



Australian Government  
Department of Health

# DEPARTMENT OF HEALTH UPDATE

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# Outline for today's presentation

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- Health Workforce Strategy
- Distribution Working Group
- Changes to the Australian General Practice Training program
- Rural Health Multidisciplinary Training Program
- Integrated Rural Training Pipeline for Medicine:
  - Regional Training Hubs
  - Rural Junior Doctor Innovation Fund
  - Expansion of the Specialist Training Program
- Specialist Training Program



# Commonwealth Health Workforce Strategy

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- 2018-19 Budget
- Will include a range of measures to:
  - improve the supply and quality of medical workforce
  - better target the distribution of the health and medical workforce
  - support the development of multidisciplinary and team-based models of primary care.
- Provides a framework for investment over the coming years.
- PM announced additional \$84 million over 4 years to RFDS for dental, mental health and ambulance services.



## Distribution Working Group (DWG)

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- Distribution Working Group (DWG) established in September 2016 to address the maldistribution of the health workforce.
- The DWG last met in February 2018. Outcomes:
  - agreed which programs should transition to the Modified Monash Model (MMM) classification system.
  - a set of principles to be created to determine when exceptional circumstances of a town should be taken into account.
  - discussions regarding DWS methodology are progressing.

# AUSTRALIAN GENERAL PRACTICE TRAINING 2019

Applications for 2019 are **NOW OPEN**

For information on eligibility  
requirements go to  
[www.agpt.com.au](http://www.agpt.com.au)



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# Transition of AGPT Program

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- To be transitioned to the GP Colleges from 2022, following a transition period from 2019
- The transition will be an extension of the current arrangements in place for the program
- Opportunities to reform elements of the program may be considered in the transition process, in consultation with impacted parties
- Maintaining stability and continuity in the sector is critical
- Continued focus on: quality of the GP workforce, number & distribution of GP trainees/the GP workforce, regionalised training delivery including priority for rural, regional and remote Australia



## RHMT Program - 2017 Performance – Trends

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- First cut of data from 2017 reports show:
  - Rural origin enrolment of medical students – 31.1% across universities, up from 30.7% in 2016.
  - 977 graduating medical students - or 34.6% - completed at least a year of rural training, marginally higher than the 34.3% achieved in 2016.
  - Of these, 310 completed over a year of rural training, and a further 118 completed over two years of rural training.



## RHMT program – themes

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- More universities increasing the length of medical student placements beyond one year (2- and 3- year placements).
- Innovative Service Learning approaches being implemented to increase multidisciplinary rural training capacity.
- Universities revisiting financial incentives to support students on rural placements especially multidisciplinary students.
- Rural origin students given preference to rural streams.
- More engagement with rural primary and secondary school students to promote rural health and medical careers.
- Universities engaging with Aboriginal and Torres Strait Islander peak bodies and organisations towards development and implementation of strategies to enrol and support Aboriginal and Torres Strait Islander students through to graduation.





# RHMT funding cycle

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- Current RHMT funding agreements end on 31 December 2018.



## Regional training hubs – update and progress

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- Regional Training Hubs – one of three components of the Integrated Rural Training Pipeline for Medicine (IRTP) measure
- Regional Training Hub teams appointed.
- Progress with key stakeholders within Regional Training Hub catchments.
- Identifying areas of regional workforce need and priority specialty areas.
- Collaboration across Regional Training Hubs to maximise training opportunities.
- Challenges/Concerns
  - Role of the Regional Training Hub



# Rural Junior Doctor Training Innovation Fund (RJDITF)

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- First round - 26 FTE funded over 3 years (2018-2020)
- Up to \$13.6 million committed.
- Rural primary care intern rotations in the following locations:
  - NSW: Bega (through ACT Health), Coolamon, Cowra, Finley, Glenfield Park, Port Macquarie, Temora;
  - VIC: Heyfield, Maffra, Lakes Entrance;
  - TAS: Currie, Flinders Island, Huonville, St Helens, Queenstown;
  - WA: Albany;
  - NT: Nhulunbuy, Tennant Creek; and
  - QLD: Emerald, Theodore, Toowoomba.



# Rural Junior Doctor Training Innovation Fund (RJDTIF)

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- A second grant round was opened on 27 October 2017.
- 7 Applications were received.
- Applications have been assessed, with contract negotiations underway.
- Outcome will improve the program's national distribution.



## IRTP - Specialist Training Program (STP)

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- Creating new rural training opportunities – expansion of the STP with 100 IRTP STP rural places across Australia (50 allocated in 2017 and 50 in 2018).
- Additional requirement for IRTP STP posts – “flipped model” where trainees spend at least 66% of their fellowship pathway in rural areas.



# Specialist Training Program (STP)

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- Aims to improve the quality of the future of the specialist workforce by providing registrars with exposure to a broader range of healthcare settings.
- Aims to have a positive influence on future workforce distribution.
- Up to 1077 STP positions being funded in 2018 – includes Emergency Medicine Program posts and 100 dedicated rural training positions under the Integrated Rural Training Pipeline (IRTP) initiative.
- STP funds between 5 and 7 per cent of all specialist training.