

# UDRH Progress Report

<b>UDRH Name</b>	<b>Mount Isa Centre for Rural &amp; Remote Health</b>
<b>Reporting Period</b>	<b>July to December 2007</b>

## Summary of the progress of the UDRH (clause 5.4)

2007 has been an extremely effective year for MICRRH. The total student weeks for the whole year of 1134 has been driven by a frantic first six months. This is on a par with 2006 whole of year and reflects the close to capacity of preceptors and placements. It has been different from the previous year in the relative discipline contribution, but this is not an unusual variation.

The second half of 2007 shows the vulnerability of UDRHs to the whims of collaborating Universities and their Departments/Schools. The data for MICRRH shows a slight downturn in weeks of student attachments from the same period in 2006 and the first half of 2007. Whilst the medical student weeks is reduced by only three students and by a subsequent 30 weeks, the nursing placements has dramatically been reduced from 45 to 30 students but a disproportionately large reduction in weeks is the result of reduced times of placements. The number of student weeks is lower due to generally shorter placements (average placement length 2007 (Jul – Dec) = 3.3wks, 2006 (Jul – Dec) = 7.4 wks). This appears to have happened because of a number of factors:

- Curriculum changes at the Universities resulting in decreased placement durations
- No longer getting Australian Catholic Uni students who usually had 6 week placements and made up some 10 or more students per six month period
- MICRRH is now getting more students on community placements which are generally only 2 weeks long. This type of placement is more appropriate for MICRRH given our goals around providing quality rural and remote experiences (rather than necessarily hospital clinical exposure) but does reduce the total placement weeks.

In contrast the number of educational opportunities relevant to rural and remote practice has been reduced due to the absence of Indigenous Health Worker students whilst we await the adoption of a national training package and completion of our reapplication to ANTA for recognition of JCU as a VET sector registered training organisation. This loss has been balanced out, in part, by the increased student load associated with the delivery of the Rural and Remote Paramedic Practice Course.

The remainder of the report reflects the diversity of education and training that MICRRH has participated in over the past 12 months. Of exception are the activities and involvement of MICRRH in the development of workforce innovation. Through its relationships and networks at State and National levels a significant influence has been reflected by shifts in health policy. This includes: -

1. The Rural and Remote Paramedic Practice Program. In collaboration with the Queensland Ambulance Service and Queensland Health (QH), this curriculum has been responsible for the introduction of an expanded scope of practice for rural and remote paramedics. Both national and international interest has been created in this program. An articulation with an intended Physician Assistants program commencing in 2009 at JCU and University of Queensland (UQ) was also accepted at a senior policy level.

## UDRH Progress Report

2. Advocacy for the Physician Assistant role in the Australian health system. Through a 6 year advocacy program at the Remote Health Conferences in Mount Isa involving University and senior health bureaucrats, MICRRH has invited senior PA Academics from the United States to expose policy makers, health professionals and Universities to the advantages and concepts around the PA model of delegated practice. This has culminated in the commencement of a PA trial in Queensland in 2008 of which Mount Isa Health Service District (MIHSD) will be a strongly supporting health service.
3. Initiation of the Rural Generalist Program with the Australian College of Rural and Remote Medicine (ACRRM) and QH. MICRRH has been an integral partner in the development process of this pathway to procedural practice for rural and remote communities. MICRRH Director and Research Department was intimately involved with ACRRM and JCU/UQ in the Australian Primary Health Care Research Institute (APHCRI) Stream Six grant on the emergence of the Rural Generalist in Australia. This document offers policy options to government and has had wide distribution with the Parliament and bureaucracy. The Rural Generalist program was initially a Queensland program but has now been adopted by Western Australia and is being considered by New South Wales and Victoria. It has involved expanded skills in obstetrics, anaesthetics and emergency medicine consistent to meeting the needs of rural communities and their health services. It has now been adopted in Queensland as a career structure for generalism within rural and provincial hospitals.
4. Community Allied Health Therapy Assistant Curriculum. MICRRH has worked with North and West Queensland Primary Health Care (NWQPHC) to develop a curriculum for community assistants to complement the outreach allied health services which are provided to remote north-west Queensland. This is to cover the gap between visits of the allied health teams which visit the communities. It is due to be delivered during the latter half of 2008.
5. National Lifescrpts Program. The completion of a contract with the Department of Health and Ageing (DoHA) for the adaptation of health existing promotion resources to make them more appropriate for use within Indigenous health services. This has been a major achievement for the Indigenous Health and Research Departments of MICRRH. Implementation of the 'Indigenous Lifescrpts' program has a potential to enhance population health approaches to healthy communities within Australia.

As usual, staffing has been difficult with some programs suffering from the inability to recruit in a timely manner. Pharmacy and mental health are two such areas where the dependence on MIHSD recruitment makes the UDRH vulnerable. At the end of 2007, there is hope with an interesting plan for the mental health position(s) which should be filled in the first half of 2008.

One particular success that MICRRH can be proud of is its role in policy development in remote health workforce. The impact of the UDRH involvement in such initiatives is difficult to measure but Canadian evidence has described the role of initiators and networks in the development of capacity in health. It has been good to see MICRRH provide such an impact within Queensland and the national arena.

## UDRH Progress Report

### Key Result Area 1 - Increase and improve rural experiences for health science students

#### Key Performance Indicator 1a:

State the number of Australian (and international) **undergraduate** students undertaking clinical placements or other educational activities of one week or longer in rural or remote sites organised or facilitated by the UDRH, by discipline, course, Indigenous status, numbers of students and student weeks. Student satisfaction with placements, and students' exposure to cultural awareness training relating to Indigenous issues, are also included in this reporting form. (International students need only be noted in columns 2 and 3)

Discipline/ Course (remove or add as necessary)  Note: Only undergraduate health disciplines are to be reported	Number of students provided with placements of one week to less than two weeks (including international students)	Number of students provided with placements of two weeks or longer (including international students)	Number of student weeks		Number of Indigen ous student s	Students reporting high level of satisfaction with their placement (No. of placements completed/no. of surveys return)(% satisfaction)		Number of student receiving cultural awarenes s training as part of their placemen t (placeme nts of 2 weeks or longer)
			1-2 weeks	>2 weeks		Return rate	Satisfaction	
Aboriginal Health								
Audiology								
Dentistry								
Dietetics / Nutrition		4		16		4/1	25%	0
Health Promotion								
Medical Radiation								
Medicine		27(1)		180(4)	2	27/22	81%	25
Nursing	1	39	1	143	3	22/21	95%	22
Occupational Therapy								
Optometry								
Orthoptics								
Orthotics/Prosthetics								
Pharmacy		3		7				0
Physicians Assistant		2 (2)		(16)		2/2	100%	2
Physiotherapy	1	10	2	42				0
Podiatry								
Psychiatry								
Social work								
Speech Therapy								
<b>TOTAL</b>	<b>2</b>	<b>85 (3)</b>	<b>3</b>	<b>404(20)</b>	<b>5</b>	<b>55/46</b>	<b>75%</b>	<b>49</b>

#### Definitions:

A *student placement* is defined as a one week or longer **undergraduate Australian health professional student** placement. The placement activities may include attending orientation, formal lectures, tutorials, clinical placements, clinical skills labs, and/or partaking in specific rural projects (including those items in the KPI 2 undergraduate section which should be regarded as a subset of KPI 1). It is to form part of the student's assessment and experience. An undergraduate placement is for students whose placement is for an undergraduate course. For example a postgraduate entry undergraduate medical degree will be logged as an undergraduate placement and not a post graduate placement. Students who are not Australian citizens or permanent residents ("*international students*") should be noted adjacent to these numbers. For example, if 20 Australian citizens/permanent residents attend and 5 students who are not Australian citizens or permanent residents attend, the entry should be "20 (5)"

## UDRH Progress Report

A *one week student placement* is defined as a minimum of 5 consecutive (not cumulative) days in the rural or remote site.

A *two week student placement* is defined as a minimum period of 12 consecutive (not cumulative) days in the rural and remote site.

*Student satisfaction* is to be reported for those students undertaking placements of two weeks or longer. The number of placements over two weeks completed during the period against the number of completed returned surveys will be expressed as a percentage. For example 52 placements (ie over two weeks) completed with 32 surveys being completed and returned is a satisfaction rate of 100% if all of the surveys are positive should be expressed as 52/32 (100%).

*Cultural awareness training* is training relevant to Indigenous issues. It may take a variety of formats; and may be delivered by the UDRH, by local organisations or by the university in consultation with the UDRH or site. Cultural awareness training relates to those students who undertake placements of two weeks or longer.

### Key Performance Indicator 1b:

State the number of Australian (and international) **postgraduate** students undertaking placements involving educational or research activities of one week or longer in rural or remote sites organised or facilitated by the UDRH, by discipline, course, Indigenous status, numbers of students and student weeks. Student satisfaction with placements, and students' exposure to cultural awareness training relating to Indigenous issues, are also included in this reporting form. (International students need only be noted in columns 2 and 3).

Discipline/ Course (remove or add as necessary)  Note: Only postgraduate health disciplines are to be reported	Number of students provided with placements of one week to less than two weeks (including international students)	Number of students provided with placements of two weeks or longer (including international students)	Number of student weeks		Number of Indigenous students	Students reporting high level of satisfaction with their placement (No. of placements completed/no. of surveys return)(% satisfaction)		Number of student receiving cultural awareness training as part of their placement (placement s of 2 weeks or longer)
			1-2 weeks	>2 weeks		Return rate	Satisfactio n	
Aboriginal Health								
Audiology								
Dentistry								
Dietetics								
Health Promotion								
Medical Radiation								
Medicine								
Nursing		3		33	0	N/A	N/A	0
Midwifery								
Occupational Therapy								
Optometry								
Orthoptics								
Orthotics/Prosthetics								
Pharmacy								
Physiotherapy								
Podiatry								
Psychiatry								
Social work								
Speech Therapy								
<b>TOTAL</b>		<b>3</b>		<b>33</b>	<b>0</b>			<b>0</b>

### Definitions:

## UDRH Progress Report

A *student placement* is defined as a one week or longer **postgraduate Australian health professional student** placement. The placement must be organised or facilitated by the UDRH to be included. Post graduate entry into undergraduate course will be recorded as an undergraduate placement under KPIa1. Students who are not Australian citizens or permanent residents ("*international students*") should be noted adjacent to these numbers. For example, if 20 Australian citizens/permanent residents attend and 5 students who are not Australian citizens or permanent residents attend, the entry should be "20 (5)"

*Postgraduate* is defined as study or research subsequent to the completion of a Bachelor Degree (the basic (first) undergraduate degree), including Graduate Certificate or Diploma, Masters or higher level.

*Definitions for the remaining columns are the same as for KPI 1a.*

# UDRH Progress Report

## Key Result Area 2 - Expand educational opportunities that are relevant for rural and remote practice.

### Key Performance Indicator 2:

State the number of enrolments in undergraduate and postgraduate units and courses delivered by or in association with the UDRH, where the UDRH is responsible for 50% or more of teaching. Include the number of indigenous students and students who are existing rural or remote health professionals and EFTSU. (Please note that the undergraduate student numbers may be a sub-set of those reported under KRA1)

Unit/Course and University course code	Total number of students	Number of Indigenous students (subset of total number of students)	Number of students who are existing rural or remote health professionals (subset of total number of students)	Number of either:	
				EFTSU	Participant hours
<i>Vocational</i>					
<i>Undergraduate</i>					
Bachelor of Nursing Science	30	3	8	11.5	
<i>Postgraduate and research students</i>					
Graduate Certificate in Rural and Remote Paramedic Practice	24	0	24		940*
Public health physician	1	0	1		940
GP registrar	1	0	1		940
Midwifery	1	0	1	.5	
Clinical Teaching	1	0	1		125
Masters of Public Health and Tropical Medicine (2 staff enrolled in JCU SPHTM)	2	1	2	.4	
Doctor of Philosophy	2	0	0	2	2945

\* The Graduate Certificate in Rural and Remote Paramedic Practice has seen 24 students continue to be enrolled in the whole course, of whom, 18 graduated in December 2007. A remaining 42 students have completed the clinical subjects and will begin their Population Health Component in early March 2008 with expected completion in June 2008.

### Definitions:

All students to be included where the UDRH is responsible for 50% or more of teaching.

*Courses* can be defined as a course of study, unit, subject or topic. These may be delivered externally.

*Vocational courses* means accredited vocational training courses.

*Postgraduate course numbers* include both course-based postgraduate students and research students affiliated with the UDRH. GP Registrars may also be included in this category. *Affiliated* means that substantial formal support is provided to the student by the UDRH, such as formal supervision by a UDRH academic, use of UDRH facilities for three or more months or student participation in a UDRH research or development activity.

*Numbers to be reported* are those enrolled at the beginning of the year or semester.

*Existing rural and remote health professionals* are health professionals living and working in RRMA 3 to RRMA 7 areas.

*EFTSU* means Equivalent Full Time Student Units, that is, an estimation of the proportion of what the auspicating body considers a full-time load for a student in that program.

## UDRH Progress Report

### **Key Result Area 3 - Undertake research and related activities in rural and remote health issues**

#### **Key Performance Indicator 3a:**

Report on the number of new research and development grants and consultancies (including specific-funded consultancies) awarded in the reporting period including the lead agency, funding source and period and value.

Title of project	Lead agency	Funding source/s	Funding period	Value to UDRH	Total value
The Geoffrey T Ey Fellowship	MICRRH	Royal Australasian College of Physicians	Oct 2007- Oct 2008	\$5000	\$5000
The potential role of physician assistants in providing Indigenous Australians with health care services	MICRRH	Queensland Aboriginal and Islander Health Council (QAIHC)	August to December 2007	\$59,192	\$59,192

#### **KPI 3a Definitions:**

Only grants awarded during the reporting period are to be listed here. Funds received, or activity undertaken against grants previously awarded, are not to be listed here.

Both grants administered by the UDRH (ie where the UDRH is the lead agency), and grants in which the UDRH is not the lead agency but still performing an active role, are to be included. This reflects and encourages collaborative research activity.

*Value to UDRH* means the monetary value which is administered by the individual UDRH.

#### **Key Performance Indicator 3b:**

Report on the number of publications and publicly available reports produced by UDRH staff and affiliated students during the reporting period.

Name of Paper/article/report	Publication	Publication date (anticipated/if known)	Peer-reviewed/non-peer reviewed
The expanding role of generalists in rural and remote health: A systematic review	Australian Primary Health Care Research Institute (APHCRI) – Stream Six	November 2007	Peer Reviewed
Remotely Educated: Dialogues on health education in Remote Australia	The Clinical Teacher	2007, 4: 198-203	Peer Reviewed
Indigenous Lifescritps – Educating health professionals and clients	Chronic Disease Network Conference	30 <sup>th</sup> – 31 <sup>st</sup> August 2007, Darwin, NT	Peer Reviewed
Rural and remote paramedic workforce expanded scope of practice in Australia	The Rural Clinical School of Western Australia Annual Scientific Meeting	31 <sup>st</sup> August – 2 <sup>nd</sup> September, Geraldton, WA	Peer Reviewed
Supporting the remotely interested – The role of the University departments	The Rural Clinical School of Western Australia Annual Scientific Meeting	31 <sup>st</sup> August – 2 <sup>nd</sup> September, Geraldton, WA	Peer Reviewed

## UDRH Progress Report

New Horizons – Expanding PA programs into rural and remote Australia	Physician Assistant Education Association Annual Education Forum	24 <sup>th</sup> – 28 <sup>th</sup> October, Tucson Arizona (USA)	Peer Reviewed
Innovative ideas for rural and remote health workforce shortage	Skill Mix and Workforce Development – Sharing the lessons learnt	22 <sup>nd</sup> – 23 <sup>rd</sup> November 2007, Melbourne	Peer Reviewed

### KPI 3b Definitions:

Publications which have been accepted for publication during the reporting period, are to be reported.

Reporting is on papers which were accepted for publication during the reporting period. The list will include full reference, anticipated publication date/publication date (if known) and be separated into peer reviewed publications, non-peer reviewed publications, and reports produced (eg on a consultancy basis) which are not published in journals, but which are publicly available/in the public domain. Conference presentations that are not published in proceedings are not included.

## UDRH Progress Report

### **Key Result Area 4 - Support for rural health professionals, consumer, and communities.**

#### **Key Performance Indicator 4:**

Report on the development activities for health professionals, consumers, and communities, conducted during the reporting period, by numbers of participants, duration and type.

Type of activity	Number of participants	Number of indigenous participants	Total number of participant-hours
<i>Training for effective clinical support (ie preceptor training)</i>			
<i>Journal clubs/ seminars/grand rounds</i>			
Grandrounds presentations	32	Unknown	32
<i>Formal mentoring</i>			
One-on-one research support for health professionals undertaking specific research or evaluation projects	2	0	8.5
<i>Clinical updates &amp; other continuing education</i>			
Dr Jeffrey Hannah- Rheumatic Fever in NW Qld	33		33
Ultrasound & Emergency Medicine workshop – organised by NWQPHC and ACRRM	12		192
Dr Gerry Costello – RFDS lecture	10		15
Simman Training Scenarios	167	Unknown	167
Simman Roadshow (Bedourie & Boulia) 6-7 <sup>th</sup> Dec	17	2	34
<i>Online training</i>			
<i>Other training</i>			
PHCRED Roadshow I (Weipa, Innisfail, Atherton, Mareeba and Cairns) with State PHCRED Collaboration, 9 <sup>th</sup> to the 13 <sup>th</sup> July, delivery of the project planning, qualitative and quantitative methods, and questionnaire design.	74	Unknown	239
'Devils in the Detail' Project Implementation Workshop, 23 <sup>rd</sup> August	20	Unknown	120
Mount Isa Remote Health Conference – 'Are you Remotely Interested?'	102	Unknown	1479
Grant writing workshop with Oxfam staff	2	2	3
'Devils in the Detail' Project Implementation Workshop, 18 <sup>th</sup> October	19	Unknown	114
PHCRED Roadshow II (Longreach, Emerald and Biloela) with State PHCRED Collaboration, 20 <sup>th</sup> October to 22 <sup>nd</sup> October, delivery of the 'Devils in the Detail' one day project implementation workshop.	41	Unknown	287
TAFE – EN Students	12		36
STEPS Program	12	N/A	72
Cultural Awareness Training	25	0	150
PMP Focus Group & HR Functions (JCU)	8	2	32
Purchasing & Travel Training (JCU)	8	4	16
Staff Development Training – Wuchopperen	6	6	12
Diabetes Education	5	N/A	7.5
Physician Assistant Information Presentation	4	0	6
IT Training (QH)	1	0	21

#### **Definitions:**

*Training for effective clinical support* means training for persons to undertake clinical supervision of students, as mentors, preceptors or supervisors. All forms of training aimed specifically at clinical support for students or recent graduates are to be listed here. As many of the professional activities are also of benefit to participating UDRH staff, their participation is included.

# UDRH Progress Report

## Key Result Area 5 - Contribute to innovation in education, research and service development through collaborations with universities, health services and professional and community organisations.

### Key Performance Indicator 5:

Report on the number and type of UDRH collaborations with other organisations, including a description of the project/activity. (Note: Where collaborations take place over more than one category ie University-based and State Health Services please report as a joint collaboration ie list all collaborators in 'Other partners').

Collaborators	Description of joint projects/activities
<i>University-based</i>	
JCU – School of Medicine	Collaboration on a range of projects including: <ul style="list-style-type: none"> <li>• Coordination of medical student placements</li> <li>• Collaboration with the Rural Clinical School</li> <li>• Implementation of an APHCRI Stream 6 project regarding Rural Generalism</li> </ul>
JCU – School of Nursing	Local delivery of Bachelor of Nursing Science
JCU – School of Psychology	Collaboration on the appointment of a mental health academic under the new UDRH mental health academic project
State PHCRED Collaboration including JCU Rural Health Research Unit (SOM), Griffith University, Bond University, and University of Queensland.	Coordination and collaboration on the delivery of various PHCRED initiatives such as Research Roadshows, state forum, and collaborative research activities.
Queensland University of Technology	Collaboration to expand dietetic placement opportunities
University of Texas, South-western Medical Centre, Department of Physician Assistant Studies	Establishment of a placement program for Physician Assistant students.
<i>State health services</i>	
Queensland Health (General)	State –wide projects and committees including: <ul style="list-style-type: none"> <li>• Council Member, State Health Minister's Rural Health Advisory Council and Medical Advisory Committee of the Council. (Director)</li> <li>• Workforce Innovation Working Group</li> <li>• Workforce Development Unit's workshops on alternate and innovative models of delivery.</li> <li>• Rural Generalist Working Group</li> <li>• Emergency Medicine Working Group (Rural sub-committee)</li> <li>• Northern Zone Health Service and Clinical Service Planning Committees. Participation in Health Services Planning review for MIBH – collocation of UDRH</li> <li>• PA trial site implementation committee</li> </ul>

## UDRH Progress Report

Mount Isa Health Service District (Queensland Health)	<p>Several projects including:</p> <ul style="list-style-type: none"> <li>• Mount Isa Lead Surveillance Program</li> <li>• Reference group membership for the local implementation of the 'Be Kind to Your Mind' program</li> <li>• Green Label Healthy food program, assistance with evaluation of this initiative.</li> <li>• Shared appointment of Pharmacist to fill the Pharmacy Academic role</li> <li>• Simulation emergency skills training and JHO/PHO training through our Skills lab</li> <li>• Planning for a proposed Centre of Excellence in Remote Health</li> </ul>
Queensland Injury Surveillance Unit (situated in the Mater Hospital)	Assistance with a project aimed at improving the acquisition of data regarding injury presentations at the Mount Isa Base Hospital
<i>Aboriginal community controlled organisations</i>	
Wuchopperen Health Service (Mount Isa Aboriginal and Torres Strait Islander Health Service)	Australian undergraduate student placements
Yaparjarra Aboriginal Medical Service	Board membership - Currently on hold.
Queensland Aboriginal and Islander Health Council	Funding for a project entitled: 'The potential role of physician assistants in providing Indigenous Australians with health care services'
Kimberley Aboriginal Medical Services Council (KAMSC)	Collaboration on the 'Adaptation of Lifescripts resources for use with Indigenous clients.' Project including membership of the reference group, and partners in the consultation and testing processes.
<p>AMS's participating in the testing of resources for the Lifescripts project namely:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Islander Community Health Service Ltd - Woodridge Clinic, Brisbane</li> <li>• Broome Regional Aboriginal Medical Service</li> <li>• Derbarl Yerrigan Health Service - Maddington Clinic</li> <li>• Wuchopperen Health Service, Cairns</li> <li>• Danila Dilba Aboriginal Medical Service, Darwin</li> </ul>	Testing of resources for the 'Adaptation of Lifescripts resources for use with Indigenous clients' project
<i>Professional bodies (eg Divisions of General Practice)</i>	
Australian College of Rural and Remote Medicine	<ul style="list-style-type: none"> <li>• Vice President then President (Director)</li> <li>• Board Member (Dr Louis Peachey)</li> <li>• APHCRI Stream 6 project re Generalism</li> </ul>
North and West Queensland Primary Health Care	<ul style="list-style-type: none"> <li>• Community Panel NWQ Allied Health Service (Catrina Felton Busch)</li> <li>• Board Membership (Director) until October 2007</li> <li>• Collaboration on the implementation of the After Hours Medicare grant for the proposed Mount Isa Teaching Practice</li> </ul>
Medical Training Review Panel	Director is the ADGP nominee on this panel which is the national medical training review body for Australia.
Australian General Practice Training (GPET)	<p>Membership of a number of Committees and working groups.</p> <ul style="list-style-type: none"> <li>• Academic and Research Registrar Committee</li> <li>• Tripartite Committee for GP Training (Membership includes RACGP, ACRRM and GPET)</li> </ul>

## UDRH Progress Report

<i>Other partners (eg community groups, local government, business)</i>	
Xstrata Community Partnership Program	Funding for Simulation Mannequins for Clinical Skills Laboratory, Research Fellowships and Safe Community Project Coordinator
Lifescripts project reference group: <ul style="list-style-type: none"> <li>• National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)</li> <li>• Aboriginal Health and Medical Research Council (AH&amp;MRC) of NSW</li> <li>• Australian General Practice Network (AGPN)</li> <li>• Office of Aboriginal and Torres Strait Islander Health (OATSIH)</li> </ul>	Participation in the Reference Group for the 'Adaptation of Lifescripts resources for use with Indigenous clients' project.
Outback Medical Centre, Mount Isa	Consultation and testing of resources for the 'Adaptation of Lifescripts resources for use with Indigenous clients.' project
Mount Isa Safe Community Advisory Team (composed of a range of Government and non-Government organisations)	Ongoing support of the Committee responsible for Mount Isa's application to be accredited as a safe community under the World Health Organisation Safe Community program including housing the Coordinator position that was recently funded by Xstrata Community Partnership program.
Queensland Health and University of Sydney	Collaboration re the delivery of 'Graduate Diploma in Indigenous Health' at MICRRH. Ten Indigenous students will be funded by QH to complete this course with the majority of teaching to be delivered in block mode at MICRRH.

### Definitions:

*Collaborations* include only organisations with whom the UDRH has a signed Memorandum of Understanding or has formally agreed to work together on a defined project/activity, *and* where collaborative activities were undertaken during the reporting period.

*University-based collaborators* include both other Departments, Schools and Faculties within the partner (auspicing) University/ies, as well as collaborations with non-partner Universities.

*Description of projects* are to be brief, consisting of a simple title which conveys the nature of the project to a lay reader.

# UDRH Progress Report

## **Key Result Area 6 - Embrace a strong population or public health focus; and contribute to the development of innovative service delivery models in rural and remote health.**

### **Key Performance Indicator 6a:**

Key public health achievements during the later part of 2007 include:

- Completion of Lifescrpts testing at various AMS's, and presentation of the resulting resources at Annual Chronic disease conference.
- Submission of a journal article regarding the integration of Lifescrpts with Indigenous Health checks and chronic disease management (submitted to the Australian Family Physician)
- Preparation of paper on role of population health approach to chronic disease management and task transfer as possible solution to rural and remote workforce shortages.
- Preparation of a paper on the introduction of school based immunisation program in Mount Isa.

### **Key Performance Indicator 6b:**

#### **Graduate certificate of rural and remote paramedic practice**

The first cohort of paramedics graduated in Townsville on the 15<sup>th</sup> of December. In total, 18 Rural and Remote Paramedics have successfully completed the one year course, the structure of which is described further below.

The first six months are based on the Remote Isolated Practice Endorsed Nurse (RIPERN) course and taught through the Workforce Directorate (QH) in Cairns, Queensland. This component focuses on legislative authority to practice and advanced clinical practice. This component focuses on managing acute disease presentation and is based on the Primary Clinical Care Manual developed by the Royal Flying Doctors and endorsed by QH. Students gain practical experience working alongside the health professionals already in their community, usually within a Queensland Health facility commonly staffed by nurses supported by a medical practitioner with the right to private practice.

The second component of the course is the population health component and focuses on health promotion, disease prevention and chronic disease management. In addition, there are modules on mental health, infectious disease and Aboriginal and Torres Strait Islander Health. The underlying basis of the course is for paramedics to get to know their communities and use a population based approach to health care by examining their community to identify who is at risk and provide preventive and opportunist health care. A pivotal role is to develop disease registers to ensure that those with chronic disease and risk factors are seen regularly and not just if they present in a crisis. Part of the ongoing strategy for post hospital care is to assist the local health care team and the patient to develop multidisciplinary self-management care plans.

#### **Support for a school-based immunisation program**

The recent implementation of a vaccination program (including the new Human Papilloma and varicella vaccinations) represents the first time the school immunisations have been provided through a private general practice. Other vaccinations that were provided through the program were Hep B and DTPa. An initial plan for the program was devised by the public health physician trainee and then assistance was provided with the implementation process including being present on immunisation days to provide support and assistance. Nearly 1000 vaccination were provided during this process and coverage rates were higher than the rest of North Queensland. An evaluation of the process was undertaken and a presentation of the program was delivered to the Royal Australasian College of Physicians.

## **ATTACH FINANCIAL STATEMENTS (ANNUAL QUALIFIED ACCOUNTANT'S REPORT) AND ANY OTHER DOCUMENTATION REQUIRED UNDER YOUR CONTRACT**