

Dr Kristine Battye
Managing Director
KBC Australia
PO Box 2428
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By email: manager@kbconsult.com.au

Dear Dr Battye,

Re: Response on Rural Health Multidisciplinary Training Program Evaluation

The Australian College of Nursing (ACN) is Australia's pre-eminent and national leader of the nursing profession. ACN is committed to advancing nurse leadership to enhance healthcare and believes that all nurses, regardless of their job title or level of seniority, are leaders. In that context, ACN welcomes the opportunity to provide feedback on the **Rural Health Multidisciplinary Training (RHMT) Program Evaluation**. In preparing its response, ACN has consulted with its Members and Fellows and their feedback is included in the comments below.

The response explains the awareness of ACN Members and Fellows on the RHMT program, the value of the program to the nursing profession in remote and rural Australia, some suggestions for improvement, opportunities to strengthen the transition from being a student to working in remote and rural settings, and some recommendations for enhancing RHMT program academically.

1. Awareness of the RHMT program

ACN commends the RHMT program as it involves education institutions working proactively to address rural health workforce shortages and distribution issues. Students have been provided with clinical experiences in rural areas and the opportunity to participate in multidisciplinary education and stimulation from the University Departments of Rural Health (UDRHs) program. The nursing academic staff are particularly remembered as supportive, promoting healthcare opportunities in rural areas and engaging with rural communities.

Our members have been involved with the RHMT program as nursing staff of the healthcare providers and academic or education roles of the UDRHs program. Their involvement includes preparing a rural health module for a Graduate Entry Masters (GEM) of Nursing, initiating a Clinical Education Liaison Officer (CELO) role, organising placement hosts, setting up student programs, delivering staff and other stakeholder professional development training, monitoring nursing students' Nursing Competency Assessment Schedule (NCAS), and conducting research and evaluation in both cardiovascular research and nursing or allied health programs.

In particular, a member from South Australia mentioned that UDRH has provided support for nursing and midwifery education and student placement in various degrees in the Department of Rural

Health of University of South Australia (UNISA) and Flinders University. UNISA funds an administrative officer to assist with student placements. The student accommodation, education and workshops provided by UDRH are valuable contributions for rural and regional health care in the state.

2. The value of the RHMT program to nursing

The RHMT program and its relevant streams including Rural Clinical Schools (RCSs), UDRHs, rural dental training programs and regional training hubs have huge potential in supporting and nurturing rural and regional health practitioners. They provide undergraduate students with a better understanding of career and clinical opportunities available in rural communities. RCSs and UDRHs deliver a better understanding to the students on being a generalist nurse and show them the importance of this role to rural communities.

The mandatory placement in rural and regional areas has provided students with a rural experience especially for those who would not have otherwise undertaken a rural placement. This experience exposes health and medical students to rural practices and raises awareness of the health issues confronting rural patients whether they work at rural or metropolitan hospitals. Some students who have been placed in rural areas might consider working there after the placement. The local placement also supports inter-professional learning and practice between allied health practitioners and medical students on placement by the UDRHs program.

3. Suggestions for improvement

3.1 Better engagement with local health departments

The engagement with Departments of Health at the state levels could be improved as they are responsible for the delivery of health services in rural and regional communities. It is particularly suggested in Western Australia to engage with WA Country Health Services. A better linkage between the RHMT program and health services in the local areas will increase the effectiveness of the development and implementation of the program.

3.2 Extra support for local students

ACN suggests providing extra support for students who live in rural and regional areas as they are more likely to work and stay in rural settings. This support can be in the form of more scholarships available for students with rural and remote area origin. There has been strong evidence of rural origin students who return to work in rural communities because they are familiar with the difficulties and remoteness of life and have less trouble adapting to working in such an environment¹.

¹ Walker JH, DeWitt DE, Pallant JF, Cunningham CE, 2012, "Rural origin plus a rural clinical school placement is a significant predictor of medical students' intentions to practice rurally: a multi-university study", *Rural and Remote Health*, 12: 1908, <<https://pdfs.semanticscholar.org/bb80/b60653c19937de9c5d9530761547cb6a12b4.pdf>>

3.3 Longer nursing placement time

Our members suggested the length of nursing placements be extended to allow for a greater understanding of rural health issues and integration into the community. Longer placements would also allow students to have non-direct clinical experience within the UDRH, other community organisations and or non-government organisations (NGOs) such as Headspace, community centres and schools. Within the UDRH, longer placements would offer inter-professional learning and practice opportunities.

The Australian Undergraduate programs for nursing are predominantly three years with a proposal to extend this to a four year undergraduate degree with substantive practical requirement in the final year. This is being considered in the Australian Governments Department of Health *Educating the Nurse of the Future – Independent Review of Nursing Education*. This is the link to the relevant website: <https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/educating-the-nurse-of-the-future-independent-revi-1/>

3.4 Flexible curriculum requirements

ACN advises the UDRH to have more flexible nursing curriculum requirements to allow for a broader rural experience. This would benefit from the UDRH staff and nurses' involvement in curriculum development and implementation. As an example, students living in rural areas might benefit from limited time placements and training in metropolitan hospitals. Students coming from rural communities might need to gain further education or training in metropolitan areas sometime in their career endeavour, and yet still commit to work in rural and regional areas.

3.5 Increase funding

ACN suggests increasing funding for the RHMT program. The increased funding could be used to cover the cost of travelling for students and nurses and allied health training.

4. Opportunities to strengthen the transition

There are some opportunities to strengthen the transition from training students in rural locations to working rurally for the nursing profession. They are:

- **Collaborative clinical placement models:** in this model, students return to the same clinical venue for two-thirds of their clinical experience. This is only possible where clinical venues are larger regional referral hospitals, however there are usually several smaller clinical venues that could work together on a collaborative style model. This model increases the student's sense of belonging, builds connections and increases the likelihood of them staying in that rural area after graduation.
- Support to Nurse Practitioner (NP) graduates as it will give significant benefit to rural health outcomes where health practitioners are lacking.
- Support for existing health practitioners in rural areas as they provide mentoring to new graduates and to increase retention. Retention of health practitioners is a growing concern

in rural areas². The support can be in the form of education and continuous professional development interventions, regulatory interventions, financial incentives, and personal and professional support.

5. Academic, student selection and rural training

ACN recognises that it is vital to maintain the academic capacity and training infrastructure in rural and remote areas to ensure improved outcomes for nurses. Below are ACN recommendations for the RHMT program in these contexts:

- **Postgraduate program in rural area:** ACN suggests providing post-graduate training and research in the curriculum. There have been some attempts to do some research, but it needs to be strengthened. The universities with the UDRH and health industry need to work together on curriculum development and implementation; and placement structures in the rural setting. The UDRHs need to expand their education and research activities to support and add value to the ongoing professional development of rural health professionals across rural and regional settings. They could deliver post-graduate programs specific to local needs in a rural area. An example of this would be to expand the medical rural health training hubs to a similar program for both nursing and allied health. The development of such hubs would provide essential support and extend academic career opportunities and track record of academics working rurally which is currently lacking. It will also be better if the programs are accessible through online study. These programs will require support and up-skilling of rural staff to mentor and train new graduates.
- Selection of health students who will join the RHMT program should emphasise the students' motivation to engage with the rural context. Although evidence suggests that students with rural origin or interest would increase the likelihood of working in rural areas post-graduation, it is essential for these students not to be the only focus but to extend this opportunity to all students. Rural and metropolitan student origins should be treated the same as long as they show their strong motivation to engage with a rural context. However, graduates who do not work in rural areas will benefit from rural knowledge and experience as they care for patients from rural areas in a metropolitan setting.
- Providing Information Technology training in rural areas especially related to health technology as this is important to support the work of health practitioners in rural and regional settings.
- Providing indigenous cultural training, workplace supervision, community support, access to education resources and accommodation have shown to provide a more satisfactory learning experience for students on rural placements.

² Mbemba, G, Gagnon, M, Pare, G & Cote, J, 2013, "Interventions for supporting nurse retention in rural and remote areas: an umbrella review", *Human Resources for Health*, 11 Article number: 44 (2013), <<https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-11-44>>

- Increased investment in human resources in rural areas would be beneficial. The numbers of nurse educators with education experience, knowledge and high-level expertise in rural areas are low in comparison with those in metropolitan areas.
- The availability of working positions for the new graduates to work in rural areas.

In conclusion, ACN would like to thank KBC Australia for the opportunity to provide feedback on this important program evaluation. The RHMT evaluation has the potential to be a valuable and practical resource for the Department of Health to improve the RHMT program and its relevant streams such as RCSs, UDRHs, rural dental training programs and regional training hubs.

If you have any questions or would like further information, please contact ACN's Policy and Advocacy Manager, Dr Carolyn Stapleton, at carolyn.stapleton@acn.edu.au.

Yours sincerely



Tania Dufty FACN
Director Strategy

30 August 2019