

# Ten years on: a decade of innovation and developments in rural health through the rural clinical schools program

Judith Walker<sup>1</sup>

<sup>1</sup>University of Tasmania

---

Professor Judi Walker took up the position of Professor and Head, School of Rural Health at Monash University in November 2010. She comes to Monash from the University of Tasmania (UTAS) where she held the inaugural Chair of Rural Health, which acknowledged the significant contribution she has made to the development of academic rural health in Australia. Her background and achievements exemplify the multidisciplinary and interprofessional nature of rural health.

Judi was the Chief Executive of the UTAS Rural Clinical School, a conjoint appointment with the Tasmanian Department of Health and Human Services (DHHS) for the past 10 years. Concurrently she was co-Executive Director, Partners in Health, the unique partnership between UTAS and DHHS which drives strategic health services workforce education reform. She was responsible for the establishment of the UTAS University Department of Rural Health (UDRH) and appointed inaugural Director in 1998 and founding Director of the UTAS Rural Clinical School.

As a medical educator specialising in open and distance education methodologies Judi has a wealth of experience in innovative approaches to clinical placements, vertical integration in medical education, community engagement, health workforce role re-design and health services reform generally. In health education, she was responsible for leading the team that developed Australia's paramedic education accreditation standards, contributes to AMC accreditations, and has led teams to develop a suite of postgraduate coursework courses in clinical leadership, eHealth and medical education. She is currently CI with research teams in eHealth applications (Australian Government), and service delivery models for healthy ageing (ARC Linkage) and is involved in a number of health workforce projects (HWA and AHWI).

Judi has just been elected Chair of the Federation of Rural Australian Medical Educators (FRAME) and will represent Monash University on the Board of the Australian Rural Health Education Network (ARHEN).

---

## Aim

The acceptance of a new position by the foundation Director of one of the original group of Australian rural clinical schools (RCS) provides a unique opportunity for reflection on and critical appraisal of a decade of clinical training and health workforce innovation and reform.

## Method

A critique of formal submissions and annual reports contextualised and interpreted through international, national and local knowledge and insights. This is presented through thematic analysis of quantitative and qualitative data using a framework of the original vision statement, desired key features and target primary outcomes as documented in September 2000.

## Relevance

Serious health workforce shortages and maldistribution of most workforce groups in rural areas is well documented and is still a real challenge to the health care system. While the Australian government has implemented an extensive range of expensive national initiatives to address these issues, the rural health workforce continues to be a complex problem in the delivery of equitable health services. One of these, the RCS program, was based on the assumption that longer rural placements allow the development of rural connectedness, which in turn leads to a higher likelihood of rural practice. It is timely after a decade of innovation and development to review progress and outcomes towards originally stated objectives.

## Results

Key characteristics of this particular RCS that have emerged since its inception include:

- an innovative rural medical undergraduate program that is strongly endorsed by students, local clinicians and the community
- committed, resilient, enthusiastic and well-supported students and staff

- a balanced mix of hospital and community-based clinical training
- vertical integration, particularly between undergraduate and pre-vocational medical training with clearly defined training pathways
- an interprofessional approach to clinical teaching and learning with increasing synergies across health professional training programs
- an emphasis on clinical skills training and simulation-based clinical education
- collaborative health and clinical research agendas with research training and graduate research opportunities
- a well-planned infrastructure base
- sound engagement across the university and with communities
- strong partnerships with public and private health providers, general practice and local government.

### **Conclusion**

While this critical review demonstrates that the foundations for realisation of this RCS vision are firm and that the stated primary outcomes are being achieved, much more has emerged than originally envisaged with a number of unique (and often amusing) unintended outcomes.