### Adelaide Rural Clinical School

- 46 student in 5<sup>th</sup> year,
- 28% in 5<sup>th</sup> year 2017: more demand than we can accept,
- •? Rural CLIC into urban 4th year,
- 6 year school leaver entry; and graduate MDs (Masters)?
- new Royal Adelaide Hospital & broke
- No rural intern posts



### FRAME Canberra 2016

### Rural Clinical School ANUMS













### **Achievements**

- First students 2006 in 2016 the "cavalry have arrived"! 40-50% of current PGY 6-9 are rural/remote. More nuanced tracking of locations and reasons to guide future strategies, policies, education and support.
- Completion of community impact study "Hope for a healthy future"
- Continued student enthusiasm and success
- Enhanced rural teaching by ANU Indigenous health team, and engagement of local Aboriginal health workers and staff
- Growth of Indigenous Health Stream

### **Key Challenges for next 1-2 years**

- Expansion of rural placements (continuing into year 4, expansion of year 3 non rural stream clinical attachments in Bega and Goulburn) with less dollars
- Necessity of incorporating multidisciplinary training with other institutions (and getting Phase 1 of the Southern NSW Health Collaborative over the line)
- Consolidating changes to financial reporting templates

### **DEAKIN'S RHMT 2016-18**

### • OPPORTUNITIES:

- UDRH-based partnerships grow Deakin's multidisciplinary placements;
- Complementary skill sets exist across two formerly-separate entities;
- Identify/exploit strengths of each setup;
- Grow rural placements to meet Deakin students' needs + RHMT targets.

### • CHALLENGES:

- Completely separate UDRH / RCS entities;
- RCS focus on BMBS placements, invested in hospitals, clinics, houses, internet and other resources across S-W Vic;
- UDRH mental health, ATSI research, resi support, no placements;
- Different locations, little interaction largely parallel.



### Flinders University Rural Health SA 2016

- Merged GGT UDRH and FURCS
- Additional clinical placements -Appointed new Multi-D clinical academics and Aboriginal academics each site
- 25% rural background increase to 28%
- Advanced Studies research to make a difference in rural communities
- 34% Graduates in rural areas
- 96% staff live and work in rural SA.





# Flinders NT 2016



### AIDA Student Representative Committee



### Flinders NT

- 1. University structural changes
- 2. Major curriculum change TBL, PAL
- 3. Expanding placements accommodation
- 4. Expanding educational activity
  - IPE & team-ready graduates
- 5. Building the pipeline regional training hubs





# Queensland Rural Medical Longlook program, Griffith Health Achievements 2015/6 Challenges 2017-18

Prof. Scott Kitchener

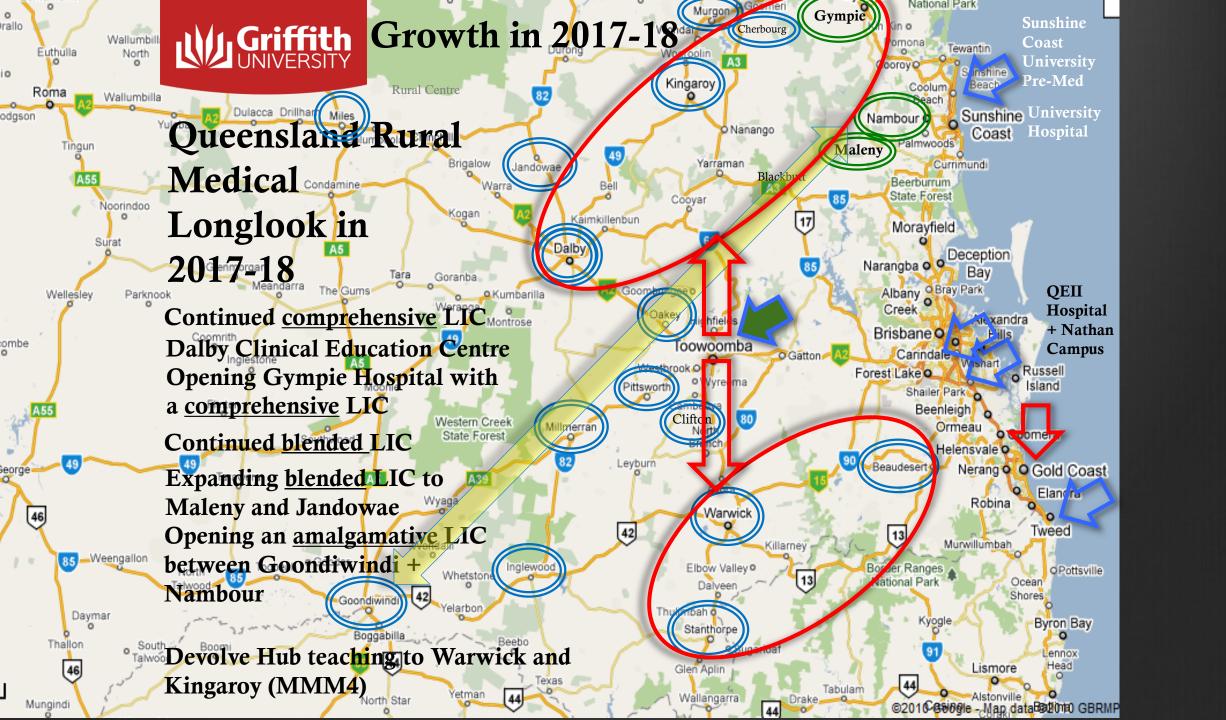
s.kitchener@griffith.edu.au



## Queensland Rural Medical Longlook Achievements 2015-16



- **Securing contracts** for RHMT and QRME subcontract
- **Teaching agreements** with Darling Downs HHS for RHMT
- **Expanding** Longlook towards RHMT targets
- \* University Rule change for the Rural Priority Access Scheme
- \* Establishing a longitudinal study for RPAS entrants
- Megotiating becoming a Menzies Centre for Rural Health
- \* Rural General Practice cluster + Rural Indigenous Selective
- Creating Sunshine Coast Hinterland Longlook plan



Progress update on construction of a networked, joined-up regional medical training pipeline:

Outstanding achievement:

Underscores a critical brokerage role for RCSs... HHSs; PHNs; HWQ: Colleges; QAIHC



Cairns

Townsville







### **FRAME Update**

Rural Clinical School / Department of Rural Health University of Melbourne



### **Achievements last few months**

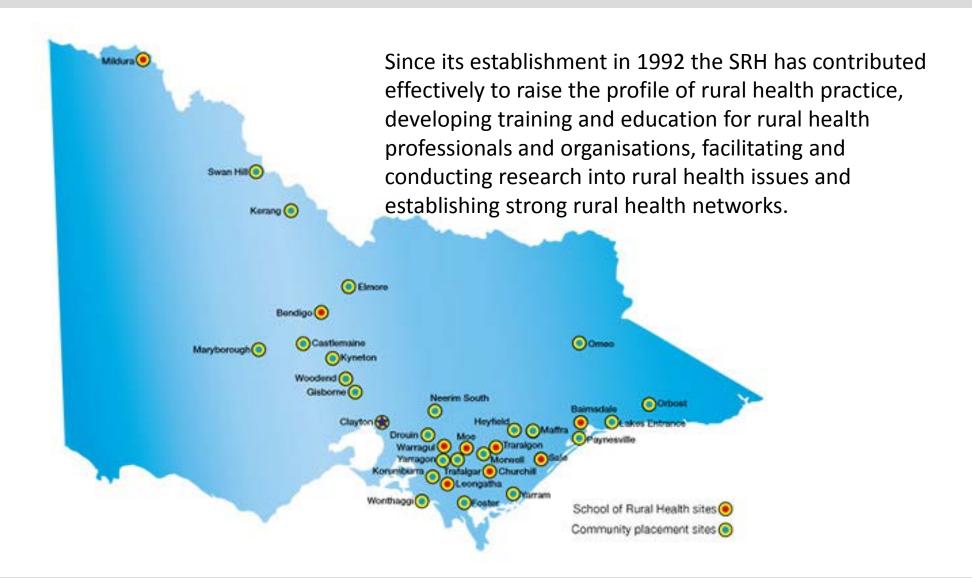
- Nine of our Extended Rural Cohort students are going to be interns in the Murray to the Mountains Intern Program in 2017
- Recent employment of Rural Wellbeing Practitioner
- Significant program of marketing for rural student recruitment agreed with Faculty



### Challenges last few months

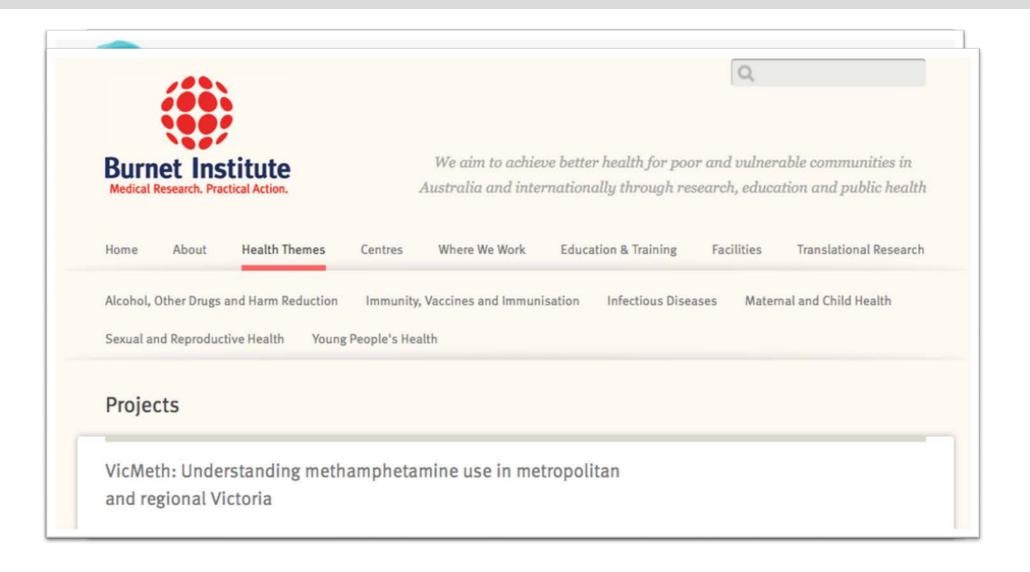
- New RHMT reporting template level of detail re research plan
- Aiming to support 7000 non-medical rural placements weeks before end of 2018 – considerable expansion
- Pressure on our student accommodation

### Monash Rural Health



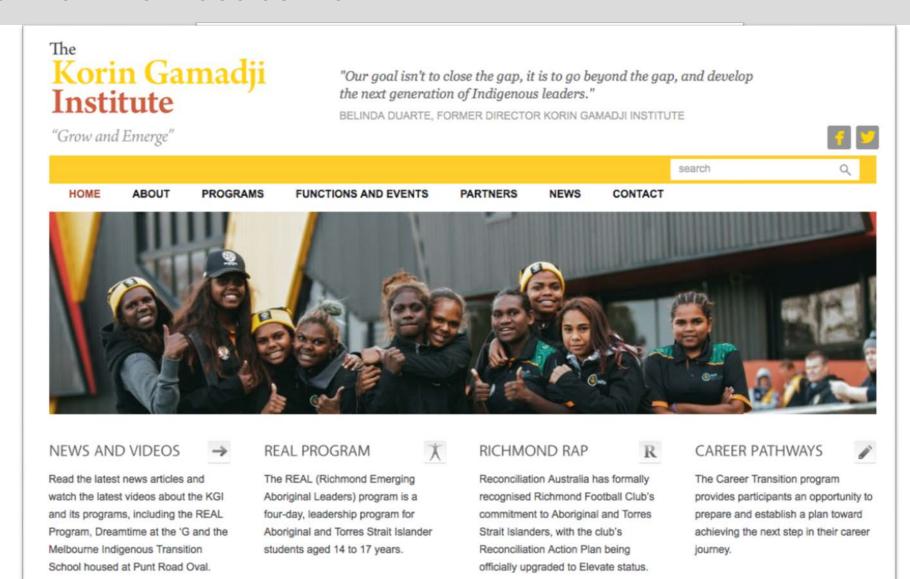


### ESTABLISHED RESEARCH...





### DEVELOPING INDIGENOUS SUPPORT...





#### GOMEROI GAAYNGGAL -Gomeroi Babies Program

- Aboriginal Mothers and Babies
   Programme which commenced in
   Tamworth and
   Walgett now being rolled out to further locations
- Combination of science and arts health research lens with community connected education and health service delivery. Nearly 300 women in the cohort

#### **ABOUT US**

The Gomeroi gaaynggal ('Babies from Gomeroi lands') program is working to improve the health outcomes and opportunities for Aboriginal women and their children. Aboriginal people have increased rates of chronic diseases, particularly kidney disease, and our research and community work seeks to understand this and create health change.

Our scientific research and our community ArtsHealth program have been underway since 2009. We work in partnership with the Aboriginal communities of Tamworth and Walgett. The Gomeroi gaaynggal program has its own centre in Tamworth that offers up clinical and office space for research, a crèche, working art studio, art gallery and outdoor space, including a fresh vegie patch. The Gomeroi gaayggal Centre is open to the public and regularly hosts events within the premises. We work collaboratively with a large number of health organisations and departments of the university.

Our large team of staff, investigators and supporters are all passionate about improving health for Aboriginal people, increasing the research capacity of Aboriginal communities and providing educational opportunities for Aboriginal people at all stages of their lives.



Staff of the Tamworth Gomeroi gaaynggal program

- Opportunities for medical and allied health students to participate in both arts health and science and health delivery activities
  - Post graduate involvement increasing with PhD students also being supported

### **CHALLENGES**

- Developing long term sustained support arrangements for aboriginal students when funding is time limited.
- Developing skills escalators for aboriginal post vocational students
- Need for coalitions with TAFE and other providers with difficulty in establishing business cases for each provider.



# CHALLENGES-CONNECTING THE PIPELINE IN LOCATIONS WITH POPULATION THRESHOLDS OF LESS THAN 25 000

- Recruitment and retention of critical mass of specialists required to support specialist training positions
- Whilst community placements are appropriate training environments accreditation and supervision is difficult to broker with private practitioners.
- Capacity to support ruralised specialist training problematic when hospital scope limited, lack of 24/7 cover and low numbers of accredited supervisors
- Challenge of community engagement and immersion and localised support if these population centres are networked.



### FRAME - Canberra 2016

- Most Outstanding Achievement
- Key Challenges in the next 1-2 years





### UNSW Rural Clinical School

World Class
Medical
Education for
Rural Australia

Never Stand Still

Medicine





Commencement of the full L-year UNSW Medicine Degree from Port Macquarie in 2017





### UNSW Rural Clinical School

World Class Medical Education for Rural Australia

Never Stand Still



- Key Challenges in the next 1 -2 years
- Establishing the full Medicine Program delivery from Port
- Macquarie
  Working with our partners to
  deliver new programs and
  educational opportunities for
  students in a regional state-ofthe-art multi-disciplinary
  medicine and allied health campus





### UNSW Rural Clinical School

World Class Medical Education for Rural Australia

Never Stand Still



Medicine

# FRAME September 2016 The University of Notre Dame Australia School of Medicine, Sydney







### **Achievements**

- On track for targets
- Introduction of MD with Rural Health as a theme
- Rural research program
  - Rural refugee
  - Osteoporosis
  - Vitality study
  - Cancer screening

### **Challenges and Opportunities**

- Managing increasing activity within current resources
- Tracking graduates
- IRTP and UDRH proposals
- Research in Aboriginal and Torres Strait Islander health





# UQRCS: The Jewel in the Crown....The quiet achiever

Until now:

Education innovation

Research impact

Health workforce outcomes

Leadership and management

What next::

The world!

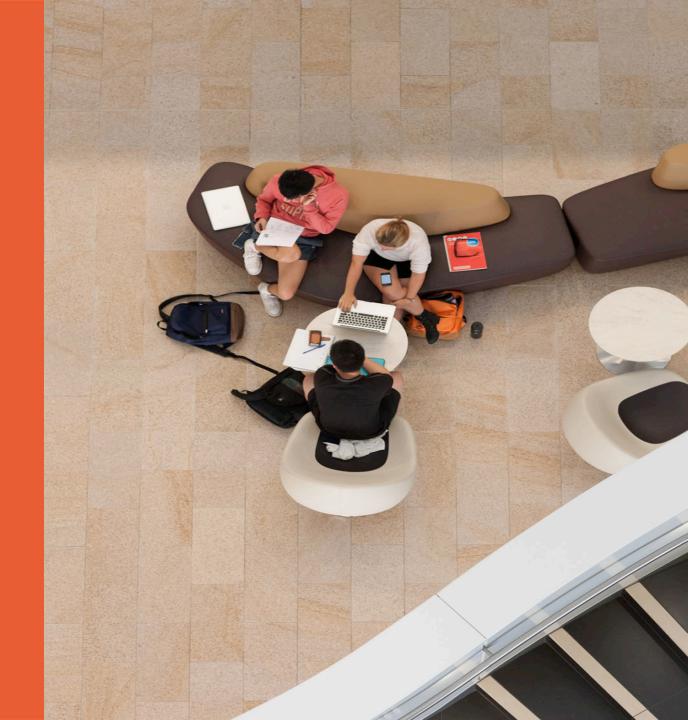
FRAME 2016 resentation Month 2009

FRAME - Canberra 2016

# University of Sydney RHMT Implementation

**Presented by** 

Mark Arnold School of Rural Health





### Challenges

- Reporting
  - 6 projects now combined into 1
  - Liaising with 5 faculties instead of 1
  - Timelines with activity and financial reporting
- Sourcing and securing appropriate student accommodation with expanded UDRH activities in remote communities
- Resources required to continue tracking graduates
- Assisting in developing cogent post-graduation supervision capacity and training pathways for recruitment and retention

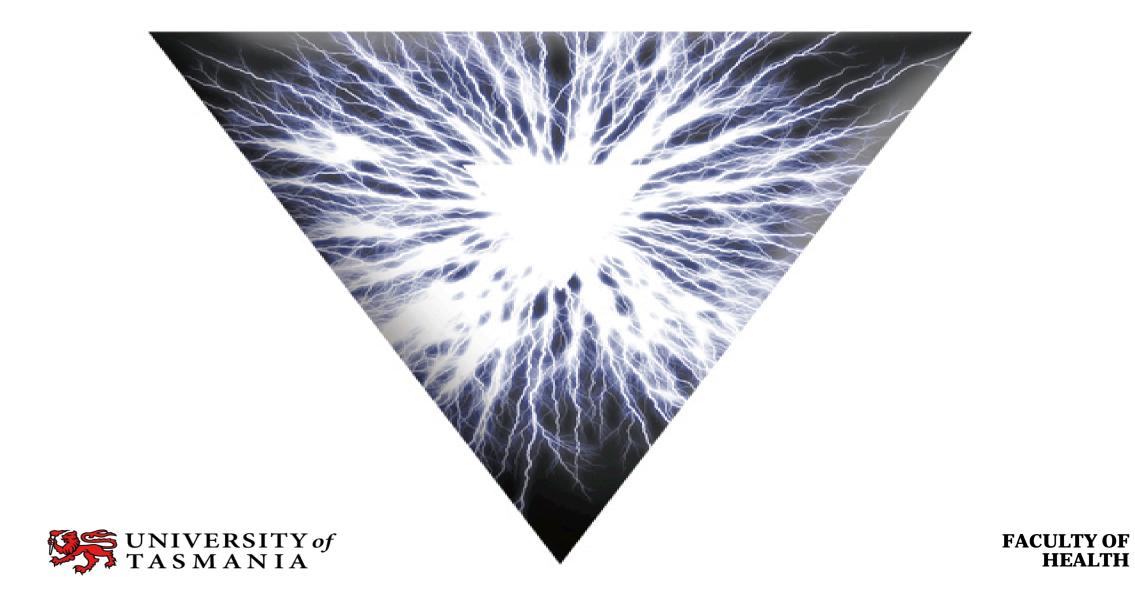
The University of Sydney Page 29

### **Achievements**

- Working closely with other faculties to provide a better student experience
- Pooling research resources / expertise from UDRHs
  - Local interest in developing research activities
  - Potential for Aboriginal health workers to influence their communities to pursue health careers
- Opportunity to extend our involvement with local Aboriginal health organisations
- Closer integration with LHD over post-graduate training, Base Hospital staffing & facilities redevelopment

The University of Sydney Page 30

### **Rural Clinical School**



### **Opportunities**

Rural Application process

Increased and targeted support for students Pipeline Scholarships.

via Rural

- Development of student tracking database.
- Expansion of placements and increased support for allied health students.
- Increased opportunities for multidisciplinary interprofessional learning.



### **Challenges**

- Merger with Centre for Rural Health (CRH)
  - Combined budget and work plan with CRH.
  - CRH and RCS sit in different parts of the Faculty.
  - Changes in focus for CRH.
  - Changes in MBBS structure post accreditation
- University restructuring / fiscal imperatives –
   impact on RCS operations and



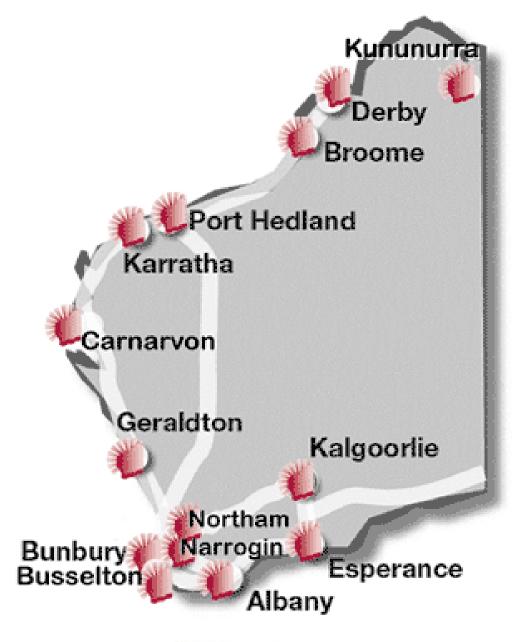


















### **RCSWA Achievements 2015-16**

- 7 former RCSWA students (& 3 from other RHMT programs) are now teaching and research staff of RCSWA
- Very significant contributions of former RCS students to remote workforce in WA and elsewhere (eg Kimberley: 2 of 4 GP private practice principles, a number of procedural GPs across the region, all local care GP care for renal patients, half the workforce in 3 Aboriginal health services and the Kimberley regional O&G)
- Substantial integration of RHMT funded programs in WA over past 12 months
- Commenced negotiations for joint UWA, UNDA and Curtin University RCSWA in 2019 for 2020















# Past achievements Future challenges



### **ACHIEVEMENTS**

- Development of an enhanced clinical placement program for junior medical students in rural setting
- 2. Indigenous Summer Camps now university-wide initiative
- Success with recruitment of rural origin students
- Positive feedback from graduates
- Development of a Rural Research Plan
- 6. Negotiating re-accreditation
- 7. Transition to an MD program

### **CHALLENGES**

- Future of rural origin recruitment under new definition
- Improving cultural awareness and competency in new and existing staff
- 3. IRTP

