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Health services in northern Australia depend on student placements post COVID-19

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The early and comprehensive public health biosecurity response to COVID-19 in northern Australia undoubtedly has saved many lives in remote and rural Aboriginal and Torres Strait Islander communities. However, the strict quarantine of remote and rural communities has also meant reduced access of communities to various services, including health services.[1] For example, short-term contract funded agency nurses or health professionals are unable or unwillingly to quarantine for two weeks (at a cost of AU$2,500) before entering communities. Equally, some communities may prefer not to be exposed to the risk of COVID-19, but in either case, the result is reduced services.

Allied health professional student placements, similarly, are not viable during COVID-19. This has had a dramatic impact on the delivery of allied health services in northern Australia. Placement learning is the standard for health professional education. It is required by accrediting authorities and has been identified as a successful recruitment strategy for new graduates to work in remote and rural areas.[2,3] The scale of placement learning in northern Australia is significant where annually, more than 1,500 allied health student placements are coordinated by University Departments of Rural Health (UDRHs) in northern Western Australia, Northern Territory and northern Queensland [personal communication]. UDRHs collaborate with healthcare providers and with students' home universities to support placement learning through the Federal Government policy funding program, the Rural Health Multidisciplinary Training (RHMT).[4] Some of the UDRH programs known to the authors have described upwards of 40% loss of placement learning, an unintended negative outcome of COVID-19 public health management strategies such as travel restrictions and biosecurity zones.

Service-learning allied health student placements have been one strategy for filling a significant void in remote Aboriginal or Torres Strait Islander communities across Northern Australia where allied health services are insufficient, or simply unavailable.[3] Student service-learning models aim to balance student learning requirements with community-specific health service outcomes.[5] Engaging with community partners is fundamental to the design of culturally appropriate curriculum that optimises positive outcomes for both the community and the students.[6] Essentially, these service-learning allied health placements have been created to build support for establishing fully funded professionally staffed health services that are culturally responsive[7] and equitable in relation to community need,[8] and are solutions to address ongoing inequities.[9] A further strengthening of service-learning models could occur through the implementation of the Australian Rural Health Commissioner's allied health service report recommendation, which focuses on a 'grow your own' strategy.[10] The successful creation of allied health professional education and training opportunities that are as close to home as possible would support service-learning models and is a more sustainable model than fly-in/fly-out students or supervisors. It would also ameliorate the risks of pandemic public health strategies such as quarantine and biosecurity zones from reducing service delivery and training.

The interruption caused by COVID-19 to service provision must be ameliorated as quickly as is safe to do so. Thus, programs implementing service-learning models are now ramping up plans to resume once COVID-19 restrictions are relaxed to ensure the progression from student to graduate in the remote workforce, a health workforce that is critical for the better outcomes for remote residents.[2]

Building a locally based health professional workforce, and supporting an ongoing relationship between universities and communities to ensure allied health student placements and services continue to be proactively responsive to community needs in northern Australia is important.[11] Despite the service cessation caused by COVID-19, public health policy protections and the related travel restrictions, vital allied health service-learning placements in remote communities are being planned for and will return as soon as possible.

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