

*Editorial***REPORT FROM AUSTRALIA**

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In Queensland Australia we have been the focus of two major inquiries into our public health system – Queensland Health. The basis for one of the inquiries (a Royal Commission) was the alleged activities of an overseas trained doctor in a rural town. Allegedly he was responsible for several adverse patient outcomes, some of which resulted in the death of patients. As a result of a nurse who decided to ‘blow the whistle’, an initial inquiry into the work of that doctor was established. That Royal Commission has yet to report its findings. However, a systems review was also established – called the Forster Inquiry – and I was a member of the rural and remote advisory panel to this inquiry.

The Forster Inquiry report is available from the following web address: http://www.thepremier.qld.gov.au/news/media_matters/2005/30_09_05.shtm. The major recommendations from a rural and remote nursing perspective are:

- That rural and remote communities have a right to expect safe and timely access to health services;
- That approaches that look at preventing avoidable illnesses, promoting good health, managing chronic disease and coordinating care across the lifespan are critical to the longer term well being and health of rural communities;
- Geographic isolation means that different models are needed than the models used for larger populations in metropolitan areas;
- Rural workforces need to be made up predominately of ‘generalists;’
- Peer support is very important to prevent ‘burn out’ and the loss of valuable skills for communities.

Some of the recommendations made included:

- Safe, sustainable service models should be developed in partnership with rural and remote communities, the Commonwealth government and other service providers;
- Education and training providers will be engaged to assist with increasing workforce supply in rural and remote areas and better develop ‘generalist’ roles including rural generalists doctors, advanced rural and remote nurses, nurse practitioners and paramedic primary care providers;
- The Queensland Government to engage with the Australian College of Rural and Remote Medicine to advocate for recognition of rural general medicine as a new speciality;

- Remuneration and incentive packages, including better access to professional development should be improved, to attract clinicians to rural and remote areas;
- Peer support networks should be established at Area Health Service level, for isolated workers, based around professional groups or streams of care;
- All rural and remote services will need to be networked with larger centres, including a tertiary metropolitan hospital. The purpose will be to provide outreach services and some staffing relief;
- Area Health Services will establish a register of clinicians willing to perform short or long term country service.

The Report and its recommendations are currently being rolled out in Queensland. We have experienced a spill of all senior positions within Queensland Health, and new appointments are soon to be made. It will be a major challenge to change a culture which has developed as has been described as one based on bullying and intimidation. People in the past were strongly discouraged from any criticism of the system, and this culture needs to be changed.

Hopefully we will see all the rural and remote recommendations implemented over time – we can only wait and see.