



Australasian Faculty of
Rehabilitation Medicine



The Royal Australasian
College of Physicians

Position statement

Equity of access to quality rehabilitation services for rural and remote communities, including for Aboriginal and Torres Strait Islander communities and the Māori people of New Zealand

Background

Rehabilitation Medicine is involved with the prevention and reduction of functional loss, activity limitation and participation restriction arising from impairments; the management of disability in physical, psychosocial and vocational dimensions; and the improvement of lost function. There is significant evidence for the reduction of disability, improvement of function and improvement in quality of life in people receiving rehabilitation services.

Rehabilitation services can be delivered using a number of models of care including multidisciplinary and interdisciplinary teams, inpatient, outpatient, home based, community based and outreach rehabilitation services. All models include, to a varying, extent a team of people including the patient, their family, allied health and nursing professionals and specialist rehabilitation physicians working collaboratively to achieve the patient's goals.

Guidelines regarding appropriate staffing levels and facility requirements for rehabilitation services in Australia and New Zealand have been established¹. It is known that rural and remote communities require a higher ratio of rehabilitation physicians per head of population than urban communities². It is vital that rehabilitation services in these communities are supported by an appropriate level of allied health and nursing services and other appropriate resources.

In reality, there remains considerable inequity of access to rehabilitation physicians for people in rural and remote communities in Australia and New Zealand. Reasons for this include the extended practice role which is required for rehabilitation physicians in these communities, tyrannies of distance, lack of administrative and other support and the unique challenges of delivering consistent clinical services to rural and remote populations. Barriers to the delivery of services are based on geography, culture and expectations of current training and resource allocation.

¹ Australasian Faculty of Rehabilitation Medicine (AFRM) of the Royal Australasian College of Physicians (RACP) (2011), Standards for the provision of inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals, 2011. Online, available: <http://www.racp.edu.au/index.cfm?objectid=02A65485-086A-BFB5-353A30441DCB479F> (last accessed 16/01/2014)

² Australian Medical Workforce Advisory Committee (AMWAC) (1997), The Rehabilitation Medicine Workforce in Australia, AMWAC 1997.3, Sydney Online, available: <https://www.hwa.gov.au/sites/uploads/The%20rehabilitation%20medicine%20workforce%20in%20Australia.pdf> (last accessed 16/01/2014)

Recommendations

The Australasian Faculty of Rehabilitation Medicine believes that all people in Australia and New Zealand, irrespective of where they reside, deserve access to culturally appropriate rehabilitation services. In practice this means establishing systems to ensure that all people who have onset of a new, recurrent or persistent impairment or functional loss, can have access to rehabilitation assessment and training at a sufficient intensity to achieve maximal functional gain. In communities that are not of sufficient size to support a resident rehabilitation physician, “fly-in-fly-out” or telemedicine can be used to provide rehabilitation physician input to local teams.

All health services need to investigate and develop rehabilitation service models that will best serve their catchment populations and develop staff recruitment, training and retention strategies.

Endorsement: Originally developed by the Rural & Remote Special Interest Group in November 2007. Endorsed by the Australasian Faculty of Rehabilitation Medicine (AFRM) Policy and Advocacy Committee on 18 June 2008, the Education Committee on 27 June 2008, and by the Faculty Council on 30 July 2008
Revised by the Rural & Remote Special Interest Group in January 2014. Endorsed by the AFRM Policy and Advocacy Committee on 21 March 2014 and approved by the College Policy and Advocacy Committee (CPAC) on 14 April 2014.

References

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