

**MT ISA CENTRE FOR RURAL AND REMOTE HEALTH - JAMES COOK  
UNIVERSITY**

**STRATEGIC PLAN 2003 -2006**

**VISION**

Achieving healthy rural and remote communities

**MISSION**

To improve and promote the standing of rural and remote health and to develop a Centre of excellence in rural and remote health through multi-disciplinary education, training and research

**The Centre commitments are:**

1. Continuing evaluation and deployment of quality frameworks
2. Pursuit and incorporation of innovation
  - Population health approach
  - Partnerships with rural, remote and indigenous communities
  - Partnerships with governmental and educational organisations
  - Promotion of the autonomy of indigenous people, and
  - Multidisciplinary and inter-sectoral collaborations

**The strategic objectives of the national UDRH program are:**

1. To increase and improve the rural experience of undergraduate and postgraduate students in the health professions;
2. To provide training and support for preceptors so that rural experience for students is of high quality;
3. To embrace a strong public or population health focus and to address indigenous health issues;
4. To provide training to ensure that health professionals become culturally aware and sensitive to aboriginal health issues;
5. To 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.
6. To provide support and continuing education opportunities for health professionals already in rural and remote areas;
7. To develop and maintain strong links with the providers of mainstream continuing education for health professionals in universities and professional associations;
8. To develop innovative service delivery models to meet the needs of rural and remote areas;
9. To undertake research into rural and remote health and health care issues; and
10. To develop partnerships and networks with Communities, health service providers, other training and research institutions to increase the exposure of communities, students and health professionals to appropriate education and research activities.

## **DOMAINS OF STRATEGIC ACTIVITY.**

The strategic activities of MICRRH fit into 5 domains which have objective areas which exist as subsets of these domains. In past strategic plans the objective areas provided the main focus for the Centre's activities and reporting however they didn't exactly reflect the purpose of the Centre's activities. e.g. Workforce Support and Development now includes the Education and Training, Recruitment and Retention as well as Innovative workforce models activities. This is done so as to include the purpose of the Commonwealth UDRH strategies and mirrors more closely the intent measured in the new KPIs provided by the Commonwealth. (Appendix 1.)

### **WORKFORCE SUPPORT AND DEVELOPMENT**

- A. Multidisciplinary professional education and training
- B. Recruitment and retention of rural and remote health professionals
- C. Innovative models of workforce development and service delivery

### **INDIGENOUS HEALTH**

- D. Indigenous health workforce and service delivery development

### **POPULATION HEALTH**

- E. Promoting the application of a population health approach

### **RESEARCH**

- F. Primary Health Care research, evaluation and development

### **ADMINISTRATION**

- G. Quality Framework for governance and management

**Table 1. Relationship between Domains, DoHA Strategic Objectives and Key Performance Indicators.**

<b>PROGRAM AREA</b>	<b>DOHA UDRH STRATEGIC OBJECTIVE</b>	<b>KPIs</b>
<b>Workforce Support and Development</b>	1,2,4,5,6,7,8,10	1,2,6,7,8,9,11
<b>Indigenous health</b>	3,4,7,10	3,4,5,
<b>Population Health</b>	3,7,10	3,4,10
<b>Research</b>	7,8,9,10	1,2,3 as well as across all program areas
<b>Administration</b>	Underpins all above	1,2,3,4

## **MAJOR OBJECTIVES AND GOALS FOR 2003-2006.**

### **WORKFORCE SUPPORT AND DEVELOPMENT**

#### **A. Multidisciplinary professional education and training**

##### **ISSUES**

- Recruitment, expertise and appropriate mix of teaching staff
- Resources in remote teaching environment are fragile or non-existent, including infrastructure (accommodation & IT), experienced preceptors, and transport.
- Preceptor burnout as workload increases with increasing student load
- Diversity of training groups within the Centre in response to variety of years (JCU SOM), number of Universities and Disciplines.
- Junior House Officer Training including Orientation currently unfunded by QH.
  - Pivotal to integrated training and workforce development
  - Staff expertise not always compatible to product to be delivered
- Maintaining Library collection at high levels and quality

##### **GOALS**

1. Establish and maintain partnerships with education and training providers
2. Continue to promote MICRRH activities
3. Continue and develop new models of rural rotations for undergraduate and postgraduate students
  - a. Medicine
  - b. Nursing
  - c. Allied health
4. Involve city-based clinicians in Centre
5. Ensure that the Centre, its staff and preceptors are adequately prepared to deliver nationally accredited training

#### **B. Recruitment and retention of rural and remote health professionals**

##### **ISSUES**

- Inability to influence major health service providers
- Dependence of MIHSD on Immigrant Medical Graduates who may not be appropriate for teaching at tertiary level

##### **GOALS**

1. Recruitment of health professionals via marketing, positive experiences, pro-active student recruitment program and pro-active staff recruitment program for Centre staff
2. Facilitation of retention of health professionals in rural and remote areas within the region, including Centre staff
3. To maintain a joint library facility within the Centre to meet the needs of the MICRRH students, MIHSD staff, and other Health Providers within the North and West of Queensland

### **C. Innovative models of workforce development and service delivery**

#### **ISSUES**

- Other program expansion
  - Social Sciences, Counseling, Indigenous Mental Health
  - Based upon community needs

#### **GOALS**

1. Develop and promote models of additional and alternate and innovative service delivery
2. Develop and promote models of sustainability in rural and remote health
3. Develop and promote appropriate models of alternative and innovative service providers for rural and remote health. (e.g. North West Queensland Allied Health Service, Gulf Communities Indigenous Health Council)

### **INDIGENOUS HEALTH**

#### **D. Indigenous health workforce and service delivery development**

##### **ISSUES**

- Poor retention of Indigenous students
- Study skills, numeracy and literacy
- Indigenous Community involvement and ownership of Centre
- Cultural awareness
  - Burnout of community elders
  - Capturing students that currently aren't captured

##### **GOALS**

1. Facilitate the development and articulation of education and training pathways for indigenous health workers.
2. To provide an environment in which health professionals become more culturally aware and sensitive to Aboriginal health issues.
3. Work with Indigenous Communities and organizations to develop a process for Indigenous participation in their health.

### **POPULATION HEALTH**

#### **E. Promoting the application of a population health approach**

##### **ISSUES**

- Recruitment of appropriately trained and skilled Public Health Professionals.
- Recruitment of rural and remote health professionals into taking a population health approach to practice

##### **GOALS**

1. Integration of population health into rural and remote health training courses through the Centre
2. Promote the establishment and the maintenance of appropriate sources for health status information for the community and ensure utilisation for appropriate health planning
3. To develop in Health Professionals, a range of practical skills in preventative medicine applicable to remote settings
4. Retain a capacity to undertake population health evaluation

## **RESEARCH**

### **F. Primary Health Care research, evaluation and development**

#### **ISSUES**

- Staff expertise, skills and recruitment, sustainability
- Training capacity of Centre, time of target groups to allocate to acquire skills in research
- Promotion of research to community, including community engagement and identification of community needs.
- Tapping into University linkages to support local staff and provide research supervision and guidance.

#### **GOALS**

1. Facilitate a sustainable research culture in North West Queensland
2. Facilitate a structured and coordinated approach to research, evaluation and development through the establishment and maintenance of partnerships with key stakeholders.
3. Undertake research and evaluation activities to inform strategic planning for policy-makers, service planners, clinicians and the community.
4. Ensure that all projects undergo a process of ethical approval.
5. Increase the capacity of MICRRH staff and key stakeholders in the area of research, evaluation and development
6. Increase the public and academic profile of MICRRH's research activities through the development and implementation of a marketing strategy.

## **ADMINISTRATION**

### **G. Quality Framework for governance and management**

#### **ISSUES**

- Staff retention, development and training
- Staff workloads
- Infrastructure static in expanding environment
- Budget static in expanding environment and workload and not tied to increased activity of Centre.
- Integration into JCU governance, finance, HR and management systems
- Commonwealth contractual obligations

#### **GOALS**

1. Effective succession planning in the Centre
2. To develop efficient and functional administrative systems for the MICRRH.
3. To create and implement a qualitative framework for the administration of the MICRRH
4. To promote, encourage and implement communication, consultation and participation of staff in decision making processes as appropriate
5. To set up and maintain effective and innovative IT systems within the MICRRH to meet its functional needs
6. To support the Research Programs of the MICRRH and the District Clinicians with Data Management Solutions

**APPENDIX 1.  
KEY PERFORMANCE INDICATORS REPORTING TEMPLATE.**

<i>UDRH Name</i>	<i>Mt Isa Centre for Rural and Remote Health, James Cook University</i>
<i>Reporting Period</i>	

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

**(Provide a summary of whether the objectives and outcomes of the Project are being achieved and if not, why not)**

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

**Key Performance Indicator 1:**

State the number of Australian 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.

<b>Discipline/ Course (remove or add as necessary)</b>	<b>Number of students provided with placements of one week to less than two weeks</b>	<b>Number of students provided with placemen ts of two weeks or longer</b>	<b>Total num ber of studen t weeks</b>	<b>Number of Indigenou s students</b>	<b>Number (percentage ) of students reporting high level of satisfaction with their placement</b>	<b>Number of student receiving cultural awarenes s training as part of their placemen t</b>
Aboriginal Health						
Audiology						
Dietetics						
<i>Health Promotion</i>						
<i>Medical Radiation</i>						
Medicine						
Nursing						
Occupational Therapy						
Optometry						
Orthoptics						

Orthotics/Prosthetics						
Pharmacy						
Physiotherapy						
Podiatry						
<i>Psychiatry</i>						
<i>Social work</i>						
Speech Therapy						
<b>TOTAL</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. It is to form part of the student’s assessment and experience.

*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.

*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.

**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 the UDRH. Include the number of indigenous students and students who are existing rural or remote health professionals and EFTSU.

<b>Unit/Course and University course code</b>	<b>Total number of students</b>	<b>Number of Indigenous students (subset of total number of students)</b>	<b>Number of students who are existing rural or remote health professionals (subset of total number of students)</b>	<b>EFTSU</b>
<i>Vocational</i>				
<i>Undergraduate</i>				
<i>Postgraduate and research students</i>				

**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. 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. *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 auspicing body considers a full-time load for a student in that program.**

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

**Key Performance Indicator 3a:**

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

<b>Title of project</b>	<b>Lead agency</b>	<b>Funding source/s</b>	<b>Funding period</b>	<b>Value</b>

**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.

**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.

<b>Name of Paper/article/report</b>	<b>Publication</b>	<b>Publication date (anticipated/if known)</b>	<b>Peer-reviewed/non-peer reviewed</b>

**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.

**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	Total number of participant-hours
<i>Training for effective clinical support (ie preceptor training)</i>		
<i>Journal clubs/ seminars/grand rounds</i>		
<i>Formal mentoring</i>		
<i>Clinical updates &amp; other continuing education</i>		
<i>Online training</i>		

**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.

**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.

<b>Collaborators</b>	<b>Description of joint projects/activities</b>
<i>University-based</i>	
<i>State health services</i>	
<i>Aboriginal community controlled organisations</i>	
<i>Professional bodies (eg Divisions of General Practice)</i>	
<i>Other partners (eg community groups, local government, business)</i>	

**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.

**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:**

Report on the population or public health focus underpinning UDRH activity.

*(A paragraph of approximately half a page describing one or two initiatives which demonstrate the UDRH's population or public health focus during the reporting period)*

**Key Performance Indicator 6b:**

Report on UDRH activities which have contributed to the development of innovative service delivery models in rural and remote health.

*(A paragraph of approximately half a page describing one or two initiatives which demonstrate the UDRH's contributed to the development of innovative service delivery models in rural and remote health during the reporting period.)*

While these paragraphs may repeat information reported elsewhere, they should not simply refer to other information in the report (eg by stating “see above”), as the aim is to provide stand-alone information that can be easily collated by the Department into a digestible program-wide report on these areas of activity.

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