

# FRAME

**Thursday 6<sup>th</sup> & Friday 7<sup>th</sup> October 2016**  
**ANU Commons Function Centre, Bldg X004 Childers Street**  
**Australian National University, Canberra**

**Rural Clinical Schools and Regional Medical Schools from the following Australian universities were represented at the meeting**

University of Western Sydney	Monash University
Australian National University	Flinders University
Flinders NT	Griffith University
University of Wollongong	University of Sydney
University of Notre Dame Australia	Deakin University
University of New South Wales	James Cook University
University of Newcastle	University of Tasmania
University of Melbourne	University of Adelaide
University of Queensland	University of Western Australia

**The Commonwealth Department of Health was represented by:-**

The Hon Dr David Gillespie MP, Assistant Minister for Rural Health  
Mr Damian Tuck, Assistant Secretary, Health Training Branch, Health Workforce Division, DoH  
Ms Jennie Della, Director, Professional Entry and Rural Training Section, Health Training Branch, DoH  
Dr Susan Wearne, Medical Adviser, Health Workforce Division, DoH

**FRAME Meeting Thursday 6<sup>th</sup> November**

**Acknowledgement to Country given by Ms Gaye Doolan, Indigenous Health Team RCS ANUMS**  
**Introductions given by Professor Amanda Barnard, FRAME Chair and Professor Shirley Leitch, Acting Vice Chancellor, The Australian National University**

**Opened by The Hon Dr David Gillespie MP, Assistant Minister for Rural Health**

- Dr Gillespie welcomed everyone to the meeting and advised that it was pleasure to be asked to open the FRAME meeting.
- He spoke briefly about his background which included being born in Canberra, and spending a large part of his career in Rural Health as Director of Training in Port Macquarie Base Hospital from 1997 to 2010.
- Mentioned that it takes a special kind of energy to work in health in regional, rural and remote areas and without that kind of workforce, it would be difficult to deliver healthcare to Australians in the rural and remote areas.
- Advised that the Coalition government is investing nearly \$94 million over four years into the Integrated Rural Training Pipeline for Medicine and as part of this, that later today he would be releasing a media statement, that the Department of Health, in their commitment to building a health workforce that meets the needs of regional and rural communities, would be announcing the release of the request for proposals for regional training hub funding – on Tuesday 11<sup>th</sup> October.

- Regional Training Hubs will form the backbone of the IRTP for Medicine and he looks forward to the outcome of this process and the start of regional training hubs across Australia.
- Appointment of a new National Rural Health Commissioner, who will be both an advocate and a leader – making sure that rural and remote health stays firmly on the agenda.
- Dr Gillespie also said that he was looking forward to a strong collaborative relationship and successful outcomes for all.
- He once again thanked FRAME for the opportunity to attend the meeting and advised that he would be staying on to see the RCS roundup next on the schedule.

### **Rural Clinical School/Regional Medical School roundup**

All RCSs gave a 3 minute presentation on their Most outstanding achievement / key challenges over the next 1-2 years. (**Presentations available – Attachment 1**)

### **DoH Update and Q&A**

#### **Mr Damian Tuck - Department's update**

- Advised that he was relatively new to the Branch and still finding his feet as only started as the Assistant Secretary, Health Training Branch, Health Workforce Division, about 3 months ago
- Introduced Ms Jennie Della, Director of the Professional Entry and Rural Training Section, Health Training Branch, Health Workforce Division and Dr Susan Wearne, Medical Adviser, Health Workforce Division and the other members of the Branch who were attending today's meeting.
- The IRTP for medicine was announced in December last year with funding of around 93.8 million and aims to address the long-standing disconnect in the rural medical training system.
- IRTP has 3 main components:
  - (i) Formation of up to 30 regional training hubs
  - (ii) Rural Junior Doctor Training Innovation Fund and
  - (iii) 100 new rural posts in the Specialist Training Program
- Rural Training Hubs will support coordination of rural training opportunities from undergraduate through to vocational training and will be based around existing physical and educational infrastructure of Rural Clinical Schools and University Departments of Rural Health
- Up to 14.7 million per year from 2017 will be provided to form and manage these Hubs
- Hubs proposals will officially open on the 11<sup>th</sup> October and documentation will be sent out on this date
- The Rural Junior Doctor Innovation Fund is to support general practice placements for new doctors completing their 1 month intern training period at rural settings across Australia and will be designed to enable rurally based interns to gain an experience in general practice – as an additional elective placement to their core rotations.
- RJDF will be targeted at rural based interns to enable them to spend some of their training year in rural general practice, building on the rural training networks for junior doctors that are funded by the state and territories.
- Around 60 FTE places will be supported each year, comprising around 240 rotations into general practice settings by rurally based interns.

- The hubs, once established, will have an opportunity to work closely with health services in their regions to assist in the development of the Fund proposals for the 2018 placements. Hubs will play a supporting role in the implementation of rural primary care placements for interns working in their regions. This may include assistance with identifying medical graduates who are interested in undertaking further rural training, as well as bringing together the acute and primary care sections at the regional level.
- Over 10 million per annum is allocated to the Fund with the intended outcome of improving the retention of medical graduates in rural practice.
- Specialist Training Program – will provide for the expansion of 100 new training posts in rural areas (ASGC RA 2-5)
- Broken down into two intakes: 50 posts in 2017 and 50 more in 2018.
- The Department is working with the specialist colleges about proposed models of training to enable a trainee to complete the majority of their training within a rural region (66%); to ensure that trainees selected for IRTP funded posts, show a commitment to working in a rural area; and that the college's proposed training model shows a clear, organised training pathway for the trainee.
- The funding for the STP 2017 academic year has been approved and the department is working with stakeholders on the next steps which includes recruitment to STP posts for 2017
- The Department is also working with Colleges on the implementation of the IRTP posts for 2017
- Majority of these trainings posts will be based at locations that also have a strong RHMT program presence and some positions will be based on a 'network' involving more than one key rural site in a region.
- There will be opportunities for regional training hubs, to perform a similar role as outlined for the RJDTIF in guiding and supporting the implementation of the new rural specialist training positions.
- Colleges will continue to perform the major fund holding role in partnership with local health services
- Through the hubs, universities will be an important link between the college sector, local health services and medical graduates interested in further rural training.
- A National Rural Health Commissioner will be established to work with rural, regional and remote communities, the health sector, universities and specialist training colleges and across all levels of government to improve rural health policies and champion the cause of rural practice
- Commissioner's first task will be to develop and define the new National Rural Generalist pathway to improve access to training for doctors in regional, rural and remote Australia
- Commissioner will work with the health sector and training providers to define what it is to be a Rural Generalist and there will be a number of challenges around a new National Rural Generalist pathway.
- Commissioner's role will be much broader and will include consultation with stakeholders to also give consideration to the nursing and allied health needs in rural and remote Australia.
- National Pathway will require alignment with existing workforce training programs and collaboration with state and territory governments to support these arrangements ensuring greater integration.
- Over 200 AGPT registrars participating in a state led rural generalist pathway. About 75% are enrolled in Qld, with others training in NSW, Victoria, Tasmania and the NT.
- Government also supports rural medical training through procedural grants programs
- Department is currently consulting with stakeholders about revisions to the AGPT program policies
- Review process includes:

- Issues raised since previous policies were released in January this year - feedback raised by registrars, RTOs, and other stakeholders over the last 9 months.
  - Feedback from RTOs, GP Colleges, GPTAC, GPRA, GPSA, AMA etc
  - Looking at AGPT data
  - Feedback and advice from the Policy Review Reference Group
- Expect revised policies to be available in December and to be implemented on 1 January 2017.

**Jennie Della - update including a briefing on the National Health Education and Training Simulation program. (Powerpoint available – Attachment 2)**

- Jenny is the Director of the Professional Entry and Rural Training Section
- Section focuses on programs and activities for professional entry students with a particular focus on rural areas.
- Key responsibilities of this section include the competitive processes, the Rural Regional Training Hubs and the 3 new UDRH sites, the John Flynn placement program, the Greater Northern Australian regional training network and the simulation project.
- Mapping project to continue on and see through to completion
- Rural placement information project – is still a work in progress but great progress has been made and Jenny thanked everyone for contributing their data.
- Consolidated RHMT framework information to be put up onto the Departments’ website. It will be an interactive map where interested persons can go in and search for where activities are for medical, dental, nursing and allied health students. There will be major and minor sites for RCSs and UDRHs.
- To make sure that the information is correct, RCSs will be provided with a password protected link to check the information before it goes live.

**Susan Wearne - update on Health Care Homes and ‘Academia and Bureaucracy – an insiders view’ – (Powerpoint available – Attachment 3)**

- Health Care Homes is a Commonwealth government’s major initiative that commits to a systematic approach to chronic disease management in primary care
- Evidence based, coordinated, multi-disciplinary mode of care that aims to improve efficiencies and promote innovation in primary care services
- Around 200 HCHs
- Services for up to 65,000 people with two or more chronic and complex conditions
- Services will commence from 1 July 2017 and there will be a staged implementation

Susan is a relatively new bureaucrat, joining the department in January 2016 and still considers herself a novice. Susan shared her experiences with a light hearted and entertaining presentation.

**RHMT – Models of Implementation and Case studies of looking at operationalising the RHMT and challenges of governance and reporting. (\*Presentations available – Attachment 4)**

\*University of Newcastle – Ms Jennifer Lang, ‘Operationalising the RHMT at the University of Newcastle’

\*University of Tasmania – Assoc Prof Lizzie Shires - ‘RCS/CRH Structure and Governance’

Flinders University – Prof Jennene Greenhill

James Cook University – Prof Richard Murray

## **Registering for Ausframe Mail – Kerry Pert**

As there had been a number of enquiries regarding how to receive information relating to FRAME meetings and general information, a quick step by step instruction was given. Those who are interested should go to the FRAME website <http://www.ausframe.org/>, click on the Contacts tab, then on Ausframe Mail. Complete all the relevant information under Subscribing to Ausframe and subscribe. Ausframe emails will then be sent to the registered email address.

## **Update on FRAME day at WONCA Rural – April/May 2017 – Amanda Barnard**

- WONCA Saturday 29 April – Tuesday 2 May and NRHA Conference 26-29 April
- Showcase FRAME – 3 symposia – 2 hrs
- Session 1 - Models of Rural Medical Education – the Australian Experience brief presentation from each RCSs/RMSs about their models and their rationale and strengths, then a panel discussion Q and A.  
Session 2 – Innovations in Rural Medical Education with 4-8 presentations and then a moderated discussion forum  
Session 3 – The Rural Education and research Nexus – again with a smaller number of presentations and a substantial discussion forum
- These will NOT go through the on-line abstract submission but will be presented en block to scientific committee
- Business meeting – Sunday 30<sup>th</sup> April early evening
- Meeting for DoH update – lunchtime on the FRAME day
- What we need to do today –
  - confirm symposia topics
  - Allocate RCS for presentations in symposia 2 and 3
- Great opportunity to showcase what we do here in Australia and perhaps Managers meeting could advertise or advise on how to set up a Rural Clinical school

Website: <http://www.aworldofruralhealth.org.au/>

## **Strategic Planning for 2016 – 2019 RHMT Research Plans**

This session was undertaken amongst tables on the following:

- The different experiences RCSs/RMSs have had with how and whether their research plans were detailed enough or not
- What are the barriers and opportunities for Institutional collaboration on research
- Are there any collaborative research activities given the reporting parameters of the RHMT – which are clearly focused on workforce and rural health issues

## **Training Hubs – Challenges and Strategies (Cutting across regions and jurisdictions)**

This session was also conducted in table groups.

Day 1 wrapped up around 4.30pm and Amanda thanked everyone for their input.

## **Day 2 Frame Business Meeting – Friday 7<sup>th</sup> November**

### **FRAME Election Results**

Amanda advised the meeting that FRAME elections were held this morning at the Director's breakfast for the Chair's position and the Policy group. She was pleased to announce that Jenenne Greenhill is to be the new FRAME Chair. Amanda will continue as Chair until January and a formal handover will be undertaken in December/January.

Jen Lang was unanimously elected as the Managers group representative on the FRAME Policy Group for 2017-2018 and the newly elected members of the Policy Group are:

David Garne  
Joe McGirr – Deputy Chair  
David Mills  
Lizzie Shires  
Richard Murray

### **Feedback from the Directors Breakfast meeting**

- Update was given on what each state was doing with the Training Hubs proposal
- Update on the decisions for the FRAME Day at Wonca Rural
  - Session 1 - The broad topics suggested yesterday were agreed upon. Each RSC would talk about the geography, the model that has been developed for their community's needs and capacity and what their achievements had been.
  - Session 2 - on Innovations – to be 3 presentations that should focus on the various models that have been developed and the small group discussion would focus on issues to do with governance, student support and one on educational programs.
  - Amanda will put together a summary and will email out to all Directors for confirmation to enable planning to be done.
  - Session 3 - on Research – 6 x 5 minute presentations about really interesting research completed on the general area of rural medical education + 5 mins discussion.
- Also suggested to have a form or a paragraph to have some sort of evaluation on the Training Hubs for feedback to the Department which is common across all the submissions. Mention that evaluation from Day 1 is important and how we plan to go about that.

### **Issues Raised on Day 1**

- A copy of the presentations from the RCS/RMS roundup would be forwarded to the Minister
- Research collaborations/plans
  - Consult with local communities
  - Involving students in research – compulsory projects
  - Less explicit focus: collaboration, capacity, track records
  - Employ research staff (enablers)
  - Honours projects
  - Challenge to have projects that are publishable or that meet research outcomes
  - Suite of projects across RCSs
  - Relationship with UDRH

- MD curriculum for research: AQF
- Research experience of rural supervisors
- Focus on workforce
- What will the Commissioner want?
- Hub evaluation
- Institutional barriers
- What is FRAME? (ARHEN & RHMTTP)
- Demonstrating Outcomes – communicating urgency
  - Scope within our share of influence
  - Rural retention rate
- Achievements – how do we measure?
  - Snapshot – outcomes
  - On-going data tracking
  - R & R – AHREN
    - Frame survey
    - Reports – key indicators
    - Leaders in health care from RCSs
  - Social & Economic Impacts
- Vision – In a perfect world what would we do? Do we want to take over rural doctor training? Where do we move forward?
  - Revitalise website – policy bits
  - Sustainable model – partnerships, practice teams
  - Rural doctor/clinicians characteristics & skills
  - Community expectations

Amanda will collate all the research information presented at this meeting and email out to all Directors.

**FRAME Survey Update – Lucie Walters**

- FRAME survey is available via on-line or hard copy
- Surveys are identified individually and report provided in time to answer the Commonwealth Govt’s parameters at report time
- Provide collective report annually
- Currently in distribution mode for 2016 survey
- New questions can be requested
- Ground rules about research – can’t be comparative in benchmarking one school against another
- Must be collaborative
- Have had a small number of publications - around 8
- More evaluation than research focus
- Have retrospective ethics approval
- Multidisciplinary perspective of rural placements
- Requirement of the FRAME survey is that it is for those students who are within 4 weeks either side of them completing their long term placement

#### Collaborative research

- Research projects previously undertaken on Snapshot on clinical supervisors and 10 year achievements of Rural clinical schools telephone survey
- Aim is to now undertake research on Impact data
- Suggestion to task the Policy group with coordination of this and coming up with a process and form of trying to engage people, have regular meetings then send out ideas on how this might work
- Joint projects with students, given the increase in demand for student project
- Research group should look at ways that FRAME can integrate with other entities that have a research focus to help spread the word about rural research opportunities
- FRAME potentially in competition with some of the Departments of General Practice so need collaboration to ensure a smoother journey in being able to integrate resources

#### **ACRRM Update – Lucy Walters**

- Lucy advised that she had just recently taken up the position of President
- ACRRM is one of two colleges in Australia that is accredited to provide vocational training fellowship to the ends of general practice
- Provides advocacy and support for current and prospective rural doctors
- Strong philosophy for social learning to be a rural doctor rather than learning to do rural practice
- Recognise that all rural doctors seem to have a special skill that is relevant to the community in which they are living and working
- Provide 11 special skills areas that include emergency medicine, obstetrics, anaesthetics and surgery
- Also include really important non-procedural advance skills training areas like population health, rural practice, remote practice, aboriginal health and academic practice
- Promotes the concept of Rural Generalist Medicine as an important model of medical practice to support quality health services in rural and remote communities which aligns well with the FRAME requirements to create a medical workforce
- ACRRM have a research committee that looks at developing strategic research alliances and particular research projects and we will be writing to FRAME to invite a FRAME rep to be on this research committee
- ACRRM has advance skills training years in remote health, aboriginal health, population health, mental health and academic practice which require registrars to undertake a body of scholarship work which can be a research project, a clinical audit or a community project
- Invite FRAME to consider if their regions and schools have the capacity to support the registrars who may need support and supervision
- Registrars might also be able to align their projects with the activities that are on FRAME research work plans that have recently been submitted to the DoH.
- ACRRM is an excellent industry partner if looking for art linkage grants or if seeking govt funding
- Through AGPT, there was a system whereby GP registrars could apply to do a research project and have a half time salary working as an academic on that project as well as working half time in general practice. Recently the C'wealth Govt has allocated funding for academic registrars to both ACRRM and RACGP. ACRRM will be managing the process of allocating those funds to their registrars and they would like the opportunity to engage with different schools who might like to have an ongoing responsibility for developing academic registrar posts that would enable ACRRM to work with Schools and the registrars to get meaningful research and teaching opportunities.



- ACRRM will write to FRAME Chair and schools individually, to invite engagement in this activity.
- ACRRM feels very strongly that they have a significant role to play in shaping and developing the process for a National Rural Generalist pathway.
- Possibility to work closely through the Hubs with RCSs and if the intention of the Hubs is to develop capacity for training in Rural and Regional and Remote hospitals, is there an opportunity for ACRRM to develop an AST accredited position in General Medicine for an ACRRM registrar. No salary funding is available for this position, but if you have an RMO position that is currently a non-accredited position, this is an opportunity to develop stability and an ongoing and meaningful workforce for your region.
- In summary, there are research and workforce opportunities and ACRRM is very keen to hear from FRAME members about whether there are other opportunities where we can progress the health of rural and remote communities.

### **Working with AHREN update – Amanda Barnard**

Amanda gave an update on where things were at since the last meeting in Bowral when Janine Ramsay briefed the FRAME meeting. Possibilities were canvassed and there was a proposal from FRAME for potential structures/governances that could see a new organisation. AHREN board decided that that wasn't the way to go and instead suggested to have a small working group to have a joint activity and meeting in Cairns at the NRHA conference. Concept was good but date did not suit FRAME members.

Discussion followed:

- Some FRAME members sit in both groups, so obviously a merging and melding
- Some advantages to having several voices amplifying the rural perspective
- Reluctance on AHREN's behalf despite a number of approaches over the years
- A contractual, functional, people and generational change within the leadership will lead to a natural convergence over time
- There have been joint media releases
- Discussion at FRAME meetings has become more multidisciplinary and it is a shame not more UDRH members are attending
- Suggestion of specifically inviting UDRH/AHREN members to FRAME meetings would be useful
- One of AHREN's strengths is having their secretariat office here in Canberra and could work for all
- Inefficiency of two separate groups doing activities that overlap

General consensus of meeting for working with AHREN:

- Efficiently mapping out what might work across both groups
- Looking at inviting more people to FRAME meetings
- Structuring the agenda to have some joint discussions particularly on multidisciplinary focus and thinking more clearly on how to maximise the advocacy and working in joint ways on submissions

### **RRH Journal Update – Amanda Barnard**

- Website <http://www.rrh.org.au/home/defaultnew.asp>
- Amanda is the Australasian editor, with two associate editors
- JCU is the management committee
- Open access, international, peer-reviewed journal across 6 world regions, each with a dedicated Regional editor

- Dedicated to advancing rural and remote health education, research, policy and clinical practice, including Indigenous health.
- Publishes approximately 120 manuscripts annually
- Lots of work done on getting through the backlog
- The number of submissions between January and March 2016 increased (100 submissions)
- New Associate Editor wanted
  - Will work with Amanda and Associate editor Prof Nicky Hudson
  - Editorial assessment and development of delegated Australasian manuscripts, from submission to approval for publication, and overseeing the peer review process
  - Monthly teleconference to review all new submissions - maximum 1 hour
  - Workload of about half a day a month
  - EOI by Friday 4 November

#### **National Rural Health Alliance report - Amanda via email report from Joe McGirr**

- David Butt has just been appointed CEO
- The annual Council Fest is being remodelled to a 3 day event
- The acting CEO has been very active in changing communication means to members with fewer, more comprehensive updates
- The Board has been actively reviewing direction and strategy with the change in CEO
- Joe has recently been elected to the NRHA Board
- Joe is happy to continue as the FRAME representative to NRHA

#### **Annual NRHA Membership Fees – Amanda Barnard**

- NRHA Membership fees for 2016-2017 has been paid by Melbourne university – thanks to Julian Knight for the first offer for payment
- FRAME chair will keep a list of universities who will rotate through and pay this yearly membership fee

#### **Location of 2018 meeting - Amanda Barnard**

- University of Newcastle at Tamworth will host the 2018 FRAME Meeting.
- Need to think about who might be interested in hosting the 2019 meeting, can discuss further in Cairns or at the Canberra meeting

#### **Other Issues – Evaluation of the Hubs**

- Process to take forward
- General agreement, but question is how to
- Once the RTF is received, good to see what the defined objectives are
- John Wakeman happy to take first crack and distribute to the group

As the meeting drew to a close, Jennene Greenhill thanked Amanda and her team for their work over the past two years.

There being no further business the meeting closed at 12.25pm.