FRAME WORKSHOP · AUGUST 2026

A Community Outcomes Framework for Rural Medical Education and Research

A draft Theory of Change and Program Logic — the start of a national conversation?

Presented by Annemiek Beverdam – Academic Lead - Rural Medical Education Evaluation

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Acknowledgement of Country

We acknowledge the traditional custodians of the Lands on which its campuses are located, recognizing the deep and continuing connection of Aboriginal peoples to these Lands. We specifically acknowledge the Dharawal and Gundungurra people as the traditional custodians of the Land from where the UOW Medical Program is taught.

© Flame Tree artwork by Samantha Hill, Dharawal/Wandandian woman.

WHY THIS MATTERS

Workforce outcomes are not the whole story

RHMT investment is primarily evaluated through workforce pipeline metrics.

However, rural medical schools and UDRHs create broader community benefits that are rarely measured systematically.

What we usually measure

- Rural-origin and First Nations student recruitment
- Student progression and graduation outcomes
- Rural placement participation and duration
- Rural practice and retention at 5 and 10 years

What this framework adds

- Community benefits
- Partnerships and shared decision-making
- Community leadership and capacity building
- Cultural responsiveness
- Knowledge generation and evidence-informed service improvement
- Community development outcomes

BUILT ON EVIDENCE

Three foundations

Educational activities

McGrail et al. (2023) · Padley (2025)

Evidence-based mechanisms that build the rural workforce:

- Recruitment
- Curriculum
- Immersion
- Mentoring
- Community engagement
- Integrated pathways

Community outcomes

Butler Flora et al. 2005
Bourke et al. 2025

Explains how rural medical education contributes to community development through changes in **human, social, cultural, political, built, financial, and intellectual** community capital.

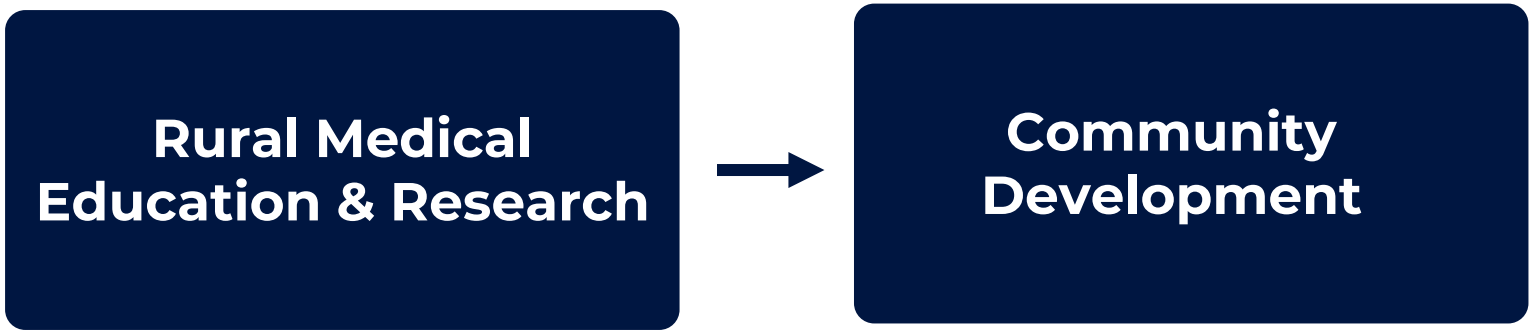
Strategic alignment

RHMT 2.0 · FRAME

Aligns the framework with the funding and policy environment it is intended to evaluate

Together, these foundations provide a theory-informed and policy-relevant framework for evaluating the community outcomes of rural medical education and research.

The Central Proposition



THE ENGINE ROOM

Seven evidence-informed activity streams

(McGrail et al., 2023; Padley, 2025)

Student recruitment

Curriculum & clinical teaching

Place-based training & immersion

Mentoring & professional identity

Community-engaged education

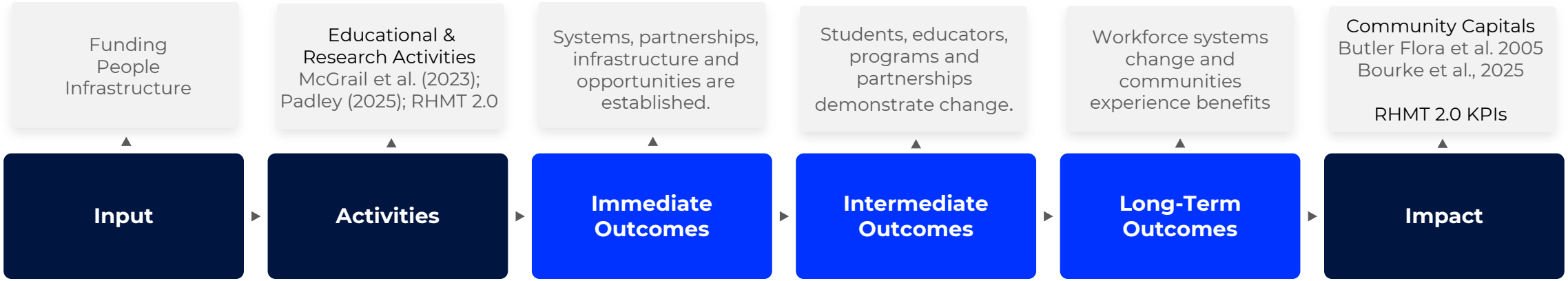
Integrated rural training pathways

Rural research & knowledge development

Research & knowledge development was added to reflect RHMT research priorities and Bourke's recognition of universities' intellectual contributions to rural communities.

HOW IT'S BUILT

From activity to impact: operationalising the Theory of Change



Each outcome level has indicators and evidence sources linking educational and research activities to community development outcomes and RHMT objectives.

ONE PAGER PROGRAM LOGIC

A Community Outcomes Framework for Rural Medical Education and Research

Program logic summary extending workforce outcome measurement to include community benefits, informed by evidence, policy, and community development theory

DRAFT – FOR DISCUSSION

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The central proposition: rural medical education and research contribute to rural community development through workforce development, community engagement, knowledge generation, leadership, cultural responsiveness and local capacity building

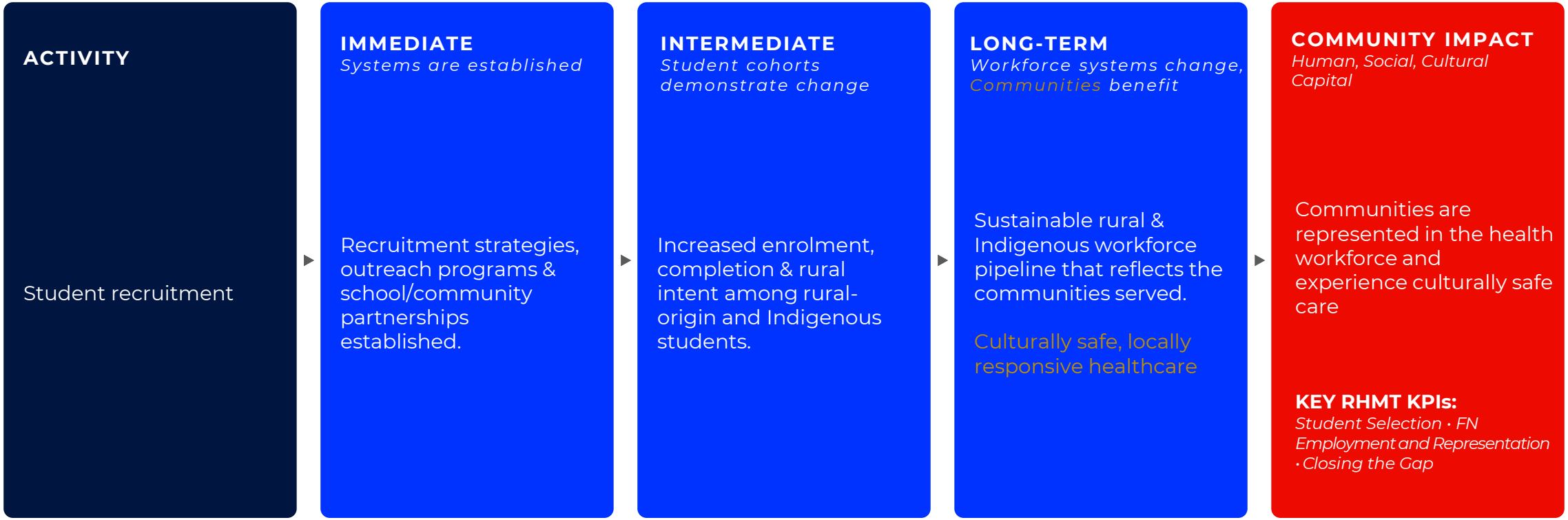
Activities	Outcomes			Impact	
ACTIVITY STREAM McGrail et al 2023; Padley 2025	**IMMEDIATE OUTCOMES** Systems, partnerships & infrastructure established	**INTERMEDIATE OUTCOMES** Students, educators, programs & partnerships change	**LONG-TERM OUTCOMES** Workforce systems change & Communities benefit	**COMMUNITY CAPITALS** Butler Flora et al. 2005 Bourke et al. 2025	**KEY RHMT KPIs**
1 Student recruitment *Rural-origin & Indigenous recruitment; community-engaged admissions*	Recruitment strategies, outreach programs & school/community partnerships established.	↑ Enrolment, completion & rural intent among rural-origin and Indigenous students.	Sustainable rural & Indigenous workforce pipeline that reflects the communities served. Culturally safe, locally responsive healthcare	**Cultural, Human, Social**	Student Selection • FN Employment and Representation • Closing the Gap
2 Curriculum & clinical teaching/supervision *Rural/Indigenous curricula; generalist & cultural competency training*	Rural/Indigenous curriculum integrated; clinicians engaged in teaching & supervision.	↑ Rural clinical skills, cultural safety capability & supervisor development.	Skilled rural workforce and engaged clinical educators Culturally safe, community-responsive care that reflects local needs and priorities.	**Cultural, Human**	Student Training, Education & Mentoring • Supervisory Capacity Building • Closing the Gap
3 Place-based training & rural immersion *Longitudinal placements; end-to-end pathways; small-town immersion*	Placements, accommodation & host-community participation established across MMM2-7.	↑ Rural self-efficacy, community connection & interest in rural careers.	Stable rural workforce with strong community connection Improved access, local capacity and place attachment	**Social, Cultural, Human, Built**	Student Training & Mentoring • Rural Intent • First Nations Employment & Representation
4 Mentoring & professional identity formation *Mentoring programs; longitudinal supervision; rural health clubs*	Mentoring & supervision arrangements, rural clinician networks established.	↑ Rural identity, career self-efficacy & leadership capability in students/trainees.	Strong rural communities of practice and leadership. Local leadership and continuity of care	**Social, Human, Cultural**	Student Training & Mentoring • Supervisory Capacity Building
5 Community-engaged education *Co-design with communities; community educators, selection panels*	Governance, co-design & community-educator structures established.	↑ Community participation; local/Indigenous knowledge incorporated into education.	Community-informed and culturally responsive graduates Community influence and direct community benefit	**Social, Cultural, Political**	Organisational & Community Relations • First Nations Leadership & Engagement • First Nations Employment, Representation
6 Integrated rural training pathways *RTH career support; internship & specialist training pathways*	RTH partnerships, pathway coordination & workforce-needs processes established.	↑ RTH participation & MMM2-7 pathway uptake; workforce planning evidence-informed.	Sustainable rural training and workforce continuity Improved access and stronger local services	**Built, Human, Political**	Regional Training Hubs • Rural Intent • Tailoring Activities to Workforce Needs
7 Rural research & knowledge development *Research plan & support; student research; knowledge translation*	Research plan, infrastructure & university–health service–ACCHO partnerships established.	↑ Staff/student research participation & capacity; priority-aligned evidence produced.	Sustainable rural research capacity and capability Community-informed knowledge, policy and services	**Social, Political, Human, Cultural, Built, (Intellectual*)**	Rural Health Workforce Research • Tracking Long-Term Efficacy of Activities

*Intellectual Capital is a proposed addition (Bourke et al., 2025), not an established Community Capital as initially defined by Butler Flora et al., 2005.

This is a summary of a Theory of Change: the full framework also specifies causal assumptions, preconditions and external/contextual factors for each activity stream, plus indicators, evidence sources and success.

SEEING IT WORK

A worked example: Student recruitment



Every one of the 7 activity rows follows this same chain — each with its own indicators and evidence sources at every tier.

HONEST ABOUT THE GAPS

This is a draft — and that's the opportunity

Things this framework deliberately leaves open, for us to resolve together:

Are the proposed community outcomes meaningful?	What outcomes matter most to communities?
How should Indigenous leadership, knowledge and data sovereignty be embedded?	Shared governance rather than institution-led approaches.
Are the right activity streams identified?	What is missing or unnecessarily complex?
What are indicators, criteria, standards, evidence?	Core indicators versus optional indicators.
Assumptions, preconditions and contextual factors correct and complete?	Open for discussion and refinement.

WHERE THIS GOES NEXT

From one school's draft to a shared national template

TODAY

Discuss this draft with FRAME community

▸

NEXT

Multi-institutional program logic refinement

▸

GOAL

A collaboratively developed and nationally applicable framework for community outcome evaluation

Thank you — let's build this together. Contact me at abeverdam@uow.edu.au .

Next slides are optional

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WHERE THE VALUE LANDS

Mapped against Community Capitals

(Butler Flora et al. 2005; Bourke et al., 2025)

- **Human**
- **Social**
- **Cultural**
- **Financial**
- **Built**
- **Natural**
- **Political**

All seven capitals are represented across the seven activity streams.

Plus a proposed addition: Intellectual Capital

Bourke et al. (2025) note that research, evidence generation and knowledge translation are important contributions of rural academic units to community development — but aren't fully captured by the traditional seven capitals. This framework explores Intellectual Capital as a potential supplementary concept for discussion.

SPEAKING THE FUNDER'S LANGUAGE

Mapped to all 12 RHMT indicative KPIs (2027–2031)

12/12

KPIs mapped

- Student Selection
- Supervisory Capacity Building
- Organisational & Community Relations
- First Nations Leadership & Engagement
- Regional Training Hubs
- Tracking Long-Term Efficacy
- Student Training, Education & Mentoring
- Rural Intent — Activity, Funding, People
- Closing the Gap
- First Nations Employment & Representation
- Rural Health Workforce Research
- Tailoring Activities to Workforce Needs

Each activity stream cites the specific KPI(s) it evidences — directly, in the funder's own wording.