Rural Health Training Units

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Proceedings
This paper outlines the establishment of the Rural Health Training Units in Queensland. Development of these units has pushed forward since the first National Rural Health Conference at Toowoomba in February, 1991.

In this paper, I propose to:

- describe briefly, the historical development of the training units;
- discuss the current developments in, and financial allocations for, each unit; and, I hope,
- leave you with some thoughts for the future establishment of training units nationally.

This will be followed by a short address from Ms Charlotte Sandery, Director, Rockhampton Rural Health Training Unit who wishes to inform you about the National Association of Rural Health Training Units.

Historical Development of the Training Units

The initiatives which led to the development of rural practice training in Queensland commenced in the mid 1980s following the production and release of several national reports that addressed a range of issues for rural health and rural health practitioners.

In February 1990, the then Minister for Health commissioned a review into rural health in Queensland. The policy document which was developed from the review stressed, amongst other issues, the need to develop strategies which would assist rural practitioners in performing the broad range of skills and functions required of them.

The policy document acknowledged that inappropriate and inadequate training of rural practitioners was a major factor in both the high turnover rates for rural practitioners and the reluctance of city trained health professionals to undertake rural practice.

As part of Queensland's strategic response to address these issues, the Queensland Government has, over the past two years allocated $1,620,000 for the establishment and development of four Rural Health Training Units and $400,000 for the development of a Rural Health Education, Training and Research Network.

In addition, in June 1990 an agreement was executed between the Queensland Government and the University of Queensland. Under this agreement funds were to be made available over the next five year period to the university, through the Post Graduate Medical Education Committee for the establishment, coordination and supervision of a scheme targeting the provision of vocational training and post graduate medical education for medical practitioners engaged in medical practice in rural areas of Queensland. This scheme forms the Rural Doctors Training Program conducted within the Rural Health Training Units.

The decision to establish a decentralised network of Rural Health Training Units in the four provincial cities of Toowoomba, Rockhampton, Townsville and Cairns was made to ensure that they were accessible to the greater majority of rural health professionals, as these cities
served a large rural area and to enable close links to be made with the tertiary institutions and other organisations. This latter is evidenced with the collaborative achievements of the Cunningham Centre at Toowoomba, the University of Southern Queensland, the Postgraduate Medical Education Committee of the University of Queensland and the relevant Specialist Colleges, the Rural Doctors Association of Queensland, the Family Medicine Program and the Faculty of Australian Rural Medicine, Royal Australian College of General Practitioners in developing the Rural Doctors Training Program.

With the regionalisation of Queensland Health in July 1991, health services delivery became the responsibility of thirteen Regional Health Authorities. Accordingly, the four Rural Health Training Units are now administratively placed within the Darling Downs, Central, Northern and Peninsula and Torres Strait Regional Health Authorities. The overseeing of their development and funding allocation remains the responsibility of the Rural Health Policy Unit, Program Development Branch of Queensland Health.

Each unit is managed by a Director with expertise in education and administration. The units have employed appropriate staff for curriculum development, administration, research and library support.

While the concept of rural training commenced with the discipline of medicine, the focus of training provided in the units has become multidisciplinary. However, the major target groups to date have been medicine and nursing, with rudimentary developments in training for allied health and Aboriginal and Torres Strait Islander health workers.

Resources and information sources are essential to support the work being undertaken in the units. Consequently, each unit is developing a substantial library and resource centre which will be accessible to rural health practitioners statewide.

A Rural Health Education Training and Research Network is also in the process of being established. The aim of the Network is to support the education and training of rural health practitioners and research in rural health through the optimal use of appropriate information and communication technologies to link and inform all individuals and organisations involved in the teaching, planning and delivery of health care in rural and remote Queensland.

Overseeing the strategic development of the units and the network is a Coordinating Liaison Committee. This Committee comprises the Regional Directors of the Darling Downs, Central, Northern and Peninsula and Torres Strait Regional Health Authorities; the Chief Executive Officer, Darling Downs, Health Services; the Director Post Graduate Principal Policy Office, Rural Health Policy Unit of the Central Office of Queensland Health. The Committee is chaired by the Director, Program Development Branch, Queensland Health.

A Rural Health Training Directorate has also been established for the purpose of providing a forum to discuss, plan and promote cooperation and coordination in implementing the rural health support, research, education and training services throughout Queensland. The Directorate comprises the Directors of the four Rural Health Training Units and the Director and Principal Policy Officer from the Rural Health Policy Unit in the Central Officer of Queensland Health. Relevant stakeholders will be coopted to the Directorate Committee to advise and consult as needed.

Social justice demands that Australians living in rural and remote areas have access to adequate and appropriate health services delivered by competent and confident rural health professionals. The developments I have outlined above have demonstrated Queensland’s commitment to addressing these issues.

Current Developments in, and Financial Allocations for, Each Unit

I will now move on to discuss the current developments in, and financial allocations for, the units.
The progress outlining the strategic development of the individual units is identified in the documents submitted by the Darling Downs, Rockhampton and Cairns Regional Health Authorities to the Rural Health Policy Unit during late 1992. The Northern Regional Health Authority has yet to complete its documentation.

Toowoomba

The Cunningham Centre at Toowoomba services the education needs of all staff groups both within the Toowoomba Health Service and throughout the Darling Downs and South West Regions. The Rural Health Training Unit is an integral part of the Cunningham Centre.

The progress of this unit has been made possible by:

• the extensive financial support provided, in the first instance, by the Toowoomba Hospitals Board and following regionalisation of Queensland Health Services, the Darling Downs Regional Health Authority;

• successful applications by the Cunningham Centre for Rural Health Support, Education and Training program (RHSET) funding for medical, nursing and allied health projects;

• provision of new initiatives funding from Queensland Health in the 1991/92 financial year of $220,000 and for 1992/93, $380,000. The Darling Downs Regional Health Authority also received funding for the accelerated development of its unit for additional funds obtained by the Rural Health Policy Unit under RHSET; and

• commitment and enthusiasm from the personnel and organisations who contributed their valuable time and knowledge early in its establishment, and the current staff of the Toowoomba Health Services and the Cunningham Centre.

The unit has had a Director since early 1991. Other staff include administrative staff, senior research officer - allied health, nurse educators, Rural Doctors Training Program personnel and clinical research assistants.

Programs conducted in the unit include:

• The Rural Doctors Training Program;
• Rural Nurses Training Program;
• Rural Information Network, and
• Rural Allied Health Professional initiatives.

Taking the Programs Individually

While the Rural Doctors Training Program is heavily subsidised with Toowoomba Health Services funding, the program is also reliant on funds from the Rural Health Policy Unit for its continued operation and development.

There are multiple entry points at which a medical practitioner may access the Rural Doctors Training Program, however, a minimum of four years after the intern year is required for new graduates wishing to undertake rural practice. The first two years equip rural trainees with the basic skills required of all rural medical practitioners. The last two years equip trainees with the advanced skills in particular areas of practice, eg in GP Obstetrics, GP Surgery and GP Anaesthetics. The program comprises hospital terms, weekly lecture series, learning packages, rural GP attachments, rural hospital attachments and weekend workshops. The program is fully compatible with, and complements, Family Medicine Program (FMP) training, particularly its proposed rural training stream. Therefore, practitioners undertaking rural training are required to concurrently fulfil the requirements of FMP training and thereby be eligible for both Fellowship of Royal Australian College of General Practitioners and a higher qualification in rural medicine to be awarded by the Faculty of Medicine, RACGP.3

During 1992, twenty-one trainees undertook the program at the Cunningham Centre.
There is an extensive range of programs offered by the Cunningham Centre. Much of the activity in this area is carried out on a cost recovery basis, however, the infrastructure and developmental expenses, eg. labour and non labour related expenses and package development, must be met using the Rural Health Policy Unit funding. Packages developed under this funding were:

- two units of the Midwifery Refresher Program. Twelve rural registered nurses undertook this distance education program which commenced in February 1992; and
- a preceptor manual for rural and remote registered nurses who are required to oversee new rural recruits.

Of the accelerated development funding allocated to the unit, $43,000 is being used for the trialing of a Rural and Remote Nurse Training Program.

The Rural Information Network (RIN) was a project of the Cunningham Centre and the Post Graduate Medical Education Committee, University of Queensland. Funding for the RIN project was provided through the Innovative Rural Education and Training Program, which was jointly sponsored by the Commonwealth Departments of Employment, Education and Training and Primary Industries and Energy. Following the completion of the project, the Toowoomba Health Services continued to support the RIN. Rural Health funding the RIN this financial year will be for a library assistant.

This health information service is offered free of charge to all health care providers. Although the service is only promoted in the Darling Downs and South West region, users from other regions are not refused access. Currently there are approximately 750 health care providers accessing the RIN database and the service is growing as it becomes more widely promoted.

Currently activities for allied health professionals include the appointment of a full time research officer to:

- investigate what service delivery models are preferred by provincial and rural-based allied health professionals;
- examine advanced competencies required to practise in provincial and rural areas, and
- determine the associated training needs in the six professions of dietetics, occupational therapy, physiotherapy, psychology, social work and speech pathology, with particular reference to multidisciplinary education.

Accelerated development funding totalling $39,000 will be used for the development of two distance education learning packages for rurally based allied health professionals. The two critical areas selected for attention are:

- basic management skills for sole rural allied health professionals; and
- establishing early intervention programs in rural communities.

These two areas have been identified by rural allied health professionals as critical for effective practice, underdeveloped at undergraduate level, and appropriate for cross discipline.

Rockhampton

The unit has been named the Yangulla Centre and serves the Central, Central West, Mackay and Wide Bay Regional Health Authorities.

Funding provided under the New Initiatives Program from Queensland Health in 1991/92 was $90,000 and for 1992/93 a total of $365,000 has been allocated. Also additional funding totalling $110,000 was allocated from the Rural Health Policy Unit for the accelerated development of the unit over the next twelve months.

The Director of the unit was appointed in August 1992, and is supported by an administrative assistant and project officer. Other staff have yet to be employed.
The unit is in its establishment year and proposes to offer training and development activities and initiatives related to medical, nursing and allied health including Aboriginal and Torres Strait Islander health workers. The Yangulla Centre will be developing areas of specialisation in primary health care, mental health and management.

Funding in the 1991/92 financial year was allocated to purchasing of equipment, administrative and operating costs and for training activities. These training activities include medical activities in the form of weekly meetings, case study presentations, family medicine program lectures, teleconferences and a palliative care course for general practitioners.

Vocational training for allied health professionals via the Rural Health Training Unit, commenced in 1991/92 with a series of three workshops featuring guest speakers. These workshops were initially for community health counsellors but were extended to all regional health counsellors by the third workshop. Twenty-nine people attended these workshops. Further accelerated development initiatives are being planned for allied health personnel for 1992/93.

Nursing activities undertaken to June 1992 included the allocation of $56,500 to the University of Central Queensland for the provision of an outreach program for registered nurses employed by the four regions serviced by the Rockhampton unit. Twenty-two students (RNs) commenced Physiology Modules One and Two, and twenty-three students (RNs) commenced the pharmacology update. At the end of June 1992, of the twenty-two physiology students, fourteen had sat and passed their examinations and eight had withdrawn prior to sitting their examinations.

At the end of June, of the twenty-three pharmacology students, seven had completed, fourteen were still completing and two were of unknown status. In both subjects, the majority of students were from the Central West region.

Cairns
This unit is also in its establishment year and is addressing the three priority areas of medical education, remote area nursing and Aboriginal and Torres Strait Islander health workers.

Funding provided through the New Initiative Program for 1991/92 was $90,000 and for 1992/93, $245,000 has been allocated. The RHSET funding for the accelerated development of this unit from the Rural Health Policy Unit was $121,000.

The Director was appointed in October 1992 and is supported by administrative staff, a medical education coordinator, nurse educators for remote area nursing projects and the Aboriginal and Torres Strait Islander health worker project.

Current rural health programs conducted in the Cairns unit include rural doctors training with one trainee in obstetrics and gynaecology in 1992, and one trainee in obstetrics and gynaecology and another in anaesthetics in 1993. A small start, but it has been made!

The accelerated development funding will be used to push forward the 'Remote Nurse Training Program', and for the 'Development and Implementation of an Educational In-service Curriculum to Meet the Special Needs of Indigenous Health Workers'.

Initiatives for allied health professionals have not yet commenced, however, early discussion between the Regional Directors of the Peninsula and Torres Strait and the Townsville Regional Health Authorities have commenced along the lines that the Peninsula and Torres Strait region would concentrate on programs for remote area nurses and indigenous health workers, and Northern region support medicine and allied health.

Townsville
Concrete moves to establish the unit only commenced early this year. The Northern Regional Health Authority has taken the decision to contract out the development, management and curricula establishment to an external organisation - The James Cook University of North Queensland Rural Education Research and Development Centre for an initial period of three years.
This is obviously a different model to that used in the other three regions. Its development will be followed with interest in relation to the implementation of strategies consistent with the philosophy of rural health training in Queensland.

Funding provided under the New Initiative program in 1991/92 was $50,000 and $100,000 has been allocated to the Northern Regional Health Authority for the 1992/93. A Director has been appointed and will be supported by administrative and other staff yet to be nominated.

While these are the current developments in and financial allocations for the Rural Health Training Units I will now give you an update on the Rural Health Education Training Research Network as it is proposed that the network will be integrated into the Rural Health Training Units.

The network was also funded under the Queensland Health New Initiatives Program. An amount of $50,000 was allocated in 1991/92 and $350,000 in 1992/93. Part of this funding has been used by the Rural Health Policy Unit to employ a central facilitator for a twelve months period.

The role of the facilitator is to implement the network in accordance with the strategy agreed to by the relevant Regional Health Authorities.

The network will have a base in each of the Rural Health Training Units and subsidiary locations within each of the regions with a major rural component. Altogether this involves eight such Regional Health Authorities in Queensland.

In his opening address at the first National Rural Health Conference in Toowoomba, the Minister for Health stated that Rural Health was a priority for the Queensland Government. He also stated that rural health had never, in the past, had the ear of government as it has today, and that the conference would play a vital part in the future developments in rural health.

What I have outlined above demonstrates that Queensland Health has been actively implementing the recommendations of that conference in relation to rural health training. We have also expended large sums of money since 1991 in developing rural health training programs.

These developments have not, however, been without pain, so in this final section of my talk I wish to leave you with some thoughts on the issues that we feel any state contemplating the development of multidisciplinary Rural Health Training Units must consider.

1. Select the right climate
Try not to develop Rural Health Training Units while your health system is undergoing major organisational change.

2. Gain a commitment
Identify the key players and commence the process of state-wide strategic planning for the implementation of rural training prior to any decisions being made on the allocation of funding. It is imperative that all stakeholders have a clear and common understanding of what is meant by rural health training and the mission, goals and objectives of Rural Health Training Units.

A clear distinction needs to be made between the responsibilities of Regional Health Authorities for the cost of their own staff development programs and training costs which can be legitimately met from health training program funding.

The intention of these units is not to assume those responsibilities for staff training which are the rightful responsibility of each Regional Health Authority. They are intended to provide vocational/academic programs which could possibly lead to formal qualifications for health professionals and to support recruitment and retention initiatives for health professionals in rural practice or for those seeking to enter rural practice.
We may, however, be aiming too high too soon. Not all rural health practitioners are willing, prepared or need to undertake formal postgraduate qualifications to be 'good' practitioners. Maybe their need stops at initial orientation, ongoing education and support and, therefore, Regional Health Authorities could legitimately enlist Rural Health Training Unit funding for this purpose.

3. Define your target population
Issues such as:

- Who are rural health workers?
- Who are remote health workers?
- What entitlements do provincial city health workers have to accessing the services of Rural Health Training Units? Should you adopt a functional, geographic or demographic definition of rural practice?
- What responsibility do the Rural Health Training Units have to private practitioners?
- The cost of locum relief; or
- User pays issues.

These are all questions that have to be answered. As we have found, the key stakeholders will have different opinions on these questions, thus leading to obvious difficulties and implications for an agreed statewide strategy.

4. Ensure a statewide focus
Units should not be constrained by a regional structure of health delivery. Queensland's Rural Health Training Units have been sited in large provincial towns which have tertiary education facilities, thus maximising the resources upon which they can draw. The relationship of the units to the Regional Health Authorities in which they are sited should be similar to that of other supraregional services.

All health professionals working in rural and remote or isolated areas have an equal right to access the services of Rural Health Training Units irrespective of their employing Regional Health Authority.

A well developed strategic plan for the implementation of the training units will ensure that individual efforts are not duplicated; optimal use is made of scarce financial and human resources and packages and programs developed have the potential for portability both intra and interstate.

The issue of the ongoing commitment to funding must be considered. What happens next when the initial allocation of funds runs out? Unless there is a statewide strategic plan, the original purpose and philosophy of the units may be lost.

5. Ensure a multidisciplinary focus
All care must be taken to ensure equitable distribution of funding for each health discipline. It is very easy to ignore the legitimate needs of, for example, the allied health professions when other more vocal and organised disciplines can, for expedience, be allocated the lion's share of the rural health training dollar.

6. Develop a formula for funding the units
How do you do this? How do you develop a formula which takes into account, administrative and developmental costs, costs to meet ongoing commitments and costs to introduce new initiatives and, at the same time, ensure that the needs of all rural health workers are addressed?

And, last but not least, a plan for the evaluation of the effectiveness of the strategies developed to assist with the recruiting and retraining of appropriately qualified health professionals must be developed, agreed standards for rural health care delivery also need to be developed and against these, practical and measurable performance indicators derived.
These then are some of the developments which have taken place, and issues which have arisen in Queensland since the last National Rural Health Conference.

References

3. Darling Downs Regional Health Authority. 1992. Rural Health Training Unit (Cunningham Centre) Blueprint.
4. Darling Downs Regional Health Authority. 1992. Rural Health Training Unit (Cunningham Centre) Blueprint.
5. Central Regional Health Authority. 1992. Rural Health Training Unit (Yungaburra Centre) Blueprint.
6. Peninsula and Torres Strait Regional Health Authority. 1992/93. Cairns Rural Health Training Unit.