Editorial

REPORT FROM AUSTRALIA

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G'day to you all from Australia. In Queensland we have had some good rain; however, unfortunately many of our communities missed out and remain in severe drought. Of course, the usual Australian weather continues with a large amount of places that were in drought now experiencing floods!! As one new arrival to Australia from England commented--it is certainly not easy to predict the weather in Australia.

We are in the midst of a state government election in Queensland with the incumbent government promising to focus on health if re-elected. Most of us are not quite sure why they could not have already implemented what they are promising (more nursing places, decrease in nursing workloads) regardless of an election--but I suppose that is politics. The Australian government also comes up for election again this year, and we expect that they too will make lots of offers in the areas of health and education.

In rural health, one would almost say that things are very quiet. Certainly there are still major nursing shortages in Australia, regardless of geographic location. The nurse practitioner movement in Australia, is also moving ahead (with the exception of Queensland--another election promise) albeit slower than any of us thought it would. Research studies are being undertaken to develop nurse practitioner competency standards for Australia and New Zealand. It will be very interesting to see what eventuates from this research.

One of the big changes occurring in Australia is the change in focus on the role of nurse employed in general practice (or practice nurses as they are called). Not to be confused with nurse practitioners, the Australian government has recently made available to general practitioners (GPs) funds to employ practice nurses. The funds were originally only available to rurally located GPs, but this funding has now been extended. At the University of Southern Queensland, we have just completed a study on consumer perceptions of practice nurses. For example: will rural communities be happy to have their routine chronic care managed by a nurse rather than a GP?; is there a role for nurses to spend more time in health education and promotion within general practice? One of the major findings of our study (confirmed by another study undertaken by Cheek et al. at much the same time) is that the average Australian does not really know what nurses can do--let alone different levels of nurses! It was also apparent that most consumers were willing to consult with a nurse as long as their right to see a GP was not compromised. We have just applied for more funding to undertake some trials to establish the economic viability of practice nurses working in different models within the Australian health care environment. At present the GP who employs the practice nurse is only able to claim a rebate from the Australian government if the nurse is carrying out wound management or immunization. The rebate is much lower than the same rebate if the GP undertook this role. It is, therefore, interesting times in Australia as we see if nurses are allowed to obtain similar rebates for their care if delivered in a primary care context.

One of the best links for people outside Australia who wish to see what is happening in medicine, nursing and allied health is that of the National Rural Health Alliance – http://www.ruralhealth.org.au. For those seeking to come to Australia to deliver papers, the next National Rural Health Conference will be held in Alice Springs, Northern Territory, in 2005. The conference is usually held in early March. I expect that a call for papers would come out sometime within the next six months. And of course, not to be missed will be the International Rural Nursing Conference to be held in Sudbury, Canada, later this year.

I wish all of you a happy 2004 and look forward to meeting you all in person at some time of my professional life.