

Providing allied health education in regional, rural and remote areas: Consultation in rural South Australia and Northern Territory 2020-2021

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Background

The College of Nursing and Health Sciences at Flinders University are exploring current and potential future practice in the delivery of allied health qualifications for regional, rural and remote communities. The development and retention of an allied health workforce is a key component of health and disability service delivery. However, there are critical skills shortages in regional, rural and remote health and disability services. Challenges to regional, rural and remote delivery include:

- low student numbers
- a lack of rurally based academics
- need for students to travel to the metro campus at times for practical learning/intensives
- professional bodies and accreditation of curricula limiting innovation.

We are exploring new models for place-based community engagement, outreach and program delivery to create opportunities for students to be locally educated and employed.

We recognise that local communities are the driving force of action and need to be co-designers of any potential projects. Learning consortia in regional areas were proposed by the National Rural Health Commissioner in June 2020 and could support local students.

Initial community consultation

The project team comprising of Professor Chris Brebner (Dean Education, College of Nursing and Health Sciences), Ali Dymmott (Lecturer Occupational Therapy), Peter Torjul (Director Student Recruitment), Genevieve Haskett (Manager Education Pathways) and Professor Deborah West (Pro Vice Chancellor Learning and Teaching Innovation) visited Port Pirie, Port Augusta, Whyalla, Port Lincoln, Mount Gambier, Alice Springs, Berri and Renmark in 2020 and 2021 to consult with the local communities about the potential to develop and deliver place based allied health undergraduate courses to local students.

A potential interprofessional model for delivery of allied health programs was presented, where mixed cohorts of students would be based locally in their place of study and connected to students in their discipline areas virtually. Whilst interprofessional learning would be a core design feature for the programs, resulting qualifications would be a degree in one of a range of allied health disciplines. The design would aim to ensure that graduates would be eligible for registration as health professionals (where appropriate) and courses would be accredited by professional bodies.

Stakeholder feedback

Attendees: A range of public, private, non-government and education agency representatives attended the forums.

Barriers: Communities reported barriers for local people accessing metropolitan university courses for all rural communities. Rural programs allowing people to remain living rural was seen to be a significant enabler in producing allied health professionals who will work and stay in rural areas.

Positive response: All stakeholders strongly supported the idea of place-based training in their regions with a hybrid/mixed mode delivery.

Disciplines: Speech pathology, occupational therapy, social work, physiotherapy, podiatry, psychology, dietetics and developmental education were identified as disciplines needed. These identified disciplines depended on the perception of high clinical needs and referrals as well as professions that were challenging to recruit and retain.

Curriculum design: A range of considerations for the curriculum were consistently discussed across rural South Australia and Alice Springs:

- The programs being of high quality with graduates being seen as highly skilled and valued, and not disadvantaged in comparison with graduates from metropolitan-based programs.
- Graduates having transferable skills to work in different locations
- Graduates meeting all competencies for their individual discipline areas
- Strong interprofessional content to enable graduates to work across clinical areas and teams.
- Knowledge and skills relevant to their local community included in curriculum to ensure students have work ready skills for their region (amputations, impact of high lead levels, mental health, working with children and families, diabetes).
- A significant focus on working with people with disabilities



Engaging with local allied health professionals and communities in the planning of the curriculum will ensure the program produces graduates who meet the needs of their communities. Some stakeholders suggested they would be interested in teaching all of the students in relation to their specialised areas of practice which was warmly welcomed by the project team.

The need to engage with local Aboriginal communities was also identified as vital in planning for a robust curriculum to facilitate the development of culturally safe graduates. Many sites were also passionate about marketing the program to Aboriginal and Torres Strait Islander people to increase the number of Indigenous allied health professionals.



Entry pathways: Engagement with high school students was raised as being highly important, with participants stating that many students were not aware of the different careers in allied health. The need for flexibility to enter and exit the program at different points was considered important. This was to enable a diverse student group to enter the program, and/or for graduates who chose not to complete the full program to exit and work in health, disability or education contexts.

Community based placements and working: Regional stakeholders were excited about industry partnerships with Flinders University to facilitate allied health students having close links during their training, including opportunities for employment as allied health assistants or care workers. They saw the benefit of this to enable working whilst studying to support both financial and learning needs.

Participants also expressed that flexibility within the programs would be essential including the ability to change location for enrolment to enable study/placement in other regional areas or cities and to change discipline early in the program.

Career opportunities for local staff: The opportunity for local clinicians to be involved as educators and mentors was also discussed, suggesting involvement in content delivery and student support as well as in placement contexts. Some local allied health professionals were interested in the potential for alternative career paths with opportunities for teaching and research.



Potential barriers: Barriers noted by rural stakeholders included housing and accommodation challenges for people looking for short and long term rentals. Some sites reported significant issues with internet access and a need for students to be able to access videos and multimedia content as being problematic. Some sites had concerns about supporting local students without consistent staffing and manageable workloads.

Next steps

This community consultation concluded the first phase of the project and we have received overwhelmingly positive feedback and encouragement to proceed.

We will continue with the development of these courses, commencing with communication to professional bodies and curriculum design.

Participants will receive regular updates and invitations to participate in program co-design as work progresses. We do hope you will continue to be involved!

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