

ARHEN Pre-Budget submission 2019

The Australian Rural Health Education Network (ARHEN) is the peak representative body for university departments of rural health (UDRHs).

The UDRH Program delivers clinical training opportunities for allied health, nursing and medical students, offers research and educational opportunities for students and health professionals and provides a university presence in rural areas which contributes economically, socially and culturally to the region.

ARHEN is committed to better health in rural, regional and remote Australia through advocating for, and enhancing the work of, UDRHs. Representatives from each of the 15 UDRHs make up ARHEN's Board (see Appendix A).

ARHEN is resourced through membership funds from each of the UDRH to provide a united voice and work on common strategic issues to optimise the impact of UDRHs and strengthen training for health workers in rural and remote practice.

This Pre-Budget Submission has been developed to summarise key strategic areas identified by ARHEN for consideration in the Government's budget deliberations. It calls on the Australian Government to continue to fund UDRHs through the Rural Health Multidisciplinary Training Program (RHMTTP), establish additional workforce strategies (Items 3, 4 and 5) and improve funding continuity.

Yours sincerely



Dr Lesley Fitzpatrick
National Director

ARHEN's proposed priority initiatives 2019/20

1. Ensuring the best outcomes from the Australian Government's investment in rural health through the UDRH component of the Rural Health Multidisciplinary Training Program

The Australian Government's significant and ongoing investment in the development and support of rural health professionals and regional areas through the funding of Australia's 16 UDRHs is crucial the development and stabilisation of the rural health workforce.

More than 20 years have passed since the first UDRH was established, thus the Program enjoys longevity and ongoing Government support. Despite this, RHMTTP resources (which support UDRHs) continue to be allocated under 3-year block funding.

This arrangement is a major constraint on the effective operation of UDRHs. It impacts on the stability of the academic workforce in rural and remote communities, the capacity to undertake the longer-term developmental work required to build training capacity, access to internal grants within universities, and the ability to secure competitive grants of benefit to the regions.

These problems are often compounded by a lack of timely advice from the Department of Health regarding the continuation of UDRH funding, with a history of renewals being delayed until late in the final year of the contract (or even extending into the following year). This impacts significantly on the retention and recruitment of staff as UDRHs can only offer short term contracts in line with their assured funding.

In view of this matter, ARHEN recommends that Government strengthen its support for UDRHs through a shift to three year rolling contracts mirroring the funding approach for primary health networks (PHNs). This approach would enable UDRHs to:

- maintain a stable workforce and attract staff to live and work in the regions by providing more secure employment opportunities –this is critical to encouraging appropriate personnel to make the significant decision to relocate and develop their skills and experience
- improve their competitiveness in attracting staff given other more secure employment arrangements offered through PHNs and the NDIS
- implement plans which need longer lead times due to complexity, isolation, workforce issues and distance e.g., establishing more service-based learning and training sites in remote and under-served communities, and
- work more effectively towards meeting the targets of expanding the number and the length of student placements.

ARHEN recommends that Government strengthen its support for UDRHs through a shift to three year rolling contracts mirroring the funding approach for primary health networks (PHNs).

Resources: Re-investment of established RHMTTP allocations + CPI with rolling 3-year funding contracts.

2. Establishment of integrated regional training hubs/employment pathways for the allied health professions and nursing.

The maldistribution of the health workforce in rural and remote areas is not limited to medicine which has been supported by the allocation of funding for the development of regional training hubs and an Integrated Rural Training pathway (IRTP).

A similar approach is required to support and develop the allied health professions and nursing in rural, regional and remote areas. There is a critical need for funded and supported positions for new graduates in regions where they have undertaken their training to enable retention and attract settlement in the regions. Workforce outcomes for all professions would be strengthened through the team-based care that can be offered by multi-disciplinary rurally-based teams which will reduce health costs and hospitalizations.

ARHEN recommends that Government provides funding to establish integrated regional training hubs to develop and support the allied health and nursing professions in rural Australia.

Resources: Sufficient ongoing funding to develop and establish activities and programs associated with an integrated hub approach to training and workforce development in rural Australia in the allied health and nursing professions.

3. Development of rural generalist pathways for the allied health professions that is supported by, and strengthens the work of, UDRHs

ARHEN recommends that Government provides funding to undertake the work required to extend rural generalist pathway approaches to training to the allied health professions. Rural generalist allied health professionals would provide a network of highly skilled resident clinicians who, as well as providing services for the community, could work with UDRHs, contributing to teaching, supervision and support for health workers in training.

Allied health rural generalists would strengthen the delivery of quality, cost-effective services to rural communities and could contribute to teaching and research capacity of UDRHs and provide professional models and mentors for those considering a career in rural health.

An allied health rural generalist pathway should be designed to build the capacity, value and sustainability of allied health services in multi-disciplinary teams in rural and remote areas and should include:

- service models that address the challenges of providing the broad range of healthcare needs of rural and remote communities
- workforce and employment structures that support the development of rural generalist practice capabilities
- *an education program tailored to the needs of rural generalist practitioners, and*
- structural links to the UDRH network.

To ensure a variable and sustainable allied health rural generalist pathway it needs to be strongly embedded in the UDRH network, not just in terms of developing and providing the educational components required to train rural generalists, but also in offering career pathways, providing professionally rewarding employment opportunities and ensuring collegial support.

UDRHs represent a significant investment in building a strong educational, clinical and academic presence in rural and remote regions. They currently drive the educational preparation of allied health professionals for rural practice, but without targeted, well supported jobs which offer career pathways, the benefits of this investment are not being fully realised and rural areas are not getting the best possible workforce outcomes.

Skilled, committed rural health practitioners need good rural jobs. Better, more interesting jobs can be offered within an environment of professional support by ensuring the involvement of rural generalists in locally-based UDRH-based teaching and research. This would also strengthen the regional clinical teaching and supervision capacity of UDRHs.

To encourage a systems approach, developmental work in this area should be linked to the role and aegis of the Rural Health Commissioner. Pathway development should build on work being undertaken by the relevant peak sector bodies, colleges and credentialing bodies.

ARHEN recommends that:

- 1. Government provides funding to undertake the work required to extend rural generalist pathway approaches to training to the allied health professions.**
- 2. Government provides ARHEN with project funding for a three- year period to enable it to contribute strategically to the development of the allied health rural generalist pathway.**

Resources: Grant to ARHEN of \$300,000 over a three-year period (\$100,000 per year) to undertake a project that identifies opportunities and synergies that strengthen UDRHs and the rural allied health workforce during the scoping and development of an allied health rural generalist pathway.

4. Career development and leadership pathway for Aboriginal and Torres Strait Islander UDRHs academic/professional staff

Within higher education, Indigenous academic and professional staff are central to the development of Indigenous knowledge systems, teaching and research. There are many hidden aspects to their roles including the expectation to offer complex support services and sensitive cultural advice and liaison in complex contexts. They are called upon to provide cultural safety advice, knowledge frameworks, and to support both Indigenous and non-Indigenous staff and students involved in the higher education system.

These staff also provide critical links to the local Indigenous community which is particularly important to the education of health professionals and the development and provision of appropriate health services.

Indigenous higher education staff are significantly under-represented in the university sector with 0.8 per cent of all full-time equivalent academic staff and 1.2 per cent of general university staff (2010) being Aboriginal and Torres Strait Islander people.¹ The low numbers and the high expectations and extensive roles placed upon them, often means that these staff experience significant workplace and Community pressure. To support them in undertaking these complex and demanding roles, specific development programs are needed to provide appropriate and supported career and leadership pathways.

UDRHs are committed to developing an Aboriginal and Torres Strait Islander academic workforce, and through this Project, aim to build their capacity to achieve this goal. The Project will provide professional development opportunities for UDRH Aboriginal and Torres Strait Islander staff to gain the skills and support to optimise their effectiveness in their roles and build a more resilient rural and remote health workforce.

Professional development activities will be identified through personal development plans and provided to UDRH Aboriginal and Torres Strait Islander staff in order to:

- provide effective cultural training programs relevant to the local Community for health students
- increase the understanding and use of culturally safe practices among health professionals, higher education providers and health services
- support and lead educational and research activities, and
- work with their Community to ensure the development and delivery of culturally appropriate health care.

The Project will contribute to achieving parity in education and employment for Aboriginal and Torres Strait Islanders. It will draw on the relationships, experience and infrastructure of UDRHs and involve input from Elders representing the local Community into the selection of participants. It is expected that the Project will make a significant difference to the development and evaluation of health services in Aboriginal and Torres Strait Islander communities and enhance education in Indigenous health and culturally competent practice for the health students and staff associated with the UDRH network. Staff involved in the Indigenous Professional Development and Leadership Project will be supported and mentored to lead educational and research activities and Community capacity building.

Supporting and developing rural and remote Aboriginal and Torres Strait Islander UDRH staff through this Project will also help to build the health workforce. The selected staff will engage with regional primary, secondary and higher education students in promoting health career pathways, raise aspirations to improve participation in education, and facilitate improvements to health services.

The Project will also strengthen UDRHs effectiveness in Indigenous health. It will:

- ensure strong consultation and liaison with Community to develop local solutions to issues
- provide a focal point for enhancing partnerships with Indigenous communities and a conduit for engagement in health service development, education and evaluation
- build capacity to undertake Aboriginal-led research that informs how health services should be delivered to Aboriginal and Torres Strait Islander peoples and their active engagement in the development of those services

¹ Universities Australia, Indigenous Higher Education (2014)

<https://www.universitiesaustralia.edu.au/uni-participation-quality/Indigenous-Higher-Education#.VDy3KxZEpMI>

- provide support and encouragement to Indigenous health workers, researchers, educators and students, working within and for rural and remote communities
- facilitate the recognition and incorporation of Aboriginal knowledge into health-related educational activities and program delivery
- participate in the delivery of locally responsive cultural safety to ensure that non-Indigenous health workers, professionals and academics are conversant with cultural safety and the appropriate protocols for dealing with Indigenous health issues, and
- establish aspirational pathways from secondary schooling to higher education which will lead to higher rates of student engagement, completion, future employment and more robust service delivery in rural and remote Australia.

ARHEN recommends that a program be established and funded that provides career development and leadership pathways for Aboriginal and Torres Strait Islander UDRHs academic/professional staff to improve the training of health professionals, cultural safety and Indigenous community engagement and health care in rural Australia. It is recommended that the program is implemented through the regional UDRH network.

Resources: Total of \$M2.5

approximately \$50,000 per annum for three years to each of the 16 UDRHs

5. Continuing and strengthening rurally-based clinical training in pharmacy through UDRHs

Pharmacies are a vital part of rural communities and important to improving patient healthcare and wellbeing and rural Australia bears the brunt of the geographic maldistribution of pharmacists. Despite the numbers of graduates in the discipline, recruiting pharmacists in rural and remote areas is a growing challenge. In view of this and the significant role pharmacists play in improving patient health, pharmacy is a priority discipline for training and workforce development in UDRHs.

The Rural Pharmacy Liaison Officer (RPLO) program formerly managed by the Pharmacy Guild and now managed by Australian Healthcare Associates (AHA) plays a significant role in the rural workforce development activity undertaken by UDRHs. The RPLO Program provides support to community pharmacies and pharmacy students involved in clinical placements; promotes inter-professional collaboration, strengthens mentoring and advisory arrangements, and facilitates professional development and networking. The importance of the program, which involves a modest level of funding of around \$80,000 for 11 UDRHs, prompted ARHEN's submission to the program review undertaken by HMA Consulting on behalf of the Department of Health.

ARHEN recommends that the RPLO funding stream is continued and integrated into the RHMT Program and implemented through UDRHs to align it more effectively with the broader objectives of the RHMT. ARHEN also recommends that the RPLO funding be extended to the three new UDRHs (Kimberley, Three Rivers and LaTrobe) to ensure equitable capacity in this area.

Resources: Existing funding (+ CPI) continued and extended to expand the program to include the three new UDRHs. Funding to be allocated through the RHMT.

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APPENDIX A:

BOARD MEMBER	CONTACT DETAILS
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