



# National School of Rural Health proposal

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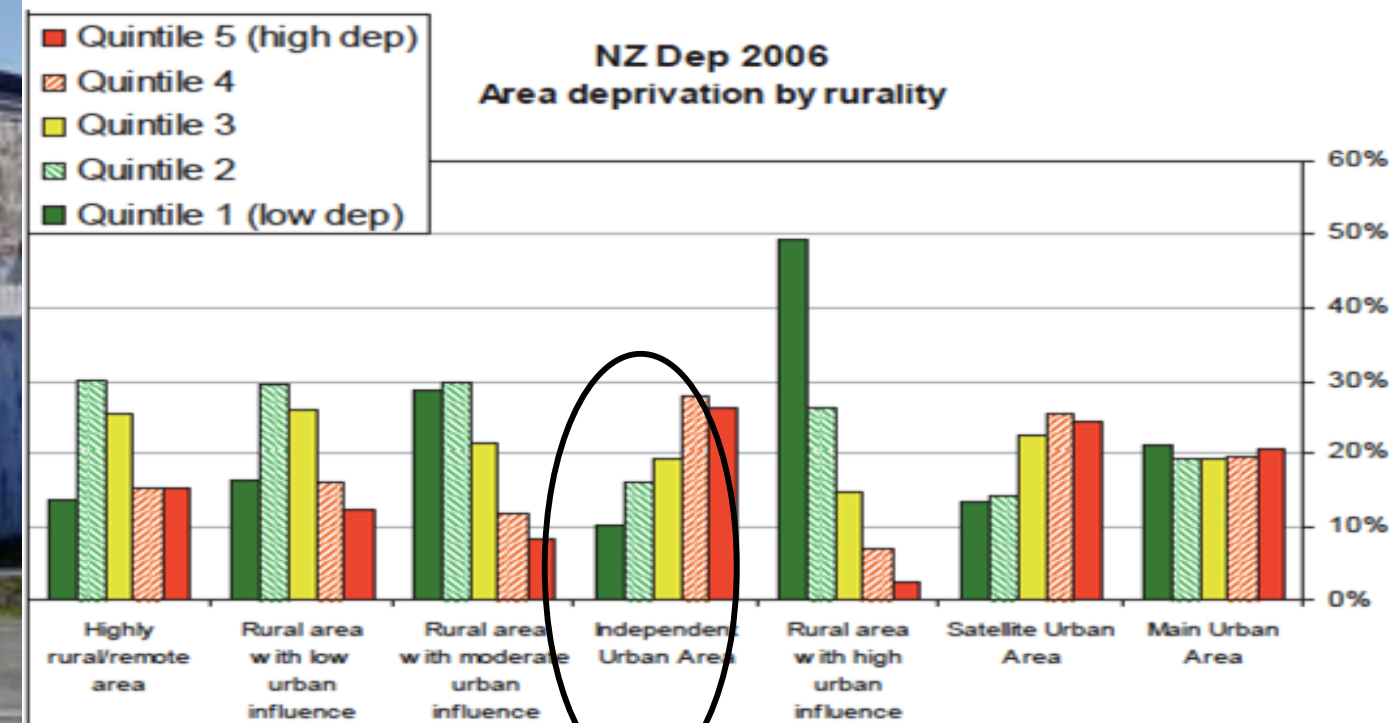


# Outline

- The problem
- The proposed solution – National School of Rural Health
- Overview of costs
- Benefits
- Next steps
- Caveats and acknowledgements

Independent Urban Areas:  
80% rely on rural health services  
340,000 New Zealanders

Figure 6: Area deprivation by rurality (2006 New Zealand Index of Deprivation)



Source: Statistics New Zealand 2009. Census 2006 by Urban/Rural Profile. Job ID: EWJ24689.



# The solution – National School of Rural Health

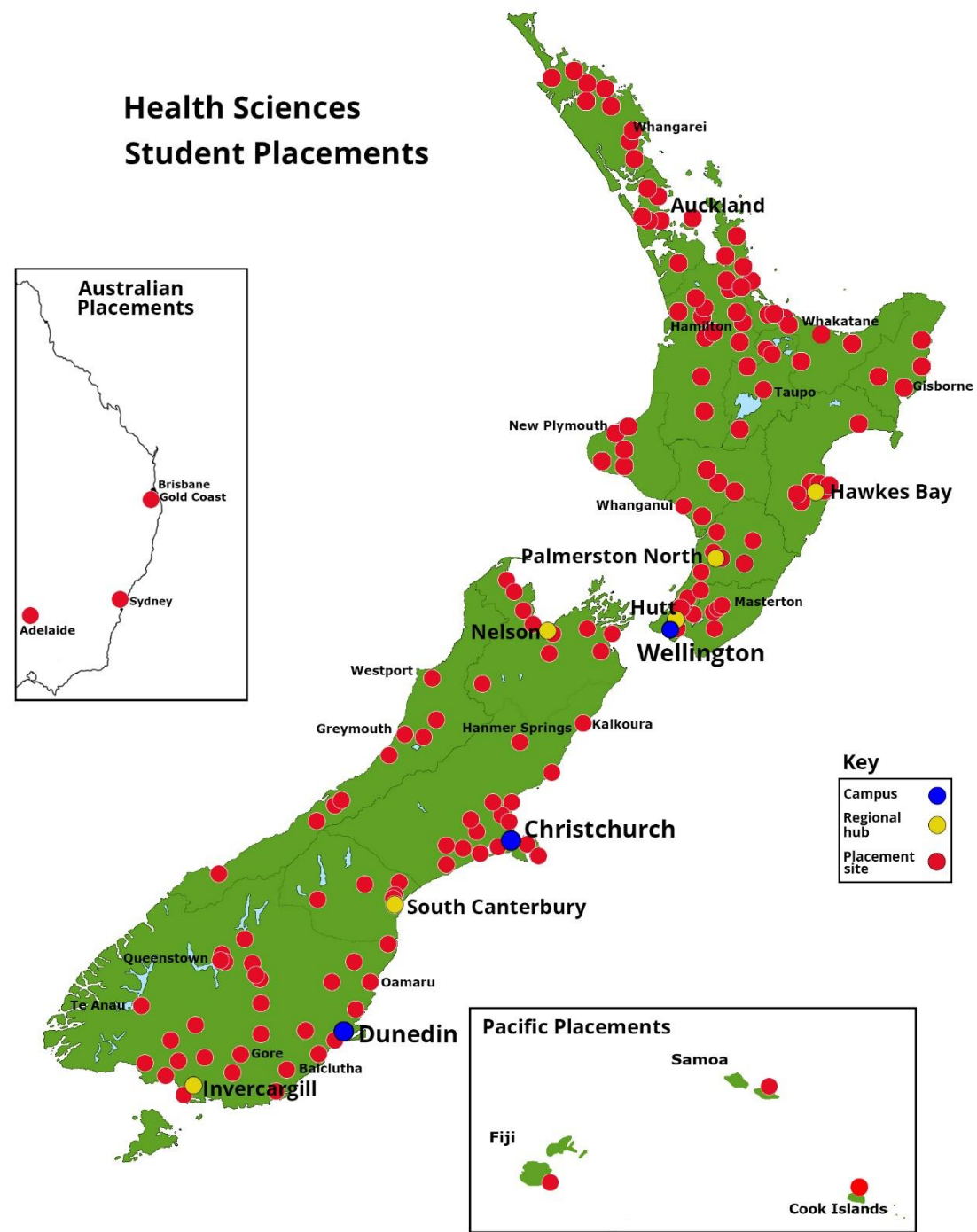
- National solution
- Collaborative
- Builds on existing network of regional and rural solutions



# The solution – National School of Rural Health

- National solution
- Collaborative
- Builds on existing network of regional and rural solutions
- Rurally based hubs
- Partnerships with rural communities

University of Otago health sciences student placements



University of Auckland and University  
of Otago, rural, regional and city  
hospital sites

- Rural hospital sites
- Regional hospital sites
- City hospital sites

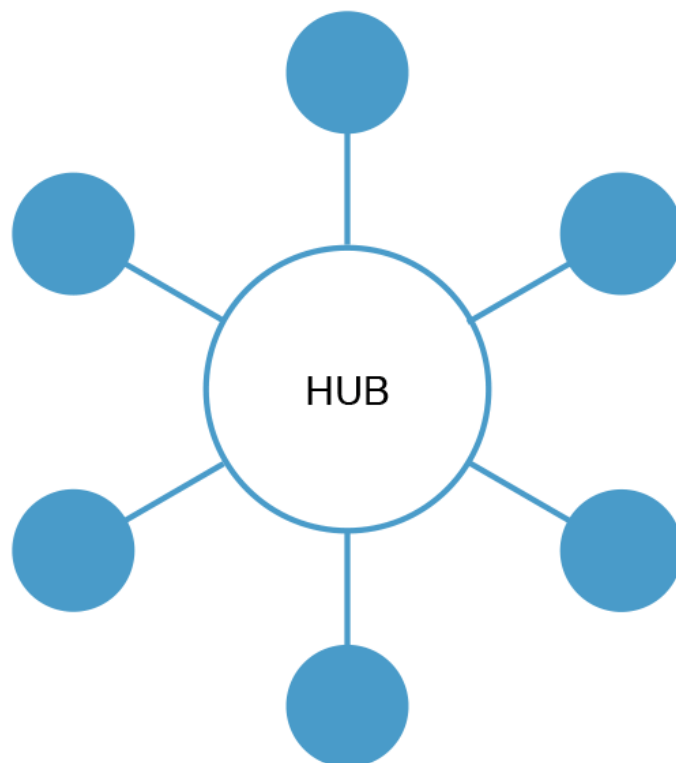




# The solution – National School of Rural Health

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- Hub and spoke model

# The proposed Hub & Spoke Model



Dr Garry Nixon



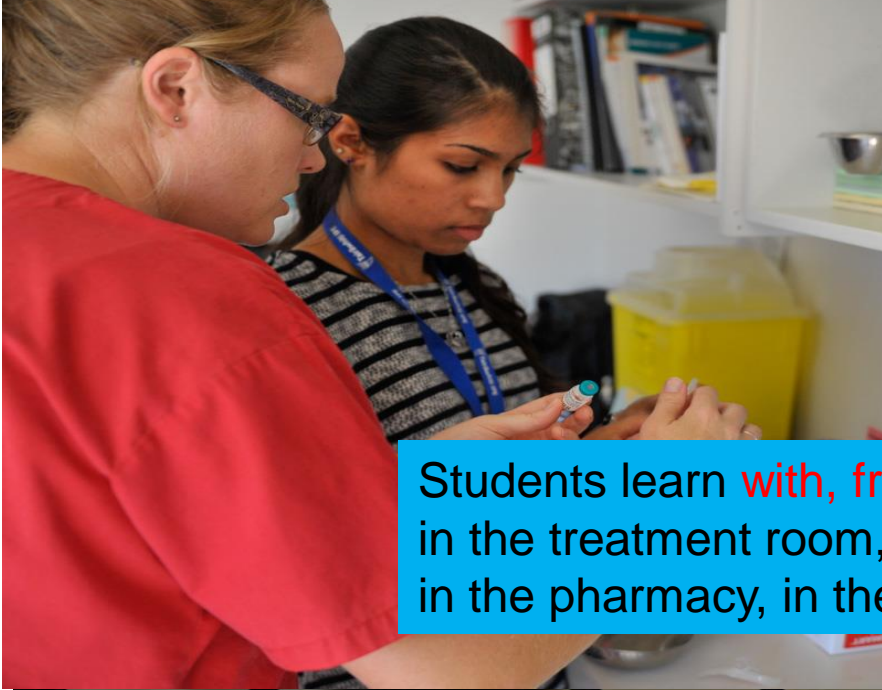
# The solution – National School of Rural Health

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- Hub and spoke model
- Scalable



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- Scalable
- Interprofessional education (IPE)



Students learn **with, from and about** each other –  
in the treatment room, on a home visit,  
in the pharmacy, in the consultation room





# The solution – National School of Rural Health

- National solution
- Collaborative
- Builds on existing network of regional and rural solutions
- Rurally based hubs
- Partnerships with rural communities
- Hub and spoke model
- Interprofessional education (IPE)
- Generalist practice
- Rurally based academic and teaching roles





# Nature of costs

## Hubs

- Community engagement
  - Development & Continuity
  - Maori & Pacific Liaison
  - Refugee & Migrant
- Training Infrastructure & IT capacity
- Regional placement coordination
- Pastoral support for students
- Academic leadership & capacity

## Spokes

- Training Infrastructure & IT network
- Rural Clinical Access & Supervision

## Student

- Student travel to/from placement
- Student placement accommodation
- Student Travel within the placement

## School (centre)

- National Leadership & Coordination
- Rural Health Programme Material
- IT Network & Communication
- Rural Health Research



## Benefits

- Creates and encourages a pathway for rural/regional employment
- Strengthens sustainable health delivery for rural/regional communities
- Fosters partnership between regional and national providers
- Links strategy between Education and Health
- Can be implemented immediately
- Has flexibility for best hub 'fit' and pace of expansion
- Is scalable, with low financial risk and no large government capital investment
- Maximises opportunities from existing resources and programmes

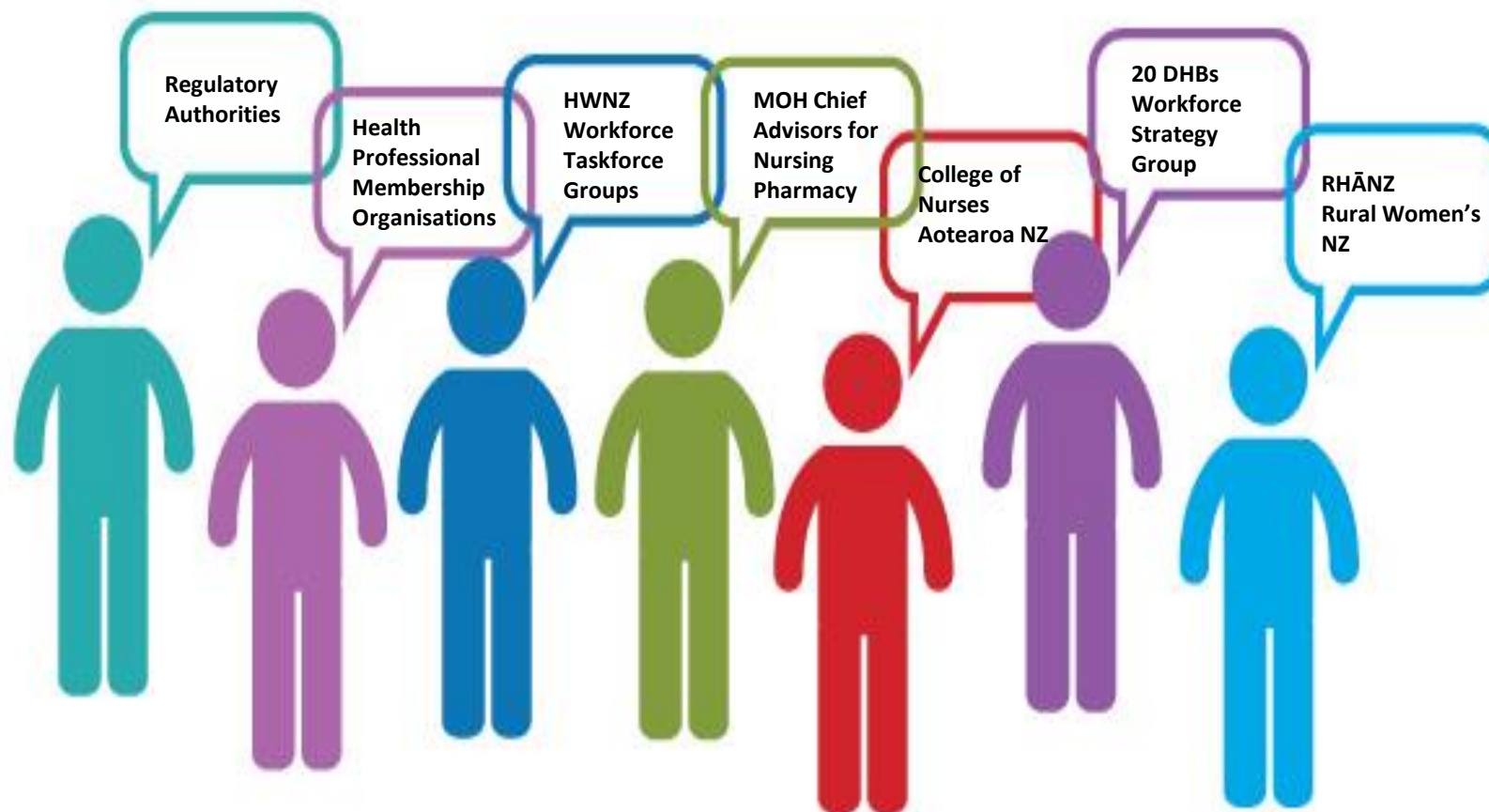


## Next Steps

- **Confirm governance/operational groups and project structure**
- **Consultation plan – health/education, PHOs, Māori, rural health consumers**
- **Funding**
- **Hubs & spokes**
  - **Confirm IPE numbers & education providers**
  - **Shortlist of initial hubs/spokes**

## Consultation so far

***“Nothing about  
us without us”***





# Acknowledgements and caveats

“We want the School of Rural Health and its hubs now. It’s a national solution to a national problem.”

Dalton Kelly, CEO, NZ Rural General Practice Network

“The School of Rural Health provides leadership for our rural hubs which will develop the best models of health service provision for all of our communities.”

Garry Nixon, Rural Hospital Specialist, Dunstan Hospital