

Rural health academic units: Education and research by rural practitioners, for rural practitioners in the rural setting

Professor Roger Strasser

It is almost ten years since the Monash University Centre for Rural Health was established¹ and I became the first Professor of Rural Health. At that time in Australia, there was a worsening shortage of rural practitioners and a growing sense of crisis in rural health and rural health services.² The situation now is quite different.

Although there is still a shortage of rural practitioners, the numbers have started to turn around³ and a range of integrated health services models have been developed and implemented across rural Australia. A major contributor to these changes has been the success of rural health academic units like the Centre for Rural Health, which was incorporated in the new Monash University School of Rural Health at the beginning of 2001.

The challenge for rural health

New Zealand appears very different from Australia at first glance. In relation to rural health however, New Zealand, Australia and many other countries share the same major issues and concerns.^{4,5} This has become very evident through the activities of the Wonca (World Organisation of Family Doctors) Working Party on Rural Practice, which I chair, and a series of World Rural Health Confer-

Professor Strasser is a general practitioner in Moe, a town of 17 000 people, two hours east of Melbourne in Gippsland. After postgraduate studies in the United Kingdom and Canada, Professor Strasser joined the Moe Medical Centre in 1985. For seven years he was the Gippsland Regional Co-ordinator for General Practice Training and, in 1989, joined Monash University as a part-time Senior Lecturer.

In August 1992, Professor Strasser took up his current appointment as Professor of Rural Health for Monash University. He is the Head of the Monash University School of Rural Health, Australia's first multi-disciplinary, multi-level rural health academic unit. Since June 1992 Professor Strasser has been Chairman of the WONCA Working Party on Rural Practice which developed the WONCA policies on *Training for Rural Practice*, *Using Information Technology to Improve Rural Health Care* and *Rural Practice and Rural Health*. Professor Strasser also chaired the Conference Scientific Committee for the First International Conference on Rural Medicine at Shanghai, China (May 1996), and is chairing the 5th World Conference on Rural Health Melbourne 2002 Working Party.



ences.⁶ The Fifth Wonca World Conference on Rural Health is taking place in Melbourne 30 April–3 May this year.⁷ In New Zealand and around the world, access is *the* rural health issue. The three major challenges are:

- Transport and communication difficulties, both between rural areas and between rural and urban locations.
- The concentration of resources in the cities – even in countries where most of the population is rural.
- Serious workforce shortages including doctors, nurses and other health care providers.⁸

The approach of Monash University

Monash University School of Rural Health addresses these challenges through a comprehensive range of education and training, research and development, and liaison and support activities. The education and training programmes cover the complete lifecycle of a rural practitioner and so address the three factors most

strongly associated with entering rural practice upon completion of education and training:

- A rural upbringing
- Positive clinical experiences at the undergraduate level
- Specific postgraduate training for rural practice.⁹

Prior to undergraduate level, Monash Rural Health promotes health careers to Victorian rural secondary students through the *A Great Career Where You Live* website and video aimed at Year 10 students, and statewide workshops for Years 11 and 12 students in Melbourne, as well as regional careers workshops. Another annual event is the Rural Forum associated with Monash University Open Day, where current medical students from rural areas host Years 11 and 12 students from country high schools, introducing them to the Monash medical course, the selection and admissions process, the challenges of studying at University and living in the city, and options for accommodation.

Special consideration

The selection process for the Monash medical course includes a 'Dean's Rural List' whereby rural origin applicants are given special consideration for the educational disadvantage of rural secondary schooling, which assists many applicants to gain an interview. At the interview, all applicants are treated equally and the motivation of those from rural areas often assists them to gain entry into the course. Since 1994, Monash has been successful in recruiting 20–25% of each year's intake from rural areas.

Rural attachments

In the new Monash undergraduate medical curriculum, all students have the opportunity of rural health experience and clinical placements in every year of the five-year course.

In first year all students undertake a one-week rural attachment in second semester, and Second Year Rural Health consists of a two-week rural health attachment involving half the class in the first semester and the other half in the second semester. Years 3, 4 and 5 provide students with the opportunity to undertake some or all of their clinical attachments in the rural setting. All students complete a minimum of twelve weeks rural clinical attachments during the course and 25% of the class undertake 50% of their clinical education in the rural setting.

Student support

In addition to curriculum content and rural clinical placements, student support is provided through Wildfire, the Monash Rural Practice Students' Club, the Rural Mentor Scheme and Rural Placements Co-ordinators and Supervisors. Wildfire aims to raise interest in rural practice, beginning with first year students and throughout the course. It provides urban and rural-origin students with the opportunity to meet medical, nursing and allied health professions students who are interested in rural practice. In addition, the club provides support for rural-origin students in adjusting to the challenges of city living and university studies.

In New Zealand and around the world, access is THE rural health issue

Each rural-origin student is offered additional support and encouragement by a rural mentor. The mentor is usually a doctor in the same town or area as the student, and provides support and guidance; a role model for the student. Increasing numbers of urban-origin students also choose to have rural mentors.

After graduation, Monash Rural Health co-ordinates the Gippsland Regional General Practice Training

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Program on behalf of the Gippsland Education and Training for General Practice Ltd. Since 1998, the Gippsland Regional Program has been successful in recruiting GP registrars to the region and providing a responsive learner-centred programme. The programme has a particular emphasis on supporting the GP supervisors as the primary teachers of general practice, hospital terms oriented towards the registrars'

future in general practice, and vertical integration linking undergraduate education, vocational training and continuing education of rural practitioners.

Continuing education

The School of Rural Health is active in providing continuing education for rural practitioners in co-operation with a range of education providers. These include a range of emergency skills training programmes as well as multi-disciplinary education for rural health practitioners. The School also produces a quarterly bulletin.

The Graduate Diploma and Master of Rural Health courses are available by total distance education (online) to doctors, nurses and other health professionals throughout Australia and other countries. The courses have a specific focus on rural health and rural practice and provide rural practitioners with the opportunity to undertake higher university studies without leaving their town or practice. Research training in rural health is offered through the Master of Rural Health (by research) and PhD programmes. Monash Rural Health is also active in providing a range of teacher-training programmes to support rural practitioners as teachers of undergraduate students and GP registrars.

Beginning at secondary school level, Monash Rural Health provides

education and training spanning the entire career pathway for rural practice. This approach also facilitates vertical integration including active involvement of GP registrars in teaching undergraduate students, as well as involving students and GP registrars in rural practitioner continuing medical education.

Change in policy and improvement in health services are most likely to occur when health service planners and government are provided with the evidence. This creates an imperative for developing extensive research programmes in rural health.

The Monash Rural Health research programme has a particular focus on

improving rural health from the perspective of people living in rural communities and rural health care providers, particularly general practitioners. Findings from a range of Monash Rural Health research projects have contributed to the development of new policies focused on rural health workforce and rural health service delivery.¹⁰ Overall, the Monash University School of Rural Health has contributed successfully to the development of rural health policy, raising the profile of rural health practice, developing communication and co-operation with rural health professionals and organisations, providing undergraduate and postgraduate education for rural health practice, facilitating rural research into rural health

issues and establishing strong rural health networks.

Further initiatives

Since 1996, the Australian government has provided funding for an additional 10 University Departments of Rural Health¹¹ and is currently in the process of contracting with all Australian Medical Schools to establish Rural Clinical Schools.¹² These initiatives are contributing the development of a critical mass of rural-based academic activities – education, training and research – which are changing the face of medical education in Australia and which have gone some way to counter the anti-rural bias in metropolitan areas.

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