of the full range of health professionals, some of whom are simply not available in rural areas. The capacity of people from more remote areas to access specialist services is limited by dysfunctional and poorly paid patients’ travel and accommodation schemes.
On the other side of the ledger, many of the concurrent session papers and some of the keynotes highlighted the fact that rural and remote areas are home to some of the most innovative and successful multi-disciplinary health services. Delegates at the conference again express the hope that once established and evaluated these successful programs, tailored as they are for specific areas, can find sustainable support and not be required to be accountable to a number of funding bodies.

The conference had some focus on how mental health in rural and remote areas could be improved, especially given the new impacts of the current drought and water shortages. Some modest national and local programs for mental health in rural areas have been established but the main game in this area is to ensure that rural communities receive their 30 per cent fair share of the $1.9 billion committed by the Commonwealth for mental health and of the matching resources provided by the State and Territories.

A range of new research proposals relating to rural and remote health was reported by delegates and the NRHA intends to continue its work to have the national health research agencies carry out a fair share of research on rural issues and in rural areas. A statement of principal on Indigenous health based broadly on the open letter to the Australian people published in December 2006 was endorsed by conference delegates.

The NRHA was charged by delegates with the task of developing some concrete action steps for the rural and remote sector which can contribute to this critical national agenda and report to the sector on progress with that action. The conference condemned the decision announced during the week for the Commonwealth to stop its commitment to resource the construction of housing in remote Indigenous communities.

The conference included a wide range of exceptional arts in health activities curated by Murray Arts under the leadership of Chris Pidd. People attending these biennial conferences are now at the forefront of those who have experiential evidence of the value of arts in health as a means of communication, community development and therapy. They endorsed a strong recommendation that arts in health should be funded by health agencies as well as arts agencies and have asked the NRHA to play a leadership role in lobbying on this.

In a busy and productive week in Albury those at the conference considered both high level national initiatives as well as practical local programs. The sector is concerned that there be a new strategic plan for rural and remote health when the current one lapses at the end of June 2008. Programs to enhance recruitment and retention to the health workforce were also debated and it was agreed that more should be done to extend to nursing, allied health and dentistry in particular the approaches successful for rural medicine. These include setting targets for rural intakes in Schools of Health Sciences, rural placements at undergraduate and vocational training levels and an appropriate system for remuneration and support.

A highlight of the conference was the participation of 300 students of medicine, allied health and nursing. It provided much of the expected energy and hope for the future. Through their attendance at the conference, these health leaders of the future have seen more evidence of the value of talking and working in a multi-disciplinary and collaborative fashion.

A set of over 200 recommendations has been generated and all of them will be published immediately on the NRHA’s website. A priority set of 18 recommendations is attached. These will inform the immediate agenda for organisations in the rural and remote health sector, including the NRHA.
And John Wakeman, chairperson of the NRHA, is going to say in the closing session, that the task of working for sustained good health in rural and remote areas continues. Says John, “We have come a long way but the nature of the job at hand changes over time. This conference has been a major opportunity to clarify the most urgent steps we need to take and this year provides us with a major opportunity to claim our rightful place on the political agenda and continue the job.

So, that is the communiqué and we will be sending that out to the press and it is already on the conference noticeboard and has been there since about fifteen minutes ago, I think.

Can we now go to the recommendations. What we have done here, and I think what I will do—and you’re probably sick of my voice—is I will put them up there and we have edited these where we can to include some suggestions but I can read through them if you would prefer.

**JULIE McCROSSIN:** Maybe we will alternate reading just for the variety of voice. The aim is so that everyone hears what is coming out. Is that okay?

**LESLEY FITZPATRICK:** Yes, that’s right.

**JULIE McCROSSIN:** So, I will do one and you do two, is that okay?

**LESLEY FITZPATRICK:** Okay.

**JULIE McCROSSIN:** 1. The Federal Government should immediately invest substantial funds in research to establish the impacts of the current drought and water shortages on rural community and family wellbeing. Such research would be the basis of new interventions to support community resilience and adaptive human behaviours and will help prepare rural and remote Australia for the consequences of global warming.

**LESLEY FITZSPATRICK:** 2. The second one has been altered based on a few suggestions. Because workers such as those in agricultural support roles, rural financial counsellors, rural lands protection board staff, Department of Primary Industry staff and other rural human service workers, such as police, teachers and clergy etcetera, are the first point of contact with people experiencing mental health problems, they should be provided by State government agencies with structured support and development programs including mental health, first aid training and should have formal links with mental health services at local and regional levels.

**JULIE McCROSSIN:** 3. The Australian Primary Health Care Research Institute needs to be funded to research, monitor and measure the acuity and outcomes for patients with an acute mental illness who are treated by GPs in the general beds of rural hospitals. This will provide the basis for planning to ensure that people with a mental illness in rural areas receive care equal to that received by patients in metropolitan areas.

**LESLEY FITZPATRICK:** 4. Delegates at the 9th National Rural Health Conference endorsed the statement of principle on Indigenous health agreed at the workshop on 7 March and charged the NRHA to work with community and expert involvement to revise the action plan for equal health for Indigenous people within a generation. The action plan developed will require new targeted funding from a range of governmental, private sector and community agencies. Delegates asked NRHA to monitor progress with this rural action plan and to provide a report on it at the 10th National Rural Health Conference.

**JULIE McCROSSIN:** I don’t mean to interrupt but because their generations are about seventeen years less—

**LESLEY FITZPATRICK:** Yes, we don’t have much time.

**JULIE McCROSSIN:** – you’ve got to hurry up.

**LESLEY FITZPATRICK:** Yes.
JULIE McCROSSIN: Fine. 5. Given the critical importance of infrastructure in determining health and quality of life for Indigenous people, delegates to the conference condemn this week’s announcement that the Community Housing Infrastructure Program will no longer be available for building housing in remote Indigenous communities.

LESLEY FITZPATRICK: 6. There is substantial evidence that arts activities are valuable as a means of communication of health messages, as health promoting community development activities, and as therapy. Commonwealth and State health authorities should therefore have substantial budget line items for arts in health programs, including those that are already established and shown to be effective. In addition, the Australia Council should create a new program especially for arts in health.

JULIE McCROSSIN: 7. The Department of Education, Science and Training and the Department of Health and Aging should develop budget weightings for universities, including university departments of rural health, to boost curriculums and training programs that are modelled on inter-professional education for health practitioners. This approach should also be taken by State governments in relation to training undertaken within the hospital setting. We’re up to number 8 and there’s 10 after this.

LESLEY FITZPATRICK: 8. There needs to be a collaborative effort by Governments and the rural and remote health sector to develop and agree on a successor to Healthy Horizons for the period after 2007. The National Rural Health Alliance should take a lead for the rural and remote health sector in negotiation on this matter.

JULIE McCROSSIN: 9. Evidence shows that for undergraduate and vocational training of health students from both country and city areas, a well supported rural placement increases the likelihood of practice in a rural area. It is recommended that the Departments of Health and Aging and Education, Science and Training work together to develop a placement program that is co-ordinated, supported by adequate physical and educational infrastructure and which allows students to undertake placements in their local region or the area where they plan to practise.

LESLEY FITZPATRICK: 10. This next one, on the Clinical Oncological Society of Australia, is more or less the same. The only change is that we haven’t put a population number so these would provide services for aggregated populations. We haven’t claimed that to be 200 000 and the basis for a network so we don’t really need to go into that.

JULIE McCROSSIN: 11. Instead of continually devising new service models, State and Commonwealth Governments should instead provide sustainable, ongoing funding to programs that have been trialled or piloted, once they have been evaluated and shown to be successful.

LESLEY FITZPATRICK: 12. Now, this one is also the same as before. We haven’t changed number 12 and we haven’t changed number 13 or number 14 or number 15. Number 16 is new. Would you like to read that, Julie?

JULIE McCROSSIN: 16. Given the lack of uniformity and the increasing cost to health and community service agencies of obtaining police checks for workers, the NRHA is asked to work with other bodies to investigate what approaches could be made to reduce the associated complexity and cost.

LESLEY FITZPATRICK: 17 is also new. The Regional Health Services Program is part of the Rural Health Strategy which provides some of the key Commonwealth programs especially targeted to rural and remote areas. Conference delegates call on the NRHA to be involved with the Commonwealth in evaluation of the programs in the Rural Health Strategy in order to increase their effectiveness and sustainability and their commitment to a primary health care approach.

JULIE McCROSSIN: 18. Conference presentations have emphasised the fact that there are currently changes in the structure and operation of health services at all levels. This makes it even more important that managers of health systems engage genuinely with rural and remote people. This citizens engagement needs to be properly resourced. In effect, the more remote the area the higher the costs of community consultation.
LESLEY FITZPATRICK: Thanks, Julie. So, that is the 18 recommendations we have to date. As I said, there are still others to go through but you can probably see that there are a mix of issues and a mix of recommendations with various focuses at various levels of government, and some that are focused on those of you who are clinicians and the way you are going to work back locally. Would people like to make any comments or do you have any concerns about any of those recommendations that you’d like to bring up, you know, for the group to provide feedback on.

JULIE McCROSSIN: And what I will do, we have twelve minutes so if it’s all right, I will gather the comments and then if there is any follow up required I will ask you to see Lesley over to the side of the room because we obviously won’t be able to resolve everything. So, if people could only speak if it is something concrete and pertinent. Your name and we’re you’re from?

AUDREY MIRADE: Audrey Mirade, Sydney Uni. On placements it says “Support for university students.” I am a nursing student and my university does not have compulsory rural placements. I think we also have to add that we have to support the clinical facilitators to go with them because at the moment we have voluntary facilitators who would go out to the country and facilitate the clinical placements. So, we need to fund for facilitators as well as students.

JULIE McCROSSIN: Thank you. Your name and where you’re from?

ALISON: Alison, from Outlook at Melbourne Uni. I just felt in number 2 it would be really important for us to add in people at risk of mental health problems because it’s usually those people in a high risk situation that are, you know, reaching out to police and financial counsellors and the like.

JULIE McCROSSIN: Are there other hands here that I didn’t see? No. Can the others who are waving at me just move into the far corridor just to make it more efficient for me to get to you, if you wouldn’t mind. Thanks, your name and where you’re from?

BRONWYN McNAMARA: Bronwyn McNamara from the Chiropractors Association of Australia. It may seem like semantics but in the top one I know this morning that we actually added in about the water. Where we’ve got consequences of global warming, we probably should also just actually write, “and climate change,” because climate change actually covers the whole thing at the very end.

LESLEY FITZPATRICK: The recommendations group redrafted it and we did include that but when we read it carefully and thought about what we were trying to do, what we were looking at was research into current drought and water shortages. We actually thought the Alliance being involved in research around the climate change was probably a little bit too broad but we will take that on board in terms of the way that that has been drafted. But we did make that response and—

BRONWYN McNAMARA: And the other thing was that I was wondering the one where we talked about the allied health professionals and dentists, because I know that’s considered separate probably to the allied professionals, is there any possible way we can actually the word “chiropractors” in there? We are considered allied health professionals and we’re listed on all the documents and all the legal stuff but when it comes to actually the practical inclusion, it is not really happening and that’s mainly because we work in the private sector.

But that doesn’t mean that we’re not interested and it means the services that we can provide are probably effectively being overlooked and they’re quite unique to the other allied health professionals.

JULIE McCROSSIN: Thank you very much, Madam Chiropractor. Do you want to come, sir?
MR …: It might be a bit of a moot point, but also in terms of recommendation 9, the Department of Health already funds rural clinical schools and UDRHs to do those things, so by implication it is suggesting that they’re not doing them. So, if the recommendation could be adjusted to suggest something in effect to build on or to develop in areas where there are already not programs, I would be most happy about that.

JULIE McCROSSIN: Thank you for that. Anyone else on this side, before I go to the other side? Sabina, are you wanting to say something? Can you move to the middle?

SABINA: Thanks, Julie. I was just wondering in fact if we—I think we’ve arrived at it at this conference, you know, seventeen years later. We don’t need to list out the professions. I think we need to be inclusive and just say, “rural and remote professions”, so we get away from the student list that may or may not be here and the professional list but may or may not be here.

Recommendation, number one, Lesley, in quite a few discussions I have had around here and some of the papers—they’re talking about the consequences of climate change and water shortage but also globalisation of markets and I think we need to include that to show that we’re in touch with what is happening in the rural community.

JULIE McCROSSIN: Thanks. Jess?

JESS TURNER: Can I please make a suggestion?

JULIE McCROSSIN: Just say your name and where you’re from.

JESS TURNER: Jess Turner, OT student from the University of South Australia. Can we re-word—I think it’s brilliant that everyone’s embracing multi-disciplinary approach. Can we make it inter-disciplinary because multi is everyone on their own. Inter-disciplinary is everyone working together.

JULIE McCROSSIN: I’ll leave that with the team. I love to talk about individual words. I do, yes.

BRENDA McLEOD: I’m Brenda McLeod and I’m from NSW Health. Getting back to that number 9, I think the other issue about that is that yes, we have those facilities but they are by and large restricted in how efficient and effective they can be because they tend to be locked into partnerships with only one university or perhaps when UDRHs are funded and clinical schools are funded by the Commonwealth.

So, they shouldn’t be locked into single partnerships with specific universities, they should be available for students from all universities who come to that region and they should be available for students from all health professions that come to train to that area and not just doctors. And I am not bashing doctors but that is just the way it is.

JULIE McCROSSIN: Thanks for that comment. Any other comments? I am not looking for you to get up but I just don’t want to miss anyone. Thanks, Lesley.

LESLEY FITZPATRICK: What I would like to say now is that I’d like you to indicate, I guess by clapping, whether or not the recommendations that we’ve captured—that you have a sense of comfort with the way they’re framed and the process that we have gone through to get to this point. I know that many of you have individual passions and specific recommendations and, as we’ve said, they won’t be lost, they will be on the longer list.

But we have got to hone it down so that we’ve got something to use with the press and the politicians and so this is the list we have come up with based on what has come from you. So, I just need to know about your level of comfort with the process and whether you’re happy with the team’s work and what we’ve done so far. And, as I said, we will take on board what you’ve said now and other ones coming in and refine this and we might end up with 20 but that would probably be as many as we can accommodate.
JULIE McCROSSIN: So, is it possible to just simply say, could I have a show of hands of those people who are in broad agreement with both the content and the process? Could you raise your hand if you’re in broad agreement. Thank you. Now, is it wrong to say raise your hand if you’ve got a problem?

LESLEY FITZPATRICK: Yes, why not.

JULIE McCROSSIN: That was obviously the majority, the vast majority of the room. If you have a significant problem I think it would be good to come and see Lesley ASAP because they will want to try and address it but I think I can safely declare that 95 per cent plus of these people are quite happy with that. Is that okay? Yes.

LESLEY FITZPATRICK: And thanks everybody for your involvement and commitment to this process. I have been involved in the National Rural Health Conference for quite a long time and making the most of the investment of your time and expertise to get some sort of enduring legacy that is taken forward over the next couple of years has been a strong focus of my involvement with the Alliance because I think from you we get ideas and wisdom.

And not only that, because you’ve been involved with that we’ve got a little army of people out there that are going to help in the implementation process of getting things happening on the ground and advancing change. So, thank you very much for your commitment and I’ll perhaps see you in two years’ time. Thank you.

Presenter

Lesley Fitzpatrick is General Manager of Medical Education for General Practice Education and Training Ltd (GPET). Lesley provides educational oversight and strategic development for Australian General Practice Training (AGPT), which delivers vocational training in general practice and rural medicine via 22 Regional Training Providers (RTPs) throughout Australia. Lesley is a health sociologist. She has worked for many years in the area of the vocational preparation for health professionals (particularly for rural and remote area practice). She has extensive experience in management, strategic planning, research, program planning, policy development, community development and political advocacy. Lesley has worked in many contexts and with a broad constituency, including community groups, bureaucrats, academics and service providers. She has worked as a consultant in organisational development and has held senior and executive management positions in the education and welfare sectors. Lesley has a doctorate in education and a Master degree in health sociology. She is a Fellow of the Sir Gustav Nossal International Fellowship for Leadership in Health Reform and has been a participant in many peak sector, state-wide and national fora and planning groups. Lesley has used these opportunities to contribute to public discussion on health and equity issues and to participate in the development and re-orientation of policy and structural issues in the health sector.