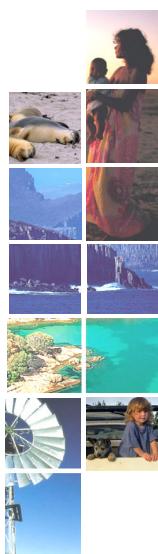


The Graduate Assistance and Partnership Program

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INTRODUCTION

The Graduate Assistance and Partnership Program (GAP Program), is an initiative of the National Rural Health Network (NRHN) that aims to create and maintain ongoing interest in rural practice among new and recent graduates of Medicine, individual Allied Health Professions, Nursing, Dentistry and Pharmacy. It is a communication, information and support program that will assist new graduates during the transition from student to professional and then further into rural practice. The GAP Program is currently awaiting approval for funding by the Commonwealth Department of Health and Ageing, The Office of Rural Health and the General Practice Education and Training Branch.



BACKGROUND

At present there exists no co-ordinated approach for the support of graduates during the transition from studies or further training to their pursuit of a rural or remote health career. Many graduates enter the workforce in a metropolitan setting for training or social requirements and may eventually lose interest in rural practice. This has been referred to as the “black hole” or the “gap” – the time spent training in a metropolitan setting before being able or ready to enter the rural workforce. On the other hand, graduates who are able to enter the rural workforce immediately after graduation may experience lack of appropriate support and direction, leading to burnout. In both cases, the efforts of the NRHN and the university based Rural Health Clubs to foster an interest in rural and remote health, at an undergraduate level, are potentially made redundant.

Each health profession has its own unique standards and requirements with regard to education and further training. There are limited places available in regional hospitals for medical graduates during their postgraduate training years and most are therefore required to work and train in the city. On the other hand, an Occupational Therapist, as with other Allied Health Professionals, may be able to work as a sole practitioner, with no discipline specific support, as a new graduate in a remote setting. Both scenarios present opportunities and hazards to the individual.

New graduates generally need a high level of mentoring and support when first entering the workforce – regardless of whether they work in a metropolitan, rural or remote setting. For those who are initially employed in a metropolitan setting, there is often better access to mentoring and support making the transition from student to health professional easier. This enables the health professional to become confident



and competent in their skills and develop a secure professional identity. It also facilitates establishing a routine based on work, social and/or family life. However, in the metropolitan setting, the health professional is easily disconnected from the issues and attractions of rural practice and the passion developed for rural practice as an undergraduate in their rural health club – further adding to the “black hole” or “gap”. With this ease of transition and disconnection from rural practice comes the risk that the person may lose interest in moving to work in a rural area.

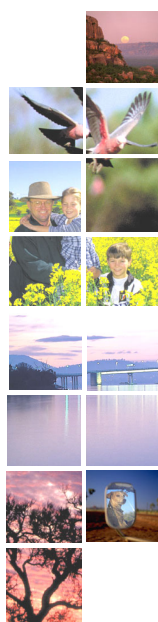
Graduates working in a rural setting may experience greater opportunities to develop clinical experience that comes along with wider exposure to patient/client groups and greater responsibility. However, rural practice for the new and recent graduate also presents a number of significant challenges and sources of stress dependant upon the region and workplace. These include: poorer access to professional supervision and support, lifestyle changes, feelings of isolation and dislocation due to difficulty making friends and engaging with the community and distance from family and other friends. New and recent graduates may experience imbalance in their home, social and professional lives. These factors translate to a risk of practitioner burnout with consequent loss of the professional from the rural health workforce.

The issues of maintaining awareness of and interest in rural practice for new and recent graduates as well as having professional and social support during those transition years, from undergraduate to professional, has long been on the agenda of the NRHN. The concept for the GAP Program arose from recommendations made at the 3rd National Undergraduate Rural Health and Curriculum Conference, Phillip Island, July 1998, when it was referred to as “GRADPACK.” To act upon these recommendations, in 2002 the NRHN asked students and graduates who had extensive experience and involvement with the NRHN to begin development of the GAP Program. This was achieved through a free Internet based forum 4 months prior to a face-to-face discussion group held at the 6th National Undergraduate Rural Health Conference, Tasmania, August 2002. The Commonwealth Department of Health and Ageing generously assisted 8 graduates chosen by the NRHN to attend the discussion group, which was also attended by other student delegates and representatives from a variety of professional associations. As a result of the discussions, an interim working party was formed to ensure the continuation of the work towards the development of the GAP Program.

Currently the working party is awaiting approval of funding submissions made to the Commonwealth Department of Health and Ageing, the Office of Rural Health and the General Practice, Education and Training Branch as well as through the Office of Rural Health “Rural Health Support, Education and Training” (RHSET) Program to support the operation of the GAP Program.

STRUCTURE AND OPERATION OF THE GAP PROGRAM

The GAP Program will take the form of “alumni membership” accessed through individual rural health clubs connected through the GAP Program network. University rural health clubs have either developed an alumni association to their club or are in the process of developing these associations. The associations will serve as an access point to the GAP Program. Through their alumni association, graduates will



have the opportunity to “return service” to their rural health club by way of mentorship or other such mechanism.

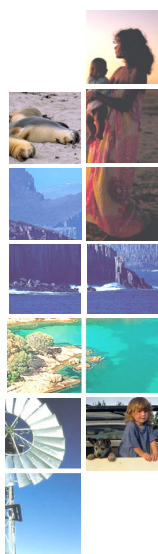
The Program will have three main features:

- web-based communication network providing discussion and nation-wide multi-disciplinary peer support
- access to information on appropriate discipline specific and cross-discipline resources for new graduates including mentoring and professional support programs and professional associations
- facility to provide longitudinal data on the movements of graduates during these years.

By operating as a communication network, the GAP Program will assist graduates in metropolitan settings to maintain interest in rural practice by being connected with colleagues currently in rural practice, through discussions on rural issues and of opportunities to attend functions relevant to rural practice. These urban based graduates will remain involved with rural and remote health issues, even though they may be a few years away from being able to participate in rural and remote health practice. For those graduates who are able to take up positions in rural or remote practice, the GAP Program will offer a peer and professional support mechanism by keeping them in touch with other like-minded graduates, providing an avenue for discussion of personal, workplace, community and workforce issues, facilitating problem solving and the sharing of survival strategies, providing information, and promoting the further development and utilisation of mentoring programs.

In addition, the GAP Program may serve as a bridge for those students who have participated in various Commonwealth and State initiatives that have been introduced over the years to raise awareness of rural and remote health practice. These schemes include the multi-disciplinary Rural Health Clubs and the NRHN, the Rural Australian Medical Undergraduate Scholarship (RAMUS) and John Flynn Scholarship Scheme (JFSS) for Medicine, as well as the many state based Nursing, Pharmacy, Dentistry and Allied Health scholarships. In order to maintain some of these students' interest in rural and remote health, the GAP Program will offer a forum similar to the NRHN at a level suitable for graduates. For many of these students there is an unspoken sense of commitment to repaying the schemes that have supported them by enabling them to study and experience rural and remote practice.

The GAP Program enables the opportunity for the long-term tracking and analysis of the movements and career choices of graduates who consent to participate with this proposed aspect of the Program. With the enrolment of successive cohorts of new health professionals into the GAP Program, it may be possible to identify the influence of rural health career promotional programs, mentoring schemes and the rural health club movement in graduates' eventual practice choice.



A representative council consisting of volunteer graduates and an administrator will co-ordinate the GAP Program. The function of the council will be to:

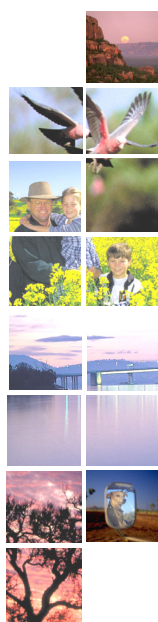
- implement the strategies developed during the web based discussion group prior to 6th NURHC and from the discussion group at the 6th NURHC, Tasmania, August 2002
- develop guidelines and strategies for the sustainable operation of the GAP Program
- provide a co-ordinated approach in the implementation of strategies and guidelines of the GAP Program
- establish a clearly defined organisational structure for the sustainable operation of the GAP program
- consult with key stakeholders in the development and implementation of goals and strategies
- evaluate the processes of the representative council
- provide mentorship and support to Rural Health Clubs in their development of Alumni or graduate membership programs
- assist in providing streamlined communication with identified key stakeholders
- assist in the establishment of a database or minimum data set to aid in the potential tracking of career movements of participants of the GAP program
- define the role of the GAP Program in the collection and analysis of such data
- review the need for ongoing convening of the GAP Program Representative Council.

SUMMARY

The GAP Program is an initiative of the National Rural Health Network to assist in overcoming the isolation that is a barrier to the recruitment and retention of new health professionals in rural and remote settings as well as promoting rural practice to graduates in metropolitan settings. Subject to approval for funding, the GAP program will operate as a communication and peer support network linking rural and metropolitan graduates and disseminating information on relevant professional associations, training opportunities, support and mentoring programs.

Anticipated short and long term benefits of the GAP Program are:

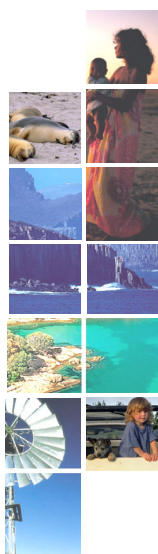
- prevention of burnout of graduates working in a rural or remote setting
- improved recruitment and retention of health professionals to rural and remote settings
- facilitation of a communication network providing peer support for new and recent graduates



- improved awareness, and support by rural professional organisations of new and recent graduate members working in rural practice
- improved support by professional representation organisations for new and recent graduate members working in rural practice.

CONCLUSION

The NRHN believes that the GAP Program will have a positive effect on the recruitment and retention of health professionals to rural and remote practice by ensuring that the passion for rural and remote health that has been ignited in those undergraduates involved with the NRHN is not lost whilst in the pathways of attaining employment in rural or remote settings. As a peer support program, the GAP Program will not be able to replace appropriate support and supervision provided by a more experienced health professional but will enable more rural professionals to access such support. The GAP Program initiative has received support from a range of rural health and professional organisations. It is currently awaiting approval for funding from the Commonwealth Department of Health and Ageing.



PRESENTER

Christopher Bryg is an occupational therapist at the Independent Living Centre Inc., Launceston, Tasmania. His work involves advising health professionals, people with disabilities and their carers, throughout Tasmania, on appropriate equipment and services that improve performance in daily activities.

Prior to this, Chris worked in an outpatient pulmonary rehabilitation program at Nepean and Blue Mountains Hospitals in Greater Western Sydney. He is a member of the OT Australia National Advisory Group Rural and Remote Portfolio and initially became interested in rural health while a student at The University of Sydney through the rural health club, MIRAGE, of which he was president.

Chris is now developing a National Rural Health Network initiative called the Graduates Assistance and Partnerships (GAP) Program – an information, communication and support program to maintain interest in rural practice amongst new and recent graduates.

