



Support Scheme for Rural Specialists (SSRS) Project Evaluation

Final Report
Round 5
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Report to the Australian Government Department of Health and Ageing

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Executive Summary

The Support Scheme for Rural Specialists (SSRS) offers an essential service, given the lack of educational opportunities and minimal networking opportunities that will impact on the appeal of rural practice for many specialists. This report summarises the outcomes of the SSRS during 2005-2006 (Round 5).

Summary of Key Outcomes for Round 5

Key outcomes of the scheme for Round 5 included:

- The development and evaluation of new resources;
- Combination of training methods;
- Increased access to range of technologies;
- Development of a number of prototypes for rural Continuing Professional Development (CPD);
- Improved communication;
- Increased collegiality;
- Increased inter-professional multidisciplinary collaboration; and in some cases
- Measurable impact on clinical practice.

Summary of Evaluation Results

According to the key stakeholders and the evaluation conducted by Hunter Institute of Mental Health, the following important features of Round 5 SSRS activities were achieved:

- The Committee of Presidents of Medical Colleges (CPMC) and the Project Management Unit (PMU) were effective and efficient in the administration of SSRS Round 5. Results indicated similar levels of satisfaction relative to the previous rounds of SSRS funding;
- Rural/remote Specialists could recall being consulted by Colleges about CPD needs and SSRS project bids at an increased rate relative to previous rounds of SSRS funding. As in previous rounds of funding, there remains untapped potential to expand this consultation to Colleges, and Specialists remain very keen to also participate in these activities;
- The aims and objectives of SSRS were achieved during Round 5. SSRS projects had resulted in an increase in access to CPD via a range of alternative delivery modes, and all evaluation sources reported positive impressions of the scheme. Timeframe issues remain the key barrier to the application and implementation process. Timeframe was also raised during previous evaluation rounds, along with additional barriers such as unclear application processes and selection criteria. These additional barriers had been successfully addressed by Round 5 and were not raised during this evaluation. The issue of sustainability was questioned during Round 5, particularly in the absence of continued funding, however SSRS project were embedded within the College structure, and the development and identification of useful resources/clinical champions would maximise the change that SSRS activities would continue;
- Specialists reported an increase in awareness of the SSRS in Round 5, and an increased rate of participation in SSRS Round 5 activities, relative to previous rounds of funding. Projects were implemented across a range of Colleges/Faculties, with most projects reporting participation rates at least in line with expectations. Specialists who are not members of Colleges need to be prioritised in promoting and encouraging involvement in SSRS activities;
- Specialists reported being satisfied with the quality, content and delivery mode of SSRS Round 5 activities. In addition, they reported knowledge gains and practice changes as a result of their participation;
- Specialists reported that CPD was at least of moderate importance in their decision to commence or continue work in a rural/remote location. Other issues (such as family and work demands) were also given importance in this decision. However, providing access to CPD would only positively impact on a decision to work in a rural/remote area in 38% of cases, perhaps indicating the importance of these other issues. Despite the many barriers facing rural/remote Specialists in accessing CPD, all reported using conferences, journal articles, peer audits, videoconferencing, etc. to update their knowledge and skills. These activities were considered acceptable to the Specialists, who also stated preference for attending conferences, followed by reviewing journal articles as a way of obtaining

CPD.

Summary of Recommendations for Future SSRS Rounds

Some evaluation participants provided recommendations for the future administration of SSRS. These included:

- The provision of ongoing, longer-term funding, ideally over at least a three-year period;
- Modifying the role of PMU in the future (e.g. proactive provision of education and support to projects, face-to-face visits to projects, less emphasis on promoting SSRS);
- Encouraging the input of other key stakeholders in training and development of Specialists (e.g. health care system representatives, rural Specialists);
- Reviewing the purpose of SSRS, in conjunction with the Department and Colleges to discuss the aims and objectives of the scheme;
- Broadening the focus of SSRS funding guidelines to include previously successful projects, locum support, travel expenses, and to consider the different ways in which different groups of Specialists learn (e.g. not all have direct contact with patients, may prefer on-line learning etc.);
- Reconsidering the exclusion of General Practitioners from SSRS, despite their significant role in specialist care in rural/remote areas;
- The development of a specific plan by the PMU/SSRS representatives for the formal collaboration of Colleges and methods to synthesise the lessons learned from previous SSRS funding rounds, to identify the commonalities between SSRS projects, and to feedback this information to key stakeholders; and
- The delivery of a workshop by the PMU to key stakeholders to discuss the above plan.