

OPEN LEARNING AND RURAL HEALTH IN AUSTRALIA

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Introduction

In this paper, a case study of the development of the University Department of Rural Health, Tasmania (UDRH) is presented to demonstrate how an open learning approach is used as a strategy to address a particular rural health issue – the problem of sustaining a rural health workforce. The paper also demonstrates the importance of a partnership approach by describing the development of a close working relationship between the UDRH and the Tasmanian Department of Health and Human Services (DHHS). At the forefront is collaboration in the development of a network of Rural Health Teaching Sites in rural and remote Tasmania and the establishment of the Telehealth Tasmania Network. The aim is to provide an open learning approach to rural health education, training and research to achieve the goal of better health outcomes for rural and remote Tasmanians.

Background

The Government of Australia, in the development of its health policy, identified difficulties in recruiting and retaining health care workers in rural and remote areas of Australia as significantly impeding access to health care services in these areas. The Government introduced a range of measures to respond to these impediments. One was the announcement in the 1996-97 Budget of a proposal to establish and fund six University Departments of Rural Health around Australia over a three year period.

The Australian Government's principal objective is:

to improve access by rural and remote communities to appropriate services through the promotion of professional support, education and training for rural and remote health workers and for those city based health care professionals interested in furthering their training and practicing their clinical skills in rural and remote settings (Commonwealth Department of Health and Family Services, 1996).

It is also intended that University Departments of Rural Health will have an underpinning focus on public or population health and improving health service development.

The Australian Government proposed that the following strategies be employed to achieve this principle objective and underpinning focus:

- (a) establish strategic partnerships with multidisciplinary education and training centres located in rural and remote settings;
- (b) encourage rotations of undergraduate and postgraduate trainees in a range of disciplines;
- (c) equip health professionals with a cultural awareness of Aboriginal and Torres Strait Islander issues applicable to rural and remote settings;
- (d) equip health professionals in preventive medicine by promoting a public health approach to service delivery, including teaching of the principles and practice of public health and primary health care in a rural and remote environment;
- (e) provide an interface between, on the one hand, academic disciplines of teaching and research and on the other, the operational concerns of service development and delivery in a targeted region;

- (f) build on the intellectual capital in a targeted region by encouraging senior University staff to live in or visit the region and provide ongoing teaching, research and service development support to resident health professionals;
- (g) provide to health care professionals (including medical practitioners, nurses, Aboriginal health workers and allied health professionals) a range of teaching programs focusing on undergraduate training, clinical training, vocational training and public health training (eg public health training for clinicians);
- (h) in collaboration with community controlled health organisations, develop health worker training programs for Aboriginal people; and
- (i) undertake applied research programs that address public health needs of local communities, assess the impact of training programs and evaluate health service outcomes (Commonwealth Department of Health and Family Services, 1996).

University Department of Rural Health, Tasmania

Tasmania is the only island state in the Commonwealth of Australia. It is Australia's smallest state in both size and population, and the most rural. In response to a call by the Australian Government for competitive bids the University of Tasmania submitted an expression of interest in January 1997 to auspice a University Department of Rural Health and was successful in gaining guaranteed core funding for a five-year period. The UDRH, Tasmania embarked on its establishment phase in November 1997. The specific objectives include:

- promoting and strengthening health service development in rural and remote areas of the state;
- facilitating the development of rural health education and training strategies which use population health as their basis;
- facilitating access to a range of undergraduate, vocational and continuing education and training programs in rural health within an open and flexible learning framework; and
- supporting a strong research base and building intellectual capital to facilitate an environment conducive to rural health education and training.

Working in partnership

The overarching goal of the UDRH is to identify, involve and work cooperatively with a network of strategic partners to achieve efficiencies, develop complementary initiatives and integrate planning. In conjunction with its strategic partners the UDRH is supporting the development of an approach to education and training that capitalises on areas of comparative advantage and minimises costly duplication of resources. The ultimate aim is to develop a sustainable rural health focus across Tasmania through all partners working together.

The UDRH's partners include the Commonwealth Department of Health and Family Services; the Faculty of Health Science at the University of Tasmania, incorporating the Schools of Medicine, Nursing, Pharmacy and Biomedical Science and the Menzies Centre for Population Health Research; other disciplines and centres at the University including the ANTA funded Centre for Research and Learning in Regional Australia; health professional associations; accreditation bodies; other UDRHs; individual experts and consultants; relevant organisations; rural communities; undergraduate and postgraduate health students; health professional trainees, volunteers, service providers; and rural health workers. There is a strong link and partnership with the Tasmanian Government Department of Health and Human Services (DHHS).

The Tasmanian Department of Health and Human Services and the UDRH

This partnership began with DHHS contributing to and supporting the Faculty of Health Science at the University of Tasmania in the development of the competitive bid for a Tasmanian University Department of Rural Health. This has been cemented in 1998 through the conjoint appointment of a Director and membership of the UDRH's Executive Committee by the Director of the Division of Community and Rural Health and the State Manager of Aged, Rural and Community Health. The partners have also teamed to develop a range of integrated programs and projects including:

- a network of Rural Health Teaching Sites;
- the Telehealth Tasmania Network;
- a project to develop rural health promotion infrastructure and pilot flexible learning training modules;

- a statewide medical emergency services plan with the UDRH coordinating the education and training component;
- the Tasmanian Rural Health Reference Group;
- a rural nurse training plan;
- a Nurse Practitioner pilot program;
- a rural community mental health research project; and
- planning for a Centre of Teaching Excellence for multiprofessional training at a major Community Health Centre.

Two major, interrelated initiatives of the partnership are the development of a network of Rural Health Teaching Sites and the Telehealth Tasmania Network.

Sustaining a rural health workforce

Among the major disincentives to living and working as a health professional in rural and remote areas are issues of professional isolation, professional satisfaction, career development, lack of support and difficulties in accessing continuing professional development opportunities.

In a recent study, Kamien (1998) provided unique information on why doctors stay in or leave rural practice. His study concluded that there are five major concerns for rural doctors:

1. achievement of professional satisfaction as pressures on the provision of rural health services increase,
2. access to continuing medical education,
3. overwork,
4. forced deskilling, and
5. professional isolation.

Hoyal (1995) proposed that important influences in the retention of doctors in rural practice are:

1. professional factors influencing the GP,
2. social or other factors affecting the family, and
3. community influences.

He also highlighted the need for community backing as well as emotional, professional and financial support. These issues are common to all rural health workers.

A recent discussion paper (Commonwealth Department of Health and Family Services, 1998) focussed on the issue of “sustainable practice” rather than “retention”. It proposed that strategies for sustainability include those issues that:

- promote sustainability of individuals (including access to continuing professional education);
- promote sustainability of the practice environment (including the relationship with the local health service provider); and
- promote sustainability of the community.

It is also well documented in Australian and international literature (for example, Strasser, 1992) that there are two key factors that have a substantial influence on students choosing a career in rural health. These are:

1. growing up in a rural community, and
2. experience in rural health as a student.

Traditionally undergraduate and postgraduate training has been based in urban, tertiary hospital based environments with little, or no exposure to rural health.

A network of Rural Health Teaching Sites

One of a suite of strategies to address these issues is the development by the UDRH of a network of well-supported rural and remote hospital and community-based Rural Health Teaching Sites in partnership with DHHS. The aim is to provide, through an open learning approach, both a base for rural health training and access to ongoing teaching, research and service development support to resident health workers. This will contribute to sustainable rural health services in the longer term. Each site provides residential accommodation and learning facilities with computing, fax, Internet

access, audio and the majority will provide video conferencing facilities through the Telehealth initiative.

A carefully devised plan has been developed that includes clearly defined steps to develop:

- criteria to identify appropriate sites;
- environmental profiles (demographic, epidemiological, social);
- health service profiles;
- open learning and resource profiles;
- a generic management and coordination plan; and
- maintenance and sustainability strategies.

By utilising the knowledge and expertise of the DHHS, working within its policy framework, building on its activities, sharing existing infrastructure and resources, and developing new, shared infrastructure, the potential for costly duplication is minimised and a united, consistent approach is more likely.

This is being achieved through the partnership by locating sites in buildings owned and/or managed by DHHS and developing agreements to formalise arrangements for the effective and efficient operation of the sites. In this way an open learning approach to rural health training and continuing professional education for rural health workers will be possible.

Identification of the sites has been influenced to a large extent by the development of the Telehealth Tasmania Network.

The Telehealth Tasmania Network

The DHHS was successful in its bid for funding through the Networking the Nation program to develop a network of Telehealth facilities. These will promote, over three years:

- more equitable access to specialist services;
- wider choice of health services and providers;
- enhanced links between rural and remote general practitioners and their clients;
- integrated networks for active management and participation in the health of rural communities; and
- access to health education, training and support.

The Telehealth Tasmania Network will demonstrate how telecommunications and information technology can be used by rural and remote communities to leverage the scale, scope, information and skills of larger and more complex organisations in order to expand the capabilities of local service delivery systems and add value to the quality of decision making. The key desired result is improved health outcomes for rural and remote Tasmanians.

The UDRH was a major partner in the development of the submission and is playing a key role in its implementation. As well as ensuring that Rural Health Teaching Sites are colocated with Telehealth facilities so that infrastructure costs are shared, the planning and management has been undertaken collaboratively to ensure that communities are not confused and misused and to gain their support and confidence for the activities. The Telehealth initiative has significant implications for the recruitment and retention of a highly skilled and well supported rural health workforce in rural and remote Tasmania, the training of students in rural health issues, and the sustainability of rural health services. It complements and enhances the UDRH's objectives.

The framework of both projects have been designed in tandem to ensure that community initiated projects and emerging rural health care consumer priorities can be supported. Ongoing community awareness and consultative processes are an integral project planning component.

The first six Telehealth proof of concept sites, which incorporate the UDRH's first five Rural Health Teaching Sites will be operational in 1999. In addition, the UDRH's expertise is being used to coordinate the evaluation of the Telehealth Tasmania Network.

The Tasmanian Government's Primary Health Care Initiatives Fund is providing funds for the management and administration overheads associated with the Telehealth Network. In addition it is

funding several complementary Telehealth sub-projects to provide a bridge for the incremental operational change required to harness the technology and build professional development support networks. This dual State and Australian Government strategy will ensure a trained workforce and create the appropriate cultural environment to exploit the new technologies to full potential for the benefit of rural and remote communities.

One of these initiatives, conjointly funded by the Tasmanian Government and the UDRH, is a Health Informatics and Telehealth education and training project.

This collaborative initiative aims for a progressive roll out of Health Informatics and Telehealth education and training to meet the demand for information management and the use of information and communications technologies to enhance health services, to access education and training and to assist in the acculturation process necessary for the sustainability of the Telehealth Tasmania Network. The project is managed by a Joint Working Group of DHHS and the UDRH.

Conclusion

For the UDRH to achieve its aim of a comprehensive and coordinated approach to rural health education, training and research across the state and across the range of relevant disciplines it cannot work in isolation. During its first year of operation it has built networks, partnerships and organisational arrangements to provide a firm foundation for future activities. By working in partnership with the DHHS in a series of integrated programs and projects it is achieving efficiencies, integrating planning, building and complimenting initiatives, and linking open learning and rural health.

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