Establishing University Departments of Rural Health

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INTRODUCTION

In 1996 the Hon Dr Michael Wooldridge, Minister for Health and Family Services announced, as part of the pre election platform, that a coalition government would create six university departments of rural health. (in DHFS1998a)

In the 1996-97 Federal budget, funds were provided for the establishment of the first two such departments at Broken Hill (NSW) and Mt Isa (QLD). Subsequently funds were provided to the other states and to the Northern Territory. A letter to universities to invite expressions of interest stated that:

The objective of the university departments is to improve access by rural and remote communities to appropriate services through the promotion of professional support, education and training of rural and remote health workers. The strategies to meet this objective include:

a) establishing strategic partnerships with multi disciplinary education and training centres located in a rural and remote settings;

b) encouraging rotations of undergraduate and postgraduate trainees in a range of disciplines; and

c) equipping health professionals in preventative medicine and with a cultural awareness of Aboriginal and Torres Strait Islander issues, applicable to remote and rural settings. (in DHFS 1998a)

This paper will look at the University Departments of Rural Health in the context of Rural Health Policy, briefly report on the first two units to be established at Broken Hill and Mt Isa and comment on issues for evaluation of the program.

RURAL HEALTH POLICY AND EDUCATION AND TRAINING

Since the 1994 endorsement of the National Rural Health Strategy (AHMC1994a) by the health ministers of Australia, a range of discussion documents has examined the issues of rural health. Recruitment and retention of a rural health workforce are priority themes, a major element of which is the education and training of the rural workforce. The National Rural Health Strategy (NRHS) contained thirteen priority proposals, five of which contained recommendations about education and training. The “National Framework for Education and Training Arrangements for Rural Health Services” (AHMC 1994b) provided a guide to improve education and training for the rural workforce through the promotion of Rural Health Training Units (RHTU). In 1996 the
“National Rural Health Strategy Update” (AHMC1996) further delineated five broad categories aiming to improve the health status of rural Australians. These were: rural health care needs; resource allocation and service provision; rural and remote workforce issues; a primary health care approach and evaluation of health outcomes. The workforce issues are focused on education and training. The Update noted that there had been, “inadequate progress on recruitment and retention issues …including structural impediments that restrict participation in education and training programs” and further promoted the Rural Health Training Units as “appropriate vehicles for the education and training requirements of the rural health workforce.” Attention was also drawn to the potential of using interactive technologies both in service delivery and education and training. Discussions around primary health care required a “greater role of health promotion and public health training as part of rural health training programs”

The report of a Rural Health Support, Education and Training (RHSET) grant “Operational Plan for the Establishment of University Departments of Rural Health” (DHFS1998) part of which was to examine the relationship between University Departments of Rural Health (UDRH) and RHTU, noted that the majority of Rural Health Training Units were functioning as staff development units primarily for the regions in which they were located. There was further criticism that their programs tended to target nurses and allied health staff over medical staff and Aboriginal Health Workers. While several RHTUs had links with universities these tended to be informal.

Two training units were somewhat different. One was the only existing university department of rural health, the Monash University’s Centre for Rural Health at Moe (now at Traralgon) primarily a General Practice Centre, and the Rural Public Health Training Unit at Broken Hill. Broken Hill became the first University Department of Rural Health under the new scheme and incorporated the existing rural public health training unit. The Broken Hill UDRH became the model for the UDRH program.

Other documents relevant to the establishment of the UDRH include a Schedule, “Criteria for the Selection of University Departments of Rural Health”, for the contract between the Commonwealth and the fundholder. This outlines nine requirements and emphasises multidisciplinary approaches, a focus on preventive and population health, linkages with existing training institutions, promotion of rural health as a career, cultural awareness and sensitivity to Aboriginal health issues. A paper entitled “Role Strategies and Management Arrangements for a University Department of Rural Health – a Commonwealth perspective” expresses the vision that “in the same way the establishment of (university) Departments of Community Health some twenty years ago transformed the approach to public health, the government considers the establishment of UDRHs will provide a positive focus for rural health training and support for health care professionals.” (DHFS 1997)

A further vision for the UDRHs is that they “will facilitate the transfer of intellectual capital to rural and remote Australia” (DHFS 1998a) implying support for academic careers in rural and remote health. The Commonwealth report on
the rural undergraduate component of the Rural Incentive Program similarly comments that an important area for further attention is the “lack of numbers, support and funding of academic rural practitioners and lack of rural understanding and experience of academic staff.” (DHFS 1998b)

While university departments of rural health were first mentioned as part of a pre-election campaign and were not developed specifically as part of national rural health policy processes, the concept embodies many of the principles around recruitment and retention of the rural health workforce and fits in well with the ‘big picture framework’ described by Humphreys (1997). The model indeed goes beyond the policies with the vision of transferring ‘intellectual capital’ from the metropolitan areas to the bush and promoting academic rural practice.

**EARLY IMPACTS AND CHANGE**

The Department of Rural Health (Broken Hill) is one of several major health infrastructure projects that have changed the face of Far Western NSW since 1995. To remain successful and relevant each organisation or group has needed to constantly review and redefine their role(s) in light of other changes in the area. This evolving environment has significantly influenced the Department of Rural Health_Broken Hill (DRH_BH). Initially the DRH_BH had more responsibility for education and service development work. Over time it has focussed more on education and research. These changes have challenged local expectations about what a DRH_BH should do. Managing these expectations has enabled the DRH_BH to develop into a credible academic unit.

In brief, some of the achievements of the DRH_BH include the development of education facilities including IT-enabled lecture and seminar rooms, a library and staff offices as well as student accommodation. The Department works in partnership with the local health services including the Royal Flying Doctor Service, the Division of General Practice and the Aboriginal Medical Service. Other strategic partners include relevant faculties and departments within the University of Sydney and other rural training institutions around Australia. A wide range of education programs is on offer in 1999 including among others:

- Associate Diploma in Community Health and Development (for Aboriginal Health Workers);
- Graduate Diploma /Masters in Rural and Remote Nursing;
- rural placements for medical and nursing students;
- Public Health Officer training placements; and
- support for clinical and population health research.

Regular workshops in cross cultural training are conducted and a flexible Masters of Public Health is currently being developed with the Department of Public Health and Community Medicine (University of Sydney).
The Mt Isa Centre for Rural and Remote Health appointed its first staff members in late 1997 and has faced similar issues to the Broken Hill unit. The dilemma in establishing these units is the relative lack of health service providers in remote areas. There are inevitable tensions between expectations of improved service delivery (a State responsibility) and the Commonwealth Government brief for establishing UDRHs namely the improved access to health services through education and training and academic development of rural health workforce. The introduction of core curricula in rural health with significantly increased numbers of medical and other health science students in rural and remote placements puts further demands on the local workforce.

Achievements to date include the construction of comfortable accommodation for 20 students; and construction of a purpose built education centre with emphasis on technology in delivery of education and training. A significant proportion of the University of Queensland Graduate Medical Course students will be placed in Mt Isa for the new eight-week rural rotation. The Centre has attracted $1 million dollars in grant money including three RHSET grants. These have enabled a comprehensive onsite program for Indigenous Health worker training to be set up; recruitment of a Nurse Education Co-ordinator and support for Allied Health students for rural placements. The Mt Isa Centre for Rural and Remote Health (MICRRH) leads a consortium, which won a tender to develop a national population health curriculum for clinicians.

Significant partnerships have been formed with universities and other training organisations. At the local level there has been enhancement of medical library resources, several population health projects established in the District, recruitment of ten Centre staff including an Information Technology Manager and joint appointments with the North Queensland RHTU and James Cook University.

EVALUATION ISSUES

The basic criteria for evaluation will be increased rural and remote workforce numbers and decreased rates of staff turnover. The number of Australian graduates and vocationally trained medical practitioners in the districts will be monitored as well as increased rural student placements. Appropriate databases will be set up and will also monitor increased participation of Aboriginal and Torres Strait Islander people in the health workforce.

The development and ownership of rural curricula by the rural workforce is emerging and the possibilities for multidisciplinary rural curricula are promising. Measures should be taken to monitor increased understanding of rural health issues by the urban health work force especially in the tertiary referral centres.

A further measure will be the development of new models of service delivery and increased participation in population health activities by clinicians. The establishment of partnerships with other relevant organisations is also an important criterion for evaluation.
CONCLUSION

Education and training of the rural and remote health workforce is a key element of rural health policy in Australia. The university departments of rural health program is a further investment to improve access to and participation in appropriate education and training by the workforce thereby improving recruitment and retention rates. The program is part of the raft of policies to improve the health of rural and remote Australia. The UDRH program aims to do more however by promoting rural health as an academic discipline. This implies better career opportunities in rural health and at the same time increasing the understanding of the distinct issues of rural and remote health by the urban health workforce.

REFERENCES

DHFS “Roles, Strategies and Management Arrangements for University Departments of Rural Health- Commonwealth Perspective” Canberra Oct 1997.

ABBREVIATIONS

AHMC Australian Health Ministers’ Conference
DHFS Department of Health and Family Services
DRH_BH Department of Rural Health Broken Hill
MICRRH Mt Isa Centre for Rural and Remote Health
UDRH University Department of Rural Health