A National Framework for Education and Training Arrangements for Rural Health Services

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Mission Statement

To improve access to and quality of health services for all people in rural Australia by ensuring the provision of adequate training, education and support for all health care providers working in rural health services.

AHMAC
October 1994
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A NATIONAL FRAMEWORK FOR EDUCATION AND TRAINING ARRANGEMENTS FOR RURAL HEALTH SERVICES

Purpose of the paper
This paper sets out the principles and characteristics which should be evident in education and training arrangements for all people working in rural health services. The paper is intended to assist and guide the development of rural health education and training arrangements throughout Australia.

The need for a position paper on rural health education and training
In order to maintain, promote and improve the health and quality of care to rural communities, it is necessary to have a competent rural health workforce that meets the needs of those communities. To achieve this requires an appropriate mix of rural health care providers who have the skills to meet these needs.

This will not be achieved without appropriate rural health education and training arrangements. Current initiatives, although well intended, need to be focused as they generally:
- are not based on a comprehensive State wide framework which ensures integration and coordination of activity;
- have a predominant focus on doctors; and
- are developing in isolation from broader health service strategies.

There are a number of Rural Health Training Units (RHTUs) in existence in New South Wales, Queensland, Western Australia and Tasmania while training in South Australia takes place in units under the umbrella of the Country Health Services Division. Victoria is currently developing a proposal for a coordinated and integrated rural health training unit system.

To date, RHTUs have tended to develop in response to local needs on an ad hoc basis and there has been no formal national framework within which to structure their development and operation.
The forum of State and Commonwealth rural health policy units has identified a need for a framework to guide the future development of RHTUs or other mechanisms that provide education and training for rural health practitioners and providers.

Any future development should be consistent with the goals objectives and programs of individual jurisdictions.

**Mission statement**

The mission statement for rural health education and training arrangements is:

To improve access to and quality of health services for all people in rural Australia by ensuring the provision of adequate training, education and support for all health care providers working in rural health services.

**Principles**

While there are numerous desirable features for rural health education and training arrangements, the following guiding principles are those considered to be the essential bases of those arrangements. These principles are that:

1. All people working in rural health services are entitled to education and training to maintain their competence and prepare for changes in roles and functions.
2. Education and training is a joint responsibility of health care funders and people working in health services.
3. Education and training arrangements for rural health services have a multidisciplinary focus and flexible approaches are adopted to meet special needs.
4. The primary focus is on ensuring rural health care providers are equipped with the core skills they need for the extended roles they perform.
5. Resources are shared equitably across the occupational groups while taking account of priorities.
6. Reasonable access is available for health care providers to a targeted spread of education and training programs which are consistent with national directions, State and regional priorities and local needs.
7. Arrangements are in place to ensure operational efficiency and minimise duplication through sharing information and program development while implementation involves all key stakeholders.
8. Each Health Authority ensures education and training is coordinated, based on priority needs and managed on a multidisciplinary basis with appropriate links with university and other education providers and professional associations.
Health care funders have defined education and training objectives which are derived from professional, service and policy needs with those objectives having defined outcomes and being subject to periodic evaluation.

Education and training objectives accommodate special areas of need.

Responsiveness to local needs and circumstances is facilitated by community participation in identifying priorities and in management structures.

Management structures reflect the multidisciplinary focus of rural health training units and are responsive to locally identified priorities.

**Definitions**

**Rural**

In this paper the term “rural” is an umbrella term for all non-metropolitan areas. It is essential, however, to recognise that education and training arrangements may need to vary to meet special needs arising because of local circumstances, including in remote areas where geographic and professional isolation often result in unique requirements.

**Rural Health Training Unit (RHTU)**

A RHTU is a mechanism which can take a range of forms or structures but it has the development of improved rural health education and training as its major focus. Such units are seen as facilitating and ensuring reasonable access to training, education and support for rural health care providers.

It is acknowledged that different structures and approaches will be developed to meet the specific needs of individual states and territories.

**Rural health workforce**

This workforce covers an extensive and diverse range of people providing health services and can include:

(i) direct care providers such as Aboriginal and Torres Strait Islander health workers, allied health professionals, dentists, medical practitioners, nurses, and pharmacists;

(ii) the wide range of people providing management, administrative, hotel and other support services in rural hospitals; and

(iii) other health and community service workers including those employed by local government and non government organisations.

This framework focuses on direct health care providers.

Other categories of workers also clearly have education and training requirements and it is important that these needs are met. Generally these needs are best met through settings such as staff development programs, TAFE and tertiary education courses.
If services are to be delivered most effectively, a multidisciplinary focus in education and training arrangements needs to be ensured in order to reflect the high degree of team work in rural health settings.

**Objectives**

The provision of education and training should reflect the actual needs of rural health care providers. Consequently it is important to recognise that needs are not static and are not necessarily the same either across disciplines or across Australia. Within agreed priorities, the objectives of rural health education and training should be to:

- encourage secondary school students, particularly those in rural areas, to select careers in health services;
- assist with provision of clinical training for undergraduates in health science courses so undergraduates can gain an understanding of the rural health workplace;
- maintain and increase the recruitment and retention of health providers in rural practice;
- facilitate entry into rural health practice including by providing orientation, skills development and cross cultural awareness programs;
- assist in meeting the vocational and continuing education needs, both in service and postgraduate, of rural health providers through integrated, flexible, multidisciplinary models;
- assist with the development of employment options for staff in rural hospitals;
- facilitate access to special skills training for rural health practice and provision;
- have a role in research that is directly related to health workforce training and education needs;
- ensure both curriculum development and the provision of programs are based on agreed objectives and priorities;
- facilitate access to mentors and other rural health practitioners who can provide support as necessary;
- develop effective collaborative arrangements with professional associations, universities and other training agencies such as the Australian National Training Authority; and
- raise the profile of rural health issues with relevant institutions.

**The role of RHTUS**

It is acknowledged that some States have developed a State wide multidisciplinary strategy for RHTUs.
To date, however, RHTUs have historically developed as a response to improving the supply of general practitioners in rural areas. There have also been some differences in the form that RHTUs have evolved on a State by State basis and they have established differing roles and relationships according to regional and political needs.

The pattern of evolution of rural health education and training arrangements has led to a range of concerns including:

- that RHTUs should increase their focus on health care providers other than doctors;
- for a variety of reasons some RHTUs are seen as operating independently of State Health Authority plans and priorities; and
- difficulties with access to, and articulation of, education and training activities.

These concerns need to be addressed in order to ensure that the important contribution RHTUs have made and can make in the future will not be overshadowed by issues which can be readily resolved.

There is therefore a need to look beyond existing arrangements in order for RHTUs to continue to make an important contribution and assist in ensuring there is a holistic approach to education and training. In doing so, it is important that local and regional needs are met within State plans and in accordance with national priorities.

State and national strategies should ensure that RHTUs have links and ongoing communication with other RHTUs. One option is for links within management structures between the State Health Authority and the various RHTUs. An additional avenue is through the National Association of Rural Health Training Units (NARHTU) provided that its membership comprises all the units nominated by the rural health policy units from which rural health education and training can be accessed. The desirable organisational arrangements are outlined in Attachment A.

Most importantly, the development of agreed work plans for RHTUs as part of State wide rural health education and training arrangements should provide clarification of their roles and so enhance their contribution to the health workforce overall. Such work plans should permit, where capacity exists, for RHTUs to access other sources of funding such as grant programs to facilitate their activities.

The development of a national framework for rural health education and training arrangements provides the blueprint for a planned, coordinated and proactive initiative that is understood by all stakeholders.

**Management arrangements**

The management arrangements for rural health education and training should universally reflect the multidisciplinary nature of rural health services and provide for community participation. An emphasis needs to be placed on meeting special local and regional education, training and support needs.

All health units should be encouraged to play a role in the arrangements as set out in this paper recognising that in some instances new structures will need to be developed.
There is also a need for flexibility with the result that it is likely there will be a diversity of arrangements across Australia as States develop approaches to suit their particular purposes.

For example, a State may decide that it will support or facilitate an umbrella organisation with a number of sites through which education and training is provided. Another alternative could be that each RHTU or site, in addition to providing a range of education and training activities, could also focus on a particular discipline. A further option could be for a State to elect not to have a RHTU as such but to facilitate access to education and training through a 'train the trainer' approach.

The scope for purchaser/provider agreements to provide education and training activities as an option instead of RHTUs should be explored. In addition, there is a need to acknowledge the wide range of health professional education and training support outside RHTUs which can be accessed through a variety of mechanisms.

Whatever the model decided on, however, the lines of responsibility and accountability need to be defined. There needs to be a co-ordinating mechanism to provide overall direction and ensure accountability, for example through a steering group, and there should be a mechanism to support day to day management of the rural health education and training system.

The management arrangements should also incorporate a planning mechanism to develop future directions and to decide on priorities and systems for providing rural health education and training.

Representatives of key stakeholders and community groups should have a role in the planning and administrative processes to ensure responsiveness of education and training activities to local needs and circumstances. There would also be a role of ongoing liaison with universities and other educational institutions, professional associations and relevant government bodies.

In the case of Aboriginal and Torres Strait Islander communities, there need to be mechanisms in place which ensure that:

- there is appropriate consultation and participation by rural communities in rural health education and training arrangements; and
- action is consistent with the philosophies outlined in the National Aboriginal Health Strategy and the recommendations of the Royal Commission into Aboriginal Deaths in Custody.

While not being prescriptive about the details of arrangements in each State, there needs to be a management structure which features:

- a coordinating mechanism to provide overall direction and ensure accountability;
- a mechanism to support day to day running of rural health education and training; and
• a planning mechanism for future directions incorporating community participation.

Each State needs to have a State wide strategy which reflects regional needs to plan and provide education and training programs and professional support services to people working in rural health services.

**Roles and responsibilities of the States and Commonwealth**

The issue of roles and responsibilities in relation to rural health education and training, including through RHTUs, is complex and will change according to a number of factors such as funding sources. Both the States and the Commonwealth need to be involved in future planning but the precise nature of this involvement needs ongoing re-assessment and evaluation.

In order to provide clear directions on both priorities and processes, each State Health Authority needs to support and facilitate the development of State wide plans on the basis of their rural health education and training arrangements. Such plans need to be developed in consultation with major stakeholders, including consumers, to ensure understanding of and support for the activity being undertaken.

While it is important that the legitimate expectations of occupations and the community are recognised, the reality is that State wide plans need to strike a balance between professional, service and policy needs.

It is important to appreciate that rural health education and training arrangements must reflect changes in service delivery arrangements and policies in order to ensure the rural health workforce is adequately prepared for organisational and structural change.

To date the Commonwealth and several States have recognised the importance of funding for rural health education and training and it is important that there is an ongoing commitment. The Commonwealth's contribution has included funding a number of projects in various RHTUs under the RHSET program. There need to be strategies to enable both the future funding and future directions of rural health care education and training to be advanced in a strategic way.

Within a national framework the States and the Commonwealth should negotiate and reach agreement on critical issues such as core functions and expand multidisciplinary activities so that there is a strategy within which to develop directions of rural health education and training arrangements, including possible funding sources.

At a national level, arrangements need to be developed along the lines set out in Attachment A.
Training and education needs

A fundamental principle underpinning training and education needs is that all people working in public and private health services are entitled to education and training to maintain their competence and prepare for changes in roles and functions. Concurrent with this is that education and training is a joint responsibility of health care providers, health care funders and consumers and arrangements should allow for all to participate in the decision making process.

It is recognised that each provider has differing education and training needs according to training, discipline and scope of practice. There is an overall need in rural areas, however, for health practitioners and providers to be broad-based and to provide them with core skills to enable them to perform extended service delivery roles.

Particular attention is needed to ensure the equitable access by women who comprise the majority of the rural health workforce and frequently face particular barriers in their participation in education and training.

The National Rural Health Strategy has identified a number of measures to address the training and education issues associated with the need to improve the recruitment and retention of rural health care providers. Measures include the development of national core curricula and establishment of RHTUs which provide education and training tailored to the special circumstances of rural practice.

These special circumstances have been identified as increased diversity and special problems in practice and a need for resourcefulness due to a lack of readily available support. The issue of core skills and the need for a core curriculum for rural practice have been raised in this context.

The importance of a cross disciplinary approach in this issue has been considered in Proposal 6 of the Strategy which recommends introduction of “curricula for health care provider courses of core units incorporating a primary health care approach to practice and cross-cultural training with an emphasis on Aborigines and Torres Strait Islanders where appropriate”.

It is important that innovative measures be taken to meet the special needs of remote areas.

Consistent with the Federal Government's training reform agenda, it should be ensured that any competency based training is adequately recognised and accredited by appropriate professional organisations and state recognition authorities.

Accordingly particular attention needs to be given to the quality of training, recognition and accreditation of training and education programs and workplace reform objectives.

The scope of education and training arrangements needs to encompass appropriate initiatives across the various stages of rural health care provider preparation including:

- during undergraduate courses;
- vocational training;
• continuing education; and
• special skills training.

There is a need to ensure that there are mechanisms in place so that the following can be identified and incorporated into rural health education and training arrangements:

• the specific needs of the different health professions;
• ways in which these needs can be met;
• opportunities to promote and facilitate interaction including on a cross disciplinary basis;
• opportunities to apply a team approach to service delivery; and
• scope for the development of competencies.

**Access and equity issues**

It is important that education and training is based on priority needs and managed on a multidisciplinary basis within a coordinated framework. At the same time special areas of need must also be accommodated within education and training objectives and systems.

In planning programs it is important to ensure that disadvantaged, minority and numerically smaller groups are not overlooked and that the allocation of resources reflect those needs.

There is also a need to ensure that programs are available and delivered in a form that is affordable and readily accessible by providers in a rural environment. In order to assist in ensuring reasonable access and equity it is necessary to explore the scope of the many types of long distance education available through interactive technology and correspondence courses as well as training in workshop form in remote areas.

This would apply particularly to those rural health practitioners who are unable, for example due to expense, family responsibilities or inability to find relief personnel, to leave their location for education or training purposes.

In recognition of the fact that in many cases the most effective settings for education and training will be experience in clinical practice, initiatives need to be supported by appropriate management practices, such as rostering and relief arrangements, to support and enable access to education and training for those personnel.

With regard to the particular needs of health practitioners in isolated communities and remote areas, proposal 8(c) of the National Rural Health Strategy advocates the development of an education and training strategy for remote area health care providers. It is important that the remote area strategy, which is specifically an AHMAC responsibility, is reflected in State rural health education and training arrangements.
Initial attention needs to be given to:

- finding solutions to identification of the particular barriers to rural health area providers having reasonable access and equity to education and training opportunities; and

- the development of outcome measures for rural health education and training activities based on access and equity concerns.

**Linkages and information exchange**

A principle underpinning the development of rural health education and training arrangements is that they need to minimise duplication, ensure operational efficiency and encourage information sharing, program development and implementation with all key stakeholders. Unless such an approach is taken there will be fragmented approaches, unnecessary duplication and variations in service delivery.

While it is up to States and individual RHTUs to decide whether there is a need for a defined communication strategy, there should be national strategies for linkages and information exchange including on resources and programs that have been developed.

The National Rural Health Unit should make a strategic contribution towards improved information flows.

An efficient and low cost network should be developed amongst RHTUs/other models regionally, statewide and nationally to facilitate information exchange and collaboration.

For RHTUs to function to their full potential in:

- meeting training and education needs; and

- having a role in research directly related to workforce training and education needs;

there should be a mechanism to link with key stakeholders including rural health policy units, other RHTUs and the National Rural Health Unit. The arrangements outlined in Attachment A would facilitate this.

**Planning for occupational needs within a multidisciplinary setting**

The principles of a multidisciplinary focus for education and training and expanded practice roles underpin planning for occupational training needs in rural areas. Consistent with this, a targeted spread of programs should be offered within State and area priorities and consistent with national directions.

There need to be strategies, however, to take account of the multidisciplinary focus in meeting occupational needs.
There should be clearly defined targets which take account of:
- community health needs that can be addressed in a multidisciplinary way;
- discipline and rural health workforce specific needs; and
- area and community specific needs.

Within the context of a State wide plan, there should be short term and long term strategies to take account of immediate priorities and to enable planning for long term approaches in meeting education and training needs from a multidisciplinary perspective.

**Marketing**

In order to promote wide understanding of the nature of rural health education and training arrangements and increase the likelihood of success in achieving objectives it is important for there to be a positive marketing of State wide plans and agreed national priorities.

Within agreed objectives and priorities, there should be a coordinated approach in each State/Territory to enable marketing of rural health education and training activities and products in an appropriate (including culturally appropriate) but effective way to intending and existing rural health practitioners.

**Responsiveness and evaluation**

The ultimate purpose in having particular rural health education and training arrangements is to meet community needs and provide rural communities with improved access to high quality health care.

While the identification of the needs of health care providers is essential, it is necessary to strike a balance between local priorities, State priorities and national directions. At the same time, work plans and priorities should be developed that accord with State objectives and priorities.

Consequently, to ensure the ongoing value and relevance of rural health education and training arrangements it is essential for there to be clearly expressed measures of expected outcomes from education and training initiatives. This requires that evaluation strategies be integral components of the education and training processes.

It is important that in setting outcomes for rural health education and training arrangements, particular attention is paid to special health needs.

Special emphasis therefore needs to be given to the development of performance and outcome measures and their subsequent evaluation. These features must be incorporated into State wide plans.
AHMAC

State and Commonwealth Forum of Rural Health Policy Units
Responsible for setting national guidelines and priorities and monitoring overall performance of the Rural Health Education and Training Strategy

State Health Authorities
Responsible for the detailed development of Rural Education and Training arrangements for their jurisdiction and the evaluation of outcomes

Steering Group
Responsible for day to day operations

Commonwealth Department of Human Services and Health
On behalf of the forum, responsible for liaison with national bodies and organisations which have the potential to make contributions towards the National Rural Health Education and Training Strategy

National Rural Health Unit
Responsible for providing data on Rural Health Education and Training Issues

National Association of Rural Health Training Units
Responsible for facilitatory action on the National Rural Health Education and Training Strategy and coordination and cooperation between Rural Health Training Units

ACCOUNTABILITY AND REPORTING STRUCTURE

National Coordination Structure