1 Introduction

This report presents the findings of an evaluation of two of the Department of Health and Ageing’s (the Department) workforce strategies designed to increase the capacity of the Australian rural health workforce, the University Departments of Rural Health (UDRH) Program and the Rural Clinical Schools (RCS) Program. Urbis was commissioned by the Department to undertake the evaluation which included an extensive consultation with staff, students and stakeholders of 11 university departments of rural health and 14 rural clinical schools across Australia, as well as a large number of external stakeholders including academics and other university staff, representatives of Indigenous health services, some of the health professional colleges and peak bodies, and officers within the Department of Health and Ageing and other government agencies or departments. While the timetable for the consultation was short, in total approximately 530 people were consulted.

This evaluation took place five years after the lapsing program evaluations of 2003, which recommended continued funding for both Programs. While the previous evaluations were conducted separately, in 2008 the Department of Health and Ageing chose to combine the evaluation of both Programs. Although the aims and implementation of each Program differ, both Programs share the common goal of increasing the size and strength of the rural health workforce and a common philosophical foundation based on a belief that exposing university health science students to rural communities, lifestyle, and clinical practice will influence their decision to choose a rural health career. This foundation is grounded in evidence internationally and within Australia that rural origin and exposure to the rural setting tend to have a positive influence on the decision to practice rurally (Azer et al 2001, Courtney et al 2002, Critchley et al 2007, Dunbabin and Levitt 2003, Laven and Wilkinson 2003, Playford et al 2006, Somers et al 2007).

The evaluation is timely. Both Programs have been operating for approximately eight to ten years (the UDRH Program predating the RCS Program), and their last major evaluation was five years ago. In that time infrastructure, staffing, and student numbers have all increased, and the Programs have become more established in their current modes of operation. The evaluation is also timely in light of the Rudd Government’s decision to review all of the Department’s rural health programs as well as the classification of urban, rural and remote regions (Roxon, 2008b). Although the decision to evaluate the UDRH and RCS Programs was made before the Rudd Government took office, the evaluation report is presented in the context of an intensive period of review and analysis of the Government’s overall rural health strategy.

The objectives of the evaluation were to report on:

- the current effectiveness, and future role, of each Program within the context of the current national approach to improving rural and remote health services in Australia; and
- the degree to which RCSs are satisfying RCS Program parameters and UDRHs are achieving UDRH Program objectives.

In essence, the evaluation is a double evaluation examining two separate Programs while recognising the commonalities between them. It is unique in the life of either Program in providing a combined framework for analysing the achievements of two educationally-focussed, workforce distribution initiatives. Collaboration across the two Programs occurs at the local level but the two Programs are structurally and operationally independent.

A common methodology was developed to review both Programs although the results for each Program are reported separately (see chapters 4 and 5). However, at the strategic and policy level many of the issues facing each Program are similar. Chapter 6 therefore discusses these issues across both Programs. Recommendations for the Department, each Program, and host universities are found in chapter 6.