



Australian Government
Department of Health

DEPARTMENT OF HEALTH UPDATE

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Department of Health Update

- Rural Health Multidisciplinary Training (RHMT) Program,
- Integrated Rural Training Pipeline for Medicine Initiative,
- RHMT Program performance and funding going forward,
- Collaboration and Partnership,
- National Rural Health Commissioner, and
- Other relevant activities.



Rural Health Multidisciplinary Training (RHMT) Program

- The Government's main platform in working with the higher education sector to influence health workforce distribution.
- From 2017-18:
 - 18 Rural Clinical Schools;
 - 15 University Departments of Rural Health;
 - 6 dental schools offering extended rural placements; and
 - 26 regional training hubs.



IRTP – Integrated Rural Training Pipeline for Medicine

- Maintaining connections to rural communities.
- The IRTP measure announced in the 2015-16 MYEFO commits funding of \$93.8 million over four years.
- Has three components:
 - the establishment of regional training hubs;
 - a rural junior doctor training innovation fund (RJDTIF); and
 - 100 new rurally-based posts in the Specialist Training Program (STP).



Regional Training Hubs update

- Staff recruitment by hubs is currently underway.
- Activity plans have been received from all hubs.
- Hubs are all at different stages as anticipated.
- Workshop held in July 2017 between operational staff and specialist colleges:
 - Department announced the IRTP STP Expression of Interest funding round.
- The EOI for the new 50 STP posts for 2018 recently closed.



IRTP STP

- IRTP Specialist Training Program (STP) Expression of Interest (EOI) closed on 5 October 2017.
- Each hub was required to seek new settings to participate under the IRTP STP.
- 99 EOI proposals were received.
- Applications are currently being assessed by the specialist medical colleges.
- Colleges have until 30 November 2017 to put forward proposals.
- Outcome will be released the end of 2017.



Rural Junior Doctor Training Innovation Fund (RJDTIF)

- 26 FTE will be funded nationally over three years (2018, 2019 and 2020) with up to \$13.6 million to be committed.
- A second approach to market was opened on 27 October 2017. Successful applicants will be informed in early 2018.
- Will help meet the Government's target of up to 240 rotations, the equivalent of 60 FTE positions annually from 2019.



National Rural Health Student Network (NRHSN)

- An internal review of NRHSN was completed in late 2016.
- An approach to market for the role of administrator opened on 8 September 2017 and closed 10 October.
- Department currently in negotiations with the preferred applicant.
- New administrator will commence from 1 January 2018.



2016 RHMT Program Performance

- 1341 medical students - 12 month placement in rural area,
- 46 students - based in remote/very remote area.
- 884 students - with a rural background enrolled
 - = 31% of all medical students.
- Rural origin percentage by state

State	Percentage (%)
TAS	72
QLD	33
WA	31
NSW	30
SA	28
VIC	26



<https://clinicalimmersion.uic.edu/blog-2016/christine-massie/>

- *percentage is aggregated to state level.



2016 RHMT Program Performance

- Medical school placements by region:
 - RA2 – 2598;
 - RA3 – 1181;
 - RA4 – 345; and
 - RA5 - 206.
- 34% of all medical graduates spent a year at a Rural Clinical School.
- 37 Aboriginal and Torres Strait Islander students graduated from a medical course.



Funding Cycles

- Current funding agreements end in December 2018.
- Aware of the appetite for five year funding cycles.
- The Department is considering the next funding cycle.
- Department will start working on new agreements early next year.



Collaboration and partnership

- Engagement is key with all stakeholders.
- Rural Medicine Australia Conference 19-21 October 2017
 - Facilitated Panel Session: Mind your P's (and Q's) Policy update
 - Workshop: Bonded not alone:
 - with workforce agencies to discuss how to support bonded scholars.
 - Gain, Train and Retain – including a presentation by Paul Cutting on workforce data analysis.
 - National Rural Health Commissioner announced.





National Rural Health Commissioner

- Previous Dean of Medicine at Flinders University in South Australia.
- Senior leadership roles in :
 - Rural Doctors Association of South Australia
 - Australian College of Rural and Remote Medicine
- Passionate about improving Australia's rural health system.



Emeritus Professor Paul Worley



National Rural Health Commissioner Duties

- Working with stakeholders and all levels of government to improve rural health policies;
- Assisting the Government to better target interventions to improve access to services and the quality of services in rural and remote areas;
- Working with the health sector to develop options for increased access to training for rural generalists; and
- Giving consideration to allied health needs in rural and remote Australia.



Health Workforce Strategy

- The Department is working with our Health Ministers to develop a Commonwealth Health Workforce Strategy.
- Better targeting of health workforce programs.
- Improve community access to health services.
- Long-term view of workforce needs.
- The Strategy will focus on the medical, nursing and allied health workforce.
- Stakeholders will be engaged throughout the development of the Strategy.



Assessment of medical schools, medical school places and training

- Announced by Assistant Minister Gillespie on 14 December 2016.
- The Department of Health and the Department of Education and Training have been working together on this assessment process.
- The Department consulted with:
 - National Medical Training Advisory Network (NMTAN) Medical Deans Australian and New Zealand (MDANZ), Universities Australia, Australian Medical Council, Council of Presidents of Medical Colleges, Health Workforce Principal Committee Members.
- 37 submissions were received from stakeholders.
- The Department's have prepared a report on the assessment to be considered by Government.



Distribution Working Group (DWG) and Health Workforce Shortages

- Developed on the 30 September 2016, the DWG has been established to:
 - modify/ update the District of Workforce Shortage (DWS) system;
 - review the implementation and design of the Modified Monash Model (MMM); and
 - consider ways to encourage and attract Australian trained doctors to rural areas.
- DWG advice will inform future rural health distribution policy.
- Will meet up to four times per year until December 2018.
- Inaugural DWG meeting - Melbourne 28 July 2017.
- Second meeting – Melbourne 01 November 2017.