



## Outline of workshop

**Felicity Goodyear-Smith** Summary of proposed National School of Rural Health

**Garry Nixon** What this might look like in practice

**Ruth Stewart** Overview on what it looks like in Australia

**John Burton** Vision for academic rural health (teaching & research), how this might be shaped in his community

**Group discussion, Q & A**

## Medical pipeline

Sufficient medical students being trained  
but maldistribution of workforce

Need to increase medical students  
choosing GP from 30 to 50%

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## Ways to increase the workforce

- Rural origin
- Undergraduate rural exposure (especially one-year immersion in longitudinal integrated clerkship)
- Targeted postgraduate education for rural practice
- Increase attractiveness of rural site eg critical mass of practitioners, academic posts, jobs for partners

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## Proposed 'virtual' national & interprofessional rural school

- Not new tertiary provider – coordinates existing providers
- Only small presence on main university campuses
- Qualifications, students, curriculum & assessments sit with parent institutions, as they currently do
- Enabling body responsible for delivering existing curricula of institutions in coordinated & efficient manner in rural NZ

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## UG & PG medical & other health professional training programmes



➤ University of Auckland (Medicine, Nursing, Pharmacy, Optometry)



➤ University of Otago (Medicine, Nursing, Pharmacy, Dentistry, Dietetics, Physiotherapy)



➤ Royal New Zealand College of General Practitioners (RNZCGP)



➤ New Zealand Rural General Practice Network (NZRGPN)



➤ Open to other universities & institutions

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## Integrated training



Vertical



Horizontal

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## Rural academic hubs

Up to 20 interprofessional rural sites networked into SRH

Facilitate increasing % medical students to have year-long rural immersion (longitudinal integrated clerkship)

Coordination of placements of all types of trainees

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## Social & financial investment in rural communities

Geographically dispersed leadership & support services

- Clinician-led, community-supported & driven
- Sites co-developed & co-governed by iwi & local communities
- Rurally sited administration / secretariat
- Teaching & research capacity-building
- Academic rural pathways

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## Majority of funds invested rurally

Administration

Consulting spaces

Teaching spaces

IT infrastructure

Student accommodation

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## Infrastructure for innovation

Create jobs, support rural businesses,  
schools, community groups



Building & maintenance



Catering



Gardening



Administration



Groceries



Car rental



Cleaning

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## Challenges

Significant barrier is teaching / consulting space

Need investment in bricks & mortar

- Government money
- Community funding

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## Strengths

- Builds on existing programmes
- Efficient
- Inter-disciplinary
- Multi-located
- Rurally focussed
- Sustainable

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## Benefits

Contribute to health of rural New Zealanders through education, research, service & health workforce development

Better outcome for Māori – more likely to live rurally