

The Medical Journal of Australia • MJA

MEDIA RELEASE

NATIONAL RURAL/REMOTE HEALTH STRATEGY: NOW MORE THAN EVER

EMBARGOED UNTIL 12:01am Monday, 25 February 2019

DESPITE 25 years of evidence, “risk-averse governments” have not formulated a cohesive national rural and remote health strategy, according to the authors of a Perspective published online by the *Medical Journal of Australia*.

Professor John Wakerman, Associate Dean of Flinders Northern Territory in Darwin, and Emeritus Professor John Humphreys, from Monash University’s School of Rural Health, wrote that the lack of progress in improving rural and remote health outcomes was largely due to a “lack of an overarching strategy that draws on available evidence to guide its development, implementation and evaluation”.

“Despite this considerable evidence of what works well and where in rural and remote communities, risk-averse governments have been reluctant to formulate a national strategic framework, preferring a patchwork of political responses, mostly without rigorous evaluation of their effectiveness,” wrote Wakerman and Humphreys.

“Extant evidence shows how to ensure an appropriate workforce and maximise access to viable, high quality, affordable, comprehensive primary healthcare services that meet community needs. This evidence provides the basis for informing the [five] key policy pillars of a national rural and remote health strategy.”

Those pillars, they suggested, are:

- an integrated rural training pipelines for non-medical health professions, together with an effective, flexible, bundled retention strategy, in order to prepare and retain a fit-for-purpose workforce;
- the diversity of rural and remote Australia needs to be reflected in an agreed set of core services that all communities should be able to access locally, agreed practice principles governing effective visiting services to communities lacking in situ services, a range of models appropriate for specific contexts, and a regional governance approach to optimise service coordination and integration;
- sustainability of rural and remote PHC services is underpinned by adequate funding, including for workforce support; efficient financing mechanisms; good governance, inspirational leadership and effective service management; adequate physical and information technology infrastructure that enables ongoing monitoring and assessment of performance and quality; and service coordination;
- a national, needs-based funding mechanism; and,
- substantive community input into all aspects of the planning and provision of PHC services through regional governance structures, which take into account existing Aboriginal community-controlled governance structures.

“Longstanding problems of workforce shortages and maldistribution, difficulties with recruitment and retention, and inadequate access to, and availability of, appropriate services persist,” wrote Wakerman and Humphreys.

“These contribute to the poor health status of many non-metropolitan Australians, especially Aboriginal and Torres Strait Islander populations, despite the fact that governments spend millions of dollars annually on specific rural and remote health programs.

“Using available evidence, a national strategy can improve access to high quality, comprehensive primary healthcare in a way that results in greater efficiency, improved equity and more effective service provision that will bring about improved health outcomes in rural and remote areas,” they concluded.

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