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NRUDRH news

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E D U C A T I O N R E S E A R C H C O M M U N I T Y

Head of Department Report

2005 has provided the NRUDRH with many reasons to celebrate. We have grown from a staff of five in Nov 2002 to our current staffing of 33 (although this does include a large number of part-timers). With this increase has come a greater demand for facilities. This will be met by construction of our new building on the Lismore campus, which will include a 60 seat lecture theatre; video-conference room; problem based learning facilities and additional office space. After many hurdles, this project will finally get underway in early 2006 with the commencement of the long awaited car park in Dalzeil Street and finishing of access facilities and ground maintenance for the recently remodelled student accommodation. We hope that the whole facility will be operational in mid 2006.

By the time you read this the second stage of Murwillumbah Health Student Placement Program development will have been formally opened by the NSW Minister for Health the Hon. John Hatzistergos. The Murwillumbah centre is now a fantastic resource and will ensure students have much more pleasant accommodation during their placements. It will also provide a wonderful focus for the professional development initiatives we have put in place for local clinicians.

November saw the North Coast Area Health Service, Southern Cross University and the UDRH collaborate in the very successful "Health Partnerships: Practices and Challenges" conference held at Coffs Harbour. 130 delegates from across Australia convened at Opal Cove to present, discuss and participate in the conference. This was

an outstanding event that focussed on a myriad of high quality, local initiatives. Congratulations to the organisers, in particular Liz Clarke (NCAHS), Bev Taylor (SCU) and Jeff Fuller (NRUDRH), and the large number of people providing administrative support

In early June this year I was invited to address the New York Academy of Medicine on our research activities, which ironically closely parallel those of the Academy's Centre for Urban Epidemiological Studies. Following on from this visit, I will be taking a 6 month leave of absence to work at the Academy as senior epidemiologist. During this period, I also hope to work on aspects of my existing research program and participate at a distance in the submission of some key UDRH grant applications. Associate Professor Jeff Fuller will be at the helm of the UDRH, and I am confident the UDRH will continue to make great strides while I am away.

I would like to take this opportunity to thank all the UDRH staff for their contribution to our success over the last 12 months, for their patience in the slow progress to the new building and last but not least for their support to me during this period. We have strived for excellence, and our success can be gauged by the number of peer reviewed publications we have had accepted, which is over a quarter of the total output of the Australian Rural Health Education Network. I wish all our stake holders, staff and associates a very safe and happy Christmas and New Year and look forward to the continuation of our successful associations in 2006. 🍷

Prof. John Beard

before...



after



Student accommodation - Lismore.

Norman Swan facilitates workshop on rural workforce education challenges



On July 22nd NRUDRH invited some of Australia's leading experts in education (from 13 different Universities and Colleges) to meet with government, clinical and community stakeholders. Norman Swan from the ABC Health Report facilitated discussion on education of the workforce best suited to Australia's rural and remote communities.

There was general agreement from the 75 participants that while the current rural workforce is highly skilled and professional, there are "growing shortages in some workforce areas; geographic 'mal-distribution' of the available workforce; skill mixes that do not always match current needs; concerns about the capacity of the current workforce regime to respond effectively to changing needs; unrealized opportunities to improve productivity and service quality; and job dissatisfaction" (Initial Issues Paper of the Productivity Commission Enquiry into the Health Workforce).

The cross-discipline nature of rural teamwork was believed to be poorly reflected in current educational models. While some Universities are moving to multidisciplinary approaches, the silo nature of training creates logistic problems in creating teams with students of different disciplines but similar skill levels and semester schedules.

Discussion covered the current specialty focused post-graduate training for health professionals that creates a dichotomy between the expectation of the new graduate (trained in an academic model for anything up to 14 years) and the rural working environment (generalist in nature and lacking many professional lifestyle opportunities). The problem is perpetuated by the comparative lack of junior working positions (including internships) in rural areas.

There was support from the participants for increased activity in health promotion and disease prevention, but there was also recognition that clinicians practicing in areas

of workforce shortage will continually struggle to provide those services in the face of overwhelming acute care needs.

The meeting identified two main gaps in the current educational marketplace:

1. Advanced rural skills posts

Many rural health professionals are required to take on service roles for which their core training was not adequate preparation, such as nurses required to do diabetic foot care. The opportunity already exists for each health profession to develop advanced rural skills training modules so generalist rural clinicians may accumulate further qualifications to better meet the health needs of their communities. Under this model a generalist dietician could add modules of diabetic education. This would require collaboration between different educational faculties and schools.

The modules must be available in rural locations, perhaps by distance education, so rural clinicians as far as possible are not taken away from their communities. The training should be linked to new award structures, in recognition of the higher level of skill and service delivered. This would create new career opportunities and promote recruitment and retention.

It was felt that this model could be developed within existing regulatory and educational frameworks.

2. "Primary Health Care Worker"

The creation of a new sector of workforce with a specific focus on disease prevention and health promotion was thought to have advantages for many rural communities.


Students could be targeted from rural communities and trained in rural community & hospital settings. This would require the creation of new models of curriculum and

education delivery, perhaps utilising VET sector TAFE education initiatives and taking advantage of the academic supports offered by University Departments of Rural Health and Rural Clinical Schools.

A clearly defined training pathway could stream people after core training into a variety of workforce models such as a General Practice PHC worker, or a health educator community development type worker, through modules including risk assessment, complication screening, health promotion, population health, and community development.

Training might be anticipated to take 18 months to 2 years, in keeping with Certificate 4 to Advanced Diploma level qualifications. The graduates might expect employment in a variety of models including within general practices or Divisions, community health centres, and within the state health sector. They would work as part of integrated teams (not necessarily collocated) to avoid the hazards of fragmentation of care; and this would create the need for clear lines of authority and supervision.

The group considered it vital to consider the impact that changing the skill mix may have on the existing rural workforce. If new workforce models focus on disease prevention and health promotion, this may be to the exclusion of current clinicians; impacting on both their work satisfaction and finances by creating a shift to more complex and acute care services.

The workshop helped open public debate around a range of rural workforce issues and has resulted in the creation of many new approaches to education that may see more responsive and better supported clinicians in the future. Further discussions have been held by electronic bulletin board and a smaller working party will be developing a proposal for a grant application to the Department of Education, Science & Technology. For detail contact Dr Sue Page at the NRUDRH. 



PHCRED Success: Four more years funding

Our first year in the Commonwealth-funded Primary Health Care Research, Evaluation & Development Strategy (PHC RED) has been rewarded with 4 more years of funding. The aim of PHC RED is to embed a research culture in Australian general practice specifically, and Australian primary health care more generally.

Under PHC RED we have assisted 45 local clinicians with research projects they are working on, providing approximately 300 hours of one to one support. A total of 305 people attended a PHC RED research seminar or short course on research methods at least once in 2005.

We held eight workshops over the year on the following topics: Writing for Publication (2); Questionnaire Design (2); How to do an effective literature search (1); Grant Writing (1) and Critical Appraisal (2). The most recent workshop on grant writing was with Kathy Heathcote, who drew on 20 years experience working in public health as a clinician and epidemiological researcher. Participants found Kathy encouraging and supportive and enjoyed 'the systematic logical approach of writing a grant'.

The four research clinicians hired under the Researcher Development Program (RDP) of PHC RED have submitted their progressed work for presentation at the NSW 3rd PHC Research Capacity Building Conference: Cultivating Capacity, being held in Sydney on the 1-2 December. Research clinician

and local GP Carol Stevenson and Hudson Birden are holding a workshop at the conference on pitfalls that new researchers typically encounter in initiating a new research program. Getting a new research project started can be painstaking and time consuming. Sharing experiences can help novice researchers to navigate the research process more easily and help those in a supporting role to facilitate that process.

Our yearly funding level for the next four years will be less than we had to spend over 2005, so we are exploring ways to capitalize on the successes of the first year. Thank you to those who completed an evaluation as this has helped give us more idea of which aspects of the service people value most.

The seminar program will continue and if you would like to present at next years round of seminars please contact Hudson Birden on 6620 7603.

We will also be advertising for new research clinicians early in the new year so if you are thinking of a research career this may be the opportunity for you.

A priority to be expanded is the PHC RED program in Aboriginal health. Wendy Hermeston, Aboriginal Health Research Fellow, has been engaging in consultations with elders, other community groups and service providers in the region to develop this aspect of the program.

Health Partnerships: Practices & Challenges

Encouraging closer partnerships between health care workers, services and the community was the aim of the first joint area conference held on November 11 and 12 at Coffs Harbour. The conference was hosted by the NRUDRH, North Coast Area Health Service and Southern Cross University and attracted 130 participants. Topics ranged from Aboriginal health and mainstream partnerships, what makes teams work, models of care, bringing organisations together, information technology and community and public health.

The keynote speakers were Janet Anderson, Director, Futures Planning, NSW Health; Bob Davis, CEO Cape York Health Council; David White, Senior Program Director, Clinical Services Redesign Program NSW Health; and Professor Mark Harris, Director Centre for Primary Health Care and Equity, University

of New South Wales. Jean Kitson provided a great laugh over the conference dinner. Along with the 34 current presentations, the slides of the keynotes will be put on our website.

Much of the conference value was in highlighting the breadth of skill in programs across the area. As an outcome, concurrent presenters will be invited to contribute to a monograph that will document the good work that is being conducted across the area. Contact Jeff Fuller.



accommodation refurbishments

Murwillumbah Health Education and Accommodation Centre

Stage 2 was completed on 28 October 2005 with refurbishment of nine more bedrooms, lounge/dining room and a brand new kitchen.

We now have a total of fourteen bedrooms. These rooms are available for hire by staff and students by phoning Murwillumbah District Hospital on **02 6672 0244** or **02 6672 1822**.

The NSW Minister of Health plans to officially open stage 2 on the 28 November. Inspection of rooms and a tour of the Education Centre can be arranged by phoning Naree Hancock on **02 66720290**.



some recent...

publications

Birden H & Page S. Teaching by videoconference: a commentary on best practice for rural education in health professions. *Rural & Remote Health* 5: 356 (Online), 2005.

Fuller J, Martinez L, Muyambi K, Verran K, Ryan B & Klee R. Sustaining an Aboriginal mental health service partnership. *Medical Journal of Australia* 2005 183 (10): S69-S72.

Hermeston W. Telling your story: how apology and action relate to health and social problems in Aboriginal and Torres Strait Islander communities. *Medical Journal of Australia* 2005, 183 (9): 479-81.

Mannes T, Jalaludin B, Morgan G, Lincoln D, Sheppard V & S Corbett. Impact of ambient air pollution on birth weight in Sydney. *Occup Environ Med* 2005; 62: 524-530.

Schofield D, and Beard J. Baby boomer doctors and nurses: demographic change and transitions to retirement. *Medical Journal of Australia* 2005, 183 (2): 80-83.

Henderson-Smart JD, Hutchinson JL, Donoghue DA, Evans NJ, Simpson JM and Wright I. Prenatal predictors of chronic lung disease in very preterm infants. *Archives of Diseases in Childhood, Fetal and Neonatal Edition*. published 30 August 2005 online.

Jalaludin B, Morgan G, Lincoln D, Sheppard V, Simpson R, Corbett S. Associations between ambient air pollution and daily emergency department attendances for cardiovascular disease in the elderly (65+ years), Sydney, Australia. *Journal of Exposure Analysis and Environmental Epidemiology* advance online publication 24 August 2005.

Burden S, Guha S, Morgan G, Ryan L, Sparks R, Young L. Spatio-temporal analysis of acute admissions for Ischemic Heart Disease in NSW, Australia. *Environmental and Ecological Statistics* 2005; 12(4):427-448.

Wilder-Smith A, Teleman MD, Heng BH, Earnest A, Ling AE, Leo YS. Asymptomatic SARS coronavirus infection among healthcare workers, Singapore. *Emerg Infect Dis*. 2005 Jul; 11(7):1142-5.

grants

Armstrong B, Thompson J, Beard J, Curtin A. Patterns of Care for Melanoma. Cancer Institute NSW \$357,000.

Harris M, Powell Davies G, Zwar N, Passey M, Thomas M, O'Donoghue R. A trial of the implementation of Diabetes Prevention in a Division of General Practice in New South Wales: Qualitative study and pilot. Sax Institute \$50,000.

Kelly B, Stain H, Carr V, Beard J, Fragar L, Lewin T. Mental health and wellbeing in rural and remote NSW. National Health and Medical Research Council (Project Grant 401241) 2006-2008 \$717,750.

Kelly B, Fragar L, Fuller J & Hazell T. Building mental health awareness and support networks in rural Australian communities – a service delivery evaluation. Australian Rotary Health Research Fund 2006 \$32,000.

Schofield D & Fuller J. Careers in Rural Health Tracking Study. University of Sydney Research & Development Scheme 2006 \$43,000.

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