IMPORTANT ISSUES FOR REMOTE HEALTH IN 2016

*CRANAplus is the only organisation solely representing
all remote and isolated health professionals in Australia.*

The Givens:

Remotely located Australians suffer a much greater burden of disease than other Australians.

The Context:

Health professionals working in remote Australia work in some of the most geographically, professionally and socially isolating environments in the world. This requires them to be resourceful, have an advanced scope of practice, as well as public health knowledge and skills to work cross culturally.

Who are they?

Nurses, doctors, allied health professionals and Aboriginal and Torres Strait Islander health practitioners/workers.

Where are they?

They work in Aboriginal and Torres Strait Islander communities, farming districts, on-and-off shore mining, tourism, Antarctica, on islands, in detention centres, justice health, aeromedical and small remote towns often with highly mobile populations.

IMPROVING HEALTH STATUS

The following is a list of priorities that will improve the health of remote Australians.

1. **The Social Determinants of health** are the causative factor of poor health outcomes for remote and Indigenous Australians and therefore:

   o All health debate should occur in this context.

   o A whole of government and whole of society approach should be used to resolve it.

2. All remote women have **access to contemporary, evidence based models of maternity care** regardless of where they live. This includes:

   o Continuity of care by a known Midwife, including during birth.

   o Progressing the 'Birthing on Country' agenda.

   o Developing and evaluating low risk birthing centres for women who choose to birth where they reside.

3. All remote consumers have a right to access **an appropriate level of emergency care**, provided by clinicians who are educated to a national standard.

4. **Remotely located elderly people receive adequate access** to aged, disability and end of life services. This includes:

   o Significant resourcing to develop innovative models of care; and

   o The growing burden of dementia.

5. Remote communities are funded to have their **water supply fluoridated** as a matter of priority, as well as **increased access to oral health services.**

6. Affordable, **high-speed Internet** connectivity is a high priority for remote areas.

7. **The resourcing of, and access to, health services** must be based on local community needs, disease prevalence and population health planning in collaboration with relevant local stakeholders.

IMPROVING THE WORKFORCE

The following priorities will improve the remote health workforce in Australia.

1. **The model of health care in remote Australia is different.**

   o Remote health professionals use a **comprehensive primary health care** approach.
   o Investment is needed to educate the remote workforce in this model.
   o **The remote nursing workforce** is usually the consistent primary provider of healthcare, due to a lack of private GP led models of care. This includes coordination and case management.

2. Investment and initiatives are required to **increase the remote Aboriginal and Torres Strait Islander health workforce.** This includes:

   o Significant investment and support to improve the numbers successfully completing Nursing, Midwifery, Allied Health and Medicine.

3. **Cultural safety and cultural respect** education is embedded in all aspects of remote healthcare from novice to advanced practitioner.

4. **Racism is identified, not tolerated** and eliminated from all work locations.

5. **Sole clinical posts** in remote and isolated locations are not supported for any discipline, as they can be unsafe for patients and clinicians. Therefore a supportive structured plan is required to remove sole posts or mitigate this risk.

6. **Zero tolerance for violence and aggression** towards the remote health workforce. Each location must have robust structures, polices and systems to ensure a safe workplace.

7. **Remote area nursing should be recognised as a clinical specialty**, and assessed against a nationally consistent standard for remote nursing practice.

8. Initiatives to **grow the future remote health workforce** should include:
   o Students being able to access **funded remote clinical placements.**
   o Novice practitioners being able to access remote **employment opportunities.**
   o Widely available and well-resourced **Mentoring programs.**
   o Funded vocational training scheme for remote nurses.

9. Investment is provided to **educate and prepare** remote health **managers and leaders** through structured programs, in an effort to improve retention of the workforce.

10. **Dedicated executive roles and advisory forums are identified** to ensure senior clinicians have input into strategy and policy in an effort to improve the safety, quality and management of health services.

11. **Expansion of Tele-health and Tele-medicine** in remote areas to enhance collaborative practice amongst the remote health team and reduce travel cost for remote consumers

REGULATORY CHANGES REQUIRED

1. **State and Territory legislation and health service policies are reviewed** to enable the remote health professionals to practise to the full scope of their training and experience. With unnecessary barriers being identified and removed.

2. **Access to the MBS and PBS is reviewed** and amended to better reflect the actual workforce breakdown and functions of the workforce in remote and rural Australia.

3. All courses that **authorise the administration of immunisations** need to be nationally consistent and facilitate the workforce to practise across jurisdictions.