



**MINUTES**

**FRAME MANAGER’S MEETING**

**Date: 17<sup>TH</sup> SEPTEMBER 2020 Time: 12:00 pm AEST**

**Via Zoom (Online Videoconference)**

**Meeting ID: 984 5454 0564**

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
1. Meeting opened		
2. Welcome	Jenny May welcomed everyone to the meeting.	
3. Business		
3.1. FRAME Directors Meeting Report	<ul style="list-style-type: none"> <li>Jenny announced and welcomed the new FRAME Policy Group:  <b>Chair</b> - Professor Jenny May, Director, University of Newcastle, Department of Rural Health  <b>Deputy Chair</b> – Professor Lucie Walters, Director Adelaide Rural Clinical School, The University of Adelaide  <b>Policy Group:</b>  Dee Risley, Operational Manager, Adelaide Rural Clinical School, The University of Adelaide  Assoc Professor Barry Morphett, Director Western Victoria Regional Training Hub, Deakin University  Assoc Professor Michael Brydon, Associate Dean Rural, The University of Notre Dame  Assoc Professor, Dr Lizzi Shires, Director Rural Clinical School, University of Tasmania  Linda Cutler, Director Regional Training Hub, The University of Sydney</li> </ul>	
	<ul style="list-style-type: none"> <li>The RCS Directors agreed that the first meeting for 2021 will be held in Canberra at ANU, pending any COVID-19 restrictions. This is vital for access to Commonwealth representatives. Date to be confirmed.</li> <li>The second meeting will be hosted by Monash University. Location and dates to be confirmed.</li> </ul>	Decision on dates to be determined 6 weeks prior.



3.2. FRAME Survey Report	<ul style="list-style-type: none"> <li>Presented by Dr Vivian Isaac, Flinders University.</li> <li>The major news is that the project is to be transferred to the University of Notre Dame.</li> <li>Report tabled. Appendix # 1</li> </ul>	
3.3. FRAME Tracking Interest Group	<ul style="list-style-type: none"> <li>Presented by Associate Professor Lizzi Shires, University of Tasmania</li> <li>Lizzi provided a verbal report which included a background and history of the tracking study. There is now a national tracking system for medicine students which has ethics. Data support has now been given to Helen Craig from MDANZ and they have a joint committee working on possible approaches.</li> <li>Helen Craig spoke and affirmed the importance of the collaboration. Noted MDANZ response to the RHMT evaluation on the importance of national tracking. They are continuing to discuss with AHPRA the logistics of student tracking. Helen spoke of the need for a joint working group.</li> <li>Jenny suggested that FRAME should also respond &amp; that they are interested in supporting a rational approach to graduate tracking.</li> <li>Jenny thanked Vivian and the Flinders team for the huge amount of work involved in the FRAME study and congratulated Notre Dame on their courage going forward. We look forward to the continuing high level of collaboration across all universities. NRHSN advised they would like to be involved.</li> </ul>	
3.4. Managers Meeting Report	<ul style="list-style-type: none"> <li>Presented by Dee Risley, University of Adelaide</li> <li>Report tabled. Appendix # 2</li> </ul>	
3.5. Regional Training Hub Report	<ul style="list-style-type: none"> <li>Presentations from various RTH's <i>"Approaches to the COVID training environment"</i> (See FRAME website)</li> <li>Selected Presentations; <i>"RTH innovations in Undergraduate, PGY1 &amp; 2, RG training &amp; specialist training"</i></li> <li>David welcomed Linda Cutler from the University of Sydney as the new RTH representative for the Policy Group.</li> </ul>	
3.6. Rural & Remote Health Management Committee	<ul style="list-style-type: none"> <li>Presented by Associate Professor David Garne</li> <li>See appendix # 3</li> <li>Those RCS's not subscribing to the journal were asked to consider doing so as finances are on a knife-edge. Amanda Barnard affirmed the importance of supporting the journal.</li> </ul>	
3.7. ARHEN Summary	<ul style="list-style-type: none"> <li>Verbal report presented by Professor David Lyle</li> <li>COVID-19 has been a priority &amp; they have been interested in how the RCS's have been innovating and maintaining clinical placements.</li> <li>The RHMT evaluation has been reviewed by the board of ARHEN Directors and they have a collective position. They view the evaluation as positive with a number of useful recommendations which in principle ARHEN support's. Some recommendations are relevant to ARHEN as well as FRAME.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Feels there is a real opportunity with the IPE recommendations for UDRH’s within their region sphere of influence to be interacting with RCS’s where they may not have a direct relationship to look at how they can connect medical students with nursing and allied health students in the IPE space.</li> <li>• Acknowledges there is a strong call for recruitment into more remote areas where workforce shortages are greater. There is not an easy solution to this.</li> <li>• Applauds the call for increasing the investment in Indigenous staff recruitment and cultural training.</li> <li>• Recommendations around new grad support and allied health and nursing align well with RTH’s. Also aligns with new service-learning recommendations that came out of the Rural Health Commissioner’s report on Allied Health. Believes it would be valuable for UDRH’s who are involved in the allied health nursing space to have more conversations with FRAME around RTH’s as some UDRH’s don’t have a hub.</li> <li>• Acknowledges that there continues to be gaps in multidisciplinary coverage, particularly in Western Australia, Central Queensland and the Northern Territory, however the evaluation does also acknowledge this. Some of these recommendations have financial implications and ARHEN’s view is that it shouldn’t be around distributing the funds, but working out how we can invest further. The challenge of some of the recommendations without additional funding would require skilful management by universities and UDRH’s.</li> <li>• Feels it would be worthwhile having a conversation about how university-based monitoring and evaluation might proceed.</li> <li>• ARHEN has a group that has prepared a rapid review for the Spinifex focused on policy responses to rural and remote health workforce shortages.</li> <li>• Shared interests are tracking and IPE.</li> <li>• Will continue to work with FRAME and individual academic units moving forward, particularly in the next 6 to 12 months as the department will be consulting directly with ARHEN in terms of how they will frame the new contracts.</li> </ul>	
3.8. NRHA Summary	<ul style="list-style-type: none"> <li>• Professor Ross Wilson is the new FRAME representative for the National Rural Health Alliance.</li> </ul>	
3.9. Rural Health Round Table	<ul style="list-style-type: none"> <li>• Professor Jenny May and Professor Lucie Walters will continue to work and support FRAME in the Rural Health Round Table which the minister convenes every quarter. Information from these meetings will be shared through FRAME.</li> </ul>	
3.10. AMSA Tracking	<ul style="list-style-type: none"> <li>• AMSA have contacted FRAME regarding tracking and surveying that they would like to proceed with on medical students in RCS’s. Have discussed some of the challenges and determined the best way to advance is to speak to individual RCS’s as it’s not possible to put ethics in as part of the FRAME study.</li> </ul>	



	<ul style="list-style-type: none"><li>• AMSA Rural Health summit being held at University of New England this weekend.</li></ul>	
3.11. NRHSN	<ul style="list-style-type: none"><li>• NRHSN representative Jocelyn Ledger affirmed their support of working with FRAME in representing students in the rural health sphere.</li></ul>	

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FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

**APPENDIX # 1 FRAME Study presented by Dr Vivian Isaac, Flinders University**

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FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

# FRAME Survey Report October 2020

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VIVIAN ISAAC, LUCIE WALTERS, DENESE PLAYFORD, ZELDA DOYLE

## 2020 FRAME STUDY

No	University	2019 Participants	2020 Potential
1	Australian National University	27	25
2	Bond University	Do not participate	Do not participate
3	Deakin University	9	25
4	Flinders University	25	24
5	Flinders NT	1	Awaiting contact
6	Griffith University	48	42
7	James Cook University	Do not participate	Do not participate
8	Monash	87	115
9	Monash Graduate	26	28
10	University of Adelaide	40	41
12	University of Melbourne	25	Awaiting contact
13	University of Newcastle	43	60
14	University of New England	15	6
15	UNSW	62	67
16	Notre Dame Sydney	20	28
17	Notre Dame Fremantle	30	With UWA (RCSWA)
18	University of Queensland	9	75
19	University of Sydney	36	64
20	University of Tasmania	23	Awaiting contact
22	University of WA	61	102
23	University of Western Sydney	30	16
24	University of Wollongong	52	51

# Rural Clinical Schools Attraction

	TOTAL 2011 - 2017		TOTAL 2018		TOTAL 2019	
<b>Demographics</b>	N (4037)	%	N (658)	%	N (668)	%
<b>Male</b>	1693	41.4%	265	40.3%	282	41.4%
<b>Rural Origin</b>	1438	43.4%	274	41.6%	299	44.7%
<b>Bonded</b>	1267	31.4%	189	28.7%	186	27.8%
<b>1st Choice</b>	1992	66.6%	474	72.0%	430	64.3%

## Preferred location of practice

	2011 -2016		2018	2019
<b>Capital city (RA1)</b>	1277	38.1 %	242 (36.8%)	220 (32.9%)
<b>Regional (RA2)</b>	1194	35.4 %	259 (39.4%)	252 (37.7%)
<b>Rural (RA3)</b>	626	18.7 %	116 (17.6%)	120 (17.9%)
<b>Small rural (RA4)</b>	197	5.8%	29 (4.4%)	42 (6.2%)
<b>Remote (RA 5)</b>	47	1.5%	8 (1.2%)	13 (1.9%)





## COVID-19 (Student experience)

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New questions in 2020 survey regarding the student experience/s during COVID-19 pandemic were included.

- Did you participate (e.g.; medical assistant) in actively screening/testing/treating COVID-19 patients?
- Did you always feel safe in your clinical training during the COVID-19 pandemic?
- In comparison to your clinical placement experience in February 2020, to what extent did COVID-19 impact the quality of your learning in clinical placement?
- Statements regarding impact on training during the pandemic including missed clinical learning, increased breadth of cases, exposure to new models of care (eg; telehealth, pop up clinics), concern about progression into the next year of study, exposure to community placements and effect of travel restrictions.
- Satisfaction with adjusted learning methods used during the pandemic.
- Do you think COVID-19 adversely affected your performance in assessments?
- Satisfaction level with concessions made in assessments to accommodate potential impact of COVID-19 on learning.

## COVID-19 (Student experience) cont.

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- How well do you feel you were supported by the RCS in the following areas (over and above the normal levels) when restrictions were at their maximum during the COVID-19 pandemic? (areas include communication, alternatives to clinical work, Q & A opportunities with staff, online learning/teaching, simulation and other learning opportunities and financial support)
- Do you feel you are less well prepared for internship because of changes to your training due to COVID-19?



## COVID-19 (Student experience) cont.

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- How well do you feel you were supported by the RCS in the following areas (over and above the normal levels) when restrictions were at their maximum during the COVID-19 pandemic? (areas include communication, alternatives to clinical work, Q & A opportunities with staff, online learning/teaching, simulation and other learning opportunities and financial support)
- Do you feel you are less well prepared for internship because of changes to your training due to COVID-19?



# Current Projects

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## [Patient-practitioner orientation scale\(2016 data\)](#)

Working group Zelda Doyle, Amanda Barnard, Andrew Dean, Jennene Greenhill, David Hirsh, Lucie Walters

## [RCS students with an interest in small rural practice](#)

Working group includes: Dylan Raftery (student), Vivian Isaac, Lucie Walters

## [Gender equality at last: a national study of medical students considering a career in rural medicine](#)

Working group includes: Caleb kim(student), Hanh Ngo, Denese Playford

## [What contemporary cultural factors influence interest in a rural career](#)

— Lucie Walters, Paul Worley, James Padley and David Gonzalez

## [Interest in general practice training](#)

— medical student Adina Laforgia, David Gonzalez

## [Factors that contribute to medical student interest in rural specialist careers:](#)

Working group includes: Ellie Cobiac(student), Vivian Isaac, Lucie Walters

## [Wellbeing activities provided by RCS](#)

Working group includes: Vivian Isaac, Zelda Doyle, Lucie Walters



## The future

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Flinders University has administered the project since 2012 and it is now time to hand the baton on and Notre Dame University, Sydney have volunteered.

- Notre Dame University are currently finalizing ethics prior to handover
- We thank Lucie Walters and Sharon Liu (Flinders University) for their hard work administering the project over many years
- Flinders University will submit an Annual Report and ethics prior to handover
- Flinders University will provide support to Notre Dame University during the handover period and as required into 2021



# Acknowledgement

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Elsbeth Radford. Project officer – Research, Flinders Rural Health SA



## **APPENDIX # 2 Manager's Meeting Presented by Dee Risley, Flinders University**

### **New RHMT Reporting Template**

- Financial reporting categories

Previously reporting was done per individual Uni chart of accounts. In 2016 the new template was released which didn't align with many of the categories previously used. Most have adapted and negotiated with Dept to include additional expense categories as required.

Group agreed that financial reports will continue to be completed as is due to each university using different chart of account categories.

Group discussed how salary provisions are currently reported. Universities are treating externally funded programs differently so difficult to report accurately. None of the RCS are including salary provisions re redundancy in their financial reports.

- Reporting of other income in RHMT reports

Other income may include funds from another party who may be supporting some RHMT activities. Eg additional income provided from the central University to support teaching activities where programs are under-funded.

Funds received from student facility / resources 'fees' should not be shown as other income per the Department's advice in around 2016.

- Staffing profile

Staff agreed that template should be completed correctly re staff location, but that in some cases it is important to have a city-based staff member to ensure there is effective liaison and communication between the University and the rural clinical schools.

### **• Reduction in students applying for LTRP commencing 2021 due to COVID-19**

- Is this affecting other Rural Clinical Schools?
- What strategies are you putting in place in case you don't meet your 25% target for CSPs?



Pleasingly most RCS reported no difference on increased applications. Discussion around strategies for attracting students including short videos from current rural students and enlisting help from rural health clubs. There is increased interest from medical student to undertake a rural elective now that overseas electives have been cancelled. Some Unis have cancelled electives altogether.

- **Rolling over unspent funds from 2020 to 2021**

- What are others proposing to use any surplus funds for?

Capital upgrades, clinical equipment, accommodation upgrades,

Proposals are going in before EOY to gain in-principle approval. Group discussed importance of communicating with Department ahead of time to gain approval, and to get project timelines set.

- **Rural Intent**

- How do Rural Clinical Schools measure students who have genuine 'rural intent'?

A number of different strategies seems to be best, including personal statements, memberships of rural health clubs, interviews which include community members, rural pathways from Year 1, bus tours. MMI questions also geared towards resilience and aptitude to rural/remove practice.

- **International Students who take up rural placements**

- These placements are not covered by RHMT funding and I am wanting to know how others handle the expenses relating to these students?

Most RCS don't take International Students.

Adelaide – don't split off separate income/expenses

Monash – recommended that International student fees (income received by University) should be proportional for rural weeks and paid by central University.

Wollongong – Commonwealth have requested split up of direct and indirect costs.

- **Money being spent in rural communities**

Travel bookings are managed differently around the RCS but most agreed that rural expenditure must be prioritized.

- Rural origin criteria for nursing, dentistry, allied health

Group discussed definition of rural origin and the need for this to be used consistently across all faculties and disciplines.





- **APPENDIX # 3 Rural & Remote Health Management Committee, Presented by Associate Professor David Garne, University of Wollongong**

## FRAME MEETING SEPTEMBER 2020

### REPORT FROM THE RURAL & REMOTE HEALTH MANAGEMENT COMMITTEE

- The number of submissions for the first half of 2020 was considerably higher than for the same period during 2019 – many of the articles submitted were COVID-related.
- The time from article submission to first editorial check/first decision/review/acceptance/rejection is steadily declining.
- The time from acceptance to publication is also steadily declining.
- The RRH website has had traffic from every country in the world except North Korea and Mauritania.
- The finances of the Journal are on a knife-edge; historically it has been subsidised by JCU, but this is not sustainable.
- Not all RCS subscribe to the Journal, and we respectfully asks those not subscribing to consider doing so.
- There are also requests made for in-kind contributions, like being reviewers for articles submitted for publication.
- The Journal has had a major drive to invite overseas organisations to subscribe to the Journal.
- We thank those who contribute to the success of the Journal both financially and in other ways.