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## **Maximising Educational Access for Rural and Remote Health Professionals: Responsive Business and Technology Models for Continuing Medical Education**

Presentation by

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### **Introduction**

This presentation is a case study of a very distinctive Continuing Medical Education provider: the Rural Health Education Foundation. This paper describes why and how a unique health and medical distance learning service has been set up and operates, how it has changed in recent years under the impact of demographic, social, economic and technological change. The paper concludes with some observations about business models for similar organisations and future strategies.

### **The Tyranny of Distance**

In 1966, the Australian historian Geoffrey Blainey published a seminal book on Australian history: *The Tyranny of Distance: How Distance Shaped Australia's History*<sup>1</sup>. This phrase has entered the lexicon of Australian language as a defining notion of our country.

Australia has unique characteristics, and those Canadians in particular will also understand the great geographic similarities between the two countries. But it is useful to summarise. As Blainey has written:

“Most parts of Australia are at least 20,000 kilometres from western Europe, the source of most of their people, equipment, institutions and ideas. The coastline stretches for 20,000 kilometres and encloses as much land as the USA, excluding Alaska.” But Australia has only 20 million people – mostly clustered in the southeast corner, compared to 300 million in the USA.

Distance in Australia has been in part responsible for the fact that there have been no invasions on the continent since the original white settlement more than two hundred years ago, why Australia was for so long a masculine society, why it became more equalitarian than North America and why it has been relatively peaceful.

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<sup>1</sup> Geoffrey Blainey, *The Tyranny of Distance How Distance Shaped Australia's History*. Sydney: Pan Macmillan, 1966.

In 1997, Economist writer Frances Cairncross published her book *The Death of Distance* (since revised)<sup>2</sup>, and acknowledged that her title “played upon” Blainey’s book. Her main thesis is that distance will no longer determine the cost of communicating electronically. Once the initial investment is made, the additional cost of sending or receiving an extra piece of information is virtually zero. She also points out that this will mean more “customised networks”; a “deluge of information” where people will need filters; the increased value of brands; the power of networks; and the increased value of “niches”.

The Rural Health Education Foundation aligns almost perfectly with many of Cairncross’s ideas: its educational distribution is totally “scalable”; it runs a fully customised network; it operates as a “channel” filter for busy health professionals; it has created and continues to burnish its “brand”; and it has created a highly successful niche market with committed funding partners.

## **What is the Rural Health Education Foundation?**

The Rural Health Education Foundation (“the Foundation”) is a not-for-profit organisation that has been in existence since 1992. In an extraordinary bit of foresight, the Foundation was originally established by the Australian branch of the pharmaceutical company Merck Sharp & Dohme as an important community project - in order to maximise educational access for rural and remote general practitioners in particular. Merck has continued to be a major corporate sponsor of the Foundation – now exceeding 14 years – making this possibly the most outstanding and long-lasting corporate health partnership in Australian history. The Foundation is now a fully independent not-for-profit organisation, similar to what an American 501(c)(3) organisation is.

Our mission statement is to produce and deliver topical, high quality, evidence-based educational programs enriched by the voluntary participation of Australia's best health and medical experts. We shrink the vast distances of rural Australia with a national satellite broadcast network, the Internet and other distribution technologies. We help rural health professionals keep their skills up to date without having to leave their families, their clients, and the communities who rely on them. Essentially, we seek to improve the health of rural and remote Australia by providing an accessible distance education service to GPs and other health professionals.

The professionals which the Foundation has always targeted have particular difficulties in obtaining professional development and education services, an identified crucial factor in order to recruit them to and retain them in rural medical and health practice.

Rural and remote Australians suffer greater health disadvantages, accident and mortality rates than metropolitan residents. This results from rural occupations, lifestyle, socio-economic status, and education – as well as a relative lack of access to health services. Australia also has a severe geographical imbalance in its medical

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<sup>2</sup> Frances Cairncross, *The Death of Distance 2.0: How the Communications Revolution Will Change Our Lives*. Texere Publishing, London, 2001.

workforce: some 20% of General Practitioners cater to a rural and remote population representing 30% of the population - and almost two-thirds of Aboriginal (Indigenous) Australians.

Thus there was an early decision to use satellite technology to provide education. This was a natural fit for the Foundation's client groups: by their very nature, they are dispersed all around rural and remote Australia. After a highly successful pilot in the early 1990's, the Foundation developed a complete digital virtual satellite network of now more than 650 sites all around Australia. The Foundation claims – with some justification – that it is the largest of its kind in the world. The sites are mostly located in public hospitals in country towns, but also include health centres, clinics, pharmacies, divisions of general practice, Aboriginal medical services, technical colleges and even private homes. Indeed, almost every country town of any size has one of our receiving sites – and increasingly remote communities as well. These sites consist of a satellite dish which is linked to a decoder and a television, with a VCR (or DVD recorder) usually attached as well. The equipment is usually located in a conference room, frequently in an education area if there is one.

The Foundation's broadcasts are frequently live and interactive with both phone and fax-in questions. The Foundation usually produces programs from Sydney, but has also produced from Melbourne, Canberra, Brisbane and Adelaide. Programs are usually produced in panel discussion style, sometimes with inserted filmed case studies. In 2005, the Foundation produced its first full documentary-style programs – a series on Indigenous health substantially shot in Queensland and the Northern Territory, and a version of these programs screened on one of Australia's national TV broadcasters, SBS TV.

## **The Audience for Rural Health Education Foundation Programs**

The total potential core audience is made up of a number of key groups, and has expanded substantially since the initial sole focus on GPs:

<b>Professional Group</b>	<b>Number in rural Australia</b>
General Practitioners	7,000
Rural specialists	1,200
Nurses	70,000
Pharmacists	4,500
Allied health	15,000
Aboriginal health workers	1,000
Health service managers	4,500
<b><i>Total possible core audience</i></b>	<b><i>103,200</i></b>

The big numbers here are nurses – a massive 70,000 of them in rural and remote Australia – but it is primarily the approximately 7000 rural (and remote) General

Practitioners (the prescribers of medicine) – that the major program funders want to reach. When you add to this potential audience a number of additional audiences which the Foundation has only occasionally reached:

- urban, regional and social planners
- local council health and safety inspectors
- ambulance officers
- local government councillors and administrators
- health and medical tertiary students all around Australia
- rural high school students with an interest in health or medical study
- consumers in particular areas

you can easily add a potential audience – in rural and remote Australia alone – of up to 250,000 or more.

## **Program Distribution**

Although the Foundation began as a satellite broadcaster, it soon found itself as a video distributor when viewers began requesting video copies. In 2001, the Foundation began to archive all of its programs on its website for web-streaming. Then in 2006 – it began to offer downloadable “pod-casts” (MP3 audio files) of all of its programs.

Until 2003, the Foundation remained primarily reactive to demand and did not attempt an active promotion of its “enduring materials” – that is, DVDs and videos. Now we actively organise funding and distribution to make certain that we are able to give away large numbers of our programs.

There has been a relatively recent - and not surprising - change in our audience behaviour. When the Foundation was first set up, most of the audience watched programs “live”. Now the majority of the audience “time-shifts” through watching via web-streaming or videotaping or via DVD.

And we have also observed a fascinating phenomenon, described by Chris Anderson in his book *The Long Tail: Why the Future of Business is Selling Less of More*: our “backlist” of programs is equally as popular as many “new releases”, almost certainly because our website and web-streaming makes them searchable and accessible.

The result is that the Foundation now has formally adopted a five-mode strategy for delivery of our services:

- the satellite broadcasts through the satellite network
- the web-streaming
- audio pod-casting
- the DVDs (and still some videos)
- other television services, including SBS TV

## **Future Directions**

What are the likely future directions for the Foundation?

1. **New audiences:** The Foundation has begun to develop new audiences (“markets”) which are in line with its strategic goals of improving the health of rural and remote Australia. Aside from specific groups such as ambulance officers and health and medical students, likely new additions will be health “para-professionals” and high school students.
2. **Targeted growth of satellite network:** The Foundation will build on recent growth of its network with selective additions to include remote communities – the most “distance tyrannised”, Indigenous health services and communities, aged care facilities and possibly individual subscriptions.
3. **Seeking additional distribution options:** The Foundation’s upcoming national TV broadcasts have been an interesting pilot activity. The Foundation is clearly moving (or already has moved) to a situation where its programming will be platform-independent. The long-delayed growth in digital television may well finally take off, and along with it opportunities for the Foundation. Will programs soon be available via mobile phones and video pod-casts? It’s too soon to say, but it’s no great leap from the present.

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Notes:

1. The Foundation is aware that what it does is not technically “broadcasting”, but “narrowcasting” – or referred to by its satellite supplier Optus as “multicasting”. Nevertheless, the Foundation uses the word “broadcast” as it gives the best understandable indication of what it does for the viewers, who are used to watching “broadcast” television. We note that videoconference suppliers or users have sometime taken (erroneously) to calling their programs “broadcasting”, partly as a marketing tool.