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Office of the National Rural Health Commissioner

Concepts in rural and remote practice

WA Rural Health Conference - Elevating Care in the Outback

National Rural Health Commissioner

Adj. Prof. Ruth Stewart

16 March 2024

Acknowledgment of Country

I acknowledge the Traditional Custodians of the land, the Whadjuk Nyoongar peoples, on whose land we are joining today.

I pay my respects to the Elders of this land, sea and waterways, ancestors who have come before us and those who are with us and guide us today.

I would also like to acknowledge emerging leaders within our communities.

I extend my respect to all Aboriginal and Torres Strait Islander people here today.

Summary

- About the Office of the National Rural Health Commissioner
- Rural and remote health status
- Geographic narcissism
- Rural training & Rural Generalism
- Multidisciplinary team care
- Culturally safe practice and addressing racism
- Clinical courage
- Vision for rural health services

Role of the National Rural Health Commissioner

Deputy National Rural Health Commissioners

Support the Commissioner in achieving goals

Provide expert advice in their disciplines

Engage with rural, regional & remote stakeholder groups

@DrFayeMcMillan

@NowlanShelley

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Rural and Remote Health Status

Health conditions prevalence in Australians

Australian Institute of Health & Welfare (2023) reported that compared with metropolitan, rural & remote populations have:

- poorer health outcomes
- higher rates of arthritis, asthma and diabetes
- higher rates of hospitalisation, deaths, injury
- poorer access to, & use of, primary health care services

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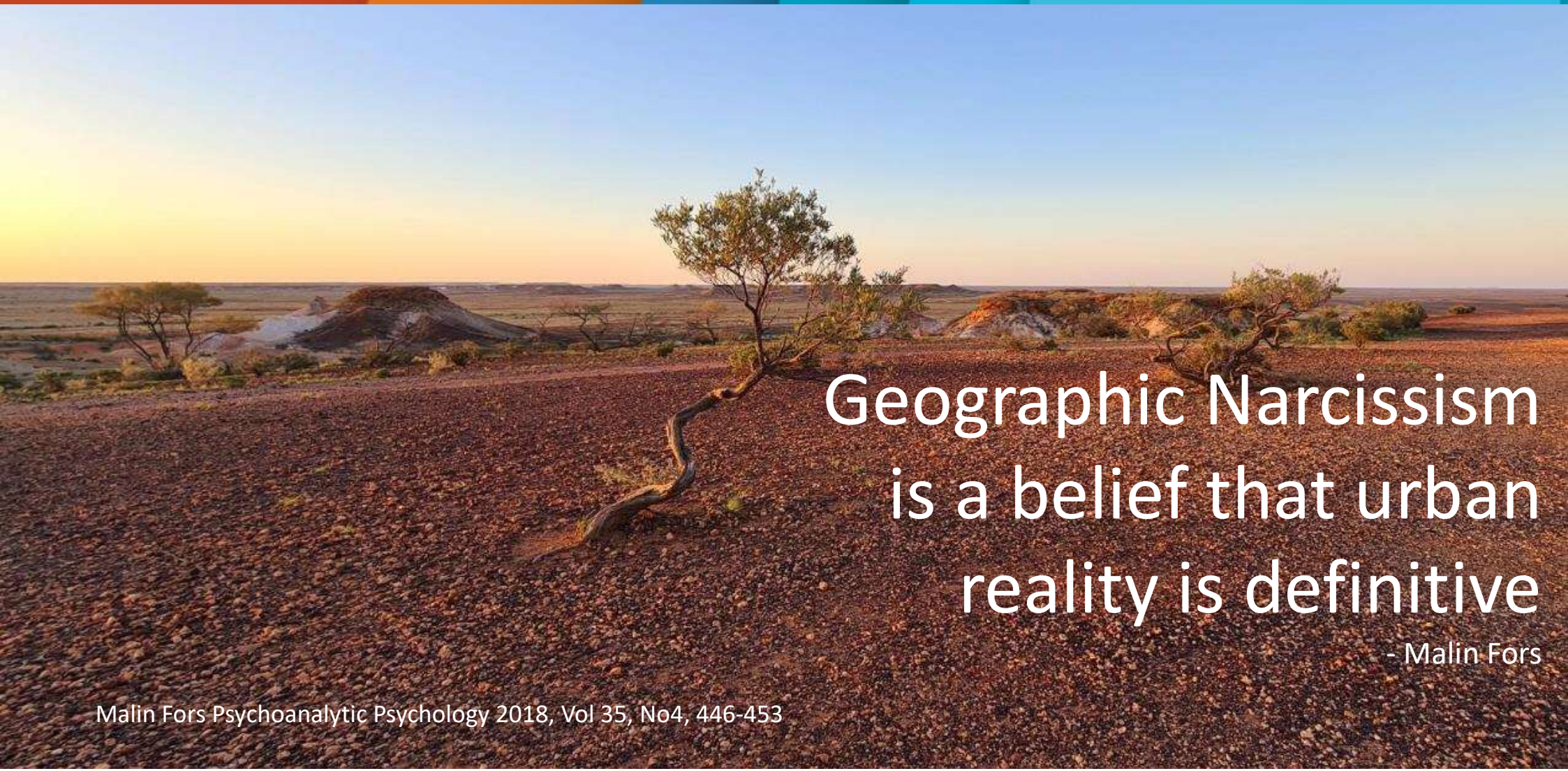
Geographic Narcissism

Geographic Narcissism



Malin Fors Psychoanalytic Psychology 2018, Vol 35, No4, 446-453

Geographic Narcissism

Geographic narcissism & health system design:

It is assumed that the
“gold standard” in urban design

is necessarily the
“gold standard”
in rural design

Geographic Narcissism is:

Health & medical training opportunities that are city-centric offering little experience of rural/remote

The assumption: “best training” equips doctors to work anywhere…… & “best” training is city training

BUT city trained doctors are ill equipped to work in rural areas & rarely leave the city

Geographic Narcissism is:

Models of care designed IN cities FOR cities applied in rural

The gold standard for Stress electrocardiograms is to have a Cardiologist present at the treadmill during the exercise test

Try finding a cardiologist to run exercise stress testing in a small rural hospital……..

Geographic Narcissism is:

Complex funding systems designed for urban, high-density populations trying to run in rural towns

In one privately self-employed rural physiotherapist's day they need to access multiple funding streams – drowning in red tape

Scott,A. (2021) The evolution of the medical workforce. Melbourne Institute: Applied Economic & Social Research.

Challenging conventional urban design principles

- Rural Training
- Rural Generalism
- Multidisciplinary team care
- Co-design with community

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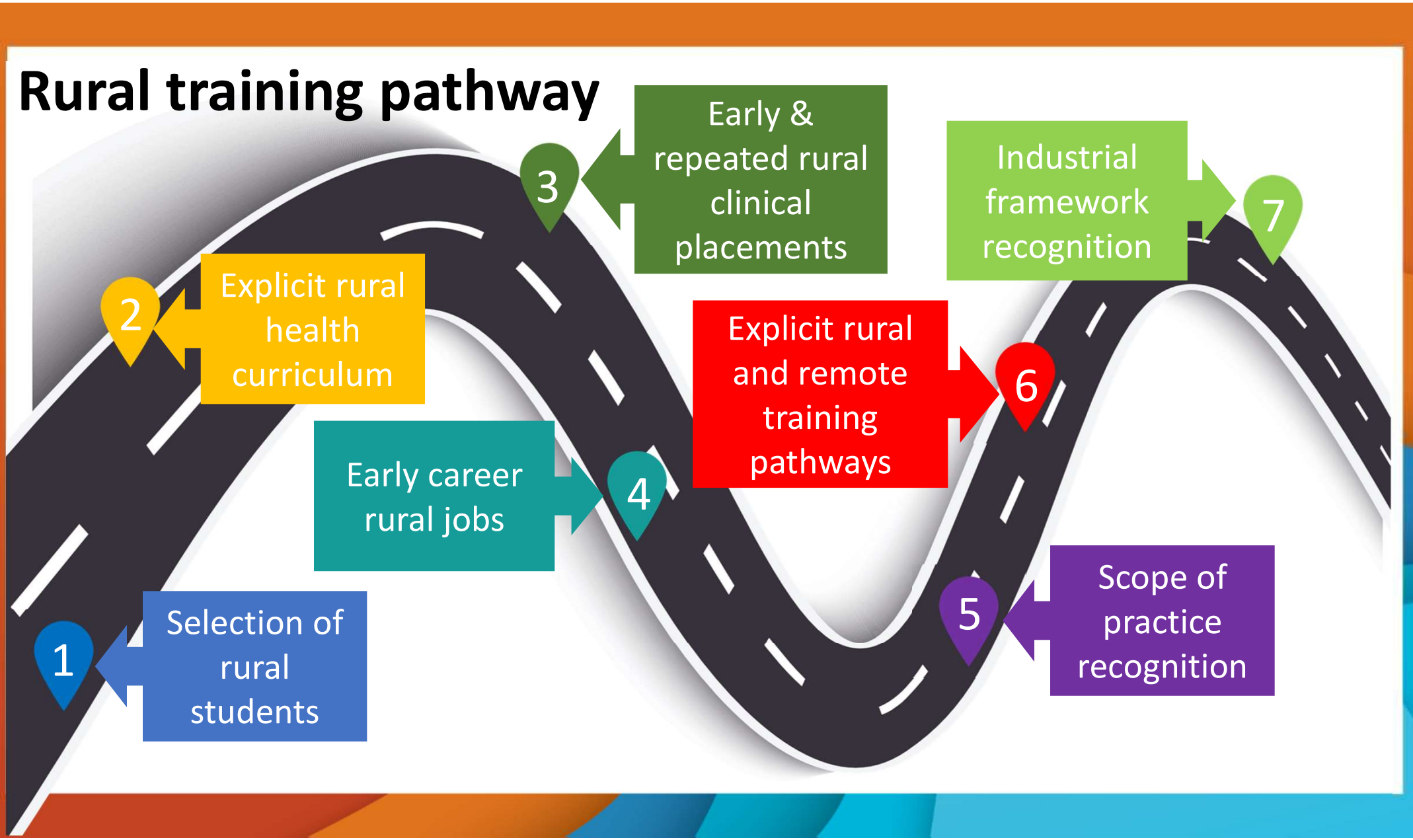
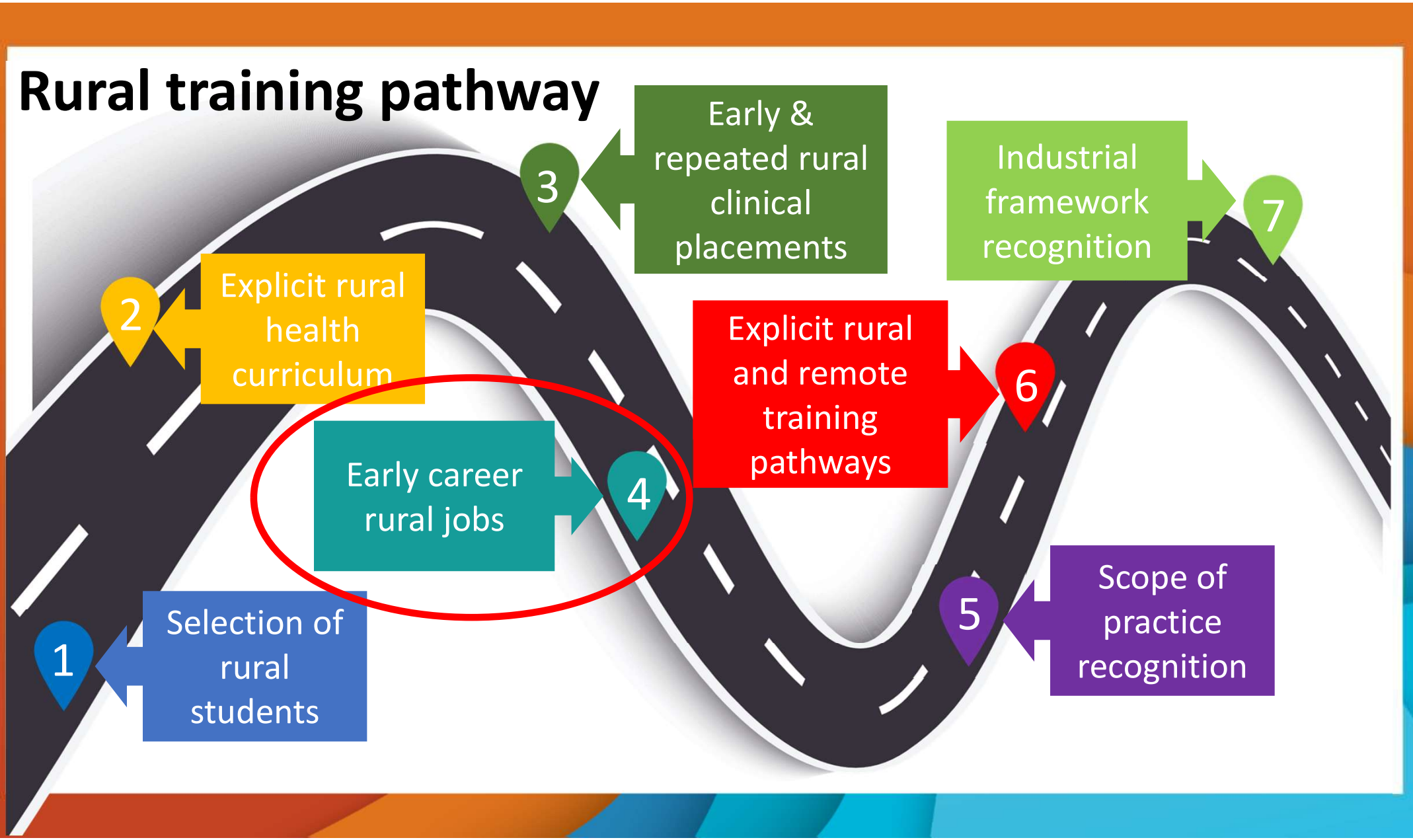
Rural Training Pathway


Rural training pathway
1
Selection of rural students
2
Explicit rural health curriculum
3
Early & repeated rural clinical placements
4
Early career rural jobs
5
Scope of practice recognition
6
Explicit rural and remote training pathways
7
Industrial framework recognition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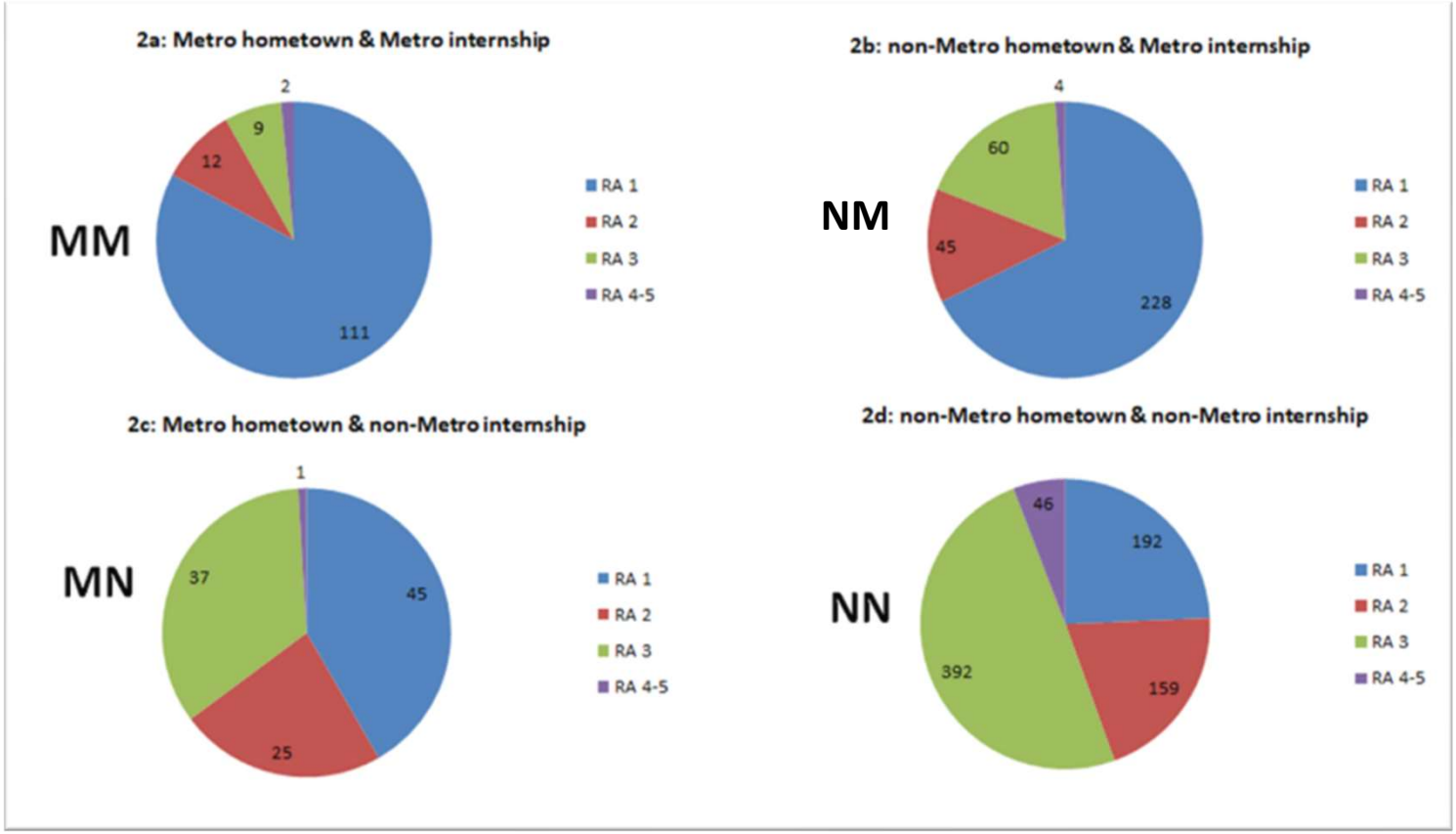
The Impact of Early career place…

Regionally-located early Post Graduate training places will increase the rural and remote medical workforce



Sen Gupta et al. 2014, *Positive impacts on rural and regional workforce from the first seven cohorts of JCU medical graduates*
Seal et al. 2022, *Influence of rural clinical school experience and rural origin on practising in rural communities five and eight years after graduation*

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Rural Generalism

The National Rural Generalist Pathway

A dedicated training pathway to attract, retain and support rural generalist doctors

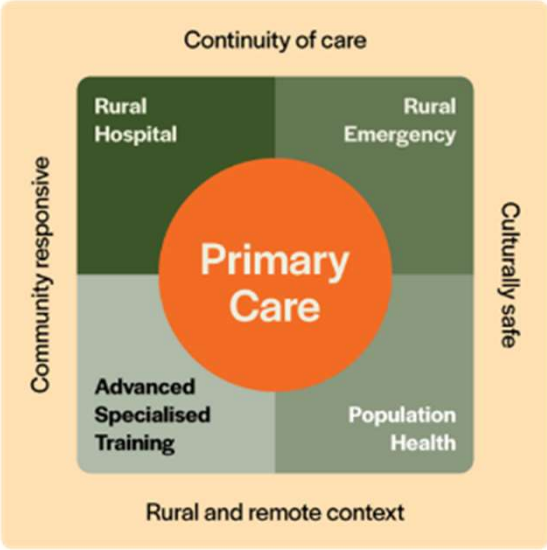
National consistency with the potential for local application

Clear training pathway leading to jobs in rural communities

What is a Rural Generalist?

A medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a cost-effective way, by providing both ***comprehensive general practice and emergency care*** *and required components of other medical specialty care* ***in hospital and community settings*** *as* ***part of a rural healthcare team****.*

The Collingrove Agreement



Rural Generalist Medicine – Recognition

ACRRM and RACGP joint application for Rural Generalist Medicine to be recognised as a specialised field within the speciality of General Practice

MBA is undergoing the final assessment stage of the joint application

This included a national public consultation conducted by the Australian Medical Council.

Rural Generalist Recognition

Formal recognition will:

- Create an aspirational, nationally titled job to inspire more doctors toward rural careers
- Build rural access to safe specialised services
- Assist communities and health services to target RG recruitment and build fit-for-purpose models of care using the RG scope
- Drive academic effort to develop evidence for best practice RG care.

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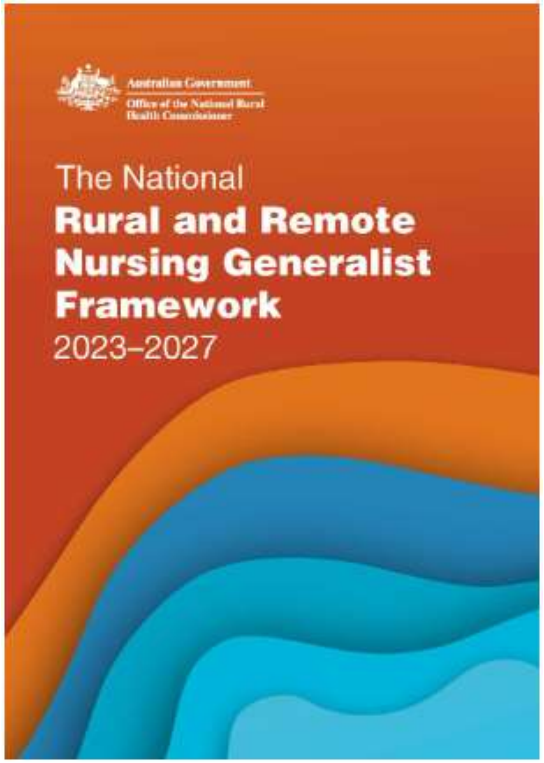
Rural and Remote Nursing Generalism

Rural and Remote Nursing Generalist Framework

- Describes the unique context of rural and remote area nursing practice
- For RNs working in MMM 3-7
- Underpinned by NMBA's Registered Nurse Standards for Practice (2016)
- Describes Culturally Safe practice across all domains and capabilities in the Framework.

SCAN ME



Vision for rural and remote nursing

Attracting & retaining an appropriately skilled & supported nurses

Implementation of the **National Rural & Remote Nurse Generalist Framework** to highlight & manage opportunities for rural nurses

Nursing Generalists – working to optimal scope of practise

Rural and Remote Nursing Generalist Framework

4 domains, supported by capabilities and capability statements reflecting the rural context:

1. Culturally Safe Practice
2. Critical Analysis
3. Relationships, Partnerships and Collaboration
4. Capability for Practice.

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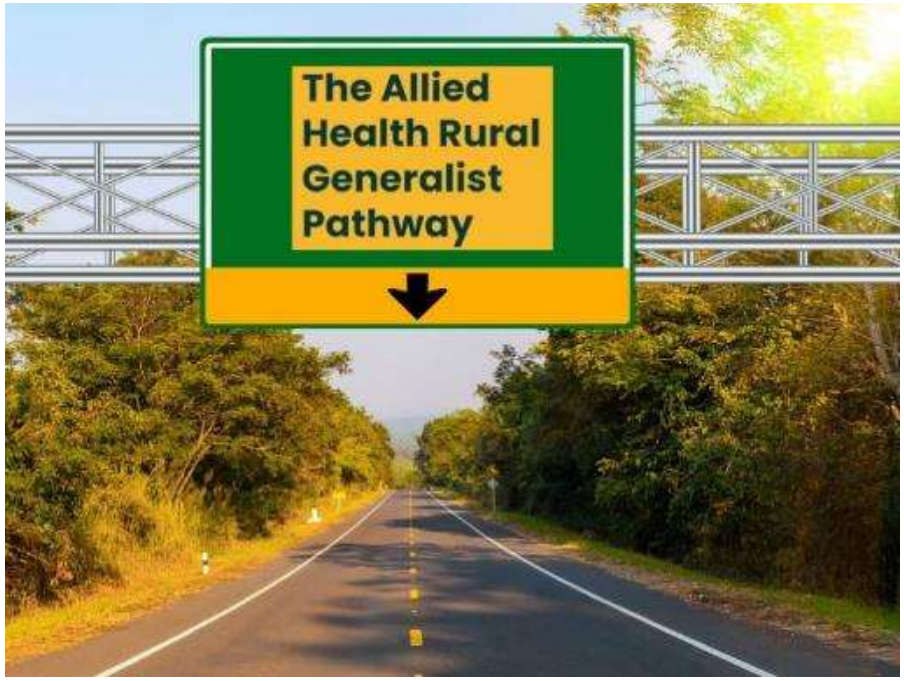
Allied Health Rural Generalism

Allied Health Rural Generalist Pathway

Services for Australian Rural and Remote Allied Health (**SARRAH**) runs this.

The Allied Health Rural Generalist Pathway aims to support:

- growth, sustainability & added value for the rural & remote allied health workforce
- increase rural generalist service models & deliver accessible, safe, effective & efficient health services for rural & remote consumers.



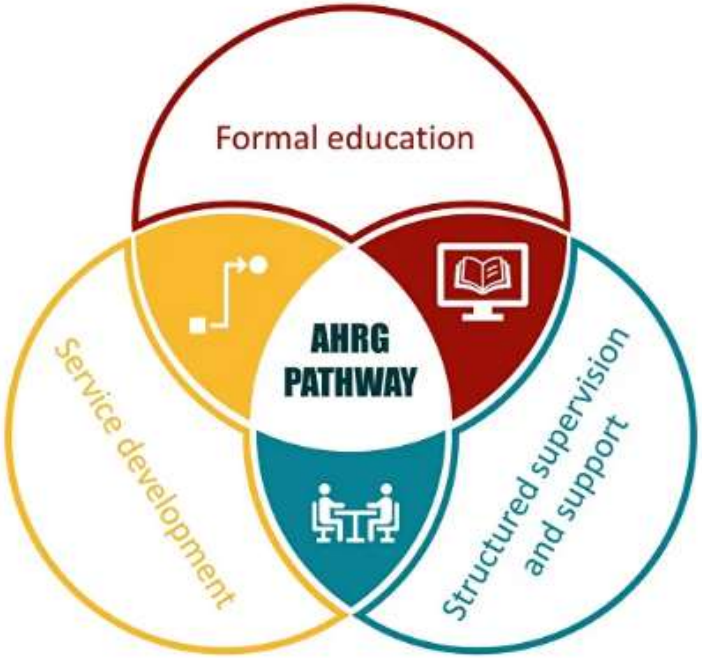
Allied Health Rural Generalist Pathway

This AHRGP is enacted through three mechanisms:

Formal education - the development of the clinical & non-clinical rural generalist practice

Structured supervision and supports - aligns entry-level competency to proficient rural generalist in the relevant allied health profession

Service model development - supports allied health professionals to innovate & implement solutions to delivering rural & remote care.



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How do Rural Generalists benefit communities?

How do Rural Generalists benefit Communities?

Rural access to specialised services

- **25%** fewer specialist services received by people in rural areas, than people in cities
- **60%** fewer specialist services received by people in remote areas, than people in cities
- Without local RGs, rural families bear costs of accessing urban care

RGs

- **enable care on-country**
- **know local context**

Rural access to emergency care

- Most rural hospitals do not have any specialist emergency physicians

RGs:

- **Provide rural emergency care inc. obstetrics, anaesthetics and retrievals**
- **Manage rural hospital emergency depts**
- **Support local emergency rosters**

Integrated rural care

- Rural patients can receive coordinated care from community/ACCHS clinic to hospital and back

RGs:

- **RGs have the range of skills to pivot to fill local service gaps**
- **RGs diverse skills can make other local health services viable**
- **All RGs trained for PHC and generalist care**

Dr Alice Fitzgerald

RG Kununurra, WA

“I work 2 days a week in private practice, one day a week as a medical educator for our rural medical students and the remainder of the time working for the local hospital which involves doing a mix of emergency, ward work, outreach clinics to remote communities and my procedural skill is obstetrics

“One day you are managing a multi-trauma and the next you are congratulating a young couple on their first positive pregnancy test. You get to be around for that couples’ pregnancy, delivery and get to know the baby as it starts to grow. I can’t think of many other jobs that provide such a range of cases.”

Rural and Remote Nursing Generalist Framework

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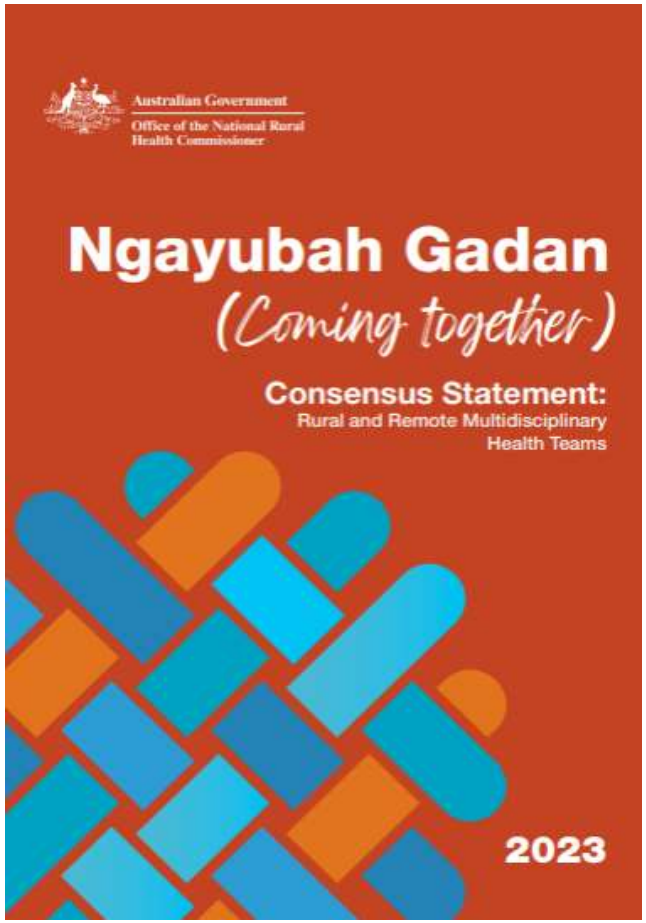
Multidisciplinary Team Care

Ngayubah Gadan Consensus Statement:

Rural and Remote Multidisciplinary Health Teams

Rural and remote multidisciplinary teams (RRMHT)



A **statement & definition** for use in policy, funding & model of care design for rural & remote communities

Defines system enablers that allow them to establish, thrive and deliver high quality place-based care

Endorsed by 57 key RR stakeholders

Ngayubah Gadan Consensus Statement Enablers

Developed **4 key contexts** for understanding the delivery of high-quality care in & sustainability of RRMHTs

Policy & Funding

Organisational

Multidisciplinary Team

Person & Community

Enabler – Policy and Funding Context

The first of the 4 system enablers are ***Policy and Funding Context***


1

Policy and Funding Context

Policy development relevant to rural and remote workforce and care models should be based on the foundation that rural and remote communities warrant and deserve the same high standards of access to healthcare as any other Australian community. While rural and remote models of care may take different forms to those in major cities, they should be designed, implemented, and funded to provide an acceptable level of access to continuous, local, primary health care along with appropriate access to emergency, secondary and tertiary care.

National and jurisdictional health training, workforce and funding policies can enable or hinder the formation and sustainability of PBMHTs and the delivery of high-quality person-centred rural and remote care. To ensure the health needs of rural and remote people and communities are identified and addressed, national, jurisdictional and local health policy must be appropriate for rural and remote settings and fully reflect the context of the local workforce, person and community. For this to occur, health policy makers must ensure rural and remote health stakeholders and local representatives from across all professional streams, are genuinely consulted throughout the policy cycle. Rural and remote policies need to build in flexibility, be adaptable to local rural and remote settings, and avoid one size fits all, rural and remote health 'solutions'. They require regional collaborative governance models with authority and autonomy and clear accountabilities. Simply adapting policy originally designed by and for high-density populations in metropolitan settings does not necessarily deliver high-quality health services to rural and remote people and communities.

To be effective, rural and remote health policy design and implementation must be co-designed with, have shared decision making and be developed in close, on-going and genuine consultation with rural and remote health workforces, services and communities.

19 Ngayahdi Gidan Consensus Statement

- Funding & policy informed by **genuine consultation** with rural and remote workforce & community
- **Local authority & autonomy** in collaborative governance models

Enabler – Organisational Contexts

The second system enabler is ***Organisational Contexts (Clinical Networks)***

- **Organisational culture & role clarity** are determinants of multidisciplinary team effectiveness
- **MOUs & SLAs** between providers **give clarity** to the way multidisciplinary teams operate
- Agreements systemise & provide operational guidance

Enabler – Multidisciplinary Team Context

The third system enabler is
Multidisciplinary Team Context

- Team cohesion through common purpose, clinical, training & cultural governance structures

- We must ensure Aboriginal and Torres Strait Islander people, communities, & organisations are part of the development & implementation of rural health policy and programs

[Co-design & Co-development]


3

Multidisciplinary Team Context

Sustainable, high functioning and agile PRMHTs form when team members work effectively to their full scope of practice, employ their skills, knowledge and experience, value diversity and commit to the delivery and provision of culturally safe and responsive practice.

Understanding the common purpose, clinical and cultural governance structures and goals, contributes to team cohesion.

To further facilitate team cohesion, operational processes and should clearly document and consistently describe expectations and functions including (but not exclusive to):

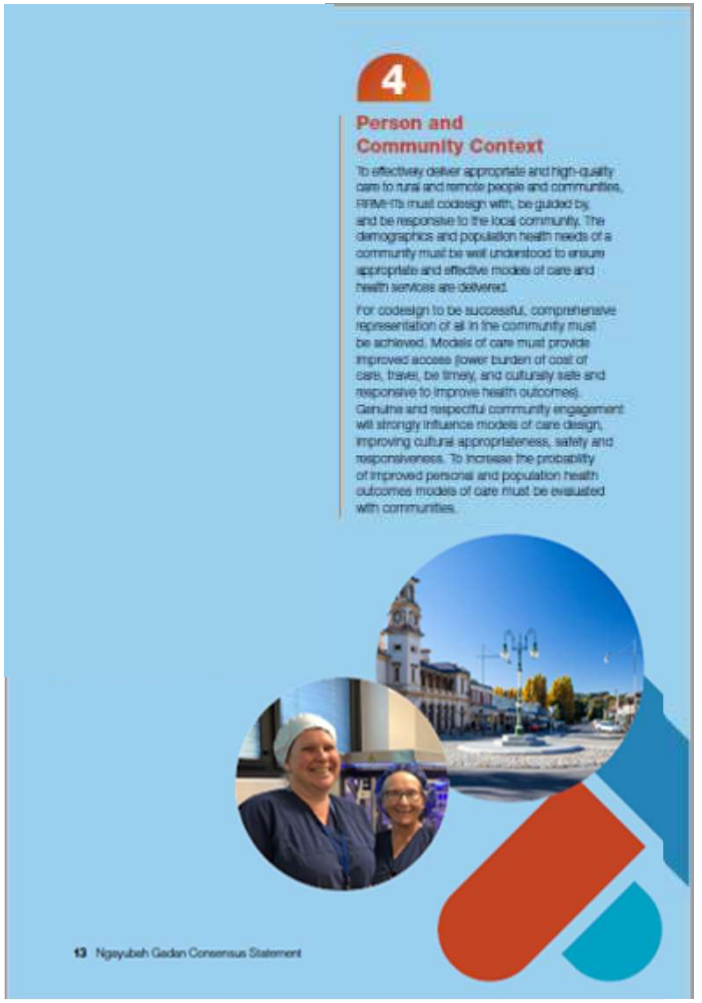
- leadership and decision making
- role clarity and communication case conferencing and continuity of patient care
- interdisciplinary training and education
- professional training, development, and supervision
- recognising and responding to the harm perpetrated by racism and holding racist behaviours, policies and practices to account

Describing these functions helps to provide clarity and support effective team processes and communication. These key elements determine the ways of working and must be developed and agreed upon collaboratively by the teams and their organisations.

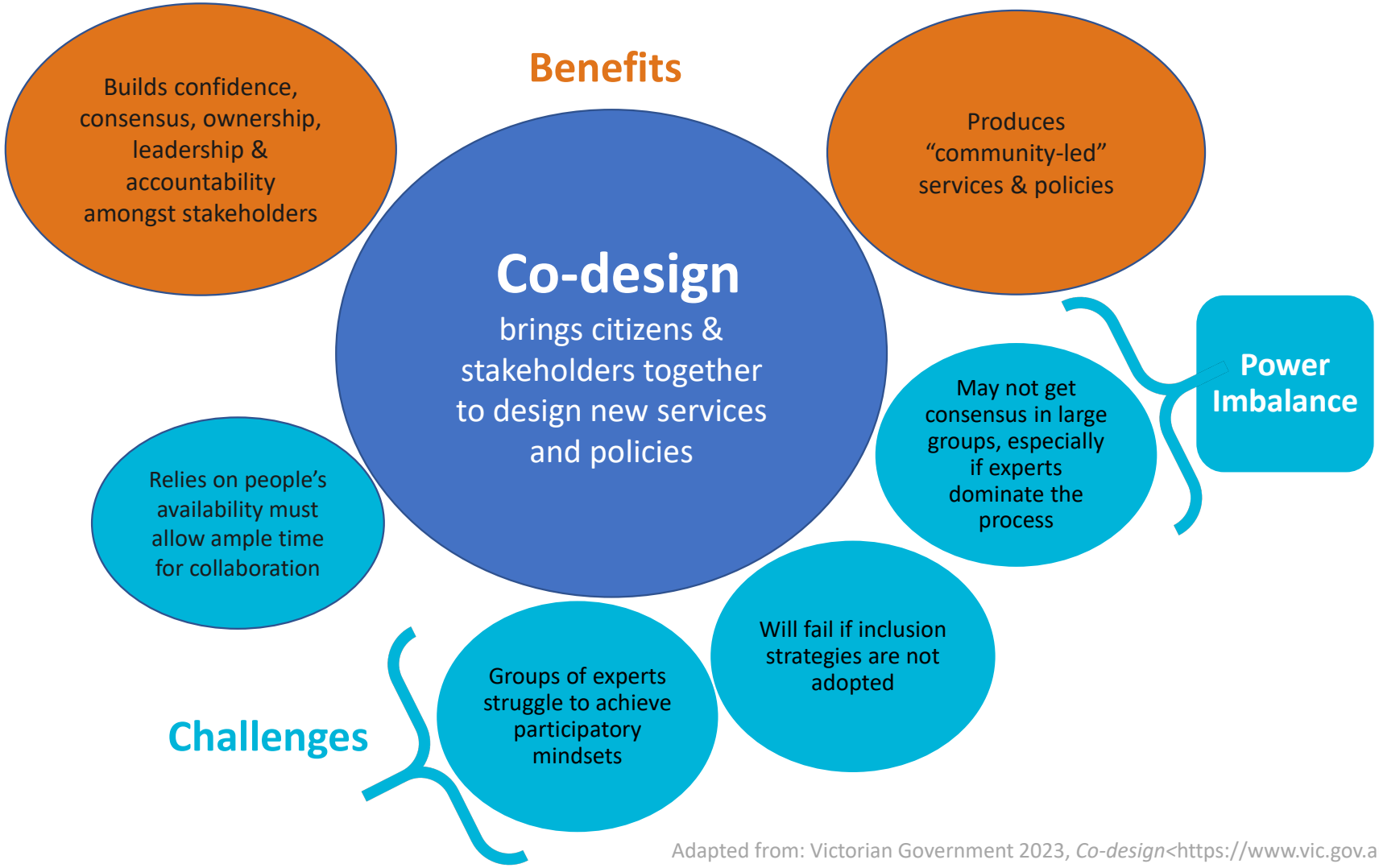
Enabler – Person and Community Context

The fourth system enabler is **Person and Community Context**

- Recognising that for RRMHTs to deliver the best outcomes, communities need to be involved in codesign of the services
- For co-design to be successful, comprehensive representation of all in the community must be achieved



Community (co-design & co-development)



Adapted from: Victorian Government 2023, *Co-design*<https://www.vic.gov.au/co-design>

Ngayubah Gadan Consensus Statement

Now used in policy, funding & model of care design for rural & remote communities

Referenced in:

AMA plan for improving access to rural general practice (2023)

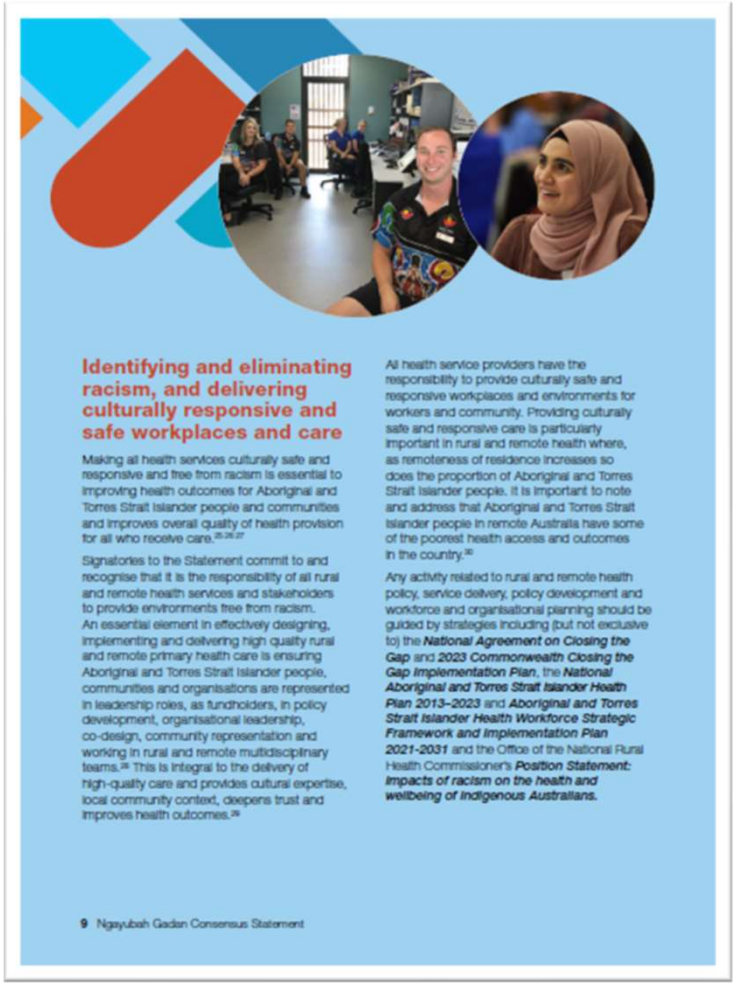
Innovative Models of Care (IMOC) Program
(Department of Health and Aged Care 2023)

Medical Research Future Fund Primary Health Research Plan
(Department of Health and Aged Care 2023a)

Rural and remote multidisciplinary team care

A key principle – address racism & ensure First Nations people, communities & organisations are represented in policy development and implementation:

- leadership roles
- as fundholders
- as organisational leaders
- in co-design with community &
- by working and training in rural & remote multidisciplinary teams.



Identifying and eliminating racism, and delivering culturally responsive and safe workplaces and care

Making all health services culturally safe and responsive and free from racism is essential to improving health outcomes for Aboriginal and Torres Strait Islander people and communities and improves overall quality of health provision for all who receive care.[25,26,27]

Signatories to the Statement commit to and recognise that it is the responsibility of all rural and remote health services and stakeholders to provide environments free from racism. An essential element in effectively designing, implementing and delivering high quality rural and remote primary health care is ensuring Aboriginal and Torres Strait Islander people, communities and organisations are represented in leadership roles, as fundholders, in policy development, organisational leadership, co-design, community representation and working in rural and remote multidisciplinary teams.[28] This is integral to the delivery of high-quality care and provides cultural expertise, local community context, deepens trust and improves health outcomes.[29]

All health service providers have the responsibility to provide culturally safe and responsive workplaces and environments for workers and community. Providing culturally safe and responsive care is particularly important in rural and remote health where, as remoteness of residence increases so does the proportion of Aboriginal and Torres Strait Islander people. It is important to note and address that Aboriginal and Torres Strait Islander people in remote Australia have some of the poorest health access and outcomes in the country.[30]

Any activity related to rural and remote health policy, service delivery, policy development and workforce and organisational planning should be guided by strategies including (but not exclusive to) the ***National Agreement on Closing the Gap*** and ***2023 Commonwealth Closing the Gap Implementation Plan***, the ***National Aboriginal and Torres Strait Islander Health Plan 2013–2023*** and ***Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*** and the Office of the National Rural Health Commissioner's ***Position Statement: Impacts of racism on the health and wellbeing of Indigenous Australians.***

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Addressing Racism and Culturally Safe Practice

Impacts of Racism on Health

As remoteness increases so does the proportion of the community that is First Nations

Australian Institute of Health and Welfare (AIHW) 2023, *Profile of First Nations people*, viewed 5 March 2024, https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians

Impacts of Racism on Health

Racism negatively impacts health outcomes for Indigenous people,

Understanding & addressing racism is a key to increasing the uptake of health services & improving health outcomes

Thurber, KA, Walker, J, Batterham, PJ, Gee, GC, Chapman, J, Priest, N, Cohen, R, Jones, R, Richardson, A, Calear, AL, Williams, DR & Lovett, R 2021, 'Developing and validating measures of self-reported everyday and healthcare discrimination for Aboriginal and Torres Strait Islander adults', International Journal for Equity in Health vol. 20, no. 1, p. 14

Impacts of Racism on the Health Workforce

- Racism negatively impacts the attraction, recruitment, retention & leadership of the Indigenous health workforce

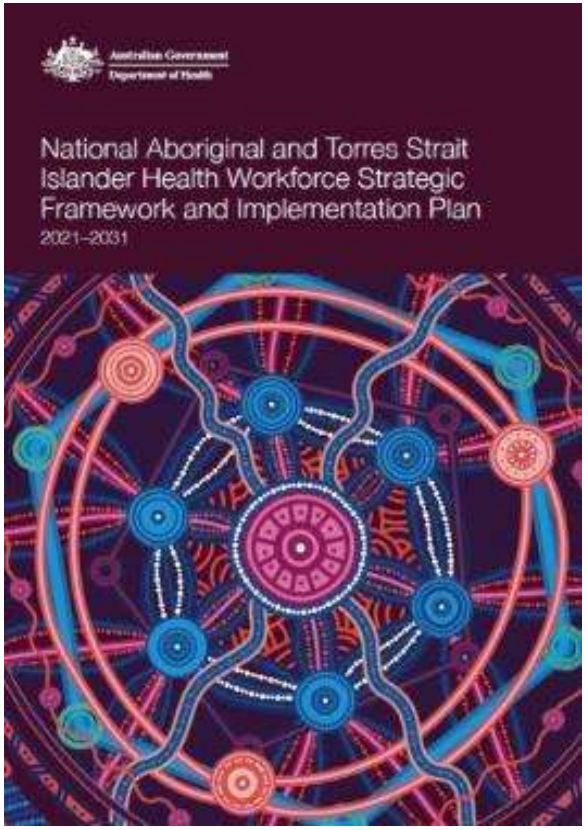
- Change will only be achieved when
  - Indigenous culture & ways of knowing are recognised, &
  - Indigenous communities are included in service design

Department of Health 2022, National Aboriginal and Torres Strait Islander health workforce strategic framework and implementation plan 2021–2031, Canberra, viewed 5 February 2024,

Aboriginal and Torres Strait Health Workforce

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2021-2031)

- Co-designed with Aboriginal and Torres Strait Islander people.
- includes actions to attract, recruit and retain workers across the whole health sector
- Target is to increase Indigenous employment in the health workforce to 3.43% over the next decade (representative of population)



How can we provide culturally safe care?

- ✓ Check unconscious bias
- ✓ Partner with Aboriginal and Torres Strait Islander peak bodies and services
- ✓ Build organisational capability
- ✓ Seek information - Understand the cultural determinants of health
- ✓ **Codevelop** and **Codesign** services with Aboriginal and Torres Strait Islander peak bodies and organisations

“Creating belonging in systems using our wisdom, our ways”

Professor Faye McMillan AM, Wiradjuri yinna

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Clinical Courage

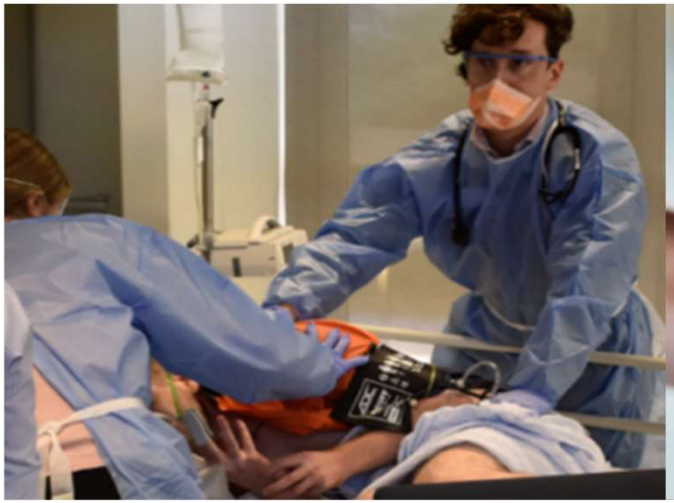
Features of Clinical Courage

- Standing up to serve anybody and everybody in the community
- Accepting uncertainty and persistently seeking to prepare
- Deliberately understanding and marshalling resources in the context
- Humbly seeking to know one's own limits

Konkin, J., Grave, L., Cockburn, E., Couper, I., Stewart, R. A., Campbell, D., & Walters, L. (2020). Exploration of rural physicians' lived experience of practising outside their usual scope of practice to provide access to essential medical care (clinical courage): an international phenomenological study. *BMJ open*, *10*(8), e037705.

Features of Clinical Courage

- Clearing the cognitive hurdle when something needs to be done for your patient
- Collegial support to stand up again
- *Self-care in times of significant challenge*



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Vision for rural health services

- Implementation National Rural Generalist Pathway - consistent national training program
- Increased rural origin selection and supported rural training and placement opportunities in all health professions
- Supported environments to supervise and train the entry / early career rural health workforce
- Locally led multidisciplinary rural models of care
- Multidisciplinary teams supported by visiting specialists

CRANAplus Bush Support Line

Offers free 24/7 confidential counselling support for the rural and remote health workforce and their families

SCAN ME

1800 805 391

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Let's talk...

@RuralHC_Aus

@DrFayeMcMillan

@NowlanShelley

Thank you

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