



Agricultural health and medicine education: promoting people, places and possibilities across disciplines

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Introduction: Globally, there are few formal programs that train rural professionals in agricultural health, wellbeing and safety. Many who work in these areas only learn through experience and informal methods—through trial, and sadly, through error. Recognising this gap, Deakin School of Medicine developed the only Graduate Certificate in Agricultural Health and Medicine (GCAHM) in Australia. The curriculum reflects the diversity of rural and farming communities and is designed to encourage and develop relationships across nursing, agriculture, health sciences, occupational health, veterinary science and medicine. It is designed with flexibility in mind and is accessible for a range of disciplines, backgrounds and rural locations. Many students are returning to study and this teaching model supports students re-entering or continuing their tertiary education and continue their life long learning.

In 2014 the GCAHM was awarded the prestigious Vice Chancellors award for Teaching Excellence.

Methods: The curricula team demonstrate a command of the AH&M field and is comprised of practicing professionals from medicine, agriculture, nursing, psychology, addiction, rural surgery, ergonomic design, respiratory medicine, and veterinary backgrounds. Problem based learning and student collaboration solves real agricultural community health issues. Immersive experiences (visits to livestock exchanges, working farms) facilitate understanding of environment, social determinants, workplace health and safety, pesticides, machinery and livestock interactions.

Quantitative data were collected from 100+ Agricultural Health and Medicine students from 2010-14. Data were analysed using descriptive statistics, frequencies and the chi-square test. Further detail was sought from qualitative responses to open-ended survey questions.

Results: Over 60% of students (from every state and mainland territory of Australia) responded indicating the high level of commitment to this discipline. Responses were consistent with over 91% agreeing the course improved their ability to diagnose, prevent and treat rural populations. Over 80% of students were practising in rural communities, demonstrating a repeatable and transferable preventive program supporting multidisciplinary care and scholarship while addressing health inequities in agricultural populations.

Conclusions: The GCAHM exemplifies a rural focus and a commitment to widening professional engagement in AH&M. Importantly, it addresses an area of great need in line with growing societal expectations that health professionals make prevention a larger priority and are knowledgeable about specific population-based issues.

Recommendation: Further support to enable better workforce training and education around specific population-based issues (in this case agricultural populations) is vital to address disparity in health outcomes.