FACULTY OF HEALTH SCIENCE

UNIVERSITY DEPARTMENT OF RURAL HEALTH, TASMANIA

REPORT
01 July – 31 December 2002

Funded by the Commonwealth Department of Health and Ageing
1. PURPOSE AND SCOPE

The purpose of this Progress Report is to fulfil the requirements of the Funding Agreement between the Commonwealth Department of Health and Ageing (DoHA) and the University of Tasmania by reporting on the operation and expansion of the Tasmanian University Department of Rural Health (UDRH). The requirements, as set out in Clause 5.4 and Schedule 1 of the Agreement, are for each Progress Report to:

- detail developments for the period covered by the Report;
- provide detail on whether the objectives and outcomes of the project are being achieved, and
- report against
  - the Strategic Plan,
  - the Business Plan, including Performance Indicators, and
  - the objectives of the UDRH Program.

Minutes of the UDRH Tasmania Executive Committee, which met on 2 December 2002 have been forwarded under separate cover.

This Progress Report is concerned with activities funded through Core Funds stipulated in the Agreement. However, the UDRH is the recipient of considerable external funds through research grants and consultancies, which impact on core activities.

The period covered in this Progress Report is 1 July – 31 December 2002.
2. DEVELOPMENTS FOR THE PERIOD COVERED BY THE REPORT

In 2002, the UDRH, Tasmania continued with its Stage 2 development with a core budget of $1.5M per annum and an additional $460,207 underspend from 2001. By 31 December 83.6% of the budget allocation had been expended.

An indicative budget for the 2002 calendar year was submitted to the Office of Rural Health in late January. This budget was consistent with the agreed Business Plan (July 2000 – June 2002) as detailed in the Funding Agreement.

A Strategic Plan and a Business Plan for the 2002/2003 financial year was submitted to the Office of Rural Health by 31 May 2002 in accordance with the requirements of the Funding Agreement. This Report documents progress against the Performance Indicators in the 2002/2003 Business Plan (see Section 5).

The Director was away from the office during late August/September. She spent a week in Portugal at the Association for Medical Education in Europe (AMEE) Conference where she presented a paper on Vertical Integration in Medical Education, showcasing the Tasmanian Rural and Remote Area Placement Program (RRAPP). In the UK she visited the Scottish School of Primary Care in Edinburgh and the Centre for Health Informatics and Medical Education in London.

During this reporting period, steady progress was made towards meeting the goals and objectives of the UDRH’s program, with a number of important milestones met.

2.1 Some particular highlights

Particular highlights during this reporting period included:

- launch of Whose Health Is It Anyway? – Tasmania’s Sharing Health Care program, by the Commonwealth Minister for Health, Senator Kay Patterson;
- the 5-day National Undergraduate Student Conference Going Rural, Staying Rural held at Port Arthur;
- launch of Reclaiming Midwifery Practice, the Development Program for Rural and Remote Midwives’ Preceptor Research Report;
- the first Health Careers Taster Day for nine Indigenous students held at the Newnham campus of the University of Tasmania;
- MOUs between the Tasmanian DHHS and the UDRH signed to formalise arrangements for the operation of RHTS at the Midlands Multipurpose Centre, Oatlands and the Campbell Town Multipurpose Service;
- opening of the St Helens accommodation centre for GP Registrars and medical students;
- a visit by Professor Gail Whiteford from Charles Sturt University as Visiting Allied Health Researcher to conduct research capacity building seminars in Burnie, Launceston and Hobart;
- production of a modified version of the Medication Management CD ROM (RN package) for use in the B. Nursing program;
- notification from the National Suicide Prevention Program that the submission to develop a Telecheck suicide prevention program on the west coast had been successful;
• notification from DoHA from Round 2 of the Rural Chronic Disease Initiative that the submission to develop a Neuropsychology intern service on the east coast has been successful;
• agreement that the Oral Health Education project to assess the feasibility of education and training options for the oral health workforce in Tasmania will be auspiced through *Partners in Health*;
• return by the Commonwealth Minister of Health to spend time with 30 Sharing Health Care consumers and health service providers at the Devonport Community and Health Services Centre;
• hosting of a statewide seminar series by Professor Joe Levy, York University, Toronto;
• winning the Pre-Disaster Research/Research Organisations Award in the EMA 2002 Australian Safer Communities Award at both state and national levels;
• production of two editions of the *Rural Health Bulletin* in August and November; and
• production of the 2001 Report.

### 2.2 Appointment of key staff (from core funds)

The staffing situation stabilised during the second half of 2002, which allowed the UDRH to develop and deliver programs that it was previously unable to do. It also provided a solid basis for leadership within the department. There were no major changes in senior personnel apart from the resignation of Dr Adrian Sleigh (Associate Professor, Rural Health Research) in late November.

By the end of December, 2002 the UDRH team consisted of a complement of 43 staff (including those funded from external sources) and 15 affiliated personnel representing a range of expertise and experience. The UDRH Staffing Profile as at 31 December 2002 is provided in Appendix A. It shows funding sources for staff positions.

#### 2.2.1 Collaboration and Partnership Program Area

Mr Stuart Auckland, Senior Project Officer, is the Coordinator of the Collaboration and Partnership Program Area.

#### 2.2.2 Education and Support Program Area

Dr Ros Bull, seconded from the School of Nursing, continued in her role as Senior Lecturer in Rural Educational Development, reinforcing the relationship between the two entities. She is the Coordinator for this Program Area.

Ms Rosalie Maynard was appointed Coordinator, Rural Schools Recruitment and Marketing program.

Ms Alison Miles was appointed Senior Project Officer, Rural Health Education and Support and has responsibility for coordination of allied health education and support activities.
Ms Carla Di Cocco, Lecturer, Rural Health Education and Support resigned.

Ms Susan Rasmussen was appointed Project Officer, Rural Educational Development.

2.2.3 Learning Environments Program Area

Mr Stuart Auckland has responsibility for negotiation and management functions of this Program Area and Ms Karla Peek is responsible for RHTS operational matters.

2.2.4 Research and Evaluation Program Area

Dr Adrian Sleigh resigned as Associate Professor Rural Health Research to take up a position at the National Centre for Epidemiology and Public Health, Australian National University.

Dr Peter Orpin was appointed Senior Research Fellow and Coordinator of the Research and Evaluation Program Area.

Ms Karen Herne was appointed Research Assistant to the student tracking project.

2.2.5 Information and Communications Technology Support and Development Program Area

Existing ICT positions were maintained. Dr Quynh Le is the Coordinator of this Program Area.

2.2.6 Management and Resources Program Area

Mr Kim Barker, Executive Officer, Finance and Administration is the Coordinator for this Program Area.

Ms Mary Machen was appointed Coordinator, Communications and Marketing on a six month contract period.

Ms Jenny Barns took on responsibility for Events coordination.

Ms Donna Harman resigned as the Director’s Personal Assistant and was replaced by Ms Amanda Feely.

2.3 Priority activities

Key priority activities, particularly in relation to consolidation of activities and expansion of the UDRH, are outlined in Section 4: Reporting Against the Strategic Plan.

All activities depend on strong collaborative partnerships and appropriate infrastructure through the network of Rural Health Teaching Sites, robust infrastructure for information and communications technologies, and sound management of financial and human resources.
UDRH priorities (and these are not rank ordered) for the second half of 2002 were to work with strategic partners to:

- promote and market rural health as a career option through promotion in rural schools, and through undergraduate and postgraduate curricula and activities;
- promote and strengthen health service development through relevant education and research activities, including working with rural and remote communities at Campbell Town and St Helens to assist in mapping their health needs and priorities;
- increase and sustain the rural health professional workforce, including facilitating the development of rural placements for junior doctors (PGY2/3), supporting clinical preceptors in rural areas and facilitating the Pharmacy Graduate Accreditation Program (GAP);
- develop appropriate education strategies for and about rural health, including the development of a rural health curriculum theme bank, facilitating student rural clinical placements for medical, nursing and pharmacy students, and organising interstate placements for nursing students through SACCRH;
- facilitate awareness and understanding of Indigenous health and cross cultural issues through the development of an Indigenous health theme bank;
- establish and maintain learning and support environments, including the development of two additional teaching sites at Campbell Town and Oatlands and review of activities at all Rural Health Teaching Sites;
- add value to current and future rural health activities, including managing Tasmania’s Sharing Health Care and Falls Prevention initiatives;
- promote and use information and communications technologies in rural health education, research and service delivery including the development of an online and CD ROM version of the Medication Management package;
- leverage funds for rural health education and research activities, including a successful NSPS submission to develop and trial a Telecheck suicide prevention service on the remote west coast, and
- foster coalitions of interest for capacity building in research and evaluation, including ongoing PHCREd activities and specific capacity building projects.

### 2.3.1 North West Rural Clinical School

The UDRH continued to play a key role in 2002 in the establishment and development of the North West Rural Clinical School (NWRC). The UDRH is represented by the Director on the NWRC Steering Committee and, as Deputy Dean of the Faculty of Health Science, she chairs the Interim Executive Group, which is responsible for day-to-day management of the School.

By the second half of the year, the results of the integrated UDRH/NWRC model were beginning to be evident. General staff have been able to provide backfill support during leave periods; RHTS ICT support for Queenstown, Smithton and King Island was transferred to the NWRC; the Executive Officer participated in UDRH monthly Program Area Coordinators meetings; the Education and Support program area teamed with the Flexible Education Unit to provide structured workshops for NWRC clinical teachers; a joint research workshop was held to determine research priority areas; the NWRC supported the Careers camp for Grade 12 students at Camp Clayton, and an Interprofessional Education (IPE) Working Group was formed.
and has developed a discussion paper which flags the potential of the NWRCS to pilot IPE models in its curriculum.

The UDRH and NWRCS teamed to develop a joint position of Media and Marketing Coordinator, which was advertised in late December.

### 2.3.2 New external grants and consultancies

Key UDRH developments during this reporting period included attracting additional grants and consultancies.

In the second half of 2002, Funding Agreements were signed for the following activities:

- **AIR – Asthma Information Resource (curriculum kit), Asthma Innovative Management (AIM) Project, Commonwealth Department of Health and Ageing.** Joint submission with Asthma Tasmania and GP North ($65,612 – GP North the fundholder);
- **GP-Hospital Integration Demonstration Sites Program Proposal for the Launceston General Hospital and Hospital and Ambulance Service, Department of Health and Human Services, Tasmania in partnership with GP North and the UDRH ($342,000 – LGH the fundholder);**
- **2003 Tasmanian RRAPP, Australian College of Rural and Remote Medicine ($115,000);**
- **Rural Chronic Disease Initiative: Community Consultation and Project Plan Development Consultancy, Huon Valley Council ($12,150).**
- **Integrating Indigenous Health Perspectives Into Health Professional Curricula, Teaching Development Grant, University of Tasmania, in collaboration with Riawunna ($5,000); and**
- **Midwifery Upskilling Project, agreement to adapt resources developed for the Commonwealth for the New South Wales Midwives Association ($4,500).**

Proposals for the following externally funded projects and consultancies were developed and submitted:

- **From Grassroots to Governance: Support of Rural and Remote Health Peer Education Networks, RHSET, Commonwealth Department of Health and Ageing - $140,000 (awaiting decision).**
- **Manual Handling Skills Training for Healthcare Workers in Rural Tasmania, RHSET, Commonwealth Department of Health and Ageing - $92,484 (awaiting decision).**
- **Integrating Indigenous Health Perspectives into Health Science Courses: cultural safety, University of Tasmania Teaching Development Grant - $19,522 (awaiting decision).**
- **Evaluation of a National Strategy and Curriculum for Pharmacy Preceptor Education and Support in Australia, Rural and Remote Pharmacy Infrastructure Grant Scheme - $180, 302 (as part of national consortium – successful).**
- **Graduate Accreditation Program (GAP): rural-urban exchange, recruitment and retention strategy, Rural and Remote Pharmacy Infrastructure Grant Scheme (unsuccessful).**
• Intern-provided Rural Clinical Neuropsychological Service in Break O’Day RCDI Round 2, DoHA - $49,865 (successful).
• Help Is As Close As the Phone, NSPS Round 3, DoHA - $138,365 (successful).
• Tender to evaluate the Tasmanian HealthConnect Trial (unsuccessful).
• John Flynn Scholarship Scheme, ARHEN sub contract from ACRRM - $5777.
• ARHEN web site development consultancy - $3000-.

2.3.3 Publications and Reports

The UDRH continued in the second half of 2002 to disseminate information about rural health education and research activities and contributed to the scholarly literature through publication of articles in refereed and non-refereed journals and other publications. Details are provided in Appendix B.

A number of major Reports were produced between July and December, 2002. Details are provided in Appendix C.

The August and November editions of the Rural Health Bulletin were distributed to over 900 key stakeholders (see Appendix E).

2.3.4 Conference and workshop presentations

UDRH staff and associates made a number of conference and workshops presentations in the second half of 2002 and attended a range of conferences. Full details are provided in Appendix D.
3. OUTCOMES AND OBJECTIVES OF THE PROJECT

In this Section, details are provided on whether the objectives and outcomes of the Project are being achieved and if not, why not.

The outcomes and objectives of the Project are:

3.1 To maintain and expand the operations of the Tasmanian University Department of Rural Health, based at Launceston, in accordance with the Strategic Plan and the Business Plan.

The operations, based at Launceston with spoke sites at Hobart, Burnie and at eight Rural Health Teaching Sites have been maintained during 2002 as described in Sections 4 and 5 of this Progress Report. Funding was obtained through the Office of Rural Health (DoHA) to expand the RHTS network to Campbell Town and Oatlands and development is well underway.

3.2 To ensure that the existing Executive Committee for the Tasmanian University Department of Rural Health, is able to, and continues to perform its duties.

The UDRH Executive Committee met once in the second half of 2002 and the minutes of this meeting have been forwarded to the Office of Rural Health. Its membership includes all Heads of School in the Faculty of Health Science to ensure representation of their interests in an expanding UDRH. The Executive Committee’s Reference Groups continue to meet on a regular basis to provide advice and guidance on the development of UDRH activities.

3.3 To develop and implement the Strategic Plans for the operation and expansion of the Tasmanian University Department of Rural Health over the period of this Agreement.

The Strategic Plan for 2002/2003 is described and reported against in Section 4.

3.4 To develop and implement the Business Plans, which are to include actions and performance indicators.

The Business Plan for 2002/2003 is described and reported against in Section 5.

3.5 To manage the funds provided by the Commonwealth.

Funds are managed through the University’s Financial Management System. Delays in receiving accounts, and the time required to generate financial reports present problems in meeting Commonwealth reporting deadlines. We continue to work with the University to improve these outcomes. The statement of Income and Expenditure for the reporting period is provided in Section 7.
3.6 To maintain the role of Director who shall be responsible for managing the day to day activities of the Tasmanian University Department of Rural Health at a full professorial level.

This position has been maintained during the current reporting period.

3.7 To recruit and maintain personnel for the administration of the Tasmanian University Department of Rural Health and for the delivery of its programs.

New staff appointments are described in Section 2 and a list of current staff and associates is provided in Appendix A. All eligible staff participated in the University’s Performance Management planning and review process for staff development.

3.8 To maintain appropriate management arrangements for the Tasmanian University Department of Rural Health.

Appropriate management structures are in place including the on-going review and implementation of internal policies and procedures for the effective running of the UDRH. There are six Program Areas, each with a designated Coordinator, responsible for Program Area planning and reporting. Program Area Coordinators submit monthly activity reports to the Director and meet as a group on a monthly basis. This ensures effective communication and coordination of resources and assists in the prevention of potential duplication. Reviews were undertaken of the Collaboration and Partnerships, Education and Support and the Research and Evaluation Program Areas in the second half of 2002.

3.9 To develop appropriate curricula and research agenda and implement a range of teaching programs consistent with the Strategic Plan and with the objectives of the University Departments of Rural Health Program.

Partnership arrangements are being developed with each School in the Faculty of Health Science to identify curriculum and research synergies. The agreement with the School of nursing was signed in early 2003. The agreement with the School of Pharmacy is currently under development. The philosophy of the UDRH is to work with the Schools and other education providers to add value to their rural health education and research activities.

Specifically, the UDRH has developed a graduate program in eHealth (Health Informatics), which was approved by University Council in April for delivery as a full fee paying course. A number of short course in eHealth have also been developed. Medication Management Packages for RNs and ENs are delivered and a Community Leadership course is under development.
3.10 To establish strategies and procedures, which allow for recognition by appropriate credentialing professional bodies of work performed by trainees and trainers who have practised in rural and/or remote areas of Australia.

Formal procedures have been set up with a number of national and local credentialing professional bodies including the Post Graduate Medical Institute of Tasmania, the Nursing Board of Tasmania, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Pharmacy Board of Tasmania, the Australian Institute of Radiography, the Australian Physiotherapy Association, the Speech Pathology Association of Australia, and the Australian Society for Ultrasound in Medicine.

3.11 To establish strategies and procedures which facilitate the supply of appropriate health care professionals for training purposes to the Tasmanian University Department of Rural Health, including the purchase or lease of property, equipment or services for use by the Tasmanian University Department of Rural Health.

These strategies are reported in Sections 4 and 5 and include the development of a network of Rural Health Teaching Sites and an Information and Communications Technology infrastructure as a base for rural health education, support and research.

3.12 To liaise with other organisations which provide rural and remote health training and involve local health staff, general practitioners and Aboriginal organisations.

The UDRH employs a range of mechanisms for liaison and consultation with other organisations, including mutual representation on Boards and Committees, and a series of rural health education and research Reference Groups. Formal links have been established with local Aboriginal health organisations through OATSIH.
4. REPORTING AGAINST THE STRATEGIC PLAN

In this Section, the broad program areas that address the objectives of the University Departments of Rural Health Program and the strategic goals for achievement under those program areas are described. A summary report is provided for each area, which highlights activities undertaken during the second half of 2002. This report includes activities funded from external sources.

1. Collaboration and Partnership between the University Department of Rural Health (UDRH), Faculty of Health Science (FHS) of the University of Tasmania, the Tasmanian Department of Health and Human Services (DHHS) and General Practice (GP) in Tasmania.

Goal: An effective UDRH, a key unit within the FHS, as an active expression of the strong strategic partnership between the Faculty, DHHS and General Practice to improve health services in Tasmania through a coordinated and integrated approach to education, research and clinical service delivery

Key developments (Coordinator: Mr Stuart Auckland)

- Medication Management Package
  The interim evaluation report (EN Package) was submitted to NBT and accreditation for both the EN and RN packages extended to 2004. Agreement was reached with the School of Nursing to modify the CD ROM for use in the B. Nursing program – Stuart Auckland.

- Tasmanian Medical Emergency Services Plan (TMESP)
  The First Rate Emergency Care project – the roll out of standardised emergency equipment to rural and remote sites and training in use of this equipment, has been completed. A detailed evaluation report was submitted to the National Health Development Fund. – Stuart Auckland.

- Partnership Agreements
  Preliminary discussions have been held with the Head of the School of Pharmacy about developing a partnership agreement – Stuart Auckland.

- Tasmanian Rural Health Partnership
  A booklet of member profiles has been distributed to all partners – Karla Peek.

- Agfest
  Planning for the Rural Health tent at Agfest in May 2003 is underway – Jenny Barns.

- Falls Prevention Project
  The DEM workforce initiative is underway and an MOU with the RHH signed. A submission for Ethics approval was successful and GP Focus groups and information sessions with DEM staff have been held. The GP-EPC workforce initiative is under development and a draft MOU with GP North is under consideration. The web page has been designed and is online – Maree Fish.
• **Maintaining the Momentum Project**
The aim is to provide statewide coordination and sustainability of the Gatekeeper Education Program and other suicide prevention activities in Tasmania. Meetings have been held with Tasmania Police to explore training opportunities for Police Cadets. Training registration and recording protocols have been completed. Links with the National TAFE Mental Health Promotion and Suicide Prevention program should further the currency of the Gatekeeper program nationally – *Martin Harris*.

• **Telecheck Project**
UDRH informed verbally by Senator Guy Barnett that this application for funding to develop a Telecheck suicide prevention program on the West Coast has been successful – *Martin Harris*.

• **Oral Health Research and Education**
The Partners in Health Management Committee agreed that the project to assess the feasibility of education and training options for the oral health workforce in Tasmania should be auspiced through *Partners in Health*. Evaluation of DHHS’s trial oral health workforce mix to expand the role of dental therapists (NHMRC Strategic Development grant) has begun with the gaining of Ethics approval for the project and the collection of baseline data. This initiative will be located within the Research and Evaluation Program Area in 2003 – *Rosemary Cane*.

• **Rural and Remote Area Placement Program (RRAPP)**
The revised RRAPP manual has been completed and a trainee commenced the 4th RRAPP term at George Town in October. Three out of four trainees have been found for 2003 – *Leonie Coskun*.

• **Medical Training Review Panel (MTRP) Rural and Community Placements**
As there have been difficulties recruiting trainees for 2003 and arrangements for the North West Site are being revised, permission has been gained from DoHA to postpone the program to 2004 – *Leonie Coskun*.

• **Sustainable Models of General Practice**
Community meetings have been held at both pilot sites (Glamorgan/Spring Bay and Central Highlands municipalities) and an evaluation framework is being developed – *Leonie Coskun*.

• **John Flynn Scholarship Scheme**
New arrangements for the administration of the JFSS have been introduced as a result of the successful tender by the ACRRM-led consortium. In Tasmania, the UDRH is facilitating a coalition of key stakeholders including TGPD (Rural Workforce Support), ACRRM, the Tasmanian GP Training Consortium, RDAT and the School of Medicine (Discipline of GP) to oversee the ground arrangements and support students through their placements. Eleven GPs have been recruited as mentors and the 2002 matching process has been completed. The sub-contract with ACRRM is ready to be signed – *Leonie Coskun*.

• **Whose Health is it Anyway?**
Commonwealth Health Minister, Kaye Patterson officially launched the project at Glenorchy on 9 August. Training sessions conducted by the CCTU, Flinders University have been held at all pilot sites. Community workers and peer leaders have been trained in Arthritis Tasmania’s CD
self-management program and will run the ‘Get the most out of life’ program in all sites. After 8 months of consultation the national evaluation framework has been finalised and data collection is underway to measure changes in clients’ health and well-being flowing from their involvement in the program. One hundred and sixty-one clients are enrolled to date. The MOU between partners has been signed. The Commonwealth Minister for Health, Senator Kaye Patterson returned to Tasmania at the beginning of November and spent time with 30 consumers and health service providers at the Devonport Community and Health Services Centre. The project hosted a statewide seminar series by Professor Joe Levy from York University, Toronto. DoHA held the Early Wins Conference in Hobart in December to showcase the SHC projects – Sue Frendin.

- Health Services Management Program
  The third series of workshops for 2002/3 was held in Launceston in November and advertisements and marketing for the 2003/4 course will commence in the new year – Karla Peek.

- National Rural Health Conference pre and post study tours
  Itineraries for the two study tours have been posted on the website and registrations are underway – Jenny Barns.

- Rural Chronic Disease Initiatives
  The UDRH conducted community consultations in Dover to develop a detailed project plan for this initiative, which is targeting physical activity in the management and prevention of key chronic disease conditions. A partnership between the UDRH, the School of Psychology and the Break O’Day Health Resource Association developed a bid for RCDI Round 2.

2. Education and Support of Health Professionals in Rural Tasmania

*Goal:* To enhances the culture about rural health in a bid to achieve recognition of rural and remote health issues as important components of the health system by facilitating and promoting access to, and providing education, training and professional support programs and resources.

**Key developments (Coordinator: Dr Rosalind Bull)**

- **E-health (Health Informatics) short courses**
  The marketing brochure has been widely distributed and web based links have been established between professional organisations and the Health Informatics home page. A new Agreement was signed with DHHS to continue staff access to e-Health short courses. Sixteen DHHS staff are currently participating in Computing Skills courses. Workshops have been held for the Aged Care Assessment Team (ACAT) – Sue Whetton.

- **E-health (Health Informatics) graduate courses**
  A national marketing campaign has generated a healthy interest and enrolments for 2003. Three new units have been developed and are in the process of being approved. The Faculty of Law has agreed to develop a module on legal issues – Sue Whetton.
• **E-health (Health Informatics) consortium**
  Agreement has been reached with consortium partners for cross-institutional enrolment – *Sue Whetton.*

• **Clinical placement support for Allied Health students**
  To date there have been 35 enquiries and 16 applications for financial support from Tasmanian students studying interstate to undertake clinical placements in rural Tasmania – *Alison Miles.*

• **Professional Certificate in Allied Health Research**
  All students enrolled have completed and the program is being reviewed in light of evaluation feedback – *Alison Miles.*

• **Visiting Fellow (capacity building for Allied Health research)**
  A visit by UDRH Allied Health Researcher, Professor Gail Whiteford (Charles Sturt University) was undertaken to conduct research capacity building seminars in Burnie, Launceston and Hobart – *Jenny Barns.*

• **Rural clinical placements for undergraduates**
  Third year medical students undertook clinical placements at Rural Health Teaching Sites; 6th year medical students undertook rural GP clinical placements; 3rd year pharmacy students undertook rural clinical placements as did 2nd and 3rd year nursing students, including eight 2nd year students who were selected and funded to travel to Whyalla for a 2 week placement – *Edi Albert, Helen Howarth and Ros Bull.*

• **PAUDRH**
  The first progress report was submitted at the end of July. Rural content in the curriculum has been mapped. The strategic plan has been completed and all preceptors contacted to review 2002 and to prepare for 2003 activities – *Helen Howarth.*

• **Community Leadership education package**
  A collaborative partnership has been formed with NATT for module development – *Alison Miles.*

• **Rural Health Issues Theme Bank**
  All Schools in the Faculty endorsed the Project Plan and the theme bank’s framework has been developed – *Ros Bull.*

• **Pharmacy Consortium National Preceptor Project**
  An MOU was signed by all partners and a Project Officer appointed based at Monash University. A meeting of the Steering Committee was held in Melbourne in October and Working Groups are now progressing the project. A Stage 2 submission for funding was submitted to RRPIGS and was successful – *Ros Bull.*

• **Pharmacy GA Program**
  A CD ROM of materials for the GAP is under construction and workshops were held in December for the new program. A grant application was submitted to RRPIGS for rural-urban exchange, but was not successful – *Ros Bull.*

• **Indigenous Health Theme Bank**
  There was ongoing review of content material with input by key local Indigenous stakeholders. A Focus Group was held at the Indigenous Health Issues Forum organised by Rustica and the UDRH. The Team presneted work in progress to the *Teaching Matters* Forum. A stage 2
Teaching Development Grant was developed and submitted – Alison Miles.

- **Interdisciplinary Rural Placement Program**
  The second pilot took place in August with medical, nursing and pharmacy students at Scottsdale and St Marys following a full day’s orientation in Launceston. Evaluation has been completed and planning is underway for 2003 – Ros Bull.

- **Development Program for Rural and Remote Midwives**
  Placement of midwives for clinical terms continues. Tutorials were held in all sites and a CD ROM installed on all RHTS computers. The Preceptor Research project report was launched in Launceston. Forty-eight participants attended the ALSO course in November. Sale of the program to NSW and NT has been negotiated with DoHA approval. NBT sent formal acknowledgement of the appropriateness of the program as a refresher course. A submission has been made to DoHA for extension of the program to June 2003 – Julia Monaghan.

- **National Scholarship Proposal**
  After lengthy consultations with all state and territory governments, the national undergraduate allied health scholarship proposal, facilitated by the UDRH on behalf of a national reference group and the NHRN, was circulated for final consultation prior to being submitted to the Office of Rural Health – Judi Walker.

- **Rustica**
  Membership rose to 423 (316 in 2001) with 201 (177) medical students, 88 (54) nursing students, 35 (18) pharmacy students and 99 (67) allied health students. UDRH and Rustica co-hosted a Forum for the Indigenous Health Reference Group in August to discuss ASTI recruitment and retention and curriculum issues. A new Executive Committee has been elected and discussions are underway for increased collaboration and support in 2003 – Judi Walker.

- **NURH Conference at Port Arthur**
  The UDRH was well represented at the conference, which was opened by Minister Kay Patterson on August 8. The Director and Dean made opening presentations and the Director facilitated five academic workshops on ASTI issues, rural health curricula, rural health education issues, and supported student placements. Two hundred and fifty students from Australia and New Zealand attended the five day event. UDRH hosted the web site, which included web casting of the main activities. UDRH organised a camp for 12 Year 12 rural students, which included attendance at part of the conference – Judi Walker.

- **Rural School Marketing and Recruitment**
  Twenty-one rural Year 12 students were supported to sit the UMAT, which included transport and accommodation in Hobart and a debriefing session with Rustica members. Three hundred copies of a comprehensive careers booklet have been distributed to colleges and schools. The final newsletter for the year was printed and distributed in October. Letters have been sent to all rural schools re 2003 program and planning is underway. The first Health Careers taster day for nine Indigenous students was held at the Newnham campus in late September. Development of a CD ROM for distribution in 2003 continues with consideration of a
possible add-on for national application. The Advisory Committee met in late November – Rosalie Maynard.

- **North West Rural Clinical School**
  The Director and staff continue to work closely with the NWRCS particularly on matters related to educational development, administrative support and ICT. The Education and Support Program Team partnered with the NWRCS and the FEU to deliver a regional PD workshop in Burnie in October. A joint UDRH/NWRCS strategic research workshop, facilitated by Dr Jack Best, was held in October – Judi Walker.

3. **Development and enhancement of Learning Environments for health professionals**

*Goal: To develop a network of ten well-supported rural hospital and community-based learning environments as a base for rural health teaching, learning and research.*

**Key developments** *(Coordinator: Karla Peek)*

- **Annual Roadshow**
  The annual roadshow was held in November and December with visits to each site and meetings of liaison committees. This provided an opportunity to review activities during the year and to plan for 2003 – Karla Peek.

- **ACCOG Accommodation Project for GP Registrars and medical students**
  The St Helens property was opened on 29 November and development at Smithton is well underway – Stuart Auckland.

- **New RHTS Development Project**
  MOUs have been signed for the Oatlands and Campbell Town sites and decisions made on the purchase of residential accommodation in each location – Stuart Auckland.

- **Database**
  Statistical data on RHTS usage is generated monthly. In 2002, 160 students spent 2062 nights at RHTS and 337 visiting health professionals engaged in hospital and specialist services, locum relief, preceptor support and research spent 2153 nights at RHTS. Health professionals included nursing staff, allied health professionals, dentists and dental therapists, ambulance officers, locums, and researchers and preceptors from the University of Tasmania. The use of RHTS by non-health professionals is at the discretion of site managers and only when facilities are not being used by health science students, health professionals or University of Tasmania staff – Karla Peek.
Students come from the disciplines of medicine, nursing and pharmacy and were predominantly from the University of Tasmania. Ten John Flynn Scholarship students from interstate universities stayed at various RHTS during the holiday periods. Two postgraduate physiotherapy students from Griffith University stayed at St Marys during April.

- 54 nurses stayed 944 nights at RHTS
- 75 medical students stayed 848 nights at RHTS
- 25 pharmacy students stayed 146 nights at RHTS, and
- 6 allied health (physiotherapy) students stayed 124 nights at RHTS
4. Promote and Develop Rural Health Research and Evaluation

**Goal:** To develop a rural health research environment to benefit those working in a range of health-related professions to address the population health needs of rural and remote communities and to provide a basis for service development and delivery.

**Key developments** *(Coordinator: Dr Peter Orpin)*

- **Publications**
  Christine Fahey and Judi Walker submitted a monograph, which was published in *Emergency Medicine*. Peter Orpin, Christine Fahey and Judi Walker submitted full papers for peer review for the NRH Conference; Judi Walker and Sue Whetton published in *Journal of Telemedicine and Telecare* Vol 7:2 – Megan Darke.

- **Whose Health is it Anyway? Sharing Health Care national evaluation**
  The MOU with the National Evaluator was signed in October and the National Evaluator visited Tasmania in November for site visits. Data protocols have been finalised and Focus Groups are underway – Peter Orpin.

- **Longitudinal Student Tracking Study**
  Results from the initial survey have been tabulated and a detailed progress report disseminated – Peter Orpin.

- **Campbell Town Health Map**
  The survey process has commenced – Peter Orpin.

- **Break O’Day Needs Analysis**
  R & E facilitated a workshop to assist BODHRA develop strategic initiatives – Peter Orpin.

- **Falls Prevention Evaluation Project**
  Ethics approval has been obtained and a baseline data report disseminated. Data collection is underway – Christine Fahey.
• **Primary Health Care Research Evaluation and Development (PHCREd)**
  Developing Evidence Based Practice activities are a key feature, with a session for 50 rural GPs at a CME weekend in Smithton in September. This was a very clinically focussed session, and rated by some of the “hard core” rural GPs as the best thing on evidence based medicine that they had come across. A new set of EBM resources have been designed and are being integrated into new units at several points in the undergraduate medical program. An online guide to accessing health related information from the internet is in its final stages of preparation. This is both a searching and an educational tool and is suitable for consumers, health professionals and health science students. More qualitative and quantitative research workshops have been run across the state. There are over 70 people on the contacts database. Work progresses on the GP-Hospital Integration Project and the AIM Project – *Edi Albert*.

• **Evaluation design and assistance**
  R & E staff continue to provide support to various UDRH activities including evaluation of the implementation of the Tasmanian Rural Mental Health Plan, FREC, Medication Management Package, Community Leadership Project and the Falls Prevention Project – *Christine Fahey and Clarissa Cook*.

• **Higher Degree Research students**
  A second HDR seminar was held in November at Campbell Town with 10 people attending. HDR students presented work-in-progress reports – *Judi Walker*.

• **Conference Presentations**
  Judi Walker at the ANZAME medical education conference in Sydney; Martin Harris at the SPA conference in Sydney; Sue Whetton and Judi Walker at the international Telehealth conference in Brisbane and HIC 2002 in Melbourne; Judi Walker at the AMEE conference in Portugal; Judi Walker at the Lymphoedema Convention in St. Marys; Peter Orpin at the Naked and Clueless Remote Health Conference in Mt Isa; Alison Miles at the Issues in Indigenous Research workshop in Alice Springs; Christine Fahey and Clarissa Cook at the International Evaluation Society Conference in Brisbane; Quynh Le at the International Conference on Computers in Education in Auckland, NZ; Julia Monaghan at the International Midwifery Conference in Dublin, Eire – *Megan Darke*.

• **Safer Communities Award**
  The *Stand Up and Be Counted* project, managed by the UDRH won the Pre-Disaster Researcher/Research Organisation Award in the EMA 2002 Australian Safer Communities Award at the state and national levels. Judi Walker accepted the national award at a ceremony at Parliament House, Canberra in October.
5. Information and Communications Technology (ICT) Support and Development

Goal: An ICT infrastructure and networked environment for the UDRH and its RHTS so that students, trainees and rural health professionals can access resources for training, research and delivery of health services that are cost effective, affordable, reliable and easy to use.

Key developments (Coordinator: Dr Quynh Le)

- **Web Site**
  The UDRH web site has been redeveloped in line with University standards and is monitored and upgraded on a regular basis. New or redesigned web pages include pre and post NRH Conference study tours, Tasmanian Rural Health Partnership, Rustica, Falls Prevention and Sharing Health Care – *Darren Johnston*.

- **Web statistics**
  A web analyser program records web statistics – *Quynh Le*.

- **NWRCS wireless networking**
  Installed in late July with ongoing negotiations with DHHS and ITS regarding firewall and security issues – *Chris McKay*.

- **Software auditing**
  The current database has been updated and information is being recorded – *Quynh Le*.

- **Servers**
  Sunlight server is up and running with the apache web server, MySQL and PHP – *Quynh Le*.

- **VPN**
  To improve Internet access the University’s VPN connection has been installed at RHTS enabling better access to university internal resources. A VPN instruction poster has been developed for implementation at all RHTS – *Chris McKay*.

- **Routine IT support for UDRH staff, NWRCS and servers**
  Security patches have been updated on all staff machines – *Quynh Le*.

- **Polycom Desktop videoconferencing system trial**
  Trials between AOB and DHHS network, AOB and NWRCS have been evaluated and the trial is being extended to remote sites – *Quynh Le*.

- **ARHEN Web Site design**
  UDRH was successful in tendering for the development of the ARHEN web site – *Quynh Le*.

- **ICT Information Kit**
  Materials have been written and the online version will be added to the prototype – *Quynh Le*.

- **ICT Plan implementation**
  Replacement computers for Smithton, the Multimedia lab and Administration were installed – *Quynh Le*.

- **Upgrading microwave link**
  The installation will take place as soon as the parts arrive – *Chris McKay*.

- **Digital Copyright Processes and Procedures**
  Eight staff attended a training session re copyright policy and an
internal UDRH working party is formulating UDRH’s approach.

6. Develop and implement projects funded through sources other than this agreement

Goal: An environment to manage, support and coordinate a range of externally funded projects that will support the general directions of the UDRH.

All externally funded projects have been incorporated into core funding areas for better cohesion and coordination.

7. Effective Management and Resources

Goal: A UDRH that has a clearly defined management framework including accountability and evaluation mechanisms for efficient and effective management.

Key developments (Coordinator: Kim Barker)

- **Rural Health Bulletins**
  Bulletins focussing on Education and Support initiatives (August) and Research and Evaluation initiatives (November) were dispatched to over 900 stakeholders – Mary Machen.

- **2001 Report**
  This publication was mailed to over 300 key stakeholders in early December – Mary Machen.

- **Christmas Greetings**
  The UDRH Calendar/fold over Christmas Greetings was mailed to all stakeholders on the UDRH Contacts database in December – Mary Machen.

- **Anne O’Byrne Centre security upgrade**
  The University’s Occupational Health and Safety Unit prepared a report on security issues. The microwave link to Newnham is being upgraded to allow for better security surveillance. After a security complaint by a staff member, arrangements have been made to have access to level 2 reception controlled by a release mechanisms monitored at UDRH reception – Kim Barker.

- **Internal policy and procedures**
  New policies and procedures have been added to the manual – Tina Pinkard.

- **UDRH consultancy protocols**
  Issues have been identified and an external consultant will develop flowchart and checklist – Kim Barker.

- **Allied Health State Conference**
  A Reference Group and a Working Party have been set up to oversee planning for the conference scheduled to take place in late 2003 – Jenny Barns.

- **RHEF Satellite Broadcasts**
  RHEF satellite broadcasts are beamed to the Anne O’Byrne viewing site twice a month, with additional broadcasts available for RCNA continuing professional education sessions. UDRH is also marketing the satellite broadcasts statewide – Jenny Barns.
• Program Area review
A review was undertaken of the Management and Resources Program Area and several changes have been instituted for more efficient operation of the UDRH. – Kim Barker.

• Templates
New budget and project reporting templates have been designed and are in use – Kim Barker.

• Monthly reporting
Financial statements were produced as required and all Program Area Coordinators provided monthly activity reports. – Kim Barker.
5. REPORTING AGAINST THE BUSINESS PLAN (July - December 2002)

This describes the actions to be implemented to achieve the strategic goals, outlined in the Strategic Plan, and reports against the performance indicators used to measure the achievement of those goals and actions.

Program Area 1: Collaboration and Partnership

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. University Department of Rural Health/Faculty of Health Science collaboration</td>
<td>• Maintain and enhance the partnership arrangement with the Faculty of Health Science</td>
<td>• Director a member of the Faculty Executive Committee</td>
<td>• In place. Director is also Deputy Dean of the Faculty of Health Science</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Membership of the Faculty Committee for Quality Assurance or its replacement</td>
<td>• Dr Ros Bull is the UDRH representative on FCQA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Membership of Medical Education Committee</td>
<td>• Director is a member of the School of Medicine’s Medical Education Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Active involvement in <em>Partners in Health</em> initiative with DHHS</td>
<td>• UDRH is actively involved in the <em>Partners in Health</em> initiative and is represented on all key Committees. The Director is a member of the new <em>Partners in Health</em> Review and Development Group to oversee planning for</td>
</tr>
<tr>
<td>2003 – 2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Head, School of Human Life Sciences is a member of the UDRH Executive Committee. Input through development of Indigenous Health Curriculum Theme Bank, the Rural Health Theme Bank, Interprofessional Education Education developments and E-Health curriculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Director chairs the NWRCS Interim Executive Committee and, as Deputy Dean has oversight of the development of the NWRCS. Shared administrative and IT infrastructure and conjoint positions between the UDRH and the NWRCS have been implemented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partnership Agreement signed with the School of Nursing in March 2003. Progress towards development of Agreement with the School of Pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Input into the further development of new Bachelor of Health Science course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Active involvement in the development of an integrated model of rural health education with the North West Rural Clinical School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partnership Agreements developed with at least one other of the Schools in the Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Partnership Agreement signed with the School of Nursing in March 2003. Progress towards development of Agreement with the School of Pharmacy.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. University Department of Rural Health/Department of Health and Human Services collaboration

- Enhance the partnership arrangement with DHHS to exploit operational efficiencies, develop complementary activities, integrate planning, capitalise on areas of comparative advantage and minimise duplication of resources
- Partnership protocols for research and teaching developed as part of the Partnership Agreements
- Rural student recruitment activities
- Facilitation of Tasmanian Rural Health Partnership through provision of Secretariat
- Management of Rural Health Tent at Agfest 2003
- Management of Sharing Health Care initiative
- Management of National Falls Prevention Initiative
- Part of above
- Representatives from each School on the UDRH’s Rural Students Health Science Marketing and Recruitment Advisory Committee
- UDRH provides Secretariat. Three meetings held in 2003; production of member profile booklet
- Working Party convened by UDRH in September 2002 and planning underway
- UDRH is fund holder and Project Manager.
- Steering Committee met monthly in 2002.
<table>
<thead>
<tr>
<th>Continuation of NW position – Senior Lecturer (Palliative Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complementary input into policy and planning activities</td>
</tr>
<tr>
<td>UDRH research into areas of need to facilitate Regional Health Services Strategy</td>
</tr>
<tr>
<td>Organisation of post-NRHA National Rural Health Conference event, March 2003</td>
</tr>
<tr>
<td>From current projects:</td>
</tr>
<tr>
<td>Medication Management packages accredited and online</td>
</tr>
<tr>
<td>UDRH is fundholder and Project Manager. Management Committee met monthly since inception in June 2002</td>
</tr>
<tr>
<td>Dr Robyn Brogan in conjoint position based in north west</td>
</tr>
<tr>
<td>Director has monthly meetings with Director, Division of Community, Population and Rural Health, who is also a member of UDRH Executive Committee.</td>
</tr>
<tr>
<td>Cf Research and Evaluation (Program Area 4)</td>
</tr>
<tr>
<td>UDRH developed and advertised pre and post NRHA Study Tours to rural and remote Tasmania.</td>
</tr>
<tr>
<td>Full accreditation renewed for 12 months. Eighty-five EN packages and 19 RN packages</td>
</tr>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TMESP education strategies concluded</td>
</tr>
<tr>
<td>Oral health research and education project on track</td>
</tr>
<tr>
<td>Maintaining the Momentum project on track</td>
</tr>
<tr>
<td>Education strategies and evaluation report completed and NHDF project concluded.</td>
</tr>
<tr>
<td>Service Agreement developed to continue partnership to June 2005.</td>
</tr>
<tr>
<td>On target. Database of training workshops developed and training registration and recording protocols completed.</td>
</tr>
</tbody>
</table>
- Develop new joint initiatives as appropriate

- Rural Mental Health Plan implemented and evaluated

- An increase in the number of joint initiatives

- UDRH membership on Implementation Steering Committee. UDRH undertaking evaluation and development of education strategy.

- New joint initiatives:
  - Telecheck Project
  - Oral Health Workforce and Education project
  - West Coast Clinical Services Review
  - Partners in Health Review and Development Committee
  - Development of Campbell Town RHTS
  - Development of Oatlands RHTS
  - Campbell Town Community Health Survey
  - Traineeship in Public Health Medicine for GPs
3. University Department of Rural Health/General Practice collaboration

- Develop and extend partnership arrangements for integrated rural primary health care

- Continuation of position – Senior Lecturer (Rural Medicine)
  - Active membership of General Practice Advisory Committee of Tasmania
  - Active membership of Tasmanian Divisions of General Practice Rural Workforce Support Committee
  - UDRH activity in GPET consortium
  - Management of RRAPP

- Dr Paul Hanson’s 0.3 FTE appointment continued and his contract has been renewed for 2003.
  - The Director is a member of GPACT and attended all three meetings held in 2002.
  - Director is a member of the TGPD (RWS) Committee and attended all 6 meetings held in 2002.
  - The Tas GP Training Consortium has been through a period of development in 2002. UDRH was represented at Strategic Planning day in September 2002.
  - UDRH managed the Tasmanian RRAPP within budget. Two trainees completed terms in 2002.
- Management of MTRP program
- Sustainable Models of General Practice project completed
- Coordination of ACCOG program

- UDRH managed the Tasmanian MTRP rural and community placement program. Difficulty recruiting trainees resulted in the program being postponed for 12 months.
- Sustainable Models project has been extended to June 2003. Community meetings in 2 pilot sites have identified resources required to complete the project; progress reports submitted to TGPD.
- UDRH coordinated the development of 3 houses to accommodate GP Registrars and medical students at Ulverstone (completed mid 2002), St Helens (completed November 2002) and Smithton (scheduled completion is January 2003).
| • Work with GPET Tasmanian consortium to develop innovative vertical education initiatives (cf Program Area – Collaboration and Partnership) |
| • Develop new joint initiatives as appropriate |
| • PHCREDA initiative with DGP on track |
| • Collaborative submission for GPET innovation funds |
| • An increase in the number of joint initiatives |
| • Monthly meetings held between Director and Professor of General Practice. Joint activities and Business Plan developed and implemented. |
| • Initial discussions held with Dr Brian Bowring, Board member |
| • Extension of Sustainable Models of GP project |
| • Development of Tasmanian consortium for John Flynn Scholarship Scheme |
| • Joint project with NW Division of General Practice to scope project to develop new model of service delivery to disadvantaged patients |
| • Successful submission with GP North for innovative Asthma Informative Management project |
- Successful submission with GP North and DHHS for GP-Hospital Integration project
Program Area 2: Education and Support

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collaborate with stakeholders in monitoring unmet education and training needs in major priority areas of rural health</td>
<td>• Contribute to the monitoring and mapping of unmet education and training needs</td>
<td>• Reference Groups monitoring education and training needs</td>
<td>• In 2002 Allied Health Education and Training Reference Group met twice; Tasmanian Rural Health Partnership met three times; Oral Health Education and Training Reference Group met twice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• UDRH represented on key E &amp; S decision making bodies (internal and external) where actual/potential rural health issues exist</td>
<td>• UDRH represented on University Teaching &amp; Learning Committee, Faculty of Health Science Executive Committee, Faculty of Health Science Committee for Quality Assurance, School of Medicine’s Medical Education Committee, Partners in Health Education and Workforce Standing Committee, Australian Ambulance Education Council, North West Rural Clinical School Advisory Committee</td>
</tr>
</tbody>
</table>
2. Address and prioritise unmet needs

- Develop a management strategy through which established priority areas can be addressed
- Identify and assess availability of existing programs to meet identified needs through a brokerage and coordination role
- Contribute to rural health professionals’ career development
- Rural and Remote Health Education Plan
- Rural Health Issues module and resources developed and available
- Local and national health science course information included in Rural Health Careers booklet
- Numbers accessing continuing education e-Health

- UDRH has contributed to the development of rural health education plans at the discipline level (Medicine, Nursing and Pharmacy) and developed plans for Indigenous Health curriculum, Rural Health curriculum, Medication Management, Health Services Management, Allied Health education and training.
- Project Plan completed; Advisory Group established and has met twice; wide range of potential materials and resources reviewed; and draft format and delivery strategy achieved.
- Health careers handbook published and disseminated in July 2002 and contains current information on local and national health science courses
- 23 packages distributed:
  - 2 to mainland
<table>
<thead>
<tr>
<th>3. Address barriers to access</th>
<th>through the development of innovative rural health programs</th>
<th>modules</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Provide optimum support for the design and implementation of discipline specific and</td>
<td>• Numbers enrolled in postgraduate e-Health courses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Potential for doctoral level studies in e-Health explored</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Two Midwifery Development units online</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All Midwifery Development Units are now online</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two Midwifery Development Units online</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two staff awarded Certificate of Participation; four Computing Skills workshops conducted for ACAT teams in north and north west</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Planning for Phase 3, which includes development of a doctoral level program has begun.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Semester 2 2002 – enrolments Semester 1 2003 – 8 enrolments and 8 requests for enrolment information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All Midwifery Development Units are now online</td>
<td></td>
</tr>
</tbody>
</table>

- 2 to local private sector organisations
- 1 to FEU, University of Tasmania
- 1 to DHHS IT Services
- 17 to DHHS staff
<table>
<thead>
<tr>
<th>interdisciplinary education resources</th>
<th>• Medication Management packages for ENs and RNs available online and in print</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Priority areas identified and appropriate E &amp; S activities planned in terms of time, resources and associated costs</td>
</tr>
<tr>
<td></td>
<td>• E &amp; S support packages identified</td>
</tr>
<tr>
<td></td>
<td>• Both packages are available in print and RN package is also online. The School of Nursing has adopted the package into the Bachelor of Nursing course</td>
</tr>
<tr>
<td></td>
<td>• Priority areas identified:</td>
</tr>
<tr>
<td></td>
<td>○ Interprofessional education</td>
</tr>
<tr>
<td></td>
<td>○ Interdisciplinary rural education program</td>
</tr>
<tr>
<td></td>
<td>○ Indigenous health theme bank</td>
</tr>
<tr>
<td></td>
<td>○ Rural health issues theme bank</td>
</tr>
<tr>
<td></td>
<td>• Project plans detailing time, resources and associated costs have been completed for all areas and monitored on a monthly basis through internal reporting and planning process.</td>
</tr>
<tr>
<td></td>
<td>• 11 day program to support allied health professionals to develop research capacity with visiting Research Fellow held in October 2002; undergraduate guide to health</td>
</tr>
</tbody>
</table>
• Formalise links with mainland providers to offer rural programs in Tasmania

• Numbers enrolled in Graduate Certificate in Health Services Management

• Numbers enrolled in Graduate Certificate in Allied Health Research

• Partner in national consortium for Pharmacy Preceptor support

• National / international consortium for graduate courses in e-Health

• UDRH is a partner in RRPIGS funded rural pharmacy preceptor education and support strategy development national consortium. Successful submission by the consortium for stage 2 in 2003.

• Relationships developed with Otago (NZ), Duke (USA), Monash and Latrobe Universities.

• 21 students enrolled in 2002

• 10 students enrolled in 2002

A science courses produced; 20 First Rate Emergency Care training workshops conducted with resources; and Medication Management support built into packages.
### 4. Undergraduate rural health education and support

<p>| Support Allied Health placements |<br />
|---|---|---|---|---|---|
| Establish mechanisms to sustain E &amp; S activities in the long term |<br />
| Promote and coordinate means to increase Indigenous health and cultural awareness issues in health science curriculum |<br />
| Enhance, develop and support Indigenous health initiatives in Tasmania |<br />
| Allied Health Supervisors Support program designed for professionals offering Tasmanian clinical placements to mainland students |<br />
| Database of placements, students and supervisors |<br />
| External stakeholders contributing to E &amp; S activities |<br />
| Bank of Indigenous health curriculum resources developed and available |<br />
| Representation on planning and development activities relating to Indigenous health care at local, state and national level |<br />
| Project plan developed and consultations underway through Rural Allied Health Education and Training Reference Group. |<br />
| To be developed in 2003 |<br />
| Pharmacy Board of Tasmania; members of the allied health professional community contributing to health careers promotion, Agfest etc |<br />
| Format and content are finalised; materials currently being assessed; pilot program to implement cultural safety program aspect of theme bank planned for 2003 |<br />
| UDRH representation at 2 national Indigenous health meetings; presentation to OATSIH meeting in October 2002; joint appointment for |</p>
<table>
<thead>
<tr>
<th>Rural student recruitment into health professional courses</th>
<th>Rural High Schools CD ROM/web site available</th>
<th>Indigenous Health Officer to develop and deliver Health Science bridging program in 2003.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>For CD ROM a revised format has been approved; design layout underway; photography and interviews with Nursing and Biomedical Science students underway and others identified; and updating of text content underway. For website updating is ongoing.</td>
</tr>
<tr>
<td>Number of hits on web site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied Health UG course information on web site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers of visits/hits on website</td>
<td>1304</td>
<td>10 – Tasmanian Ambulance Service, NW Division of GPs, NWRCS and representatives from Community Nursing.</td>
</tr>
<tr>
<td>Numbers of professional associations actively participating in rural schools program</td>
<td>501 visits/5066 hits</td>
<td></td>
</tr>
<tr>
<td>Support for rural students on an interdisciplinary basis</td>
<td>Rural health ‘taster’ programs</td>
<td>Physiotherapy, Speech Pathology, Nutritionists, Dentistry, Social Work, Podiatry</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Number of rural schools visited</td>
<td>Interdisciplinary rural health careers presentation at Agfest 2002</td>
<td>4 day health careers residential camp for Year 10 students at Turners Beach; displays and information at University Open Days; Taster Day for Indigenous students at Newnham campus; Taster day for Brooks High School’s “Girls Day Out” at George Town; and 3 day workshop for Year 12 students as part of NURHC at Port Arthur</td>
</tr>
<tr>
<td>Budget line to Rustica to support Nursing, Pharmacy and Allied Health students</td>
<td>Planning underway for 2003</td>
<td>4 plus presentations to Devonport High School Year 10 students</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10,000 core grant and additional $5,340 to support Nursing, Pharmacy and Allied Health students</td>
</tr>
<tr>
<td>Support FHS UG rural programs</td>
<td>Rustica’s interdisciplinary profile</td>
<td>Numbers of students using RHTS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td>Number of mainland allied health students undertaking Tasmanian rural placements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 allied health students studying on the mainland have been supported financially and with accommodation at RHTS in 2002 and another 6 applications are awaiting documentation.</td>
<td>In 2002, 160 students spent a total of 2062 nights at RHTS as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In 2002, 160 students spent a total of 2062 nights at RHTS as follows:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>54 nursing (944 nights)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 medical (848 nights)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 pharmacy (146 nights)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 allied health (124 nights)</td>
<td></td>
</tr>
</tbody>
</table>
- Collaboration with Discipline of GP in RUSC initiatives
- Budget line to TSoN for rural program
- Pharmacy conjoint academic position maintained
- PAUDRH program on track
- IRPP module an option for Medicine, Nursing and Pharmacy UG courses
- Membership of RUSC Advisory Committee
- $40,000 budget supported 184 2nd year nursing students and 57 3rd year students to gain rural experience
- Mr Mark Dunn did not renew his contract at the end of 2002 as the PAUDRH position is now in place.
- Ms Helen Howarth appointed in May 2002 and program underway with rural curriculum mapped in B Pharm, interim report completed and strategic plan developed.
- IRPP module run in August at St Marys and Scottsdale with 10 students participating from medicine, nursing and pharmacy.
- UDRH representation on the RUSC Advisory Committee and attended the one meeting held in 2002.
<table>
<thead>
<tr>
<th>5. Post graduate and continuing education rural health education and training</th>
<th>Collaborate with Schools in FHS and professional colleges to develop and to access PG and continuing education courses with rural health focus</th>
<th>RUSC conjoint position maintained</th>
<th>The Discipline of General Practice did not maintain the RUSC conjoint position after the resignation of Janette Papps in May.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evidence of rural content in PG and continuing education courses</td>
<td>Number of applications for CME / CPE points</td>
<td>Rural content evident in Domestic Violence PG modules developed by UDRH for School of Nursing; First Rate Emergency Care resource package for service providers; Midwifery Development course; Health services Management course; eHealth PG courses and short courses; new Grad Dip in Rural Nursing under development</td>
</tr>
<tr>
<td></td>
<td>Rural health issues module available</td>
<td>Promotion and marketing of</td>
<td>Application for CPE points for Pharmacy GA Program</td>
</tr>
<tr>
<td></td>
<td>Promotion and marketing of</td>
<td></td>
<td>On target</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RHEF satellite broadcasts</td>
</tr>
<tr>
<td>6. Promote vertical integration in rural medical professional education and training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Support for rural clinician-teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with GPET Tasmanian consortium to develop innovative vertical education initiatives (cf Program Area – Collaboration and Partnership)</td>
</tr>
<tr>
<td>Develop and implement innovative education and support programs for rural clinician teachers/preceptors/supervisors</td>
</tr>
<tr>
<td>RHEF satellite program</td>
</tr>
<tr>
<td>Collaborative submission for GPET innovation funds</td>
</tr>
<tr>
<td>Pharmacy GA Program in collaboration with PBT</td>
</tr>
<tr>
<td>Participation in the national consortium for Rural Pharmacy Preceptor Training</td>
</tr>
</tbody>
</table>

- Initial discussions held with Dr Brian Bowring, Board member |
- Graduate accreditation program redeveloped; Graduate Manual produced; Preceptor Manual produced; Facilitator Manual and associated resources produced; UDRH participation in the design, preparation and delivery of education workshops. |
- Partner in national consortium for 2002 RRPIGS funded rural pharmacy preceptor education and support strategy development; partner in successful submission to

promoted/marketed and delivered fortnightly. Sessions have been videotaped and circulated as requested
8. Integrated E & S program with North West Rural Clinical School

| • Identify support needs with NWRCS and E & S support available |
| • Strategy to support clinicians offering placements to mainland allied health students |
| • UDRH contribution to preparation programs for clinician teachers in FHS |
| • Support needs identified |
| • Active, integrated infrastructure to support collaborative E & S programs |

RRPIGS for 2003 funding for pilot phase of the project

• Development of a clinical supervision program under discussion with the Allied Health Education and Training Reference Group

• Provision of workshop for rural clinical facilitators in nursing; planning for linkages between GAP and UG pharmacy education requirements; workshop with the university’s Flexible Education Unit to prepare clinical preceptors at the NWRH.

• Ongoing process. Needs identified include: preparation of clinical preceptors and access to resources.

• Inclusion in the development of Interprofessional Education (IPE) resources and programs such as IRRP and the Theme
9. Evaluate the effectiveness of rural student recruitment program and rural health activities across the FHS

- Track students of rural origin in school recruitment program and FHS courses
- Number of collaborative activities
- Data collected

- Workshop with the university’s Flexible Education Unit to prepare clinical preceptors at the NWRH; planning for collaborative IPE activities has commenced; Interdisciplinary Rural Placement Program for UG students of the FHS to be offered through the NWRCS in 2003.
- Preliminary analysis of FHS enrolment data and initial survey data completed and report disseminated.
### Program Area 3: Learning Environments

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
</table>
| 1. Develop additional Rural Health Teaching Sites (RHTS) in rural and remote Tasmania | • Use criteria developed to identify further sites  
• Collaborate with DHHS, rural communities and other key stakeholders in the identification of potential new rural teaching sites | • Two additional RHTS developed at Oatlands and Campbell Town  
• Identification of new potential RHTS | • Both projects on track and within budget; MOUs signed with DHHS; draft lease agreements with Councils |
| 2. Maintain the RHTS network and ACCOG accommodation profiles | • Maintain environmental (demographic, epidemiological, social), service and learning resource profiles of existing sites and develop profiles of potential sites  
• Work with Faculty of Health Science, TGPD (Rural Workforce Support), DHHS and rural communities to ensure easy and affordable access to RHTS | • Profiles on www maintained  
• Costs monitored | • Potential sites identified for George Town and Strahan |
| 3. Access to RHTS |  |  | • Profiles on all sites at [www.ruralhealth.utas.edu.au](http://www.ruralhealth.utas.edu.au) |

- Two additional RHTS developed at Oatlands and Campbell Town
- Identification of new potential RHTS
- Profiles on www maintained
- Costs monitored
- Potential sites identified for George Town and Strahan
- Profiles on all sites at [www.ruralhealth.utas.edu.au](http://www.ruralhealth.utas.edu.au)
- System set up to monitor costs
4. Coordination, management, maintenance and marketing

- Establish protocols to minimise the adverse impact of rural training programs on the personal lives of students, trainees and rural and remote health professionals and the communities in which the RHTS are located
- Administer, manage, coordinate and meet operational costs of RHTS
- Upgrade equipment, facilities as required
- Protocols delivered
- RHTS Users Information Booklet available to all users
- Number of local Liaison Committee meetings held
- Budget allocation
- Site reports
- Budget allocation
- Upgrade plan
- Complete Scottsdale refurbishment
- Site management protocols reviewed; site manual reviewed; usage agreement reviewed.
- All users receive a copy prior to visit (updated October 2002)
- Local Liaison Committee meetings and roadshow held at all sites in November/December 2002.
- Budgeted 2002 and 2003
- RHTS Coordinator reports and Liaison Committee roadshow reports
- Upgrade plan prepared for 2003 budget cycle
- On track – kitchen upgraded and car park will be finished in February 2003
| • Maintain a central on-line booking system and data collection | • Data collected, analysed and reported | • Reports produced monthly |
| • Maintain and monitor management and coordination plans | • MOUs reviewed annually | • All MOUs under review following discussions at Liaison Committee meetings |
| | • Evaluation reports | • Evaluation surveys analysed and report produced |
| | • Accommodation data | |
5. Links to Education and Support activities

- Market rural and remote Tasmania as an environment for rural health education programs
- Liaise with University officers, Schools and Faculties
- Marketing Plan
- Knowledge of RHTS and ACCOG network extended
- Marketing plan produced as part of project plan
- Marketing materials produced; letters sent to key stakeholders
- 78 specialist
- 12 ambulance officer
- 126 nursing
- 10 dental
- 36 hospital services
- 13 other
- 41 non health
## Program Area 4: Research and Evaluation

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
</table>
| 1. Research priorities and research framework | • Implement rural and remote health research plan based on national and state priorities  
• Secure funding to support research priorities  
• Encourage collaborative research activities | • Evidence of implementation  
• Number of funding submissions  
• Number of successful grant submissions  
• Number of coalitions of interest for research collaborations | • Research plan reviewed in November 2002 and new strategic goals set.  
• 10 new submissions (see section 2 of this report)  
• 6 contracts signed (see section 2 of this report)  
• 11 Sharing Health Care evaluation  
Falls evaluation  
Campbell Town Health Map  
BODHRA Health Needs Map  
Huon EC Caries  
RHH Elderly awaiting placements in acute care  
Anglicare NW homeless project  
Diabetes Tasmania  
ARHEN rural GP/hospital integration  
Asthma Tas/GP North AIM |
<table>
<thead>
<tr>
<th>2. Routine data collection</th>
<th>Hold regular rural health research fora</th>
<th>Number of fora held</th>
<th>DHHS/GP North GP hospital integration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Map rural and remote health research undertaken in Tasmania</td>
<td>Database on WWW and maintained</td>
<td>10 Professor Gail Whiteford (3) Dr Jack Best Providers with questions PHCRED training seminars (5)</td>
</tr>
<tr>
<td></td>
<td>Monitor rural and remote health workforce data collection and coordination</td>
<td>Database on WWW and maintained</td>
<td>Collected through Monash School of Rural Health research database</td>
</tr>
<tr>
<td></td>
<td>Monitor coordination of rural and remote health data</td>
<td>Database on WWW and maintained</td>
<td>Links to known workforce databases in place</td>
</tr>
<tr>
<td></td>
<td>Support the Tasmanian PHCRED program</td>
<td>Active involvement in PHCRED capacity building initiatives</td>
<td>Links to rural and remote health databases in place</td>
</tr>
<tr>
<td></td>
<td>Promote and financially support postgraduate research in rural and remote health through scholarships,</td>
<td>Budget allocation</td>
<td>UDRH PHCRED Business Plan implemented; shared staff positions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of scholarships and</td>
<td>$40,000 budget allocation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 to nursing honours projects;</td>
</tr>
<tr>
<td>4. Appropriate models of service delivery</td>
<td>seeding grants and research higher degree supervision</td>
<td>seeding grants</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>• Attract potential research scholarship partners</td>
<td>• Numbers of postgraduate students in rural health research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support and further develop a research culture in the activities of the UDRH</td>
<td>• Numbers of HDR seminars held</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Undertake research and evaluation to support the development of models of service appropriate to the needs of rural and remote communities and the health professionals working within these communities</td>
<td>• Number of scholarships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop recognised expertise in the fields of relevant to rural health</td>
<td>• Involvement in UDRH core business and externally funded projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Number of projects underway</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Numbers of consultancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 to pharmacy honours project; finance and organisation of allied health senior research fellow.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 7 – 2 MMSc; 5 PhD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 – Chronic Disease alliance (Cancer Council of Tasmania)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluations undertaken</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 RCDI: Healthy Choices, Dover Evaluation of implementation of Tasmanian Rural Mental Health Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2</td>
<td></td>
</tr>
</tbody>
</table>
5. Dissemination of results of rural health research and evaluation activities

<table>
<thead>
<tr>
<th>evaluation of rural health programs</th>
<th>tender bids</th>
<th>RCDI: Neuropsychology services St Helens Telecheck service</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Publish and publicise work in progress</td>
<td>• Requests for assistance in evaluation of programs</td>
<td>• 9</td>
</tr>
<tr>
<td></td>
<td>• Publications list</td>
<td>• Published through DEST PES system</td>
</tr>
<tr>
<td></td>
<td>• Conference keynotes and presentations</td>
<td>• See Appendix C</td>
</tr>
<tr>
<td></td>
<td>• Media log</td>
<td>• Maintained</td>
</tr>
</tbody>
</table>
## Program Area 5: Information and Communications Technology Support and Development

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain and consolidate an efficient and effective ICT environment through appropriate network infrastructure development</td>
<td>• Monitor implementation of the ICT Plan&lt;br&gt;• Extend existing Plan for new development&lt;br&gt;• Maintain and develop www site as example of good practice&lt;br&gt;• Review UDRH website in line with University standard</td>
<td>• ICT Log&lt;br&gt;• Tasks surveyed and implemented&lt;br&gt;• Number of visits/hits on www site&lt;br&gt;• Users feedback and comments&lt;br&gt;• Reduction of complaints in relation to website access&lt;br&gt;• Increase of online material use&lt;br&gt;• UDRH website reviewed and compliant with University</td>
<td>• Maintained and regular discussions with staff about IT needs&lt;br&gt;• 2003 ICT Plan completed&lt;br&gt;• 21,680 visits/105,910 hits&lt;br&gt;• Surveys conducted on regular basis and feedback incorporated&lt;br&gt;• Complaints recorded in ICT Log&lt;br&gt;• University accessibility guidelines incorporated to ensure consistency with University web structure and domain&lt;br&gt;• Web Review Group meets fortnightly; Web template</td>
</tr>
<tr>
<td><strong>Maintain standards in line with University IT policies and network and University-wide development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perform infrastructure replacement cycle</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Develop an integrated ICT system with NWRCS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Collaborative work with NWRCS and ARHEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Improve ICT at RHTS, specifically network bandwidth</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>standard</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participation in ITS meetings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participation in trial activities run by ITS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Log of web site development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tri-annual replacement of computing equipment (after warranty expiration)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Log of activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>System administration and ICT support for stakeholders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evidence of ITS involvement in RHTS network</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>tested; Web surveys conducted on regular basis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coordinator attends all ITS sessions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring Internet usage via proxy authentication; evaluation of Virtual Private Networking by remote users</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintained</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Details in 2003 ICT Plan; computer replacement for staff and Smithton RHTS already rolled out</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICT staff exchange; NW RHTS now maintained by NWRCS IT Officer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regular consultations with NWRCS ICT staff</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Set up and designing web site for ARHEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Successful joint bid for National Communications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Provide ICT-based education and training services | • Enable the use of alternate ISPs for RHTS that are outside the local-call range to TasAccess  
• Implement research and development plan  
• Provide support to education and research activities and maintain reliable, easy to use and affordable networked ICT environment | • Ability to lower costs by using ISPs at local-call rates as opposed to STD rates  
• Dissemination of results  
• Tasks undertaken  
• Conference papers or reports  
• Consumer/client satisfaction  
• Log of services  
• Tasks undertaken | • Fund – will provide high bandwidth to all RHTS  
• Statewide implementation of VPN with user’s choice of ISP  
• A prototype database of remote data collection entry system has been set up.  
• 2 papers published; 1 conference paper presented at the International Conference on Computer Education and published in Conference Proceedings  
• IT log book for troubleshooting (<5 calls per month)  
• Virus update regularly to maintain secure network. Copyright reinforcement (software auditing, digital copyright seminar/training); hardware maintenance |

---

**UDRH Tasmania Progress Report**  
20 January 2003  
Page 59
### 3. Provide education, training and support to users

- Provide ICT-based education and training services
- Provide training and support to users in accessing and using IT

### Log of courses

- Users’ feedback (web site data)
- Tasks undertaken

### Activities/tasks involving IT staff and users

- Instructions produced online and in print
- Increased use of ICT resources and materials

### Log maintained

- Web trends software for web site statistics installed
- Monthly web server stats report; IT log book for IT resource usage; online courses updated; fortnightly web QA team meeting; CD ROM material production in progress

- Training for new staff in the use of software and hardware; individual IT consultations; half yearly survey of IT needs
Program Area 6: Externally funded projects

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
</table>
| 1. Manage externally funded projects | • Provide an environment for successful completion of externally funded projects  
  • Manage the following externally funded projects:  
    o Sharing Health Care (Self-management of Chronic Illness) – DoHA  
    o Falls Prevention – DoHA  
    o *Maintaining the Momentum* (NSPS) – DoHA  
    o Rural and Remote Area Placement Program – ACRRM  
    o Medical Training Review Panel Community and Rural Placement Program – DoHA  
    o Sustainable Models of General Practice (DoHA)  
    o Community Leadership – RHSET  
    o Midwifery Development Program – RHSET  
    o Indigenous Health Curriculum | • As per Performance Indicators stated for each project contract  
  • Progress Reports and Final Reports | • On track  
  • Delivered on time |
<table>
<thead>
<tr>
<th>Development of submissions for further externally funded projects that support the directions of the UDRH, as appropriate</th>
<th>Successful grant applications</th>
<th>See section 2 for details of successful grant submissions</th>
</tr>
</thead>
</table>
| – UTas TDG  
  o PAUDRH Program – Pharmacy Guild  
  o National Consortium for Rural Pharmacy Preceptor Training – Pharmacy Guild  
  o Primary Health Care Research Evaluation and Development – DoHA  
  o *Filling the Gap* (Oral Health) – NHMRC  
  o RHTS Development - DoHA | | |

*See section 2 for details of successful grant submissions*
## Program Area 7: Management and Resources

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PLANNED ACTION</th>
<th>PERFORMANCE INDICATORS</th>
<th>PROGRESS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain and enhance the UDRH’s management framework</td>
<td>• Efficient and effective management of the UDRH</td>
<td>• Management and staffing plan reviewed regularly</td>
<td>• Reports to each Executive Committee meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Staff mix and management structures reviewed and amended as appropriate</td>
<td>• Reviewed and amended to fit changed circumstances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reporting and contractual obligations met</td>
<td>• Reporting targets met, managed by application of the reporting database</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Occupational health and safety standards met</td>
<td>• University OH&amp;S standards and procedures applied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regular meetings of administrative staff UDRH/NWRCS</td>
<td>• NWRCS Executive Officer and administrative staff attend UDRH staff meetings. EO attends UDRH Program Area Coordinators’ monthly meetings.</td>
</tr>
<tr>
<td></td>
<td>• Develop common administrative infrastructure with NWRCS</td>
<td>• Contribute to ARHEN network</td>
<td>• Director chairs ARHEN Board. UDRH ICT Program Area is developing ARHEN web site.</td>
</tr>
<tr>
<td></td>
<td>• Participate in appropriate state and national networks and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintain and enhance the UDRH’s financial infrastructure</td>
<td>• Transparent financial/budget management</td>
<td>• Monthly budget reports</td>
<td>• Monthly budget to actual financial reports prepared, reviewed and presented to Director and all Program Area Coordinators.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4. Establish an effective communication and consultation process with the community and other stakeholders</td>
<td>• Affiliate appointments to provide a range of key expertise and liaison</td>
<td>• Annual budget preparation</td>
<td>• Annual budget prepared and monitored.</td>
</tr>
<tr>
<td></td>
<td>• Effective communication and consultation process with stakeholders</td>
<td>• Annual audit</td>
<td>• KPMG completed annual audit for 2001; the unqualified audit report forwarded to DoHA</td>
</tr>
<tr>
<td>5. Identify the products/services the UDRH wishes to provide, to whom,</td>
<td>• Market products, services and resources available to address rural health needs</td>
<td>• Number of appointments</td>
<td>• 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Range of appointments</td>
<td>• General and clinical academic staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reference Group activities</td>
<td>• Reference Groups met regularly throughout the year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quarterly meetings of UDRH Executive Committee</td>
<td>• Executive Committee met 18 March, 17 June and 2 December 2002.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2002/3 Marketing Plan developed and implemented, including at least 3 Rural</td>
<td>• Marketing Coordinator appointed in July 2002 to implement Marketing and</td>
</tr>
</tbody>
</table>

Monthly budget to actual financial reports prepared, reviewed and presented to Director and all Program Area Coordinators.
6. Value and fully utilise the skills and commitment of all staff

<table>
<thead>
<tr>
<th>and market accordingly</th>
<th>Health Bulletins and the redevelopment of the UDRH web site</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide opportunities for appropriate staff development activities</td>
<td>• Media Plan developed and implemented for major activities/projects as required</td>
</tr>
<tr>
<td>• Ensure regular and efficient communication with all staff</td>
<td>• Media protocols consistent with University standards and procedures</td>
</tr>
<tr>
<td></td>
<td>• Number of training seminars/conferences attended</td>
</tr>
<tr>
<td></td>
<td>• Number of inhouse staff development activities</td>
</tr>
<tr>
<td></td>
<td>• Regular staff meetings</td>
</tr>
<tr>
<td></td>
<td>• Internal policies and procedures manual up to date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Media Plan; 3 Rural Health Bulletins released in April, August and November; UDRH web site redevelopment completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• See above</td>
</tr>
<tr>
<td>• Media protocols developed and implemented, flowchart and protocol issued to staff.</td>
</tr>
<tr>
<td>• 10 staff attended conferences; 3 staff attended workshops/training sessions (see Appendix D)</td>
</tr>
<tr>
<td>• 2 inhouse training days held; 3 workshops held each day.</td>
</tr>
<tr>
<td>• 3 staff meetings held in March, June and November; each Program Area holds regular meetings</td>
</tr>
<tr>
<td>• Updated and on web site</td>
</tr>
</tbody>
</table>
7. Monitor and maintain processes for on-going planning, evaluation and review of UDRH activities

- On-going planning, evaluation and review of activities
- Facilitate the coordination of Program Areas to ensure common objectives are achieved and resources are effectively utilised in achieving them
- Manage and facilitate the involvement of eligible staff in University Performance Management process

<table>
<thead>
<tr>
<th>Internal web discussion line</th>
<th>• Internal monitoring process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specification, measurement and monitoring key performance indicators through annual reporting process</td>
<td>• Monthly meetings of Program Area Coordinators</td>
</tr>
<tr>
<td>• Status reports submitted monthly</td>
<td>• Monthly executive brief</td>
</tr>
<tr>
<td>• Staff Performance Reviews completed for eligible staff</td>
<td>• Staff performance management review in accordance with University protocols completed for all eligible staff.</td>
</tr>
</tbody>
</table>

- Web based discussion line operational
- In progress
- Regular reviews and 3-monthly progress reports to Executive Committee
- Monthly meetings held
- Status reports submitted monthly
- Executive brief to Directors by Program Coordinators monthly
6. REPORT AGAINST THE OBJECTIVES OF THE UNIVERSITY DEPARTMENT OF RURAL HEALTH PROGRAM

In this Section, comment is provided on the UDRH’s performance against the objectives of the University Departments of Rural Health Program.

- **Increase and improve rural experiences for students in the health professions including medical, nursing and allied health undergraduate and postgraduate students.**

  Opportunities for rural experiences for students are gradually being increased and improved, through the development of partnerships with key providers of health professional education and training in Tasmania and through the development of additional Rural Health Teaching Sites.

- **Provide training and support for preceptors so that rural experience for students is of high quality.**

  A program of educational development and support for rural clinical teachers was developed and piloted using externally generated funds and has been absorbed into UDRH core business.

  The UDRH negotiated with the Pharmacy Board of Tasmania to facilitate an educational development and support program for community pharmacists supervising new graduates, based on the materials already produced and trialled.

  The UDRH worked with the School of Nursing on aspects of rural nurse preceptor training.

- **Embrace a strong public or population health focus.**

  A population health focus underpins all the activities of the UDRH driven by a community development model.

- **Engender a commitment and develop strategies to address Indigenous health issues.**

  There is a commitment to develop strategies to address Indigenous health issues, but the processes are not yet in place, although individual activities have been undertaken. Because provision of Indigenous health services in Tasmania is not centralised, it is necessary to negotiate with each Aboriginal Health Service. A formal link with local Aboriginal health services has been auspiced through OATSIH. Development of the Indigenous Health theme bank is a key strategy.

- **Provide training to ensure that health professionals become culturally aware and sensitive to Aboriginal health issues.**

  The UDRH is supporting a student-driven initiative to address Indigenous student recruitment, curricula and staff issues.
• Provide a base for senior university staff, including those linked to teaching hospitals and research units, to provide training and practise their skills in rural and remote settings, thereby improving the (health) intellectual capital in the region.

The RHTS network is used as a base for senior university staff and urban-based health professionals to provide training and practise their skills.

• Provide support and continuing education opportunities for existing rural health professionals.

Support and continuing education opportunities are the responsibility of the various professional bodies, the Divisions of GP and Rural Workforce Support. Schools in the Faculty of Health Science are progressively developing short courses for continuing education purposes. The UDRH is committed to working with these bodies to identify gaps and to assist in the development and appropriate delivery of continuing education opportunities, as required. The UDRH coordinates marketing the RHEF satellite broadcasts in Tasmania and has installed a viewing site at the Anne O’Byrne Centre.

• Develop and retain strong links with mainstream continuing professional education of health professionals which is undertaken by universities and professional associations.

As above.

• Develop innovative service delivery models to meet the needs of rural and remote areas.

The UDRH works closely with the Tasmanian Department of Health and Human Services and is represented on the Regional Health Services Funding Advisory Committee. The UDRH is increasing its expertise in health services research and evaluation so that it is a primary source for the development of innovative service delivery models. For this reason, collaborations were formed to develop proposals for the Sharing Health Care Initiative, Falls Prevention and the Rural Chronic Disease Initiative. The UDRH PHCREP program is committed to collaborative research on sustainable models of health service in rural and remote areas.

• Undertake research into rural and remote health care issues.

The Research and Evaluation Program Area receives advice from the Tasmanian Rural Health Research Reference Group on priority areas for research.

• Provide the focus for a positive attitude towards rural practice from senior academics who are responsible for shaping the attitudes and behaviour of students and young health professionals.

This objective encapsulates the work of the UDRH, which recognises that it is the responsibility of the academic schools within the Faculty of Health Science to
shape attitudes and behaviours of students and emerging health professionals. The philosophy of the UDRH is to work with the Schools and other education providers by providing a focus for rural health in order to add value to their rural health education and research activities.
### 7. STATEMENT OF INCOME AND EXPENDITURE

1 January 2002 – 31 December 2002

<table>
<thead>
<tr>
<th></th>
<th>Actual Jan-02 to Dec-02</th>
<th>Planned Budget To Dec 2002</th>
<th>Variance to Budget</th>
<th>Variance Actual to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Grants</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>Academic salary &amp; overhead costs</td>
<td>636,266</td>
<td>680,500</td>
<td>(44,234)</td>
<td></td>
</tr>
<tr>
<td>General salary &amp; overhead costs</td>
<td>720,855</td>
<td>733,187</td>
<td>(12,332)</td>
<td></td>
</tr>
<tr>
<td>General consultancy services (staff)</td>
<td>1,846</td>
<td>12,000</td>
<td>(10,154)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Salary Costs</strong></td>
<td>1,358,968</td>
<td>1,425,687</td>
<td>(66,720)</td>
<td>-4.7%</td>
</tr>
<tr>
<td>New appointment expenses</td>
<td>34,024</td>
<td>4,500</td>
<td>29,524</td>
<td></td>
</tr>
<tr>
<td>Consultancy Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consultancy services</td>
<td>21,443</td>
<td>22,000</td>
<td>(557)</td>
<td></td>
</tr>
<tr>
<td>Scholarships</td>
<td>22,952</td>
<td>60,000</td>
<td>(37,048)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staff Development</strong></td>
<td>34,344</td>
<td>30,001</td>
<td>4,343</td>
<td></td>
</tr>
<tr>
<td>Public Relations &amp; Marketing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>2,652</td>
<td>6,500</td>
<td>(3,848)</td>
<td></td>
</tr>
<tr>
<td>Committee expenses</td>
<td>-</td>
<td>6,000</td>
<td>(6,000)</td>
<td></td>
</tr>
<tr>
<td>General entertainment</td>
<td>1,482</td>
<td>1,900</td>
<td>(418)</td>
<td></td>
</tr>
<tr>
<td>Promotional activities marketing</td>
<td>5,152</td>
<td>13,000</td>
<td>(7,848)</td>
<td></td>
</tr>
<tr>
<td>Publications</td>
<td>2,166</td>
<td>3,200</td>
<td>(1,034)</td>
<td></td>
</tr>
<tr>
<td>Receptions catering</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total Public Relations Marketing</strong></td>
<td>11,451</td>
<td>30,600</td>
<td>(19,149)</td>
<td></td>
</tr>
<tr>
<td>Running Costs - Consumables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumables</td>
<td>(7,373)</td>
<td>2,600</td>
<td>(9,973)</td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>7,101</td>
<td>9,000</td>
<td>(1,899)</td>
<td></td>
</tr>
<tr>
<td>Research materials</td>
<td>376</td>
<td>1,000</td>
<td>(624)</td>
<td></td>
</tr>
<tr>
<td>Teaching materials</td>
<td>779</td>
<td>2,500</td>
<td>(1,721)</td>
<td></td>
</tr>
<tr>
<td>Catering</td>
<td>4,960</td>
<td>1,000</td>
<td>3,960</td>
<td></td>
</tr>
<tr>
<td>Computer running</td>
<td>743</td>
<td>-</td>
<td>743</td>
<td></td>
</tr>
<tr>
<td><strong>Total Running Costs - Consumables</strong></td>
<td>6,586</td>
<td>16,100</td>
<td>(9,514)</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General travel</td>
<td>48,705</td>
<td>45,000</td>
<td>3,705</td>
<td></td>
</tr>
<tr>
<td>Transport &amp; fuel</td>
<td>15,966</td>
<td>12,620</td>
<td>3,346</td>
<td></td>
</tr>
<tr>
<td><strong>Total Travel</strong></td>
<td>64,672</td>
<td>57,620</td>
<td>7,052</td>
<td></td>
</tr>
<tr>
<td>Office Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freight</td>
<td>486</td>
<td>600</td>
<td>(114)</td>
<td></td>
</tr>
</tbody>
</table>

UDRH Tasmania Progress Report 20 January 2003 Page 70
<table>
<thead>
<tr>
<th>Budget Item</th>
<th>2002-03 Budgeted</th>
<th>2002-03 Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photocopying</td>
<td>4,112</td>
<td>9,400</td>
<td>(5,288)</td>
</tr>
<tr>
<td>Postage</td>
<td>3,199</td>
<td>8,300</td>
<td>(5,101)</td>
</tr>
<tr>
<td>Printing</td>
<td>6,968</td>
<td>4,800</td>
<td>2,168</td>
</tr>
<tr>
<td>Stationery</td>
<td>11,398</td>
<td>7,100</td>
<td>4,298</td>
</tr>
<tr>
<td>Telephone facsimile</td>
<td>46,356</td>
<td>36,000</td>
<td>10,356</td>
</tr>
<tr>
<td><strong>Total Office Administration</strong></td>
<td><strong>72,519</strong></td>
<td><strong>66,200</strong></td>
<td><strong>6,319</strong></td>
</tr>
<tr>
<td>University Overheads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost recovery - general</td>
<td>(41,912)</td>
<td></td>
<td>(41,912)</td>
</tr>
<tr>
<td>Cost recovery - salaries</td>
<td>(124,170)</td>
<td></td>
<td>(124,170)</td>
</tr>
<tr>
<td>Bad &amp; doubtful debts</td>
<td>2,496</td>
<td></td>
<td>2,496</td>
</tr>
<tr>
<td><strong>Total University Overheads</strong></td>
<td><strong>(163,585)</strong></td>
<td></td>
<td><strong>(163,585)</strong></td>
</tr>
<tr>
<td>Library Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>2,282</td>
<td>2,282</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serials subscriptions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Library Materials</strong></td>
<td><strong>2,282</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Card Management System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure subject to FBT</td>
<td>2,584</td>
<td>2,584</td>
<td></td>
</tr>
<tr>
<td>Expenditure non deductible</td>
<td>197</td>
<td>197</td>
<td></td>
</tr>
<tr>
<td><strong>Total Business Card Management System</strong></td>
<td><strong>2,780</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special events</td>
<td>65,748</td>
<td>164,500</td>
<td>(98,752)</td>
</tr>
<tr>
<td><strong>Total Sundry Payments</strong></td>
<td><strong>65,748</strong></td>
<td><strong>164,500</strong></td>
<td><strong>(98,752)</strong></td>
</tr>
<tr>
<td>Equipment &amp; Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset purchases</td>
<td>95,694</td>
<td>49,000</td>
<td>46,694</td>
</tr>
<tr>
<td>Hire of equipment</td>
<td>348</td>
<td>1,000</td>
<td>(652)</td>
</tr>
<tr>
<td>Hire of facilities</td>
<td>1,343</td>
<td>500</td>
<td>843</td>
</tr>
<tr>
<td>Repairs &amp; maintenance</td>
<td>4,460</td>
<td>31,300</td>
<td>(26,840)</td>
</tr>
<tr>
<td><strong>Total Equipment &amp; Maintenance</strong></td>
<td><strong>101,844</strong></td>
<td><strong>81,800</strong></td>
<td><strong>20,044</strong></td>
</tr>
<tr>
<td>Audit fees</td>
<td>2,008</td>
<td>1,200</td>
<td>808</td>
</tr>
<tr>
<td>Business card paid in absence</td>
<td>(0)</td>
<td></td>
<td>(0)</td>
</tr>
<tr>
<td><strong>Total Non Salary Costs</strong></td>
<td><strong>279,069</strong></td>
<td><strong>534,521</strong></td>
<td><strong>(255,452)</strong>-47.8%</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>1,638,037</strong></td>
<td><strong>1,960,208</strong></td>
<td><strong>(322,171)</strong>-16.4%</td>
</tr>
<tr>
<td>Surplus/(deficit) Year to Date</td>
<td>(138,037)</td>
<td>(460,208)</td>
<td>322,171</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-70.0%</td>
</tr>
</tbody>
</table>
Appendix A

UDRH STAFF AND ASSOCIATES AS AT 31 DECEMBER 2002
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>FTE</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Area: Collaboration and Partnership</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Project Officer</td>
<td>Mr Stuart</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Senior Lecturer (Rural Medical Education)</td>
<td>Dr Paul Hanson</td>
<td>0.3</td>
<td>Core</td>
</tr>
<tr>
<td>Senior Lecturer (Palliative Care)</td>
<td>Dr Robyn Brogan</td>
<td>0.5</td>
<td>Core</td>
</tr>
<tr>
<td>Senior Lecturer (Palliative Care)</td>
<td>Dr David Woods</td>
<td>0.5</td>
<td>FHS/DHHS</td>
</tr>
<tr>
<td>Project Officer/Research Fellow (Suicide Prevention)</td>
<td>Mr Martin Harris</td>
<td>0.5</td>
<td>DoHA</td>
</tr>
<tr>
<td>Project Officer (Rural Workforce Support)</td>
<td>Ms Leonie Coskun</td>
<td>Full time</td>
<td>Core/TGPD (RWS)</td>
</tr>
<tr>
<td>Principal Project Officer (Falls Prevention)</td>
<td>Ms Maree Fish</td>
<td>Full time</td>
<td>DoHA</td>
</tr>
<tr>
<td>Project Manager (Sharing Health Care)</td>
<td>Ms Sue Frendin</td>
<td>Full time</td>
<td>DoHA</td>
</tr>
<tr>
<td>Administrative Assistant (Sharing Health Care)</td>
<td>Ms Sarah D’Arcy</td>
<td>0.2</td>
<td>DoHA</td>
</tr>
<tr>
<td>Pilot Site Manager (Glenorchy)</td>
<td>Ms Samantha</td>
<td>0.6</td>
<td>DoHA</td>
</tr>
<tr>
<td>Pilot Site Manager (St Helens/St Marys)</td>
<td>Ms Rowena Leitch</td>
<td>0.6</td>
<td>DoHA</td>
</tr>
<tr>
<td>Pilot Site Manager (Devonport)</td>
<td>Ms Nicki Fletcher</td>
<td>0.6</td>
<td>DoHA</td>
</tr>
<tr>
<td>Cultural Worker</td>
<td>Ms Ella Ashley</td>
<td>0.2</td>
<td>DoHA</td>
</tr>
<tr>
<td><strong>Program Area: Education and Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Lecturer (Rural Educational Development)</td>
<td>Dr Ros Bull</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Instructional Designer</td>
<td>Mr Phillip Bevan</td>
<td>0.6</td>
<td>Core</td>
</tr>
<tr>
<td>Instructional Designer</td>
<td>Ms Ellen Ennever</td>
<td>0.4</td>
<td>Core</td>
</tr>
<tr>
<td>Lecturer (Online Educational Development)</td>
<td>Ms Sue Whetton</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Project Officer (Rural Educational Development)</td>
<td>Ms Susan</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Lecturer (PAUDRH)</td>
<td>Ms Rasmussen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Project Officer (Rural Health Education &amp; Support)</td>
<td>Ms Helen Howarth</td>
<td>0.5</td>
<td>Pharmacy Guild</td>
</tr>
<tr>
<td>Coordinator (Rural Schools Marketing and Promotion)</td>
<td>Ms Alison Miles</td>
<td>Full time</td>
<td>Core/RHSET</td>
</tr>
<tr>
<td>Lecturer (Midwifery Development)</td>
<td>Ms Rosalie</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Maynard</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Julia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monaghan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Affiliates

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Fraction</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Lecturer (RUSC)</td>
<td>Dr Edi Albert</td>
<td>0.5</td>
<td>RUSC</td>
</tr>
<tr>
<td>Senior Lecturer (Medicine)</td>
<td>Dr Peter Lucas</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Senior Lecturer (General Practice)</td>
<td>Dr David Saner</td>
<td>0.5</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Senior Lecturer (Nursing)</td>
<td>Ms Barbara Newman</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Lecturer (Pharmacy)</td>
<td>Ms Suzette Seaton</td>
<td>0.25</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Clinical Preceptors</td>
<td>Dr Matthew Cherian</td>
<td>0.1</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Dr Kishore Kumar</td>
<td>0.1</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Dr B Doolabh</td>
<td>0.1</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Mr Scott Fletcher</td>
<td>0.1</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Mr Jamie Synnott</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Executive Officer</td>
<td>Ms Shanna King</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Mr James Lillas</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Ms Clinton Weber</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td></td>
<td>Ms Sharee Taylor</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Project Officer</td>
<td>Mr Jamie Synnott</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Project Officer</td>
<td>Ms Shanna King</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>ICT Officer</td>
<td>Mr James Lillas</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
<tr>
<td>Administrative Officer</td>
<td>Ms Sharee Taylor</td>
<td>Full time</td>
<td>NWRCS</td>
</tr>
</tbody>
</table>

### Program Area: Learning Environments

| Coordinator, RHTS                  | Ms Karla Peek                 | 0.5      | Core        |
| Administrative Support             | Ms Megan Darke                | 0.2      | Core        |

### Program Area: Research and Evaluation

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Fraction</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Research Fellow</td>
<td>Dr Peter Orpin</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Junior Research Fellow</td>
<td>Ms Christine Fahey</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td>Junior Research Fellow (Oral Health)</td>
<td>Dr Rosemary Cane</td>
<td>0.7</td>
<td>Core/DHHS/NHMRC</td>
</tr>
<tr>
<td>Senior Research Fellow</td>
<td>Dr Edi Albert</td>
<td>0.5</td>
<td>PHCRED</td>
</tr>
<tr>
<td>Senior Research Fellow</td>
<td>Dr Tania Winzenberg</td>
<td>0.2</td>
<td>PHCRED</td>
</tr>
<tr>
<td>Research Fellow</td>
<td>Dr Clarissa Cook</td>
<td>0.8</td>
<td>Core/PHCRED</td>
</tr>
<tr>
<td>Research Fellow</td>
<td>Dr Emily Maulden</td>
<td>0.2</td>
<td>PHCRED</td>
</tr>
<tr>
<td>Junior Research Fellow</td>
<td>Ms Shandell Elmer</td>
<td>0.2</td>
<td>PHCRED</td>
</tr>
<tr>
<td>Research Assistant</td>
<td>Ms Karen Herne</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td>PhD students</td>
<td>Mr Alistair Campbell</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Dr Gerard Gill</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Mr Martin Harris</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Ms Christine Fahey</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td>MMSc students</td>
<td>Mr Darren Pullen</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Ms Helen Howarth</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Ms Melinda Minstrell</td>
<td></td>
<td>Core</td>
</tr>
<tr>
<td>Program Area: ICT Support and Development</td>
<td>Coordinator</td>
<td>Dr Quynh Le</td>
<td>Full time</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>IT Support Officer</td>
<td>Mr Christopher McKay</td>
<td>Full time</td>
</tr>
<tr>
<td></td>
<td>Web Development Officer</td>
<td>Mr Darren Johnston</td>
<td>Full time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Area: Management and Resources</th>
<th>Director</th>
<th>Professor Judi Walker</th>
<th>Full time</th>
<th>Core</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Executive Officer (Administration and Finance)</td>
<td>Mr Kim Barker</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Administration Officer</td>
<td>Ms Amanda Feely</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Administration Officer</td>
<td>Ms Karla Peek</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Administration Support</td>
<td>Ms Megan Darke</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Administration Support</td>
<td>Ms Tina Pinkard</td>
<td>0.5</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Administration Support</td>
<td>Ms Yvette Massey</td>
<td>0.8</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Editor</td>
<td>Ms Margaret Kret</td>
<td>Full time</td>
<td>Core</td>
</tr>
<tr>
<td></td>
<td>Coordinator, Communications and Marketing</td>
<td>Ms Mary Machen</td>
<td>Casual</td>
<td>Various</td>
</tr>
<tr>
<td></td>
<td>Events Coordinator</td>
<td>Ms Jenny Barns</td>
<td>Full time</td>
<td>Core</td>
</tr>
</tbody>
</table>
Appendix B

PUBLICATIONS


Sanson-Gower, T., Sleigh, A.C., Does government-funded Anglicare-brokered private accommodation succeed for the homeless in NW Tasmania?, Anglicare NW, Devonport, 2002


Zhuo, J.G., Sleigh, A.C., Unsafe injection and Hepatitis B transmission in Guangxi, China, Chinese Medical Journal (in English, Medline journal) 115(6): 960-963, 2002
Appendix C

UDRH GENERATED REPORTS
Reports completed and delivered

- Rural and Remote Area Placement Program – Trainee report No. 2

- Pharmacy Academics at UDRH 6 monthly Progress report (January to June 2002).

- Sustainable Models TDGP Rural Workforce Support 3 month interim report.

- UDRH 6 monthly report to the DoHA (January to June 2002).

- Sharing Health Care Project, Progress report (January to June 2002).

- National Falls Prevention in Older People Project, Progress report 1 (commencement to July 2002).

- Building the Primary Health Care Capacity of Community Groups and Services in Tasmania, Progress report 1 (first four months).

- National Suicide Prevention Strategy, Maintaining the Momentum, Progress report 1, (commencement to June 2002).

- Pharmacy Consortium, Interim report 1.

- Sustainable Models TDGP Rural Workforce Support 6 month interim report.

- National Falls Prevention in Older People Project, Progress report 2 (August to October 2002).

- Medical Trainees Remote Placement program, Progress report to 30 November 2002.

Appendix D

MAJOR CONFERENCE/WORKSHOP ATTENDANCE AND PRESENTATIONS
ANZAME Conference
Change: Imposed and Desired
5 July 2002, Sydney NSW
J Walker
Two Papers presented

10th National Nurse Education Conference of the Australian Nurse Teachers Society
10 July 2002, Townsville, Queensland
J Monaghan
Paper presented

MPS Managers Forum
11 July 2002, Campbell Town, Tasmania
J Walker

Interprofessional Education Symposium
12 July 2002, Melbourne, Victoria
R Bull, J Walker
Paper presented

OATSIH (Aboriginal) Network and Information Exchange
17 July 2002, Launceston, Tasmania

Greater Green Triangle UDRH Opening
18 July, 2002, Warrnambool, Victoria
J Walker

AAEC Meeting 2002
19 July, Melbourne, Victoria
J Walker

Oral Health Therapy Educators’ Meeting
25 July Melbourne, Victoria
R Cane
Paper presented

National Undergraduate Rural Health Conference
1 August 2002, Port Arthur, Tasmania
J Barns, R Maynard, L Coskun
Keynote presentation, various papers presented and workshops facilitated

Macromedia MX Seminar
1 August, 2002, Hobart, Tasmania
Q Le

Successes and Failures in Telehealth
1 August 2002, Brisbane, Queensland
J Walker, S Whetton
Paper presented
**Dr Chris Bain Workshops**  
1-4 August 2002, Hobart/Launceston, Tasmania  
A Sleigh

**HIC 2002**  
5 August 2002, Melbourne, Victoria  
J Walker, S Whetton  
Paper presented

**Health Services Management Workshop**  
23 August 2002, Launceston, Tasmania

**Lymphoedema Convention**  
23-25 August 2002, St Marys, Tasmania  
J Walker  
Keynote presentation

**Association for Medical Education in Europe**  
29 August-September 2002, Lisbon, Portugal  
J Walker  
Paper presented

**Allied Health Managers Training**  
5 September 2002, Launceston, Tasmania

**Naked and Clueless? Remote Health Conference**  
6 September, 2002, Mt Isa, Queensland  
P Orpin  
Paper presented

**Digital Copyright Workshop**  
11 September 2002, Launceston, Tasmania  
Q Le

**Allied Health Managers Training**  
12 September 2002, Launceston, Tasmania

**Issues in Indigenous Research Workshop**  
16 September 2002, Alice Springs, Northern Territory  
A Miles

**Allied Health Managers Training**  
26 September 2002, Launceston, Tasmania

**National Safer Communities Awards**  
9 October 2002, Canberra, ACT  
J Walker
Dr Jack Best Workshop  
10 October 2002, Burnie, Tasmania

PHCRED Project Management Workshop  
16 October 2002, Burnie, Tasmania

NRHA Councilfest  
17-22 October 2002, Canberra, ACT  
J Walker

WYC – the Creative Web  
18 October 2002, Hobart, Tasmania  
D Johnston

Dental Assistant Education Council of Australia Conference  
19 October 2002, Melbourne, Victoria  
R Cane

ARHEN General Meeting  
24, 25 October 2002, Broken Hill, NSW  
J Walker

20th International Evaluation Conference  
28 October 2002, Wollongong, NSW  
C Fahey, C Cook  
Poster presented

Dr Joe Levy Seminars  
4-6 November 2002, various

Post Graduate Medical Institute of Tasmania Forum  
7 November 2002, Hobart, Tasmania  
J Walker  
Paper presented

UDRH Research Student Conference  
8 November 2002, Campbell Town, Tasmania

3rd International Research Conference – Transforming Healthcare through Research  
11 November 2002, Dublin, Ireland  
J Monaghan

Health Services Management Course  
14, 15 November 2002, Hobart/Launceston, Tasmania

Allied Health Research Support Program  
20-22 November 2002, Launceston, Tasmania
AAEC
21 November 2002, Adelaide, South Australia
J Walker

PHCREd Introduction to Data Analysis Workshop
28 November 2002, Launceston, Tasmania
T Winzenberg

International Conference on Computers in Education
3 December 2002, Auckland, New Zealand
Q Le

Teaching Matters 2002
4 December 2002, Hobart, Tasmania
A Miles, J Walker
Paper presented

RUSC Reference Group
10 December 2002, Sydney, NSW
J Walker

National Sharing Health Care Early Wins Workshop
9, 10 December 2002, Hobart, Tasmania
S Frendin, S Tiernan, R Leitch, N Fletcher
Various papers presented

Various half-day, evening and 2 day workshops and training courses were held for Health and Community workers with Flinders University staff under the Sharing Healthcare Program and also 3 Lorig Leaders training courses.
Appendix E

RURAL HEALTH BULLETINS
A primary focus of UDRHs is to assist with the recruitment and retention of an adequate and well skilled health workforce for rural and remote areas through the provision of practical education and support programs in a population health context.

In this edition of the Rural Health Bulletin, we provide a snapshot of some of the education and support activities currently available in rural and remote Tasmania. Key ongoing challenges include identifying future workforce needs and achieving sustainable and effective education and support programs in all relevant disciplines.

Jamie Synnott, Executive Officer for NWRCS, described the School’s mix of hospital, community and rural outreach programs as providing “a unique opportunity for students to gain experience in the delivery of diverse health services in a rural setting”.

Professor Judi Walker

Clinical experience is supported by an innovative academic environment complete with state-of-the-art information and communications technologies as well as highly experienced clinical instructors. Low student-to-staff ratios and easy access to patients are further advantages for students.

“The shared infrastructure of the UDRH and NWRCS reflects their commitment to improving access to health services in the rural North West region,” Mr Synnott said.

To highlight the benefits of this relationship the NWRCS now has responsibility for information technology support for the rural health teaching sites in the North West, with desk-top support being provided within the region. The UDRH has responsibility for the overall management of the sites.
IT promotes dynamic interaction

A network system via the Internet has been developed to greatly enhance resource sharing and learning among the UDRH’s eight rural health teaching sites.

The UDRH’s ICT Support and Development team Coordinator Dr Quynh Le said the recently unveiled Virtual Private Networking (VPN) communications system enables users to connect to university resources through any Internet connection.

“This enables more freedom of choice of Internet Service Providers for those sites in remote areas. The ICT Team has already helped the NWRCS set up the communications network for their new facilities, and will be working with the School’s own IT staff to develop future projects,” Dr Le said. The ICT support service provides essential communications and learning support for students and health professionals visiting Queenstown, Scottsdale, St Marys, Smithton, Rosebery, Dover, Flinders Island and King Island.

Remoteness can still be a negative factor that discourages resource sharing and interaction among health workers, staff and students. "ICT support for the teaching sites and other learning environments has turned the tyranny of distance into dynamic interaction - promoting better working, teaching and learning for all our staff, students, and clients,” she said.

In other news, the Tasmanian Health and Education Consortium’s bid for national funding to increase bandwidth to rural and remote sites in Tasmania has been successful. The pilot sites are Scottsdale and Queenstown.

Health Informatics Graduate Program

Graduate courses in E-Health (Health Informatics) are now being offered by the UDRH in addition to the ongoing health informatics professional development program. Sue Whetton, Lecturer in Online Educational Development, is very pleased at the response to these courses, which began late last month. Short courses are available on request and graduate courses correspond with university semesters.

Junior Doctors Gain Rural Experience

Here’s a big opportunity for junior doctors wishing to experience medicine in rural and remote locations.

The Rural and Remote Area Placement Program (RRAPP), which supports junior doctors undertaking a 13-week term in rural general practice, is in place and recruitment has begun for positions at Scottsdale and George Town for 2003.

Leonie Coskun, Project Officer, Rural Workforce Initiatives, also reports that a bid for funds to support rural and community placements for junior doctors at Clarence Community and Health Centre and Smithton Medical Centre was successful. Selection has begun for four placements at each site next year. For details, call Leonie Coskun, 6324 4002 or check the website:www.ruralhealth.utas.edu.au/rrapp

First Rate Emergency Care within reach of isolated communities

A call for greater support for rural and remote health care providers administering emergency care has provided the impetus for a project now regarded as an integral part of the Tasmanian Medical Emergency Services Plan for Rural and Remote Areas (TMESP).

The First Rate Emergency Care (FREC) project provides a framework for ensuring timely and effective responses to medical emergencies in rural and remote areas. Increased coordination, recognition, training opportunities, supply of standardised equipment and improved communication systems underpin the project. UDRH Senior Project Officer, Stuart Auckland, said the TMESP contained two major strategies. "The first strategy addresses the need for adequate and appropriate medical emergency equipment to be available in each local area. The second addresses the need for local health care providers to be skilled in the use of this equipment," he said.

On-site training workshops have been held at the 13 sites that received the Portable Intensive Care (PIC) unit and two workshops, designed to enhance familiarisation with the operation of the equipment, were held at central locations. Follow-up training workshops included a talk by Lindsay Smith, of the Tasmanian School of Nursing on the role of a resource clinician.

Each site received a package of supporting material, including a video, CD ROM, equipment manual, self-directed guidebook and a set of skills-check scenarios. UDRH’s education and support team put the material together with advice from medical, nursing and paramedical clinicians. The packages were produced by FERNO Australia.
Strengthening the rural emphasis in the new medical curriculum

The Tasmanian School of Medicine is beginning the herculean task of simultaneously revising its existing six-year curriculum and designing a new five-year program.

More than just a curriculum development process is essential for the success of these efforts. Edi Albert, Senior Lecturer, UDRH & Discipline of General Practice said, “a carefully designed change management and organisational development process is essential.”

In the current six-year program, the two-week placements at the UDRH Rural Health Teaching Sites, will be integrated with the other clinical specialty disciplines so that students can learn clinical skills relevant to general practice, pediatrics, obstetrics and gynaecology and psychiatry.

Students will continue to have clinical experiences with other primary health care professionals such as community nurses, pharmacists and physiotherapists. “They will learn skills in evidence based practice and integrate their theoretical knowledge of medicine with its application in clinical practice in a rural setting,” Dr Albert said.

Medication Management On-line

Registered nurses needing to update their medication management knowledge and skills can now do so on-line. The Medication Management Education Package for Registered Nurses, accredited by the Nursing Board of Tasmania, has been converted into an on-line format, to provide flexible methods for participants to complete the educational package.

Phill Bevan, Instructional Designer at the UDRH, has taken a lead role in the conversion of the package from print to on-line format.

“The on-line package uses a range of e-learning strategies to support participants’ learning, including CD ROM-based learning modules, web readings, activity booklets, a course website and a practice journal to support implementation of skills and knowledge from the package in clinical practice,” he said.

Filling the Gap: a new horizon for oral health

The oral health of Tasmanians is set to improve and difficulties in attracting dentists to practise in Tasmania could be a problem of the past.

The UDRH, in collaboration with DHHS, successfully applied for a strategic NHMRC research grant, allowing its oral health project to progress from the development phase to the research phase.

The study will compare two pilot workforce models with the existing model of public dental service. It will also incorporate new clinical teams (dentists and extended practice dental therapists) and programs (oral health promotion, prevention and timely restorative dental care).

Junior Research Fellow Dr Rosemary Cane says she anticipates the results of the study “will be invaluable when planning improved access and equity in oral health and public dental care for Tasmanian rural communities. There is also the potential for national implications for oral health workforce planning,” she said.

In addition to the NHMRC study, the project will develop a rural clinical placement program for interstate undergraduate dental students. This will establish strong links with interstate dental schools and could ease the critical issue of recruitment and retention of dentists to Tasmania.

Suicide Prevention Keeps Momentum

Communities will be better able to respond appropriately in their bid to reduce the number of suicides through ongoing Gatekeeper Suicide Prevention workshops throughout the state.

UDRH project officer Martin Harris is facilitating a process to monitor training initiatives and evaluate research to ensure that communities continue to have access to all resources necessary to facilitate successful Gatekeeper workshops.

“Included in these tasks will be the dissemination of new research strategies, analysis of demographic data and future needs, the maintenance of web-based information, and actively pursuing funding opportunities to enhance suicide prevention activities,” Mr Harris said.

Whose health? A project looking for answers

Community health social workers, occupational therapists, disability workers and community nurses from across the State have been among those undertaking self-management training as part of the Whose health is it anyway? project.
The Commonwealth-funded project, managed by the UDRH, aims to increase the capability of communities to support people with chronic conditions better manage illness for themselves. The project will be trialled over two years in Glenorchy, St Helens-St Marys and Devonport and is to be launched by the Federal Health Minister, Kaye Patterson, in Hobart on August 9. Acting Project Manager Sue Frendin said there was a terrific response from a cross section of health and community workers from both government and non-government agencies who took up the training opportunities held locally at each site.

Seventy-four people attended training sessions provided by the Co-ordinated Care Training Unit of Flinders University of SA. Flinders staff will be returning to Tasmania this month to run further two-day workshops at Devonport and St Helens. A capacity registration of 45 health and community workers and peer leaders have undergone training as part of Arthritis Tasmania’s chronic disease self-management program. After an intensive three-day workshop, the participants are now skilled to run the evidence-based course that will be known throughout Tasmania as the ‘Get the most out of life course’.

The next phase of the project will be to recruit people with chronic diseases and aged over 50 (or 35 for Aboriginal or Torres Strait Islanders) to participate in the project. Diabetes, asthma and respiratory diseases, arthritis and osteoporosis, cardiovascular diseases and associated depression are being targeted.

Arthritis Tasmania, Glenview Homes, the Department of Health and Ageing and the Tasmanian Department of Health and Human Services are partners in the Whose health is it anyway? program. Anyone seeking further information on the initiative can contact Sue Frendin, (03) 6277 8804.

GP Registrar Training

January will see the Tasmanian GP Education and Training Consortium Inc, now known simply as Tasmanian GP Training, be fully responsible for GP registrar training in Tasmania. The Consortium will employ qualified and experienced medical educators to deliver training to GP registrars in Royal Australian College of General Practitioners accredited teacher practices, under the directorship of Dr Frank Meumann.

“This approach will assure the ongoing quality and sustainability of training in the State,” said Lawrie Donaldson, the Consortium’s Executive Officer.

The Consortium hopes this new approach will promote horizontal and vertical integration of GP education and training from undergraduate to GP professional development.

In other news, Dr Ralph Barnes will chair the Consortium’s Board for the next 12 months. Dr Barnes has been involved in registrar training for many years and has extensive experience as a rural general practitioner.

Staff comings and goings

Resigned
Teresa Skerratt, Kim Rushton, Kerry Sakariassen, Janette Papps, Carla Di Cocco, Donna Harman

Started
Sarah D’Arcy: Administrative Assistant – Sharing Health Care Glenorchy
Elia Ashley: Bi Cultural Worker – Sharing Health Care Glenorchy
Maree Fish: Project Officer – Falls Prevention
Helen Howarth: Lecturer in Rural Pharmacy
Dr Tania Winzenberg: Research Fellow PHCREDS
Yvette Massey: Administrative Assistant
Mary Machen: Communications and Marketing Coordinator
Alison Miles: Senior Project Officer, Rural Health Education and Support
Rosalie Maynard: Rural School Recruitment and Marketing Coordinator

Contact Details:
Phone: 03 6324 4000
Fax: 03 6324 4040
Email: rural.health@utas.edu.au
Web: www.ruralhealth.utas.edu.au
Address: UDRH
Locked Bag 1 –372
Launceston 7250
Considerable effort and resources have been allocated to education, training and support for rural health practitioners throughout Australia to complement and build on initiatives to improve recruitment and retention of the rural health workforce. Australia is now recognised as a world leader in this area.

Rural health research in Australia, however, has been slow to develop in contrast to countries such as the USA and Canada. Despite a number of targeted funded programs, Australian rural health research is still relatively piecemeal and usually consists of short-term projects with limited funding.

Rural health research is research focused on the health and health care of the 20% of Australians who live in 95% of Australia’s geographic area. Its full spectrum covers basic research, clinical research, population health research and health services research. These areas need to be linked rather than segregated.

In Tasmania, the UDRH is working with a range of strategic partners to build capacity and achieve a critical mass of experienced researchers. Our goal is to develop a rural health research and evaluation environment to benefit those working in a range of health-related professions, to address the population health needs of rural communities and to provide a basis for service development and delivery. We are proud to showcase some of our activities.

Professor Judi Walker

‘Whose Health’ Evaluation Framework

The Commonwealth Sharing Health Care (SHC) Initiative touches on many of the central health care issues facing Australia: the shift in the health burden from acute to chronic disease, moves towards greater individual and community control and responsibility in health and well-being, and the need for more and better research into health policy and systems of service delivery.

‘Whose Health is it Anyway?’ is one of eight national demonstration projects under the Department of Health and Ageing’s (DoHA) SHC initiative. These projects are testing a range of models for increasing self-management among people living with chronic disease.

In Tasmania, the project is spread across three sites (Devonport/Mersey-Leven, Break O’Day and Glenview Homes/Glenorchy).

UDRH research fellow Dr Peter Orpin said that DoHA had gone through an arduous but productive eight-month program of workshops and consultation to finalise a national evaluation framework.

In Tasmania, the evaluation involves collecting almost 300 items of survey data on each client to provide a detailed measure of the changes in clients’ day-to-day health and well-being.
from their involvement in these eight, very different, programs. “It will require some ingenuity to find a sufficiently detailed but accessible way of mapping the gradual process of local capacity building, let alone adequately documenting the ‘Whose Health?’ contribution,” Dr Orpin said.

For more information, call Sue Frendin 6277 8804 or email: Susan.Frendin@utas.edu.au

Indigenous Health Research

History and the role of research in Indigenous contexts, working cross-culturally and methodologies were points rigorously discussed at a national workshop on Issues in Indigenous Health Research, held recently in Alice Springs.

Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research approved by National Health and Medical Research Council in June 1991 remain the cornerstone policy document for Indigenous research. The main problem with much research in Aboriginal Health is not the lack of appropriate guidelines, however, it is the non-compliance with quite reasonable existing guidelines.

After the workshop, the UDRH’s Senior Project Officer Alison Miles, said: “Aboriginal health workers see their position as being brokers with the community and are accountable both traditionally and culturally to their community”.

Ms Miles said the workshop found that engagement with the community takes time and this may not be recognised as being an important component in the research cycle.

“Brokers maintain a clear head and clear heart approach allowing the community to make decisions themselves, in turn formulating effective and sustainable solutions. The engagement with the community, if brokered by the right person and cycled through the right processes according to the priorities of the family, land and lore, has meaningful outcomes and benefits to the community by its very nature,” she said.

This reinforces the issue that Aboriginal health workers are key contacts for researchers and research institutions.

Generally, institutions and researchers will find it increasingly difficult to remain involved in Indigenous research unless they can demonstrate that their involvement creates real benefits for Indigenous peoples.

“Concurrently there are real benefits for universities from being able to maintain their participation in Indigenous research,” said Ms Miles.

The workshop outcomes suggested that some of the larger questions that researchers into Indigenous communities should consider, include:
1. Is your spirit clear?
2. Do you have a good heart?
3. What baggage are you carrying?
4. Are you useful to us?
5. Can you fix our generator?
6. Can you actually do anything?

“The theory is great, the practice is difficult and ethically, research issues in Indigenous health are less clear-cut,” said Ms Miles.

The challenge remains to look for other ways of doing things.

For more information, call Alison Miles, 6324 4062 or email Alison.Miles@utas.edu.au

Filling The Gap

Improved oral health for clients and an easing of the direct demands on an overworked rural dental service are the aims of Filling the Gap, one of 18 national oral health projects to receive a grant from the Strategic Research Development Committee (SRDC) NHMRC in 2002.

Filling the Gap specifically addresses the key research question: “How can community initiated and/or driven interventions improve access and equity in oral health?”

Under health services and practices, the SRDC is interested in different mixes and models of providers and programs, within which the community plays an integral part. This project takes into consideration other relevant research areas, such as rural issues and the socio-economic determinants of health, recognised by the SRDC as priority research areas.

The project will compare two different models of oral health services provided by public dental clinics in Tasmania. These models are:
Stage 1: The existing adult public dental care with the dentist as the sole treating clinician;
Stage 2: A pilot workforce model with dental care provided by clinical teams (dentists, and dental therapists who have completed a primary oral health care education program).

The completion of the education program will enable the extension of dental therapy practice to treat adults under conditions prescribed by State government legislation.

Researcher Dr Rosemary Cane said that the project would be conducted over three years in
collaboration with the Department of Health and Human Services Tasmania.

The aims of the project are to contribute to improvements in access to and equity of public dental health care and to provide an evidence base for oral health workforce and public oral health services policy and planning in Tasmania.

Dr Cane said that due to a severe workforce shortage of dentists in Tasmania, access to public adult dental care is limited to those people seeking urgent care.

“As such, existing services are limited to patient-reported urgent treatment needs and a limited range of clinically defined treatment,” she said.

*Filling The Gap* has a strong needs-based component where much weight has been given to being able to introduce public dental care, which includes prevention and interceptive care, stabilisation and management of active oral disease (periodontal disease and dental caries) for disadvantaged adults. It also takes into account risk, quality, cost and accessibility.

*Filling The Gap* has a strong needs-based component where much weight has been given to being able to introduce public dental care, which includes prevention and interceptive care, stabilisation and management of active oral disease (periodontal disease and dental caries) for disadvantaged adults. It also takes into account risk, quality, cost and accessibility.

For more information, call Dr Rosemary Cane, 6324 4036 or email Rosemary.Cane@utas.edu.au

### Tracking Rural Students into Practice

A longitudinal study by the UDRH is tracking Faculty of Health Science students into professional practice to test assumptions that underlie policy and funding initiatives to increase the supply of health professionals in rural areas.

Research Fellow Dr Peter Orpin said the assumptions are that undergraduates training to be health professionals who come from rural areas (that is, of ‘rural origin’) or who have had systematic exposure to rural health issues and experiences during training (‘rural orientation’) are more likely to choose to spend significant periods of their professional practice in rural/remote areas.

A preliminary analysis of enrolment data for Faculty of Health Sciences students at the University of Tasmania has shown that of the 1,010 Tasmanian origin students enrolled in the Faculty in 2001, just over half (51.5%) were of ‘rural origin’. While the schools of Nursing and Human Life Sciences drew well over half of their Tasmanian origin enrolments for 2001 from rural areas (65.2% and 76.4% respectively), the figures for the schools of Medicine and Pharmacy were much lower (20.6% and 31.0% respectively).

Research assistant Karen Herne says that data collated will also explore the effect of different definitions of rural ‘origin’ or ‘background’.

Dr Orpin says further stages of the research will combine rich qualitative data with broader survey data to examine students’ experiences with exposure to rural health and rural practice during training, and the factors surrounding their decisions on whether or not to practise in a rural area.

A selected sub-sample of students will also be recruited for in-depth qualitative study through annual interview and diary keeping extending to graduation and beyond into practice.

Dr Orpin says he hopes that all the research will contribute to a better understanding of the relationships between rural socialisation, educational, professional and practice experiences and decisions.

For details, call either Dr Peter Orpin, 6226 4744, or email: Peter.Orpin@utas.edu.au or Karen Herne, 6226 4745, email: Karen.Herne@utas.edu.au

### Falls a growing problem

With falls by the elderly a growing area of health care, particularly given Tasmania’s ageing population, the new *Stand Up Right - Stay Upright!* project could have significant implications.

The project, a collaboration between DHHS, GP North, and the UDRH, is part of the Commonwealth funded Falls Prevention for Older People initiative.

The falls prevention project is based on principles of action research, employing democratic decision-making processes with all health professionals involved.

Researcher Christine Fahey says this type of research is done ‘with’ service providers, not ‘to’, and increases the learning from the project.

The project, coordinated by Maree Fish in Launceston, aims to improve the communication links between hospital Departments of Emergency Medicine and GPs, and assist GPs to use the new Enhanced Primary Care items for falls prevention activities.

“If successful, the model used may be transferable to other health problems,” Ms Fish said.

The project uses an action-learning framework, which can be visualised as a spiral with information being fed back to participants, who then assist in decision making for the direction of the project. This pattern is repeated several times in an action research project. It is important that
practitioners participate in the research and that researchers collaborate genuinely with practitioners to improve practices.

Ms Fahey says the project also has an evaluation component, which will include analysis from the action research to look at project processes, and a client-tracking database.

For details, call Maree Fish 6324 4020 or email Maree.Fish@utas.edu.au

Research and General Practice

The Primary Health Care Research Evaluation and Development (PHCRED) program is a growing area of activity within the UDRH.

The basic grant has provided opportunities to enlist practitioners’ interest in research, but existing scholarships and fellowships still fall short of meeting all the needs of these professionals.

Program coordinator Dr Edi Albert said that the "UDRH has used its funding to create a multiple win-win situation.

"We had a GP with plenty of enthusiasm, but no experience. She attended one of our research workshops, but we needed funding to take it further. We planned a joint grant submission with the local GP Division and Asthma Tasmania and received $60,000 to carry out an educational action research project looking at asthma education in schools."

Dr Albert said that the UDRH was able to commit the time of a PHCRED research fellow, and the division was able to commit some funds, so it was possible to budget for remunerating the GP at realistic rates of pay. The Division is providing project support and the research fellow is supervising and nurturing the GP through the project.

"From Asthma Tasmania’s perspective, this was their first ever collaborative grant submission,” said Dr Albert. “They have contributed on the ground asthma education experience, but have gained both a GP and academic input into their work.”

For more information, call Dr Edi Albert 6226 4734 or email Edi.Albert@utas.edu.au

Support for Health Professionals

• Much of Primary Health Care Research and Evaluation Program (PHCRED) work involves supporting health professionals to develop their research interests. This has included assistance with submission writing and research design and

PHCRED’s Shandell Elmer and Vicki Berrell, of Rural Workforce Support, worked closely with members of the Dorset Community Association to assist them to submit an application for funding under the Rural Chronic Disease initiative. This involved consultation with the Dorset Primary Health Care Coordinator, the Dorset Community House Coordinator and some Scottsdale GPs.

The goal of the project is to establish a sustainable local system of peer support to provide assistance, education and skill development for people with a chronic disease. The aim is to contribute in the longer term to increasing individual and community capacity to manage their health problems.

This project is based on a model of peer support proposed by Dr Peter Orpin, UDRH. This process
has resulted in positive outcomes even while the project is waiting for funding approval. For example, the Dorset Community Association has indicated that if the submission is not successful, they would like to proceed with some of the project strategies with the support of Rural Workforce Support and UDRH.

PHCRED has collaborated with GP North and the Department of Health and Human Services (DHHS) to successfully submit a proposal for the LGH to participate as a GP-Hospital Integration Demonstration Site. This is a national program funded by the Commonwealth Department of Health and Ageing for two years. The LGH is one of five demonstration sites. The role of PHCRED will primarily be to resource and implement the research and evaluation component of the proposal. This proposal presents an ideal opportunity for PHCRED, in partnership with the LGH and GP North, to build capacity for ongoing research and evaluation within the GP-Hospital integration models currently in place.

Comprehensive and systematic evaluation is required within and across these existing models. This will be achieved through:

- membership of the project’s Health Integration Team;
- working closely with those involved with the GP-Hospital integration programs to develop their capacity to undertake research and evaluation in relation to their program area, and
- working with the Specialist Medical Practitioner and the GP North Project Officer to evaluate and monitor the existing GP-Hospital integration programs.

For more information, call Shandell Elmer 6324 4046 or email Shandell.Elmer@utas.edu.au

Home Alone

Medicare-funded General Practice Aged Care Health Assessments were introduced for all Australians 75 years and older two years ago to assist older Australians to live longer in their own homes.

At the time of their introduction evidence for the efficacy of aged care health assessments was minimal. Since 1999 there have been two new meta analyses of the international literature and two systematic reviews that reported health assessments performed at home to be effective, lessen mortality, decrease institutionalisation rates and improve functional status.

It appears that the group that benefits most is the younger fit elderly. There is still no evidence from randomised controlled trials that health assessments performed in surgery alone result in improved health outcomes.

While the 75 years and over group represents the group with the highest morbidity, mortality disability and rates of institutionalisation, recent observational data from the US and Australia show improving health status even at advanced age. There is evidence from the US of poorer health outcomes for older rural Americans but this experience is not reflected in Australia. Rural Australians do experience inequities in access to medical services. It is also been shown that the socio-economic differential in health outcomes persists into old age.

One of the Australian government’s stated health policy outcomes is to improve health outcomes for disadvantaged Australians particularly across socio-economic differentials and in rural and remote Australia.

PhD scholar Dr Gerard Gill, of UDRH, is examining whether health assessments have been equitably distributed across the aged population and whether they are considered useful by consumers and health care providers. Dr Gill’s thesis will be ‘General Practice Aged Care Health Assessments in Australia: Equitable, Effective or Caring?’

He has access to health service usage data from the Health Insurance Commission (HIC) and the Department of Veterans Affairs (DVA) on all Australians who:

- were aged 75 years or over as at the 31 Oct 1999, or
- claimed a Medicare or DVA funded home or surgery consultation item from 1 Oct 2000 to 30 Sep 2001.

“This sampling approach overcomes the problem that over 75 years of age more Australians are registered with Medicare than the Australian Bureau of Statistics counted in the 2001 census,” said Dr Gill.

Comparison will be made between those who had a health assessment and those who did not, for the use of medical services especially nursing homes for the period 1 Oct 2000 to 30 Sept 2001. For DVA beneficiaries a similar comparison will be carried out for hospital admission data. To explore how those undergoing or providing health assessment feel about the value and humanity of the process, a small qualitative study will be conducted using semi-structured interviews with elderly people undergoing health assessments, their families or carers, and health professionals.

For more information, call Dr Gill 6324 4056 or email Gerard.Gill@utas.edu.au
Community-based Health Planning

Increased community involvement in, and responsibility for, the planning and delivery of health services is emerging as a major plank in federal health policy. This is shown in new funding models for rural areas such as Multi-Purpose Services (MPS) in which health service funding and delivery are amalgamated under the control of a single community-based board.

Such models often require rural communities to undertake some form of community needs assessment and strategic planning process: a considerable challenge for many small rural communities. While they rarely lack an understanding of the needs of their own community, or the skills to plan effectively for the future, the health field is marked by esoteric knowledge, complex policy and funding frameworks and complicated statistical requirements.

The UDRH with its expertise in assessment and strategic planning processes and its close, wide-ranging and ongoing relationships with rural communities, is well placed to assist in these tasks. This has led to a number of collaborations between the UDRH and communities embarking on the needs assessment/planning process.

The UDRH has joined in a partnership with the Campbell Town Health and Community Service (CTHCS), to assist it in running the Campbell Town Health Map Project, tracing health services needs of the area.

UDRH Research Fellow Dr Peter Orpin said the information will be fed to the Community Services Group, a local representative body which has the task of advising the professional staff of the MPS in the planning and developing of a new local service mix. The process will remain local, including the actual data collection being done entirely by local professional and volunteer labour.

The UDRH is engaged also in a similar exercise with the Break O’Day Health Resource Association (BODHRA), which has funding under the Regional Health Services scheme to improve the delivery of health services in their local government area.

The above examples follow more limited but similar collaborations with the Tasman and Flinders councils.

For more details, call Dr Peter Orpin 6226 4744, or email: Peter.Orpin@utas.edu.au

Providers with Questions

Dental therapists, nurses, nutritionists and social workers participated in a recent UDRH study design workshop in Hobart.

The workshop was experimental and aimed to discover if it would be a suitable method to develop collaborative research involving partnerships. Follow-up meetings were held at UDRH Hobart for the palliative care, aged care assessment and early childhood caries projects.

UDRH Associate Professor, Rural Health Research, Dr Adrian Sleigh said that, overall, the mechanism was found as suitable to identify and assist potential Tasmanian Department of Health and Human Services (DHHS) research collaboration.

Last month the early childhood caries project reached the final stage of planning. It will be launched next year as an ‘evaluation of an oral health intervention to decrease the number of under school age children with early childhood caries in the Huon district’.

Dr Sleigh said the three-year trial would target all Huon district families with children under school age. The final dental effect will be measured by annual check-ups, with data computerised for later analysis.

Also, a research proposal for a project on delayed placement for aged care at Royal Hobart Hospital has been submitted this month by Natan Ayele and a Social Work Department team to the RHH Research Foundation.

For more information, call Dr Peter Orpin 6226 4744, or email: Peter.Orpin@utas.edu.au

Arrivals and Departures

Dr Emily Mauldon - Junior Research Fellow on the PHCREDS project
Amanda Feely - Administrative Officer
Dr Adrian Sleigh leaves at the end of the month to take up a position with the Australian National University.

Ph: 03 6324 4000; fax 03 6324 4040; email rural.health@utas.edu.au

Contact Details: