

In the mist of ocean, rainforest and a sunburnt land

Rural and remote round up 2010

Cunningham Centre training and education services

The Cunningham Centre (CC) kicked off the year by establishing a new corporate identity to match their position as innovators and leaders in education. They have revamped their publications, business needs and uniforms.

The facilities and equipment in Freshney House (Toowoomba campus) received a facelift whilst the Cairns Nursing team moved into a brand new 'green' building. State of the art simulation equipment has been installed in Freshney House and upgrades to technology saw SMART boards™ installed in several training suites.

In April, the CC was granted a three-year renewal of ISO 9001:2008. This confirms that the quality of their educational programs – calibrated against high standards in the industry – is excellent.

New training products for 2010 included Certificate III in Sterilisation and a new Cultural Awareness Program (trial phase).

Course registration numbers are increasing with nearly 200 nurses enrolled in Professional and Clinical Skills Program for Rural Nursing (PACS) and Professional Education Program for Enrolled Nurses (PEPEN), the Rural Generalist Pathway (RGP) has 129 doctors completing Rural Generalist Medicine and the Allied Health Rural and Remote Training and Support

(AHRRTS) has seen 84 rural and remote clinicians enrolled. Together with many administrative and operational officers undertaking accredited and non accredited training, the CC has seen record number of students (>3000).



Pattie Hudson and Ans Van Erp (Cunningham Centre Director)

The success of RGP and Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 - Registered Nurse Course (RIPRN) has attracted extensive interest from other states, evidence of the exceptional quality of these training programs.

In 2010, the CC has continued to experience high demand for their successful training products; a success factor that must be attributed to motivated, dedicated and passionate staff members and the ongoing support of partnerships.

Office of Rural and Remote Health national project

The Office of Rural and Remote Health (ORRH) continues to represent Queensland Health Remote within the National Partnership Agreement on Remote Service Delivery. This is a five year funding strategy established to reform responsibilities between the

Australian and State and Territory Governments in the provision of service for Indigenous people in remote Indigenous communities. These Communities include Aurukun, Coen, Doomadgee, Hope Vale, Mornington Island and Mossman Gorge.

Clinical support unit

Credentialing

A common database has been developed which has the capacity to store comprehensive records for individuals who apply for Credentialing and Scope of Clinical Practice across the five (5) rural and remote districts. A merging of all updated information is carried out each week.

The Non Government Organisation (NGO) Credentialing Committee has been established to carry out the required Credentialing for doctors who provide services in Queensland Health facilities from both the Royal Flying Doctor Service (RFDS) and Apunipima Cape York Health Council.

If the new draft credentialing policy is endorsed, ORRH will adopt the credentialing responsibility for all rural locums. A large number of locum records are held now.

Primary Clinical Care Manual (PCCM)

The PCCM experienced a period where content information was challenged by a number of readers. Following an exhaustive process, a small number of errors were found and corrected on the electronic versions and by reprints of hard copy pages. The next edition of this manual is due for publication in mid 2011.

These events have highlighted the need for a full review of the PCCM. The review will take 3 months to complete, will entail surveys, focus groups, interviews and other consultation methods with a wide range of stakeholders. The review will look into editorial and clinical governance, publishing and recommend a way forward for production.

Rural and remote emergency services standardisation project

The statewide Rural and Remote Emergency Services Standardisation Project commenced in August this year to achieve standardisation of some features of emergency services in rural and remote facilities across Queensland. The services that are 'in scope' are those that have been assessed as Primary or Level one (1) services under the Clinical Services Capability Framework (Version 2).

The project is advised by a reference group with broad rural and remote representation, involves approximately 135 facilities, has a life of 6 months and concludes at the end of January 2011. \$ 1.6 m of Health Technology Equipment

Replacement (HTER) funding has been allocated to purchase the required equipment to implement the standardisation and the executive management team supporting the project are funding the project officer.

A statewide policy / standard / instruction will be developed for dissemination across the state, supported by an audit tool to monitor ongoing compliance with the standardisation. A requirement for regular review of the policy/ standard/instruction and the components of standardisation will be incorporated into the document.

Increasing clinical capacity in the treatment of Tuberculosis (TB)

The Clinical support unit has worked hard to provide all the logistical support in arranging for clinicians from Daru hospital in Papua New Guinea to visit the Torres Strait Islands and conduct clinics with the TB outreach team from Cairns base hospital. This is a federally funded program through the Department of Health and Ageing in response to the growing incidence on multi-drug resistant TB (MDR TB). A visit planned for December 2010 has been postponed because of the cholera outbreak in Daru.

Torres Strait Treaty health issues committee

Throughout 2010 ORRH continued to actively participate within the Torres Strait Treaty health issues committee – an interdepartmental federal and state committee which manages all aspects of the Queensland Health Torres Strait protected zone.

The Torres Strait Treaty was initially signed in 1978 and ratified in 1985 and outlines boundaries and the use of sea area between Australia and Papua New Guinea.

The treaty allows traditional inhabitants from Torres Strait and thirteen (13) coastal Papua New Guinea villages free movement to pursue traditional activities in the Torres Strait protected zone. Whilst there is no health provision in the treaty, it is estimated that for the 2009 / 2010 period, there were 1915 outpatient presentations and over 200 inpatient occasions of service – an estimated cost of five (5) million.

In response to these issues, Queensland Health established the Torres Strait Treaty health issues committee in 2003 (biannual meetings) and the Queensland Health Torres Strait Treaty working group.

The Queensland Health Torres Strait Treaty working group (monthly meetings) achievements include:

- Queensland Health policy developed for the management of treatment of Papua New Guinea nationals.
- Data collection issues improved to assist with the monitoring of Papua New Guinea nationals access to health services.
- Memorandum of Understanding between Queensland Health and Papua New Guinea National Department of Health signed in September 2010.

Federal government activities to build health capacity for Papua New Guinea include assistance with communicable diseases and education and training support.

Rural Sustainability Project

Senior Director of the Office of Rural and Remote Health (ORRH), Pattie Hudson, said “Providing safe and quality health services to rural and remote communities was the reason for developing a Rural Sustainability Project”.

This project, managed by Quentin Clarke from the ORRH, has provided the ground work for a more detailed rural health strategy. This strategy will shape Queensland’s response to the national health reform process and a new National Rural and Remote Health Strategy that is due for release early next year.

Mrs Hudson said, “Sustainability is about building a rural health system where people want to work, live and be engaged in the life of the community.”

A steering committee was formed as part of the project and included expertise in consumer representation, resource industries and partners in health service delivery. This included General Practice, Rural Flying Doctor Service (RFDS) and key staff from Queensland Health.

A draft report was submitted to the Steering Committee and presented at the October Statewide Rural and Remote Strategic Forum. Sixteen written submissions were received and a number of sections were redrafted to reflect this feedback.

The final draft will be considered at the December meeting of Queensland Health’s Integrated Policy and Planning Executive Committee. The committee is expected to endorse the report and its recommendations to develop a rural and remote health strategy for Queensland in the first half of 2011.

Rural and Remote Strategic Directions Forum

The biannual Statewide Rural and Remote Strategic Directions Forum was held on 13 October 2010. This forum provided an opportunity to broaden consultation and foster partnership between sectors of rural and remote health, key government, non-government and private organisations outside of Queensland Health.

The forum provided information on current initiatives and projects in rural and remote health services and facilitated discussion on the proposed changes and potential impact of the national health and hospital reform on rural and remote Queensland.

The ORRH provided a brief description of the progress made over the past 12 months followed by discussions regarding health care service delivery in rural and regional Queensland.

State Recognised Practice Committee

The State Recognised Practice Committee (SRPC) have continued their recognition and translation of Senior Medical Officers in 2010. The committee has 5 disciplines recognised to date. These are:

- Rural Generalist Medicine on 14 May 2008
- Clinical Forensic Medicine on 17 July 2008
- Generalist Emergency Medicine on 9 November 2008
- Addiction Medicine on 9 November 2008 and
- Sexual Health Medicine on 16 February 2009

The committee have received a total of 223 applications since the process opened in 2006. 179 applications have been finalised and 60 offered 'Individual Bridging Plan' (IBP) agreements to obtain the necessary qualifications required for a successful translation. There have been a total of 68 individuals who were not translatable through this process.

The committee will be looking to finalise the recognition of the Breast Medicine discipline in 2011. Recommendations are currently being finalised and will be submitted for formal consideration in early 2011. There are currently 14 applicants awaiting review.

A sub-committee for the discipline of Mental Health Medicine was established is currently determining whether there is a scope for a recognised discipline in Mental Health. The sub-committee have been liaising with the Mental Health Directorate and Districts to work through the workforce need. The SRPC have received 7 applications for review.

Queensland Country Practice

Queensland Country Practice (QCP) is a collection of units with the mission to enhance the sustainability of rural medical services and promote excellence through medical practice and training.

QCP is a comparatively new agency within Queensland Health with some units in the formation stage. The unit, Practice Services, offers strategic advice to Districts and Medical Superintendents with the Right of Private Practice about the management, billings and operations of private medical practices. Although only a two person unit, Practice Services has been in demand since its formation in January 2010 and has provided expert and often innovative advice to many locations across rural and remote Queensland.

The Senior Medical Officer Vocational Relief Services unit has completed all the process mapping and administrative functions to commence operations from December 2010. QCP's purpose is to provide short term relief through temporary contracts of senior vocational doctors recruited externally to Queensland Health.

Sustainable surgical services for rural and remote Queensland

The Sustainable surgical services for rural and remote Queensland project aims to improve access to safe and sustainable surgical services in rural and remote communities. This project has examined the surgical services currently provided in these communities, including the current capability and capacity of selected sites in respect to infrastructure, clinical support services and workforce. Innovative models of surgical service delivery have been researched and related programs and initiatives identified, such as the Medical Specialist Outreach Assistance Program, Rural Generalist Pathways Program and Telehealth Expansion Program. As an outcome, a Discussion Paper has been written that outlines the service profile of the Health Service Districts and selected rural sites, describes a range of models of surgical service delivery and summaries the related programs and initiatives. The Discussion Paper will inform the future direction of this project and will be a catalyst for progressing the agenda of establishing accessible, safe and sustainable surgical services in rural and remote Queensland.

A Planning Day was held by the Sustainable Surgical Services for Rural and Remote Queensland Subcommittee on the 2 December 2010. As a result of the Planning Day, a number of Models of Service were developed for surgical services in Queensland, along with a set of recommendations for further action.

Medicine (Queensland Health Rural Scholarship Scheme)

Thirty (30) new medical students were recruited to the Queensland Health Rural Scholarship Scheme. These medical students will be provided with financial assistance totalling \$ 21 000 annually over the next four years whilst they complete their medical studies.

At the completion of their degree, they will begin preparation for rural practice, most will enter the Rural Generalist Pathway. Those not wishing to pursue the Rural Generalist Pathway will begin service in a rural area at the start of their Post Graduate Year three after the successful completion of the Pre-vocational Assessment. Those undertaking Rural Generalist Pathway rural service will begin at the start of their Post Graduate Year four.

Placement numbers to commence service in January 2011:

- PGY1 (interns) = 34
- PGY2 (Junior House Officers) = 37
- PGY3+ (undertaking Advanced Skills training or commencing / continuing rural service) = 90

Queensland rural and remote health medical practitioner receives top award for excellence in women's health

Queensland Health's medical practitioner, Professor Michael Humphrey, has been awarded the President's Medal by the Royal Australian and New Zealand College of Obstetricians (RANZCOG). This award acknowledges Professor Humphrey's outstanding contribution to the high standards of women's health services.



Dr Denis Lennox (Executive Director of Rural and Remote Medical Services) speaking at Rural Health Connections 2010 QHRSS Farewell

From apprentice to master

Karl Briscoe



Karl Briscoe, Acting Manager of Partnerships within the ORRH's Aboriginal and Torres Strait Islander Support and Development Unit recently completed his Masters in Public Health through the Deakin Universities Institute of Koori Education. This caps off six years of full time studies whilst working full time for Queensland Health (QH). The journey his career has taken along the way has seen him start as an Apprentice through to a Master, this is his journey.

Initially Karl was employed as a Family Support Worker and a trainee Aboriginal and Torres Strait Islander (A&TSI) Health Worker with QH in Mossman Community Health. Karl's leadership qualities were recognised and he was given the opportunity to act in the Senior Health Worker role leading a team of six A&TSI Health Workers to support and manage strategies to intervene and prevent chronic diseases.

During his employment Karl completed the Advanced Diploma in A&TSI Primary Health Care and commenced his studies for the Masters of Public Health. While Karl was working in Mossman and helping out his people he felt compelled to branch out and help Aboriginal and Torres Strait Islander people on a larger scale.

Scholarship welcome and orientation

Rural Health Connections facilitated a successful Welcome Day for 120 newly recruited scholarship holders across all disciplines on 1 July 2010. It was a wonderful way to give new scholarship holders with an introduction to Queensland Health and provide a networking opportunity.

A dinner was held that evening with 138 invited guests including scholarship holders and Queensland Health employees. A ceremony included the presentation of completion certificates to scholarship holders who will or have completed their return of service obligations by the end of 2010.

University studies enthused Karl to venture into the Health Policy arena, and he secured a position of a Senior Policy Officer within the Northern Area Health Service. This was directly inline with his goal of improving the health status of Aboriginal and Torres Strait Islander populations on a larger scale. In late 2008 Karl's position moved to the Office of Rural and Remote Health's Aboriginal and Torres Strait Islander Support and Development Unit. One of the major roles in his current position as Acting Manager of Partnerships with the ORRH is to facilitate workshops to operationalise statewide Aboriginal and Torres Strait Islander Health Policy by turning policy into practice.

By undertaking the Masters of Public Health studies a major learning that Karl acquired was the ability to analyse reports to identify what diseases make up Health Adjusted Life Expectancy (HALE) between A&TSI and non-A&TSI people, in laymans terms THE LIFE EXPECTANCY GAP. This line of work aligns directly to Karl's vision of seeing dramatic improvement in the premature mortality rates of Aboriginal and Torres Strait Islander peoples nationwide ensuring that the life expectancy rates are equivalent or better than that of non-A&TSI Australians.

Rural and remote maternity collaborative

The Rural and Remote Maternity Collaborative commenced in September 2010 as a forum for information sharing and development of strategies to support and enhance the sustainability of rural and remote maternity services.

Membership of the group consists of senior officers from within key corporate and district stakeholders and Central and Southern Clinical Networks and rural General Practitioner (GP) obstetrician representatives.

Contact the Office of Rural and Remote Health (ORRH) for further information.

South West Health Service District planning workshop

The Aboriginal and Torres Strait Islander (A&TSI) Support and Development Unit Director Wendy Sexton and Senior Policy Officer Karl Briscoe, were invited to facilitate workshops in the South West Health Service District (SWHSD) from the 13 – 15 April 2010.

The workshop consisted of various sessions with the overall outcome of the workshop being the development of individual work plans and increasing individuals understanding of applying national and state priorities work occurring at a localised level.



Wendy Sexton, Karl Briscoe and A&TSI Health Workers from South West Health Service District

Information on ‘closing the gap’ from a national and state level was shared with participants. This was followed by capturing activities of A&TSI Health Workers to inform individual work plans that were aligned to the four strategic priority areas of Queensland Health’s Strategic Plan 2007 – 2012 version 2.

The priorities included:

- making Queenslanders healthier
- meeting Queenslanders health care needs safely and sustainability
- reducing health service inequalities across Queensland
- developing our staff and enhancing performance.

Participants were provided with a template including a guide to develop individual work plans. The guide asked the questions ‘What is a work plan?’ and ‘Why an individual work plan?’, generating plenty of interest. The template had three parts with Part A of the work plans relating specifically to role descriptions of the participants. By the conclusion of the workshop all participants had developed a draft work plan.

Multipurpose Health Service

During 2010 four new Multipurpose Health Services (MPHS) were established in Queensland. The four communities now covered by this model of care are Augathella, Mungindi, Mitchell, and Childers. As a result Commonwealth funding for 34 new flexible aged care places has been granted.

Documents have been submitted for the communities of Mount Morgan and Julia Creek, Babinda and Jandowae to seek Commonwealth approval and funding to move these to a MPHS model of care.

In the second half of 2010, rapid need appraisals were held with the communities in Injune, Surat, Richmond and Hughenden. These communities elected to investigate the potential for a MPHS designed to fit their community needs.

A program review / planning process by MPHS sites saw a three year MPHS contract with the Australian Government renewed. Commonwealth funding of \$42.6 m has been granted for the delivery of 418 flexible aged care places across the state over the contract term.

Multipurpose Health Service (MPHS) workshop

Another successful MPHS workshop was held 16 and 17 November 2010. The workshop highlighted the program achievements for the year including the successful launch of a new web based MPHS and completion of the year long Operational Guidelines development project.

The Guidelines bring together key policies in one easily accessible document. Feedback from workshop participants supported the need to continue this annual event.

Queensland Health Bonded Medical Scholarships QHBMS (Griffith)

The last fifty QHBMS recipients commenced their medical studies and all 233 scholarships funded under this program have now been awarded.

Thirty one scholarship recipients (first Cohort) commenced Internship at Cairns, Townsville, Redcliffe Toowoomba, Ipswich, Logan and Gold Coast hospitals.

Allied Health

Placement Workshop

Rural Health Connections (RHC) held its first Allied Health Placement Workshop in Brisbane for graduating Rural and Area of Priority (AOP) scholarship holders on 30 June 2010. Topics covered included:

- placement process
- role of the Cunningham Centre
- Telehealth and its usage
- employee information: Health Practitioner (HP) Award, appointment process, Human Resources etc.

The afternoon session focused on 'life as a sole practitioner' and included presentations from past and present Allied Health Scholarship holders. Topics included how to cope, managing caseload, personal safety, stress management, support and mentors.

Placement

Ten Area of Priority Scholarship holders (including Prosthetics and Orthotics) and eighteen Queensland Health Rural Scholarships (RSS) were placed to commence service in January 2011.

Clinical Placement Subsidy (CPS)

A total of \$312 796.22 (2009 / 2010) has been paid. The CPS assists Allied Health students to attend clinical placements in areas that they would normally not attend due to the high cost of travel and accommodation. The CPS strategy endeavours to attract health practitioners to rural and AOP locations.

Nursing

A total of fifteen nursing students were recruited to the Queensland Health Rural Scholarship Scheme. These students will be provided with financial assistance to complete their degree for the next two years. At the completion of their degree they will be required to perform return of service for a period of two years in a rural area. Eight nursing scholarship holders were placed in rural areas to commence duty in January 2011.



Pattie Hudson (Senior Director ORRH), Rebecca Andrews UQ (Physiotherapy student and current President of Towards Outback Rural Health In Queensland (TROPHIQ), Sue Little (Manager Rural Health Connections)



Scholarship holders



Sue Williamson (Senior Project Officer Rural Health Connections), Pattie Hudson (Senior Director ORRH)

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