

# RURAL HEALTH SCHOLARSHIPS, EDUCATION AND TRAINING



...healthy and sustainable rural and remote communities.

Geographical maldistribution of the health workforce is one of the major challenges facing the Australian health care system. The oversupply of general practitioners (GPs) and other health professionals in some urban areas, and shortages in rural, regional and remote (RRR) areas, is an issue of concern. Over the years, the Australian Government has instituted many programs, mostly targeting the medical workforce, to encourage students to consider rural and remote practice. There is evidence that students who come from rural backgrounds, and/or those who spend (well-supported) time training in a rural setting, will be more likely to pursue a rural career upon qualification.<sup>1</sup> This fact sheet provides an overview of the education and training support available for students wishing to work in RRR areas.



## Key education and training programs

A series of University Departments of Rural Health (UDRH) and Rural Clinical Schools (RCS) were established in the late 1990s and early 2000s, as an Australian Government initiative, to provide an academic network and infrastructure to train rural medical and health professionals—with the long-term aim of addressing the maldistribution of the health workforce. These two programs were recently consolidated into the Rural Health Multidisciplinary Training (RHMT) program.

### University Departments of Rural Health

The UDRH program commenced in the late 1990s, with the aim of providing education and training facilities in non-metropolitan centres, thereby helping attract health professionals to practise in rural and remote communities.<sup>2</sup> The UDRH network complements and interacts with Rural Clinical Schools, and has a multidisciplinary focus.

### Rural Clinical Schools

The Rural Clinical Schools program was launched in 2000, to enable medical students to undertake extended blocks of their clinical training in regional areas. The RCS initiative concentrates on maintaining a rural focus in their training by requiring the universities to admit more students with a rural background.<sup>3</sup>

### Dental Training Expanding Rural Placements

The aim of the Dental Training Expanding Rural Placements (DTERP) program is to help address the shortage and maldistribution of dentists, especially in rural and remote areas. The DTERP program supports dental faculties based at metropolitan universities to improve rural access to dental services, by expanding dental training in regional settings.<sup>4</sup>

## Rural Health Multidisciplinary Training

In 2016, the Australian Government Department of Health consolidated the UDRH program, the Rural Clinical Schools, the Dental Training Extended Rural Placements program, and the Northern Territory Medical Program (NTMP) into the Rural Health Multidisciplinary Training program.

The RHMT program was established to provide rural training experience for health students, as well as to develop an evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes, and provide support to rural health professionals to improve Aboriginal and Torres Strait Islander health. It also aims to increase the number of rural origin medical, nursing, allied health and dental students, and to maintain well-supported academic networks to enhance the delivery of training to students, junior doctors and specialist trainees.

### Who does the RHMT program fund?

The RHMT program funds a national network of 19 Rural Clinical Schools, 16 University Departments of Rural Health, six dental schools that support rural placements for students across the health disciplines—medicine, nursing, allied health and dentistry—as well as 26 regional training hubs. There are also 21 universities participating in the RHMT program at the time of writing.<sup>5</sup>

## Focus on Aboriginal and Torres Strait Islander health

One of the parameters of the RHMT program is to facilitate the improvement of Aboriginal and Torres Strait Islander health.<sup>6</sup> One way in which this will be achieved is through embedding Aboriginal and Torres Strait Islander health issues into the rural training curricula of health professionals, with reference to the Australian Government Department of Health's Aboriginal and Torres Strait Islander Health Curriculum Framework. Different strategies will be engaged to increase the number of graduating Aboriginal and Torres Strait Islander health students.

## Examples of types of training

### Prevocational training

Prevocational training is the period of clinical education and practice in which doctors and other health professionals develop competencies, usually after (or in the final stages of) completion of their basic academic qualification. Prevocational training is a requirement for medicine and many of the allied health professions, including psychology, pharmacy, optometry and radiation oncology.<sup>1</sup>

The Australian Government supports two programs for prevocational doctors that are aimed at providing a rural general practice experience. One is the Rural Junior Doctor Training Innovation Fund which aims to foster the development of rural primary care rotations for first year interns that are based in rural areas, building on existing state and territory rural junior doctor networks.<sup>7</sup> The other program is the More Doctors for Rural Areas Program which supports non-vocationally recognised doctors to gain general practice experience in rural and remote communities prior to joining a college fellowship pathway.<sup>8</sup>

### Vocational training

Once an intern has achieved general medical registration, they have the option of training to become a specialist (including a GP). There are several training initiatives in place which are designed to influence the distribution of specialists and GPs.

### General practice training

Several measures have been taken in recent years to increase GP numbers and encourage doctors to pursue a rural career, thereby addressing issues around access to health care. In spite of these efforts, the maldistribution of doctors across all remoteness areas continues to be a problem. Data show that the supply of doctors decreases with increased remoteness.<sup>9</sup>

### Streamlining general practice training

From 2019 to 2023, the Australian Government will implement an initiative designed to simplify general practice training, as part of the Stronger Rural Health Strategy.<sup>6</sup> Under this initiative, the existing GP training and qualification pathways will be streamlined into two—to be delivered through the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. Both colleges will have a role in delivering and managing the training of GPs.

## Health education scholarships

The Australian Government provides health workforce education support through a number of scholarship programs. The majority of these are managed within the Health Workforce Division of the Department of Health. The following are some examples of scholarship programs.

## Rural Australia Medical Undergraduate Scholarship (RAMUS) scheme

The RAMUS scheme was established in 2000, to assist selected students with a rural background to study medicine at university. Other criteria for selection of RAMUS holders are financial need, and demonstrated commitment to working in rural Australia in the future.<sup>10</sup> The scheme is funded by the Australian Government and is designed to result in more doctors choosing to work in rural and remote Australia. The National Rural Health Alliance administers the RAMUS scheme on behalf of the Department of Health. The scholarships are not bonded, and all scholarship holders have a rural doctor as a mentor.

## Bonded Medical Program

The Bonded Medical Program was established by the Australian Government in 2001 and incorporates two schemes: the Medical Rural Bonded Scholarship (MRBS) scheme and the Bonded Medical Places (BMP) scheme. The program aims to provide more Australian-trained doctors where there are workforce shortages, particularly in rural and remote Australia.<sup>11</sup>

From 1 January 2020, the reformed Bonded Medical Program will come into effect, which aims to encourage more doctors to work and stay in rural and remote areas. Existing participants will be able to opt in to the new arrangements, and new applicants will enter under the new arrangements.

## Aboriginal and Torres Strait Islander scholarships

There are a number of scholarships that are specific to Aboriginal and Torres Strait Islander peoples, available through the Australian Government Department of Health, including: the Puggy Hunter Memorial Scholarship Scheme (PHMSS), the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS), and Australian Rotary Indigenous Health Scholarships (IHS).<sup>12</sup> Essentially, these scholarships aim to increase Aboriginal and Torres Strait Islander peoples' participation in tertiary education and the health workforce. There are also other scholarships that are offered through the UDRH program.

## Rural Workforce Agencies

Rural Health Workforce Australia supports a network of seven Rural Workforce Agencies (RWAs).<sup>13</sup> The RWAs are funded by the Australian Government Department of Health to identify the rural health workforce needs in their state or the Northern Territory, to increase access to essential primary health care services, and to support the workforce's capability and sustainability. The agencies attract, recruit and support health professionals who are needed in rural and remote communities. They also provide a range of services such as recruitment for rural practices, personal and family support, professional skills development, GP locum relief programs, and support for overseas trained doctors. The RWAs also administer the National Rural Health Student Network, which is funded to foster and support students' interest in rural careers during their medical undergraduate years.

## Policy implications

The inequities in health status for people residing in rural, remote and regional Australia, compared with metropolitan areas, can be attributed to the maldistribution of the health workforce—yet sufficient numbers of well-supported health professionals are integral to improved health outcomes in these areas. The national education and training programs outlined in this fact sheet have been designed to address this challenge.

While previous evaluations have shown some benefits in the different education and training programs, both at institutional and community levels, the benefits of other programs such as the Rural Health Multidisciplinary Training program are yet to be established. At the time of writing, an evaluation of the RHMT program was underway.

Previous programs have tended to focus on GPs, with lesser focus on other professions, particularly allied health. For example, GPs are remunerated for clinical teaching, yet the same does not occur for allied health professionals working in private and non-government sectors. Such disparities have serious implications for attracting and retaining allied health staff in rural and remote settings. It is, therefore, imperative for all education and training programs to consider the professional development needs of health professionals across the board, if the health outcomes of people in rural and remote areas are to improve.

## References

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