

FRAME

**Thursday 2nd & Friday 3rd November 2017
ANU Commons Function Centre, Building X004 Childers Street
Australian National University Canberra**

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

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

The Commonwealth Department of Health was represented by:

Fay Holden, Assistant Secretary, Health Training Branch
Jennie Della, Director, Professional and Rural Training Section
Katy Roberts, Assistant Director, Professional and Rural Training Section
Susan Wearne, Senior Medical Advisor, Health Workforce Division

FRAME Meeting Thursday 2nd November

Professor Jennene Greenhill, FRAME Chair, welcomed those attending, representatives of the Department and introduced Professor Amanda Barnard Associate Dean and Head ANU RCS

Amanda introduced Ms Gaye Doolan, Indigenous Health Team RCS ANUMS who gave the Acknowledgement to Country

Amanda introduced Professor Imogen Mitchell, Dean ANU Medical School who welcomed delegates to ANU

Amanda acknowledged Gaye for her work across many areas as she is retiring. Professor Mitchell spoke about life in rural UK as a child and the standard and challenges of rural health care. She said that times were exciting at the moment with maldistribution of doctors and believes that FRAME will have an impact in changing the medical workforce. She thanked FRAME for the opportunity to attend and apologised for not being able to stay longer.

Professor Jennene Greenhill opened the meeting

- Highlighted the announcement of Professor Paul Worley as the inaugural Rural Health Commissioner and that his rural background will be a great advantage to the role
- Recently attended the Medical Deans conference in Adelaide and the Deans also pleased with RHC appointment and success of the rural clinical schools.

Rural Clinical School/Regional Medical School Roundup

Rural Clinical Schools gave a three minute presentation on their most outstanding achievements to date and key challenges over the next 1 – 2 years
(Presentations available – Attachment 1)

DoH update and Q and A

Ms Fay Holden –Assistant Secretary, Health Training Branch

- Her first meeting with FRAME and enjoyed the short RCS overviews highlighting both successes and challenges
- Topics include:
 - 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.
- Integrated Rural Training Pipeline for Medicine Initiative
 - Aimed at addressing the lack of connectivity between the various stages of medical training by providing greater opportunity for graduates interested in rural careers to maintain connections to rural communities by post graduate training
 - 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)
 - The aim of STP is to have Australian trained specialists for Regional, Rural and Remote communities
- Regional Training Hubs
 - The applications were very competitive and the Commonwealth were not able to fund all applicants
 - Currently there is good geographic distribution of the hubs across Australia, aware there are some gaps remaining and in the future plan to work with universities in order to fill the gaps
 - Staff recruitment by hubs is currently underway.
 - Activity plans have been received from all hubs and the Department would like to thank those involved.
 - 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.
 - In July this year, the Department held a meeting between operational staff of the hubs and medical colleges to start to foster collaboration between these two key stakeholders

- Focussed on preparations and the roles both parties will play in the upcoming EOI in the second round IRTP STP places
- IRTP STP
 - The STP funds 5-7% of training work costs nationally to help medical specialist training beyond the traditional public teaching hospitals including in rural and regional areas
 - IRTP Specialist Training Program (STP) Expression of Interest (EOI) closed on 5 October 2017.
 - 100 new posts across Australia for 2017
 - 2/3 of the fellowship training is in rural areas
 - All states have at least 1 place, but they are predominantly in the Eastern States
 - 10 specialist colleges are involved
 - Each hub was required to seek new settings to participate under the IRTP STP.
 - 99 EOI proposals were received.
 - Hope that this process will assist with better distribution across Australia
 - 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)
 - Supports rotations for rurally based interns to experience general practice primary care settings in their internship year
 - First round closed in May
 - 26 FTE (or 121 rotations each year) will be funded nationally over three years (2018, 2019 and 2020) with up to \$13.6 million to be committed.
 - In process of signing all the agreements and cannot go into more detail at this stage
 - Outcomes should be able to be shared more broadly soon
 - 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.
 - There will be an opportunity to improve distribution in the second round
- National Rural Health Student Network
 - An internal review of NRHSN was completed in late 2016.
 - Recommendations included
 - Continued Commonwealth support for NRHSN
 - Continued support for the rural health clubs
 - Improved administrative efficiency of NHRSN
 - Funding arrangements for the two streams of activities have changed
 - Rural health clubs formerly supported by the administrator of NHRSN, now supported by the universities rural health multidisciplinary program
 - Through a recent grant opportunity, an administrator will be funded separately
 - An approach to market for the role of administrator opened on 8th 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
 - Department understands there have been changes in the program over recent times and would like to acknowledge some of the students at universities are academically outstanding.
 - Many universities have implemented or started to develop service learning models in response to increased placement capacity and community health needs
 - Positive results from 2016 include:
 - 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:
 - Tasmania 72%
 - Queensland 33%
 - Western Australia 31%
 - New South Wales 30%
 - South Australia 28%
 - Victoria 26%
 - (NT and ACT and will be forwarded)
 - 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.
 - These are all positive results and Department appreciates the efforts to achieve them, but there are some areas where universities are not on track to meet targets
 - Many are finding targets challenging under the current framework
 - Trending areas of concern are the Aboriginal and Torres Strait Islander enrolment and graduate targets
 - Department is negotiating the targets with individual universities based on what they (the Department) felt the universities could achieve for 2016 – 2018 based on past performance
 - Consolidated framework also means the universities have some flexibility to determine priorities towards meeting their RHMT objectives
 - Encourage schools to discuss strategies of progress they are applying so everyone can learn and do well in this area
 - Essential everyone works together to meet targets and face challenges
 - Important to show the program is making a difference
 - Some current information demonstrates success

- Funding Cycles
 - Current funding for RHMT agreements end in December 2018.
 - Aware of the appetite for five year funding cycles.
 - Department will work with us as to how to inform and advise Government but unable to comment at this stage
 - Department have heard the request for longer funding cycles and it will be part of the advice to Government
 - The Department is considering the next funding cycle.
 - Department will start working on new agreements early next year.

- Collaboration and Partnership
 - Important to work with the States and Territories
 - Attended a recent NSW health workshop:
 - Key NSW medical training stakeholders were all represented to discuss how the regional training hubs would work with states to achieve the goals of building a regional and rural medical workforce
 - In August the Department wrote to States and Territories seeking advice on how to nationally connect hubs with key stakeholders
 - It is early stages in the program and discussion and engagement are key with all stakeholders allowing everyone to learn from successes and change if required.
 - Rural Medicine Australia Conference 19-21 October 2017 – Department presented a policy update on the IRTP initiative
 - 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.
 - Discussion followed on how access to medical services is changing in many rural areas
 - Conference was an excellent opportunity to develop relationships with key bodies in the rural medicine space and gather ideas for hubs and RWA bonded scholars

- National Rural Health Commissioner announced – Professor Paul Worley who will commence on 11th November 2017
 - Previous Dean of Medicine at Flinders University in South Australia.
 - Senior leadership roles include :
 - Rural Doctors Association of South Australia
 - Australian College of Rural and Remote Medicine
 - Passionate about improving Australia's rural health system
 - His duties will include:
 - 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.
- Department believe his announcement has been well received
- Will be an advocate for FRAME

- Health Workforce Strategy
 - The Department is working with our Health Ministers to develop a Commonwealth Health Workforce Strategy.
 - Was announced in Minister Hunt's budget announcement and will form a key part of his next wave of reforms of the health system
 - He is very engaged which makes it challenging with so much activity going on but it is a great opportunity for the programs and the sector
 - Better targeting of health workforce programs.
 - Improve community access to health services.
 - Long-term view of workforce needs.
 - Consider measures to ensure our health system remains efficient and sustainable in the long term
 - May include better targeting of the medical training pipeline
 - Ensure a workforce that is responsive to healthcare needs
 - Measures to address the geographic maldistribution of the health workforce
 - 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 to jointly assess the distribution of medical schools and medical school places.
 - 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 assessment process has taken into account data that indicates there is no need for additional medical places across the country, but rather, a need to focus on the distribution of the health workforce
 - The Department's have prepared a report on the assessment to be considered by Government.
 - Any changes will assist with achieving a sustainable, well distributed medical workforce for regional, rural and remote Australia
 - Government is still considering the advice and in time, outcomes will be announced

- 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 takes on functions previously delivered by the Rural Classification Technical Working Group (informal stakeholder group)
 - DWG chaired by Prof Brendan Murphy
 - Members bring technical expertise involved in the Modified Monash Model (MMM) and a wide range of experience in the rural health sector
 - 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.
 - Amongst others, DWG are considering current forms of geographic classification being used for health program delivery

(Presentation available – Attachment 2)

RHMT addition of Regional Hubs and other major changes – Discussion led by Jennene Greenhill with Q & A

- What would success look like?
 - May be different for each Hub
- Jennene handed to John Wakerman for his presentation on a proposed national evaluation framework for rural hubs.

National Evaluation Framework for Hubs – John Wakerman

- As discussed at previous meetings, John had offered to prepare a proposal for potential evaluation framework for the Hubs
- Objectives:
 - Improve co-ordination
 - Strengthen collaboration
 - Develop regional training capacity
 - Strengthen existing and develop new connections to improve continuity of training within the region
 - Identify regional medical workforce needs and prioritise activity
 - Increase the size of a well prepared rural and remote medical workforce
- Inherent logic evaluation framework
 - Inputs
 - Activities
 - Outputs
 - Outcomes
- There has been vacillation across the jurisdictions regarding the Hubs
- Need to build regional training capacity
- Need for accreditation

- Need to identify students with an interest in rural practice and give them support with career planning, placement opportunities and mentoring
 - Important to capture “birthing issues” with Hubs
 - Potential outputs
 - Medical training capacity
 - Medical workforce needs
 - Quality training places
 - Outcomes
 - Improved recruitment and retention of medical graduates and specialists to rural and remote areas
 - Descriptions of lessons learned from the hub initiative
 - Economic analysis of return on investment
 - There is a need to collect data for reporting
 - Government has an appetite for return on investment
- John reiterated that the framework he presented is a suggested design

Questions and comments:

- Everyone can learn from the evaluations of RCS and it is important that we understand different ways of approach as there are different models across the different jurisdictions
- Rigid thinking could potentially be a risk
- Each of the hubs will be different
- How will students be selected for a hub if funded by a different university (more than one university RCS in the geographical region)
- Need to start with a minimum data set – do we want to do something as a group that will show what training hubs are about
- For evaluation purposes, this could be complex or could commonalities be pulled together (26 hubs) which may be important in terms of policy imperatives
- It will be strategically important to show what hubs across the whole of Australia have done
- Need to identify students and support
- Need to make reporting as simple as possible
- Should the framework be developed as a group
- If there is to be a common data set it is an urgent issue so the correct data is collected
- Aboriginal recruitment and retention – need to be able to report against data and current template does not allow this
- Is there student awareness re what postgraduate training in specific specialties available in their area? Could be useful if measured against outcome data
- Put together a small working party to develop an evaluation framework
- If we are going to do an evaluation at national level, need to do it now
- Need a communication strategy – how to work smarter – not harder and combine with current work and RHMT programs, not have a separate network (to avoid duplication of work)
- Some hubs are collecting information re pathways, training and setting up websites and working out where the information goes
- Would there be a central website or hubs responsible for own information
- All hubs are at different stages
- Hubs are part of RCS and part of FRAME
 - In set up phase, there are different communication needs
 - Have a hub program manager on FRAME Policy Group
 - Allocate ½ day for hubs at next FRAME meeting

Actions:

- Hubs to send updated contacts information to Mimi Zilliacus (Goulburn Valley Regional Hub Manager) for a database
- Need small working party to develop national evaluation process
 - Mimi to get this network up and running

Jennene proposed a working party come up with a common data set

Prior to the lunch break, Jennene also recommended that Paul Worley's speech at RMA17 was inspirational

Link:

<https://webcast.gigtv.com.au/Mediasite/Play/c6e9f6db5baa46caa09a3aec4cd949a21d?catalog=a627cf88-db7b-4c04-9f8c-a0655a8b8de7>

(John Wakerman's presentation available with notes – Attachment 3)

National Rural Health Strategy and National Rural Health Alliance - Joe McGirr

- Joe and Jenny May are on the NRHA Board
- CEO – Mark Diamond
- Is it time for a new National Rural Health Strategy?
- Previous data is now old and there is no longer a Rural Health Standing Committee
- Without a strategy, there is a need to link outcomes to actions
- There is a National Strategic Framework for Rural and Remote Health on Department's website but this based on old data, some from 2006
- Need a new National Rural Health Strategy to:
 - Create a coherent narrative linking goals to outcomes of the framework to a set of actions and a means of measuring progress
 - Increase the profile of rural and remote health challenges

Comments and questions:

- We are fixated on delivery and work force – need social determinants of health to be a focus as well
- Another strategic partner would be Local Government

Joe invited people to speak to him re the Health Strategy and asked FRAME for feedback and input

(Presentation available – Attachment 4)

Snapshot Study – Joe McGirr

- Collecting evidence of RCS effectiveness – Pilot Study
- Study of 2011 medical graduates and reviewed again in 2016
- Aim to determine the association between rural location practice and:
 - Rural origin
 - Extended rural clinical placement

(Presentation available – Attachment 5)

National Rural Health Students' Network - Student update

William Moorhead - University of Queensland - Chair NRHSN

Jennene introduced William (Billy) and he acknowledged the traditional owners of the land

- Prior to studying Medicine he was a pharmacist and has worked in remote towns including Kununurra which was an influence on his decision to study rural health
- William spoke about the network, multi-disciplinary committee members and visits to rural high schools to promote rural health careers
- Network of 28 Rural Health Clubs, representing approximately 11,000 students (all states and territories)
- Two aims:
 - Providing a voice for those interested in rural health careers
 - Promoting rural health careers (visit rural high schools to speak to students)
- Geographic similarities between clubs and hubs as shown on map
- Approximately ½ members are medical students and the remainder nursing, allied health, physio and pharmacy
- Structure includes executive and the presidents of each of the clubs makes up the council
- Executive give support and direction to the clubs
- Meet with politicians and DoH staff re needs etc.
- Keep in touch with alumni and have them as speakers and supply research
- Chair for 2018 will be Carolyn Riemann (JCU)
- NRHSN work closely with UDRH, RCS and workforce agencies
- Four priority areas in 2018 business plan – some priorities have not changed for a few years:
 - Positive, clear and supported training pathways for students
 - Aboriginal & Torres Strait Islander health curriculum across the various health courses
 - Mental health training and awareness for all university students
 - Better the health outcomes for rural and remote Australia
- NRHSN has developed position papers including bonded positions and training pathways which are on their website www.nrhsn.org.au
- NRHSN as a whole are not supportive of bonded medical places and other bonded health courses
- Keen to hear DoH staff say there will be more support for bonded students
- Positive rural training pathways – this year NRHSN put out a multidisciplinary area training guide (on website)
- Attended rural health stakeholder meeting and provided student voice on a number of issues including bonded medical places
- Attended RACS provincial surgeons conference
- All rural health clubs organise an indigenous community engagement activity
- Have a new mental health position paper & guide which is on the website – called “When the cow pat hits the windmill”, made with Beyond Blue and hand it out to students going on placements
- Have done research on students doing rural placements, surveying current students and alumni, their feelings towards rural places (897 responses with approx. ½ from medicine)
 - Perceived barriers to going rural:
 - Fear of social isolation
 - Lack of financial support
 - Lack of organisational support
 - Pros:
 - More hands on experience
 - Better mentorship and greater challenges

- More costly for those students not studying medicine for their accommodation
 - >90% of students wanted rural placements
- Pleased to have funding of \$12,000/club per year guaranteed for the next three years through the RHMT program and in return the clubs must do 2 rural high school visits per year and an indigenous community engagement activity
- There will be a new Administrator for the rural health clubs as announced by DoH beginning 1/1/18
- Administration and support now comes from the universities
- There is a need for universities to support the clubs, previously run by RHW
- On the negative, sometimes staff at universities do not know who the rural health clubs are which can lead to confusion as to where funding is coming from and going to
- On a positive, there is increased collaboration with the universities
- RHMT goals:
 - Effective rural training experiences
 - Evidence base for rural training strategies
 - Supporting Aboriginal and Torres Strait Islander health
 - Increasing number of rural original health students
 - Well supported academic networks to enhance delivery of training to students
- Would be good to have a student voice/consultation with
 - Student bonding
 - Setting up of hubs
- Asked that all changes be communicated clearly to students at both national and local level
- Regarding bonded students
 - Some will do anything to get into medicine
 - Some people think bonding is good for workforce shortage (rural and remote)
 - Believes (personally) that bonded students should have an opportunity to go to a RCS over other students
- William showed some photos depicting the various activities students engaged in
- In closing comments he asked for those present to go and meet the club, members and give them support
- Collaboration is key as we are all working towards the same goals

Comment:

- Admiration for time poor students who volunteer for these positions with enthusiasm and energy and NRHSN is a great model
- Amazing what students get involved in and possibly worth documenting as students are the leaders – enthusiasm drives

(Presentation available – Attachment 6)

FRAME Survey Update - Lucie Walters – presented by Denese Playford

- Rural Clinical Schools 6 years of data from 2011 to 2016
 - Annual data is powerful
 - Annual demographic data is collected
- Career intentions
 - More RCS graduates than MSOD were interested in general practice
 - Majority have some interest in working regional or remote
 - 40% RCS students interested in working urban
- Recent projects (ongoing or have a paper)
 - Longitudinal integrated clerkships – influence of medical student perceptions of clinical supervisors in rural Australia
 - Clinical epistemology (2012 data)
 - Patient – practitioner orientation scale
 - Which factors are associated with students that feel their RCS placement impacted positively on their wellbeing
 - Burnout in students on rural placement
 - Wellbeing activities provided by RCS
 - Cultural safety of RCS students
- There are 3 teleconferences per year
- David Campbell is retiring so room for others to join
- Sharon Liu is admin person
- Need wide representation
- Universities must have ethics clearance to be involved and collect student information

Questions and comments:

- Would be useful to know:
 - Who is on the group
 - Governance of group
 - How to get new members
 - Process for others to be involved

(Presentation available – Attachment 7)

Rural Research Symposium Update – Jennene Greenhill

Jennene was invited to be part and it was decided that FRAME should go to collaborative meetings

- Showcase rural research
- Next meeting in Canberra 11 – 12 April 2018 – titled “Outback Infront – 20 years of rural and remote health research”
 - 120 abstracts have been received
 - 18 papers to present have been received but not all possibly accepted
 - 20 lightning talks received
 - Allocated to reviewers (4 from FRAME and others as well)
- Speakers include:
 - Rural Health Commissioner, Emeritus Professor Paul Worley
 - Emeritus Professor Lesley Barclay
 - Professor Tom Calma AO
 - Alan Cass
 - Emeritus Professor John Humphries
 - And other high profile speakers
- Organising sponsors:
 - NRHA
 - ARHEN

- FRAME
- PHCRIS
- Sponsors:
 - University of Melbourne
 - Griffith University
 - CQ University Australia
 - University of Wollongong
 - Flinders University
 - University of Southern Queensland
 - Deakin University
 - Three Rivers UDRH
 - Charles Sturt University
 - UNSW
 - University of Notre Dame Australia
 - Western Sydney University
- Invitation to sponsor is still open
- Registrations are open on website <http://ruralhealth.org.au/6rrhss/home>
- Aim is to showcase rural research
- Workforce is a key theme at the symposium
- Aim to have FRAME meeting before the symposium

RRH Journal Update – Amanda Barnard

Amanda is the Australasian editor and there are sub editors, including internationals.

- Richard has asked for subscriptions and a new website is going live.
- Issues:
 - There are not enough reviewers
 - Reviewers have a time frame
 - Example – when a paper has been sent to 10 reviewers and only 1 has reviewed
- Papers include some medical education and clinical papers
- Amanda asked for ideas for both reviewers and Indigenous health reviewers
- Need mechanisms to reduce turnaround time and this has been spoken about at editorial level
 - Only 2 part time staff work on the journal
 - Editors meet monthly via teleconference and decide who takes charge of papers from there
 - Try to have reviewed by 1 international and 2 local reviewers
 - The more articles sent in, the higher the rejection rate due to people power
 - John sends out articles via Google group
- Amanda expressed thanks to Nicki Hudson
- Paul Worley has resigned as Editor in Chief
- Amanda asked if anyone would like to submit an expression of interest for the role
- Would like 8 – 9 new reviewers but Amanda was not sure how the selection is made

Discussion and added agenda items for day 2

- Jonathan Newbury is retiring and the Medical School will be presenting him with a Medical Award
- Added Agenda items for day 2
 - Discussion re a new website
 - Policy Group – who they are and what they do
 - Rural Hub volunteer for Policy Group
 - Publications from RCS
 - Discussion re rurality
 - Priorities for next meetings
 - Agenda for next meeting
 - Recruitment, retention and support for Indigenous staff and students

Being no further business, meeting closed at 4:30pm

Dinner at Old Parliament House 18 King George Terrace Parkes

Day 2 Friday 3rd November 2017
FRAME Business Meeting

Jennene thanked ANU for both hosting and their organisation for the meeting

She then asked for highlights of Day 1:

- Difficulty recruiting Aboriginal and Torres Strait Islander students to university and supporting them through their course
 - Especially difficult for Tasmania
 - Requires further discussion
 - Fay Holden (during DoH presentation) mentioned that Aboriginal targets are not being met
 - Jennene asked if anyone was meeting those targets & University of Western Australia said they were
 - What is the engagement with student networks regarding these issues?
 - Billy Moorehead – Chair NRHSN – They have an indigenous student officer, asked what the student network could do to help & believe they could do more with FRAME and RCS
 - May be an idea to invite senior indigenous staff to a meeting to share experiences
 - Some indigenous students do not share stories and experiences for fear of recrimination etc.
- Re hubs - for some universities, extending out into post graduate training is new
 - How can they be brought into framework
 - Need to work with trainees and programs
- What does success look like
- Set aspirational goals that are SMART
 - Improve health outcomes
- Ask Policy Group about what we think DoH consider advice to the Department and how we operate within existing frameworks
- Hubs were congratulated and it was noted that it has not been an easy year but everyone has responded well
- Jennene said that although Fay Holden is still getting a feel for the portfolio, she is a good advocate. David Hallinan is also supportive of FRAME and said this at WONCA.
- Second FRAME meeting in Canberra is good for the May budget
- Meetings with the Department are good to impress what RCS have done and what they want
- There is an issue with good accommodation for doctors, registrars and their families in rural and remote and this needs to be flagged with government
- Call for volunteers for Hub Working Group – the following volunteered
 - Kath Stonestreet – ANU
 - Mimi Zilliacus – University of Melbourne
 - Lawrie McArthur – Adelaide University
 - Sarah Jordan – University of Tasmania
 - Denese Playford – University of Western Australia
 - John Wakerman – Flinders University NT
 - Michael Nowotny – Director Gippsland Regional Training Hub
 - Matthew McGrail – University of Queensland (per Sarah Strasser)
 - Ian Wilson – University of Wollongong
 - Deakin University – Mark Yates will nominate someone
 - Lucie Walters – Flinders University

- **Issues Raised on Day 1**
 - Publications from Rural Clinical Schools
 - Required to demonstrate a body of knowledge
 - Request for RCS publications to be sent to Denese Playford or Jennene Greenhill (Denise is producing a publication highlighting research undertaken by rural clinical schools)
 - Rurality
 - Discussion regarding the implications of potential changes to ASGC-RA and the Modified Monash model
 - Issues for bonded students
 - May affect rural model admissions
 - Data needs to be collected to show students are going to remote areas
 - There are issues with recruitment of GP's to rural and remote but retention is a major issue
- **Policy Group**
 - Jennene gave a brief overview of the FRAME policy group
 - Who they are and what they do
 - Priorities include:
 - FRAME agendas
 - Develop policy briefs for ministers including recent brief requested by Minister Hunt on the Rural Medical Workforce (on FRAME website)
 - Communicate with DoH
 - Elections bi-annually
 - Discussion re a Rural Hub volunteer to join Policy Group
 - Information about Policy Group, members and meetings on the FRAME website (meeting notes in the process of being loaded) www.ausframe.org
- **FRAME Website**
 - Volunteers to assist with developing a new FRAME website
 - Elspeth Radford
 - Mimi Zilliacus
 - Sonya van Bremen
 - Ask Helen Peacocke
- **Rural Commissioner & progress on Rural Generalism**
 - Policy Group to organise a meeting with the new Rural Health Commissioner
- **Next three year funding and end of cycle**
 - Difficulty planning ahead with current funding cycles
 - Request for 5 year cycle sent to Department prior to FRAME meeting
 - Funding for Hubs is part of RHMT activity and funding
- **Rural Workforce Research**
- **2018 Meetings**
 - Canberra April 9 – 10 Prior to 6th National Rural Health Science Symposium (11th & 12th) with Managers meeting on 11th
 - Mt Gambier SA during The Muster 2018 (15th – 18th October)

- **2019 Meetings**
 - Tamworth - University of Newcastle May 2019
 - Canberra – October 2019
- **2020 Meeting Alice Springs?**
- **Priorities for next meeting**
 - Aboriginal and Torres Strait Islander student recruitment and retention
 - Regional Hubs
 - Bonded medical student places and trainees
 - RHMT discussion
 - Student selection

Jennene thanked everyone for attending and their contribution.

Meeting closed at 10:32am