

Availability and accessibility of positive rural placement experiences for allied health students in Australia

July 2019

the future of rural health

About us

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia's only multidisciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN aims to:

- ▶ provide a voice for students who are interested in improving health outcomes for rural and remote Australians; and
- ▶ promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

Rural Workforce Agencies

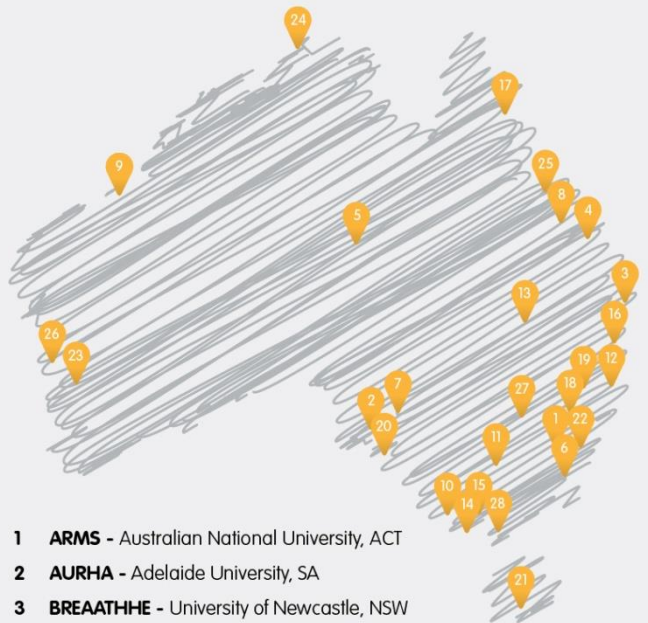
The NRHSN is an initiative of the Australian Government Department of Health administered as a consortium by the Rural Workforce Agencies. The NSW Rural Doctors Network is the RWA managing the NRHSN on behalf of the Consortium.

Each Australian State and the Northern Territory is served by a government-designated RWA that works to improve access to high-quality healthcare for people in remote, regional and rural Australia. RWAs do this through a range of programs, services and initiatives that attract, recruit, retain and support GPs, nurses and allied health professionals in rural and remote communities.

Contact us

National Rural Health Student Network
PO Box 1111
Mascot NSW 1460
02 8337 8100
info@nrhsn.org.au
www.nrhsn.org.au

Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPEX** - Combined Universities of Western Australia, WA
- 24 **STARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHPIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

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Introduction

What is allied health?

Allied health practitioners are autonomous evidence-based practitioners and health professionals who do not fall under medical or nursing professions¹. According to Allied Health Professionals Australia, allied health professionals have¹:

- ▶ a direct patient care role and may have application to broader public health outcomes
- ▶ a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
- ▶ university health sciences courses (not medical, dental or nursing) at AFQ Level 7 or higher, accredited by their relevant national accreditation body
- ▶ clearly articulated national entry level competency standards and assessment procedures
- ▶ a defined core scope of practice
- ▶ robust and enforceable regulatory mechanisms.

What are rural placements?

Rural placements are placements conducted in a rural or remote location. Depending on the university, a location in either the Modified Monash Model 2 to 7 or ASGC-RA2 to 5 is generally considered a rural placement². Rural placements provide an opportunity for students to experience rural health and develop and understanding of communities in this area of health. This process allows students to gain hands-on practical experience in the workforce before entering as new graduates. Rural placements can be organised through universities and are generally used as part of the required placement hours within the degree^{2,3}. As allied health is inherently so diverse, each degree has varying lengths and locations for their placements. University placement administrators assist students with organising placements.

¹ Allied Health Professions Australia. (2017). What is Allied Health? Retrieved from <https://ahpa.com.au/what-is-allied-health/>

² Flinders University. (n.d.). Rural Placements. Retrieved from <https://www.flinders.edu.au/nursing/professional-experience-placements/general-information/rural.cfm>

³ RHC survey

Background

Recruitment and retention of all health professionals to rural and remote areas of Australia is difficult. Currently research and recruitment strategies are mainly focused on doctors and medical students, however allied health professionals represent a large proportion of the Australian health workforce. The NRHSN believes it is vital that strategies are put in place now to ensure that in the future, our allied health students can foster an interest in rural and remote practice. This will contribute to giving Australians living outside of metropolitan centres access to the health care they deserve.

The two biggest factors in influencing a student to pursue a career in rural and remote health are where they grew up and where they have had positive placement experiences.^{4,5} Students who grow up in rural areas have connections to them and are therefore much more likely to return to practice.

Similarly, students who spend extended periods of their university training in rural locations form connections which influence the choices they make when applying for jobs and training posts. By enabling a small proportion of students studying allied health degrees to spend a large amount, or all, of their university training in rural areas it can be expected that the recruitment and retention of allied health professionals in these areas will rise.

⁴ Budhathoki SS, Zwanikken PAC, Porharel PK, Scherpbier AJ. Factors influencing medical students' motivation to practise in rural areas in low-income and middle-income countries: a systematic review. *BMJ*. 2017;7(2).

⁵ Walker JH, DeWitt DE, Pallant JF, Cunningham CE. Rural origin plus a rural clinical school placement is a significant predictor of medical students' intentions to practice rurally: a multi-university study. *Rural & Remote Health*. 2011;11(4):1.

Rural Health Club survey

The NRHSN consulted with our 28 rural health clubs across Australia who have identified areas that allow for positive rural allied health placements, as well as areas for improvement. The rural health clubs represent the interests of all health students at their universities.

Below is a summary of the findings:

- ▶ All universities with a Rural Health Club offer rural allied health placements.
- ▶ Some degrees at some universities have compulsory rural placements.
- ▶ Because of the variety of degrees and university requirements, there is unsurety around funding opportunities and navigation of the options available for students – many representatives were unsure when asked about funding opportunities for club members from their university, workforce agency, or external organisations.
- ▶ Some RHCs have events that specifically relate to rural allied health placements. They include information seminars, networking events and trips to rural locations.

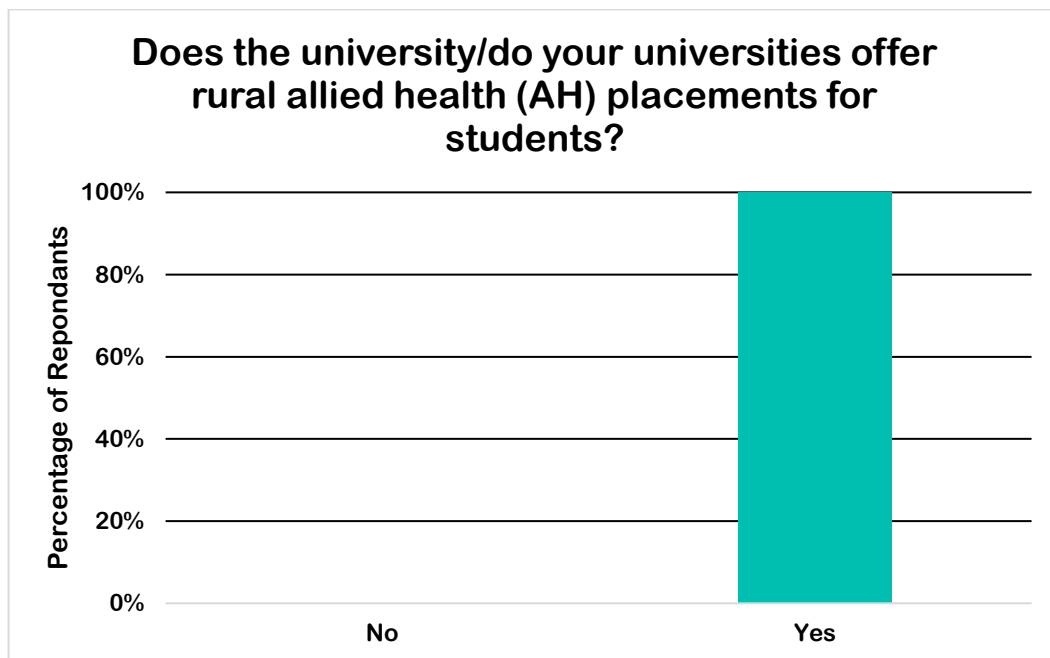


Figure 1: Percentage of respondents whose universities offer rural allied health placements for students

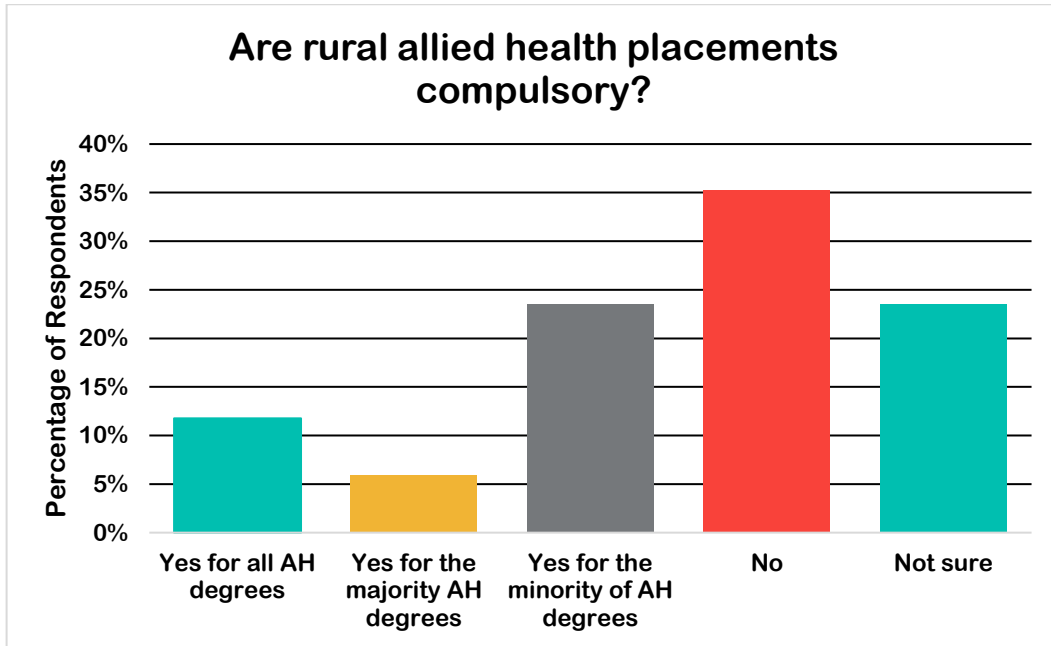


Figure 2: Percentage of respondents whose universities require students to complete rural allied health placements

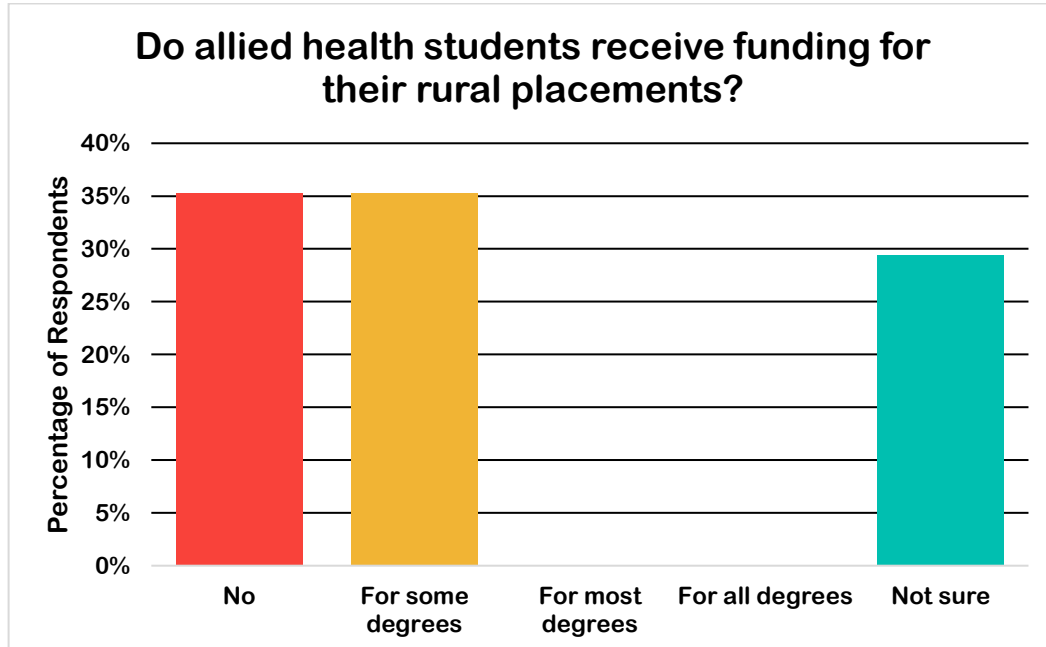


Figure 3: Percentage of respondents who believe that allied health students receive funding for their rural placements

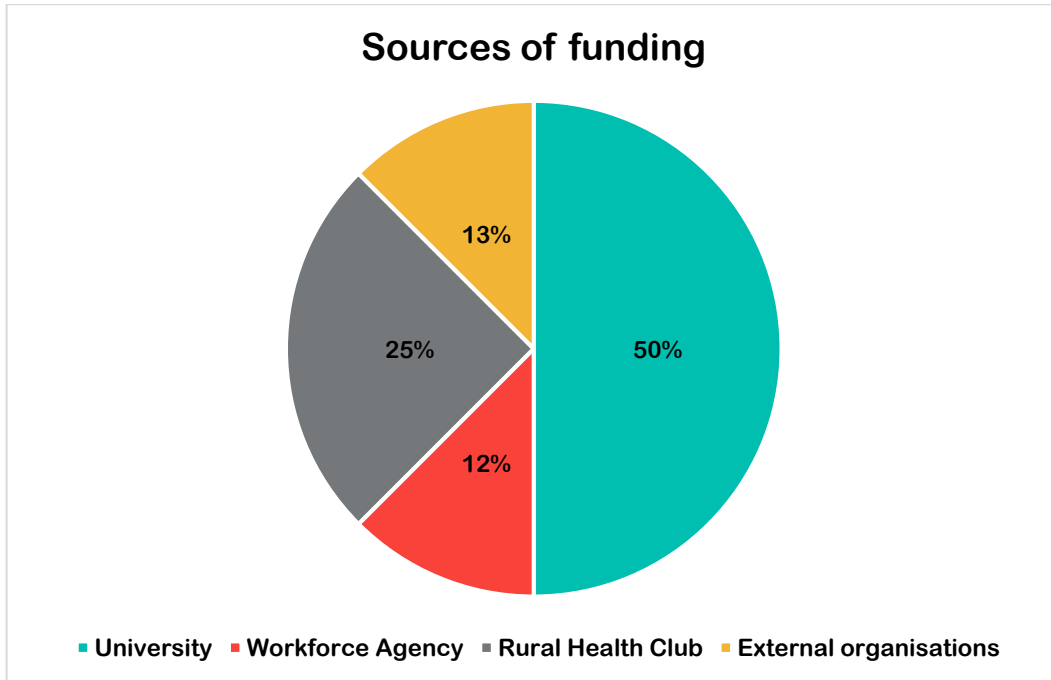


Figure 4: The percentage of sources funding for the survey respondents' allied health placements

Through consultation with our Rural Health Clubs around Australia the NRHSN understands that many allied health students do not have the opportunity to participate in rural placements during their degrees, even if their university offers it. Those who do have the option for rural placements often feel they do not have enough financial, administrative or resource support to organise or complete placements successfully. It is imperative that these concerns are further investigated and resolved in order to create the next generation of allied health professionals in rural and regional Australia.

The national development of Rural Generalism qualifications and pathways in Australia is a fantastic opportunity to revolutionise the rural placement experiences available to all health students. In conjunction with our [August 2018 Position Paper on Rural Generalism](#) the NRHSN maintains these positions and puts forward the following recommendations in relation to allied health student placements in Australia to inform discussion and development of the Allied Health Rural Generalism pathways.

Positions

1. The NRHSN values the work universities and allied health professionals are doing to provide rural placements throughout allied health degrees.
2. Positive rural placement experiences are vital to ensuring the next generation of rural allied health professionals.
3. Adequate scholarships and bursaries need to exist to allow students to be financially supported during their rural allied health placements.
4. Rural allied health professionals and organisations are the backbone of creating positive placement experiences for students, the work and time they contribute ensures that students are able to participate in rural placements and the NRHSN recognises this commitment.

Recommendations

Recommendation one

Increased funding and support for the expansion of existing rural education structures under the Rural Health Multidisciplinary Training program (i.e. Rural Clinical Schools, University Departments of Rural Health and Centres for Rural Health) should be made to enable the development of extensive rural placement opportunities for allied health students in Australia.

Recommendation two

Rural placements should be offered to all allied health students. Short term rural placements should be available to many students to foster understanding and appreciation of the unique health challenges in rural and remote Australia.

Recommendation three

Extended rural placements should be offered to a small number of students by applications, to allow students to experience rural health and living in a rural area. Students who complete long-term rural placements are more likely to practice in rural and remote areas after they graduate. This could be modelled on the Rural Clinical Schools approach currently seen in medicine.

Recommendation four

All rural placements need to be well supported. This includes administrative and financial support to find accommodation for short term placements, ensuring students have reliable access to internet, computers and other relevant resources while on placement and providing students with the necessary support to coordinate and participate in their placements.

Recommendation five

External allied health organisations and placement supervisors should continue to be encouraged to support students on rural allied health placements. Students should receive adequate mentorship and opportunities to enhance learning outcomes to ensure positive placement experiences.

Recommendation six

Funding opportunities for rural allied health students should be accessible for all eligible students through a regularly updated database.

Recommendation seven

Formal evaluation of all rural allied health placements should be sought from students. This will assist with identifying potential improvements and will improve the outcomes of these placements.