

Outback Intern Pharmacist Training Program – a future in Rural and Remote Practice

Selina Taylor

Author's Institution: Mount Isa Centre for Rural and Remote Health [James Cook University]

Status: General

Background: The Mount Isa Centre for Rural and Remote Health (MICRRH) has designed and implemented an innovative response to the pharmacist maldistribution issue by developing the first rural and remote Intern Pharmacist program in Australia.

Aims: The MICRRH program provides interns with a multidisciplinary approach that supplements the mandatory prescribed training program that all pharmacy interns are required to undertake.

Methods: The program consists of four major areas; subsidised accommodation, focused education, preparation for intern examinations and integration in multidisciplinary teams.

Results: Five intern pharmacists have successfully completed the program over two years. Feedback indicates the program fills a gap in undergraduate training resulting in an enhanced understanding of the roles, function and capacity of allied health professionals and the importance of multidisciplinary approaches for optimal patient care. Further, they develop the skills and confidence needed to integrate into multidisciplinary teams to improve patient outcomes in a rural and remote context. Of the five pharmacists who completed the program, all five have been retained as practicing pharmacists in outback Queensland, in an area equally or more remote than Mount Isa.

Conclusions/Recommendations: The MICRRH intern program better equips pharmacists to work in outback multidisciplinary healthcare teams as a 'rural generalist pharmacist' and provides an important component of the pharmacy workforce pipeline.

Paths to improving care of Aboriginal Australian and Torres Strait Islander women following gestational diabetes

Dr Sandra Campbell, Nicolette Roux, Cilla Preece, Eileen Rafter, Bronwyn Davis, Jackie Mein, Jaquie Boyle, Bronwyn Fredericks, Parul Nigam, Vlad Matic and Catherine Chamberlain

Author's Institution: James Cook University

Status: Refereed

Background: Indigenous women in far north Queensland are less likely than non-Indigenous women to present for post-partum screening after gestational diabetes mellitus (GDM) despite a fourfold increased risk of type 2 diabetes within eight years of the pregnancy.

Aims: To understand barriers and enablers to post-natal follow-up.

Methods: We conducted interviews with Indigenous women with previous GDM, focus groups with Indigenous health workers and workshops with other health professionals. Data collection included brainstorming, visualisation, sorting and prioritising activities. Data was analysed thematically using the Theoretical Domains Framework. Barriers are presented under the headings of 'capability', 'motivation' and 'opportunity'. Enabling strategies are presented under 'intervention' and 'policy' headings.

Results: Participants generated twenty-eight enabling environmental, educational and incentive interventions, and service provision, communication, guideline, persuasive and fiscal policies to address barriers to screening and improve postpartum support for women. The highest priorities included providing holistic social support, culturally appropriate resources, improving Indigenous workforce involvement and establishing structured follow-up systems.

Conclusions/Recommendations: Understanding Indigenous women's perspectives, developing strategies with health workers, and action planning with other health professionals can generate context-relevant feasible strategies to improve postpartum care after GDM. However, we need to better understand how to effectively support Indigenous women and communities during the postpartum period.