THE PRIORITIES FOR REMOTE AND ISOLATED HEALTH IN AUSTRALIA

CRANA plus
improving remote health

CRANAplus is the principal organisation representing remote and isolated health professionals in Australia. We are a member based, not-for-profit organisation.

For nearly 40 years we have been providing education, support and professional services to the remote health workforce of Australia.

Our vision is to be the leading experts in remote and isolated health.

THE GIVENS

People living in remote and rural Australia suffer a much greater burden of disease and poorer health than their metropolitan counterparts.

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 a broad scope of practice, use a comprehensive primary health care approach, have public health knowledge and the skills to work cross culturally.

WHO ARE THEY?

Nurses, midwives, doctors, allied & oral health professionals along with Aboriginal and Torres Strait Islander health practitioners / workers.

WHERE ARE THEY?

They work in Aboriginal and Torres Strait Islander communities, farming districts, on & offshore mining, tourism, defence, 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 people living in remote Australia.

1. The **Social Determinants of health** are a significant causative factor of poor health outcomes for those living in remote Australia, particularly for Aboriginal and Torres Strait Islander people. Therefore:

   - All health debates should occur in this context.

   - A whole of government and whole of society approach is required to remedy this problem.

2. The **inequalities experienced by Aboriginal & Torres Strait Island people** must be addressed to close the health and life expectancy gap, remove health disadvantage and eliminate racism.

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

   - Continuity of care by a known midwife.

   - Equitable distribution of maternity services.

4. All remote consumers have a right to access safe, quality **emergency care**, provided by clinicians who are educated to a national standard.

5. Remotely located older people have appropriate access to quality **aged care services**. These includes:

   - Significant resourcing to develop innovative models of care and to support active ageing and quality of life.

   - Provision be made to address the growing burden of dementia.

6. Remote communities are funded to have a sustainable fluoridated **water supply** as a matter of priority, along with **increased access to affordable oral health services**.

7. Affordable and reliable **high-speed Internet** connectivity is a high priority for remote areas.

8. 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.

9. **Climate change** imposes significant public health risks to remote communities requiring the development of proactive and responsive policy changes across Australia.

10. Acknowledge the impact of **marginalisation** on the health of people with disabilities, the LGBTI community and other minority groups.

11. **Palliative care services** – those living in remote communities should have access to contemporary, supportive palliative care services.

IMPROVING THE WORKFORCE

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

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

    - Remote health professionals use a comprehensive primary health care approach. Greater investment is needed to educate the remote workforce in this model.

    - Need flexible models of service delivery in the remote context.

    - The remote nursing workforce is often the consistent primary provider of health care, including coordination and case management, due to a maldistribution of medical workforce.

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

    - Significant investment and support to improve the numbers successfully completing Nursing, Midwifery, Aboriginal & Torres Strait Island Health Practitioner/Worker, Allied Health and Medicine training.

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

15. Zero tolerance for **racism**. It is identified and eliminated from all work locations.

16. **Sole clinical posts** in remote and isolated locations are not supported for any discipline.

17. Safety and security of the workforce is paramount. Each location must have robust infrastructure, polices and systems to ensure a **safe and secure workplace and accommodation**. Particular attention must be given to ensuring the safety of the on call, after hours workforce.

18. Remote area nursing should be recognised as a **generalist profession** and assessed against a nationally consistent standard for remote nursing practice.

19. Initiatives to **grow and retain the future remote health workforce** should include:

    - Nursing students being able to access funded remote clinical placements, including assistance with travel and accommodation.

    - Novice practitioners are able to access remote employment opportunities with adequate support and resources.

    - Widely available and well-resourced mentoring programs.

    - Certification process to validate safe, quality remote area nurse practice.

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

21. Investment to support remote nurses, midwives and allied health professionals to **lead and deliver action-based research** to improve patient outcomes.

22. Continued roll-out 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. Continued support must be provided on the ground for training and education of the user.

23. Acknowledge the contribution **rural nurses** make towards sustainable health services in our country towns.

REGULATORY CHANGES REQUIRED

24. Commonwealth state and territory legislation and health service policies are reviewed to **remove barriers** that prevent remote nurses, midwives and allied health professionals to practice to their full scope.

25. **Access to the MBS and PBS is reviewed** and amended to better reflect the actual workforce breakdown and delivery of primary healthcare in remote and rural Australia.

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