



ARHEN

Australian Rural Health
Education Network

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



ANNUAL REPORT

2018-2019

www.arhen.org.au

ARHEN



**16 members
in all States
and the NT**

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

ARHEN NATIONAL OFFICE

www.arhen.org.au

Janine Ramsay – 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 Board Directors and National Office staff at the regional Board meeting held at the Western Australian Centre for Rural Health, Geraldton, in September.

ARHEN thanks UDRH students and staff for the photos used in this report.

REPORT FROM THE CHAIRS

Throughout 2018 and 2019, ARHEN has extended the work of UDRHs across Australia, advocated for rural and remote health and worked collaboratively with other organisations on important health workforce issues. The ARHEN network continues to grow and it was pleasing to see a new UDRH funded in 2018, increasing the number of UDRHs to 16.

The Federal Government's valuable boost in UDRH funding from 2016 resulted in significantly more student placements over the past three years. Together, UDRHs supported 13,749 students (68,214 placement weeks) students in 2018. An ARHEN survey identified that 90% of these students were satisfied with their placement. This is a remarkable achievement given the diversity of students, placement types, disciplines of study and context of placements among the small local health services that host students in an already stretched workforce. The vital importance of rural and remote placements for training the next generation of health professionals and for future workforce recruiting is well understood by these hosting organisations. ARHEN has actively supported student placement teams across the 16 UDRHs, collated placement data nationally and developed a new service learning staff network.

In 2018-19, ARHEN was strongly engaged in national initiatives, contributing to the work of Rural Health Commissioner Professor Paul Worley in his review of the rural and remote allied health workforce. ARHEN was also actively engaged with the Australian Government Department of Health and Kris Battye Consulting (KBC) in the evaluation of the Rural Health Multidisciplinary Training (RHMT) program, providing information, data and ideas and about the future of UDRHs. In addition, there has been extensive ongoing consultation with Minister Bridget McKenzie and Minister Mark Coulton on a myriad of rural health issues. Further, ARHEN supported the National Rural Health Alliance and other professional rural and remote health workforce agencies. Finally, ARHEN is now reviewing a large body of evidence developed by UDRHs over the past decade, identifying key research on student placements, workforce outcomes and Aboriginal health. Summarising this work will increase the accessibility and impact of the evidence produced by all UDRHs.

This is an exciting time to be working in rural and remote health. Growth in UDRHs, new initiatives and the government's current focus on rural and remote allied health workforce highlight the importance of UDRHs and their role in leading change. UDRHs now look to new types of placements, securing student accommodation in small places across Australia and upskilling teams of nursing and allied health educators.

The Chairs would like to thank all the UDRHs for their participation in ARHEN, including Executive members, all Directors, staff network members and others who have contributed. We are also indebted to our National Office staff. We thank Dr Lesley Fitzpatrick for her contribution as National Director and her efforts in organising the Rural and Remote Health Scientific Symposium in 2018. After her resignation, ARHEN was delighted to have Ms Janine Ramsay return to the role in 2019 to lead the advocacy work. We are also very grateful to Ms Jane Smith, Policy and Communications at ARHEN, for her continuity and stability during this time. Moving forward ARHEN will continue to connect the 16 UDRHs across the country and advocate for their continued work.

Martin Jones
Chair 2017-2019

Lisa Bourke
Chair 2019



The ARHEN Board and National Office staff met in Parliament House, Canberra, in November. Guests included the Minister with responsibility for rural health issues, the Hon Mark Coulton MP (back row, centre).

ABOUT ARHEN

The Australian Rural Health Education Network (ARHEN) is the peak body for 16 University Departments of Rural Health (UDRH) located in every state and the NT. UDRHs focus on:

- Building capacity of the rural and remote health workforce through student placements, education and health professional support
- Enhancing Aboriginal and Torres Strait Islander health and wellbeing
- Extending evidence in rural and remote health
- Working with and for rural and remote communities across Australia.

ARHEN STRATEGIC PLAN 2019-2020

1. VISION

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

2. GUIDING PURPOSE

To lead the rural and remote health agenda in education and research by advocating for UDRHs who work in partnership with communities, health organisations and tertiary institutions to increase and enhance the rural and remote health workforce.

3. FOCUS

- Advocates to and works with government at the national level to strengthen Australia's rural and remote health workforce.
- Builds the capacity and effectiveness of the network of UDRHs.

4. KEY RESULT AREAS

KRA 1: Leadership, advocacy and advice

Goal: Provides national leadership and advice on

- Training and development of rural and remote health professionals
- Development of career pathways for allied health and nursing professionals
- Opportunities for the RHMT program to enhance its effectiveness and reach
- Innovative solutions to increasing rural and remote health service capacity

KRA 2: Stakeholder interaction

Goal: Work collaboratively with stakeholders on national multidisciplinary rural and remote health workforce matters through

- Engaging in effective communication with stakeholders on national multidisciplinary rural and remote health workforce matters, together with issues of significance to UDRHs and the communities they serve.
- Advocating with stakeholders for improved outcomes in rural and remote health.

KRA 3: Governance and service

Goal: Position ARHEN for long term sustainability and viability by

- Ensuring ARHEN's business model is underpinned by relevant activities, sound governance, management systems and adequate income sources resulting in improved sustainability.

ARHEN BOARD 2018-2019



Chair – Professor Lisa Bourke

BSc BSW MSc PhD
Director, UDRH, Department of Rural Health, The University of Melbourne, Shepparton VIC

Prof Bourke is a rural sociologist and social worker who has worked in rural health for several decades. Her research focuses on rural health, rural communities, inclusive rural health care and the wellbeing of rural, remote and Aboriginal and Torres Strait Islander Australians.



Deputy Chair – Mrs Christine Howard

B.Soc.Sc., Dip.App.Sc., Mid. MAICD
Director, Three Rivers Department of Rural Health, Wagga Wagga NSW

Mrs Howard has 30 years' experience in rural health, with a background in nursing, midwifery and occupational rehabilitation. In her current role she is focused on expanding the number of nursing and allied health students living, studying and working in rural Australia.



Treasurer – Professor David Lyle

MBBS PhD FAFPHM
Head, Broken Hill UDRH, University of Sydney, NSW

Prof Lyle is a public health physician who has worked in senior positions in the NSW public health system and university sector since 1990. He has a track record of achievement in teaching, research and health services development.



Associate Professor Martin Jones

RN MSc D'Proff
Director, UDRH, University of South Australia, Whyalla, SA

Assoc Prof Jones has worked in the UK National Health Service, having pursued a career in mental health. He has specialist experience leading and developing services for people with serious mental illness.



Professor Sandra Thompson

BSc(Med)(Hons) MB BS (Hons) PhD MPH FAFPHM Grad Dip Health Management
Director, Western Australian Centre for Rural Health, Geraldton, WA

Prof Thompson is a public health physician with broad health and academic experience. Her interests include addressing health disparities and the development and strengthening of partnerships in program delivery.



Professor Sabina Knight

RN MTH FRCNA FCRANA Plus FRLA
Director, Mount Isa Centre for Rural and Remote Health, QLD

Prof Knight has an extensive background in remote and Indigenous primary health care, public health and education. She is a recognised leader in nursing, rural and remote health and education and health system reform.



Professor Ross Bailie

MBChB MPhil MD FAFPHM MRNCGP
Director, University Centre for Rural Health, North Coast, Lismore, NSW

Prof Bailie is a public health physician who has worked as a GP and a public health academic in New Zealand, South Africa and Australia. He has a strong record of applied health and health services and systems research, particularly in the Aboriginal and Torres Strait islander communities.



Associate Professor Vincent Versace

BSc (Hons, H1) PhD
Director, Deakin Rural Health, Warrnambool Campus, Deakin University, VIC

Assoc Prof Versace is committed to reducing rural health disparities. He seeks to contribute to high quality research through the robust application of biostatistics and spatial methods and collaboration with academic institutions, NGOs and government departments.



Professor Jennifer May AM

PhD BMed (Hons) FRACGP FACRRM
*Director, University of Newcastle,
Department of Rural Health, NSW*

Prof May's career has focused on rural and remote health, with research interests in new models of general practice, primary health care integration and retention of the health workforce. She is a practicing GP with an abiding interest in rural health policy.



Associate Professor Tony Barnett

PhD BAppSc MEd RN FRCNA FRSA
*Director, Centre for Rural Health,
University of Tasmania, Launceston, TAS*

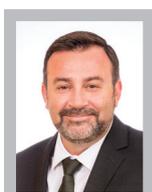
Assoc Prof Barnett trained as a nurse in South Australia and has worked in hospitals in South Australia and Victoria. He has previously held senior academic positions at Monash University and Deakin University.



Dr Susan Waller

BPhy MPhty Phd
*Rural Nursing and Allied Health Lead,
Monash Rural Health, Warragul, VIC*

Dr Waller is a physiotherapist with an academic interest in interprofessional education and practice. She has worked as a physiotherapist in rural locations in Australia and Saudi Arabia and is passionate about values-based healthcare and collaboration in education and research.



Associate Professor Geoff Argus

Bsc (Hons), MPsy (Clinical), MAPS, FCCLP
*Director, Southern Queensland
Rural Health*

Assoc Prof Argus is a clinical psychologist who has worked in senior roles across the public, private and community health sectors. He is passionate about evidence based mental health service delivery in regional and rural communities.



Associate Professor Lindy Swain

BPharm PhD
*Director, Majarlin Kimberley Centre for
Remote Health, Broome, WA*

Assoc Prof Swain believes in an integrated multi-disciplinary approach to health care and works to improve health service access in rural, remote and very remote areas. She has a particular interest in improving medication management for Aboriginal and Torres Strait Islander people.



Associate Professor Narelle Campbell

PhD MEd BAppSc(SpPath)
*Academic Lead, Centre for Remote
Health, NT*

Assoc Prof Campbell leads a team of medical, allied health and nursing academics and administrators to deliver medical education, workforce development and capacity building for health professional student placements.



Dr Leesa Walker

*Discipline Head Rural and Remote Health
(SA), Flinders University*

Dr Walker is a rural GP in Hamilton, Victoria. Her academic interests include wellbeing of students and clinicians, community engaged medical education, progress testing and medical school selection processes.



Associate Professor Carol McKinstry

PhD
*Acting Director, La Trobe University
UDRH, Bendigo, VIC*

Assoc Prof McKinstry is an occupational therapist who assists in coordinating project based and service learning placement subjects at the Bendigo campus. Her research is focused on developing an allied health workforce for rural and regional communities

STAFF NETWORK ACTIVITIES

ARHEN supports six staff networks, with members drawn from different academic and operational areas. Networks meet regularly, often by Zoom, and usually hold at least one face to face meeting each year.

MENTAL HEALTH ACADEMICS – CHAIR, SHARON VARELA

The MHA Network has taken a more strategic focus over the last 12 months, providing input into the following government inquiries: the Senate inquiry into the *Accessibility and quality of mental health services in rural and remote Australia*; the Productivity Commission inquiry into the role of improving mental health to support economic participation; the Office of the National Rural Health Commissioner's discussion paper for consultation; and the Victorian Government Mental Health Royal Commission. Additionally, members continue to participate in joint research projects, including trialling peer workers in emergency departments and supporting student and early career placements in rural and remote locations through supervision, support and workforce development. Next year we will continue with our current focus/projects and commence a collaborative research project investigating mental health and wellbeing of students.

RURAL PHARMACY SUPPORT NETWORK – CHAIR, CATHY HARGREAVES

The network met 6 times throughout the year, continuing to collaborate and share relevant information about rural pharmacy issues. Members were especially interested in the outcomes of a 2017 review of the Rural Pharmacy Liaison Officer (RPLO) program, part of a broader review of pharmacy workforce programs undertaken by Department of Health consultants. Key messages from the report included that an additional 1,000 pharmacists are required in rural, regional and remote Australia and that the RPLO program is highly regarded by stakeholders. Network activities included collaboration on a joint letter to DoH and the Pharmacy Guild advocating for continuation and expansion of the RPLO program in the 7th Community Pharmacy Agreement, due to be released in June 2020. This will determine the future of the RPLO program.

SERVICE LEARNING – CHAIR, CHARMINE SWANSON

November 2019 marked the first year of Service Learning network activities. The network now has 22 members from 12 UDRHs, with initial activities focusing on identifying the needs and roles of members. As the majority of members are new to service learning, a highlight has been meetings with guest speakers who enhanced members' knowledge of service learning in Australia, the impact of the NDIS on service learning placements and how to develop effective service learning programs. Members look forward to supporting further development of service learning in rural Australia in 2020 through enhanced understanding of community engagement and removal of barriers to service learning placements.

ABORIGINAL STAFF ALLIANCE – CHAIR, GWEN FREEMAN

ASA members' job roles vary across different UDRHs – research, teaching, cultural training for medical, nursing and allied health students, community participation and other projects. We are planning to document these activities and our achievements in a 'Coming of Age' 21 years of Aboriginal input to UDRHs booklet which will also document the history and achievements of the ASA over this time. During a busy year, members have worked on internal things including a 'Terms of Reference' update and the 'welcome pack' for new members. The network held its face to face meeting this year in Geraldton which included a wildflower and cultural tour. Members find these meetings invaluable as they help forge relationships that can lead to worthwhile collaborations and projects.

EXECUTIVE OFFICERS – CHAIR, MELLISSA KRUGER

The EO network provides a forum for members to share information and discuss UDRH operational matters. During the reporting period, network meetings have covered broad issues including student placements, community support, finance and administration, HR and staff and student facilities. The management and support of student accommodation continues to present an ongoing challenge. Other issues included support for Rural Health Multidisciplinary Training Program evaluation visits, assessment of new property management software and a focus on regular reporting requirements.

STUDENT PLACEMENT COORDINATION NETWORK – CHAIR, VICKI HALE

The SPCN met several times during the year to share information about student accommodation and associated issues. A software system to make it easier to support knowledge sharing about placements was considered. Challenges in finding new accommodation when current premises reach capacity in rural and remote locations were discussed and staffing approaches reviewed.

2018 UDRH STUDENT ACTIVITY SUMMARY

TOTAL STUDENT NUMBERS IN 2018

A combined¹ total of 13,749 nursing and midwifery, and allied health students were hosted by the RMHT DRH program for two weeks or more in 2018. Domestic students accounted for 13,099 (95.27%) of all students; undergraduate students made up 88.6% of the total (Table 1, Figure 1).

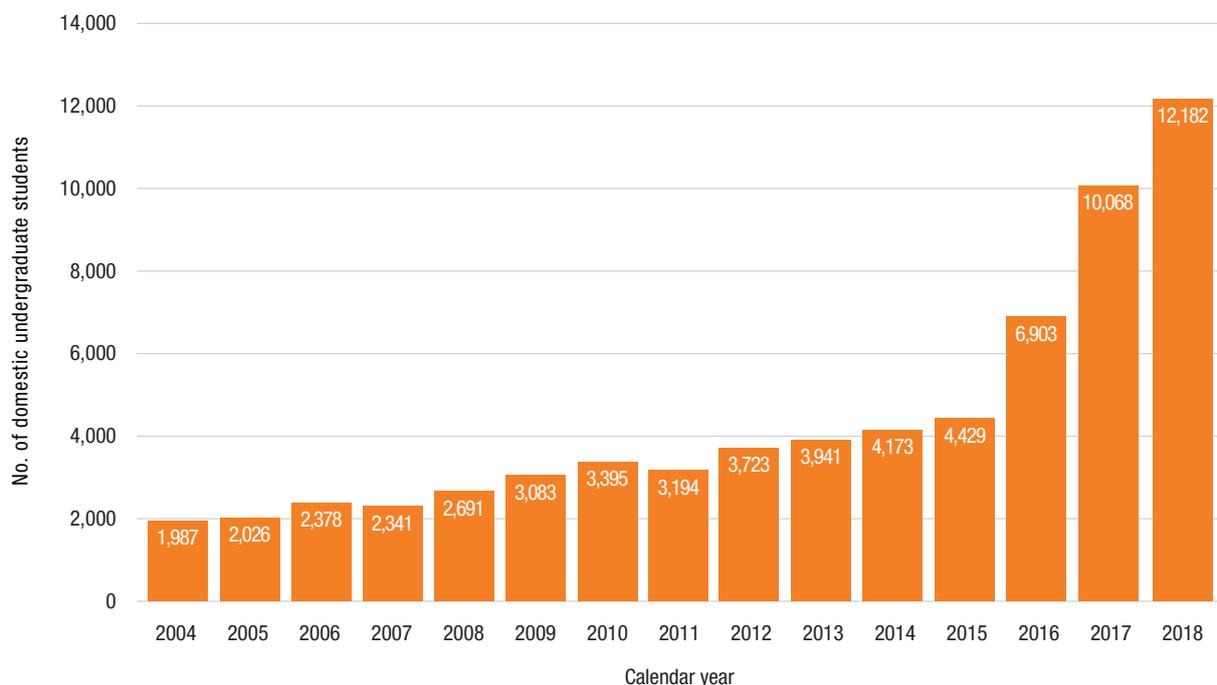
Compared with 2017, the total number of students increased by almost 23%. Total domestic student numbers increased by just less than 22% and total international students by over half (57%). Domestic undergraduate numbers increased by 21% (Figure 1) and domestic postgraduate by almost 29%. The total of undergraduate student numbers increased by just over 22% and post-graduate student numbers by almost a third (Table 1).

UDRHs support international students under the RHMT Program (RHMTTP), however they do not count towards UDRH student targets and Australian students are prioritised. International students who are enrolled in full-fee paying places receive administrative support and use of RHMT-funded facilities, particularly where student classes, groups or cohorts are encouraged to undertake a rural placement.

Table 1. Changes in overall student numbers between 2017 and 2018

	Domestic students			International students			Total students		
	2017	2018	% change	2017	2018	% change	2017	2018	% change
Undergraduate	10,068	12,182	+21.0%	384	588	+53.1%	10,452	12,770	+22.2%
Postgraduate	712	917	+28.8%	30	62	+106.7%	742	979	+31.9%
Total	10,780	13,099	+21.5%	414	650	+57.0%	11,194	13,749	+22.8%

Figure 1. Changes² in domestic undergraduate student numbers over the years 2004-2018



¹ 'Combined' refers to the aggregate of domestic and international students, including undergraduate and postgraduate students of nursing, midwifery and allied health disciplines.

² Caution should be exercised when comparing years as the DRH program has seen significant changes in the number of DRH, aggregate funding and student disciplines reported over time.

NURSING AND MIDWIFERY, AND ALLIED HEALTH NUMBERS IN 2018

The total number of nursing and midwifery students hosted by the DRH program in 2018 was 7,981. In 2018, the total of nursing and midwifery students increased by slightly under a third compared with 2017 (Table 2). In 2018, the number of allied health students was 5,768, representing an increase of just over 13% compared with 2017 (Table 2).

Table 2. Changes in combined nursing and midwifery numbers, and allied health students numbers between 2017 and 2018

	Nursing and midwifery students			Allied health students		
	Domestic	International	Total	Domestic	International	Total
2017	5829	270	6099	4951	144	5095
2018	7608	373	7981	5491	277	5768
% change	+30.52%	+38.15%	+30.86%	+10.91%	+92.36%	+13.21%

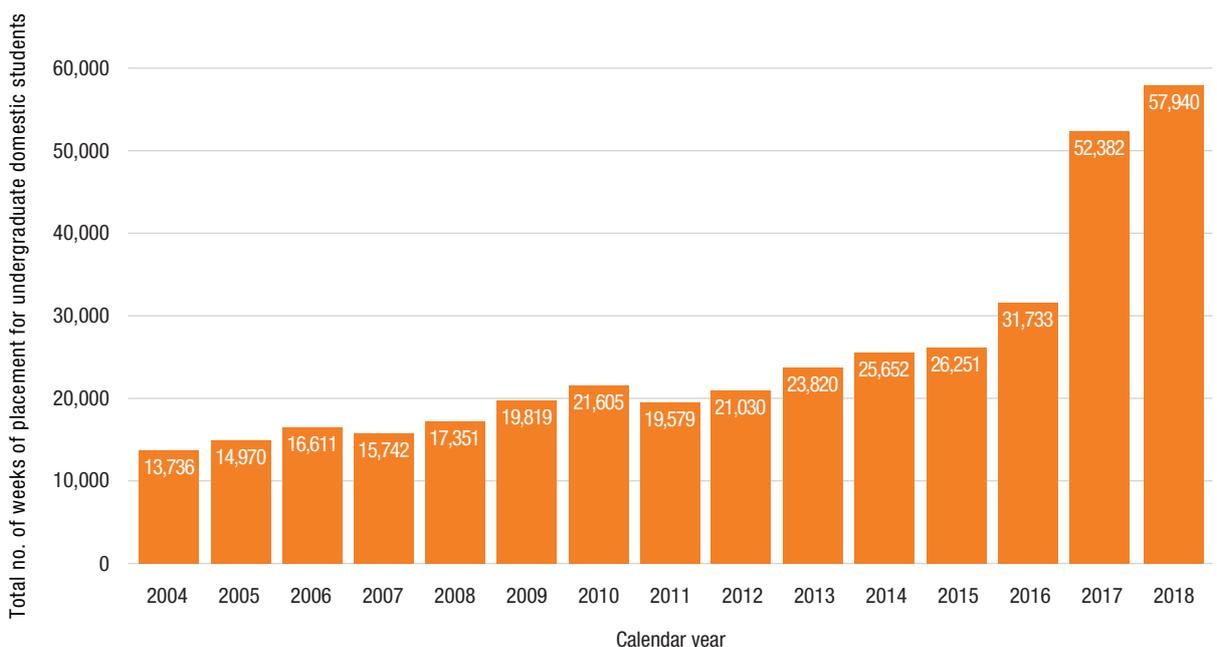
STUDENT PLACEMENT WEEKS

The total number of placement weeks³ for all students across the UDRH program in 2018 was 68,214. The total weeks of placement for undergraduate students was 60,805 (~89% of the all weeks) and those for postgraduate students 7,409 (~11% of all weeks) (Table 3). When compared to 2017, the total weeks of placement in 2018 showed an increase of 25%. (Table 4).

Table 4. Change in the number of weeks of placement between 2017 and 2018

	Domestic weeks			International weeks			Combined weeks		
	Under-graduate	Post-graduate	Total	Under-graduate	Post-graduate	Total	Under-graduate	Post-graduate	Grand Total
2017	47,435	4,947	52,382	1,910	274	2,184	49,435	5,221	54,566
2018	57,940	6,870	64,810	2,865	539	3,404	60,805	7,409	68,214
% change	+22.15%	+38.87%	+23.73%	+50.0%	+96.72%	+55.86%	+23.22%	+41.91%	+25.01%

Figure 2. Trends in the total number of weeks for domestic undergraduate students over the years 2004-2018



³ Only students whose placements were for 2 weeks or longer are included.

PLACEMENT DURATION

The average length of placement for the total 2018 cohort was 4.96 weeks (Figure 3) (Table 5). Compared with 2017, in 2018 the average duration of all domestic placements increased marginally (1.8%) (Table 6).

Table 5. Average duration of student placement for 2018 (in weeks)

	No. of Domestic students	No. of Domestic weeks	Avg. Domestic duration	No. of International students	No. of International weeks	Avg. International duration	Total students	Total weeks	Combined Avg. duration
Under-graduate	12,182	57,940	4.76	588	2,865	4.87	12,770	60,805	4.76
Post-graduate	917	6,870	7.49	62	539	8.69	979	7,409	7.57
Total	13,099	64,810	4.95	650	3,404	5.24	13,749	68,214	4.96

Table 6. Change in the duration of student placements (in weeks) between 2017 and 2018

	Domestic placement duration			International placement			Combined placement duration		
	Under-graduate	Post-graduate	Avg. duration	Under-graduate	Post-graduate	Avg. duration	Under-graduate	Post-graduate	Avg. duration
2017	4.71	6.95	4.86	4.97	9.13	5.28	4.72	7.04	4.87
2018	4.76	7.49	4.95	4.87	8.69	5.24	4.76	7.57	4.96
% change	+0.95%	+7.83%	+1.82%	-2.04%	-4.82%	-0.73%	+0.86%	+7.55%	+1.78%

STUDENT ACTIVITY BY PROFESSIONAL GROUP

For nursing and midwifery students combined, the total of domestic and international for both undergraduate and postgraduate nursing and midwifery students was 7,981 students, accounting for well over half of the total student cohort (Table 7) as well as accounting for over 45% of total placement weeks (Table 8). When considered alone, nursing students constituted the single largest student discipline group hosted by the DRH program in 2018.⁴ Allied health students totalled 5,768 students (~42% of all students) (Table 7) and accounted for almost 55% of total placement weeks (Table 8).

Table 7. Combined¹ number of nursing and midwifery students, and allied health students in 2018

	Domestic			International			Combined	
	No. of students	% of domestic students	% of all students	No. of students	% of international students	% of all students	No. of students	% of all students
Nursing & midwifery	7,608	58.08%	55.33%	373	57.38%	2.71%	7,981	58.05%
Allied health	5,491	41.92%	39.94%	277	42.62%	2.01%	5,768	41.95%
Total	13,099	100.00%	95.27%	650	100.00%	4.73%	13,749	100.00%

⁴ Nursing students have consistently constituted the largest single discipline group since the inception of the DRH program.

Table 8. Number of placement weeks for nursing and midwifery students, and allied health students in 2018.

	Domestic			International			Combined	
	Placement weeks	% of domestic weeks	% of total weeks	Placement weeks	% of international weeks	% of total weeks	Placement weeks	% of total weeks
Nursing & midwifery	29,049	44.82%	42.59%	1,692	49.71%	2.48%	30,741	45.07%
Allied health	35,761	55.18%	52.42%	1,712	50.29%	2.51%	37,473	54.93%
Total	64,810	100.00%	95.01%	3,404	100.00%	4.99%	68,214	100.00%

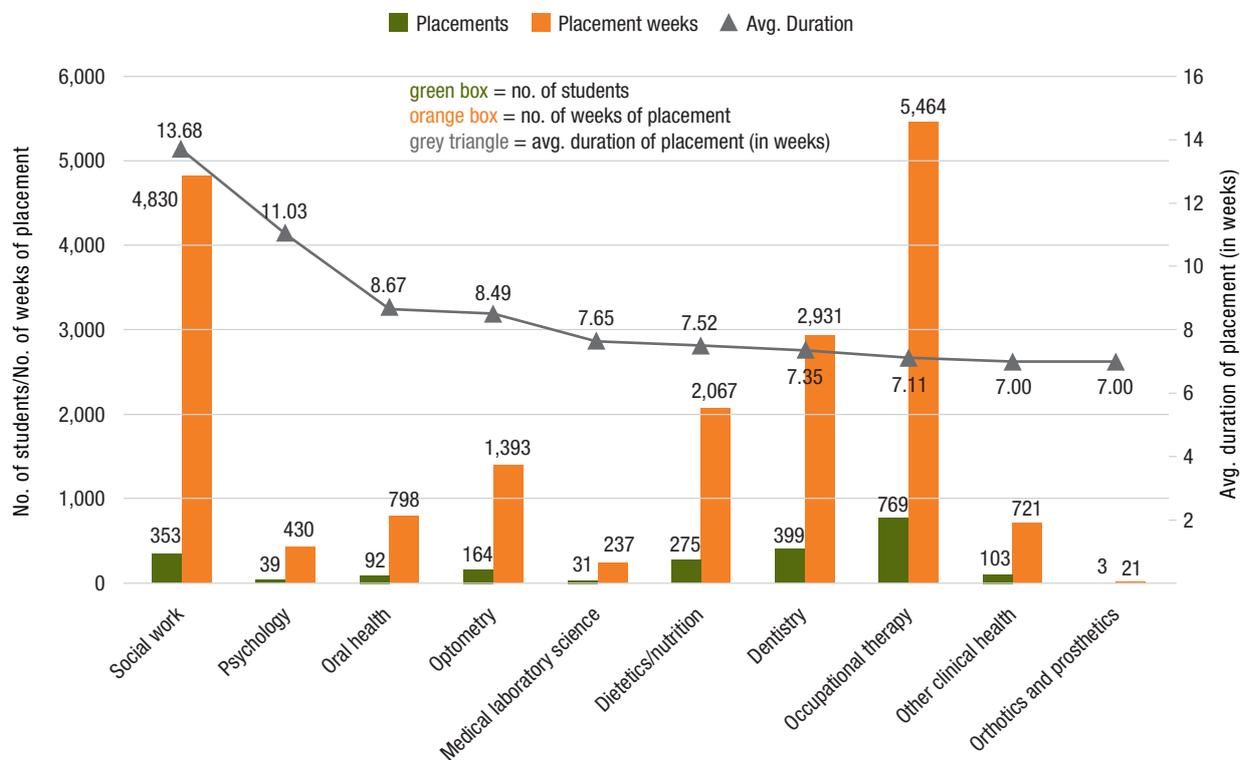
In 2018, not including nursing and midwifery, the top ten combined⁵ disciplines hosted by the DRH program accounted for a total of 5,030 students (36.58% of the total students; 87.21% of allied health students), and 30,600 weeks of placement (47.21% of total weeks; 85.57% of allied health weeks) (Figure 4, Table 10).

By comparison in 2017 – again excluding nursing and midwifery – the top 10 disciplines were: physiotherapy; radiation science including radiotherapy, radiation therapy and nuclear medicine; pharmacy; occupational therapy; dentistry; social work; speech pathology; dietetics and nutrition; podiatry, and optometry. In 2017, these combined disciplines accounted for a total of 4,490 students (40.11% of all students; 88.13% of allied health students) and 27,671 placement weeks (50.71% of all weeks; 88.12% of allied health weeks).

PLACEMENT LENGTH

There was a wide range of placement length across the disciplines. The median length of placement across all disciplines was 5.8 weeks with a range of almost 12 weeks.

Figure 5. Top 10 disciplines for length of placement in 2018



⁵ 'Combined' here refers to the aggregate of domestic and international allied health students. This includes undergraduate and postgraduate students. These figures do not include the disciplines of nursing and midwifery.

ARHEN

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