More rural and Aboriginal students for health related university courses – are we making progress?

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The shortage of health professionals in rural and remote areas has been a serious concern. Rural health professionals are constantly leaving for urban practice. The training and recruitment of health professionals who may be prepared to serve rural communities for a lengthy period is a challenge if a nation is committed to the provision of equitable health services to its rural population.

Research findings show that medical graduates with rural backgrounds are more likely to choose practice in rural communities. Consequently, researchers have suggested that the recruitment of people with rural backgrounds should be a focus of recruiting medical students and rural practitioners (Chesters et al. 2001; Cooper et al. 1972; Fromm et al. 1985; Han et al. 2001; Han et al. 2002; Humphreys et al. 2001; Kamien 1987; Piterman and Silagy 1991; Rabinowitz 1988; Rolfe 1995; Rourke 1993; Silagy and Piterman 1991; Strasser 1992; Wise et al. 1992).

Similarly, it may be safe to assume that health professionals with Aboriginal backgrounds are likely to work for the Aboriginal population. The strategy to recruit more rural and Aboriginal students to health courses at universities might prove fruitful, although it will be a while before the full impact is revealed. For example, 22–23% of Monash University's medical school intake in recent years has been students from rural backgrounds. New nursing and pharmacy programs have been established in rural and regional parts of the nation. It will take time for these students to complete their courses and come to the point of choosing whether to practice in metropolitan or rural areas.

This is a brief interim study on the number of rural and Aboriginal and Torres Strait Islander students who commenced in 2000 and 2001 at health related courses in three of the members of the Victorian Universities Rural Health Consortium (VURHC): Monash, Melbourne and Deakin universities.

Background

Government strategies to facilitate rural students to study a health profession and undertake rural practice

In recent years the Commonwealth Government has introduced a number of strategies to promote the rural health workforce. These have included some scholarships designed to support students from rural and remote communities who are undertaking tertiary study in the health professions, enhance students' rural experience during their studies, or provide an incentive for undertaking rural practice once graduated. All of these assist to make health careers more accessible and attractive for rural students.

The Commonwealth scholarships are limited, however, to a small number of professions. Originally introduced for medical students, there are now some schemes available for nursing and pharmacy students.

Medicine

RAMUS (Enhanced Rural Australian Medical Undergraduate Scholarships) is available to students with a rural background, and this scholarship provides $10,000 annually to help with travel, accommodation and living costs until graduation. This scheme supports full-time students only.

The John Flynn Scholarship Scheme supports medical students to develop a long term relationship with a rural community by providing a two week placement in the same rural community during each of the four years of students' studies.

Medical Rural Bonded Scholarships provide 100 scholarships worth $20,000 a year to new medical students prepared to commit to at least six years of rural practice once they complete their basic medical and postgraduate training.

The HECS Reimbursement Scheme enables new medical graduates who agree to work in a rural area to have one fifth of their HECS debt reimbursed for each year of service they provide in a designated rural area.

Nursing

Rural Undergraduate Nursing Scholarships provide up to 100 scholarships worth $10,000 annually for rural students. An additional 10 scholarships are available for Aboriginal and Torres Strait Islander students wishing to undertake a nursing degree.

In addition to these scholarships, the Victorian Government also provides a Rural Clinical Placement grant to support student nurses to undertake a rural clinical placement or to support rural student nurses to undertake a metropolitan placement.

In Victoria, nurses re-entering the workforce and completing a refresher or supervised practice program are also eligible for a travel bursary through the Victorian Nurse Recruitment Strategy.

Pharmacy

Two scholarships are offered through the Rural and Remote Workforce Development Program:

- The Rural and Remote Undergraduate Scholarship Scheme provides recipients $6,000 annually for up to four years.
- The Aboriginal and Torres Strait Islander Scholarship Scheme provides $15,000 annually to recipients for up to four years.

There are also Rural and Remote Placement (Internship) Allowances available to support pharmacy students for work experience in rural and remote communities.

In Victoria, the Rural Health Scholarship Foundation for Victoria provides scholarships of up to $5,000 to health care students in the second half of their degree wishing to pursue a career in rural practice.

In addition to these scholarships schemes, individual universities provide a range of scholarships, targeted entry schemes and support services to encourage rural students to undertake health related courses.

Method

In 2000 and 2001, the Department of Education, Training and Youth Affairs (DETYA) required that each Australian university report the number and proportion of commencing students in terms of equity groups such as disability, Aboriginal and Torres Strait Islanders (ATSI), non-English speaking background (NESB), urban or rural, socio economic status, broad field of study, and so on. As this data is reported in a standardised format for all universities, comparison and aggregation of data across the participating universities is now possible.

Data for three Victorian universities: Monash, Melbourne and Deakin Universities was sourced from the Broad Field of Study 07 Health (2000) and 06 Health (2001) Equity Groups. The broad field of study category includes medicine, nursing and other health related sciences. Social Work and other similar courses are not included in the Health Group so, although they are important health service disciplines, this data limitation means that they have not been included in this study.

There was a minor change in the categories in which each Australian university was required to report to DETYA to form the statistical tables, between 2000 and 2001. Further, there seemed to be minor differences between the three universities that have been considered for this study. However, the statistics from the three universities were generally compatible for the purposes of comparing and contrasting the data. Deakin University does not have a medical school and therefore has not been considered for the purpose of examining the number or proportion of rural or ATSI students in medical schools. Further, due to the change from a 6 year to a 5 year undergraduate medical program, Monash University did not have an intake of medical students in 2001.

Findings and discussion

Rural intake

In 2000, 330 students (16.1% of the intake) from rural backgrounds commenced undergraduate and postgraduate studies in the broad field of Health at Monash. Melbourne University had 134 (13.0%) and Deakin University 279 (23.5%). In 2001 these numbers decreased to 281 (19.8%), 161 (8.2%), and 252 (22.0%) in the respective universities. Both the number and proportion of students from rural backgrounds decreased, apart from the proportion at Monash.

Regarding the number of students commencing undergraduate studies in the broad field of Health, in 2000, 241 (16.5%) rural students commenced at Monash, 59 (17.7%) at Melbourne, and 191 (22.4%) at Deakin. In 2001 these numbers decreased to 215 (20.3%), 55 (14.3%), and 164 (20.8%) in the respective universities. There is a clear indication of decrease in the number of rural background students enrolled in or commencing health related studies between 2000 and 2001. However, the proportion of rural background students has slightly decreased at Melbourne and Deakin and has slightly increased at Monash (see Han et al 2002 for detailed statistics).

ATSI intake

Aboriginal studies in general is a relatively small field in terms of enrolments in Australian universities. Just 1,086 students were enrolled in 2000 which was a significant increase from 576 in 1990. With an increasing awareness of Aboriginal culture and values, more universities are offering various indigenous studies or subjects with indigenous components. It is encouraging to note that about half the enrolments in Aboriginal studies are indigenous people. There has been a decline in the proportion of indigenous students in these courses since 1995 (Richardson, 2001). Although the decline indicates a wider interest in indigenous studies the proportionate reduction in participation by the Aboriginal population is a serious matter.

In 2000, Monash University had only one ATSI student enrolled in undergraduate or postgraduate programs covering the broad field of study Health, Melbourne University zero, and Deakin University 4 ATSI students. In 2001 these numbers increased to 14, 17, and 18 in the respective universities.

With regard to the number of students commencing undergraduate studies in the broad field of Health, in 2000 one ATSI student commenced at Monash, none at Melbourne, and 3 at Deakin. In 2001 these numbers increased to 8, 2, and 3 in the respective universities. There is a clear indication of increase in the number of ATSI students enrolled in or commencing health related courses between 2000 and 2001, however the current number of Aboriginal students is far from satisfactory.

Whilst Australian universities have been actively engaged in recruiting overseas students and a notable number are currently studying in the three universities, there is also a great need to proactively recruit ATSI students to health courses in Australian universities.

Concluding remarks

The statistics presented in this interim study cover two years and it is therefore difficult to report any trends.

The Monash University Nursing Basic program enrolled 100 (33.1%) students with rural backgrounds in 2000 and 96 (33.1%) students in 2001. Similarly the Deakin University Nursing Basic program enrolled 141 (27.98%) with rural backgrounds in 2000 and 107 (33.9%) in 2001. Examining these figures, one may be able to say that establishing health related programs in rural settings is as important as recruiting students with rural backgrounds to university campuses in the metropolitan area. Whether students with rural backgrounds, studying in either the city or the country, are going to pursue their health careers for a lengthy period is open to future investigation.

The Monash University Pharmacy course enrolled 20 (0.1%) rural background students in 2000 and 13 (6.0%) rural students in 2001. These proportions are relatively low and need to improve. Similarly, Melbourne University's Dentistry program enrolled 2 (4.3%) rural students in 2000 and 3 (6.5%) in 2001. These figures also indicate an area of concern. Other areas that also need to improve significantly include Optometry and Human Movement.

Finally and broadly speaking, a systematic approach is required to support the participation of rural and Aboriginal people in higher education, especially health related courses. The present government often claims that higher education enrolments are 'trending steadily upwards' (Behind The Scenes 2000, Liberal Party Website) and that 'true reconciliation is … best found within practical means to improve the well-being and happiness of indigenous Australians and raising standards to levels enjoyed and expected by all of us' (Menzies Lecture Series, pp. 3-4, both cited in Braham et al. 2002: 11). However, as partly indicated in this paper, the level of engagement of the indigenous population in higher education has reversed under the present government (Braham et al. 2002: 11).

Acknowledgement

This research was a project of VURHC supported by the Commonwealth Department of Health and Aged Care and the Victorian Department of Human Services. The authors are indebted to Matthew McGrail for statistical support and Marion Miller for constructive comments on an earlier version.

References

Braham W, Henry J, Bamblet E & Bates J 2002, 'Indigenous Australian participation in higher education: the realities of practical reconciliation', *Australian Universities Review*, vol 45, no 1, pp 11-14.

Chesters J, Han GS, Strasser S & Ballis H 2001, 'An anatomy of doctoring rural towns', in *All Change! Gippsland Perspectives on Regional Australia in Transition*, Dibden J, Fletcher M & Cocklin C (eds), Monash Regional Australia Project, Melbourne, pp 79-93.

Cooper JK, Heald K & Samuels M 1972, 'The decision for rural practice', *Journal of Medical Education*, December 47, pp 939-944.

Fromm B, Konen JC, Boska RB & Wolff, LT 1985, 'Exposures leading to the selection of family medicine and rural practice', *Family Practice Research Journal*, vol 5, no 2, pp 127-136.

Han, GS, Chesters J, Strasser S, and Ballis H 2001, ' "Challenge and excitement": why Australian doctors love and hate rural practice', The 7th Annual International Qualitative Health Conference, Yihwa Women's University, Korea, June 26-29.

Han GS, Mahnken J & Belcher S 2002, *The number and overall percentage of rural and Aboriginal students entering health courses in three Victorian universities*, Victorian Universities Rural Health Consortium (VURHC), Melbourne.

Humphreys JS, Jones J, Jones M, Hugo G, Bamford E & Taylor D 2001, 'A critical review of rural medical workforce retention in Australia', *Australian Health Review*, vol 24, no 4, pp 91-102.

Kamien M 1987, *Report of the Ministerial inquiry into the recruitment and retention of country doctors in Western Australia*, Department of Community Practice, University of Western Australia, Perth.

Piterman L & Silagy CA 1991, 'Hospital interns and residents' perceptions of rural training and practice in Victoria', *Medical Journal of Australia*, vol 155, pp 630-633.

Rabinowitz HK 1988, 'Evaluation of a selective medical school admissions policy to increase the number of family physicians in rural and underserved areas', *New England Journal of Medicine*, vol 318, pp 480-486.

Richardson, J 2001, 'Push to widen tertiary study of Aborigines', *The Australian* Wednesday 28 November, p 48.

Rolfe IE, Pearson SA, O'Connell DL & Dickinson JA 1995, 'Finding solutions to the rural doctor shortage: the roles of selection versus undergraduate medical education at Newcastle', *Australian & New Zealand Journal of Medicine*, vol 25, no 5, pp 512-517.

Rourke JTB 1993, 'Politics of rural health care: recruitment and retention of physicians', *Canadian Medical Association Journal*, vol 148, no 8, pp 1281-1284.

Silagy CA & Piterman L 1991, 'Attitudes of senior medical students from two Australian schools towards rural training and practice', *Academic Medicine*, vol 66, pp 417-419.

Strasser R 1992, 'How can we attract more doctors to the country?' *Australian Journal of Rural Health*, vol 1, no 1, pp 39-44.

Wise A, Hays R, Craig M, Adkins P, Mahoney M, Nichols A, Sheehan M & Siskind V 1992, *Vocational Training and Continuing Education for the Rural Medical Practitioner*, The University of Queensland Postgraduate Medical Education Committee and the Royal Australian College of General Practitioner Family Medicine Program, Brisbane.