

AUSTRALIAN RURAL HEALTH EDUCATION NETWORK

'Better health through a skilled and effective workforce for rural and remote Australia'

Pre-Budget submission 2020-21

1. INTRODUCTION

Established in 2001, the Australian Rural Health Education Network (ARHEN) is the peak representative body and provides a national voice for Australia's 16 University Departments of Rural Health (UDRHs) located in rural and remote areas in every State and the NT.

UDRHs were originally funded by the Australian Government Department of Health (DoH) as a rural health workforce strategy in the 1990s. They are now funded through DoH's Rural Health Multidisciplinary Training Program (RHMTTP) and provide multidisciplinary education and training, research and professional support. The RHMTTP is designed to encourage the recruitment and retention of rural and remote health professionals by:

- Providing effective rural training experiences for health students
- Developing an evidence base for improved rural training, rural health workforce development and rural health outcomes
- Supporting rural health professionals to improve Aboriginal and Torres Strait Islander health
- Increasing the number of rural origin health and medical students
- Maximising the investment of program funds in rural, regional and remote areas for the maintenance of well supported academic networks in these communities
- Supporting existing rural health professionals through continuous professional development.

UDRHs focus on addressing rural health workforce shortages by providing opportunities for health science students from universities around the country to experience the many career – and lifestyle – opportunities that exist in outside major cities and metropolitan centres. Research shows that successful clinical placements such as those offered by UDRHs encourage students to return to work in these locations after graduation.

Currently the RHMTTP is being evaluated to assess the extent to which it is achieving its aim of improving the recruitment and retention of medical, dental, nursing and allied health professionals in rural and remote Australia. The evaluation will also consider the benefits to local health delivery from engagement in teaching and training through the RHMTTP. The evaluation report is expected to be with Minister Mark Coulton by early 2020.

At the same time, continued funding of the program over the past 20 years demonstrates its success and achievements and shows they are already widely recognized. Ongoing funding will

continue to support UDRHs to develop a health workforce with benefits for the 7 million plus Australians living rurally.

2. MAKING A DIFFERENCE

UDRHs work with and for rural and remote communities across Australia, responding to their needs and working collaboratively with local partners. They build the capacity of the rural and remote health workforce through student placements, education and health professional support and provide a vital university presence, making significant economic, social and cultural contributions.

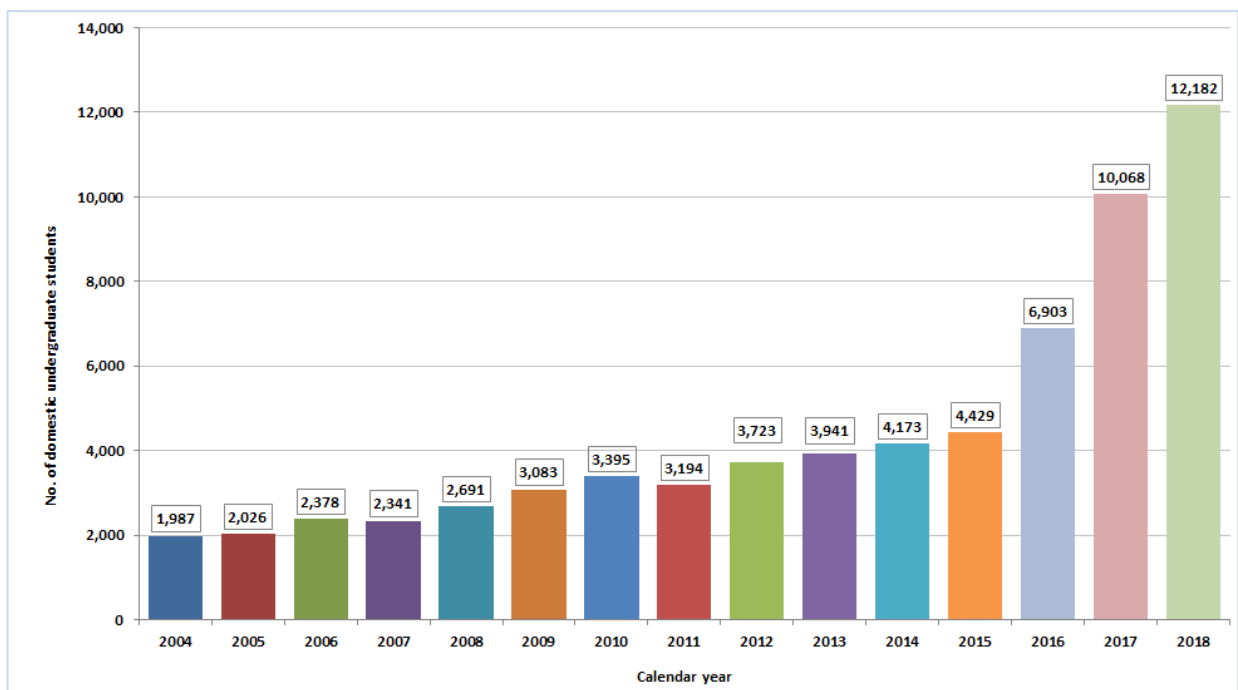
UDRHs also undertake rural health research and aim to enhance Aboriginal and Torres Strait Islander health and well being.

In 2018, around 14,000 nursing, midwifery and allied health domestic and international students took part in clinical placement programs offered by the 16 UDRHs. Figure 1 shows the growth of domestic students from 2004 to 2018.

The 2018 figures highlight the 4-fold increase in student numbers over the last decade, made possible partly through invaluable additional Australian Government funding for UDRHs since 2016.

- The figures for 2018 are an increase on 2017 numbers by 23% for domestic students, highlighting growing demand for these placements.
- While nursing and midwifery placements continue to be well represented in UDRH programs, it is the dramatic increase in the number of allied health students being exposed to rural practice over the last 10 years that has been most noteworthy.

Figure 1. Changes in domestic undergraduate student numbers over the years 2004-2018



Clinical placements provide students with ‘real life’ opportunities including access to service-learning programs in which they provide (under supervision) health programs in areas of need which were not otherwise provided. Students are also offered cross-cultural, interprofessional and simulation learning experiences. As outlined, a key to the success of the program over the past 20 years has been the steady growth in the students supported for a rural experience.

RECOMMENDATION 1: ARHEN recommends a new ongoing funding pool be established to support the acquisition of additional UDRH student accommodation in rural and remote locations.

Guidelines should be established to allow UDRHs to present a business case to secure funding from the overall pool.

With increased demand for placements comes an increased need for secure student accommodation in these rural and remote locations. Alongside an often general shortage of non-residential accommodation, it is often difficult for UDRHs to source suitable safe premises for students to use for the increasingly lengthy placements they undertake.

This reflects the fact that RHMTTP requirements are increasingly focused on longer student placement periods, a principle endorsed by the Rural Health Commissioner in his options paper of July 2019. For example, the total number of placement weeks for all students across the UDRH program in 2018 was 68,214. When compared to 2017, the total weeks of placement in 2018 showed an increase of 25%.

A key task for many UDRHs, therefore, continues to be how to fund the identification and then leasing and/or purchasing/renovation of suitable multi-bed premises, close to placement partners, to accommodate health science students undertaking clinical placements. The establishment of a new funding pool for student accommodation in rural and remote locations will in turn support the continued growth in UDRH student placement numbers in areas of need.

RECOMMENDATION 2: ARHEN recommends that the UDRH funding contract period be extended from 3 to 5 years to support enhanced academic staff attraction, retention and stability.

The current 3-year funding period limits the ability of UDRHs to undertake long term developmental work required to build education and training capacity and support academic workforce stability in rural and remote communities.

Continued anecdotal evidence is that UDRHs find it difficult to attract and retain suitable academic staff given the relatively short length of these contracts, which are aligned with the funding period.

Moving to rural and remote communities comes with a number of logistical and other challenges for those considering a move away from larger city or metropolitan centres with attendant facilities. Finding accommodation, employment for partners, schools for children and other issues mean that 3 year contracts are often considered too short to offer employment security and stability.

Those who do accept the challenge will often begin to consider their future about half-way through a 3 contract – meaning that any resulting vacancies can only be offered for an even shorter period and attract even fewer applications – positions often remain unfilled for many months until the next funding round has been ‘signed off.’

The extension of the funding period to 5 years will enable UDRHs to work more effectively to consolidate staff attraction and retention. Secure longer-term contracts mean UDRHs can then continue their vital core work to expand the number and the length of student placements and improve the health of Australians living rurally.
