PAUL WORLEY

Carrick Awards for Programs that Enhance Learning

Category: Educational partnerships and collaborations with other organisations encompassing partnerships between universities and universities and other organisations.

Flinders University Parallel Rural Community Curriculum

Overview

The Parallel Rural Community Curriculum (PRCC) is the most sustained, successful Community Based Medical Education (CBME) program in Australia resulting in a paradigm change in the teaching and delivery of medical education. This program has shown for the first time in Australia that medical students can undertake an entire year of study in a rural area without any academic disadvantage. The success of the initial Riverland partnership has enabled diffusion of this innovative and collaborative approach to four other regions of South Australia, remote communities in the Northern Territory, six other Australian medical schools, and four international medical schools.

In the early 1990s the long simmering crisis of a rural doctor workforce shortage in Australia was acknowledged by the Australian government. In the bush, it had long been acknowledged that rural general practice was the lifeblood of Australian rural communities. Meanwhile, medical schools across Australia were struggling to find quality teaching places for increasing numbers of medical students in the clinical service driven, public tertiary teaching hospitals. The clinical caseload in these hospitals was changing in terms of length of stay and the range of cases suitable for, and accessible to, students. This resulted in a concentration of filtered, major acute illness to the exclusion of less severe chronic illness and many categories of chronic illness, which remain the main burden on the health system. This was not the most effective learning environment for 21st century medical students.

“Necessity is the mother of invention” and Flinders University recognised that reliance on traditional teaching methods could result in graduates poorly equipped to meet the changing health needs of rural communities. The ageing population, the burden of chronic health disease and the increasing demand for acute health services required an increasingly complex mix of skills, knowledge, attitudes and abilities from the general practice workforce. The most appropriate environment to teach medical students was in the general practices, hospitals and community services where chronic health disease exists.

In 1996, in the face of this changing environment, Flinders University initiated community consultations with the clinicians and the health services of the Riverland region of South Australia. At these initial consultations it became clear that there was congruence between the University expertise, the general practice environment and the community’s social capacity. The University had already demonstrated innovative curriculum design and program delivery by embracing the first graduate entry medical program in Australia. The clinicians of the Riverland were recognised for their capacity to nurture, educate and mentor medical students. The regional health authority and councils recognised the growing demands on the region’s health service providers and the needs of rural patients. The community partners agreed that the Parallel Rural Community Curriculum (PRCC) offered a unique opportunity to meet the health, economic and social needs of the community and committed to supporting the program.

The Parallel Rural Community Curriculum has pioneered the concept of longitudinal Community Based Medical Education as a successful strategy to redress rural medical workforce shortages. The PRCC has been acknowledged as one of the inspirations for the development of the Australian Government’s 2001 Rural Clinical Schools Initiative which now facilitates over 300 medical students each year undertaking at least one year of their undergraduate clinical education in rural communities throughout Australia. The PRCC was instrumental in the establishment of the Flinders University Rural Clinical School (FURCS) and, as its flagship program, has been the catalyst for multi million dollar collaborations in each regional PRCC.
site. This was acknowledged in 2006 when the PRCC program was awarded the Business Higher Education Round Table national award for “Outstanding Achievement in Collaboration in Education and Training with a Regional Focus”.

Distinctiveness, Coherence and Clarity of Purpose

The PRCC highlights the reciprocal values of symbiotic relationships, bringing a win-win outcome to all of our partners. The “integrity model” developed by Professor Paul Worley describes four key relationships in which the medical student must be immersed to facilitate high quality learning (Worley 2002a; Worley 2002b). These relationships are all crucial to the success of the PRCC program. These relationships are student centred and represented by the four intersecting axis of the integrity model. See Diagram 1.

- The Clinical axis: Clinician - (Student) - Patient
- The Institutional axis: Health Service - (Student) - University Research
- The Social axis: Community - (Student) - Government
- The Personal axis: Personal Principles - (Student) - Professional Practice

Diagram 1. The Integrity Model

The PRCC has been referred to as a “Success through Partnerships” and is a model of community/university/government collaboration. In establishing, pursuing and meeting the specific aims of the PRCC, success has been evidenced in the academic success of the students, community capacity building, and the development of intellectual capital within the university community, regional clinical communities and the broader community. The specific aims of the PRCC are:

- To provide an internationally innovative, patient-centred, community-based and educationally sound full year rural medical curriculum;
- To encourage interested students to pursue a career in rural medical practice;
- To enhance links between urban tertiary teaching hospitals and rural communities;
- To enhance the development of distance education technologies in undergraduate medical education;
- To provide new rural academic medical career opportunities and hence encourage both recruitment and retention of rural doctors;
- To utilise the large range of rural community clinical learning experiences not currently available to students in tertiary teaching hospitals.

Community members, government, teachers and students all have a decision making role within the PRCC program. The formal multilateral method of communicating with community partners is through the Community Advisory Board (CAB). The CAB is made up of representatives from across rural health, education and community organisations and has student representation. Regional-based Advisory
Committees (RAC) operate in each PRCC region and feed into the Community Advisory Board. The CAB is a principle source of ideas, advice, support and information providing a launch pad for further collaboration. As part of an international external evaluation of the program Professor Ian Couper from South Africa states,

“The buy-in from partners (faculty, GPs, health service, local government, politicians) is impressive. There is clear recognition of a common vision, to address the workforce shortages in country Australia and to provide a good educational experience for students. It was clear in the interviews that stakeholders outside of the university have bought into the vision, adopted it as their own, support it – even financially in the case of some local governments- and are ready to defend against threat. As a result, Flinders University is highly regarded in the communities I visited” Couper (2006).

Regional academic faculties consisting of local clinical teachers have been established in each PRCC site. The faculties provide a forum for academic teaching staff to plan, implement, review and evaluate the local program. These meetings enable local clinical teachers to have ownership of the program within their teaching region. Faculty members are linked back to the tertiary institution through adjunct appointments. They are supported by a team of administrative staff, clinical educators and senior lecturers who are employed within their PRCC site by the university. The Master of Clinical Education, developed by the Rural Clinical School, provides professional development to the faculty members.

FURCS operates as a distributed education model managing the multiple PRCC sites through the central co-ordinating unit in the Riverland. Local implementation in each site enables flexibility and responsiveness to student needs and maximisation of local learning opportunities. In commenting on the structure, role and purpose of the PRCC model Mr Stiofan de Burca, Chief Executive Officer, Mid-Western Health Service, County Limerick, Ireland states,

“I was most impressed with the whole experience of the visit to the Riverland. The natural environment and localised self contained model of care with distant reliance on other levels of care expertise, was truly grounded in the reality of fit for purpose core and tailored training and education. The skill levels and commitment of local faculty were remarkable. They were role models as well as competent teachers”.

Influence on Student Learning

A distinguishing factor of the PRCC program has been application of the principle that the greatest benefit comes when the research and education nexus converge. The research conducted on the PRCC process has provided an evidence base for other institutions and programs to follow. Research has investigated the PRCC students’ academic performance, the range and quality of learning experiences available through the CBME model, and the effect on rural doctors of having students based in their practice for the entire academic year (Worley and Kitto 2001) This research has conclusively established the academic merit and the sustainability of the program being based in private rural practice (Worley, Esterman et al. 2004).

In the second year of the medical program, students volunteer for the PRCC program because they are confident they will achieve academic success and be well prepared for internship and beyond. Case study research has shown that the PRCC students refer to ‘our’ or ‘my’ patients, whereas their tertiary hospital peers referred to ‘the’ patients. The PRCC students see themselves as going to ‘work’ each day, whereas their urban counterparts described going to ‘study’ each day (Worley, Prideaux et al. 2006). Our research suggests that these positive experiences contribute to both academic achievement and future career choice (Worley, Esterman et al. 2004). Research has shown that PRCC students improve their academic ranking at the end of 3rd year compared to their second year results and that they improve their academic scores compared to their tertiary hospital based peers. A recent email from a PRCC graduate read,

“Please tell the doctors in Renmark that they prepared me extremely well for my final year in medicine as well as my junior doctor years. I have found that I have had much greater exposure and much more hands-on experience than many of my peers and much of the confidence for this was gained through
my year in the Riverland.........the PRCC is the only experience I have had in general practice. It is a pity we don't do more of this as junior medical officers, since with the skills we have now, we could get so much more involved in patient care.”

Authentic, in-situ learning is central to the Community Based Medical Education experience for PRCC students. Embedded in a rural general practice the medical students learn to understand and appreciate the privilege of being allowed into the lives of their patients, to assist from birth to death, and to understand the impact of illness and wellness on individuals and communities. The PRCC curriculum is experiential and enables a contextualisation of common medical conditions, providing a unique opportunity for the longitudinal evaluation and management over an eleven month period. Learning about more complex tertiary medical practice occurs through distance education and other methods. Students learn and practise patient communication and clinical skills through an intimate and highly privileged interaction with patients and their GPs, both in the clinic and in the wider community. Within this framework, students have the opportunity to develop a longitudinal holistic relationship with their patients rather than learning in the traditional manner of discipline based block studies, based in a tertiary hospital where the clinical context provides a cross-sectional snapshot of highly specialised and complex medical practice. This process was described by a student in the 2006 evaluation of the PRCC,

“The physician says go see this patient. We don’t know if that’s going to involve a cardio type problem, a respiratory type problem or a neurological type problem so we have to be ready for anything. And then when he questions us we’re not just in a medicine block, or just in an O & G block, we have to consider the whole range, and so we’re constantly quizzed over medicine as a spectrum rather than specifically on paediatrics or O & G” (Couper 2006).

Jane Birks, a PRCC student in 1999 spent her year in the town of Barmera, population approximately 4000. She describes her experience,

“As a student my time spent in a rural area has meant greater procedural exposure and practice, more one on one tuition with extremely well read professionals and the establishment of relationships with that most important person in medicine, the patient. Nowhere else in medical school can a student develop long term relationships with people who are sick or well, family or colleague, young or old. Medicine in the teaching hospitals involves snapshots of illness; in rural areas it involves a third dimension: time” (Pegram 2000).

As indicated students in the PRCC learn about professionalism through long term exposure to role models who are excellent rural clinicians. The teaching role is described by our GP’s,

“As a teacher I see my role as not to teach the students medicine or medical facts, there are plenty of patients and medical text to do this, but to teach them how to go about learning and then how to communicate this knowledge with other health professionals”.

“My primary goal is to motivate the students to learn. I see my teaching role as one of stimulation and an overseer. My goal is not to provide the students with the knowledge or facts and figures but to help put meaning and context to the learning that they gain from seeing patients, reading texts, journals etc. My goal is to help them establish what is important to learn and how it fits into the broader medical information network.”

The unique and challenging aspects of rural general practice stand students in good stead for their future careers. The principles identified by the FURCS team as enhancing learning and teaching in the Parallel Rural Community Curriculum have now been incorporated into the tertiary hospital based course. For example, the FURCS team developed an innovative method of delivering Problem Based Learning tutorials which are now used by students at Flinders Medical Centre and Royal Darwin Hospital. The principles have also been translated into the Master of Clinical Education course which has been developed by FURCS.

The emulation of the PRCC program both nationally and internationally is testament to the model’s effectiveness in positively influencing student learning, universal applicability and transferability.
“Flinders University has been a pioneer in developing a sustainable model of rural community clinical education for medical students. The programs at the Riverland and the Greater Green Triangle are well established and recognised. The University of Melbourne and Monash University are developing a substantial undergraduate rural training program in northern Victoria and basing their community programs on this model. We visited the Greater Green Triangle program recently and were enormously impressed with the enthusiasm of both trainers and students, quality of training and experience, and community involvement in the program.” Associate Professor Graeme Jones, Director of Rural General Practice Education, University of Melbourne

“Knowledge gained from visits to the PRCC and ongoing contacts were extremely beneficial in the development of the Australian National University Medical School (ANUMS) rural program. It is beyond doubt that without the significant contributions of the PRCC to the ANUMS, the ANUMS rural program would not be where it is today”. Professor Nicholas Glasgow, Acting Dean, Medical School, Australian National University.

"The Flinders programme and its Parallel Rural Community Curriculum (PRCC) is acknowledged as the pioneer in Australian Rural Clinical Schools. It was certainly used as the model for the development of our curriculum in Western Australia.” Professor Campbell Murdoch Head of Schools and Professor of Rural and Remote Medicine, University of Western Australia.

“Te Waipounamu Rural Health Unit at the Dunedin School of Medicine of the University of Otago has, for the past 6 years, been attempting to establish a one year long rural based education programme for a small number of 5th year medical students. In 2007 the Rural Medical Immersion programme was established with the help of a grant from the Minister of Health. Paul Worley and the Parallel Rural Community Curriculum (PRCC) have played a crucial part academically and politically in the establishment of our course and Paul will also be involved in the evaluation of the first year of the programme”. Pat Farry, Director Te Waipounamu Rural Health Unit, Dunedin School of Medicine, University of Otago, New Zealand.

“I’ve learnt a great deal about how (the PRCC) worked to solve the shortage of rural doctors and improve rural health in Australia. It is not only recognized as a successful model in Australia but it is also recognized worldwide………….. he (Prof Paul Worley) inspires me, a Thai rural doctor, to follow his intention to improve rural health in my country.” Dr Lalithaya Kongkam Maharat Nakhon Ratchasima Hospital, Nakhon Ratchasima Province, Thailand

Breadth of Impact

The concept of a medical educational “pipeline” for rural doctors has been recognised by Flinders University Rural Clinical School as a mechanism to build the capacity of the rural health workforce (Norris 2005). The challenge to assist students to transition between stages of the pipeline has been taken up by FURCS. Each stage of the pipeline presents an opportunity to positively influence students on their pathway to becoming rural doctors. See Diagram 2.

Flinders University and its partners main influence on the pipeline is at the undergraduate level through the PRCC. The partnerships that have been established over a ten year period with rural general practices, regional health services and the broader community together have reinforced rural general practice as a positive, satisfying and rewarding career choice. Effort is also focussed pre and post the undergraduate years. Current PRCC students and rural teachers regularly visit high schools to talk about entry into medical school and the working life of a rural doctor. FURCS links with the Rural Doctors Workforce Agency in supporting country origin students with an interest in studying medicine in the hope that these students if successful in gaining entry into the course will go to a rural area to practise on completion of training.
Diagram 2. The Medical Education Pipeline.

Interns have traditionally been located in large urban or city based hospitals which have a closely monitored medical environment with on-site resident staff to support the interns. There has long been the view by medical educators that maintaining internships and Resident Medical Officer positions in city based hospitals creates a “black hole” where undergraduate doctors who have a desire to practice in a rural environment get lost as life events such as marriage, family and mortgages take over. As a result of the success of the PRCC, Flinders University has been invited to partner with Mount Gambier and Districts Health Service Inc located in the South East of South Australia, in developing a full year rural intern program in its region. This is a major shift in the education of interns and in 2006 four interns commenced at Mt Gambier Hospital. The program is expanding as a model for further intern places in other parts of rural SA including the Riverland.

The provision of high quality, relevant, professional development activities is an essential component of the retention equation for all rural health practitioners. At all PRCC sites FURCS is working with its partners to provide needs based professional development for doctors, allied health and nursing staff. State-of-the-art, high fidelity simulation facilities in the Riverland enable health care teams to maintain existing skills and to learn new skills in a “safe” environment. The Clinical Simulation in Maternity (CSiM) program is one such program. Historically, there have been insufficient opportunities for clinicians to gain access to professional development making it difficult for clinicians to maintain clinical skills and knowledge in managing both normal deliveries and obstetric emergencies. This program aims to improve clinical skills, teamwork, communication and confidence to manage maternity emergencies in a rural setting (Gum and Greenhill 2007). As one CSiM participant reported,

“In any emergency a sense of control and confidence is really important for your peers that you are working with….so I think if you can go into those situations with some confidence that you have been there and done that and you know what to do next, is pretty helpful for everyone involved”.

At the end of the pipeline FURCS enhances the job satisfaction for rural doctors by bringing together the activities of teacher and learner in the general practice environment. As teachers to the next generation of
rural doctors through the PRCC program general practitioners spoke of the stimulation offered by their role as teachers (Couper 2006),

“\textit{I enjoy the fact that we have to try and keep up to date with certain topics if we have to keep the student up to date and informed about what’s going on. So it’s useful learning for me as well as the students}.”

“I’ve noticed when the student is due to be with me, I think it’s going to be a nice day, a bit more relaxed”.

“It actually makes it a little more enjoyable having to try and teach somebody and seeing the results of them gradually learning how to do it, its quite rewarding. I’ve enjoyed that”.

The Parallel Rural Community Curriculum has changed how rural practitioners view themselves. The private rural practice persona has shifted from being purely service driven to now seeing themselves as academic teaching centres to academic medicine. Traditionally, specialists have controlled clinical education in medicine. As a result of this program, GPs now enjoy a high profile within the university. This is evidenced by the numerous awards conferred on the GPs, and the conferring of Academic Status to these private doctors by the university. As a result, local teaching faculties of clinical teachers in each of our rural regions including GPs and resident specialists have been established. This new academic role has been a factor in the retention of a number of rural clinicians. Whereas previously it would have required relocation from the country to a city campus to have a significant teaching role in a medical school, the FURCS team has enabled rural clinicians to undertake this teaching role whilst remaining in their local community.

The need to support rural based clinical teaching staff has been recognised by the university as being vitally important. The Master of Clinical Education has been developed specifically for this purpose. The Masters program enables experienced clinicians to explore, discover, debate, and construct meaningful teaching concepts and relationships that involve real-world problems and to undertake projects that are interesting and relevant. Participants are encouraged to reflect on and share their collective wisdom of what works well in clinical education. To date 20 clinicians involved in teaching within the PRCC have undertaken courses within the Master of Clinical Education. See supporting material. Master of Clinical Education students commented on the course,

“\textit{Isn't this form of learning amazing? I haven't studied on-line before and am really enjoying the novelty. It is great being able to get such a diverse group of people together”}. “\textit{It is evident that so many factors contribute to a beneficial learning experience. As one who desires to be an effective communicator and teacher, I can easily feel overwhelmed. But like most things that grow, it is a process and does not just happen. This exercise has helped in highlighting separate factors and tools that I can take and apply and gradually graft in to my own teaching approach}.”

Individual faculty directly involved in the conceptualisation and implementation of the PRCC program have been recognised through State and National awards. Professor Paul Worley was awarded the 2006 South Australian “SA Great Award for Education”, Dr David Rosenthal was awarded the South Australian “SA Great Award for Health in the Riverland/Murraylands”, Dr Lucie Walters was awarded the South Australian “SA Great Award for Health’. Local surgeon Dr John Nettlefold has been instrumental in teaching surgery to medical students since the programs inception. Dr Nettlefold was awarded the Order of Australia Medal in 2007 for his “service to medicine, particularly as a surgeon in rural South Australia and to the community”. Local teaching clinicians have been recognised through the Flinders University School of Medicine’s Burns-Alpers Clinical Teaching Award. This award is in recognition for excellence in clinical teaching and was inaugurated in 2000. It has been conferred on the following partners of the PRCC program:

- The Loxton Medical clinic in 2003
• Dr John Yamba in 2005.

The PRCC program and faculty have been recognised at a national level for its excellence. In 2006 the PRCC was awarded a national teaching award, one of the Carrick Institute’s “Citations for Outstanding Contributions to Student Learning.” The award was for development and implementation of the community based Parallel Rural Community Curriculum, an internationally recognised, paradigm changing medical education program which strengthens the rural medical workforce. Also in 2006 the PRCC program was awarded the Business Higher Education Round Table national award for “Outstanding Achievement in Collaboration in Education and Training with a Regional Focus.”

The conferring of 30 additional university places to the Riverland region in 2002 was directly attributed to the success of the PRCC and the establishment of the Rural Clinical School. The places were allocated to the School of Nursing and Midwifery and the Bachelor of Nursing commenced in the Riverland in 2002. Now in its 6th year, 72 nursing students are currently studying out of the rural campus in the Riverland. The increased numbers of nursing graduates has added substantially to the social and financial capital of the region.

Flinders University Rural Clinical School has actively sought the opportunity to develop community research partnerships. A small dedicated team of Researchers and Clinical Educators (RACE) has been established within FURCS to develop key areas of research within the communities. The health services and clinicians have identified cardiac rehabilitation and obstetrics as priority areas of research which the University has subsequently pursued.

RACE has evaluated the South Australia State Government Suicide Prevention Initiative for Country South Australia. This initiative, which is vitally important to the health and wellbeing of the Indigenous communities of South Australia was funded by the Social Inclusion Board of South Australia and administered by the Mental Health Division of Country Health in the South Australian Department of Health. The initiative provided rural communities in South Australia with a unique opportunity to develop or expand on suicide prevention strategies tailored to their local resources and capacities in a whole of government approach. The target groups were youth and particularly young Indigenous men. Fantastic work has been undertaken by rural communities around the State that involved art, leisure activities, health promotion and other community development initiatives. The vibrancy, colour and positive energy that has emanated from these activities has lifted community spirit and young people’s self esteem. The messages learned from this evaluation centre around the need for provision of ongoing funding, building workforce capacity, cultural communication strategies, transparency, and adequate planning for action that sets the scene to provide a work environment that is ready and able to embrace new initiatives. The evaluation concludes,

“South Australia is indeed fortunate to have a small number of knowledgeable individuals dedicated to the issue of suicide prevention in their communities. Their extraordinary efforts have made a significant impact in a short period of time…………….An important finding from this evaluation is the need for a sustained effort in the future” (Greenhill 2006).

RACE is also a partner in the evaluation of the Communities for Children project. Through the Communities for Children project we will build on the strength of families and start to develop a connection between families, their children and the community. The project will provide families with the knowledge and skills to feel confident in accessing services, communicating with service providers, participating in community events and group arrangements and ultimately feeling valued and connected to the community.

Evaluation support has been provided by RACE to our partners at Riverland Regional Health Service for the evaluation of the Riverland Child Protection Prevention Project. This project seeks to identify the most appropriate ways for Riverland Services to respond to the principles of “Keeping Them Safe” which is the South Australian Government’s vision for the future of the child protection.
Success in the field of Community Based Medical Education through partnerships and collaboration with our communities has brought with it the opportunity to expand the range and breadth of our activities for the broader benefit of Flinders University, students, staff, and our partners.

A significant problem within the Riverland region prior to the PRCC partnerships being established was the expenditure on agency staff which could otherwise be used on clinical service delivery. In 1997 the health service sector were spending $100,000 + per annum on agency staff to fill the clinical workforce shortage. The increase in nursing graduates has enabled substantial economic savings to be achieved within the health system and also impacted positively on the social capital on the region by providing employment opportunities. As can be seen in Table 1, the increase in the number of resident students and trainees in the Riverland health units has increased enormously since the inception of the University programs in the area. This increase has been attributed by the Riverland Health Authority to having a University presence in the region resulting in a home-grown clinical workforce.

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Table 1. Number of Students in Riverland Health Units.

Implementation of the PRCC program has had an enormous impact on how the Regional Health Service views itself. As stated by the CEO of Riverland Regional Health Service, Nino DiSisto, in the Department of Health and Aged Care’s October 2000 publication of National Networks, “.........being designated as teaching sites of Universities makes a statement about being a “learning organisation” and can influence positively the way health units and staff view themselves as rurally based health workers”. The Riverland Health Services no longer have a recruitment culture (from elsewhere) but have a training culture (locally). They now have the confidence and means to take responsibility for a sustainable rural health workforce.

Evidence of the high quality of collaboration and resource sharing between the Flinders University Rural Clinical School and Regional Health Services which has resulted from the success of the PRCC and builds the social capital of the region is seen in the following achievements:

- An annual recurrent grant of $250,000 has been secured from the South Australian Government by the Rural Clinical School to recognise the costs of student accommodation and education initiatives in the Riverland region. These funds are being used to support a range of initiatives such as advanced postgraduate surgical training and an allied health workshop looking at rural career pathways and incentives.
- The generous provision of student accommodation, offices, land and equipment valued at several million dollars.
- In the Southern region of South Australia a multi million dollar building has been constructed in partnership with local government and health services to establish office and teaching facilities for the students in this region.
Concern for Equity and Diversity

Australian researchers have found a positive correlation between rural origin and rural practice (Kamien and Buttfield 1990; Rolfe, Pearson et al. 1995; Wilkinson, Beilby et al. 2000). The PRCC program was one of the first undergraduate medical education programs to offer up to four places annually to rural origin students. The “Preferential Rural Admission Sub Quota” is available to students who have lived in non-metropolitan areas in Australia for five or more years since beginning primary school, and are able to demonstrate commitment to a career in rural practice. Students selected in this sub-quota enter a rural stream that provides innovative rural experiences throughout each year of the four years. All Preferential Rural Admission Sub Quota students are located in the Riverland PRCC program for all of Year 3.

The Preferential Rural Admission Sub Quota selection process is the only admission process in Australia where community members are responsible for the selection of students into medicine. The process is managed by the Community Liaison Committee (CLC). This seven member committee formed in 1999 includes four community members and one student representative and 2 PRCC staff members for academic and administrative support. The Community Liaison Committee has been responsible for the development of the selection criteria and the implementation of the selection process of the Preferential Rural Admission Sub Quota and has enabled 32 rural origin students to enter medicine at Flinders University.

Students in the Graduate Entry Medical Program at Flinders University can choose to study 3rd year medicine at any of the PRCC sites, at St Georges College, London, at the Royal Darwin Hospital in the Northern Territory or at Flinders Medical Centre. However, funding to the PRCC programs through the Rural Clinical Schools program can only be applied to students with Permanent Residency Status. Despite this funding caveat international students are still accepted into the PRCC program at no additional cost to the student.

All PRCC places are filled by volunteer students who apply to the site/s of their choice, nominating multiple sites in order of preference. In recognition of the multiple demographics of graduate entry students, each site has been equipped with a range of housing options to suit either single student occupation, share houses and houses specifically designed for students with families. Within each site, the student body collectively and independent of the University administration, determines the allocation of the accommodation themselves to the site towns taking into consideration student needs (unit vs. house) and the personal circumstances of the student i.e. schooling for children, spouse employment etc.

The Rural Clinical School is very conscious that students who relocate to a rural town for the whole year do not have ready access to all the learning resource alternatives available on campus to their city-based peers. PRCC students rely on the postal service for delivery of library resources, internet access for online resources, and videoconferencing for numerous teaching sessions. Technical failures cause distress and highlight their isolation. The PRCC actively compensates for this vulnerability by a policy of deliberate redundancy. For example, students are provided with a library of key medical texts in each practice, recordings of lectures are available online as well as on CD/DVD and VHS video at each practice. Students are provided with a laptop computer for viewing DVDs and accessing the internet. Dial-up internet access is available at their accommodation as a backup for the broadband internet available at the medical practice and they have 24-hour access to the FURCS student computer laboratory in Renmark. From a 2004 student evaluation of teaching resources, a student says;

"As a PRCC student I found the Streamed Studies CD ROMs fantastic - could do them whenever I pleased, wherever I pleased. Very versatile and useful. Some were better than others but on the whole found them to be really well presented and easy to go through, particularly if I printed the notes out first. Keep them coming! They beat a formal lecture any day!"

The opportunity for students to combine their professional journey in becoming doctors with personal growth as mature adults is celebrated and supported by the staff of the FURCS community. Students have entered into marriage during their PRCC year and numerous students have become parents during their placement. One particular student after the birth of her first child in the middle of the PRCC year said “I
could not imagine a more supportive and loving place in which to have my baby. To have my GP mentor and his wife, who was my friend and midwife deliver my baby was an amazing privilege” (E Read. Personal communication. 25 June 2004). Another student and his pregnant wife were thrilled to return home one weekend to find that the doctors at the practice where he was placed for the year had together “remodelled” his backyard so that their new baby would have a safer and more pleasant garden to roll around and play in. This particular student has returned to that practice as a doctor and his wife as a midwife.

The Rural Clinical School is committed to enhancing educational opportunities for all Australians, for example it collaborates actively with a wide range of organisations in rural areas to enhance opportunities for Indigenous Australians to enter medicine and health courses. In particular FURCS work with TAFE, the Aboriginal Health Council of SA, Aboriginal Services Division of the Department of Health, local high schools, Regional Development Boards and Indigenous community groups to support and encourage Indigenous students at all levels of education who are interested in health careers.

In 2005 the Riverland PRCC program secured new funds from the Flinders University “Diversity Initiative Grant” to conduct a Cultural Diversity Seminar for the PRCC students. The seminar has become an ongoing event and involves community members from a range of ethnic backgrounds including refugee groups and other recent migrant settlers who are members of the Riverland Multicultural Forum. The Rural Clinical School has actively supported members of these groups who are seeking entry to university through a rural pathway.

The Rural Clinical School has provided training rooms and subsidies to support the Aboriginal Health Council of South Australia health worker training program, Certificate 3 in Primary Health Care and this has led directly to some of the students continuing into enrolled nursing with a desire to progress to Registered Nursing in the Riverland on the Rural Clinical School campus there.

The success of the PRCC programs has led to a diverse range of initiatives in health education and training across South Australia in particular but also in other States and Territories and internationally. The partnerships that have been formed within the health and local government sectors has established the platform for our rural communities to improve their social capital, and improve their health outcomes through the sustainability of the rural health services. The PRCC program is re-establishing General Practice as the lifeblood of Australian rural communities.

Optional Supporting Materials

Supporting material for this nomination is presented as following:

2) The Master of Clinical Education CD

References.


Worley, P. S., A Martin, et al. “Vocational Career Paths of Graduate Entry Medical Students at Flinders University: a comparison of graduates who undertook rural and remote tracks with those at the tertiary hospital”. (Submitted for publication)