Editorial

Establishing a rural academic infrastructure for individual health professions

Well-structured voluntary rural placements have a positive and independent impact on the likelihood of undergraduate students going into rural and remote practice, or so the latest evidence from allied health and nursing literature suggests. Young rural and remote health professionals also perceive support, training and mentoring as essential for improved recruitment and retention of young practitioners.

Pharmacist Academics at University Departments of Rural Health

The much maligned ‘tyranny of distance’ associated with delivering health care in rural and remote Australia is undeniably a major barrier to the provision of such support. The Pharmacist Academics at University Departments of Rural Health (PAUDRH) scheme was created to provide academic support infrastructure which addresses workforce issues within rural and remote Australia; it is one of the few attempts by an individual non-medical health profession to provide such support. This article reflects on the development of the scheme and offers guidance for other professions or groups who might seek to establish similar academic networks.

Australian pharmacists are fortunate to have the Rural and Remote Pharmacy Workforce Development Program (RRPWDP), which is funded by the Commonwealth Department of Health and Ageing under the terms of the Third and Fourth Community Pharmacy Agreements. Administered by the Pharmacy Guild of Australia, the program provides a diverse range of supports, such as emergency locum supports, education travel allowances, rural scholarships, undergraduate scholarships for Indigenous peoples, and practice-support allowances. This program model arose primarily to help address the acute shortages identified in the rural and remote workforce. In 1999, the total number of employed pharmacists per 100 000 population ranged from 87 in capital cities and 60 in small rural areas, to just 32 in remote areas; the corresponding numbers of pharmacists employed outside a community or hospital pharmacy – for example those in academia and industry – were 7, zero and zero. These figures suggest that the problems, incited by an acute shortage of rural and remote pharmacy workforce, were being compounded by a shortfall in professional support structures.

Growth and role of Pharmacist Academics at University Departments of Rural Health

Funding of PAUDRH positions stemmed from recognition of the need for professional, educational, research and other academic input in rural and remote pharmacy. From an initial eight part-time appointments in 2001, 10 pharmacist academics are now funded full-time to work at multidisciplinary university departments of rural health (UDRHs); they have the following objectives:

- to raise the profile of rural pharmacy within pharmacy schools and UDRHs
- to ensure that pharmacy graduates are sufficiently prepared for rural practice, and exposed to the rural practice setting
- to provide organisational and developmental support for pharmacists
- to provide academic support and mentoring to pharmacy students on rural placements.

Ascribing these objectives to the PAUDRH scheme explicitly emphasises activities which will directly or indirectly support a rural workforce. Most pharmacist academics have developed a range of activities, often multidisciplinary in nature, to ensure improved quality and support to students and preceptors. The access to university infrastructures and multidisciplinary support networks afforded by being based at UDRHs has facilitated this role.

The Pharmacist Academics at University Departments of Rural Health network

An important development has been the formation of a distinct PAUDRH network to establish communication between the individual academics throughout Australia. The network is invaluable as a means of sharing pharmacy resources, organising interstate rural undergraduate placements, and representing the scheme’s profile within various pharmacy organisations.
The network has also fostered collaboration between members for the successful development of more formal activities such as the following:

- Continuing education articles with continuing professional development points aimed specifically at rural pharmacists
- National and international conference presentations
- Grant funding to develop a rural and remote pharmacy practice network, and also a rural and remote pharmacy-orientation package for undergraduate students and new recruits. Most of the developed resources are accessible at http://www.rarpop.com.au/.

**National significance of Pharmacist Academics at University Departments of Rural Health outcomes**

As well providing continuing education with local relevance and other professional support on a needs and capacity basis, individual academics have been able to achieve nationally relevant positive outcomes areas such as the following:

1. Increased advocacy and professional involvement by rurally focused academics. For example, work in the area of Aboriginal health by different members includes: the co-authoring of a text about medicines management for Aboriginal people, involvement in the development of revised national guidelines for the treatment of Aboriginal patients with alcoholism (ongoing), development of train the trainer program for Aboriginal health workers (joint initiative by National Aboriginal Community-Controlled Health Organisations and National Prescribing Service), development and delivery of Community Pharmacy Assistant training tailored for the needs of Aboriginal students, research assessing barriers to medication compliance in Aboriginal communities (ongoing), and development and maintenance of the Kimberley Standard Drugs List.

2. Increased involvement by rural pharmacists and rural academics in significant pharmacy and multi-disciplinary research projects. For example, in cardiovascular disease, projects with PAUDRH involvement have included the development of screening services by pharmacists in rural New South Wales and the WHO Multinational Monitoring of Trends and Determinants in Cardiovascular Disease (MONICA) surveys in the Greater Green Triangle, one of the few chronic disease risk factor surveys which does not exclude smaller rural areas and which collected anthropometric measurements.

3. Development of education for rural and remote pharmacy. For example, pharmacist academics have been involved in assessing future continuing education needs of community pharmacists, and have also played an active part in the development of the national online preceptor training program (and now being adapted for multidisciplinary use).

**Challenges faced by rural academic pharmacists**

Difficulties are inevitably encountered with such an ambitious scheme, and it is important to recognise them so that with careful planning, future models circumvent any identified difficulties. Involvement with the PAUDRH network has taught the following three lessons:

1. Long-term commitment is required
   Programs should not be constrained by a one- or two-year timeframe unless you are confident of recruiting quickly and achieving the program outcomes in the limited timeframe.

   Recruiting academic pharmacists to rural areas held the same challenges as recruiting to other pharmacy areas: labour intensive and time consuming. Specifically, delays in appointing academics affected the initial ability to achieve outcomes. Protracted renegotiation of the Rural and Remote Pharmacy Workforce Development Program (RRPWDP) funding in 2005 (now resolved) resulted in general uncertainty about its future, which created a sense of inertia as academics were given a series of six-monthly contracts. This absence of job security restricted the academics’ ability to seek research funding, plan educational events and indeed recruit new pharmacist academics.

2. Funding must be adequate
   The posts were initially funded on a part-time basis (now full-time), despite substantial workloads associated with both the academic role and other roles designed to fund the remainder of the position. Moreover, no administrative budget was provided with the positions so that expenses were expected to be met from the core UDRH budget. This led to a varied ability of individual academics to provide services such as continuing education, and to travel to students, preceptors and other necessary destinations. The PAUDRH network viability was sustained through the funding of teleconferences by stakeholders such as UDRHs and the RRPWDP.

3. An evaluation framework should be rational, based on clear objectives and negotiated prior to commencement
   Inaugural positions had a uniform set of objectives for each pharmacist academic, the scope of which was subsequently seen as largely unrealistic for the then part-time job, and the relevance and applicabil-
ity of the individual's objectives were seen to vary depending on the circumstances of their positions. Under the current funding, this inappropriateness of role has been largely resolved by allowing individual academics to negotiate appropriate changes to their objectives.

In conclusion, such academic networks can play a meaningful role in developing individual professions in rural and remote areas, and a multidisciplinary academic environment supports and augments this potential. In developing a project and evaluation framework, it is important to recognise that rural and remote areas comprise non-homogenous needs, and that freedom should exist to tailor the academic role accordingly. Perhaps most importantly, it should be recognised that academic programs are often a long-term endeavour which form part of a much wider picture; sustainability of the program and appropriateness of outcome measures are therefore essential for success.

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Conflict of interest

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References