ARHEN

Australian Rural Health Education Network

ANNUAL REPORT 2017

www.arhen.org.au

ARHEN 2017

15 University Departments of Rural Health across Australia

ARHEN NATIONAL OFFICE

ARHEN National Office is located at 4 Geils Court, Deakin ACT.

Dr Lesley Fitzpatrick – National Director

Jane Smith – Policy and Communications P/T

FUNDING AND GOVERNANCE: ARHEN is funded by UDRH members. ARHEN is a public company limited by guarantee and is taken to be registered under the *Corporations Act 2001* in the ACT.

ARHEN thanks UDRHs and their students for the photos used in this report.

Dr Lesley Fitzpatrick (left) and Prof Sabina Knight at the 2017 Parliament House meeting.

ARHEN CHAIR

On behalf of the Australian Rural Health Education Network (ARHEN) Board of Directors I'm pleased to present this report on our activities during 2017, my final year in the role. My three years as Chair has provided many valuable insights into the diverse work and contribution of ARHEN's members, the University Departments of Rural Health (UDRHs).

A recent highlight has been welcoming three new members following the Federal Government's decision to increase both the size of the UDRH network and their funding base. Our newest members are Three Rivers UDRH in Wagga Wagga NSW (led by Charles Sturt University), Kimberley Rural Health Alliance in Broome, WA (led by the University of Notre Dame) and Southern Queensland Rural Health in Toowoomba, Qld (led by the University of Queensland). This welcome expansion of the UDRH network to 15 is clear recognition of the continuing success of the Rural Health Multidisciplinary Training Program which underpins our work delivering high quality learning experiences to thousands of students every year. With our support, these talented students, in diverse nursing and allied health disciplines, have the potential to remedy the health workforce maldistribution which affects some 7 million Australians living outside our capital cities.

UDRHs have evolved considerably over the 21 years since their establishment, an achievement marked by a brief presentation during ARHEN's September 2017 meeting at Parliament House, Canberra. We again welcomed the Assistant Minister for Health, the Hon Dr David Gillespie MP to share our achievements and current issues. These included the steady growth in student clinical placement numbers and weeks and recent efforts to boost staffing levels, service learning and service partners to meet revised RHMTP requirements.

ARHEN's Staff Networks – there are now six – continue to be an integral part of our work and I again thank them for their contribution.

I welcome a new executive team, elected at the September meeting, to guide ARHEN for the next two years: Chair, Associate Professor Martin Jones (UniSA, Whyalla), Deputy Chair, Assoc Prof Vincent Versace (Deakin Rural Health, Victoria) and Treasurer, Prof Megan Jones (Three Rivers UDRH, NSW). I also welcome ARHEN's new National Director, Dr Lesley Fitzpatrick, who was appointed in March after the resignation of Janine Ramsay who achieved so much during her seven years in the role. I look forward to continuing my work on the ARHEN Board in 2018.

Professor Sabina Knight

NATIONAL DIRECTOR

After a long career in rural health, I'm happy to now be part of the small ARHEN National Office in Canberra.

Since starting, I have had regular contact with senior policy staff within the Department of Health, particularly in relation to implementation of the RHMTP which funds UDRHs. Discussions have also included the role of student tracking, UDRH reporting requirements and our advocacy work to allow underspent funds to be used for student accommodation. Another important activity has been the redevelopment of the ARHEN Student Survey Questionnaire, following its initial design and implementation by the UDRH-based Student Survey Working Group. I take this opportunity to thank the SSWG for their significant work and expertise. The Board has now formalised a governance framework for the use of this survey data.

Two ARHEN submissions were also developed and submitted during the year and the ARHEN Strategic Plan for the next 12 months was revised to include a focus on exploring how to use longitudinal student tracking to further boost evidence about ongoing UDRH success.

I have also been focused on my role as co-convenor of the 6th Rural and Remote Health Scientific Symposium Outback Infront which will be held in Canberra in April 2018. After an initial call for abstracts, we quickly reached over 125 submissions for the two-day event, which will celebrate the establishment of the UDRH program almost 21 years ago.

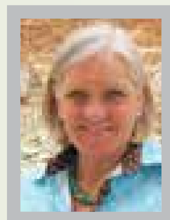
My thanks go to Sabina Knight for her support as I developed a feel for the role and diversity of UDRHs, to other members of the Board and to Jane Smith, ARHEN's indefatigable Policy and Communications Officer. I look forward to supporting UDRHs' important contributions to improving the health of rural and remote Australians throughout next year.

Dr Lesley Fitzpatrick

OUR ORGANISATION

THE ARHEN BOARD 2017

EXECUTIVE

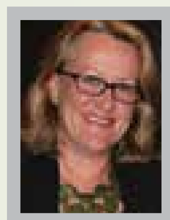


Professor Sabina Knight – Chair (until September 2017).
Mount Isa Centre for Rural and Remote Health, Queensland.

Professor Knight has been Chair since 2014. She has an extensive background in nursing, remote and Indigenous primary health care and is a recognized leader in rural and remote health and education and health system reform.

Associate Professor Martin Jones – Deputy Chair (until September 2017 and then Chair).
Department of Rural Health, University of South Australia, Whyalla, SA.

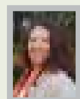
Associate Professor Jones has experience leading and developing services for people with a serious mental illness. As well as his current role, he has worked in the UK National Health Service. He has been Deputy Chair since 2015.



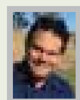
Professor Robyn Langham – Treasurer (until September 2017).
Monash University School of Rural Health, Victoria.

Professor Langham became Treasurer in 2016. A nephrologist and researcher, she is committed to improving the lives of people in rural communities with kidney disease through research and new models of care.

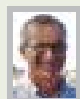
BOARD MEMBERS



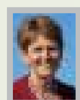
Prof Megan Smith – Three Rivers University Department of Rural Health, Wagga Wagga, NSW (Treasurer from September 2017).



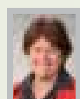
Assoc Prof Vincent Versace – Deakin Rural Health, Warrnambool, Victoria (Deputy Chair from September 2017).



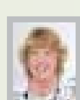
Professor David Lyle – Broken Hill University Department of Rural Health, NSW.



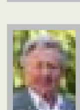
Professor Sandra C Thompson – Western Australian Centre for Rural Health, Geraldton, WA.



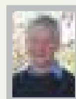
Professor Jennifer May AM – University of Newcastle Department of Rural Health, Tamworth, NSW.



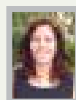
Professor Jennene Greenhill – Flinders Rural Health, Renmark, South Australia.



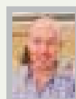
Associate Professor Tony Barnett – Centre for Rural Health, University of Tasmania, Launceston, Tasmania.



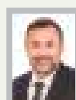
Professor Ross Bailie – University Centre for Rural Health North Coast, Lismore, NSW.



Professor Lisa Bourke – Department of Rural Health, Shepparton, Victoria.

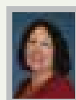


Professor Tim Carey – Centre for Remote Health, Alice Springs, Northern Territory.



Associate Professor Geoff Argus – Southern Queensland Rural Health, Toowoomba, Qld.

Professor Darryl Maybery – Monash University School of Rural Health, Vic.



Dr Lindy Swain – Kimberley Rural Health Alliance, Broome, WA.

More information about ARHEN is available on our website **www.arhen.org.au**.

ARHEN STRATEGIC PLAN SUMMARY – JUNE 2017-DECEMBER 2018

The Australian Rural Health Education Network is the peak body for the 15 University Departments of Rural Health (UDRH) located in every state and the NT (see map inside front cover). UDRHs focus on expanding and enhancing the rural and remote health workforce through multidisciplinary education and training, research, professional support and service development. Each UDRH caters for the needs of their local region. As the peak body, ARHEN ensures the organisational capacity for UDRHs with strong networking and linking across Australia. It enhances liaison and engagement with the Australian Government and other bodies on issues relevant to rural and remote health, education, workforce and research. ARHEN's emphasis is on a national strategic approach, with core business including coordination and information sharing.

VISION

Better health in rural, regional and remote Australia through learning

GUIDING PURPOSE

To initiate and lead the rural, regional and remote health agenda in the areas of education and research, by advocating for and enhancing the work of, Australia's university departments of rural health (UDRHs).

FOCUS

ARHEN works with:

- the policy and political sector to strengthen Australia's rural and remote health workforce through advocacy and policy development
- the network of UDRHs which support multidisciplinary education and training, research, professional support and service development in rural, regional and remote Australia.

OUTCOME

The future of health care delivery in rural, regional and remote Australia is in 'good hands' because of ARHEN's commitment to advance, advocate and support UDRHs in their role of producing rural health professionals through education, research and support who:

- are skilled, effective and ethical in their clinical, management and supervisory roles
- work in collaborative and supportive interprofessional teams for the benefit of their patients and communities
- are committed to practice and research in rural and remote communities and in areas of high need e.g., Indigenous health
- are valued, respected and influential in their local communities and the sector.

KEY RESULT AREA 1: LEADERSHIP, ADVOCACY AND ADVICE

Goal: Provide a national and united voice for UDRHs

Provide leadership, strategic direction, advocacy and advice on national issues related to education, workforce development and research for rural and remote health professionals.

KEY RESULT AREA 2: BUILDING THE EVIDENCE

Goal: Improve the evidence base underpinning the work of ARHEN and UDRHs

Facilitate and support co-ordinated, national research and evidence gathering activities to inform policy, advocacy and service provision associated with the roles of UDRHs and rural, regional and remote health workforce issues.

KEY RESULT AREA 3: STAKEHOLDER INTERACTION

Goal: Work collaboratively with stakeholders on national issues

Engage in effective communication with UDRHs, individuals, ARHEN staff networks and stakeholder organisations, on national issues and those of significance to UDRHs and the communities they serve.

KEY RESULT AREA 4: GOVERNANCE AND SERVICE

Goal: Position ARHEN for long term sustainability and viability

Ensure ARHEN's business model is underpinned by relevant activities, sound governance, management systems and adequate income sources resulting in improved short- and long-term viability, sustainability and resilience.

ARHEN WELCOMES NEW MEMBERS

After previously announcing funding for three new UDRHs, the Federal Government announced the location of the new facilities - in NSW, WA and Queensland - and lead universities in April. The increase means there will be 15 UDRHs across Australia. New UDRHs have all joined ARHEN. Here's an overview of ARHEN's new members.

THREE RIVERS UDRH, WAGGA WAGGA, NSW

Three Rivers UDRH at Wagga Wagga, led by Prof Megan Smith, is gearing up to begin accepting students into its 'Positively Rural' program in the 2018 academic year. As well as its main location in Wagga Wagga, Three Rivers will have facilities in Griffith, Orange and Dubbo.

Charles Sturt University is the lead, with support from the University of NSW, Notre Dame University Australia and Western Sydney University. Community support includes some 26 organisations such as local councils, educators and healthcare providers. The UDRH is named after the three rivers of the Wiradjuri nation on which Charles Sturt University stands, the Wambool (Macquarie), the Kalare (Lachlan) and the Murrumbidgee.

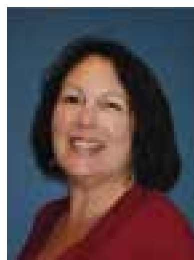
Programs will include a focus on raising the aspirations of Indigenous and rural origin students to help them become part of the future rural health workforce and research to improve the health of all rural Australians. University partners will also join Three Rivers UDRH in research projects, which will be assisted by telehealth technology to engage with the community and collaborate across sectors and institutions. Three Rivers expects to have about 25 staff when fully operational.

SOUTHERN QUEENSLAND RURAL HEALTH, TOOWOOMBA, QUEENSLAND

Southern Queensland Rural Health, based in Toowoomba, will be led by Assoc Prof Geoff Argus, a clinical psychologist, who has worked for many years across the public and private health and community sectors, including in senior clinical and executive management roles. Geoff has a particular interest in the social determinants of health.

SQRH has a broad footprint from south of Rockhampton to the NSW border and from west of Ipswich to the South Australia/Northern Territory border. The UDRH is a joint venture between the University of Queensland, the University of Southern Queensland, the Darling Downs Hospital and Health Service and the South West Hospital and Health Service. A network of other partners is also in place.

As well as the base in Toowoomba, a node is planned for Roma. Initial activities to promote inter-professional education, inter-professional care and tele-health enabled support will be centred around student-led chronic disease management clinics in Charleville and Toowoomba. All partners in the venture are excited at the prospect of working together to develop strong community engagement to build activity between rural student recruitment, rural student placement, rural graduate employment and retention.



KIMBERLEY RURAL HEALTH ALLIANCE, BROOME, WA

KURHA will be led by Dr Lindy Swain, well known to many UDRH staff for her previous role as pharmacy academic at Sydney University's Centre for Rural Health, Lismore. Notre Dame University Australia is leading the establishment of KRHA at its Broome campus with a focus on:

- collaboration with Primary Health Networks and Aboriginal health organisations to support and empower undergraduate students to study and return to work in the Kimberley
- increasing community and student led clinical placements
- transitional support for people new to Kimberley rural and remote practices
- professional development for the existing health workforce
- increased research relating to rural and remote health and inter-professional practice.

Prof Juli Coffin has been appointed Head of Aboriginal Research, Programs and Partnerships to strengthen focus on these areas.

STAFF NETWORK REPORTS

ARHEN has six Staff Networks across different academic and operational areas which report to the Board. Membership is drawn from all UDRHs. Staff Networks meet regularly, often by teleconference, and usually hold at least one face-to-face meeting each year.

STUDENT PLACEMENT COORDINATION – CHAIR, JOELENE MITCHELL

The SPCN met three times in 2017. Members continued to collaborate and share information and resources such as student handbooks, policies and social media tools. Key issues during the year included the continued increased demand for student accommodation given program requirements for longer placement duration and increased student numbers. UDRHs cannot always meet the demand with current resources. It was noted that the new RMHT reporting template was difficult to complete given the restricted format. The impact of NDIS on student placements was discussed and is an ongoing area of interest for most UDRHs. Members also noticed that student placements are increasingly focused on service learning style placements incorporating interprofessional settings. The ARHEN Student Photo Competition, coordinated by the SPCN, received 119 entries, more than double that of the previous competition.

EXECUTIVE OFFICERS – CHAIR, EMMA HISCOCK

The EO group has focused on how to use surplus funds to continue to support and deliver the Commonwealth agreement. Key activities for 2017 included the establishment of remote student programs and the inclusion of specialty programs such as speech pathology. EOs have continued to strive to meet KPI's through collaboration and exchange of ideas and to identify and promote opportunities to focus on the health and wellbeing of local communities. Members have discussed the impact changes to the health sector may have on rural communities, resulting in the identification of a number of opportunities and solutions.

ABORIGINAL STAFF ALLIANCE – CHAIR, SHARON DENNIS

The ASA has doubled membership to 42. Key activities have included preparation of papers for publication, contributions to the strengthening of the Aboriginal health workforce and encouragement of Aboriginal and Torres Strait Islanders into the health professions. Members at five UDRHs contributed to a funding application at the Lowitja Institute, although this was not successful. An ASA abstract was submitted to the 6th Annual NHMRC Symposium on Research Translation co-hosted with the Lowitja Institute and four members presented this paper. Members also developed a submission to the NHMRC review of guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

RURAL PHARMACY SUPPORT – CHAIR, HANAN KHALIL

During the year members began working on a joint paper detailing the many RPLO achievements. When completed the paper will be submitted to the Rural and Remote Health Journal for publication in 2018. Members are anxiously waiting the results of the evaluation of the long established RPLO program, undertaken by Department of Health consultants, to determine their future – contracts are due to end in January 2018. Long serving member Lindy Swain has been appointed to head the new Kimberley UDRH in WA and will be missed.

SERVICE LEARNING – CHAIR, MARTIN JONES

The Service Learning Staff Network was established following a recommendation from ARHEN's regional meeting in 2016. Service learning involves students using their developing professional knowledge in practical settings that support community needs. Some UDRHs have been implementing service learning for 10 years or more, while others have started only recently. The network will share ideas and experiences about service learning approaches, with a particular focus on community engagement. One of the network's first tasks was an audit of service learning activities at each UDRH to provide the basis for further work. Results will be shared at future meetings.

MENTAL HEALTH ACADEMICS – CHAIR, KATE SCHLICHT

Members have participated in several joint research projects including development of a survey to look at how psychology training programs can best meet the needs of students and rural communities, with a focus on supervision requirements. Another is looking at support for mental health peer workers in rural health settings. MHAs continued to discuss concerns around finding sufficient students for rural and remote placements, given that not all schools have compulsory placements for the discipline. Several MHAs were part of the organising committee for the 2017 Rural and Remote Mental Health symposium.

2016 UDRH STUDENT ACTIVITY SUMMARY

The following report was developed from UDRH data supplied to the Department of Health during the last year. It provides details about the numbers and types of students and their clinical placements through UDRHs.

DECLARATIONS

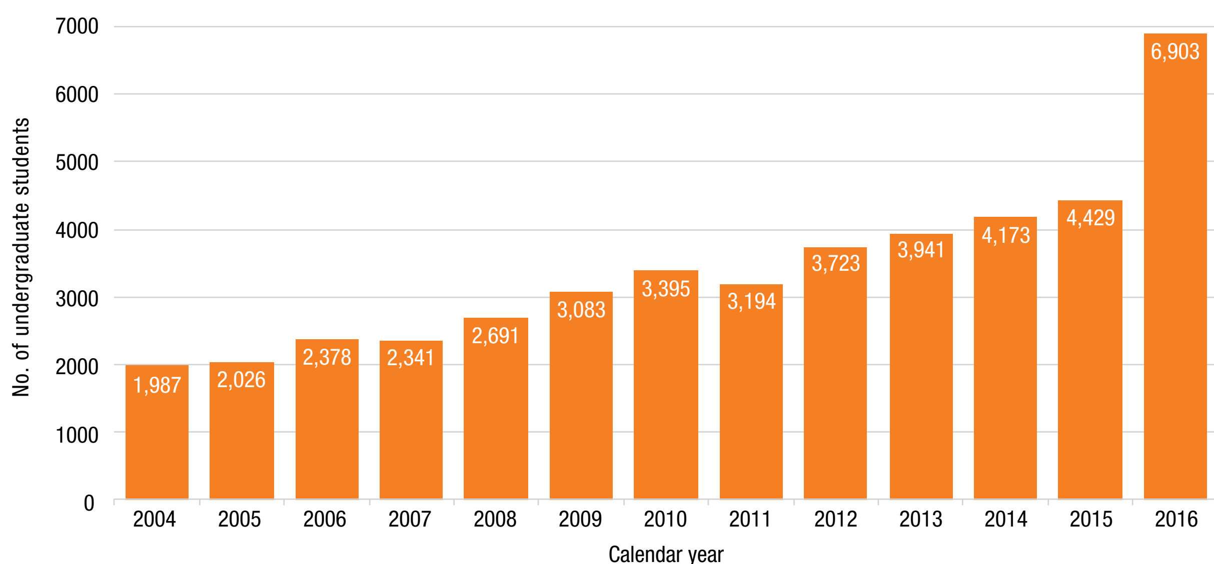
- Unless otherwise specified, the figures in the following report only refer to students who were hosted by the UDRH program for periods of two weeks or more. This includes domestic and international undergraduate as well as postgraduate students.
- Due to changes in reporting of medical student data to the Department of Health, medical student figures were not available for the UDRH program in 2016 and are not reported here. Any comparative figures from previous years have been adjusted so as not to include medical students.
- Midwifery student numbers are included as a component of the allied health figures since not all midwifery students are nurses.
- Total student numbers reported for 2016 are not comparable with figures from previous reports since the medical student numbers reported in previous years and included in previous totals are not included in the 2016 figures.
- Unless otherwise specified, all non-integers have been rounded up to one decimal place.

STUDENT NUMBERS 2016

Excluding medical students, 7407 nursing and allied health students were hosted by the UDRH program for periods of two weeks or more in 2016. Of these, 7017 (94.7%) were undergraduates and 390 (5.3%) were postgraduate students. Domestic undergraduate and postgraduate students numbered 6,903 (93.2%) (Figure 1) and 384 (5.2%), respectively; 114 (1.5%) undergraduates and six (0.08%) postgraduate students were of international origin.

Compared with 2015, the total number of undergraduates increased by 23.6%, with nursing and allied health numbers growing by 45.3% and 55.5%, respectively. Domestic undergraduate nursing numbers grew by 49.5% (from 2627 in 2015 to 3928 in 2016) and allied health by 65.1% (from 1802 in 2015 to 2975 in 2016). Conversely, international nursing numbers contracted by 31.7% (from 145 in 2015 to 99 in 2016) and allied health numbers by over 87% (from 121 in 2015 to 15 in 2016). Overall, postgraduate numbers increased marginally (0.5%; from 388 in 2015 to 390 in 2016). Domestic postgraduates grew by 4.6% (from 367 in 2015 to 384 in 2016) while international postgraduate student numbers fell by over 70% (from 21 in 2015 to six in 2016).

Figure 1. Total domestic undergraduate student numbers for calendar years 2004 – 2016. Student numbers include nursing and allied health only, medical student numbers have been omitted from all years.

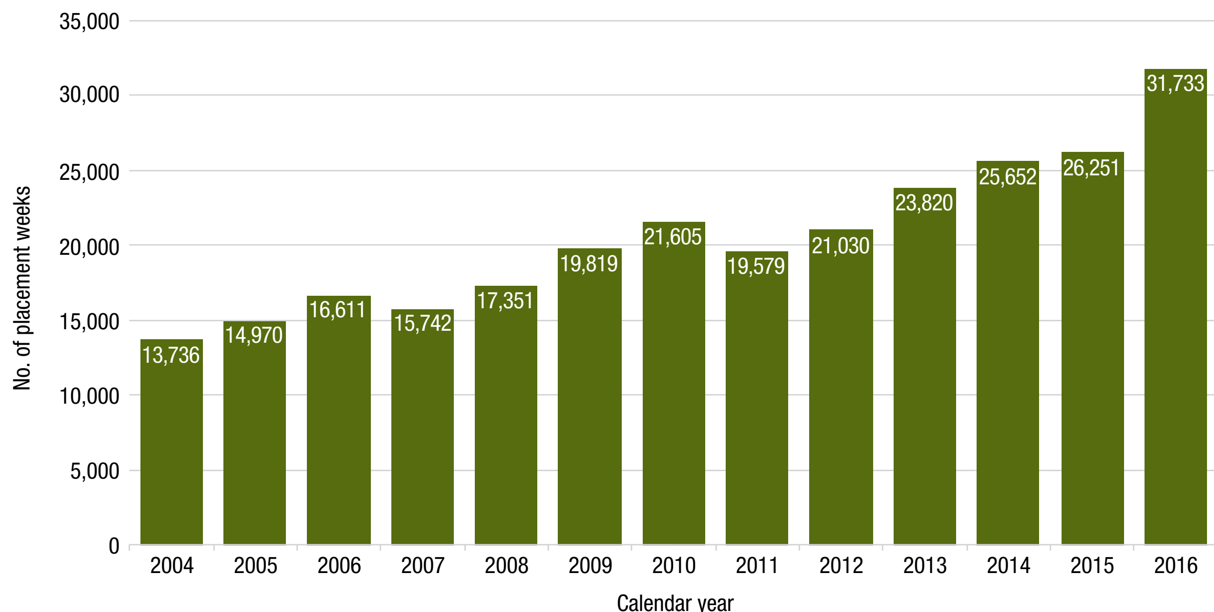


STUDENT WEEKS 2016

The aggregate of weeks for all student placements across the UDRH program in 2016 was 35,138. Domestic students accounted for 34,466 or 98.1% of the total. Undergraduate weeks made up 32,330 (92% of total weeks). Domestic undergraduate students accounted for 31,733 weeks (Figure 2) or 90.3% of total weeks and international undergraduates for 597 weeks or 1.7% of total. Postgraduate students accounted for a total 2,808 weeks or 8% of the total number of weeks. Domestic students made up 2,733 weeks (7.8% of total weeks) and international students 75 weeks (0.2% of total weeks).

The total weeks of placement for 2016 represented a 17.3% increase over 2015 (29,950 weeks). In 2016, undergraduate weeks increased by 16.6% (from 27,728 to 32,330), compared with 2015 and post graduate weeks by 26.4% (from 2,222 to 2,808). Domestic undergraduate weeks increased by 20.9% (from 26,251 weeks to 31,733 weeks) while international undergraduate weeks contracted by almost 60% (from 1,477 weeks to 597 weeks). Domestic postgraduate weeks increased by 32.5% (from 2,062 to 2,733), while international postgraduate weeks shrunk by approximately 53% (from 160 to 75 weeks).

Figure 2. Aggregate number of weeks of placement for domestic undergraduate students for calendar years 2004 – 2016



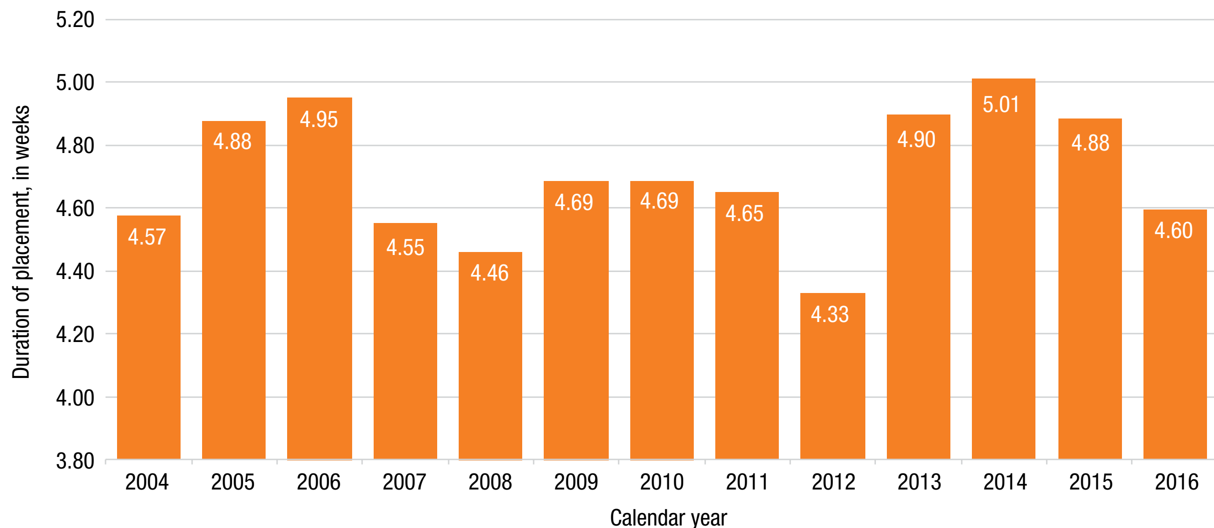
PLACEMENT DURATION

The average length of student placement for the total 2016 cohort was 4.74 weeks, which was a 4% decrease over the average overall duration of placement in 2015 (4.94 weeks). In 2016, the average duration of placement for domestic students was 4.73 weeks. For domestic undergraduates the average placement duration was 4.6 weeks (nursing 3.55 weeks, allied health 5.98 weeks) (Figure 3) and the average domestic postgraduate placement duration 7.12 weeks. For international students, the average placement durations were 5.6 weeks in aggregate (nursing 5.27 weeks, allied health 10 weeks) and for postgraduates 12.5 weeks.

In 2016, the overall (under- and postgraduate) duration of domestic placement decreased by about 4% (from 4.93 weeks in 2015 to 4.73 weeks in 2016). For domestic undergraduate students the average placement length decreased by about 6% (from 4.88 weeks in 2015 to 4.6 weeks in 2016) while the domestic postgraduate placement duration increased about 27% from 5.62 weeks in 2015 compared with 7.12 weeks in 2016. For international students there was a 10.2% increase in placement duration (from 5.08 weeks to 5.6 weeks), comprising a 6.7% increase for undergraduates (4.91 weeks to 5.24 weeks), and a 64% increase for postgraduates (from 7.62 weeks to 12.5 weeks).

The average combined (domestic and international) duration of nursing and allied health placements decreased by 5.7% (from 4.89 weeks in 2015 to 4.61 weeks in 2016). The average placement length for domestic undergraduate nursing increased by 2.6% (from 3.46 weeks to 3.55 weeks) while the average length of placement for allied health decreased by 1.3% (from 6.06 weeks to 5.98 weeks). The average placement length for international nursing students decreased by 7.4% in 2016 compared with 2015 (5.69 weeks to 5.27 weeks), while for international allied health students, the average placement duration increased about two and a half times (140.6%; from 4.16 weeks in 2015 to 10 weeks in 2016).

Figure 3. Average length of domestic undergraduate placements (in weeks) for calendar years 2004 – 2016.



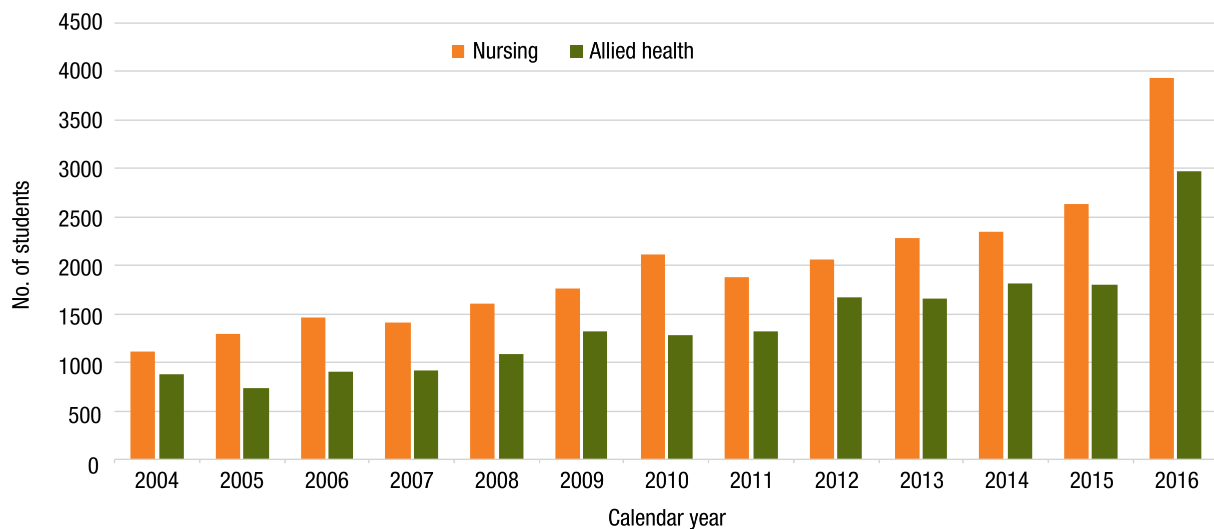
STUDENT ACTIVITY BY PROFESSIONAL GROUP

Nursing students continued to account for the largest professional group of students hosted by the UDRH program. In 2016, the combined domestic and international undergraduate and postgraduate professional group figures were nursing 56.1% and allied health 44.9%. Domestic nursing students (undergraduate (3,928) and postgraduate (129) accounted for 4,057 of the 7,287 domestic students (55.7%), and domestic allied health, 3,230 students (44.3% of total domestic). International nursing students accounted for 99 or 82.5% of all international students and allied health students 21 or 17.5% of the international cohort.

In total, undergraduate nursing student numbers increased by 45.3% in 2016 compared with 2015 (4,027 in 2016; 2,772 in 2015). Domestic undergraduate nursing student numbers increased by 49.5% from 2,627 in 2015 to 3,928 in 2016; in contrast, international undergraduate nursing student numbers decreased by about a third (31.7%; from 145 in 2015 to 99 in 2016) (Figure 4).

Combined undergraduate allied health student numbers increased by 55.5% in 2016 from 1,923 in 2015 to 2,990 in 2016. Domestic allied health student numbers increased by 65.1% from 1,802 in 2015 to 2,975 in 2016. In contrast, international allied health student numbers decreased markedly by 88% during the same period (15 students in 2016 cf. 121 students in 2015) (Figure 4).

Figure 4. Domestic undergraduate student numbers by professional group for calendar years 2004 – 2016



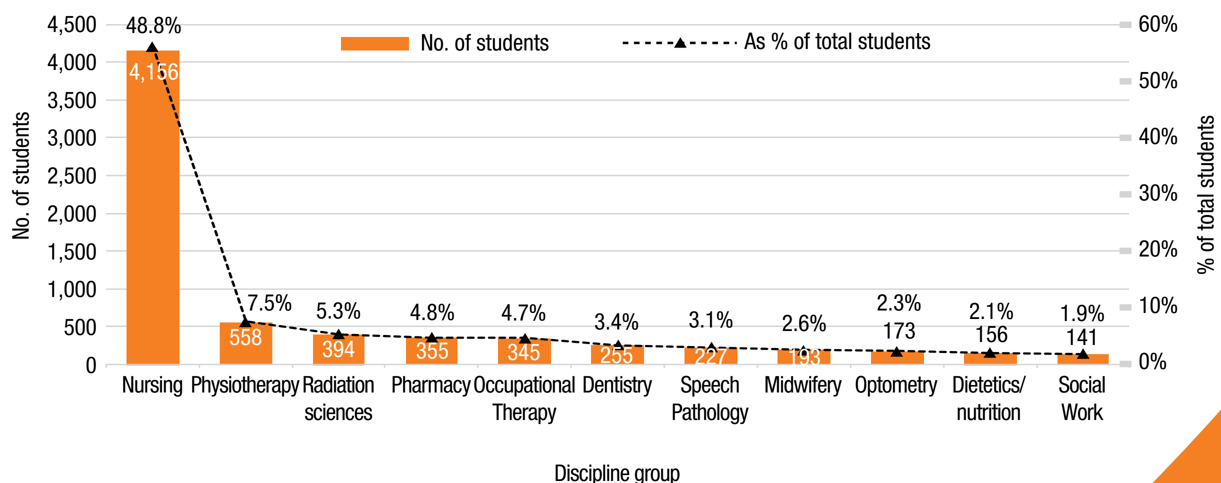
STUDENT ACTIVITY BY DISCIPLINE

In 2016 outside of nursing, the top 10 disciplines supported by the UDRH program were physiotherapy (7.5%), the radiation sciences (5.3%), pharmacy (4.8%), occupational therapy (4.7%), dentistry (3.4%), speech pathology (3.1%), midwifery (2.6%), optometry (2.3%), dietetics/nutrition (2.1%) and social work (1.9%) (Figure 5). Together these disciplines collectively accounted for a total of 2,656 students, which equates to 81.7% of all students disciplines after excluding nursing, and 35.9% of the total student cohort. The same disciplines in much the same order, accounted for the top 10 domestic undergraduate disciplines hosted by the UDRH program in 2016. These disciplines accounted for 2,578 (86.6%) of the 2,975 domestic allied health students and 43.1% of the total domestic undergraduate students.

In 2015, the comparative top 10 disciplines outside of nursing and medicine were pharmacy (5%), physiotherapy (4.8%), dental (4.3%), occupational therapy (3%), the radiation sciences (3.5%), speech therapy (3%), dietetics (1.9%), social work (1.4%), paramedical (0.9%) and podiatry (0.7%). In 2015, these disciplines accounted for 1,533 (84.8%) of the 1,807 undergraduate allied health and 34.6% of the total undergraduate students, including nursing but excluding medicine.

In 2016, for postgraduate students, the top 10 disciplines were physiotherapy (12.1%), pharmacy (10.0%), occupational therapy (9.2%), social work (6.4%), dietetics/nutrition (6.2%), psychology (6.2%), optometry (4.9%), speech pathology (3.8%), exercise physiology (3.6%) and the radiation sciences (1.3%). Together these students accounted for 248 (63.6%) of all postgraduate students. In the domestic postgraduate cohort, these disciplines accounted for 244 (63.5%) of the domestic group; the disciplines accounted for 4 (66.7%) of the total of six international postgraduate students.

Figure 5: Leading non-medical / nursing disciplines supported by the UDRH program in 2016.



ARHEN

Australian Rural Health Education Network

PO Box 242
Deakin West 2600

Phone: 02 6282 2166

www.arhen.org.au