

The impact of context-specific education on health professional practice and workforce engagement in remote and Indigenous Australia

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It has long been recognized that a unique set of skills and knowledge is required for health professionals to work in the unique cultural, social and geographical environment of remote Indigenous health. This paper reports on the first study conducted to evaluate the impact of health professional educational preparation specific to this context.

In response to a survey exploring learning outcomes, 43 graduates of the Remote Health Practice verified the relevance of core educational knowledge to improving health outcomes in remote and Indigenous communities. Education focusing on cultural safety, social determinants of health, public health principles and primary health care practice, was perceived as making a significant difference to the practice of graduates.

This study also reviewed the career trajectories of graduates to explore the impact of the course on the remote workforce. This research identified a strong link between previous experience living and working in rural Australia and engaging in remote health practice. However, it also uncovered the contribution to the remote health workforce made by nurses from exclusively urban, metropolitan backgrounds. Importantly, the majority of graduates practiced in remote health for longer after the course than their prior experiences. Whilst 25% of respondents continued to work exclusively in a remote setting, 50% continued to work in remote for a portion of their time. Many graduates combined remote placements with either rural or metropolitan work. Despite their location, the majority of graduates named their core activity as professional practice.

These results have important implications for education and policy. In the face of inequitable distribution of health resources, it is essential that remote health professionals have skills and knowledge suitable to impact on the high burden of disease in remote indigenous communities. However, there are significant problems retaining such workers. Instead, remote primary health care clinics are increasingly staffed by professionals with little or no experience in remote health, and who complete short-term contracts or provide 'fly-in-fly out' services. This research suggests that education specifically tailored to the challenges of living and working in isolated, remote and Indigenous communities can not only contribute to the longevity of staff working in this setting, but can also build a critical mass of experienced practitioners to fill the short-term placements. This paper recommends that investing in such education is therefore a critical component of a long-term solution to improving health outcomes in remote Australia and 'closing the gap' between Indigenous and non-Indigenous health.