

Rural and Remote Health

2001

Good health outcomes for people living outside urban areas are jeopardised because of their significant disadvantage in accessing timely and comprehensive health care. One major exacerbating factor is the difficulty in attracting and retaining doctors, both GPs and specialists.

There is a need to move with urgency to re-establish the infrastructure necessary to sustain viable communities so that the systems to maintain comprehensive health care delivery are not further jeopardised. Commonwealth and State government policies on deregulation have resulted in rationalisation and centralisation of community services, exacerbating problems of access to non-metropolitan health care. Technological and support facilities have been reduced and many small country hospitals have closed, greatly decreasing practice opportunities for both specialists and general practitioners. Consequently, appropriate treatment choices for patients are even more limited.

E-health systems will assist in reducing isolation and providing valuable resources to underpin clinical decision making and educational programs. Information and communication technology facilitates closer collaboration between country and city doctors and provides a mechanism, through tele-health mechanisms, to allow 'real time' support for isolated practitioners.

Improved health delivery and a viable medical workforce in rural/remote areas will be the result of improved planning at all levels of Government in collaboration with the profession and other stakeholders. There is an urgent need for a co-ordinated approach involving improved education and training, greater local community support, increased incentives, better work conditions and health informatics infrastructure:

AMA Position

- Education and Training initiatives: early exposure of school students to rural medical practice; rural origin scholarship schemes; university enrolment practices which increase the number of rural medical students to reflect the proportion of rural people in the Australian population; early and continued exposure for medical students to rural practice; access to ongoing and appropriate continuing medical education; preferential access to specialist training for doctors who have completed a period of rural service.
- Local community support and incentives for rural doctors, their spouses and families: education for prospective rural medical practitioners about the community; opportunities for short term tenures which may be facilitated by the Commonwealth Government purchase of the house and practice, and subsequently maintained by the local community.
- Working conditions (clinical and financial) and incentives: appropriate remuneration reflecting the cost and complexity of rural medical practice including relocation grants and retention payments; better locum schemes; mentor support from experienced doctors; provision of equipment and other facilities for service delivery; support of female rural doctors to practice in ways which reflect their multiple roles, including the acceptance of flexible working hours and training courses.
- Systematic introduction of infrastructure to enable full use of health informatics in the rural health system. Advances in information and communication technology now allow for the establishment of innovative 'distance-networks' of practices which could facilitate efficiencies and professional advantages. A common management structure would facilitate shared organisational and staffing arrangements, provision of a forum for professional exchange on clinical matters and continuing education issues and the ability to utilise economies of scale.

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