

NATIONAL REGIONAL TRAINING HUB

TOOLBOX

NATIONAL
REGIONAL TRAINING HUB
INITIATIVES/PROGRAMS
ACTIVITIES
JUNE 2023

Sharing the Past to Inform the Future

This toolbox is a collation of abstracts submitted by National Regional Training Hubs (RTHs) from across Australia for the National Regional Training Hub Forum held in Sydney in June 2023. The Planning committee acknowledges these abstracts do not represent all activities undertaken by RTHs in order to address the Rural Multidisciplinary Training Funding Parameters that apply to RTHs. The Funding Parameter are included in this document on page six. The intent of the toolbox is to provide information, which may inform future activities undertaken by RTHs.

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TABLE OF **CONTENTS**



Contents



Aboriginal Cultural Initiatives

Sharing the Past to Inform the Future: Relationship Building with our Aboriginal Community to enhance clinical cultural capability 8

On Country Cultural Experience in Central Australia: A re-evaluation of goals..... 9

Achieving Through Collaboration

Southern Regional Training Hub Alliance 12

The NSW RTH Network 13

Collaborative Development of the “Regional Medical Training” Website..... 14

Attracting, Enabling & Promoting Rural Medical Careers

Medical Career Pathways Evening 16

Community Collaboration for a common goal – to attract and retain medical workforce. 17

Western NSW: Bringing CPD closer to home 18

"Doctor What? Doctor Where?" A podcast to connect aspiring clinicians with the rural voice and experience... 19

Rural Generalist Skills Workshops..... 20

The Rural Training Pathways Congress: Bringing together the rural medical workforce to showcase and build opportunities to live, work and train rurally..... 21

Rural simulation-based training: Improving access to clinical skills in rural facilities..... 22

Scrubs in the Bush - Explore the excitement of going rural! 23

Building a rural pathway for medical students – the RCSWA experience 24

Pilot Project: Consulting Skills Workshops for IMGs – Northwest Tasmania..... 25

Pilot Project: English Language Support for “Non-English-Speaking Background” Clinicians 26

Pilot Project: Facilitating research amongst registrars in regional and rural Tasmania..... 27

Destination Medicine: a podcast for all rural and regional Australia? 28

Showcasing Rural Recruitment: The how’s and where’s of a regional Internship in NSW 29

Building Capacity in Regional Advanced Training Opportunities

A blueprint for a state-wide Basic Physician Training Network in Tasmania..... 31

Building on IRTP posts to create new medical training capacity in Anaesthetics and Emergency Medicine in rural NSW Medicine 32

WA Rural Paediatricians Network 33

Rural based Post graduate training.....an essential ingredient..... 34

Reflections on establishing the End to end Psychiatry training program in Mildura to address rural medical workforce recruitment and retention, creating a pathway from medical school to consultant..... 35

Driving growth in advanced training opportunities in Western NSW 36

Establishment of the Victorian Basic Paediatric Training Consortium (VBPTC) and the extended rural stream in Basic Paediatric Training: A long journey finally coming to fruition..... 37

Building rural training capacity in Palliative Medicine 38

Building Clinical Supervision Capacity

Support for supervisors - a place-based approach to building capacity, connectivity and collaboration 41

Teaching the teachers: A junior doctor led education program for final year medical students.....	42
Delivery of a collaborative, locally relevant Supervisor Training workshop series.....	43
The Monash Rural Health Clinical Teaching and Education Pathway - Teaching Doctors how to Teach	44
Building clinical supervision capacity in Western NSW: Teaching on the Run	45
General Practice Initiatives	
Selling the sizzle: Connecting junior doctors, medical students, and rural generalists and rural generalism: Annual Rural Generalist Workshop and Showcase:	47
GP Jaunt: A place-based event to explore the life of a rural GP / rural generalist and provide career information and mentoring.....	48
Keeping General Practice on the agenda as a career choice.....	49
Mentoring	
Career mentoring: being open to feedback and responding to place	52
Bunbury Doctor to Doctor Support (BuDDS) Mentorship Program	53
DrJuMP - A state wide rural medical mentorship program	54
NT RTH Mentoring Program	55
Medical students' experiences - incentivising rural placements.....	57
The Use of Professional Development Grants as a Strategy to Support and Retain Junior Doctors.....	59
Single Employer Model	
Kimberley Single Employer Model Pilot.....	60
Targeting our Youth	
Aboriginal High School Students Careers Day	62
So, you want to be a doctor? Career support for kids considering medicine	63
Career Expo and Club Medicine: How to engage with regional secondary students interested in a future career in regional health care	64
Using Data	
SCARP - Sharing the Challenge and Appreciation of Rural Practice	67
Western NSW Medical Workforce Review and Analysis	68
Mining for Gold: Interpreting existing Local Health District workforce data to support and guide local decision making.	69
Rural Western Australia training placement report - a success in collaboration and gap analysis.....	70
Queensland Intern Preferences Project.....	71
Innovative Initiatives	
Doctors for Regional Innovation Vision Excellence Research and Scholarship (DRIVERS) Conference. A vehicle to celebrate rural medical research and support successful college entry for rural students and trainees.....	73
COLLEGE ENTRY- SHOWCASING RURAL PATHWAYS TO SUCCESS.....	74
MD3 & MD4 Career Camp	75
Lismore Base Hospital Junior Medical Officer Emergency Course – A Four Year Review.....	76
Preparing today's medical students to be Doctors tomorrow	77
The Start-up: getting and inch and taking a mile.....	78

The key to a chosen career path- preparing a professional job application.	79
Visibility – getting the message across.....	80
Talk about it Tuesday, PGY 1/PGY 2 Personal Growth Group	81
Medical education registrars supporting rural training in rural Western Australia	82
On Boarding Vocational, Pre-Vocational, International Medical Graduates and Medical Students Using the Med App Program.....	83
Rural Generalist pathway in the Clarence Valley – train and retain	84
"Adverteaching"- You cannot be what you cannot see.....	85
Bonded Medical Program (BMP) Participants – writing your own adventure	86

FUNDING PARAMETERS

Funding Parameters

6a. For each training hub identified in the University's funding agreement, the University must appoint a suitably qualified team including a senior clinical academic, project and administrative staff.

6b. The University must implement and maintain arrangements with education and health service stakeholders to support the integration of medical training at the local level.

6c. The University must facilitate the development of new medical training capacity through activities including, assisting health services in accreditation processes for new posts; and supporting local health professionals to become supervisors.

6d. The University must identify University-level medical students with an interest in rural practice and provide them with support including assistance with career planning placement opportunities and access to mentoring.

6e. The University must identify areas of regional medical workforce need within their catchment area, and work to build medical training capacity in these areas.

6f. The University must report on the training placements available at each level of the medical training continuum within each hub's region of activity.

ABORIGINAL CULTURAL **INITIATIVES**



Sharing the Past to Inform the Future: Relationship Building with our Aboriginal Community to enhance clinical cultural capability

In March 2021, the Riverina Regional Training Hub (RRTH) committed to a collaboration with the Murrumbidgee Local Health District (MLHD), the University of NSW Murrumbidgee Regional Training Hub (MRTH) and Charles Sturt University (CSU) focused on a regional project to enhance clinical workforce cultural capability. The initiative was designed to influence Aboriginal community, patients and consumers experiences of safe and respectful care.

The project had clearly defined stages developing relationally with regional Aboriginal communities.

Stage 1. Discovery - stock taking current educational offerings & identifying opportunities to move toward goals, drafting Cultural Capabilities Framework & Domains to set expectations for cultural knowledge, skill and practice and connecting with Aboriginal communities across the region to support development of cultural capabilities across the health workforce

Stage 2. Co-Design and creation – of a capability framework, assessing needs and priorities, and working towards educational opportunities within the framework

Stage 3. Development - through co-design behaviours within the domains from cultural awareness through to culturally responsive

Stage 4. Implementation of Framework – promotion throughout the MLHD Medical, Allied Health, Nursing and Midwifery personnel

Stage 5. Evaluation – impact on individual, team, organisation, patients, and community

Successes: the completion or partial completion in parallel, of various stages of the project. A list of curated cultural education resources has been collated and is outward facing on the MLHD website.

A baseline survey has been administered (HREC-ETHO2537) to incoming junior doctors at Wagga Wagga Base Hospital to establish current cultural awareness levels. A follow-up survey is scheduled to measure change and to direct appropriate learning interventions.

Outcomes

Creation of an outward facing list on the Murrumbidgee Local Health District website of cultural fluency educational resources. <https://www.mlhd.health.nsw.gov.au/careers/cultural-fluency-education-offerings>

Ongoing development of a Cultural Capability Framework

Development of a pilot baseline Survey Tool to assess understanding of cultural fluency incoming Junior Doctors in the MLHD

This is an ongoing project.

Funding parameter – 6b, 6c, 6e

Contact: Fran Trench, fran.trench@nd.edu.au, Riverina RTH, UNDA Wagga Wagga NSW

On Country Cultural Experience in Central Australia: A re-evaluation of goals.

Cultural immersion programmes, introducing participants to Indigenous concepts of relationships and country, are common but heterogeneous. Some are aimed at new health staff and students coming to rural and remote areas where there is a significant proportion of Indigenous patients [1]. Truly immersive programmes are expensive, complex to arrange and are often only available to a few. However, programmes may exaggerate the acquisition of specific cultural understanding [2]. Although the literature reporting such experiences is overwhelmingly positive, there is a lack of precision and detail and longer-term evaluations [3]. The most sustained effect may be that participants are encouraged to re-consider core self-beliefs.

The Northern Territory Regional Training Hub underwent a community and stakeholder consultation process to develop a cultural immersion pilot programme for senior clinicians, junior doctors, GP registrars and medical students in 2021. The group travelled more than 200 km to the remote site in Central Australia and camped under the stars with limited provisions. Three days and two nights of “on-country” experience with Traditional Owners. The event included storytelling, sourcing bush tucker, communal eating, yarning and self-reflection led by a senior custodian.

Outcomes

Due to the complexity and expense, the RTH re-evaluated the costs and benefits of the experience in the light of existing literature and the experience of the participants and organisers. Particularly thought-provoking was an analysis that suggests that communication with Indigenous patients is more about an examination of self and an “unlearning” of assumptions [4]. We sought to re-design our programme so that it would focus on achievable objectives that were more relevant to developing cultural competency, cultural safety practices in participants. Understanding the concepts of cultural humility (ongoing engagement, reflection and reflexivity to unlearn cultural biases and assumptions) is, perhaps key to improving engagement between community-members and medical staff. Designing a programme, which focuses on these outcomes, may be available to a larger number of participants.

References

1. Smith JD, Wolfe C, Springer S, Martin M, Togno J, Bramstedt K, Sargeant S, Murphy B. Using cultural immersion as the platform for teaching Aboriginal and Torres Strait Islander health in an undergraduate medical curriculum. *Rural and Remote Health* 2015; 15: 3144.
2. Harrowing JN, Gregory DM, O'Sullivan PS, Lee B, Doolittle L. A critical analysis of undergraduate students' cultural immersion experiences. *International Nursing Review*. 2012; 59: 494-501
3. Deliz JR, Fears FF, Jones KE, et al. Cultural Competency Interventions during Medical School: a Scoping Review and Narrative Synthesis. *J Gen Intern Med* 2020; 35: 568–577.
4. Ryder C, Yarnold D, Prideaux D. Learning and unlearning: Is communication with minority patients about self or others? *Medical Teacher*. 2011; 33: 781-782.

Funding parameter

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ACHIEVING THROUGH **COLLABORTION**



Southern Regional Training Hub Alliance

Funding for regional training hubs was announced by the Federal Government in 2017. This funding was provided as part of the Integrated Rural Training Pipeline for Medicine (IRTP) through the Rural Health Multidisciplinary Training program (RHMT).

The initial composition of the Southern Regional Training Hubs Alliance (SRTHA) included all four Victorian regional training hubs (3 universities) and expanded to include regional training hubs from Tasmania, South Australia, and New South Wales:

- Border Regional Training Hub – University of New South Wales
- Gippsland Regional Training Hub – Monash University
- Goulburn Valley Regional Training Hub – University of Melbourne
- Limestone Coast Regional Training Hub – Flinders University
- North West Victorian Regional Training Hub – Monash
- Tasmanian Regional Training Hub – University of Tasmania
- Western Victoria Regional Training Hub – Deakin University

This presentation outlines the strengths and benefits of a collaborative approach to:

- Developing regional medical training capacity.
- Improving the coordination of rural medical training.
- Supporting medical students and junior doctors seeking rural medical careers.
- Increasing access to rural medical training pathways.
- Support stakeholders to address current and emerging rural workforce needs.

The two major projects:

- Rural Medical Training Website– (includes the New South Wales Regional Training Hub network) - Website providing medical students and junior doctors with clear medical training pathways, regional health service career opportunities and regional features.
- DRJuMP Medical Mentoring program – (includes Victorian Regional Training Hubs, Rural Workforce Agency Victoria, Victorian Rural Generalist Program and Primary Health Networks.) Coordinated medical mentoring program designed to support medical students, junior doctors and medical registrars in regional Victoria. The program provides a platform for regional medical professionals to connect and provide mentoring support, education, and networking.

The other major strength of the Southern Regional Training Hubs Alliance (SRTHA) is the platform for hubs to:

- Provide a coordinated approach to government advocacy.
- Share information on successful initiatives and barriers
- Develop a strategic approach to addressing medical workforce shortages.
- Provide a single point of contact for stakeholder consultation.

Outcomes

The Southern Regional Training Hubs Alliance (SRTHA) has been active since 2017 providing a mechanism for regional training hubs to establish themselves in the early stages of the Federal Governments Integrated Rural Training Pipeline for Medicine (IRTP) program. The collaboration has provided an opportunity for regional training hubs to share information on strategies and initiatives that address rural medical workforce and training needs. The expansion of the alliance to include rural training hubs from New South Wales, Tasmania and South Australia has increased the knowledge base of all hubs to support the development of innovative training pathways, supervisor, and trainee support strategies.

The two major outcomes of the alliance are the establishment of the Rural Medical Training Website and the DRJuMP Medical Mentoring program. These programs provide support for medical students, junior doctors and trainee supervisors across a wide region.

Funding parameter – 6e Contact Sarah.renn@monash.edu; Alana.lee@unimelb.edu.au.

The NSW RTH Network

The NSW Regional Training Hubs (NSWRTHs) Network is an informal group representing the Regional Training Hubs (RTHs) in NSW. NSWRTHs fall within the Rural Health Multidisciplinary Training (RHMT) program. With the establishment of 26 RTHs in 2017 across Australia within the RHMT program, there were Ten RTHs established in NSW. The first meeting of NSWRTHs occurred in 2018. NSWRTHs all work within the auspices of their parent Rural Clinical School (RCS) or University Department of Rural Health (UDRH) within the RHMT with varying models of staffing and governance that are regionally and geographically responsive. The RTHs work closely with a range of stakeholders for example: NSW Local Health Districts, NSW Rural Doctors Network, GP Synergy, FRAME, HETI and the NSW Ministry of Health

The NSWRTHs agree to voluntarily meet regularly to

- Exchange information in confidence that will benefit the overall RHMT program outcomes
- Make best endeavours to collaborate on shared opportunities to better deliver the objectives of the RHMT agreements
- Build a trusting relationship between RTHs to optimize efficiencies and effectiveness
- Act in good faith with fellow RTH colleagues and not knowingly use information shared in these meetings to their personal advantage or to in any way discredit the performance or reputation of other RTHs

Each RTH retains its autonomy to act in accordance with their own Agreements with the Commonwealth and is not obliged to participate in the NSWRTH Network, nor follow the direction of its Chair or other members of the NSWRTH Network. Terms of reference were developed and reviewed regularly.

Outcomes

The RTHs come together quarterly to share information and frequently invite a guest speaker. Through the Network there have been advances made in improving relationships with key stakeholders such as NSW Health and the RDN. The Network, through its Chair provides an easy access point to all of the 10 Hubs and facilitate the sharing of key information. Outside of meeting, information from Colleges, the Commonwealth and other stakeholders is circulated through the Network email group ensuring current information that is of value to RTH's is made available. The Meetings have proven to be an effective platform for sharing the various activities of the RTHs in NSW. There are many examples of initiatives shared at the meetings that have been adopted by other RTHs and often adapted to each RTHs environment.

Funding parameter - 6b

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Collaborative Development of the “Regional Medical Training” Website

The Regional Medical Training (RMT) website (regionalmedicaltraining.com.au) is an initiative of the Southern Regional Training Hubs Alliance. It went live in April 2021 following a long period of collaboration, development and evolution.

The initial idea grew from consultations with medical students and junior doctors who described how useful a “career planning” app would be. They had in mind a tool that could be used to explore and map out their own personalised rural medical career pathways, from the start of medical school through to fellowship of a specialist college. This concept was taken to beta testing, but proved more difficult to build than envisaged due to the volume and complexity of data, the intricacy of different pathways and the changing status of accredited training places.

The Alliance then redirected its effort to developing a phone optimised website which was later extended via collaboration with the NSW Regional Training Hub Network and now covers 29 specialty pathways and 17 Hubs across the regional communities of Victoria, Tasmania, NSW and South Australia’s Limestone Coast. Through the website’s “Browse Specialties” button users have access to summaries of the different postgraduate medical training pathways in a simple and consistent format with visual timelines, a printable PDF and relevant links to College websites. Through the website’s “Explore Locations” button, users can explore the training opportunities available using an interactive map that links out to relevant accredited training sites. A third “Find Resources” button provides information about events as well as resources to encourage and promote rural medical careers.

Outcomes

The RMT website commenced with seven Hubs working together and has now expanded to cover the catchments of 17 of the 29 Hubs funded across Australia.

A regular content review and maintenance schedule, including external review of information by Specialist Colleges, has been established to ensure information remains current and accurate.

Analytics show a continual and sustained increase in usage of the site with very positive feedback from users.

Funding parameter – 6d

Contact any Hub on the RMT webpage for further information

Sarah.renn@monash.edu; Phillipa.southwell@sydney.edu.au; Alana.lee@unimelb.edu.au.

ATTRACTING, ENABLING
& PROMOTING
RURAL CAREERS



Medical Career Pathways Evening

The Medical Career Pathways evening is a popular annual event that the RTH has run successfully for many years. Structured to be a fun, but tongue-in-the cheek, very informative night for medical students and prevocational doctors to help confirm or challenge their current pathway preference and to promote regional practice.

The event includes dinner and is run at no cost to attendees outside of their own drinks.

The RTH collaborates with the LHN staff, LHN MEU, and specialist colleges for its success.

Invited to Present:

- * RTH Director to open the event
- * Local consultants and/or registrars from various specialties within the LHN
- * LHN CEO to present on the following year's training positions
- * Representatives from RACGP & ACCRM
- * Special guest to close the night with "Memoirs of a Country Doctor"

Topic suggestions to Presenters:

- * Training requirements / Fees / Application process / Important dates / Advice / Resources
- * Why did you choose this specialty
- * What does your everyday work entail
- * Pros & Cons of the job
- * Why can you recommend practising rural
- * All presenters are encouraged to submit a PowerPoint presentation
- * Each presenter is subject to a strict 10-minute time limit

Invited to Attend:

- * MD3 & MD4 Students on placement during that time
- * Interns
- * PGY2s
- * RMOs

Invited to contribute:

- * All specialist colleges can send info sheets and or merch displayed on a "goodies" table.
- * SAMET can send information on application processes

Goodie Table Includes:

- * Goodies from participating colleges
- * Regional Medical Training website banner and info cards with QR code
- * Training Pathway Information Flyers - from RMT website
- * University merchandise

Outcomes

Each year we receive great feedback regarding the night, some of which includes:

- "Great to hear from a variety of talks with details on entry and pathway requirements"
- "It was very interesting to hear why people chose their careers"
- "Good anecdotal stories from professionals in the various fields"
- "All the information, personal journeys and experience related was most beneficial"
- "Lovely, fun, welcoming vibe"

Feedback shows that most attendees found the event extremely useful in getting a better understanding of training pathway requirements. Many felt more confident about their intended career path, others said it helped narrow down their choices and some indicated that other pathways are now a consideration. The relaxed atmosphere opens communication lines between the consultants and trainees which promotes further conversations and relationship building.

Funding parameter – 6b, 6d

Community Collaboration for a common goal – to attract and retain medical workforce.

The Regional Training Hub collaborated with the AMA Queensland, Fraser Coast Regional Council and University of the Sunshine Coast to deliver the Fraser Coast Health Conference. The aim of this conference was to attract Metropolitan medical students and junior doctors to the region and showcase the incredible opportunities that come with training and working in rural and regional areas.

AMA Queensland provided overall event management and the key role of the RTHWB was development of the conference program and sourcing speakers. Our program focussed on geographical narcissism, breaking the myths of rural and regional training and practice and promoting rural and regional career opportunities. The Fraser Coast was also on show with the program including water sports (jet skis, SUP, kayaks), dinner on the beachfront, a pub meal and a heavily discounted Fraser Getaway Cruise with dolphin net along K'Gari (Fraser Island).

Many local doctors presented the sessions and panels, as well as RTH academics from across the UQ RTH footprint. Development of the program was collaborative, with the RTH seeking feedback and input from the target audience as well as the local medical professionals. A research program was added on request from one of the junior doctors to present his research in order to improve his fellowship application. Using this feedback and requests the program evolved to address the target audience's needs.

The local health services came on board as sponsors, including Wide Bay Hospital and Health Service, Hervey Bay Surgical Centre and Genesis Care, which further demonstrated the tight-knit supportive medical community and allowed a large proportion of the registrations to be subsidised. The event was sold out with 150 delegates registered (including sponsors and speakers). From this there were over 50% attending from Metropolitan areas (Brisbane and Gold Coast), and the large majority of delegates were medical students.

Outcomes

- Broad collaboration (local Council, local universities, local health services) for a common purpose or goal – to attract and retain medical workforce to the region.
- Three quarters (73%) of delegates rated the conference as 'Excellent', with a further 15% rating it as 'Very Good'. The overall rating was 4.6/5.
- 91% indicated that the conference was what they expected. Remarkably, the remaining 9% that indicated that it wasn't what they expected, ranked the conference as 'Excellent'.
- Overall, the feedback was overwhelmingly positive with 100% agreeing that the panels and sessions were informative.
- Increased appetite for conferences promoting rural and regional medicine.

While it cannot be directly linked to this one event, we look forward to seeing whether there is an improvement in first preferences for Hervey Bay Hospital through the Intern Recruitment Campaign.

Funding parameter – 6b, 6d

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Western NSW: Bringing CPD closer to home

The Western NSW Hub has made effort to increase the number of Continuing Professional Development (CPD) workshops and courses delivered for clinicians in their footprint. This program of work increases local access for clinicians to CPD such as Advance Life Support (1 & 2), Advance Paediatric Life Support, Advanced Life Support Instructors and Rural Emergency Skills Training (ACRRM). We also aim to support training organisations to increase the number of rural courses they offer rurally as we support them through participant recruitment, facilities, and a local contact.

As a result, we have seen three primary outcomes:

1. There has been an increase in number of locally deliver accredited workshops including those listed above.
2. There has been an increase in the diversity of workshops delivered to include Fracture Management Workshops never-before offered in the region.
3. There has been an increase in clinician-led courses being implemented in collaboration with the Hub, such as Basic Assessment in Intensive Care (BASIC) and the NHET-Sim Simulation Facilitation course.

The Hub has also runs 'Teaching on the Run' to increase clinical supervisory capacity and skills across Western NSW LHD footprint. The Hub supports this program of work through scholarships for attendees, generally to waive their registration fee.

Outcomes

The combination of local delivery and scholarships reduces accommodation, travel and fees usually paid by the clinicians, as well as reducing travel time. Moreover, bringing CPD closer to home provides regular opportunities for professional networking to foster the medical community of practice across the region and increases the profile of the Hub and our other activities.

Funding parameter – 6b

Contact: Western NSW Regional Training Hub:
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"Doctor What? Doctor Where?" A podcast to connect aspiring clinicians with the rural voice and experience.

The "Doctor What? Doctor Where? Stories of Rural Medicine" podcast is a collaborative initiative of Monash University's Gippsland and Northwest Victorian Regional Training Hubs, exploring the benefits of living and training in regional and rural locations.

Professionally produced and available on all major podcast streaming platforms, it features medical professionals, junior doctors and medical students from rural and regional communities sharing their experiences and insights and revealing the sometimes-unexpected opportunities made possible when you live, work and train rurally.

One of the core requirements of the Rural Health Multidisciplinary Training Program (RHMT)'s funding for Regional Training Hubs is to identify university-level medical students with an interest in rural practice and provide them with support including career planning placement opportunities and access to mentoring. By exploring motivations to pursue a career away from the city, through the voices and experiences of those doing it, the podcast exposes students to the breadth and scope of opportunities available in a rural and regional areas.

The podcast's first two seasons comprised 35 episodes, including a 5-episode special summer series (2020-21) which was guest produced by Deakin University's Western Victoria Regional Training Hub. "Doctor What? Doctor Where?" features guests not just from Gippsland and Northwest Victoria, but sometimes from across the wider footprint of the Southern Regional Training Hubs Alliance. Episodes have covered a range of topics such as mentoring, skill building, research, rural lifestyles, and a number of episodes focused on specific specialties and training pathways available rurally, including two popular episodes on rural General Practice and Rural Generalism (1,200 plays). Challenges include planning impactful topics to explore and sourcing interviewee talent.

Outcomes

As at March 2023, the podcast had 12,786 listens, with 387 followers on Spotify subscribed to be notified of new episodes. It reaches those in age ranges which typically correspond to the medical student and junior doctor years, with 23% of listeners aged 18-22, 38% aged 23-27, and 38% aged 28-34. While the majority (74%) are in Australia (and 55% of those in Victoria), it has reached an international audience, with 12% in the USA and the remainder across a range of countries (<2% each).

Students have said the podcast helped 'demystify' rural medicine, leading them to more strongly consider or feel more comfortable going into, rural clinical placements. Anecdotal evidence from interns and junior doctors has indicated that it has played a part in influencing some to apply to live, work and train rurally in the short-term as well as with a view to longer-term rural career plans post-Fellowship.

Funding parameter – 6d

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Rural Generalist Skills Workshops

Funding for regional training hubs was announced by the Federal Government in 2017. This funding was provided as part of the Integrated Rural Training Pipeline for Medicine (IRTP) through the Rural Health Multidisciplinary Training program (RHMT).

Recruitment and retention of medical students and junior medical officers (JMO), in rural Victoria, is essential to meeting the workforce needs of primary healthcare services.

The Rural Generalist Skills workshops program is a collaboration between Goulburn Valley Regional Training Hub (GVRTH) and Hume Region Rural Generalist Intern Training Program – M2M. Twelve Rural Generalist Skills workshops are being conducted in 2023 and delivered in various locations across the Hume region at regional, sub-regional and small rural health services. The workshops have been developed to provide medical students and junior doctors with the skills required to progress their careers as rural doctors and prepare these trainees for advanced skills training in a variety of rural specialities. These sessions will provide medical students from University of Melbourne and Junior Medical Officers from Echuca Regional Health, Goulburn Valley Health, Northeast Health Wangaratta, Albury Wodonga Health and Hume Region Rural Generalist Intern Training Program – M2M with access to a high-quality rural generalist education program. The program has been structured to ensure all healthcare services with junior doctor training programs and the regions medical students have allocated training places at all workshops. All workshops are evaluated and monitored by the Hume Region Rural Generalist Education Sub-Committee. The works delivered are:

<ul style="list-style-type: none">• General Practice• Sexual Health• Advanced Life Support• Emergency Birthing• Cardiac Emergency• Fracture and Dislocation	<ul style="list-style-type: none">• Palliative Care• ICU Drainage and Airways• Mental Health• Addiction Medicine• Anaesthetics• Dental Emergency
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At the conclusion of 2023 the Hume Region Rural Network (that includes membership of all Hume region health services, Rural Workforce Agency Victoria, Primary Health Networks, Victorian Rural Generalist Program, regional training hubs, medical student, junior doctor and rural generalist general practitioner) will be engaged in developing a sustainable delivery model for this program for the future.

The Hume Region Rural Generalist Skills workshops program commenced in January 2023 with 12 workshops scheduled to be conducted across the Hume region. All individual training sessions include a participant evaluation to evaluate:

- Relevance to the participants role.
- Increase in knowledge.
- Increase in confidence levels.
- Increase in the participants attraction to rural practice.
- Quality of the workshop.

After the delivery of four Hume Region Rural Generalist Skills workshops:

- Participation has been high (all workshops filled)
- Participant session evaluations have indicated high quality training.
- Engagement with health services has increased and improved.
- Identification of training culture as a priority has emerged.

The Hume Region Rural Generalist Education Sub-Committee will meet to analyse the training session evaluations and provide recommendations to the Hume Region Rural Network for future activities.

Contact: Shane Boyer: sboyer@unimelb.edu.au, Goulburn Valley RTH

The Rural Training Pathways Congress: Bringing together the rural medical workforce to showcase and build opportunities to live, work and train rurally

While many junior doctors want to train and work rurally, in some specialties, the opportunities or supports to do this are limited. Rural end-to-end psychiatry training programs exist in the central and northwest regions of Victoria, and Monash University's North West Victorian and Gippsland Regional Training Hubs identified an opportunity to bring collective knowledge together to explore how new pathways could be developed - in more regions and expanded to other specialties. This led to the inaugural 'Rural Training Pathways Congress', co-hosted by Monash Rural Health in Mildura on December 9, 2022.

The Congress saw collaboration, presentations and engagement from the Royal Australian College of General Practice, Royal Australian and New Zealand College of Psychiatrists, Australian College of Rural and Remote Medicine, the Victorian Department of Health (Psychiatry Training Partnership), Rural Workforce Agency of Victoria, Rural Doctors Association of Victoria, the Victoria Rural Generalism Program, Murray Primary Health Network, a number of Health Services, and the Dr JuMP mentoring program.

The event offered two streams - one for round table discussions around training delivery, the other for aspiring doctors to explore career and lifestyle opportunities available in regional and rural areas. The stream 1 group shared their successes with existing regional training programs, such as end-to-end psychiatry training in Mildura, discussed the barriers being faced elsewhere (and how these might be overcome) and were guided through workshops exploring possibilities for extended rural training in other areas of medicine. Medical students and pre-vocational doctors (many of whom were supported with travel scholarships to attend) were taken on guided tours of the Mildura Base Public Hospital and Mildura Health Private Hospital, with a deep dive into careers in psychiatry, General Practice and Rural Generalism.

Outcomes

The congress brought together more than 60 participants including medical students, junior doctors, representatives from regional health services, Colleges and supporting organisations. Shared learnings from established end-to-end training programs spoke to building networks and committing to the local community, building support for trainees, nurturing ambassadors, and forging strong linkages with other rural and metropolitan-based services. Medical students and pre-vocational doctors were able to explore options for future rural career pathways and build networks and links to enable them to achieve this.

This was an important step towards developing sustainable solutions for the health workforce. It has led to Health Services and Hubs mentoring each other through their processes of establishing particular specialty training pathways. A second congress is now being planned for late 2023 in Gippsland, with a view to making it an annual event to continue the connections and conversations.

Funding parameter- 6b, 6c, 6d, 6e

Contact: amy.poynton@monash.edu.au; Gippsland RTH, Warragul VIC

Rural simulation-based training: Improving access to clinical skills in rural facilities.

The "First 10 Minutes" training program was developed in collaboration with leading experts in the field of emergency medicine and simulation-based training, designed to simulate common emergency scenarios that a rural GP or physician with nursing colleagues, may likely encounter during their clinical practice in rural areas, such as cardiac arrest, stroke, trauma, and respiratory failure. The training aimed to provide participants with the necessary skills and knowledge to manage these emergencies effectively in the first 10 minutes of patient presentation, and to maintain current clinical skills with equipment and procedures.

The program was launched in several rural and remote areas around Victoria, within the Western Victorian Region Training Hub (WVRTH) catchment area.

Participants were targeted for enrolment based on their location, clinical experience along with their willingness to participate in the program. However clinical experience and target audience did not align with overall expected participant quality, with medical students also being involved within the program.

Several challenges arose during the implementation of the program. Recruitment of participants was challenging due to the shortage of GPs and Physicians and general health workforce in rural areas. Many rural GPs and physicians were already overwhelmed with their workload, and finding time to attend the training sessions was difficult. This was further complicated by the introduction of the program during the COVID pandemic, which made it challenging to conduct in-person training sessions.

Another challenge was the availability of facilities to conduct the training. Many rural areas lacked the necessary infrastructure and resources to support simulation-based training. This made it difficult to conduct training sessions that provided a realistic simulation of emergency situations. The WVRTH made use of hiring 'SimVan' to provide the necessary training equipment to the rural area.

Outcomes

Feedback from the participants stated they found the simulations relevant to their current clinical practice. Participants praised the program for its interactive and engaging nature, which helped them to develop their skills and confidence in managing emergency situations that were relevant and engaging.

The inclusion of medical students however has proved to be a positive, with cemented ideas of supported ongoing access to simulation-based training during rural training pathways.

In conclusion, the introduction of medical simulation in rural areas around the western Victorian region has been a successful initiative in providing medical workforce with access to training that was previously unavailable to them. While recruitment barriers were a challenge, the benefits of medical simulation training make it a valuable investment in the healthcare workforce, improving the quality of care provided to patients in rural areas.

Funding parameter – 6b, 6d

Contact: Bianca Jenkins – b.gravell@deakin.edu.au; Western VIC RTH, Ballarat, VIC

Scrubs in the Bush - Explore the excitement of going rural!

A rural training workshop for doctors in training and penultimate/final year medical students

Target group: Urban-based medical students and Junior Medical Officers that are of rural origin or have expressed rural intent; rural bonded students and students that applied for Rural Clinical School but were unsuccessful.

The full day workshop is held annually in Perth city and has a mix of keynote/plenary sessions and two concurrent sessions of simulation workshops tailored for medical students and Junior Medical Officers and facilitated by experienced rural doctors including: Trauma; Ultrasound; Surgery and ECG.

Rural Generalist Plenary – an interactive session from:

- | | |
|---|--|
| - Australian College of Rural and Remote Medicine | - Rural Health West |
| - Postgraduate Medical Council of Western Australia | - WA Country Health Service and WACHS Rural Generalist Coordination Unit |
| - Remote Vocational Training Scheme | - WA Regional Training Hubs |
| - Royal Australian College of General Practitioners | |

Evaluation is by Qualtrics survey with improvements to the program informed by the survey results.

Outcomes

The main aim of Scrubs in the Bush is for Hubs staff to connect with urban-based medical students and JMOs to create interest in and consideration of a rural medical career. By joining the Hubs database, it allows Hubs to track their journey and provide relevant information at appropriate times in their journey.

The outcomes of the workshop are to provide Junior Medical Officers and medical students the opportunity to:

- | | |
|--|---|
| - Meet experienced rural mentors | - Participate in hands-on skills stations |
| - Have access to experienced GPs and specialists who live and work in rural WA | - Join the Hubs database. |
| - Participate in discussions about rural career pathways | |

Funding parameter – 6d

Contact: Angela.glen@rcswa.edu.au; Midwest/Goldfields RTH, Geraldton WA

Building a rural pathway for medical students – the RCSWA experience

In 2019 four medical students, based in Bunbury WA, requested to stay to complete the final year of their course. This entreaty resulted in the introduction of a pilot program the region allowing medical students to extend their rural placement from one to two years. Since 2019, 68 medical students have participated in the program across five sites in regional WA. The RCSWA Final Year Program has now been operating for five years representing a collaboration between multiple RTHs and three universities. RCSWA undertook an extensive evaluation of the Final Year Program in 2022 to track the changes in the program since inception and plan for improvements in future delivery. The focus of the evaluation was on rural retention, student preparation for internship, challenges and benefits, and levels of support required. Findings from the evaluation revealed 'bumps' in the rural pathway for medical students, partner universities and other stakeholders. Lack of dedicated funding for the program was identified as the major obstacle to its continued development. Strengths of the Final Year Program include a high proportion of students staying rural to commence internships with a corresponding increase in the number of internships available. There is still work to be done in consolidating the gains made from the introduction of this Final Year Program, but a rural pathway has been built. How many will travel on it, how long we can keep it open, and whether we can smooth the existing bumps or need to resurface completely are questions we are currently exploring.

Outcomes

Between 2019 and 2023, the RCSWA Final Year Program grew from four students at one site to 68 students across five rural sites in WA – Albany, Broome, Bunbury, Geraldton and Kalgoorlie. The program has been oversubscribed since inception in 2019. Places available are currently limited by lack of funding and accommodation. Available data shows 58% of all RCSWA final year students stayed rural, either in WA or the Northern Territory (Alice Springs), to do their internship on completion of their course. Over this period, the number of WA Country Health Service (WACHS) internships available also increased from five to 25. Of the 48 students who completed the RCSWA Final Year Program by 2022, 26 had secured a WACHS internship (54%). Other students secured rural internships in the Northern Territory. These figures suggest the program has had a significant impact on students staying rural to commence their medical careers.

Funding parameter – 6b

Contact: Michele.gawlinski@rcswa.edu.au; Great Southern and S/W RTH, Goldfields and Kimberly RTHs

Pilot Project: Consulting Skills Workshops for IMGs – Northwest Tasmania

Tasmania runs a Workplace-Based Assessment (WBA) state-wide program across 4 public hospitals enabling International Medical Graduates (IMGs) to progress to General Registration (GR). Data indicates at least 30% of these doctors have remained in Tasmania, particularly in rural and regional areas.

COVID-19 operational changes in Tasmanian public hospitals required a significant increase in junior (pre-vocational) doctor establishment, particularly at the Tasmanian Health Service Northwest (THS-NW). Unfortunately, the WBA funding and capacity has remained static, resulting in the timeline for WBA completion extending from, on average, 15-18 months following work commencement, to two years. This bottleneck delays IMGs from applying for General Registration and vocational training pathways.

As a solution, this pilot project intends to provide formal tutoring in areas that are, in general, poorly marked in the AMC clinical exam, to encourage some of our IMGs to consider this pathway to GR as opposed to the WBA. As a secondary benefit it is hoped that our IMGs will feel supported in their training and included in our local community, encouraging them to stay as doctors practicing in Northwest Tasmania.

Retention of local graduates is also challenging in NW Tasmania, as there is a perception that remaining as a PGY2+ in a small regional centre may impede successful application to a competitive vocational training program. This program is being developed and delivered by our locally trained Junior Medical Officer cohort, creating leadership opportunities, research opportunities and clinical teaching experience.

This project forms a collaboration between the University of Tasmania's Regional Training Hub, the Tasmanian Health Service (THS-NW), UTAS Rural Clinical School and the Postgraduate Medical Education Council of Tasmania (PMCT) for the benefit of our junior medical workforce and the provision of healthcare on Tasmania's Northwest Coast.

Outcomes

This project is in Pilot phase during 2023. Prior to commencing, the project intends to gather qualitative information from IMGs via a de-identified survey on their general confidence in communication and ability to pass the AMC 2. Consideration will also be had regarding how supported they currently feel in the THS NW and how likely they are to stay on in subsequent years, both in the hospital and in the community as a GP.

These data points will then be re-assessed at the end of the program to determine positive or negative changes in their perception after completing the program, and if/how they found the program useful.

If this first program receives positive feedback, it is intended to be maintained as a rolling program repeating every three months, whereby local JMOs can step into the more senior roles and recruit new assessors as they stay on at the NWRH.

Funding parameter – 6e

Contact: Alison_tasker@icloud.com; NW and Northern TAS RTH, Burnie

Pilot Project: English Language Support for “Non-English-Speaking Background” Clinicians

The local workforce in north-west Tasmania has a high percentage of Non-English-Speaking Background (NESB) International Medical Graduates (IMGs). Whilst all IMGs are required to provide the Medical Board of Australia with proof of English language proficiency for all registration categories (unless exemptions are granted), feedback from supervisors indicates that in many cases some further English language support would benefit interactions of IMGs with their patients and supervisors, as well as their ability for success in the Workplace-based Assessment (WBA). It is recognised that support needs are varied and extend from pronunciation to sentence structures, expression (particularly in recent times of mask wearing) and colloquialisms.

The Regional Training Hub has identified an opportunity to support these IMGs and enhance their local experience and immersion in our local community by collaborating with the University’s English Language Centre (ELC) to deliver a 10-week workshop program that covers a broad range of communication skills. In addition, the Hub and ELC are working with the Tasmanian Health Service (THS) and Postgraduate Medical Education Council of Tasmania (PMCT) to ensure that we adequately identify the needs of IMGs and their supervisors.

Prior to commencement of workshops, a survey has been developed in consultation with all parties to be distributed to IMGs. This will set a baseline of information to target the specific areas of focus and will have the ability to be reassessed at the end of the program. This program will present a “starting point” for English language support, with the ability for other stakeholders to use this as a baseline for more targeted (1:1) support through the ELC into the future.

Outcomes

This project is in Pilot phase. Outcomes will be assessed via comparison of surveys at beginning and end of project.

Funding parameter – 6e

Contact: **Contact:** heinrich.weber@utas.edu.au; NW and Northern TAS RTH, Burnie

Pilot Project: Facilitating research amongst registrars in regional and rural Tasmania.

Rural Australians experience significant health inequities compared to their metropolitan counterparts. This is exacerbated by the difficulty of attracting and retaining healthcare workers to such areas.

Although regional and rural people have worse health outcomes, there is a lack of research activities amongst such populations globally. In contrast, research activities are embedded in the organisational structure of metropolitan hospitals, resulting in extensive research outputs. This lack of organisational support and underinvestment in research in rural communities further exacerbates the ongoing health inequities.

A recent review found that educational support is much more successful, compared to coercive activities, in improving the retention of staff in rural areas. Encouraging and supporting research activities amongst registrars is likely to contribute to greater retention. Also, research forms an integral part of registration training requirements and supporting local research will allow registrars to fulfill more of their specialist training requirements locally.

Furthermore, the time required to obtain human research ethics approvals is regarded as a major barrier to registrars conducting local research. As a possible solution we are embarking on a pilot program whereby we will submit an application for a broader research project which has multiple components to it which could result in a number of audits on the different aspects of patients presenting to our paediatric outpatients' department. Such an approval will make it feasible for registrars and junior doctors to immediately engage in relevant research activities during their allocated rotation. Such audits could further form the basis of quality improvement initiatives within our hospital organisation.

In conclusion, this project will likely improve registrar engagement in research, with its resultant positive benefits. This will further assist to embed research activities in our local organisation and be a step to address the major inequities experienced by people living in regional remote and remote areas.

Outcomes

This project is in Pilot phase during 2023. The primary outcome would be to evaluate the change in uptake of research amongst our registrar trainees and junior doctors.

A further outcome would be to perform a qualitative study to evaluate the impact of this pilot project on the trainees to engage in research, and its impact on attracting and retaining registrars in regional Tasmania.

In addition, the potential benefit of such individual studies in addressing local health concerns will be further examined.

Funding parameter – 6b

Contact: heinrich.weber@utas.edu.au; NW and Northern TAS RTH, Burnie

Destination Medicine: a podcast for all rural and regional Australia?

The Destination Medicine podcast is almost as old as Hubs themselves. Launching officially in 2019, Destination Medicine was the brainchild of the Far West Regional Training Hub in collaboration with Northern NSW, Riverina, and Western NSW Hubs. The podcast niche was simple – telling stories of rural Clinicians to encourage and support more people to consider a career in rural medicine, and to provide realistic and strength-based information about rural medical careers. Now in its fifth year, there are 74 episodes spanning three major series: Mainstream (Consultants, 32 episodes), Students (32 episodes) and Doctor-in-Training (DiT) 10 episodes). While the Mainstream series holds true to the original podcast brief, the Student Series was launched to build social capital for rural people wanting to apply for medicine irrespective of their University of choice. It is a balance of practical tips for applying and stories of resilience and eventual success. The DiT series is a newer series focusing on encouraging all medical students to consider their rural training options. The podcast process involves a pre-interview by the respective Hub before a professional recording and post-production by Sound Cartel, a professional podcast production company. Each episode costs \$1600 to produce. We have worked with Hubs across most of Australia to source and promote stories nation-wide.

Outcomes

With 18,000 downloads over its lifetime, Destination Medicine has a strong track record that each episode is downloaded each month. This year we are collaborating with Industry partners such as the Rural Doctors Network and Local Health Districts to create bespoke cluster series. We are still finding that our connection to other Hubs is not as strong as we would like it to be. All Hubs are welcome and encouraged to engage with Destination Medicine to ensure that we are providing stories that reflect the diversity of our rural communities.

Funding parameter – 6d

Contact: The Destination Medicine Editorial committee: hollie.day@sydney.edu.au; linda.cutler@sydney.edu.au; fran.trench@nd.edu.au; Phillipa.southwell@sydney.edu.au

Showcasing Rural Recruitment: The how's and where's of a regional Internship in NSW

There are twelve regional hospitals in NSW with primary allocation Interns. Their main mechanism of recruitment is the merit-based Rural Preferential Recruitment (RPR) program facilitated by NSW Health. There are many benefits to this program, but it is more labour intensive for applicants than the metropolitan ballot system. Prospective Interns are required to apply directly to each Hospital separately with a resume, position descriptors and an interview. Whilst Zoom interviews have decreased cost and time commitments to interview at multiple sites, many applicants may not have been able to travel to each site to meet other JMOs, ask questions, or gain an insight into the culture of that specific hospital.

In 2020, the NSW RTH Network partnered with the NSW Rural Doctors Network (RDN) and the Health Education and Training Institute (HETI) to bridge this gap. Each April, a “How to Apply for a NSW Internship” Webinar is offered by HETI on a Thursday evening to walk final year medical students through the nuts and bolts of applying for RPR. This is followed by the RPR Site Showcase on the subsequent Saturday. This webinar allows 20 minutes for the twelve regional sites and their respective RTH to showcase what they have to offer from both a training and lifestyle perspective. In 2023, the NSW RTH Network will take up the role of Webinar Host from RDN. This includes the circulation of marketing material, registration management, and webinar hosting.

Outcomes

Participant satisfaction surveys are overwhelmingly positive. There has been year on year growth in attendance and inclusion of medical programs from around the country. The RPR Series is a highlight of the NSW RTH Network calendar as all Hubs come together to support rural recruitment across the whole state.

Funding parameter – 6d

Contact: Linda.Cutler@sydney.edu.au

BUILDING CAPACITY IN
REGIONAL ADVANCED
TRAINING

OPPORTUNITIES



A blueprint for a state-wide Basic Physician Training Network in Tasmania

In an environment characterised by persistent problems with recruitment and retention of Basic Physician Trainees (BPTs) and proposed changes to the College of Physicians Training Program to support the development training networks, an opportunity was identified to consider moving towards a more coordinated approach to delivering basic physician training within Tasmania. The Tasmanian Regional Training Hub engaged IECO Consulting during the latter half of 2018 to develop a blueprint for the implementation of a state-wide basic physician training program for Tasmania. This work included a review of primary documents and consultation with key stakeholders to identify enablers and barriers to the development of a state-wide training program.

At that time, BPTs could complete their entire 36-month training program (except for a 3-month rural rotation) at the Royal Hobart Hospital (RHH), but only 24 months of training at the Launceston General Hospital (LGH) and 12 months at the North West Regional Hospital (NWRH) in Burnie. Two BPTs rotated to the NWRH from the RHH every three months but BPTs from the LGH did not.

The blueprint outlined an incremental plan for the development of a state-wide program as well as an analysis of the key principles of a network (as defined in the RACP Education Renewal Program) and how they might be applied in Tasmania. The Hub then developed a workplan to support the implementation of this plan that spanned five themes:

1. Effective governance and leadership by Physicians
2. Quality management of training including a state-wide training plan mapped to RACP curriculum objectives
3. Training support mechanisms (for both trainees and educators)
4. Integration of the training program across sites
5. Improve recruitment and trainee distribution.

Outcomes

Initially, the Hub tried to lead the implementation but changes in personnel within the Health Service, organisational culture challenges and a lack of authority to require any action made this challenging.

Following attempts to work across three sites, we restricted our focus to two sites – the LGH and the NWRH, because of the will and enthusiasm of the Directors of Physician Education at the time and the physical distance between training sites (1.5 hours compared to 3.5+ hours' drive).

Once momentum gathered, with support of the Hub, the DPEs took leadership of the work themselves.

Outcomes so far:

- Regular 3-month rotations of 2 BPTs from the LGH to the NWRH
- State-wide integration of education sessions allowing BPTs to participate remotely
- Accreditation of the Mersey Community Hospital (between Launceston and Burnie) as another training campus
- Successful advocacy for the implementation of employment contracts that span the length of training
- Reaccreditation of the LGH for 33 months of training

Funding parameter – 6c

Contact: Debbie.wilson@utas.edu.au; NW Tasmania RTH, Burnie

Building on IRTP posts to create new medical training capacity in Anaesthetics and Emergency Medicine in rural NSW Medicine

In 2018, the Murrumbidgee Local Health District and the Riverina Regional Training Hub (RRTH) collaborated to submit Expressions of Interest for Integrated Regional Training Pathway funding in identified areas of workforce need. Of the EOIs submitted, two were subsequently funded in Anaesthetics and Emergency Medicine for the Wagga Wagga Base Hospital (WWBH), each for a single trainee. There was strong support from both local clinicians and both Colleges throughout this process.

Building on this early success the RRTH has worked with the Emergency Medicine Directors and Supervisors of Training to develop and deliver both a locally based Core Emergency Medical Ultrasound Workshop along with the educational faculty to teach it. To ensure clinical relevance and evidence-based, the content is reviewed prior to each workshop. A program to mentor and support the career pathways of mid-grade ED staff is currently being progressed for delivery later in the year. The RRTH is also working with ED to have that department accredited the Australian Medical Council to provide Work Based Assessment of international medical graduates as part of their workforce strategy.

The first initiative from the WWBH Anaesthetics group was the development and delivery of a Difficult Airways Workshop which has been annualised. As the collaboration with the Anaesthetic department matured, the need to support those Registrars approaching exams was identified. Teaching consultants and registrars were consulted about the mechanism of doing this. In 2021 a two-part process Building Examination Skills was piloted with skills enhancement for teaching consultants and exam performance upskilling for senior specialist trainees. As a follow-up in 2022 a Peer Observation Process with a more structured approach to teaching in the department was unfortunately met with limited engagement. Currently under development is a program of simulation training sessions in anaesthesia, which will be delivered alongside the Building Examination Skills program.

Outcomes

Medical training capacity increased

Annual Core Emergency Medical Ultrasound Training program established

Annual Difficult Airways program established

Developing annual Examination Skills Program

Strengthening workforce retention strategies with training for supervising clinicians and trainee doctors.

Creating point of difference for MLHD education and training

Funding parameter – 6b, 6c, 6e

Contact: fran.trench@nd.edu.au; Riverina RTH, UNDA, Wagga Wagga NSW

WA Rural Paediatricians Network

The WA Rural Paediatricians Network (WARPN) was established in 2018 by RCSWA Regional Training Hubs (RCSWA-RTH) to represent and support rural paediatricians and paediatricians who provide outreach services in country WA. WARPN is independent of WA Country Health Services (WACHS) and Child and Adolescent Health Services (CAHS). WARPN was created by the paediatric lead for RCSWA-RTH to enable the development and support of rural paediatric training pathways; provide independent advocacy on issues relevant to rural paediatricians; act as a forum for discussing shared issues in service delivery and clinical care; provide peer review opportunities; and facilitate networking and peer support for rural paediatricians. RCSWA-RTH provides administrative support facilitating peer review meetings and other meetings as required, creates and distributes newsletters and communications as requested by the Chairperson, and supports rural health services with applications for paediatric accreditation and funding through the Australian Government Department of Health's Integrated Rural Training Pipeline – Specialist Training Program (IRTP-STP).

Whilst independent of WACHS and CAHS, collaboration with these stakeholders has been essential in growing the network membership, developing educational opportunities and rural training pathways, and showcasing the dynamic working landscape of rural paediatrics to city-based practitioners.

Outcomes

- Collaboration with WACHS, CAHS and the Royal Australian College of Physicians (RACP) to create a rural three-year General Paediatrics advanced training position with the trainee able to complete two-thirds of their training in Broome (a WA first). The post received IRTP-STP funding.
- Collaboration with WACHS, CAHS and RACP to develop rural three-year General Paediatrics basic training pathways in Bunbury and Kalgoorlie, and rural three-year General Paediatrics advance training pathways in Geraldton and Karratha. The positions are not funded and await funding on the IRTP-STP Reserve List.

Funding parameter – 6

Contact: helen.wright@rcswa.edu.au; WA RTH Kimberly/Pilbara, WA

Rural based Post graduate training.....an essential ingredient.

Having heard many rotating registrars telling us how great rural medicine was and asking would we have them back when trained, to be followed by no further contact, has been disappointing. However, the solution was clear.....let's establish rural based training and keep them away from metropolitan based training.

This is the pathway the Western Victoria Hub has chosen with our pathways in various stages of development. As you will hear the Surgical pathway is fully developed and already is a proven recruitment source for our Rural Health services.

Our Physician pathway is in its first year of a formal training, which was preceded by several years of an informal programme. This has been supported by a State government grant, which has been most helpful particularly with regards supervisors. The training is targeted at Advanced training entry and involves rotations through hospitals in our region. Short rotations to Metropolitan hospitals for training that is not available rurally is also an option.

A Women's health training programme has been developed with a proposed starting date being 2024. The plan is to incorporate non specialty training in the longer term.

A Mental Health training option is in the embryonic stage but there is considerable cooperative enthusiasm between the regional units. Establishing this pathway will provide complementary areas of expertise to the trainees.

There is also active General Practice training in our region overseen by ACCRM and RACGP .We play a supportive and cooperative role in this.

Our ultimate objective is to provide end to end training for rural based students with a rural background in our region. This would avoid the need to train in metropolitan areas where with the very best intentions they establish a family and other interests that preclude their return to practise rurally.

The missing link that we have at present is developing access to basic training pathways which will close the loop.

Outcomes

At this stage our Surgical pathway is the best developed and certainly provides clear evidence that this does work with many graduates taking up consultant positions in our rural settings.

The other pathways have not been in existence long enough to provide meaningful outcome data.

Our belief is that our best results will come when we have closed the loop i.e. rural origin students training rurally and spending their early post graduate years in rural hospitals before undertaking postgraduate training in the region.

Funding parameter – 6c

Contact: Barry.Morphett@deakin@edu.au; Western Victoria RTH, Warrnambool

Reflections on establishing the End to end Psychiatry training program in Mildura to address rural medical workforce recruitment and retention, creating a pathway from medical school to consultant.

A/P Hieu Pham lives in Mildura, is a highly experienced psychiatrist practising in public and private settings and is the Coordinator of Psychiatry Training at Mildura Base Public Hospital (MBPH).

One of the key tenets of the Rural Health Multidisciplinary Training Program (RHMT)'s funding for Regional Training Hubs (RTHs) is creating end-to-end rural specialist training for rural medical school graduates.

A/P Pham will reflect on building one of the inaugural pathways enabled by the Integrated Rural Training Pipeline (IRTP) program, an Australian Government funding initiative to increase the number of trainees in rural areas, introduced alongside the RTHs. IRTP funding was critical to the development of a regional specialist medical pathway from internship to fellowship so the majority of the training could be undertaken in rurally.

In 2018 A/P Pham coordinated IRTP submission which secured MBPH and Monash Rural Health graduate Dr Madeline Lueng the funding to build the program alongside her Psychiatry training. (Training posts in the IRTP differ from the Specialist Training Program (STP) posts as the funding 'follows' the trainee through multiple rotations).

Hospitals are responsible for liaising with their RANZCP Branch Training Committee to ensure rotations are appropriately accredited - must demonstrate the capacity, hold the required supervision accreditations, and secure required secondment arrangements with other health services. This has meant using innovative solutions such as tele-supervision and establishing a new consultation-liaison psychiatry service at MBPH. RANZCP has been flexible and negotiated on supervisory responsibilities as the number of trainees in the pipeline has increased, from one, to two and now three. The maximum number of trainees usually authorised for supervision is two - and special permission has been granted to enable MBPH to have three trainees simultaneously supervised by one Fellow.

Outcomes

The IRTP funding has served as a pipeline to build capacity and supported MBPH to grow the number Psychiatry doctors in training year on year, significantly increasing MBPH capacity to train and support the community's mental health.

It has built a highly visible and attractive end-to-end rural pathway for Monash Rural Health graduates, as well as supporting the availability of RG Advanced Skills Mental Health Posts.

The pathway was showcased in 2022 at the RE-INVIGORATING THE RURAL MEDICAL WORKFORCE Rural Training Pathways Congress, which:

Supported further development of rural training
showcase rural pathways and lifestyles to potential future trainees

It has shown that when Colleges recognise the rural training landscape may require a slightly modified approach from metropolitan settings, quality training outcomes can be achieved.

Funding parameter – 6e

Contact: HPham@mbph.org.au; NW VIC RTH, Mildura, Vic

Driving growth in advanced training opportunities in Western NSW

Since inception the WNSW RTH (the Hub) has been directly involved in gaining Integrated Rural Training Posts (IRTP's), applications for funding as they arise from the Commonwealth Department of Health, and accreditation for advanced training posts (ATPs) in a range of disciplines in partnership with the Western NSW Local Health District (LHD).

At the Hub's inception, this involved stakeholder consultation with Heads of Departments in both Orange and Dubbo. The applications developed as a result of this and later consultations are detailed in the Outcomes section. Taking the lead role has included identifying the contact person at the appropriate College, completing the first draft of the application for accreditation, gaining the data and activity information required from the LHD, assisting the Director of Clinical Training with both their own training if needed, drafting trainee rosters etc. The Hub collates all information required and jointly submits to the College with the Head of Department. During the Process, the Hub meets with the specialists involved and goes over every step of the application and gains their input where needed. There have been several other ATP accredited which have not involved the Hub and the work was completed by the Head of Department.

Outcomes

Successful applications for ATP accreditation in Dubbo include Medical Oncology, Rheumatology (the first ever in Australia accredited outside of a metro area). Nephrology and Respiratory Medicine have gained accreditation with a letter of support. Currently the Hub is taking a leading the ATP accreditation in Cardiology and Gastroenterology.

The ongoing IRTPs at Orange in Paediatrics and Emergency have proven a great success. The Hub has supported accreditation for a Provisional Fellow in Intensive Care with the College of Intensive Care Medicine, and provided support and information to the Royal Australian College of Ophthalmology which has resulted in the appointment of a final year Ophthalmology Trainee to Orange which will make a significant impact in an areas of workforce shortage.

Surgical fellowship posts have been applied for twice with no success, as have additional Anaesthetic ATP funding which also did not gain approval.

Funding parameter – 6c

Contact: Western NSW Regional Training Hub:
Linda Cutler or Phillipa Southwell
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Establishment of the Victorian Basic Paediatric Training Consortium (VBPTC) and the extended rural stream in Basic Paediatric Training: A long journey finally coming to fruition

Prior to 2012 there were no Basic Paediatric Trainees located anywhere outside of metropolitan areas. Long term lobbying of the Victorian Department of Health over many years resulted in the eventual formation of a working group in 2011, which resulted in the creation of 12 regional Basic Paediatric Training positions. These were secondment positions administered through the Metropolitan tertiary centres without a clear formal Governance structure.

The 2022 pilot program of the formalised extended rural stream has involved four basic paediatric trainees in geographically diverse rural locations across the state. These include a northern trainee (Bendigo), a western trainee (Geelong) and two eastern trainees (Sale and Traralgon). The second year of the program includes a neonatal term of six months duration and six months spent in Warragul or Ballarat. About half of the trainees' basic training is completed in regional areas, while mandatory terms including their neonatal, emergency and specialist medical terms are completed in metropolitan Melbourne. Crucially, the rotations are from rural to metropolitan and the trainees are contracted to the program for the full three years.

There has always been an informal structure supporting advanced training in paediatrics in rural and regional sites so creating basic training opportunities dovetails well with the advanced training structure already in place. In this way, creating the Basic Training Consortium has effectively resulted in end-to-end training available in regional areas. New initiatives have included formation of a leadership group with three directors, one for outer metropolitan, one for metropolitan and one for rural (who is a Regional Training Hub Director), as well as a fully funded administrative support coordinator. Support and mentoring of the trainees has been a key element of the plan.

Outcomes

The program is under ongoing evaluation but so far, the trainees, health services and Department of Health have been pleased. There are plans to expand the program to include Warrnambool, Shepperton, Wodonga and Wangaratta in 2024 as well as to appoint a training, development and education officer.

The VBPTC is now the recognised independent management group for basic paediatric training in Victoria with significant support from all stakeholders. The program is being proposed as a template for other craft groups looking to develop end-to-end regional training. The team is already talking with various organisations (including Hubs) around the country who are interested in the progress of the Pilot. There has also been cross disciplinary interest from other specialities. This program has also demonstrated that when specialist medical Colleges recognise the quality of rural training, excellent outcomes can be achieved.

Funding parameter – 6b, 6c, 6e

Contact: Michael.Nowotny@monash.edu.au; Gippsland RTH, Warragul Vic

Building rural training capacity in Palliative Medicine

The Tasmanian Hub was successful in its Expression of Interest under the Integrated Rural Training Pipeline Specialist Training Program (IRTP-STP) seeking funding to expand advanced training in palliative medicine. Through this IRTP-STP funding the Specialist Palliative Care Service (SPCS) in Burnie, in Northwest Tasmania, worked with the support of the Hub to achieve accreditation of two advanced training terms and an advanced trainee was recruited to commence training in the region for the first time. Prior to this palliative medicine training in Tasmania was not available outside Hobart.

The first trainee completed two terms (6 months Core Community Term and 6 months non-Core term) in Burnie, an RA3 area, and was then supported to access an additional two terms of Core training at the Royal Hobart Hospital. With a final training requirement of a term in cancer care, support was provided for the trainee to undertake this term in the North of the State, a training location also not previously utilised for palliative medicine training. This first trainee successfully gained Fellowship in 2020.

Outcomes

Since 2020 further trainees have been consistently recruited to Northwest Tasmania to complete the training terms and the SPCS has been able to recruit additional specialists as supervisors and expand the workforce.

The first trainee and her supervisor were instrumental in setting up a new palliative care inpatient service in Latrobe, also in Northwest Tasmania. The initial trainee has now moved to Launceston in Northern Tasmania and has recently notified of their success in gaining accreditation of a further two terms of training in the region.

Trainees are now able to undertake all their palliative medicine in Tasmania without needing to leave the State.

Funding parameter – 6c

Contact: Debbie.wilson@utas.edu.au; NW Tasmania RTH, Burnie

BUILDING CLINICAL
SUPERVISION

CAPACITY



Support for supervisors - a place-based approach to building capacity, connectivity and collaboration

Regional Training Hubs aim to improve the delivery of postgraduate regional medical education. A key part of this is to support current supervisors and provide support to local medical practitioners to become clinical supervisors.

In view of this, the Northwest Victorian RTH has conducted “Supervisor Forums” from 2021 to enable primary care and hospital based supervisors from Bendigo region to come together in a supportive environment for further education with content matter experts.

Topics covered included cognitive distortions and trainee development, providing feedback, and managing difficult conversations and panel discussions on building training and supervisory capacity in our region.

As well as providing continuing education, the forums are an opportunity for supervisors across various settings to network and share stories. We work with the DCMO and Medical Education and Workforce teams and the Colleges to ensure they are promoted, and relevant topics are covered.

In the first-year attendees were surveyed anonymously with an 86% response rate. Survey questions included what was not working and the most common response was a lack of time. Attendees reflected on what was working well and the most common responses were the importance of a supportive CMO office.

Topics of interest for further education included the new AMC framework, supervising difficult trainees, managing poor professionalism, resilience training

The overwhelming majority appreciated the opportunity to be recognized as supervisors of training, and having a forum where they could exchange ideas with peers.

It is important that supervisors of training are recognized for their commitment to the development of a strong future rural and regional medical workforce, especially as they usually have to manage supervision tasks with busy clinical commitments. Given the link between supervisor quality and successful training outcomes, it is important that local supervisors’ needs are assessed, and programs developed to support them.

Outcomes

The supervisors’ forums have operated for three years in the NW Vic, and they are now embedded in the local medical fraternity: the forums are well attended and held in high esteem.

Participants enjoy an opportunity to reflect on their work and role, gain PD, peer support, which was particularly valuable through Covid - the forums help to retain/maintain and recognise clinicians in their role as supervisors, as much as step up into this role.

The Supervisor Forums also help to break down silos between Health Service units and across specialties/practice settings (primary care, hospitals, etc)

Forward thinking and facing, the forums have proved a springboard platform for the Hub to work with clinicians about areas where we can further collaborate boost local training capacity.

Funding parameter – 6c

Contact: Janelle.brennan@gmail.com; NW Victorian RTH, Bendigo, Victoria

Teaching the teachers: A junior doctor led education program for final year medical students.

Transitioning from student to doctor is a steep and often exhausting learning curve. Junior doctors at Bendigo Health along with the Regional Training Hub recognised there was a need for practical education to aid the transition from final year student to internship, and near peer learning could create a safe learning space for this.

In the program students established trusted relationships with future colleagues, thus providing place based mentoring for rural medical students, and encouraging the students to stay local for their internships and prevocational training years. The final session in the year long program is on successful college entry from a rural location.

Postgraduate year 1 2 and 3 doctors from Bendigo Health delivered 25 weekly, 60 minute tutorial sessions for final year students from Monash University (Year 5A) and Melbourne University (MD4). This occurred in 2021,2022 and is again operating in 2023.

The venue and support to access Monash systems and facilities was provided by the Regional Training Hub, in conjunction with Bendigo Clinical School. Doctors delivering the training were recognised with certificates (formalising the teaching for their CVs and College Applications) and associate status. The Doctors planned the schedule and content, coordinating the delivery of the weekly tutorials. At the start and finish of each program the Hub provided a small catering budget for pizza.

As part of the teaching program, the junior doctor teachers undertook a Clinical Teaching and Education Pathway (CTEP) to improve the “teachers” knowledge of quality clinical education and incorporate this in a real-life setting. This concurrently provided an entry point for regional doctors into postgraduate study in clinical education. Stage 1 of the CTEP program was an introduction to clinical teaching, with Stage 2 being offered to nine selected participants who wished to undertake a more detailed pathway into quality supervision.

Outcomes

Medical students were surveyed following the first year of tutorials. The majority appreciated being taught different ways to structure their approach and responses to clinical scenarios, and enjoyed learning clinical knowledge in scenario-based settings, and would recommend the program continue in future years.

At the conclusion of the first year of the program, all nine junior doctors reported they were extremely likely to become more involved in clinical teaching, and six respondents took the opportunity to formally enrol in the quality supervision course and complete the formal assessment (Stage 3 of the pathway) to achieve one unit (6 point credit) towards a Monash Postgraduate Certificate in Clinical or Simulation Education.

This program demonstrates that regional settings can provide innovative and valuable opportunities for training and career development for medical students and junior doctors alike, and that mentoring can be invaluable in supporting students navigate the transition to professional practice as well as plan for a rural career pathway.

Funding parameter – 6d

Contact: Sophie.burke@monash.edu; NW VIC RTH, Castlemaine, Kyneton, Maryborough Victoria

Delivery of a collaborative, locally relevant Supervisor Training workshop series

The UQRTH Wide Bay facilitated the planning, development, delivery and evaluation of a locally relevant supervisor training workshop series for both community and hospital based senior medical professionals. This was a collaborative initiative between the Regional Training Hub, Rural Clinical School, UQ Academy for Medical Education (AME) and the Wide Bay Hospital and Health Service Medical Education Units. A needs analysis was conducted, and feedback sought from the target audience as part of an extensive consultation process. From this, the following topics were delivered:

- Feedback
- Managing Trainees in Difficulty
- Creating a culture of quality supervision

Recognising that most supervisors are required to complete College specific supervisor training, this series was designed using a discussion-based, peer learning format to essentially facilitate sharing of knowledge and utilise the extensive experience available in the region, while discussing case examples and key principles of effective clinical supervision.

To ensure maximum attendance and efficient use of resources, the series was delivered via Zoom across the footprint. UQ AME delivered workshop 1, the Bundaberg DCT delivered workshop 2 and the RTH delivered workshop 3.

The program was evaluated and overall 94.5% agreed/strongly agreed that participating in the series was worthwhile. Thematic analysis was used to determine the key strengths:

- Interactive - discussion and sharing of experiences
- Working through examples / case studies
- Opportunity for reflection
- Practical advice and tips

This evaluation also identified an additional topic that participants wanted, which we accommodated by adding a fourth workshop to the 2022 series – “Managing trainees who lack insight” which was well attended by 20 participants.

This series has turned into an annual initiative and this year will be trialling face-to-face delivery of at least one workshop (as suggested in the evaluation) and will continue to build and adapt to local needs.

Outcomes

The outcomes of this series have been as follows:

- Addressed a gap in the health service for locally relevant supervision training. Teaching on the Run was being run by the Health Service with no uptake.
- Strengthened collaboration between the UQRTH, UQRCS and WBHHS MEUs, all working towards common purpose.
- 67 hospital and community based senior medical officers/consultants/GPs have participated in the series.
- A peer support network and learning community of clinical supervisors has been developed for ongoing sharing of experiences and knowledge.
- Fostering of further collaboration and initiatives to further improve supervision culture, e.g. this same collaborative group have received funding for a feedback literacy research project to be trialled in the HB emergency department.
- Local buy in and ownership of a supervisor training program, rather than relying on Metro or College programs.
- Is continually evaluated and improved based on local needs.

Funding parameter – 6c

Contact: r.hardie@uq.edu.au; Rhianna Hardie, Wide Bay RTH Queensland

The Monash Rural Health Clinical Teaching and Education Pathway - Teaching Doctors how to Teach

Part of a doctor's role is to teach medical students and junior doctors. But who teaches doctors how to teach? Monash Rural Health's Clinical Teaching and Education Pathway (CTEP), initiated in 2021, offers a staged, professional development approach to educating doctors to teach. CTEP is delivered across the Monash Rural Health footprint in regional and rural Victoria. The pathway upskills doctors, so the next generations of health professionals are taught well and forge robust connections to the rural and regional areas and health services in which they are placed, as their learning is supported appropriately. CTEP enables regional doctors to undertake education onsite that links to their professional development, and is a steppingstone into postgraduate training pathways in clinical education. Evidence of participation in the pathway can support applications for college accredited training. Linking to the university provides opportunities for doctors practising regionally to engage in scholarly activities with Monash Rural Health and potentially develop and sustain an educational culture within their health services.

Outcomes

A successful pilot of the program was delivered in the Bendigo region in 2021. This resulted in the expansion across the full Monash Rural Health Regional Training Hubs footprint in 2022 with the pathway delivered on site in Bendigo, Mildura, Traralgon and Bairnsdale. In this time almost 60 doctors have participated in the program. In 2022 the CTEP program was the winner of the Monash Faculty of Medicine, Nursing and Health Sciences Dean's Award for Excellence in Education - Industry and Community Education Programs. In 2023 the program is being offered again across all sites with steady participant numbers in both Bendigo and Gippsland and significant growth in Mildura. There is also capacity to develop a fee for service model of the program to enable Monash to offer this course to other regions, with a number of Regional Training Hubs expressing interest in what the program offers.

Funding parameter – 6c, 6e

Contact: Lisa.hall@monash.edu; Monash NW Vic RTH, Bendigo, Vic

Building clinical supervision capacity in Western NSW: Teaching on the Run

In 2019, the Western NSW Regional Training Hub worked with individuals from within the Rural Clinical School and the University of Sydney at Camperdown to promote and support Clinical Teacher Training, which is a certificate course of seven modules and an all-day face-to-face workshop. There were two groups, one in Dubbo and one in Orange who completed that training in October 2019. In 2020, the Hub was approached by Orange Health Service to explore opportunities for clinical supervision training for Junior Medical Officers. The request was specific to a program called 'Teaching on the Run' (TOTR). TOTR is a staff development package that includes foundation-level workshops designed to enable participants to apply sound teaching and learning principles in their workplace environment. TOTR is a versatile professional development program delivered in a blended learning format (½-hour online preparation and a 1½ -hour workshop) per module. TOTR is licensed by the TELL (Teach Educate Learn Lead) Centre which is recognised nationally and internationally for innovation and excellence in teaching and learning in the clinical setting.

In 2020/21 five staff upskilled as TOTR Trainers (two Hub staff and 3 local GPs). Annually, we offer a range of face-to-face and online courses for clinicians in the Western NSW LHD footprint to undertake the first four of the nine TOTR modules. We place an emphasis on JMO and GP Registrar training, but clinicians from all levels are welcome with the diversity of experiences bring a lot to the learner experience. The workshops are run at no charge to attendees and are facilitated by at least two trainers at any time. The Hub has also continued to support the Clinical Teacher Training Certificate course and 20 individuals enlisted for the most recent course with the face-to-face workshop being held in Dubbo in March 2023.

Outcomes

In addition to online and face to face Clinical Teacher Training, the Hub has successfully run several online courses of TOTR (throughout COVID) as well as face-to-face workshop offerings in 2022-23. The feedback from these sessions is overwhelmingly positive, with staff of all levels feeling supported and equipped to engage in higher quality supervision and education. At times we struggle to recruit participants possibly due to the extracurricular nature of the training and have had to cancel multiple courses due to low enrolment. Whilst there is in-principal support for hospital staff attending TOTR, staff are not released for the training, having to complete it in their own time. Currently the Hub is considering future directions for building capacity in clinical supervision, recognising there is a relatively stable small pool of participants, and we may have to become even more flexible in the future.

Funding parameter – 6b

Contact: Western NSW Regional Training Hub:
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GENERAL PRACTICE **INITIATIVES**



Selling the sizzle: Connecting junior doctors, medical students, and rural generalists and rural generalism: Annual Rural Generalist Workshop and Showcase:

The lack of support for general practice & rural generalism as a career choice in some hospital settings, by some other specialists and clinical teachers, has been identified in Australia and in other countries, as an issue in recruiting new trainees to this speciality.

While the number of medical student and GP training places has been expanded in the last twenty years in Australia, many general practice training places remain unfilled especially in regional and rural locations.

Discussions at a local level with medical students and early-stage junior doctors identified the need to expose medical students and junior doctors to rural generalism and rural generalists in a dynamic environment.

In collaboration with the Local Health District and local rural generalists, the Riverina Regional Training Hub has created an Annual Rural Generalist Workshop and Showcase targeted at senior medical students and junior doctors. The workshop combines hands on learning with a rural flavour lead by rural generalists, showcasing of smaller rural towns and networking that creates opportunities for conversations about living and working rurally.

The first RG Workshop was held in Deniliquin with seven medical students and four junior doctors. The second one in Temora for twelve participants – some participants were lost to COVID, included three junior doctors. The 2023 workshop in Gundagai supported 22 participants, involved medical students from a greater range of universities including from interstate and featured a simulated mass trauma event coordinated with the local SES and local rural generalists.

Outcomes

Structured and informal feedback on the program and its content has been evaluated and used to strengthen each successive annual event.

Anecdotal information suggests that from the first year's participants seventy five percent of junior doctor participants are now on general practice training pathways.

From the second workshop, two final year students from outside of the local region elected to apply successfully for Rural Preferential Training internships in the LHD intent on pursuing rural generalist training and careers.

Funding parameter – 6b, 6d, 6e

Contact: fran.trench@nd.edu.au; Riverina RTH UNDA Wagga Wagga NSW

GP Jaunt: A place-based event to explore the life of a rural GP / rural generalist and provide career information and mentoring.

GP Jaunts are the idea of a Castlemaine GP, Dr Mark Farrugia (RWAV Rural Doctor Award:

Outstanding Contribution 2019), developed in partnership with MCCC GP Training and the Loddon Mallee Victorian Rural Generalist Program pathway, and implemented by the North West Victorian Regional Training Hub.

Mark was instrumental in bringing together all stakeholders from the district to collaborate towards a wide arching and communicating network across the centres. He saw a need for recruiting training GPs to the area with skills required for this place.

Mark successfully arranged a number of after hour conference calls networking local doctors practicing advanced skills. The discussion moved to the shortage of rural generalists in the region and pipelines for future workforce and the group expanded from local GP clinics and smaller regional health services, to include the larger neighbouring hospitals, government, and sector bodies. The discussions resulted in Mark taking a lead role in co-ordinating and co-hosting the inaugural Central Victorian GP jaunt held in December 2019.

This localised pathway was inspired by the Loddon Mallee working group's advanced skills GP pathway, at the early stages of the VRGP program. The event was coordinated and widely promoted to students and junior doctors across Victoria, by the Regional Training Hub and had over 800 Facebook views in the first week of going live.

Participants were recruited to fill the minibus, some RSVPs were unable to attend. Regardless, the event was a great success, allowing junior doctors hear about place-based general practice pathways and advanced skills training opportunities. The Jaunt also helps training GPs grow awareness of opportunities to practice challenging and inspiring work utilising their chosen skills in surgery, emergency, anaesthetics, or obstetrics.

Four tours have been held since. One was recorded and a suite of seven films made, cumulating in 4,200 views to date on our channel and more on the MCCC socials.

Along the way Mark has continued mentoring and supervising the next generation of students and trainees on placement at his general practice.

Outcomes

Dr Farrugia sums the outcomes up:

It's not just for next year but for future years. It's not just about our towns needs but possible.

careers trainees may want. The idea is that this will be the first one of an ongoing process that will start with our area and probably move to other areas.

Each organisation promotes their clinic, hospital, and plans for the future and how they can accommodate and support the new GP trainees. Ultimately trainees come and stay in the region, into a clinic/town that suits them.

More generally, by promoting the area together it will become a place trainee not only apply to for a rotation but stay for a lifestyle.

Junior doctor's feedback highlights success: Dr Bashir 2018PGY3, "I gained an understanding of the various facilities available in different practices and how GP practices work in close collaboration with the regional hospitals. The best part was the opportunity to meet amazing doctors working as advanced skills GPs in Castlemaine, Maryborough, and Kyneton" and to see where and how they work.

Dr Hodge PGY32019 General HMO" Overall it was a very useful informative day and needs to be continued".

Dr Hodge ED Reg 2019, reaffirmed this, "I enjoyed seeing a bit more of the towns/communities the GPs live and work in and I will come again! It's an event I'd recommend to others."

Funding parameter – 6d

Contact: Sophie.burke@monash.edu; NW VIC RTH, Castlemaine, Kyneton, Maryborough Victoria

Keeping General Practice on the agenda as a career choice

The Western NSW Medical Workforce Review and Analysis found that General Practitioners/Rural Generalists (GPs/RGs) at small rural health service sites are the top area of workforce demand in the Western NSW LHD. In response, the WNSW RTH engages in a range of activities and initiatives all of which promote GP, provide education and specifically work to maintain robust relationships with the key stakeholders involved in General Practice Training. Our aim is to encourage students with an interest in General Practice to start building their professional networks early and provide opportunities to be exposed to General Practice while working in the Hospital system during PGY 1 and 2.

Initiatives include:

- Facilitation of a GP/RG symposium each year attended by JMO's and students. The symposium includes panel discussions featuring RACGP and ACRRM trainees and fellows, and College representatives.
- Providing a venue and scholarships to local JMOs and GP registrars to attend ACRRM workshops locally such as Rural Emergency Skills Training, and Advanced Life Support 2 based on local demand.
- In instances where JMO's are unable to access essential rotations for GP training, the RTH offers scholarships for courses such as the Sydney Child Health Program or Graduate Certificate through the Sydney Children's Hospital Network.
- Targeted scholarship offerings for students and JMO's to attend the NSW Rural Doctors Network conference and Rural Medical Australia conference each year. The RTH works closely with the NSW RDN and the Riverina RTH in planning and delivering a 'Student Day' at their conference each year, sourcing speakers, financial support and coordination on the day.
- The Destination Medicine Editorial Committee supports a higher percentage of podcasts related to General Practice which has resulted in almost 20% of podcasts being dedicated to Rural Generalists and General Practitioners across the state and Australia.

Outcomes

While difficult to quantify at this point in time, we will follow our graduates into the future. An unexpected outcome from the 2022 conference was the opportunity to meet several NSW RDN Cadets who were heading to Dubbo for their Internship in 2023. The Western RTH also led a thematic analysis of our student podcasts and found that the care General Practitioners had either given to them directly to their family members had been a direct influence as them choosing medicine as a career. The Presentation was titled and presented at RMA 2021 "A cycle of care: your care, their careers." The RTH also presented the key messages about General Practice from the Western NSW Medical Workforce plan at RMA 2021. We identify and support students early in their pursuit of a General Practice careers.

Funding parameter – 6e

Contact: Western NSW Regional Training Hub:
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Rural Generalist Skills Workshops

Funding for regional training hubs was announced by the Federal Government in 2017. This funding was provided as part of the Integrated Rural Training Pipeline for Medicine (IRTP) through the Rural Health Multidisciplinary Training program (RHMT).

Recruitment and retention of medical students and junior medical officers (JMO), in rural Victoria, is essential to meeting the workforce needs of primary healthcare services.

The Rural Generalist Skills workshops program is a collaboration between Goulburn Valley Regional Training Hub (GVRTH) and Hume Region Rural Generalist Intern Training Program – M2M. Twelve Rural Generalist Skills workshops are being conducted in 2023 and delivered in various locations across the Hume region at regional, sub-regional and small rural health services. The workshops have been developed to provide medical students and junior doctors with the skills required to progress their careers as rural doctors and prepare these trainees for advanced skills training in a variety of rural specialities. These sessions will provide medical students from University of Melbourne and Junior Medical Officers from Echuca Regional Health, Goulburn Valley Health, Northeast Health Wangaratta, Albury Wodonga Health, and Hume Region Rural Generalist Intern Training Program – M2M with access to a high-quality rural generalist education program. The program has been structured to ensure all healthcare services with junior doctor training programs and the regions medical students have allocated training places at all workshops. All workshops are evaluated and monitored by the Hume Region Rural Generalist Education Sub-Committee. The works delivered are:

- General Practice
- Sexual Health
- Advanced Life Support
- Emergency Birthing
- Cardiac Emergency
- Fracture and Dislocation
- Palliative Care
- ICU Drainage and Airways
- Mental Health
- Addiction Medicine
- Anaesthetics
- Dental Emergency

At the conclusion of 2023 the Hume Region Rural Network (that includes membership of all Hume region health services, Rural Workforce Agency Victoria, Primary Health Networks, and Victorian Rural Generalist Program, regional training hubs, medical student, junior doctor and rural generalist general practitioner) will be engaged in developing a sustainable delivery model for this program for the future.

Outcomes

The Hume Region Rural Generalist Skills workshops program commenced in January 2023 with 12 workshops scheduled to be conducted across the Hume region. All individual training sessions include a participant evaluation to evaluate:

- Relevance to the participants role.
- Increase in knowledge.
- Increase in confidence levels.
- Increase in the participants attraction to rural practice.
- Quality of the workshop.

After the delivery of four Hume Region Rural Generalist Skills workshops:

- Participation has been high (all workshops filled)
- Participant session evaluations have indicated high quality training.
- Engagement with health services has increased and improved.
- Identification of training culture as a priority has emerged.

The Hume Region Rural Generalist Education Sub-Committee will meet to analyse the training session evaluations and provide recommendations to the Hume Region Rural Network for future activities.

Funding parameter – 6b **Contact:** sboyer@unimelb.edu.au; Goulburn Valley RTH, Shepparton Vic

MENTORING



Career mentoring: being open to feedback and responding to place

Career mentoring has been offered to students at the School of Rural Health (Dubbo/Orange) as well as PGY 1 & 2s at Dubbo and Orange Health Services since 2019. In this program, mentees are matched with a local consultant to discuss career choices, training options and rural practice. The mentoring program has utilised the Mentorloop online platform to gather relevant demographic data on both mentors and mentees as well as track their progress over the course of the year. Mentorloop allows for matching based not only on discipline of interest/work, but general interests and personality type. Whilst Mentorloop has the capacity to automate the matching process, it was decided to undertake this process manually, allowing for our own knowledge of both parties to guide the matching process.

This system has worked very well for Dubbo, where there has been year on year growth of the program and retention of mentors. The facilitation of career mentoring in Dubbo has led to an expansion of the project to include Peer Mentoring for the new first year medical students and a presentation on the project at the 2022 National Rural Health Conference.

In Orange, Mentorloop has panned out very differently. Described as an 'extra layer of technology where an email could suffice' use of Mentorloop has been scaled back to only the medical student cohort. The local Health Service decided in 2022 build an internal mentoring program for PGY1 that covered other forms of mentoring aside from career mentoring. There has also been the implementation of group-based career education with fortnightly lunches titled 'Guess who's coming to dinner?' where local clinicians join for cheese toasties and informal career conversations.

Outcomes

Mentorloop remains vital to the career mentoring project for the Western NSW RTH. While we do not utilise the full breadth of the platform's functionality, the tools we use are used well. The growth of the mentoring program that is specific to site has been an organic evolution over time that reflects the culture and needs of the two sites. Mentees tend to stay connected with the program for a maximum of two years, while mentors stay on year on year. The feedback via Mentorloop is generally positive, but anecdotal feedback from stakeholders has allowed the program to adapt to its environment over time.

Funding Parameter 6d

Contact: Western NSW Regional Training Hub:
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Bunbury Doctor to Doctor Support (BuDDS) Mentorship Program

Bunbury Doctor to Doctor Support (BuDDS) is a structured mentoring program for medical students and doctors in the greater Bunbury region. BuDDS was founded in 2021 by the WACHS medical education registrars at Bunbury Hospital and has since been run in conjunction with the South West RCSWA Regional Training Hubs team. BuDDS aims to promote a positive, supportive culture within our medical community by linking doctors at various stages of training and beyond to share experiences and provide personal and professional guidance.

BuDDS connects mentors with mentees and places them into mentoring groups known as. The Pods evolve over time allowing the inclusion of new mentees while simultaneously promoting the transition of existing mentees to mentors or group alumni.

Pods group mentors and mentees with similar areas of interest to maximise the potential for guidance. The basic structure of a Pod includes a Consultant / Senior Fellow with a Junior Fellow / senior registrar as mentors with mentees from the junior registrar, RMO, intern and RCSWA medical student pools.

Pods are encouraged to agree to regular meet-up times, communication pathways and mentoring structures within their Pod. In addition to this, BuDDS provides regular member updates, mentoring tips and workshops, information about local education and training events and host two annual whole-of-BuDDS events for members. The BuDDS committee aims to engage with members via e-mail, social media (Facebook, Instagram), on their website and in person!

Outcomes

BuDDS has been running with good engagement from members for the past 2 years and has seen several members take significant steps in their career progression. BuDDS currently has over 50 members distributed among 13 active Pods including those centred around general practice, emergency & critical care, physicians, psychiatry, and surgery. BuDDS has now expanded beyond the greater Bunbury region to include a Busselton-based Pod and is looking to extend into the Warren-Blackwood region this year. The Great Southern region are in planning phase for a similar initiative in Albany and we are sharing our resources and experiences.

Funding parameter – 6b, 6c, 6d

Contact: Kayla.mizzi@rcswa.edu.au; RCSWA Southern RTH, Bunbury/Manjimup

DrJuMP - A state wide rural medical mentorship program

The DR JuMP Regional Medical Mentoring Program has been operating successfully for over 6 years. It has grown as a collaboration between Victoria's Regional Training Hubs, Murray Primary Health Network (PHN), Rural Workforce Agency Victoria (RWAV) and Victoria's Regional General Practitioner Training Organisations.

The program is primarily an online mentoring program, that brings together rural clinicians and trainees in a mentoring relationship that has been tested within the rural medical training environment, earning industry support and acceptance. It is offered free of charge for all participating medical mentors and mentees, regardless of the size of these cohorts and the growth of the program over time.

The DrJuMP program vision is to ensure every medical trainee, from medical student to registrar, undertaking training in rural and regional Victoria, can access a regionally based DR JuMP medical mentor, thereby:

- Supporting Victoria's regional trainee medical workforce
- Providing a succession planning tool for regional health practitioners
- Inspiring medical trainees to follow career pathways in rural and regional Victoria
- Supporting Victorian and national medical workforce strategies, including:
 - Increase the number of regional medical trainees
 - Reduce barriers for doctors to work and train rurally
- Support coordinated and visible 'end-to-end' training pathways
- support the regional trainee medical workforce including in ATSI health settings
- Support broader education and experience of generalist skills, and rural and remote clinical practice
- Support informed decision making for regional medical career pathways
- Implement and leverage innovation from the National Rural Generalist Pathway

"Through DR Jump I have been mentored by a number of different medical professionals and I have seen an opportunity to continue that and give back, as a mentor. You can gain a lot from these mentoring relationships and build on those interpersonal skills, time management and personal leadership skills".

Mentor 2022

Outcomes

Over the past 4 years, participation in the DR JuMP Regional Medical Mentoring Program has grown by 132%. The rapid growth in the program is attributable to the active role of each member organisation of the management committee in collaborating to:

1. Providing representation and strategic input at each monthly committee meeting
2. Contributing to the co-design and by agreement, co-delivery of the Program to undertake specific tasks and/or actions
3. Actively contributing to recruitment of regional medical mentors

Program outcomes indicate that DR JuMP mentees experience increased confidence, job satisfaction, retention and commitment to pursuing a career in rural and regional healthcare when supported by a regionally based and experienced medical mentor.

Funding parameter – 6d

Contact: Brendon.condon@deakin.edu.au, Western Victoria RTH, Warrnambool

NT RTH Mentoring Program

In 2022, the Northern Territory (NT) Regional Training Hub (RTH) delivered a pilot mentoring program to Top End prevocational and senior medical clinicians. We aimed to develop useful skills in mentors as well as those being (or hoping to be) mentored in a series of combined workshops designed to enhance better understanding of shared goals, communication and theories of adult learning and leadership (1).

The NT medical environment is unique. The workforce is stretched both in workload and geographically. However, educators and trainees alike recognise the importance of building and maintaining a learning community. The programme required a significant time commitment and was scheduled after normal work hours.

The workshops were co-designed, developed and delivered by the RTH, local health service clinicians and the Pam McLean Centre (PMC), a leading provider of evidence based medical communication skills training, which consisted of six professional development workshops.

79 clinicians registered for part or whole of the program. 45 (57%) attended face-to-face at least one workshop. During the final session, participants were interviewed on their perceptions of the program and how they would like to see it develop. A focus group was convened to better understand participants' ideas about successes, failures and omissions of the delivery and content. The feedback was overwhelmingly positive.

1. Mohtady, H. A., Könings, K. D., & van Merriënboer, J. J. G. (2016). What Makes Informal Mentorship in the Medical Realm Effective? *Mentoring & Tutoring: Partnership in Learning*, 24(4), 306–317. <https://doi.org/10.1080/13611267.2016.1252111>

Outcomes

Strengths: positive health service support and advocacy, the filling of a gap in mentoring opportunities and professional development within the health services and a strengthening of networks with participants. Participants valued the opportunity for self-reflection and to hear how others had addressed and overcome challenges.

Challenges: preponderance of more senior clinicians and some lack of clarity in defining specific outcomes. This meant that publicising the programme to potential participants was more difficult.

The future: the program will be annualised with some amendments, namely streamlining the professional development offerings, expansion of the program to regional areas and further integration into the formal mentoring programs of our stakeholder partners. This will allow us to deliver a consistent approach that provides more effective oversight of the mentoring process, and to optimise the key aspects of mentoring and opportunities to build successful relationships (2).

1. Sng, J. H., Pei, Y., Toh, Y. P., Peh, T. Y., Neo, S. H., & Krishna, L. K. R. (2017). Mentoring relationships between senior physicians and junior doctors and/or medical students: A thematic review. *Medical Teacher*, 39(8), 866–875. <https://doi.org/10.1080/0142159x.2017.1332360>

Funding parameter – 6c, 6d

Contact: fnt.rth@flinders.edu.au; Greg McAnulty or Eliza Gill, Flinders NT RTH, Alice Springs/Darwin

SCHOLARSHIPS & **INCENTIVES**



Medical students' experiences - incentivising rural placements

In 2019 CVRTH first offered scholarship funding to cover travel and accommodation costs to final year UOW medical students who may not have thought about going rural for elective and selective placements.

These Phase 4 (final year UOW students) were not only provided clinical placement, mentorship, connected with all levels of people through community engagement activities, such as high school visits, participates in Grand Rounds and join medical education sessions. They also gain a better understanding and appreciation of rural medicine in Grafton and Maclean. Not only are these students exposed to a diverse range of clinical presentations, experience, but these students also gain professional learning through their participation in a multi-disciplinary team approach to patient centred care.

UOW Clarence Valley Regional Training Hub is developing a placement continuum that extends from Phase 1 Rural Tasters through to vocational training. We needed an opportunity to change the view of some students who believe staying metro will help build connections and provided 'better education', RTH have shown this is just not the case.

By offering scholarship funding students are incentivised to go rural, providing RTH's the perfect opportunity to demonstrate prevocational and vocational training in regional and rural towns can be better and of benefit. Students are also offered opportunities to spend time at Maclean District Hospital with the Emergency Head of Department who happens to be an ACRRM RG, demonstrating the RG model of primary care.

A simple application form was developed, consistent with the current UOW Scholarship applications and when considering applying for the scholarship students will be made aware that certain conditions will be associated with this funding. Such as the successful student will be required to present to Grand Round during their placement, support a Phase 3 hub Regional Academic Day activity and participate in a community engagement program such as a high school careers days or RUOK BBQ for staff and students.

Outcomes

2019 we had three students accept scholarship funding across surgery, emergency and paediatrics. These students participated in a promotion video to encourage students to come to the Clarence Valley. In 2020 we saw a huge increase in place request, and we have expanded to an average of 12 to 15 students each year across as General Surgery, Orthopaedics, General Medicine, Obstetrics and Gynaecology, Paediatrics, Anaesthetics and GP. As we build on the medical education continuum, we enable UOW alumnus to return as JMO'/RMO's and registrars, who then mentor and support these final year medical students.

Funding parameter – 6d

Contact: jchad@uow.edu.au; Joanne Chad, Clarence Valley RTH, University of Wollongong, Grafton NSW

The Use of Professional Development Grants as a Strategy to Support and Retain Junior Doctors

Since 2021 Biannual Professional Development Grants have been offered by our Rural Training Hub (up to \$1000) to Junior Doctors. To be eligible a Junior Doctor needed to be currently working in a rural or regional service within our catchment. The target audience included prevocational and vocational trainees.

The grants were awarded using a weighted scoring system that considered rural experience either during a doctors pre and/or post graduate medical training. The Rural Professional Development grant aim was to support rural junior doctors to access training along the pathway to becoming a rural specialist (including GP).

Outcomes

We collated the 2022 data to determine what the grant has been used for and where the recipients are now. From the two rounds of grants offered in 2022 we had 49 applicants. A total of 28 (57%) were successful in securing funding towards their nominated personal developed. An overview of what was approved included 20 skill-based courses, 6 scientific conferences, and 1 for publication in a journal and 1 for textbook and online subscription.

Of the 28 recipients, 18 (64%) are still currently working in a rural or regional centre.

From these results we have concluded that these grants should continue to be considered as a useful strategy to support and retain junior doctors.

Funding parameter – 6e

Contact: e.hutchings@deakin.edu.au; Emma Hutchings, Western Victoria RTH, Warrnambool

SINGLE EMPLOYER **MODEL**



Kimberley Single Employer Model Pilot

Kimberley Regional Training Hubs facilitated an interest group in a Single Employer Model (SEM) Pilot in the Kimberley Region starting in November 2021. Participants included senior representatives from Western Australia Country Health Service (WACHS) Kimberley, Kimberley Aboriginal Medical Services, and local private for-profit and not-for-profit rural general practices. The East Kimberley was selected as a preferred site due to workforce needs. The interest group developed the following SEM goals.

1. To train rural GPs and rural generalists who would be optimally prepared to work in our region.
2. Ameliorate the financial, housing, and fringe benefits lost to junior doctors who transition in and out of the hospital system and private practice for their GP/RG training.
3. Develop a sustainable funding strategy for private GP practices to engage in GP Registrar Training.
4. Optimise training for GPs and RGs with idealised rotations and robust training coordination that would provide professional development, pastoral support, constructive feedback, and mentoring.

WACHS became interested in accessing potential federal funding to pilot a SEM. They employed a project manager for six months in 2022 to further assess options for SEM pilot sites within WACHS.

The working group promoted East Kimberley as a pilot site, in part due to work already completed. The region also has natural advantages to being a pilot location. It is difficult to recruit doctors to work in the region's hospitals, clinics, and general practices and both GPs and RGs are required to effectively maintain health services. Existing public-private collaboration is robust and there is a track record of excellent GP training. Current workforce shortages have resulted in an increasing health burden to the hospital without sufficient community primary care.

Outcomes

The perception of the RTH was that the WACHS process lacked consultation with stakeholders and actively ignored previous collaborative work in the region. Their articulated plan was to limit the SEM scope to training rural generalists to the exclusion of rural GPs, despite stakeholder input that they are also desperately needed in the region.

WACHS has developed a preferred SEM which targets RG trainees only and does not include the East Kimberley as a pilot site. In our ongoing support to GP registrars and stakeholders, RCSWA RTH continues to build a business case for a training consortium. Even without federal funds earmarked for running a training program, we are seeking novel ways to ameliorate the loss of accrued benefits and housing difficulties facing new GP registrars and to help AMS, and GP practices recruit trainees.

Funding parameter – 6b, 6c, 6e

Contact; elizabeth.gannon@rcswa.edu.au; Broome

TARGETING OUR

YOUTH



Aboriginal High School Students Careers Day

On Wednesday the 16th November, CVRTH and GBH Education teams hosted an Aboriginal and Torres Strait Islander High School careers day. This was the result of discussions with proud Gamilaroi RN Madeleine Richey who approached CVRTH to support her in the planning and delivery of the day.

27 Aboriginal and Torres Strait Islander high school students and staff from Grafton High School, South Grafton High School, Clarence Valley Anglican School and McCauley Catholic College joined us to learn about career pathways for various health fields including nursing, midwifery, medicine, Aboriginal health and physiotherapy.

The students participated in a range of clinical skills stations supported by CHS staff which provided an opportunity to learn about different skills relating to each specialty. Invited guests from the valley's Aboriginal Medical Service, Bulgarr Ngaru, also came to support the event and talk to students about how they support the community.

Some students were a little surprised by how realistic the manikins were; they didn't expect them to cough, blink their eyes and have chest movement. Students all enjoyed watching the SIM which took them through a trauma scenario relating to a farm accident, UOW medical students taught students how to plaster a back slab, local Bunjalung RN's showed students how to monitor and record vital signs, FACEMS demonstrated basic life support and registrars and medical students ran a POCUS station showing students how to use an ultrasound machine to map the veins and arteries of their arm.

Grafton Base Hospital medical staff specialists, junior doctors, education staff, Aboriginal health staff, UOW medical students and GBH nurses all donated their time to run the clinical skills stations and talk to the students about their own health roles. Wonderful feedback was received from each school saying how engaging and valuable the day was for the students and staff involved.

Outcomes

The 27 Aboriginal and Torres Strait Islander high school students were provided hands on experiences and information about Aboriginal identified health careers pathways and how to access scholarship funding. Having the Aboriginal identified nurses talk about the health journey enabled the students to see living in a rural town won't stop them from continuing study after high school and giving back their community.

Funding parameter – 6b, 6d

Contact: jchad@uow.edu.au; Joanne Chad, Clarence Valley RTH, University of Wollongong, Grafton NSW

So, you want to be a doctor? Career support for kids considering medicine

While the focus of the WNSW RTH (the Hub) is medical students and Doctors in training, there remains a cognisance for those in our communities who are not that far along in the rural pipeline. As medical education has become more accessible for rural residents through the sites of the Murray Darling Medical School Network, the Hub is often contacted by mature individuals who have wanted to do medicine but just couldn't make it work to have to relocate to a larger centre. In addition to individual organisations that host Career Expos for prospective rural students also contact the Hub as required.

To resources these events, the Hub developed a print and online resource, 'Maybe Medicine?' which is a comprehensive guide to medical programs across the country. The booklet describes all the various medical programs in Australia as well as information on both the UCAT and the GAMSAT, rural and Aboriginal and Torres Strait Islander pathways. The Hub was also the national pilot site for ACER to run the GAMSAT in 2019 in a regional centre. Each March and September, the RTH Director changes hats and becomes the Chief Invigilator for the GAMSAT exam.

Additionally, the Hub attends multiple Careers Expos in their local community to talk with young people about careers in health and pathways to Medicine. In addition, each year, the NSW Rural Doctors Network facilitates a Rural Health Careers night at one of the Sydney boarding schools in order to provide rural boarders with information on various health careers. The Hub has presented "So, you want to be a Doctor" session each year since 2020 at that venue.

Outcomes

While the focus of the WNSW RTH (the Hub) is medical students and Doctors in training, there remains a cognisance for those in our communities who are not that far along in the rural pipeline. As medical education has become more accessible for rural residents through the sites of the Murray Darling Medical School Network, the Hub is often contacted by mature individuals who have wanted to do medicine but just couldn't make it work to have to relocate to a larger centre. The Hub is also contacted by organisations that host Career Expos for prospective rural students.

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Funding parameter – 6d

Contact: Western NSW Regional Training Hub:
Linda Cutler or Phillipa Southwell
western-nsw.regional-training-hub@sydney.edu.au

Career Expo and Club Medicine: How to engage with regional secondary students interested in a future career in regional health care

Initiative: During discussions with Secondary students from Southwest Western Australia (WA) we identified that students had a narrow view of the potential career opportunities in regional health care. The aim of the Career Expo and Club Medicine initiative was to broaden their knowledge of and exposure to a variety of health care professions.

Target group: Secondary students from year 7 to 12 from Southwest WA Secondary schools.

Implementation: The Careers Expo was coordinated by a team including: the High School Coordinator for Medicine; a Cardiologist; GP and High School Deputy. Engagement with Secondary schools was achieved through meetings with school administrators and career advisors. Digital Careers Expo flyers were distributed to all secondary schools for advertisement in School Newsletters, websites and via social media. The by-line on the flyer reads, “Talk to experts in bones & muscles, teeth, eyes, hearts, emergency medicine, paediatrics (babies & children), mental health & community health”

Forty-two medical and allied health care providers in the Southwest of WA facilitated the Career Expo from 4 – 7pm at a local secondary school hall.

Twenty-five interactive skills stations provided demonstration of specialised skills from the following professions: doctor, paramedic, nurse, midwife, psychologist, physiotherapist, endodontic dentist, occupational therapist, community health specialist, ophthalmologist, optometrist, audiologist, speech pathologist, sonographer and radiographer.

Three WA Universities were represented by stalls at the event and provided information regarding health care related courses and entry requirements along with many skill stations.

Consumables and additional support were supplied by the Rural Clinical School of WA. Sponsorship for catering at the event was SKG Radiology.

Club Medicine, an ongoing monthly in-depth health care engagement program, was launched at the event. Registration flyers with a link to a Microsoft Forms registration form were distributed at the Careers Expo and to Secondary Schools following the event.

Outcomes

One hundred and ninety-seven students from Southwest of WA secondary schools participated in the Careers Expo. Parental engagement was also high with approximately half the students bringing one or both parents. Of the students who attended the Careers Expo, 14% (27) registered for Club Medicine.

During feedback one parent described how their “daughter has decided on her career path now and is already working on how she can achieve it.”

Club Medicine will run monthly to promote and increase student interest in a range of regional health careers in collaboration with University of WA, Notre Dame University, Curtin and Edith Cowan University.

Funding parameter – 6d

Contact: emma.cooper@rcswa.edu.au; RCSWA RTHs, Bunbury

USING **DATA**



SCARP - Sharing the Challenge and Appreciation of Rural Practice

Sharing the Challenge and Appreciation of Rural Practice (SCARP) is a program developed by the Southern RCSWA Regional Training Hubs team. SCARP focusses on providing General Practice case-based education to medical students, pre-vocational and vocational trainee junior doctors (JMOs) in the hope of increasing JMO entrance into and completion of rural general practice and rural generalist (RG) training pathways, as well as strengthening connections between regional site hospitals and general practice communities. Local General Practitioners (GPs), Nurse Practitioners (NPs) and GP registrars are also encouraged to attend.

The 2.5-hour education sessions are held 4-5 times per year in both the Southwest and Great Southern regions of WA and have taken varying formats to maximise engagement. Local GPs, RGs and hospital specialists have run sessions including bronchiolitis and neck of femur fracture management case-studies across the ED, ward and GP setting, asthma workshop and simulation, palliative care interactive Q&A including voluntary assisted dying discussion, dermatology, and skin excision workshops. Topics are chosen to highlight the importance of communication between the hospital and general practice to optimise patient outcomes. Before and after the presentations there is dedicated networking time, which is a valuable opportunity to strengthen the ties between the hospital and local general practices.

Outcomes

SCARP has successfully hosted five sessions so far, with two in the Southwest and three in the Great Southern. Further events are scheduled throughout 2023 in both sites. The events have been well attended by RCSWA students, hospital doctors and GPs including GP registrars. The feedback collected via surveys has been overwhelmingly positive with attendees expressing that the topics have been relevant, useful, well presented and pitched at an appropriate level. The success of the events is further evidenced by attendees registering for a second or third SCARP event. Resources are being shared amongst the Hubs so that the workshops can be replicated in the alternate region. Plans are in place to extend to other regions and will soon launch in Geraldton.

Funding parameter – 6b, 6d, 6e

Contact: Kayla.mizzi@rcswa.edu.au: RCSWA – Southern Hub, Bunbury/Manjimup

Western NSW Medical Workforce Review and Analysis

The Western NSW Regional Training Hub (the Hub) partnered with the Western NSW Local Health District (LHD) and invited the Western NSW Primary Health Network and NSW Rural Doctors Network to collaborate on a comprehensive medical workforce description and analysis. The Western NSW Medical Workforce Analysis took over a year to complete with the data collection completed by the Hub with input and assistance from the LHD. The Workforce Analysis aimed to map the volume and distribution of medical professionals in the regions, highlight areas of mal-distribution or workforce shortage, and model the workforce moving into the future.

To understand and communicate the nature of the workforce distribution across the region, the evaluation team and expert panel used an adjusted head-count measure to standardise the variability of workload to a full-time equivalent (FTE) pro rata. This data was mapped against similar data sets including the Australian medical workforce data and averages, NSW (total) medical workforce data and ratios, Rural NSW (excluding Metropolitan Sydney), and the Northern NSW region.

The Analysis identified the disciplines of priority shortage as well as disciplines with no workforce resident in the region. Workforce was distributed unevenly across the region with a centralisation towards Orange and Dubbo and away from remote sites, which is now mapped and quantified for the first time.

There was a range of hurdles that needed to be overcome in gathering, collating, analysing and communicating the workforce data. The process was significantly impacted by the fact that the period for data collection coincided with the outset of the global pandemic (COVID 19).

Like any paper and in-depth analysis, certain assumptions have been made in undertaking this work and there are limitations and caveats related to the data and analysis.

Outcomes

The presentation on the Review will focus on the challenges, the limitations, and caveats as well as assumptions made to produce the report which provides a sound foundation on which to build our collaborative work in improving medical workforce opportunities into the future. The setting up of the expert panel proved to be a valuable resource for the review as well as other activities run by the Hub which require senior medical staff support and input. The RTH will update data in 2023/2024 and it will be valuable to track the changes in workforce.

Funding parameter – 6e

Contact: Western NSW Regional Training Hub:
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Mining for Gold: Interpreting existing Local Health District workforce data to support and guide local decision making.

Late in 2021 a collaboration between the Murrumbidgee Local Health District, the NSW Rural Doctors Network, the Primary Health Network and the Riverina Regional Training Hub was initiated to explore existing medical workforce data that could be made accessible and used to validate local perceptions of workforce need and equity especially in General Practice and Emergency services.

The first data collated demonstrated the difficulties in accessing information from different sources and timeframes and there were significant challenges using different ways of counting doctors by headcount, Full Time Equivalence (FTE) or costs to the public hospital system. This drove discussion to find data that was routinely accessible, more robust, and consistent. It was decided to pilot a process that analysed existing LHD Medical workforce data from the Visiting Medical Officer payment records system “VMoney”¹, focussing on data across Murrumbidgee LHD.

The VMoney deidentified raw data was explored and presented in various ways to show changes over time in costs and numbers of VMOs by health service facility and local health service administrative clusters. Attempts to internally benchmark groupings by population, service type or geographical sectors yielded little additional information.

Data was then presented to the LHD medical workforce executives to provide feedback on a range of practical applications: could this data be used to support local decision-making, provide evidence for theories of fluctuations in staffing and costs, test efficiencies in differing models of workforce provision and importantly, can it be used to predict future workforce need? It was found that although the data could highlight differences and changes it needed the context of site-specific local knowledge to add perspective and value to its interpretation.

The presentation will use a sample of deidentified data sets, organised by different factors to show the type of information that may be possible to routinely develop in other regions who are currently using VMO, VMoney payment system.

The next step in this project is to consider this state held data in the context of commonwealth data sets that may be available to Hubs in the Health Demand and Supply Utilisation Patterns Planning (HeaDSUPP) tool this year using a local level diagnostics analysis.

Outcomes

It was found that although the data could highlight differences and changes it needed the context of site-specific local knowledge to add perspective and value to its interpretation.

This is an ongoing and evolving project.

Funding parameter – 6e

Contact: Fran.Trench@nd.edu.au; Riverina RTH UNDA Wagga Wagga NSW

Rural Western Australia training placement report - a success in collaboration and gap analysis

The Rural Clinical School of Western Australia (RCSWA) regional training hubs (RTHs) completed an initial training placement report in 2017. This informed planning for areas of need as it was revisited annually. These original reports only considered hospital-based training positions including AST/ARST positions. In 2021, it became apparent that this database was not comprehensive, and we embarked on a project to address this.

RTH staff in each of the seven regions of WA, which mirror the WA Country health Service (WACHS) regions, engaged with their local contacts in both hospital and community-based practice as well as centrally with the WACHS MEU to complete a comprehensive survey of all training positions accredited, available, funded, and filled. This work was completed in 2022 and will be repeated by the time of presentation.

Outcomes

A more comprehensive dataset has allowed us to assist in directing pre-vocational doctors and vocational trainees towards positions and sites of interest while better informing our gap analysis to provide areas of focus. For example, the 2022 data clarified that rural physician training in WA was an area for further focus.

An added benefit of this work has been an improved collaborative relationship with WACHS, both at a regional and central level and increased visibility of the role of RTH within the medical community.

Funding parameter – 6f

Contact: Bronwyn.peirce@rcswa.edu.au; RCSWA, Bunbury

Queensland Intern Preferences Project

In 2020, there were more than 80,000 medical practitioners working in major cities, almost 20,000 in regional area, and approximately only 1,500 in remote and very remote areas (1). Of concern is the declining number of junior doctors who are willing to work rurally. Understanding the rate and trend of junior doctors' uptake in rural and remote locations is critical to ensure targeted allocation of medical resources in rural and remote areas. To date, reports on the current state of knowledge about interns' preference and uptake in Queensland have been mostly anecdotal. To fill this gap, the Queensland Intern Preferences Project was conducted by the James Cook University (JCU) Impact and Evaluation Teams in collaboration with three other Queensland medical schools that offer Medicine degrees, including University of Queensland, Griffith University and Bond university.

This study aimed to capture the evidence on the preference, acceptance, and mobility issues of interns over the period of 2014 to 2021 and provided a picture of Queensland's internship uptake following the establishment of Regional Training Hubs (RTH). A retrospective study was conducted using de-identified administrative data provided by Queensland Health. Data included 5,956 records from applicants of all four different priority groups (Groups A-D, i.e., Domestic, interstate, and international graduates). The timeframe for data analysis was divided to pre- (2014-2018) and post RTH (2019-2021). Logistic statistical analysis was conducted to identify predictors for preference/ acceptance in rural or metropolitan areas or rural stay in PGY2/3.

(1) Care Department of Health and Aged Care. Medical doctors and specialists in Australia [updated 21/11/2021. Available from: <https://www.health.gov.au/topics/doctors-and-specialists/in-australia>.

(Please note that the superscript (1) for the intext referencing would not carry across to this platform)

Outcomes

From 2014 to 2021, there's been an increase in positions available both in metropolitan and non-metropolitan areas. Compared to pre-RTH, the percentage of applicants who chose a minimum of two rural preferences in their top five preference list increased post-RTH. Findings also revealed that sustainability of PGY2/3 doctors is still a challenge in rural hospitals. Domestic interns and those who spent more time in undergraduate regional or rural placements were more likely to stay rural in PGY2/3. Findings of this project are currently under preparation for publication. The study results can be used as a basis for future research to better understand the impact that initiatives, such as RTH, have on medical workforce supply in regional, rural, and remote areas.

Funding parameter – 6d, 6e

Contact: andrea.muller@jcu.edu.au; Northern Qld RTH, Townsville

MISCELLANEOUS



Doctors for Regional Innovation Vision Excellence Research and Scholarship (DRIVERS) Conference. A vehicle to celebrate rural medical research and support successful college entry for rural students and trainees.

In 2021 (peak-covid) the North West Victorian RTH established a new state-wide medical conference (DRIVERS) to provide an opportunity for young doctors to present scientific research, quality improvement projects, instructive case studies and reflective pieces about rural practice.

DRIVERS is a whole day hybrid event, now running for a third year, growing in scope and size, building off the success of the first two conferences.

DRIVERS is led by Steering and Scientific committees of local JMOs - thus providing leadership opportunities and skills, alongside senior clinicians offering mentorship in conference organisation and peer review. These roles are in demand and an EOI process is held ensuring rural origin and rural intent JMOs are prioritised.

Abstracts are called from across Australia, with promotion focussed initially on hospitals with rural internships in Victoria, NSW, Tas, SA, and email distribution via all 26 RTHs.

The Scientific Committee undertakes peer review against a selection matrix/conference themes. Priority is given to those studying/working in a regional setting, where the research was addressing rural health, and to rural origin/intent JMOs/medical students.

A website captures the activities each year and includes a comprehensive resources section for getting started in research.

Preconference workshops up skill participants in critical research networking and communication skills.

At the gala dinner networking amps up and prizes are awarded to the best presenters, judged by an esteemed panel of senior consultants.

DRIVERS is built to overcome the perception that regional hospitals provide less academic support and research opportunities for junior doctors compared to metropolitan counterparts. This may deter prevocational doctors from staying in JMO roles at regional hospitals when they are competing for college entry/accredited training positions (where being involved in research is an important part of the selection criteria).

Outcomes

DRIVERS is a platform which offers rural junior doctors and rural medical students' multiple opportunities to advance presentation and research skills, boost CVs, and works as a step to overcome the accessibility of research to rural JMOs.

Being Hybrid in nature has enabled flexibility in participation and broadened the scope and accessibility of the conference, however the networking and conversations that occur in person are also enabled.

Attendees of the inaugural conference (130 online and in-person, all Victorian) were surveyed. Results showed high rates of satisfaction (97.6%) and 70.8% of felt DRIVERS was very/extremely relevant and beneficial for their clinical practice and education. Comments revealed key themes: surprise at the large volume of high-quality work in regional settings, how smaller projects can change clinical practice and DRIVERS provides a unique platform to bring together passionate emerging rural medical professionals to collaborate on issues of rural health.

Funding parameter – 6e

Contact: janellebrennan@gmail.com; NW Victorian RTH, Monash Rural Health, Bendigo

COLLEGE ENTRY- SHOWCASING RURAL PATHWAYS TO SUCCESS

Wildfire Rural Health Club members (Monash University) approached the Regional Training Hub with a request for more opportunities to hear about rural pathways - specifically noting that they had identified students may harbour a perception that although the medical education provided at rural clinical schools was excellent, the future training opportunities were comparatively limited, and that for most of them as pre-vocational doctors, they would need to spend time at a major metropolitan setting to get references and rotations to enable college entry. (The extension of this was that students were therefore strongly considering internships in metropolitan settings.)

The Regional Training Hub worked with Bendigo Health HMO Society and junior doctors already offering tutorials to final year students to co-ordinate a special peer lead education event/webinar "RURAL SUCCESS STORIES:

JMO PATHWAYS TO ACCREDITED TRAINING IN NORTHWEST VICTORIA"

to hear from doctors working regionally about how they successfully achieved entry to college training program of their choice, and how they knew this was the specialty for them.

This session was on zoom, open to All Medical Students completing final year in 2022 and 2023, as well as 2022 Interns, and promoted across the Southern Regional Training Hubs Alliance members.

Speakers reflected on how they ensured they met the speciality pathway pre-requisites for application/training, and where keys to success lay. For example: Timing for GSSE, when/if you should complete a Masters, tips on getting the rotations you need, examination preparation/tips for your speciality (i.e. practice opportunities, courses), how to "max out" your CV, lifestyle options, part-time/flexible training, how to get a great reference etc, research requirements and aceing interviews.

- | | |
|----------------------------|---|
| 1 Paediatrics | 7 Intensive Care |
| 2 Psychiatry | 8 Emergency |
| 3 General Surgery | 9 Obstetrics & Gynaecology |
| 4 Basic Physician Training | 10 Oncology |
| 5 General Practice | 11 Radiation Oncology |
| 6 Rural Generalists | Plus, mention of Sports Exercise Medicine and Pathology |

Outcomes

The event was very well received with 74 online registrations (from SA, Vic and Tas) and over 40 attendees in person in Bendigo.

Attendees all said the session was invaluable (but a little long due to the multitude of presenters!) and a number commented that it made them reconsider rural.

The session is a near-peer lead career planning tool for medical students, and promoted access to mentoring with some of the presenters on the DrJuMP platform.

The session will be repeated annually on a smaller scale with the HMO society to an audience of local final and penultimate year medical students and interns.

The session was recorded and will be released as two episodes in the Doctor What? Doctor Where? Stories of Rural Medicine podcast, so these stories can be shared more broadly.

AMSA Rural has approached the Regional Training Hub about re-creating this event in 2023 /future years as a national project (multiple webinars) with representation from all regions/Hubs. This request was noted and passed on to the FRAME Hubs Steering Group.

Funding parameter – 6d

Contact: Sophie.burke@monash.edu; NW Victorian RTH, Bendigo

MD3 & MD4 Career Camp

Funding for regional training hubs was announced by the Federal Government in 2017. This funding was provided as part of the Integrated Rural Training Pipeline for Medicine (IRTP) through the Rural Health Multidisciplinary Training program (RHMT).

The Goulburn Valley Regional Training Hub has identified the Victorian intern recruitment and allocation process as one of the most stressful periods for medical students.

The Postgraduate Medical Council of Victoria are tasked with implementing the Victorian intern match process for rural and metropolitan intern positions. A relatively new aspect of the intern match process in Victoria is the Victorian Rural Preferential Allocation (VRPA) providing a mechanism for potential rural trainees to select a rural intern position prior to opening allocation to metropolitan intern positions. Although this provides rurally orientated trainees with a streamlined access process to a rural intern position the changes have increased the anxiety for potential trainees. The cessation of the of the State-wide Medical Expo and the introduction of video interviews (first utilised during the COVID period) has also created some concerns for those students looking to access rural intern positions.

The Goulburn Valley Regional Training Hub has developed a two-day career camp to prepare and empower medical students to enter their rural medical careers as interns. The event targets MD3 & MD4 medical students and focusses on:

- The Victorian intern recruitment process - Victorian Rural Preferential Allocation.
- Intern skills and attributes. Identifying the skills and attributes required by an intern.
- The life of an intern. An outline of the tasks and duties of a rural medical intern.
- Intern application CV & cover letter. How to prepare a CV and cover letter for an intern application.
- Clinical requirements. What are the clinical requirements of a rural intern and how to prepare for these as a medical student.
- Video interviews. How to maximise your impact in a video interview.
- Intern feedback & assessment. How to communicate as an intern with a supervisor to ensure meaningful formal and informal feedback and assessment.

The event is held in the region and provides 65 MD3 and MD4 medical students with access to the workshop.

Outcomes

The Goulburn Valley Regional Training Hub MD3 & MD4 Career Camp will be conducted on 28th & 29th April 2023 so outcomes cannot be measured at this stage. The presentation will include the evaluation results.

The event is already fully subscribed with 65 MD3 & MD4 medical students attending this non mandatory event.

Funding parameter – 6d

Contact: sboyer@unimelb.edu.au; Goulburn Valley RTH, University of Melbourne, Shepparton Vic

Lismore Base Hospital Junior Medical Officer Emergency Course – A Four Year Review

LBH ED JMO course commenced in 2018 with the intention of providing Junior Medical Officers (JMOs), particularly International medical graduates (IMGs), RMOs, interns and new Registrars in Emergency Medicine with the fundamentals of working in a busy Australian ED. The course is an amalgamation of interactive lectures, core ED skills and simulations. Over the years it has had expertise and teaching from over 25 specialists from a wide variety of specialties and allied health professional. The LBH JMO Course has now trained over 100.

JMOs since inception. This includes doctors from LBH, Grafton and Tweed hospitals. In the last 4 years we have managed to run courses bi-annually without fail, despite covid. These abstract reviews the content, cost, and performance (as per trainee feedback) of the course since its inception.

This course has been free for every participant, this is only possible due to the time given by the faculty who have generously used their pre-existing contractual hours to provide the teaching and on-going support from the MESOs and organisational prowess of the LBH RTH.

Attendees	2018	2019	2020	2021	Total		
Med Student	4		10	4	4	22	
Intern	0		5	7	4	16	
Resident (RMO)	3		7	10	7	27	
SRMO	2		4	5	4	15	
CMO	0	2	4		0	6	
Registrar	3		4	2	2	11	
Nurse Practitioner		0		1	0	0	1
Grafton	2		2	4	2	10	
Tweed	1		1	0	0	2	
Total					110		

Outcomes

Feedback has been collated into each topic covered in the course over the 4 years and the course consistently meets the educational requirements as per the participants. It also greatly exceeds participant expectation.

Evaluation	Yes	No
Was the Course beneficial to you?	29	0
Did you receive the information you expected?	27	2
Was the session beneficial to you?	39	0
Did you receive the information you expected?	33	0
Was the session beneficial to you?	74	0
Did you receive the information you expected?	72	1
Was the session beneficial to you?	49	0
Did you receive the information you expected?	49	0
Total	432	16

Funding parameter – 6a, 6b, 6c, 6d, 6e contact: yashvi.wimalasena@health.nsw.gov.au; NNSW RTH

Preparing today's medical students to be Doctors tomorrow

When Ministry of Health announced the Assistant in Medicine (AiM) Program in 2020, Medical Officers felt slight relief – support was on the way. Medical Students saw an opportunity - step up and assist in the fight against COVID-19.

NNSW Lismore RTH has collaborated with NNSWLHD and UCRH to implement and support the program over the past 3 years. Support will continue now NSW Health has confirmed ongoing funding for this initiative.

Lismore's approach to AiMs was different to other locations. Lismore AiMs

- Were rostered the maximum hours (32), for a 10–12-week program
- Allocated to one clinical team for their term, working alongside JMOs, Registrars and Consultants.
- Received 3 hours per week (paid) dedicated teaching plus on floor teaching from their allocated teams. AiM weekly teaching topics are based on knowledge and skills required as an intern – clinical reasoning scenarios, common ward calls, and common medications. In 2022, AiMs also joined HETI Intern teaching sessions.
- Weekly wellbeing checks with Director of Training
- Mid and end of term formal reviews with Director of Training
- Mid and End of Term evaluations with clinical team
- Commencement and end of term self-assessments

The initial purpose of the AiM program was workforce support during the COVID-19 pandemic. Given the increased responsibilities given to the AiMs, a strong focus for the Lismore program was intern readiness. An opportunity for medical students to work and learn. To develop confidence and proficiency at intern related tasks including ward rounds, admissions, ordering pathology / imaging, discharge summaries, consults, IV cannulation, and recognising a sick patient. Teaching the importance of professionalism – be on time, organised, appropriate attire, ready to work and ready to learn.

Outcomes

Over 3 years, 100% of AiMs at Lismore reported that working as an AiM helped prepare them for internship.

In 2022, AiMs reported a 77% self-assessed improvement rate in clinical skills, prescribing knowledge and communication skills. End of term evaluations asked medical student what they enjoyed most about working as an AiM. Responses included “I loved feeling part of a team whilst also learning”, “feeling competent and developing skills”, “I enjoyed having more responsibility, feeling a part of a team and becoming more prepared for internship”, and “more expectation was great - got to practice the day-to-day job I will need to do next week”.

Since 2020, 45 medical students have undertaken AiM Program at Lismore. 35 AiMs had previously undertaken medical student placements at Lismore. 15 AiMs secured internships at Lismore, 1 returned for a resident rotation, and 2 have commenced Vocational Training at Lismore.

Funding parameter – 6b

Contact: yashvi.wimalasena@health.nsw.gov.au; NNSW RTH, Lismore NSW

The Start-up: getting and inch and taking a mile.

Following the formation of the Western NSW Regional Training Hub (the Hub), the Director led a comprehensive stakeholder engagement process to map the RHMT parameters to local priorities. The consultation provided an opportunity for local stakeholders to identify opportunities where the Hub could support collaboration and education. One early initiative was a partnership between the Hub and both Health Services at Dubbo and Orange was Hub support for the weekly Grand Rounds education. While not strictly covered by the funding parameters, Grand Rounds has provided a direct and regular communication link to the hundreds of students and doctors invited to attend, and a pivotal aspect in establishing and growing the reach of the Hub network with local practitioners. Flow on projects from these collaborations include being engaged in Medical Workforce Plan, Career Networking events, and the implementation of new educational workshops being delivered locally, which will be presented in other abstracts.

How the Hub engages with the two Local Health Services varies to align with the clinical leadership and hospital culture at each site. The Hub has been well placed to support the implementation of innovations such as session streaming for General Practice, all hospital notices and pager-free period enforcement for JMOs, and clear communication channels to organise and promote sessions. There has been further follow-on as RTH activities are cross promoted through the sessions themselves and email distribution lists.

Outcomes

The innovations and changes implemented for Grand Rounds in Orange and Dubbo have been built not only on the collaboration and consultation with local clinicians and hospital executive, but through a gentle and consistent relationship-building ethos since its inception. Using this 'slow and steady' tactic we have seen consistent growth in attendance and engagement with GR at both sites.

Funding parameter – 6b

Contact: Western NSW Regional Training Hub:
Linda Cutler or Phillipa Southwell
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The key to a chosen career path- preparing a professional job application.

Navigating the NSW Rural Preferential Recruitment (RPR) process has been a core element of the Western NSW Regional Training Hub (the Hub) since its inception. Beginning in 2019 with a 1 ½ hour careers workshop and panel discussion, this initiative has morphed into a calendar of events that support not only local medical students applying for Internship, but JMOs across the LHD progressing their rural career. The initial panel discussion was subsumed into the RPR Showcase Series in collaboration with the NSW RTH Network and Health Education and Training Institute (HETI). In 2020 the Hub engaged the Medical Human Resources company, Advance Med, to deliver workshops in CV writing and interview skills, culminating in a panel discussion with local clinicians with experience in recruitment. The Hub also offers copy-editing support and mock interview opportunities for local students through the recruitment period. During COVID all workshops were delivered online using the Air meet platform. This year the workshops will move to a blended model of delivery offered in partnership with the Far West Regional Training Hub. Adapting to a blended delivery model allows the Hub to maintain connection with rurally oriented alumni of the School of Rural Health (Dubbo/Orange) no longer based in those locations, as well as growing its reach to students and JMOs in Broken Hill.

Outcomes

The student satisfaction scores routinely average more than 9 out of 10 for quality, content, and facilitators across each of the sessions. Anecdotally, local Medical Administration staff have advised they can pick out the intern applications from individuals who have attended the workshop due to their quality and their interview skills on the day. 2023 will be the fourth consecutive year the Hub has offered this program of work.

Funding parameter – 6d

Contact: Western NSW Regional Training Hub:
Linda Cutler or Phillipa Southwell
western-nsw.regional-training-hub@sydney.edu.au

Visibility – getting the message across

Each year, the Western NSW RTH sources the contact details of Students from the School of Rural Health (Dubbo/Orange), local JMOs and Doctors in Training at Dubbo and Orange Health Services, and when possible, the details of regionally placed GP- Registrars.

We connect in person via a Hub Orientation Session covering what the Hub does and how it can support them. RTH staff form many longitudinal relationships with the students, and it is made clear to them that once they have been involved with the RTH they are encouraged to stay in contact and to ask for support when needed. Frequently the RTH is contacted by past students who are now PGY one to three with questions about training pathways or a request to review a job application.

The annual 'Who's who in the Hospital' presentation for students where Hub staff and local PGY2's walk through the cost of healthcare, pictures of many of the key clinicians in the health service demystifies and describes many of the health practitioners they will be working with in the hospital setting. One of the most important sections in that presentation is describing the role of the medical student and the value they add when on clinical placement. The presentation also includes. The different types of medical roles within the health service are also described as the RTH has found the vast majority of students do not understand the different types and employment conditions that apply to the medical profession. The main theme is 'healthcare is a team event' and that as a student you are now part of the team.

Many of the requests for career counselling arise from that initial session especially from the Interns and then PGY 2's and 3's who stay locally or even those who have moved to other regional centres. The WNSW RTH also collates and maintains email and mobile phone contact lists for each year of interns and residents at both Orange and Dubbo as well as for each group of students. These distributions lists are used judiciously to circulate information from colleges, scholarship opportunities, local workshop opportunities and other pertinent information.

Outcomes

Locally, with the ever-increasing number of alumni and growing pool of resources and events, a decision was made to build a Hub Education Portal. This portal allows us to streamline communication by having a single place where all the infrastructure of the Hub can be readily accessed any time. The Portal allows all alumni and visitors to register for events, make enquiries, and access all our educational resources in one place. More collaboratively, the WNSWRTH is an active player in a number of state and national working parties and committees, and routinely presents at national state based rural conferences to keep getting the word out about how Hubs support rural medical workforce recruitment and retention. Informal feedback on the "Who's who in the Hospital' shows that the information provided by the JMOs who were past students at the School of Rural Health and working as interns is rated by the students as the most worthwhile.

Funding parameter – 6d

Contact: Western NSW Regional Training Hub:
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Talk about it Tuesday, PGY 1/PGY 2 Personal Growth Group

The first two years of medical training is an intense time of professional development. Perhaps more than any period of our medical career, young doctors receive buckets of feedback. Self-reflection, the ability to see our response to feedback and other challenging professional experiences is an adaptive skill that promotes doctor well-being. Broome Health Campus expanded regional training opportunities to include 5 Interns and a Medical Education Registrar in 2022. Using a model of professional development that includes training, mentorship, and wellness, the education registrar and RTH collaborated to design an optional group that would promote self-reflection and personal growth and would parallel the hospital education/training curriculum and pre-existing mentorship pairing scheme (JMOs with senior clinicians).

Design

- Optional.
- Out of hours.
- Dinner included.
- Facilitator with pastoral care and professional formation experience.
- Facilitator nonclinical to avoid morphing into a review of clinical cases.
- Participation limited to PGY 1 and PGY 2 trainees to avoid the need to appear robust in the face of seniority.

There were three agreements built into the initial design created by our Education Registrar to promote a safe group environment.

1. Confidentially
2. No personal anecdotes in response to another person's sharing.
3. No advice unless requested.

An additional agreement was developed by the facilitator after exploring expectations with the participants. Both the 2022 and 2023 groups were leery of the sessions having a large emotional load. The 4th agreement accepted by the facilitator was to pitch the session in an approachable emotional range.

Outcomes

People came and rated it positively with regards to emotional safety and worthwhileness. Our uptake on average was over half of potential participants, and all five of our dedicated interns regularly participated. Our model was affordable, as an RCS collaborating university provided the facilitator for ongoing professional formation of alumni.

Over time participants developed a "community of practice." and the facilitator witnessed many examples of growth and development, including:

- Participants modelled for each other self-reflection and empathy for patients and staff.
- The group validated common experiences and normalized the process of personal growth.
- With time groups modelled adaptive ways of incorporating feedback, caring for a patient with a difficult personality or social situation, and working with a difficult team/supervisor/colleague.

Future Considerations:

1. Expand didactic education on doctor wellness topics during protected teaching time: i.e., burnout prevention, mindfulness, giving and receiving quality feedback, mandatory reporting,
2. The limited scope PGY 1 and PGY 2, excluded a handful of interested but too senior JMOs. RTH could offer a group for PGY 3+ JMOs and possibly GP Registrars in the community.

Funding parameter – 6b, 6e

Contact: elizabeth.gannon@health.wa.gov.au; Broome

Medical education registrars supporting rural training in rural Western Australia

The Southern Western Australian (WA) regional training hub (RTH) identified that their largest regional hospital met the local postgraduate medical council (PMC) guidelines for employing a medical education registrar (MER) based on their junior doctor FTE. The RTH team informed the health service, then assisted them in locating funding, writing job descriptions, selection of registrars, and accreditation of the position with RACGP and ACRRM as an EST/AST and ACEM as a special skills placement. An RTH staff member created the MER curriculum and Rural Clinical School of WA (RCSWA) staff assisted in its delivery.

The aims of this collaboration were:

- Enable registrars to complete more of their training in a rural/regional location
- Provide training that supports an ongoing diverse career
- Provide formal educational training of future and current clinical supervisors
- Provide additional resource to assist in education, training, and assessment of hospital-based junior medical staff
- Provide role models for future workforce

Outcomes

The first two (0.5 FTE each) registrars were appointed in 2021 - one FRACGP trainee and one FACEM trainee. Supervision was coordinated by the RTH. The MERs provided education for hospital junior staff as well as RCSWA students and completed nine educational projects between them including creating a jurisdiction-wide medical mentoring program.

WA Country Health Service (WACHS) have continued to fund the position in the region and have created similar positions in three other regional centres supervised by local MEU staff with significant collaboration with RCSWA. Applications for these positions exceed 5 for each position available. Other MERs have been able to utilise MER time towards Fellowship training in surgery, general medicine, emergency medicine and General Practice and have been able to remain longer in regional training positions. One of the original MER has completed FRACGP and is now employed by RCSWA.

Funding parameter – 6b, 6c, 6e

Contact: Brownyn.peirce@rcswa.edu.au: RCSWA, Bunbury

On Boarding Vocational, Pre-Vocational, International Medical Graduates and Medical Students Using the Med App Program

Medical students and doctors in training have so many choices - with 26 colleges and numerous training pathways, navigating training pathways is complicated and can be fraught. Our philosophy has been: if you build it, they will come.

In 2022 we orientated:

- 46 - Students
- 32 - pre-Vocational
- 98 - Vocational
- 8-10 approx. - International graduates this will increase in 2024 due to our WBA Accreditation pathway

The orientation process moved from manually collating information to using the Med App program which is an entirely on-line process. All participants have access just before commencement to a suite of information from on-boarding to daily notification of events that pop up on their phones. They can access forms, phone numbers and rosters at their leisure.

Our facilitators all attend in person with orientation presentations available on Med App to review later. Throughout COVID restrictions, orientations were run virtually with minimal impact on commencement. In addition, we recently launched WBA via Med App bridging the gap between the candidate, the assessor, and Australian Medical Council (AMC). This allows for candidates to complete their assessments on-line on a secure site protecting their privacy and personal information.

We commenced using Med App as a pilot group in 2019 and have led the implementation of Med App throughout the hospital. This program is now being used in the Richmond Network from Tweed Heads down to Grafton covering the Richmond Clarence region. We will continue to use Med App as a major part of our medical onboarding, working closely with the Med App team to continue expanding its capabilities.

Outcomes

Med App has exceeded our expectations within the hospital surrounds and onboarding of our new and existing doctors. This application is now heavily relied on by doctors on a daily basis to access various information and has been crucial in streamlining the orientation process. Some of the positive outcomes and results are:

- Circulating information in real time
- Weekly up-dated education and training opportunities
- Time efficient
- Easy and readily available to hospital information
- Regularly updated
- Allows feed-back
- Produces CPD reports upon request
- QR coding for attendance
- Alerts all uses of events and important notifications
- Access to surveys and printable forms
- Can be used on any mobile device
- Direct dial to phone numbers
- WBA assessment tracker
- Attendance records, statistics, and data reporting
- User friendly and easy access to technical support

Due to the increased up-take of Med App usage, this may lead to a Med App position to oversee the quality control of information in the application.

Funding parameter – 6d

Contact: Yashvi.Wimalasena@health.nsw.gov.au; NNSW Regional Training Hub, Lismore

Rural Generalist pathway in the Clarence Valley – train and retain

2017 CVRTH staff began mapping the region to identify GP clinics and medical training opportunities to commence development of a regional specific medical workforce plan in collaboration with USYD Lismore RTH. We wanted to Train and Retain our RG's, recognising Maclean District Hospital has predominately an RG medical workforce.

CVRTH identified only 3 of the 11 eligible GP clinics in region were accredited for RACGP only training, there were no AST/ARTS positions available or ACRRM PRRT and RACGP extended skills.

Working with GP Synergy, GP clinics, CHS, CVRTH staff met with GP Practice Managers to begin ACRRM/RACGP dual accreditation process and Clarence Health Service supported the progression of AST/ARST accreditation of Emergency and Paediatric posts and RACGP Extended Skills. Accreditation was achieved in 2018. Work then commenced on a ACRRM PRRT post in 2019, now CGT, training accreditation at MDH. This was achieved in 2021.

To ensure a sustainable model of training we need to develop a medical education program to support the medical students, prevocational and vocational trainees. Collaborating with GBH discipline teams and predominately the GBH Emergency unit we not only established a program to meet HETI requirements but applied and achieved 18 months ACEM basic and advanced trainee posts. This also enabled GBH to offer ACEM Certificate and Diploma of EM, supporting AST/ARST Emergency registrars.

The how – visited GP clinics, walked the hospital wards and met with clinicians, kept in contact with all local stakeholders, promoted our region at every opportunity, tried to never forget a name, always asked for a contact email address from medical students and registrars at every opportunity. Most importantly CVRTH work collaboratively with all stakeholders.

Outcomes

Successfully created a 3-year end to end RG and 2-year GP training pathway. AND we have retained 5 of our 6 vocational trainees in the Clarence Valley; in addition to a LBH JMO from 2022 who has stayed on to commence ACEM training.

In 2022 achieved HETI accreditation for a PGY2 LBH JMO rural off site rotation to MDH ED, funding through RJDTIF. 2023 received HETI accreditation for PGY2 LBH JMO rural off-site rotation to GBH ED.

Funding parameter – 6b, 6c, 6e

Contact: jchad@uow.edu.au; Clarence Valley RTH, Grafton NSW: University of Wollongong

"Adverteaching"- You cannot be what you cannot see

The success of rural clinical skills no doubt comes from the exposure of clinical students to highly passionate and skilled rural health professionals who inspire students with their knowledge, compassion, and skill. There is a however limited exposure to these clinicians in early medical school/pre-clinical years and when students then graduate and are based urban in their junior doctor years. The idea of 'adverteaching' is to showcase the rural medical educator/clinician to students when they are in the formative years of medical school and so many are the pluri-potent stem cells still developing their professional identity and opinion of rural health. Joining the two groups - preclinical students and rural medical educators has been increasing as part of hubs WA work in the last 5 years with distance being the biggest barrier. However, in a post pandemic world the acceptability of online teaching has reduced this and advocacy for use of rural based doctors in both planned and opportunistic teaching in urban teaching schedules has more of a role. Practically this involved creating a list of rural medical educators and their areas of interest and availability then offering this service as part of the hub's role to the Deans and unit coordinators in urban medical schools. Some resistance to this may come in the form of urban based sub specialists already delivering content, particularly in large tertiary hospitals, but ongoing advocacy and showcasing rural generalists a source of both clinicians and cases has made some inroads to creating space for those rural training opportunity discussions. What are we actually advertising here? I think the goal should be not to 'sell' rural careers but rather showcase a community of practice - Rural doctors providing high level medical education and clinical care while supporting their colleagues and their patients through their health journey.

Outcomes

There has been increase recognition from urban medical school of RCSWA being a source of educators that can be called on when looking to teach subjects with often a generalist point of view being suitable to the curriculum. An urban academic position was created in 2022 due to a rural medical educator/clinician relocating which has allowed much easier involvement and liaising to implement this. Student informal feedback, particularly that of rural students, has been very positive with students reporting feeling connected back to their rural communities and possibly starting to feel a connection to a community of practice.

Funding parameter – 6b, 6d

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Bonded Medical Program (BMP) Participants – writing your own adventure

RCSWA brings together students from The University of Western Australia (UWA), the University of Notre Dame (ND) and the Curtin Medical School in a unique rural clinical school model for the Commonwealth.

RCSWA HUB's Urban Team are collaborating with all BMP participants across the three WA Medical schools to assist them with the requirements of the BMP Program. Promoting on the positives of working and living in a rural, regional, or remote area and the opportunities they offer.

Being a bonded medical participant does not change who they are - they are all medical students - equal to all their peers!

RCSWA HUBs team provide the following initiatives across the three WA Medical Schools:

<ul style="list-style-type: none">• Aiding students offered a BMP place through the admissions process.• Presentation on the BMP program across all years.<ul style="list-style-type: none">o their return of service requirements – completing their intern year in a rural setting.o writing their own BMP adventure.o opportunities with the Rural Generalist Pathway to consider.• Face to face meetings with individuals – so they can chat on all things BMP.• Opportunities with RCS – gaining a positive rural experience by applying for RCS in their penultimate year.	<ul style="list-style-type: none">• Additional weighting added to their RCS interview score.• Early career planning – opportunities with the Rural Generalist Pathway with a speciality attached! More training places available in the Rural Generalist Pathway than the limited speciality training colleges.• Encouraging BMP participants to experience “all things rural” by joining and working with the WA Rural Health Clubs.
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Outcomes

Changing the perception of being a BMP participant - to see the positive outcome and thinking after talking one to one is especially important.

Being a BMP participant is a positive outcome and they have so much to offer is an important message for the students and that rural, regional and remote communities are waiting for them post-graduation.

Promoting a positive message - being a bonded medical participant does not define them as a medical student – being unbonded or bonded doesn't define you as a medical student you are all medical students - you are equal to all your peers. You have rightfully earned your place in your medical school.

Positive outcomes as a bonded participant - you have so many opportunities awaiting you - RCSWA HUBs Team want to support you through your medicine degree and beyond – so let us work together.

So where to begin - it is important that BMP applicants write your own BMP adventure and we the RCSWA HUBs team are located throughout rural WA and are here to support you throughout your medicine degree and onto your rural career – you just have to ask!

Funding parameter – 6a, 6c

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