



HEALTH AND HUMAN SERVICES

# Evaluation of the Rural Health Education Foundation

FINAL REPORT  
Executive Summary  
4 February 2009

***Disclaimer***

*Inherent Limitations*

This report has been prepared as outlined in the methodology (Appendix A). The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The findings in this report are based on a qualitative study and the reported results reflect a perception of the Rural Health Education Foundation but only to the extent of the sample surveyed, being Rural Health Education Foundation approved representative sample of stakeholders. Any projection to the wider stakeholders is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Rural Health Education Foundation's stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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The findings in this report have been formed on the above basis.

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## Executive summary

This report presents the findings from the evaluation of the programs and services provided by the Rural Health Education Foundation (the Foundation) through funding agreements with the Australian Government's Department of Health and Ageing (the Department) between 1 July 2004 and 30 June 2008.

This evaluation has been significant for the Foundation – for the first time, funding has been specifically available for evaluation activities. The Foundation has welcomed this opportunity, and the evaluation team acknowledges the willing assistance provided by the Foundation's Board of Directors and staff during the evaluation.

### *The Foundation*

The Foundation is a non-government, not-for-profit organisation that was established in 1992. Its vision is to achieve a well-educated rural health team delivering consistently high quality care for rural Australians.

The Foundation provides independent, accredited continuing professional development (CPD) educational services to general practitioners and other health professionals working in rural and remote Australia. Its educational programs are delivered via numerous platforms: a satellite network of more than 660 receiving sites; several Internet formats (webstream, webcast, podcast); and as enduring materials (DVD/ video tape).

### *The evaluation*

The evaluation's primary objective was to assess the appropriateness, effectiveness, and efficiency of the Foundation's programs and services during the specified timeframe, and to identify opportunities for further development. Evaluation activities were guided by the Terms of Reference which comprised seven key requirements. In summary, these were to:

- describe the Foundation's services that were funded by the Department in terms of the nature, extent, delivery mechanisms and geographic distribution of those services;
- assess the appropriateness and quality of the content and delivery of the services against current Government priorities and the needs of health care providers;
- map and analyse the actual and potential reach and impact of the services, including their capacity to meet the changing needs of the rural workforce and changes in technology;
- examine how efficiently and effectively the services are being delivered;
- examine the alignment, complementarity and actual and potential duplication and overlap with services provided by other organisations;
- evaluate the outcomes achieved for the Department in using the Foundation as part of its rural and remote workforce strategies; and
- describe the direct and indirect benefits for rural and remote communities as a result of the Foundation's television activities.

The main focus of this evaluation relates to the Foundation's services and programs delivered under funding agreements with the Department. Half of the programs

produced during the evaluation period were funded by the Department under terms of funding agreements that were managed by the Mental Health and Workforce Division (MH&W Division). There has been particular evaluation focus on the MH&W Division managed agreements – due to the size, extended time period and scope of the agreements (in contrast to single program or series of programs agreements from other divisions of the Department). In addition to this Departmental funding, the Foundation also attracts funding from non-government peak bodies (such as the National Asthma Council), trusts and foundations. The educational activities associated with these additional funds have been taken into account throughout the evaluation as they have contributed to the Foundation's ability to deliver to, and exceed, Departmental requirements under the range of Departmental funding agreements.

This executive summary highlights the findings of evaluation against the seven evaluation requirements under the high-level evaluation domains of appropriateness, effectiveness, efficiency and opportunities for improvement.

### *Appropriateness*

The evaluation found that the Foundation's programs are appropriate in view of their close alignment with:

- ongoing Australian Government policies and initiatives related to rural and remote health care and workforce issues;
- the requirements of health professional organisations' formal continuing professional development (CPD) programs; and
- best practice in the delivery of televised educational materials for health professionals.

Addressing the challenges of providing health services and maintaining the health workforce in rural and remote areas is an ongoing government priority. The Australian population living in rural and remote locations continues to have comparatively higher rates of mortality and morbidity, and includes higher proportions of Indigenous Australians who experience poorer health outcomes as a population group. There are also relatively fewer medical and health professionals per head of population in rural and remote Australia compared to city areas.

The Foundation's work is integral to addressing these challenges, providing high quality educational programs explicitly designed for health professionals and communities in rural and remote locations. Moreover, its programs' content and focus on interprofessional education align with current and emerging government priorities articulated within the *National Health Priorities*, *National Primary Health Care Strategy*, the work of the Preventative Health Taskforce (*National Preventative Health Strategy*) and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*. The Foundation's community education activities also align with key government priorities. For example, eight programs focussing on specific aspects of Indigenous Australian health have been available to communities through free to air and pay TV, supporting the Australian Government's target of "Closing the Gap" in life expectancy for Indigenous Australians.

Access to appropriate CPD education is important to support the existing health workforce in rural and remote areas in providing best practice care and to attract new professionals to these locations. Factors such as isolation, the need for greater role diversity (generalist service delivery), the interdisciplinary nature of work, restricted access to technology and the considerable time and costs associated with participation in face-to-face education, influence the type of education necessary in

rural and remote locations. Timely, affordable and high quality professional development activities that can be accessed in a flexible way, and suit the nature of rural and remote practice, are required. The Foundation's programs appropriately address these needs – they provide information on best practice, target an inclusive interdisciplinary audience located in rural and remote areas, and are accessible via a variety of platforms in locations that have limited alternative options for receiving CPD education.

The Foundation's programs are also designed appropriately for the audio-visual 'televised' mode of delivery, reflect educational best practice, and are of high quality in terms of the:

- *Educational content* – which is topical, extensively researched, evidenced-based, prepared with the involvement of relevant academics, peak bodies, professional and workforce related specialists, and reflects both Departmental requirements and the needs of rural and remote medical and health professionals.
- *Style of program* – which is centred on discussion by an interdisciplinary volunteer panel of leading specialists (including academics and health professionals working in rural and remote areas – '*for rural and remote, by rural and remote*'), facilitated by an expert, with pre-recorded case studies and demonstrations of best practice to support the panel discussion.
- *Method of program production* – which is 'studio based' and delivers a high quality product that is suitable for all current and potential platforms of delivery, and supports greater use and increased educational value to its viewers.

The Foundation's independent position within the Australian health care system enables it to produce appropriate, high quality, unbiased interprofessional education programs suited to rural and remote practice. Its extensive networks with a wide spectrum of professional organisations and peak bodies means the Foundation can draw expert academics together with professionals who are experienced in rural and remote practice to develop programs that are appropriate for the educational needs of interdisciplinary teams and communities in rural and remote locations. In addition, the work of peak bodies, such as the National Heart Foundation and *beyondblue: the national depression initiative*, has been enhanced through their collaboration with the Foundation in developing targeted programs that extend the reach of their specific educational messages into rural and remote locations.

### *Effectiveness*

The evaluation found that overall the Foundation was effective in delivering programs and services that fully met the requirements of the Department and addressed the needs of the rural and remote health workforce and the broader community.

In terms of its effectiveness against the Department's funding agreements, the Foundation not only delivered to the requirements of the agreements, but exceeded them. Evidence for this included:

- Production and broadcast of 81 programs in total, with 62 programs funded by the Department, including:
  - 40 programs produced under the MH&W Division agreements – which was four more than the minimum requirement of 36.
- Production of core programs based on a series of identified themes and topics, which were determined in consultation with the Department, and aligned with Australian Government priorities.

- Extension of the Foundation's network of satellite sites by 222 (162 more sites than the minimum requirement of 60), which was achieved in part through additional funding sourced from the Foundation for Rural and Regional Renewal (FRRR).
- Distribution of each program on DVD and video (in total more than 80,000 products), thereby increasing each program's reach, with the additional distribution achieved through partnership with the Department, and other organisations such as peak bodies and professional organisations.
- Archival of programs on the Foundation's website.
- Undertaking marketing and promotional activities to increase awareness of both forthcoming broadcast programs and the other delivery mechanisms through which programs are available has enhanced program use.

Funding from the Departmental MH&W Division's agreements represented 26 per cent of total funding for the Foundation over the four-year evaluation period. The Foundation's ability to attract further funding from a range of sources (within the Department, peak bodies, trusts and foundations) demonstrates that these funders consider the Foundation to be effective in producing and delivering health education material to rural and remote audiences, thereby enhancing their own health work. Feedback from the sponsors of the Foundation's programs received during the evaluation indicated that they consider that the Foundation's programs are consistently of a high quality and a valuable educational resource for their target group. Moreover, raising additional funding has resulted in the production of a greater number of programs, across a broader spectrum of subject matter, and subject depth, than would otherwise have occurred through the MH&W Division agreements alone.

The delivery mechanisms utilised by the Foundation are effective in maximising accessibility to its programs in rural and remote areas. Programs can be viewed live as well as asynchronously across a range of delivery platforms. The Foundation is the only organisation in Australia providing satellite delivery of CPD programs for health professionals on a national basis. The satellite network provides access that would otherwise not be available (other than in DVD/ video tape format) for some professionals. A high proportion of satellite sites are based in more isolated rural and remote locations, with more than 20 per cent of sites located in areas that cannot currently access broadband Internet. This demonstrates the ongoing effectiveness and appropriateness of satellite delivery of programs. Accessibility of programs via the Internet has however also extended the Foundation's educational reach and improved the convenience of access for those users who can access reliable, high speed broadband Internet.

The Foundation has strategically developed effective relationships with a range of key stakeholders – potential funders, peak bodies, universities, professional organisations, and rural and remote medical and health professionals. Through these relationships, the Foundation has developed a detailed understanding of the needs of rural and remote health professionals and generally avoided duplication of educational material. Effective relationships have represented significant value to the actual programs produced, both in obtaining the most appropriate program funding for topical subject matter, and in ensuring best practice content and the right mix of expert panellists. They have also been crucial in developing, promoting and delivering each program to its particular target audience.

Due to data limitations, a definitive measure of the use of the Foundation's programs was not possible. Instead, an estimate of the number of times a Foundation program

was viewed during the evaluation period was derived, based on the number of enduring materials distributed, and supporting analysis suggesting that enduring materials account for approximately one-third of the user audience. On this basis, it is estimated that the Foundation's programs were used approximately 240,000 times during the evaluation period.

Third party independent market research and the evaluation's stakeholder consultations indicated that the Foundation's programs are used and valued by medical and health professionals in rural and remote areas for CPD education purposes. The programs are also used to a more limited extent in professional training courses conducted by Rural Clinical Schools, University Departments of Rural Health, and Regional Training Providers delivering fellowship training programs for the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP). The Foundation's impact has been to enhance educational opportunities for medical and health professionals in rural and remote areas, delivering regular, interdisciplinary CPD programs that support interprofessional learning and improved practice, particularly focused on improving primary health care. The Foundation continues to provide an effective health educational '*life line to the bush*'.

Many professional bodies recognise the Foundation's programs through awarding points for their respective CPD programs. As would be expected, the Foundation's programs' subject matter overlaps with other available educational activities for some subjects (e.g. diabetes, depression). The Foundation also provides programs that are unique for other subjects (e.g. rehabilitation medicine, social problems and an explicit focus on Indigenous Australian health). Importantly, many of the Foundation's programs complement other CPD activities, in terms of alternative delivery platforms, and scope of educational activity, rural and remote focus and interdisciplinary working.

The evaluation identified some areas where the effectiveness of the Foundation's programs and services can be enhanced through extending their reach to the rural and remote health workforce. The results of the third party consumer research suggested there is low brand recognition of the Foundation, even among its users. In addition, the formal recognition of the Foundation's programs as credits towards professional organisations' CPD education programs can also be increased.

### *Efficiency*

The evaluation found that, over the period of the evaluation, the Foundation has built upon the funding provided through the Departmental MH&W agreements, diversifying its funding sources and growing its annual income by 45.5 per cent. Increased income in turn resulted in a greater number of educational programs being produced. At the same time, the Foundation endeavoured to maximise the efficiency with which it delivered its educational offerings through multiple strategies, simultaneously to contain costs, and expand both the uses to which particular programs could be put and the user base, thereby generating cost per user efficiencies.

Overall, the Foundation was able to efficiently deliver high quality education programs to a greater range of users within a relatively limited budget due to:

- The extensive use of volunteers – the Foundation's Board of Directors, program panel experts, and the satellite site coordinators all provide their services on a volunteer basis, with the resulting cost savings contributing significantly to the low costs of program production.

- The development of multiple program delivery platforms – this has spread the high quality ‘studio-based’ program production costs across a large potential user base, creating efficiency in ‘per user’ production costs.
- The ‘reversioning’ of programs into documentary style programs – adaptation of programs’ case studies and materials for other uses has enabled programs to be used for a greater diversity of audiences, thereby creating efficiency gains and reducing the average costs for use. For example, nine programs have been reversioned for community education, distributed via free to air, community and pay TV channels.
- The active promotion of program content for use by relevant stakeholders in the health education market – this presents further efficiency gains by increasing audiences and reducing average cost per use.

Over the period of the evaluation, the Foundation’s programs have however grown in complexity and sophistication, including additional elements such as pre-recorded case studies filmed onsite in rural and remote locations, learning guides, and a greater level of funded distribution of program DVDs. These additions have increased average program cost but do not reflect inefficiency; rather, they reflect good educational practice, changing funder requirements and the preferences of end-users.

Overall, the evaluation has concluded that the Foundation’s programs have represented value for money for its various funders, and a high level of efficiency in production and distribution.

### *Opportunities*

There are opportunities for both the Department and the Foundation in moving forward.

For the Department’s MH&W Division, there are opportunities to both continue and increase funding provided to the Foundation. Continued funding would provide the Foundation with the platform upon which to build its educational capacity, and address the educational needs of rural and remote health professionals and communities – including a focus on Indigenous Australian health and community engagement. It is from this platform that the Foundation has diversified its funding sources (including private sector funding) and increased its program outputs. Increasing funding levels would further enable the Foundation to continue to diversify its funding sources, increase program output, expand its educational delivery platforms and reach to its target audiences - thereby increasing its educational value to health professionals and communities in rural and remote locations.

For the Foundation, there are further opportunities to:

- increase marketing activities for its brand and promote the use of its programs for CPD education by ensuring that all programs are catalogued (as ‘live’ events, as well as ‘on demand’ for Internet and enduring material formats) by professional bodies and other educational hubs from which rural and remote medical and health professionals seek education material;
- extend the use of its program content across the educational spectrum through enhanced partnerships and ‘reversioning’ of program material, focussing on:
  - Rural Clinical Schools, University Departments of Rural Health, and Regional Training Providers (for ACRRM and RACGP fellowship training programs), where program materials can be used for case study discussion and demonstration of best practice;

- broader community education and awareness, along the lines of the Indigenous Australian Health program *Start Strong* - presenting models and ideas for communities on what can work for improving Aboriginal and Torres Strait Islander maternal and infant care, and how some communities are managing this care;
- continue to develop programs targeting key health priority areas including chronic disease and Indigenous Australian Health – with a focus on direct professional education for practitioners working with Indigenous patients and communities (for CPD and vocational training), as well as programs targeted directly to Indigenous Australians that seek to improve health outcomes and community engagement;
- continue to diversify its funding sources, focusing on maintaining and strengthening key existing Departmental, peak body and private funding relationships, while also seeking to further increase the diversity of private and public funding sources (and total funding); and
- develop its capacity to implement effective monitoring and evaluation of the use and impact of its programs, thereby increasing the evidence base for the effectiveness of its activities. This would include improving data gathering and associated analysis for discrete programs and the Foundation's activities as a whole.

### *Conclusion*

Improving health outcomes and addressing workforce issues in rural and remote areas of Australia continue to be priorities of the Australian Government. The Foundation is well placed to continue to provide appropriate, effective and efficient health education programs that enhance existing health programs and initiatives, as well as supporting an increasing focus over time towards:

- nationally consistent health education that supports national health workforce registration and accreditation;
- interprofessional learning and educational delivery, supporting team-based health care provision; and
- strengthened primary health care teams and delivery of care by the spectrum of available health professionals and lay persons (including patients and their carers, and wider communities).

The Foundation is uniquely positioned to deliver high quality CPD education, targeting an interdisciplinary audience with a focus on primary health care in rural and remote Australia. Funding from the Departmental MH&W Division was critical to the Foundation's ability to produce programs and attract additional funding from other parts of the Department and other sources. Similar, or enhanced, funding going forward would support the Foundation to continue to produce programs, attract additional funding, and to realise the opportunities described.