

# FRAME Tasmania 2023

*Expanding Rural Training,  
Supporting Supervisors and Rural Research: joining up the dots*

FRAME  
FEDERATION OF RURAL AUSTRALIAN  
MEDICAL EDUCATORS

UNIVERSITY of  
**TASMANIA**  
Rural Clinical School



Spirit of Tasmania, Mersey River, Devonport. Source: Devonport City Council



Please use the links on this page and the next to navigate to each slide deck and/or speaker video recording.

## 1. Welcome and Acknowledgement of Country, Overview of the Programme and Goals for this FRAME Conference

Professor Lizzi Shires

[SLIDES](#)

[VIDEO RECORDING](#)

## 2. History of Rural Clinical Schools

Professor Judi Walker

[SLIDES](#)

[VIDEO RECORDING](#)

## 3. International Perspective of Rural Training Pathways and Outcomes

Professor Roger Strasser

[SLIDES](#)

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## 4. RACE Journey and Outcomes: Starting the RACE in the Riverland

Professor Paul Worley

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## 5. National to Local: Joining up the Dots

Professor Lizzi Shires

[SLIDES only](#)

## 6. Lessons from the RCS: Expanding rural placements, supporting supervisors and research support by Rural Clinical Schools: Initiatives to share

3-Slides, 3-minutes presented by RCS and Hubs

[SLIDES](#)

[VIDEO RECORDING](#)

## 7. Commonwealth Perspective – Initiatives and Plans: Research Outcomes from 'Why do junior doctors want (or not want) to be GPs'

Douglas Hay

[SLIDES](#)

[VIDEO RECORDING](#)



*View from The Nut, overlooking Stanley, NW Tasmania*

# Welcome to FRAME 23

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**Professor Lizzi Shires**  
Director of the Rural  
Clinical School Tasmania,  
Director of Rural  
Pathways for Tasmania



A photograph of traditional Indigenous Australian objects. In the foreground, there is a large, shallow, reddish-brown bowl made of ochre. To its left is a small, dark, woven basket with a blue and white cord. Behind these are two larger, round, woven baskets made of natural fibers. The objects are resting on a light brown, fibrous mat. The background is a blurred green field. A diagonal white line runs from the top left to the bottom right, separating the text from the image.

## Acknowledgement of Country

We acknowledge the palawa/pakana of lutruwita, the traditional owners of the land upon which we live and work.

We pay respects to Elders past and present as the knowledge holders and sharers. We honour their strong culture and knowledge as vital to the self-determination, wellbeing and resilience of their communities.

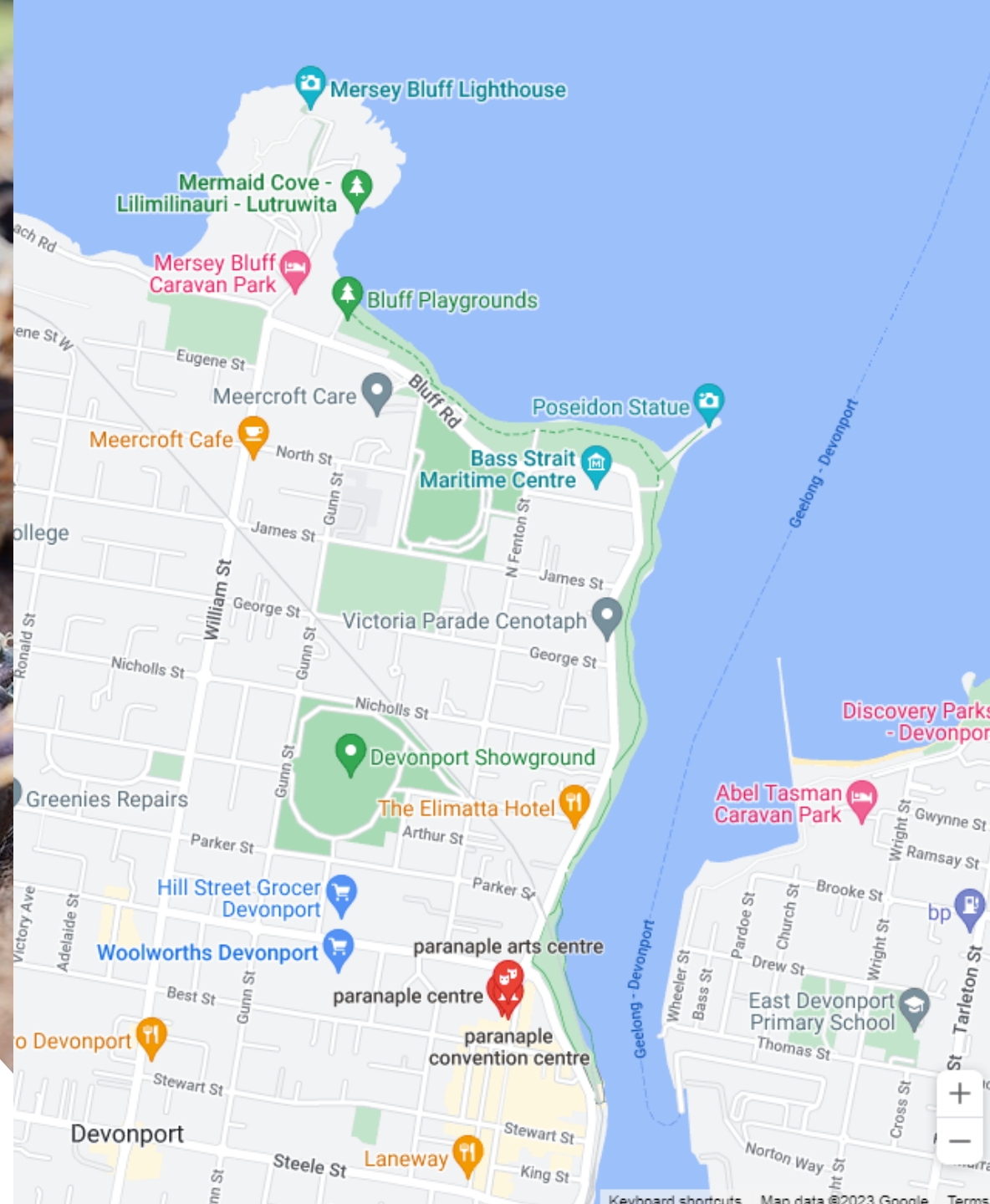
We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history.

I also want to acknowledge the ongoing commitment of FRAME to closing the gap- working with our First Nations People to increase access to health and health care.



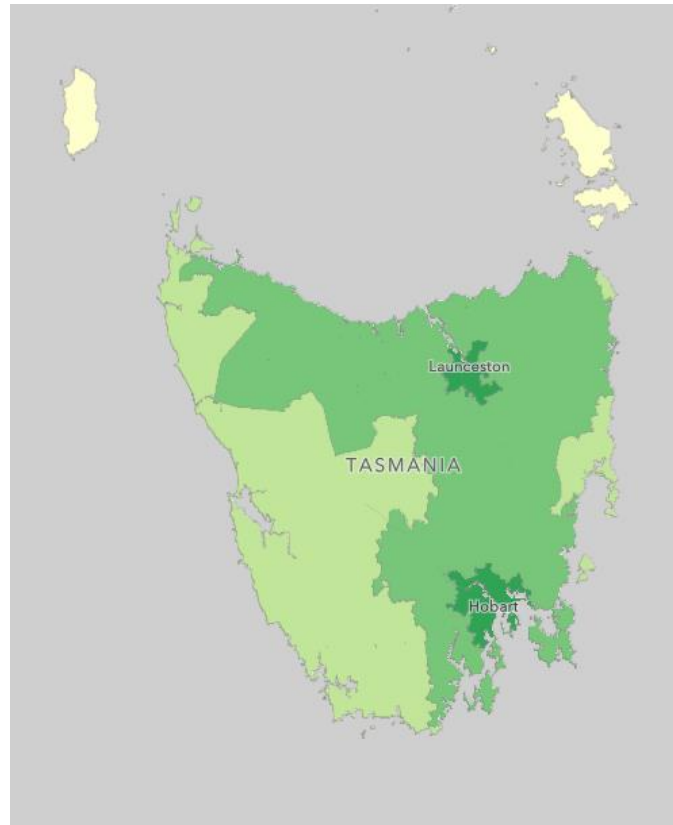
# paranaple

- Aboriginal name for Mersey river





# Tasmania



## Remoteness Area

### Category

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia







# Welcome to the North west coast

**Tasmania 540,000**

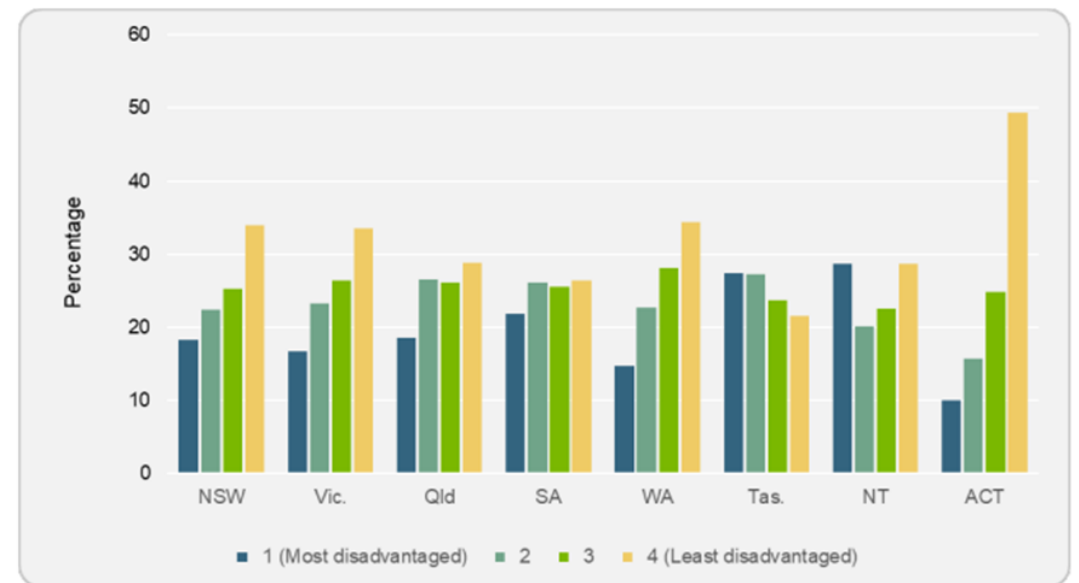
**Tasmania has the oldest population in Australia.**

**Most disadvantaged**

**Poorest health on all indicators Chronic Disease, mental health outside NT**

**Low literacy and low health literacy**

**Least access to services**









# Rural Clinical School

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MEDICAL EDUCATORS













# Overview of the Programme

## Goals for this FRAME Conference

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*Find the FRAME Programme here*



# Housekeeping

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## To Evacuate

- Use the nearest emergency exit
- Take others with you
- Proceed to the assembly area
- Do not use the lifts or escalators

## Toilets

- Located in the level 3 convention centre foyer

## Catering

- Dietary requirements catered for – just look or ask staff

## Dots

**ZOOM:** please use the CHAT function

**Dietaries:** dietary table

## When in doubt...

- Ask a red/black polo shirt!



*Little Blue Lake, NE Tasmania*



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# A History of Rural Clinical Schools



**Professor Judi Walker**  
Professor of Rural Health Research  
at University of Tasmania,  
Inaugural Director of the  
Rural Clinical School Tasmania



UNIVERSITY of   
**TASMANIA**  
Rural Clinical School

FRAME Conference | North West Tasmania | 17 & 18 October 2023



Geographical maldistribution of the health workforce is one of the major challenges facing the Australian health care system. The maldistribution of GPs and other health professionals across Australia, and shortages in many rural, regional and remote areas, is an ongoing issue of concern. Over the years, the Australian Government has instituted many programs, mostly targeting the medical workforce, to encourage students to consider rural and remote practice. There is evidence that medical students of rural origin and extended rural clinical school placement (for both rural and metropolitan origin students) are each associated with moving to and remaining in rural practice.<sup>i</sup>

<sup>i</sup> Seal et al. *Influence of rural clinical school experience and rural origin on practising in rural communities five and eight years after graduation*. Available at: <https://www.mja.com.au/journal/2022/216/11/influence-rural-clinical-school-experience-and-rural-origin-practising-rural> (Accessed 3 May 2023).





# Where did it all start?

## Late 1990s

UDRH program – University  
Departments of Rural Health

## 2001

ARHEN

## 2000

RCS program launched -  
Rural Clinical Schools

## 2003

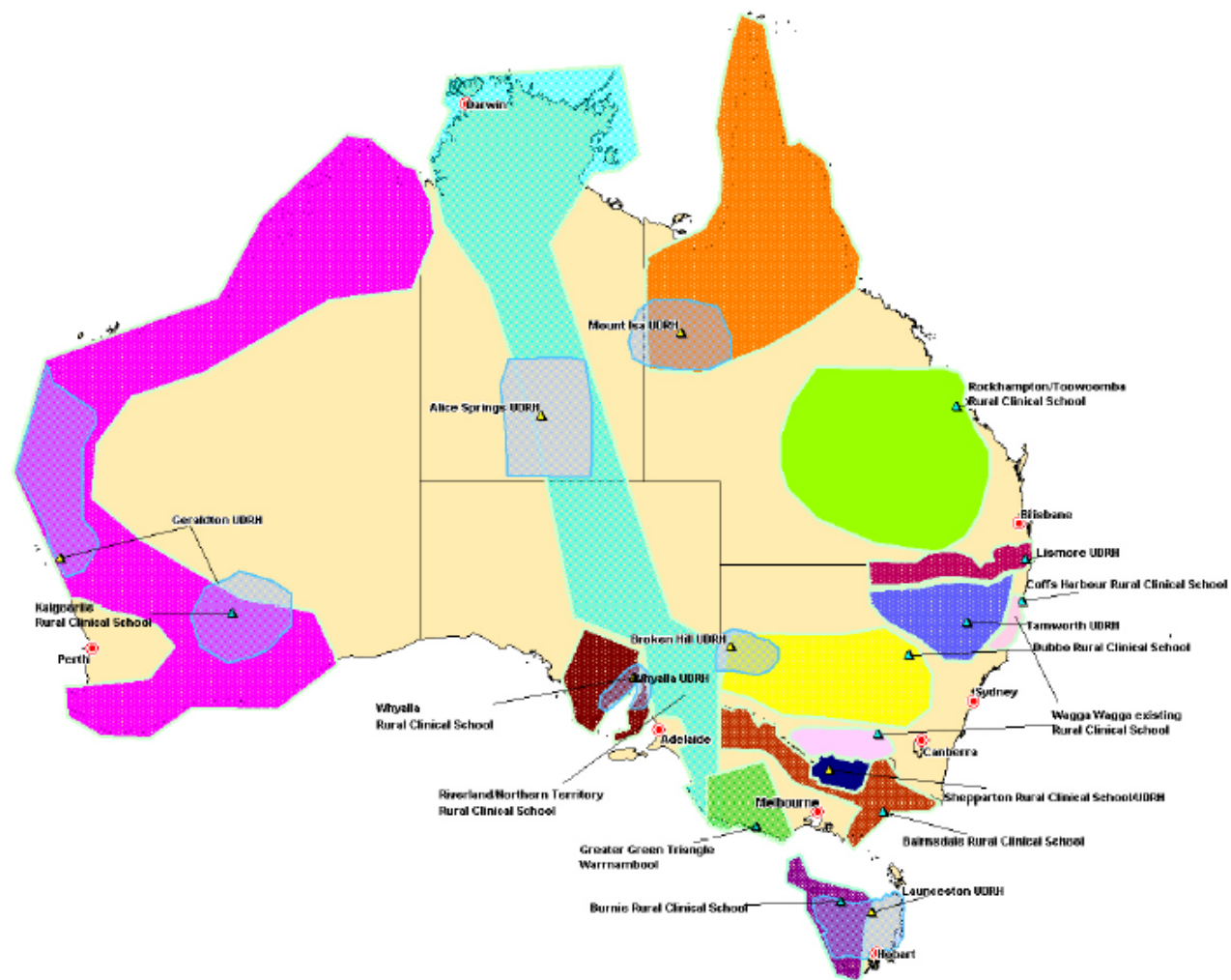
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## New Rural Clinical Schools and UDRHs







Burnie, NW Tasmania

# Evaluating the outcomes of the RHMT program

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**2015**

UDRH program

**2019/20**

RHMT program

**2021**

Dental and Oral Health Training



**RTH program** – Regional Training Hubs

**DTERP program** - Dental Training Expanding Rural Placements

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## Current rural health training in Australia

- Rural Health Multidisciplinary Training Program (2016) funds a national network of
  - 19 Rural Clinical Schools
  - 17 University Departments of Rural Health
  - 6 Dental Schools
  - 26 regional training hubs
- 21 universities currently funded under the RHMT program
- Focus on Aboriginal and Torres Strait Islander Health





**2020/2021**

Murray Darling Medical Schools  
Network  
Bonded Medical Program



The River Murray at Tooleybuc, NSW  
Source: <https://hma.com.au/current-projects-and-panels/>





Derby, North East Tasmania

Participating Universities:  
<https://www.health.gov.au/our-work/rhmt#participating-universities>

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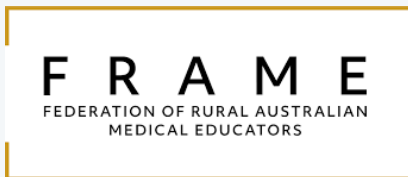




*Port Waikato, New Zealand by Shubhkarman Singh on Unsplash*

# International Perspective: Rural Training Pathways and Outcomes

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**Professor Roger Strasser**  
Founding Dean and CEO of the Northern Ontario School of Medicine  
2002 – 2019, Interim Dean of Simon Fraser University Medical School,  
Professor of Rural Health at the University of Waikato, New Zealand



# International Perspective: Rural Training Pathways and Outcomes

Professor Roger Strasser AM

NOSM University, Canada

University of Waikato, New Zealand

Simon Fraser University, Canada

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# Disclosure

Roger Strasser

I receive no funding from commercial organisations



# People's Expectations of Healthcare

- accessible, affordable high quality care close to home
- “safety net” – “saved” if seriously ill or injured
- responsive care for acute and chronic illnesses
- preventive care and health promotion
- focused on the health needs of the population
- comprehensive Primary Health Care



# Health System Challenges

- machine-like - driven by deliverables / indicators
- risk of “hitting the target and missing the point”
- human dimension lost - patients feel alienated
  - health worker compassion fatigue / burn out
- fragmentation / disconnects of care / silos
  - from “hat tipping syndrome” to “black holes”
- healthcare is really about people and relationships
- policies designed in cities with negative rural impact



# Rural Health Care Delivery

- different from cities
- local services preferred
- not assume patients will travel
- specialists' support role
- partnership not putdown
- consultant support local service



# Rural Practitioners

## “Extended Generalists”

- wide range of services
- high level of clinical responsibility
- relative professional isolation
- specific community health role

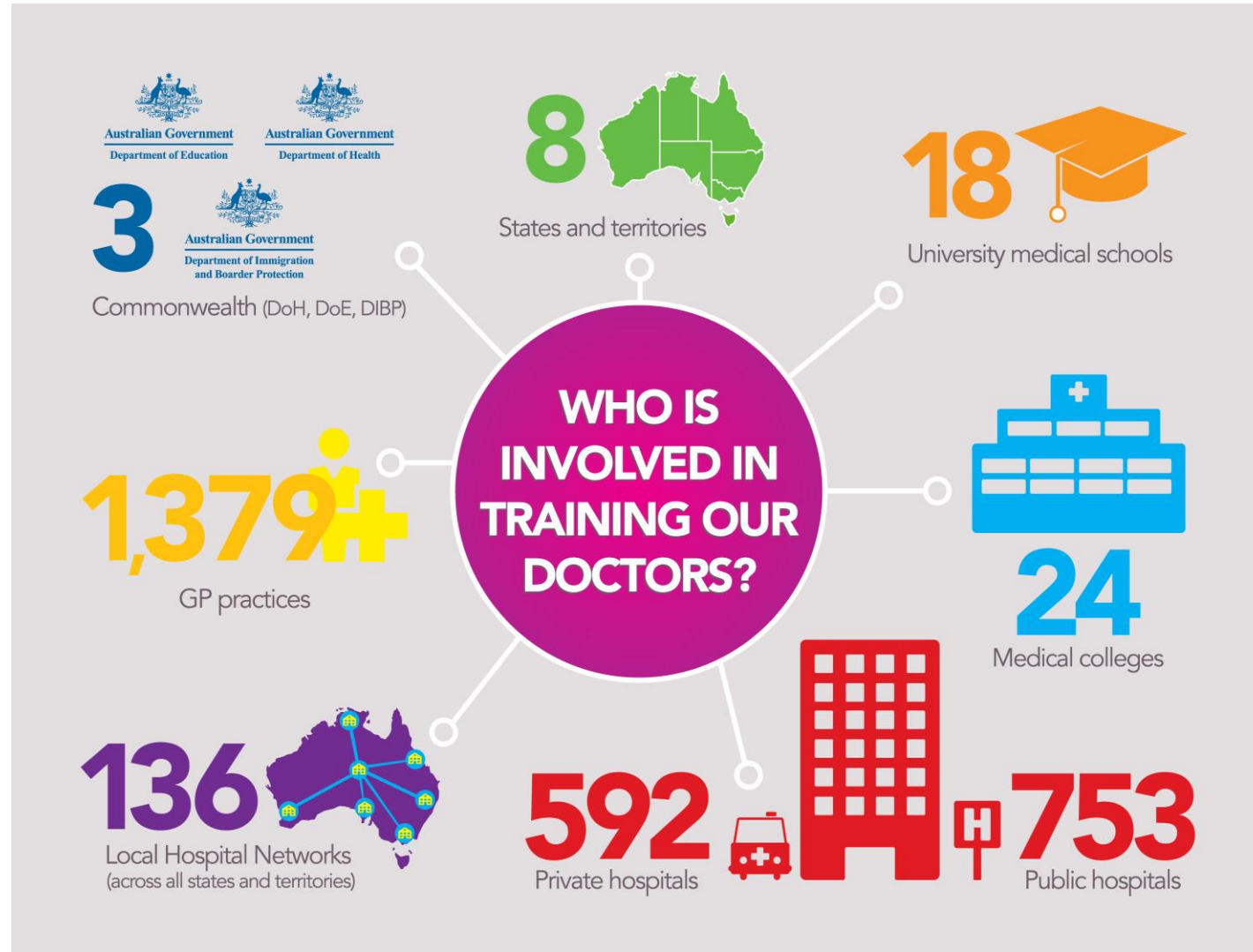


# Fit-For-Purpose Health Workforce

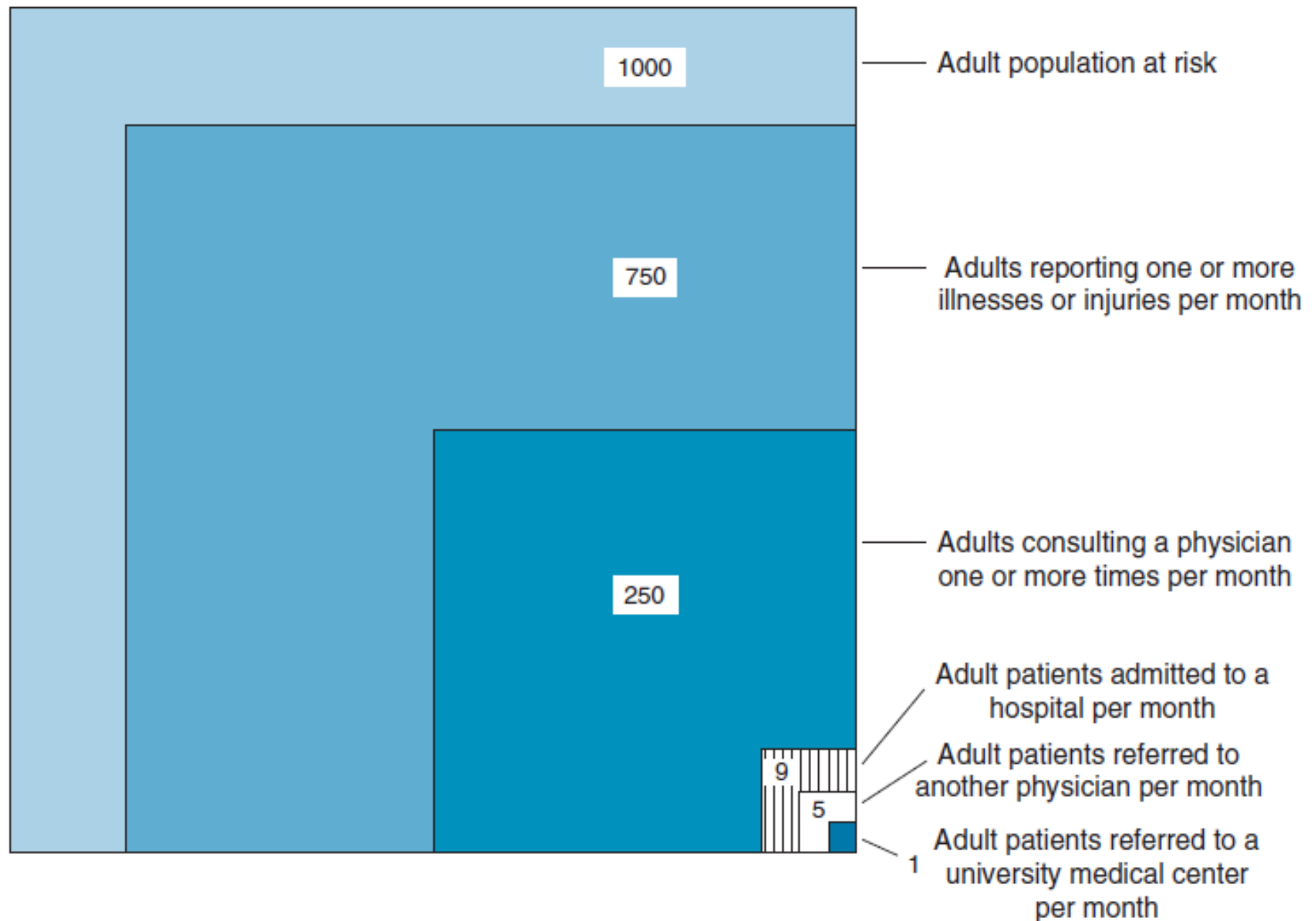
- right skills, right care, right place, right time
- leadership, communications, team work
- addresses population health needs
- right mix and distribution
  - within and between medical disciplines
  - full scope of practice, top of licence
  - generalists and specialists in discipline
  - primary care and other levels of care
  - geographic mix and distribution



# Medical Training Complexity









# “Hidden Curriculum” Assumptions

- sub-specialties are the pinnacle of health professions
- hospital care = health care
- community practice (GP/FM) is less complicated
  - the career if you are not good enough to be a specialist
- “rural” = second class or a lesser standard
  - city “geographical narcissism” - rural inferiority complex
- becoming a rural practitioner is the ultimate failure

# Valuing Generalism

- generalism is foundational for all doctors
- undergraduate education must focus on broadly based generalist content including comprehensive family medicine
- family physicians...must be integral participants in all stages of undergraduate education

Future of Medical Education in Canada, 2010

“a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs”

Royal College of Physicians and Surgeons of Canada, 2011





# Cairns Consensus Statement on Rural Generalist Medicine

Improved health for rural communities through  
accessible, high quality healthcare

## BACKGROUND

Two hundred delegates from 19 countries attended the *Inaugural World Summit on Rural Generalist Medicine*, held in Cairns, Australia from October 30 to November 2 2013. The *World Summit* was hosted by the Australian College of Rural and Remote Medicine and the Rural Doctors Association of Australia under the guidance of an international steering group. Video recordings of presentations from the Summit are at:  
<http://webcast.giqtv.com.au/Mediasite/Catalog/catalogs/RM2013>



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**WAIKATO**  
*Te Whare Wānanga o Waikato*



Δ'ΑΡΡΔ'ΛΛ9Δ'6Γ'

# Rural Generalist Medicine

Broad scope of medical care by a doctor in the rural context that encompasses the following:

- Comprehensive primary care for individuals, families and communities;
- Hospital in-patient and/or related secondary medical care in the institutional, home or ambulatory setting;
- Emergency care;
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues;
- A population health approach that is relevant to the community;
- Working as part of a multi-professional and multi-disciplinary team of colleagues,
- Both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.



# COVID-19 Impact

- inequities and fragility of rural and Indigenous health as well as aged care brought into sharp focus
- city people told to stay away from rural communities
- avoidance of health services for non-COVID illnesses
- valuing of self sufficiency and local resourcefulness
- “impossible” now possible: telehealth; online education

# Social Accountability

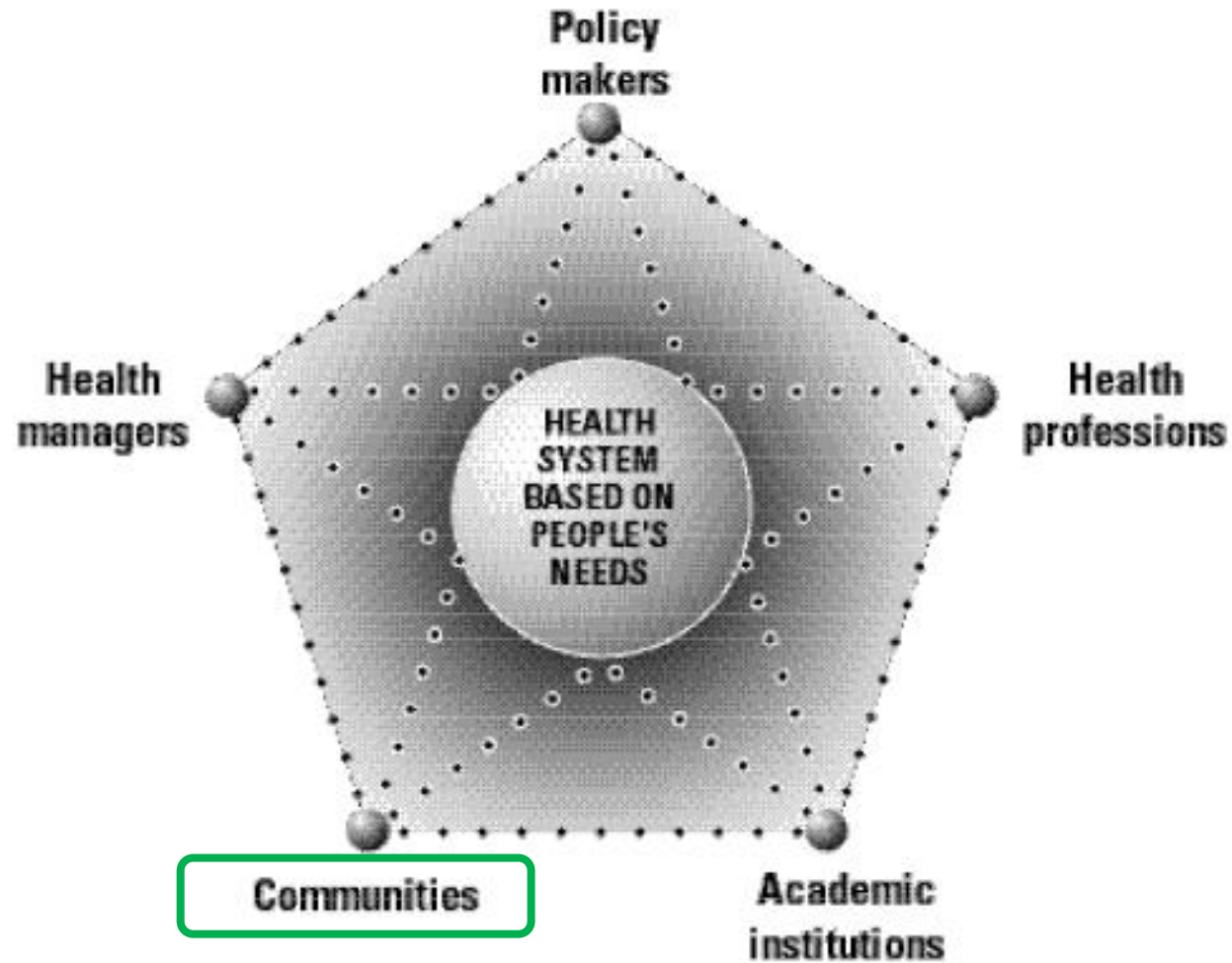
“Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve”

WHO, 1995

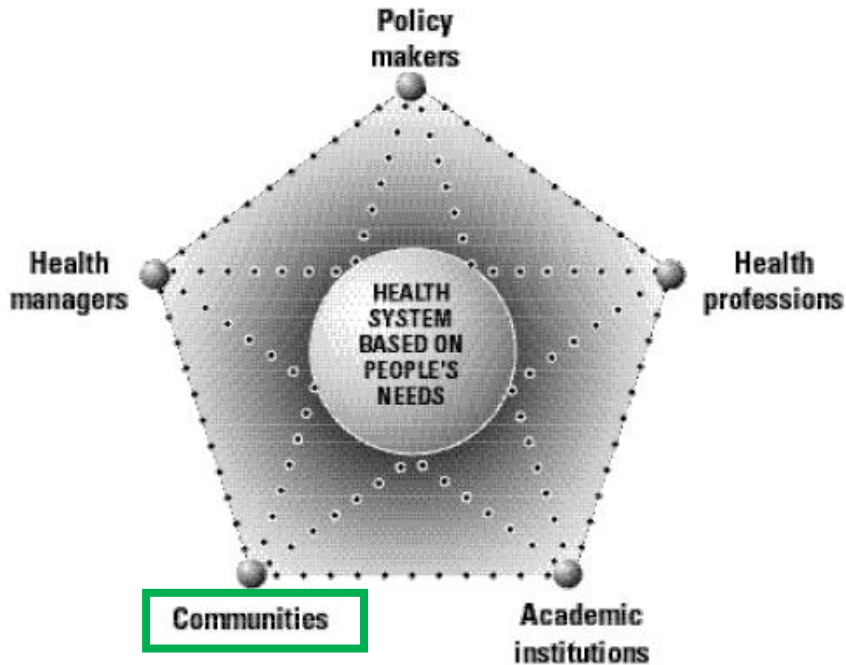
“building accountability that relies on civic engagement, in which citizens participate directly or indirectly in demanding accountability from service providers and public officials”



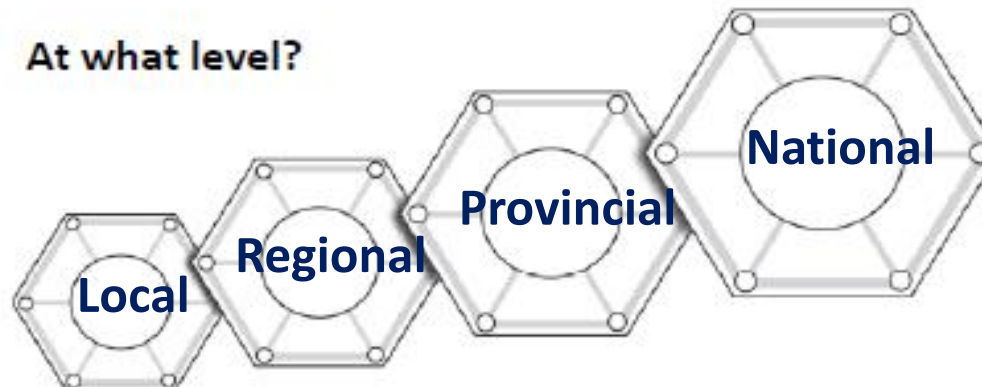
# Partnership Pentagram



# Partnership Pentagram Plus and Levels



At what level?



<https://rccbc.ca>



# Immersive Community Engaged Education

- students immersed in community and clinical settings
- generalist health care providers  
as the principal clinical teachers and role models
- socially accountable education  
grounded in community engagement
- authentic relationships focused on  
improving the health of local population
- successful production of skilled health workforce

# Rural General Practice Based Longitudinal Integrated Clerkships

- breadth of exposure to clinical problems over time
- continuity of relationships with  
patients and clinical teachers
- simultaneously meet core clinical competencies  
across multiple disciplines
- complemented with hospital based learning sessions
- graded responsibility supports growing autonomy  
and counters learned helplessness



# Rural Medical Education

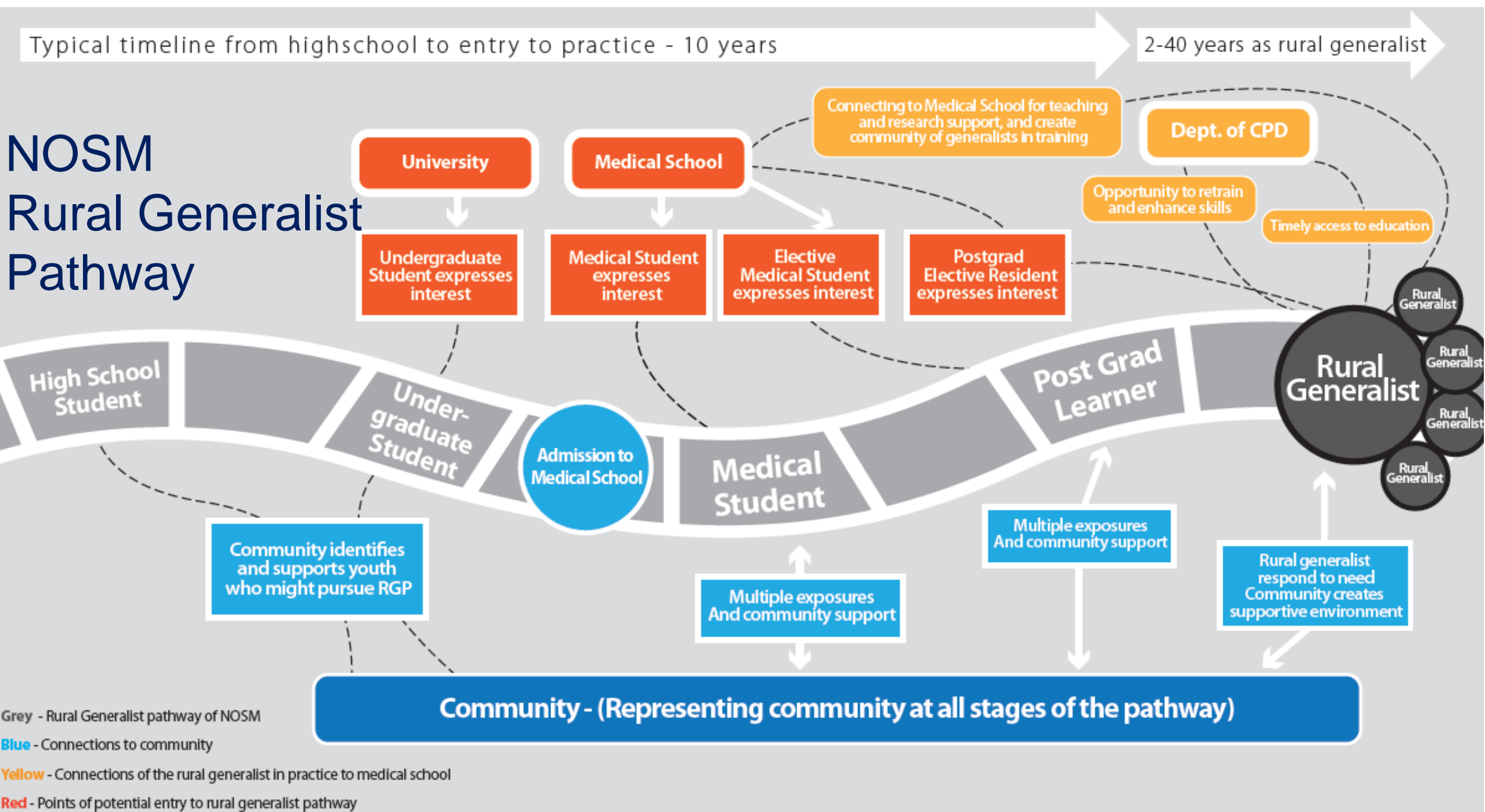
- initially a response to rural workforce shortages
- rural practice requires specific knowledge and skills
- rural settings = high quality learning environments
  - more hands-on experience
  - more common conditions
  - greater procedural competence
- following a rural LIC, students have higher level clinical knowledge and skills / competence and confidence

# Rural Generalist Career Pathway

- rural school health careers promotion – visible pathway
- rural community-led selection process
- prolonged immersive rural community undergraduate educational and clinical learning
- immersive rural community-based postgraduate training
- enhanced skills training for rural practice
- supported transition to unsupervised practice
- continuing professional development
- other career pathways while staying in rural community



# NOSM Rural Generalist Pathway



# NOSM Career Directions after 10 Years

- 77% general practice / family medicine
- 14% general specialties
- 9% sub-specialties
- 63% of trainees stay in Northern Ontario
- 92% of GPs who completed NOSM undergraduate and postgraduate practise in Northern Ontario



# ICEE and RGP: Workforce Implications

- take long view - no pain, no gain
- students/trainees join health team
- potential future colleagues
- staff professional satisfaction – retention factor
- students/trainees learning  
where expected to practice
- improved supply of skilled,  
socially accountable health workforce

# Valuing Continuity

- healthcare is about people and relationships
- continuity of care improves health outcomes
- continuity of staffing improves sustainability of health services - retention and recruitment
- continuity in clinical education (patients, teachers, curriculum) improves educational outcomes
  - benefits of longitudinal integrated clerkships



# Foundational Principles for Building a Sustainable Rural Physician Workforce



1. Grow your own “connected to” place
2. Select trainees invested in rural practice
3. Ground training in community need
4. Rural immersion - not exposure
5. Optimise and invest in general medicine
6. Include service and academic learning
7. Join up the steps in rural training
8. Plan sustainable specialist roles

# Socially Accountable Medical Education

- genuine interdependent partnerships - common goals
- respect and value all forms of expertise
  - community members and practitioners
  - generalists and specialists
- education and training where services needed
- “flipped training” - training based where future career
- prolonged immersive clinical placements
- visible pathways with support and encouragement



# References

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- Markham R. et al. Addressing Rural and Indigenous Health Inequities in Canada through Socially Accountable Health Partnerships. *BMJ*. 2021. 11: e048053.
- Strasser RP. Beyond rural clinical schools to “by rural, in rural, for rural”: immersive community engaged rural education and training pathways. (Guest Editorial). *Med J Aust*. 2022. 216; 11: 568-569.
- Hogenbirk JC, Strasser RP, French MG. Ten years of graduates: a cross-sectional study of the practice location of doctors trained at a socially accountable medical school. *PLoS ONE*. 2022. 17(9); e0274499.

# RACE Journey and Outcomes: Starting the RACE in the Riverland

*Riverland Academy of Clinical Excellence*

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**Professor Paul Worley**

Executive Director Clinical Innovation Riverlands,  
Inaugural National Rural Health Commissioner for Australia

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*Murray River, South Australia. Source: Country SA PHN*



# National to Local: Joining up the Dots

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*Westbury Maze, Northern Tasmania*

Enhancing training and supervision in rural towns to tackle a recruitment crisis:

My three things

- Systems
- People- students
- People- Supervisors

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# General Practice supervisors – the solution



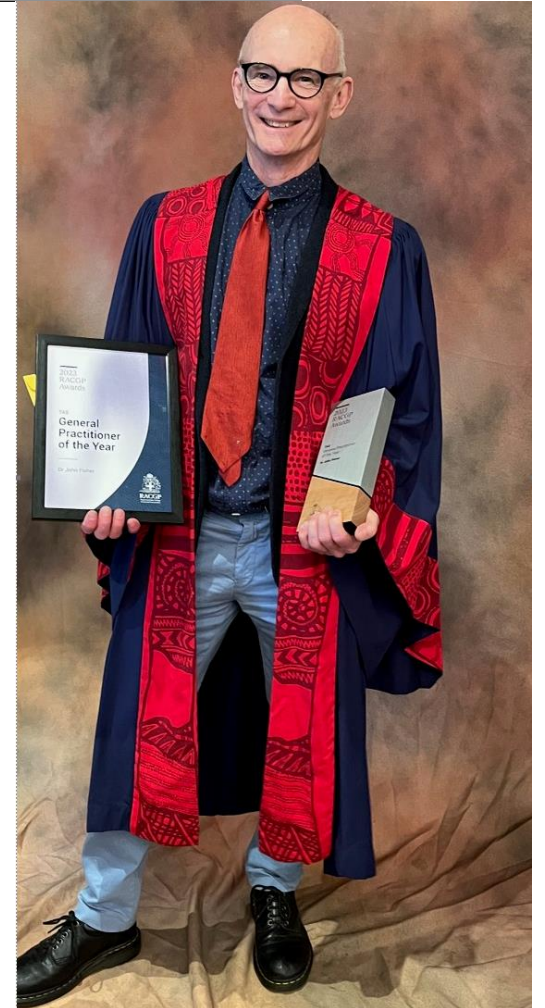
## Saunders Street Clinic named best Tasmanian general practice in RACGP awards

ABC Northern Tasmania / By Erin Cooper

Posted Tue 13 Oct 2020 at 2:31pm, updated Tue 13 Oct 2020 at 5:10pm



Dr Jim Berryman says it is fantastic to get the community's support. (ABC News: Erin Cooper)





# Passionate supervisors make more rural GPs

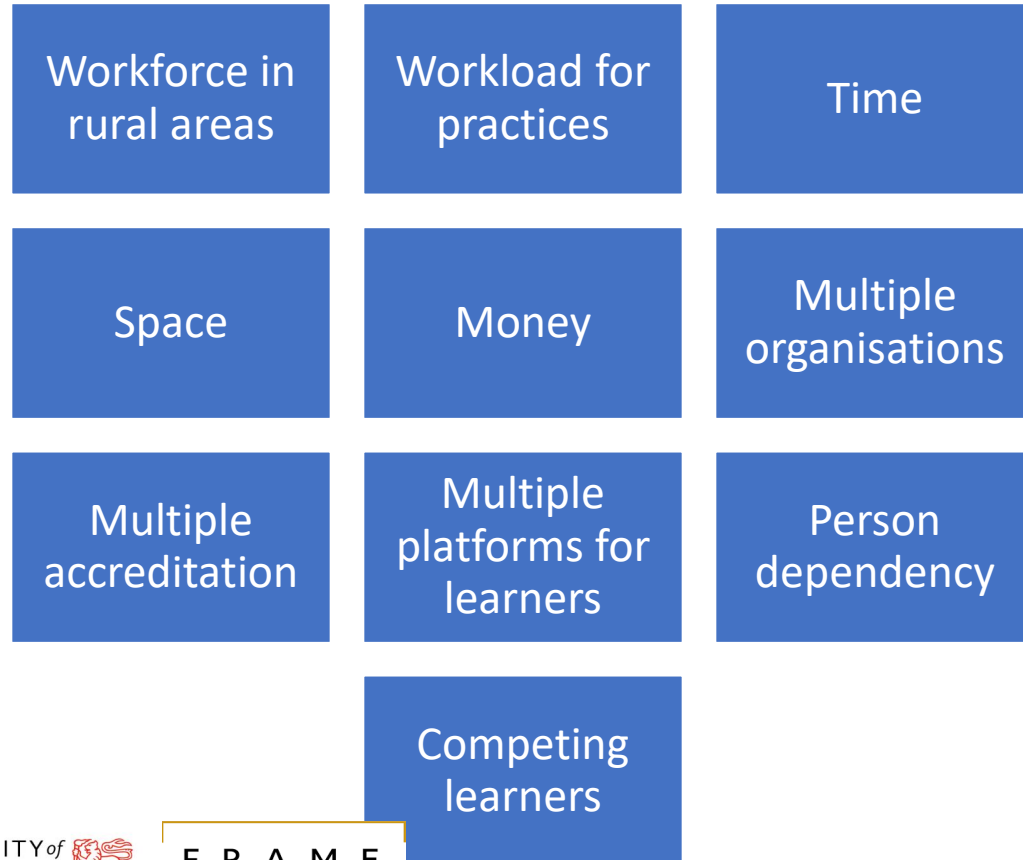
## National initiatives needing more supervisory capacity

- More rural medical students
- New Rural intern RMO places – John Flynn Programme
- AGPT GP registrars 1,2,3 – changes in requirements
- RACGP and ACCRM
- Non AGPT registrars – funding and support for supervisors
- Other learners – nurses and allied health



# Challenges for supervisors

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# "Additional Funding under the Single Employee model"

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What could that mean for the pilot?

Tasmanian SEM started July 2023

Joint funding from

- The Commonwealth,
- State Government
- 19(2)exemption

Funding to support GP salaries, Supervision and infrastructure



# Solutions – Funding equity with hospital supervisors or even in the system

Medical Students	\$2,000 a week up to 30 weeks a year				
Junior Doctors Per 12 week term	MMM 1	MMM 2-3	MMM 4-5	MMM 6-7	
	N/A	\$833/week \$10,000/term	\$1,041/week \$12,500/term	\$1,250/week \$15,000/term	
	Plus all billings of patients seen				
Registrars Per 26 week term	Term	MMM 1-2	MMM 3-4	MMM 5	MMM 6-7
	GPT1/CGT1	\$450/week \$11,700/term	\$526/week \$13,700/term	\$565/week \$14,700/term	\$604/week \$15,700/term
	GPT2/CGT2	\$259/week \$6,750/term	\$336/week \$8,750/term	\$375/week \$9,750/term	\$413/week \$10,750/term
	GPT3/CGT3	\$107/week \$2,800/term	\$185/week \$4,800/term	\$223 week \$5,800/term	\$262/week \$6,800/term
	Plus approx. 50% billings of patients seen. <a href="https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/">https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/</a> <a href="https://gpsupervisorsaustralia.org.au/ntcer/">https://gpsupervisorsaustralia.org.au/ntcer/</a>				
Additional funding to be made available under Single Employer Model pilot.					



# Practice infrastructure

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# Systems

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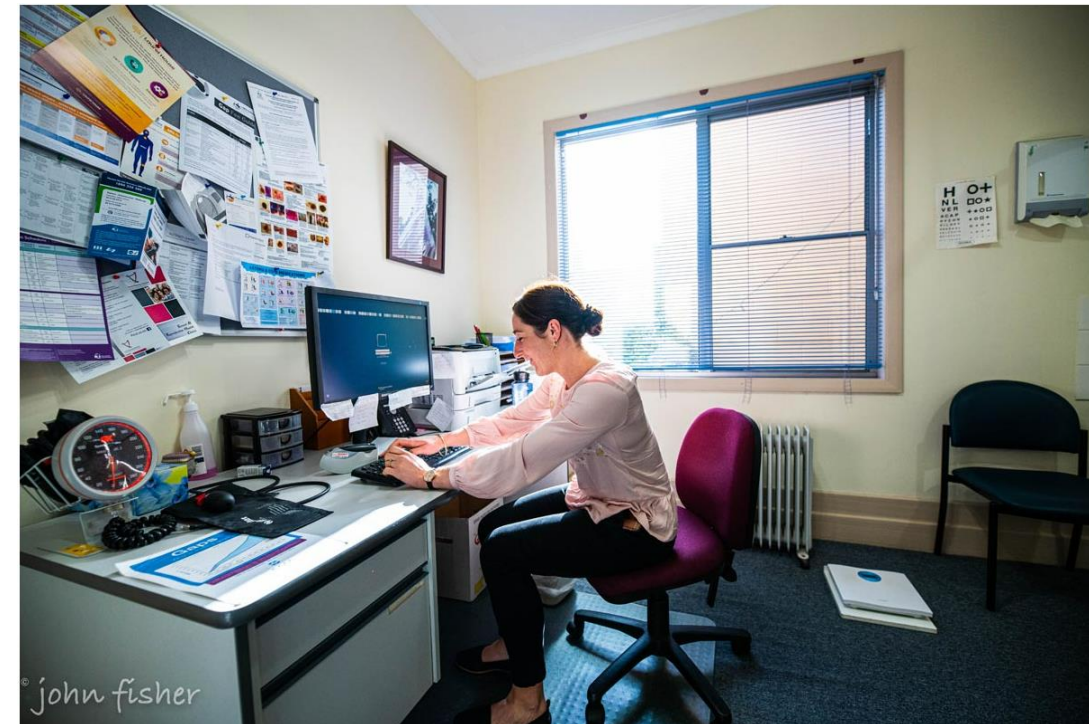
Joint accreditation

Joint training requirements

Easy access of learning and assessment materials

Think about impact on supervisors

Single point of contact for supervisors, managers and learners





# Placement providers RCS, Hubs, Colleges

- Knowing where the learners are and where the capacity is
- Knowing what practices and supervisors need



# The Dream

- Streamlined supervision and training for learners
- One point of contact for all placements
- Support for all practices and supervisors
- Knowing where the learners are and where the capacity is
- In Tasmania – are we nearly there yet



## Hobart Clinical School

- 3rd year students approx 120 students 30 placements x 4 rotations per year (two weeks)
- 4th year students approx 44 students 3-4 placements x 12 rotations per year (two weeks)
- 5th year students approx 40 students 2-3 placements x 15 rotations per year (two weeks)

## Launceston Clinical School 2017

- 4th year - 45 students with 4/5 students x 5 rotations per year (2x3 weeks). Each practice may be able to have 1 x a 3 week rotation off over the course of the year.
- 5th year - 40 students 8 students x 5 rotations per year (5 weeks). Tend to send students in pairs.

## Rural Clinical School

- Yr 4 year students 28 students x 2 rotations (18 weeks each Tuesday)
- Yr 5 year students 20 students 3-4 students x 6 rotations (5 weeks)



# The Dream – Statewide General Practice Capacity

*\*numbers are per rotation*

	Medical Students			Junior Doctors		
	Yr 3	Yr 4	Yr 5	Intern	RMO	Registrar
<b>North West</b>						
Bass House Surgery						
Burnie GP SuperClinic	1	2				
City Medical Burnie	1	1				
Devonport SuperClinic						
Don Medical Clinic		1	1			
East Devonport Medical						
Latrobe Family Medical		1				
My Clinic Plus		1	1			
Ochre - King Island			1	1		
Ochre - Queenstown			1	1		
Ochre - Smithton						
Patrick Street Clinic	2	2				
Patrick Street Clinic - Penguin		1				
Port Sorell Medical			1			
Saunders Street Clinic	1	2				
Sheffield Medical Centre						
Somerset Medical Centre						
TAC - Burnie						
TAC - Devonport					1	
Victoria Street Clinic		1				
Wynyard Medical Centre	2	2	2			
<b>North</b>						
Beaconsfield Family Medical			1			
Campbell Town Medical Centre			1			
Deloraine Medical Centre			1			
George Town Medical Centre			1-2			
Longford / Perth - Northern Midlands Medical			1			
Ochre Medical, Flinders Island			1			
Ochre Medical, Scottsdale			1	1	1	
Ochre Medical, St Helens			2	1	1	
Swansea Medical Practice			1-2			
Tasmanian Aboriginal Centre			1			
Windmill Hill Medical			1			
Oatlands Medical Centre			1			
High Street Family Practice		1				
Kings Meadows Medical Centre		1				
Launceston Medical Centre		2				
Newstead Medical Centre		1				
Prospect Medical Centre		1				
Summerdale Medical Centre		1				
West Tamar Health		1				
Tremaur Medical	1					
Rose Cottage	1					
Exeter Medical Centre	1					
Northern Suburbs Medical Services	1	1				
<b>Potential For Use in 2024</b>						
Family Doctor Service - Kings Meadows						
Mowbray Medical Practice	1	1				
Legana Medical Centre						
Lilydale Medical Centre						

	Medical Students			Junior Doctors		
	Yr 3	Yr 4	Yr 5	Intern	RMO	Registrar
<b>South</b>						
Bellerive Doctors			1			
Bridge Street Surgery Richmond	1					
Brighton Regional Doctors/ Bothwell Doctors	1					
City Doctors and Travel Clinic	1					
Clarence GP Superclinic	1					
Cygnets Family Practice	1					
Derwent Valley Medical Centre	2					
Dover Medical Centre	1					
East Coast Health	1					
Eastern Shore Doctors (Bellerive, Lauderdale, Shoreline)	1					
Geeveston Medical Centre	1					
General Practice Plus Cascade Road			1			
General Practice Plus Gregory Street	1					
General Practice Plus Mtn Retreat/ Argyle Medical Centre						
General Practice Plus Stoke Street			1			
Glebe Hill Family Practice	1		1			
Greenpoint Medical Centre	1					
Grosvenor Street General Practice			1			
Healthology Risdon	1					
Healthology Rokeby			1			
Healthology Rosny			1			
Hopkins Street Medical Clinic (IPN)			1			
Huon Doctors Surgery	1					
John Street Medical			1			
Kingborough Medical Centre	1					
Lenah Valley Medical Centre			1			
Ochre Medical Centre - Augusta Road	1					
Ochre Medical Centre - Claremont			1			
Ochre Medical Centre - Cygnets	1					
Ochre Medical Centre - Hobart	1					
Ochre Medical Centre - Huonville (inc Bruny Is visits)	2					
Roselawn Medical Centre			1			
Sandy Bay Clinic	1					
Snug Medical Centre	2					
Sorell Family Practice	2					
Tasmanian Aboriginal Health Service			1			
The Lindsifarne Clinic			1			
Treasury Medical	1					
Your Health Hub			1			
Your Hobart Doctor	2					

# Placements for Students and RMOs

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Active placements – wave consulting

Use of whole practice team

Service support – CDM

Nursing homes

Use of non-consulting time in the practice

One day longitudinal placements combined with hospital placements

Consulting skills for international doctors





# Preparing our learners



# Barriers to become supervisors – hidden rural supervisors

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- Requirements post fellowship
- Confidence
- Training
- Medical degree from overseas





# Solutions – Grow your own

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- Peer teaching as students
- Teaching the teachers – for doctors in training, interns and RMOs
- Support for international doctors to become teachers and supervisors
- Supervision and teaching as part of GP/ RG training
- **Important Advanced rural skill**

The Advocate, 04.07.18



GUEST SPEAKERS: Dr Sarvin Randhawa and Dr Elisabeth Robin of the Rural Clinical School spoke at conference in Hobart. Picture: Supplied

## Teaching the teachers

BY LACHLAN BENNETT

A NEW approach to training medical educators in the North-West has been showcased on the national stage.

The Rural Clinical School technique sees practicing doctors known as GP Registrars teach medical students while also learning the skills and teaching methods of an academic.

The UTAS institution outlined the benefits of its 'academic registrars' program

this week at a conference hosted by the Australian and New Zealand Association for Health Professional Educators in Hobart.

Rural Clinical School director Lizzi Shires said the "innovative" approach had worked well since it was introduced two years ago.

"In the past we've just sort of expected people to learn academic teaching skills on the run," she said.

"This is a very structured program where the

young doctors come in and learn specific skills around teaching."

Professor Shires said increasing the retention of doctors in rural areas was one benefit of the program.

"If we can develop people who are working locally here as teachers, that makes a big difference," she said.

The conference presentation was led by Professor Shires and the Rural Clinical School's first two academic registrars: Sarvin Randhawa

and Elisabeth Robin.

Dr Randhawa said she wanted to share how beneficial she'd found the role of academic registrar.

"You're learning through the questions that students ask you, you keep up to date with research ... and learning the skills of a researcher," the Wynyard-based GP said.

Dr Randhawa said she'd also been able to undertake research in areas including sexual harassment and bullying.

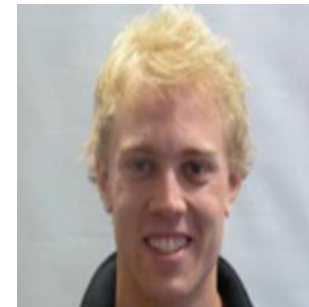
Dr Robin said developing the teaching skills of medical educators was crucial because good teachers were needed "in order to convince [medical students] to come out into general practice".

"Hopefully we can get more primary care physicians and more GPs," she said.

Dr Robin said the Hobart conference was also a great opportunity to learn about different approaches to training across Australia.

# Academic Registrars – Supervision Magic

---





# Supporting Practice logistics

- Teaching Practices – happens defacto but supporting the business model
- Having a lead supervisor with no patient load – fractional teaching appointment in practices to increase teaching capacity, OCHRE model
- Vertical integration of training – teaching registrars to teach in practice
- Remote supervision





*Binalong Bay, East Coast, Tasmania*

# Morning Tea

*Please meet back in the Main Auditorium/Mersey Room at 11.15am.  
3-min 3-slide presenters please*



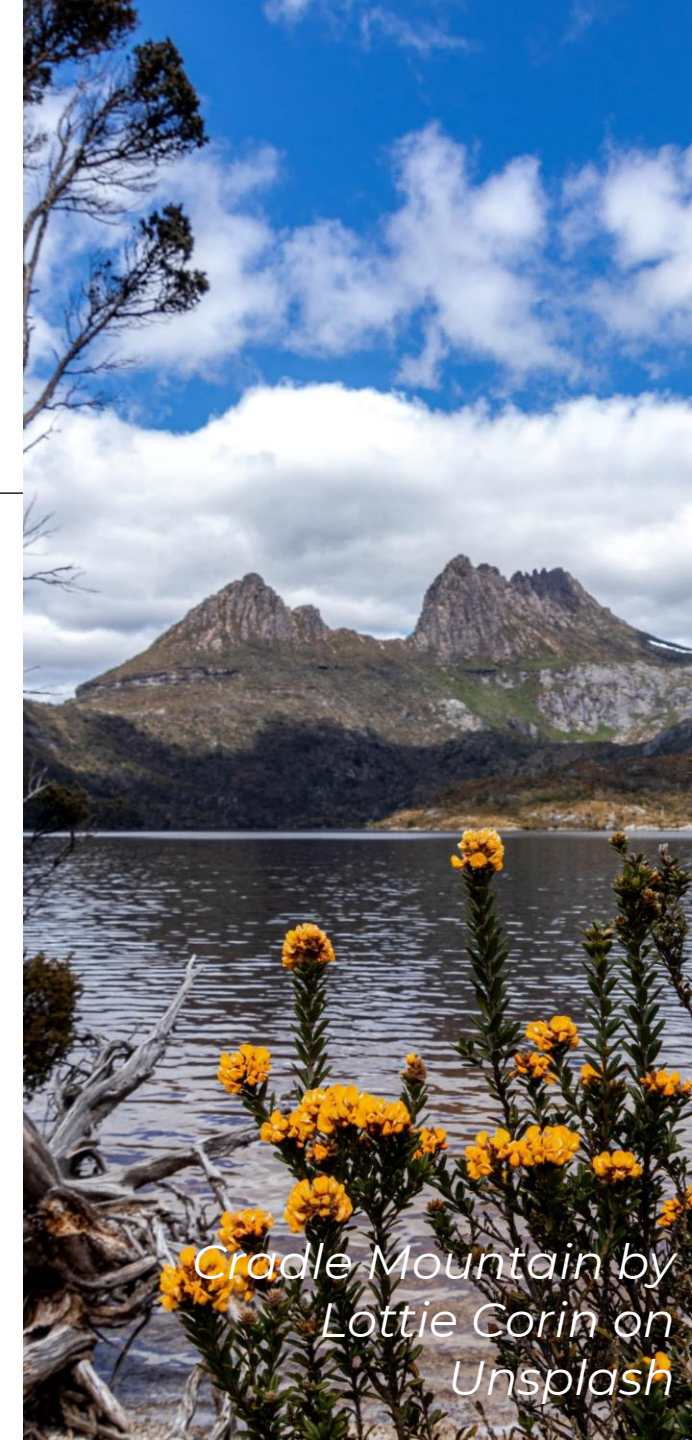
# Lessons from RCS and Hubs:

Expanding rural placements, supporting supervisors and research support by Rural Clinical Schools: Initiatives to share

**F R A M E**  
FEDERATION OF RURAL AUSTRALIAN  
MEDICAL EDUCATORS

1. [Australian National University](#)
2. [Deakin University](#)
3. [Flinders University – NT](#)
4. [Flinders University – SA](#)
5. [Griffith University](#)
6. [James Cook University](#)
7. [Monash University](#)
8. [RCS Western Australia](#)
9. [University of Adelaide](#)
10. [University of Melbourne](#)
11. [University of New South Wales](#)
12. [University of Newcastle](#)
13. [University of Notre Dame Sydney](#)
14. [University of Queensland](#)
15. [University of Sydney](#)
16. [University of Tasmania](#)
17. [University of Wollongong](#)
18. [Western Sydney University](#)
19. [AMSA Vice President: Gabbie Dewsbury](#)
20. [Northern Ontario School of Medicine](#)
21. [Charles Sturt University](#)

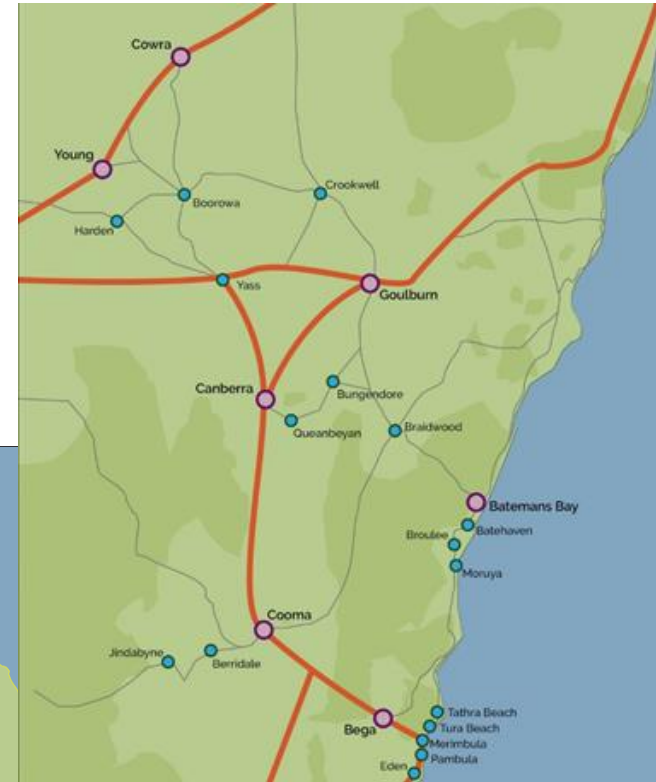
[Return to Slide Menu](#)



Cradle Mountain by  
Lottie Corin on  
Unsplash

# ANU RCS & RTH

SE NSW + Central  
Australia

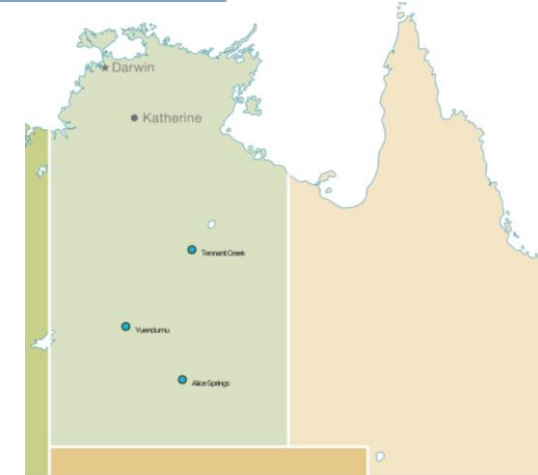


## Rural Clinical School Student Placements

Node towns— teaching facilities	Placement towns
Batemans Bay	Batehaven
Bega	Berridale
Canberra	Braidwood
Cooma	Broulee
Cowra	Bungendore
Goulburn	Boorowa
Young	Crookwell
	Eden
	Harden
	Jindabyne
	Merimbula
	Moruya
	Pambula
	Queanbeyan
	Tathra Beach
	Tura Beach
	Yass



Australian  
National  
University





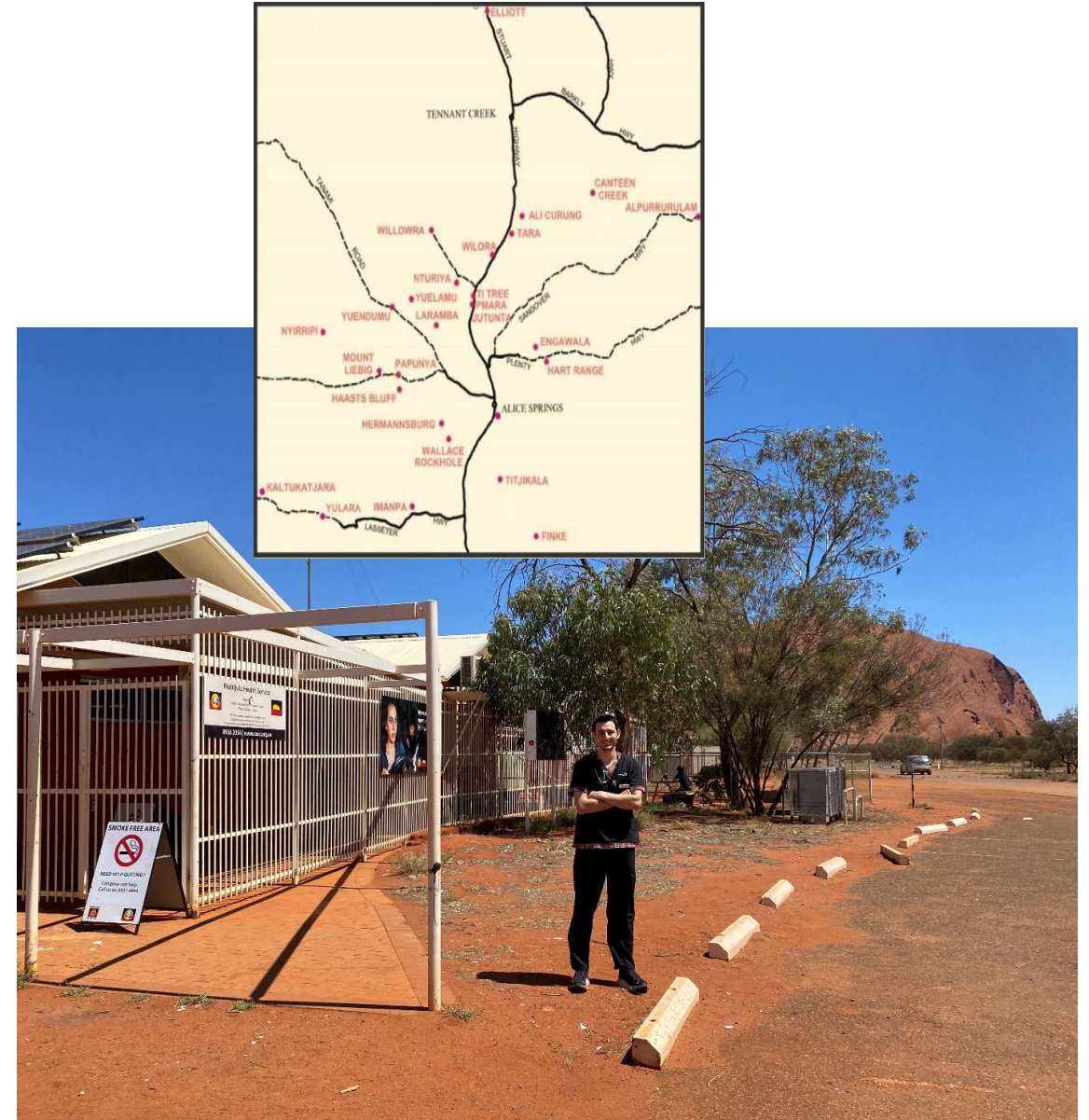
# Expanding placements & supporting supervisors

Re-establishing remote NT placements post-COVID

- Yuendumu x 2
- Tennant Creek x 2
- + Yulara / Mutitjulu x 2 in 2023
- ? Alice Springs + outreach in 2024

Engagement & integration of remote clinical supervisors

Annual supervisor workshop



# Research support

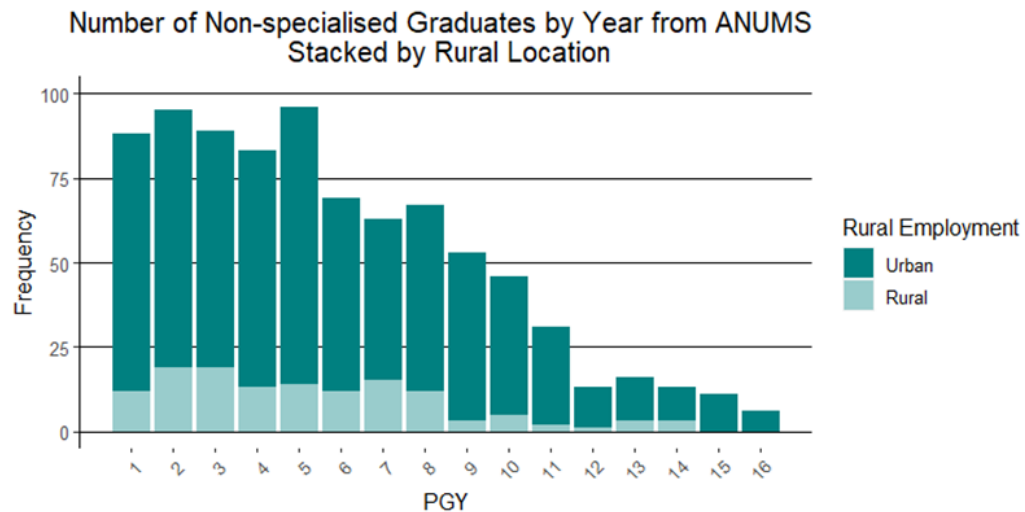


Expanding research capacity and focus across RCS & RTH

Longitudinal graduate tracking dataset linked to program participation

Next: Deakin University

[Return to RCS and Hubs List](#)







# Expanding rural placements and supporting supervisors



## Expanding Rural Placements

### RCS

- Capacity increase
  - Students rotate to smaller rural health services
- Grampians sub-region PRINT rotation
  - 15 students X5 week rural experience
- Southwest sub-region
  - Pall care and PRINT, Anaesthetics
    - 12 students X1 week
    - 2 students X5 week

### HUB

- regional training positions, not rotations from Melb hospitals

## Supporting Supervisors

### RCS

- Clinical Support Nurse at small rural health services
  - Review of LO's of each rotation
  - Provided student clinical experience and support
  - Local knowledge to facilitate effectiveness and engage the workforce
  - Secondment arrangement
- Affiliate positions- acknowledgement and access to all university resources

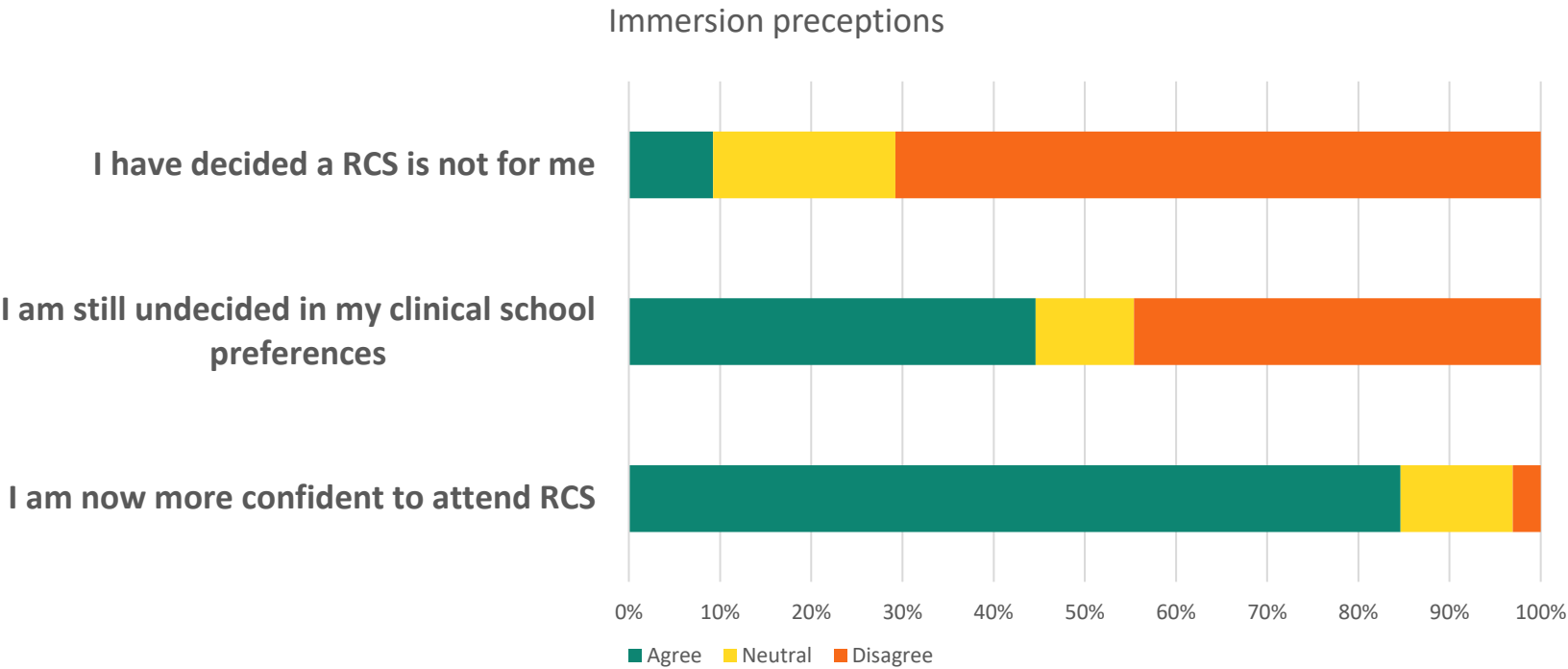
### HUB

- Training for supervisors including clinical support nurses





## RCS – Rural Immersion program analysis



Hub - Support for rural junior doctors presenting research at conferences and journals

[Return to RCS and Hubs List](#)

- RWAV collaboration – Rural IMG support program

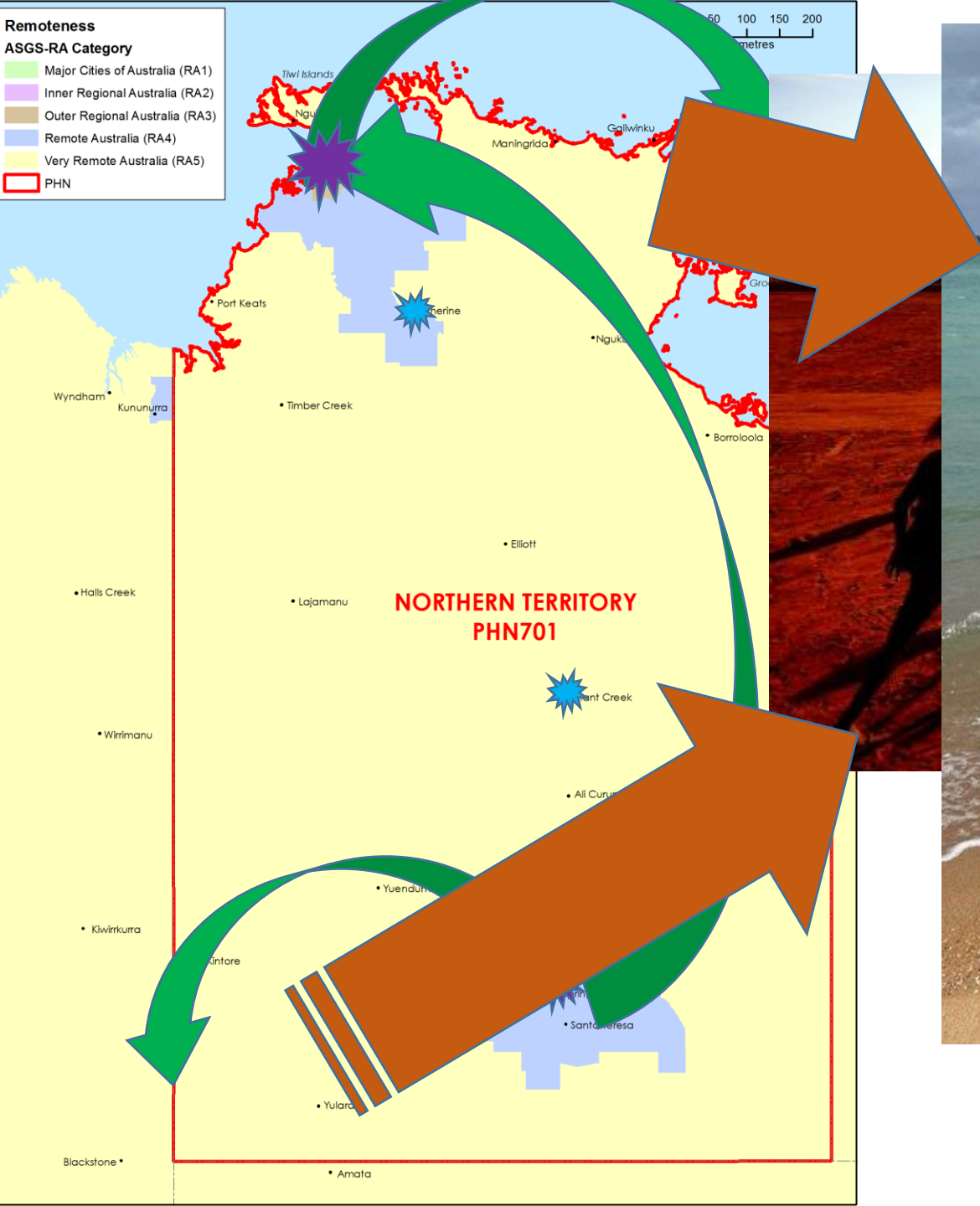
Next: Flinders University - NT



Flinders  
University

Rural and Remote  
Health NT

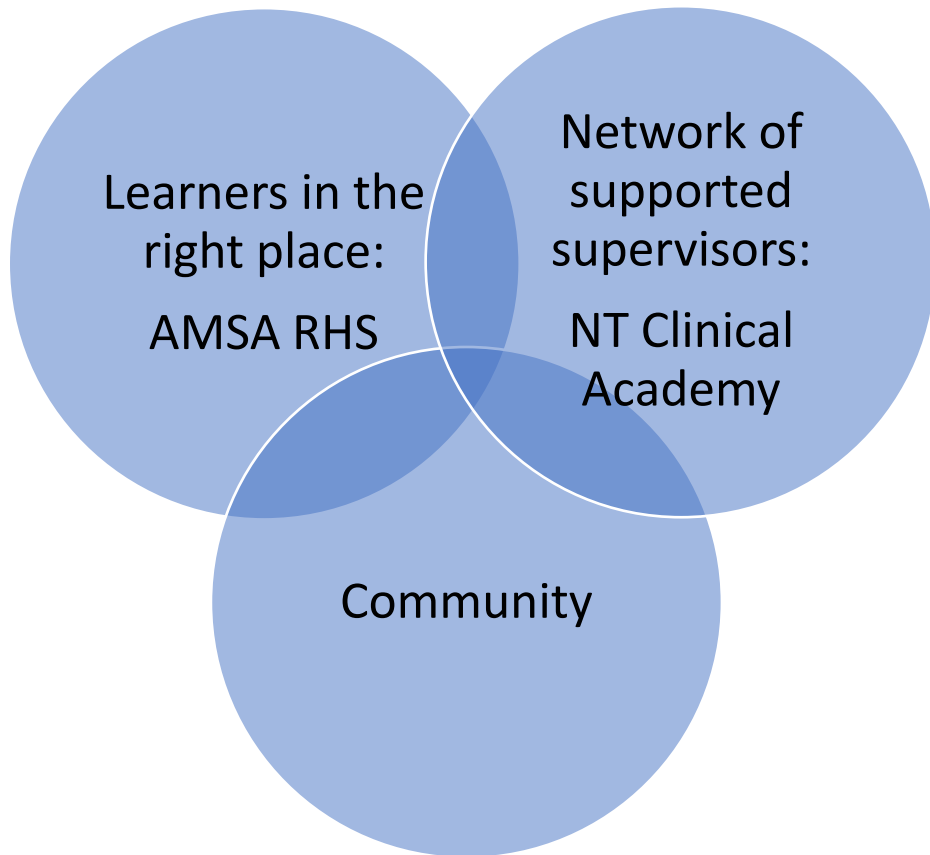




only).



# Expanding Rural Placements & Supporting Supervisors



*Australian Medical Students' Association Rural Health Summit  
Rural Rescue Challenge at Batchelor PHC Centre, NT*



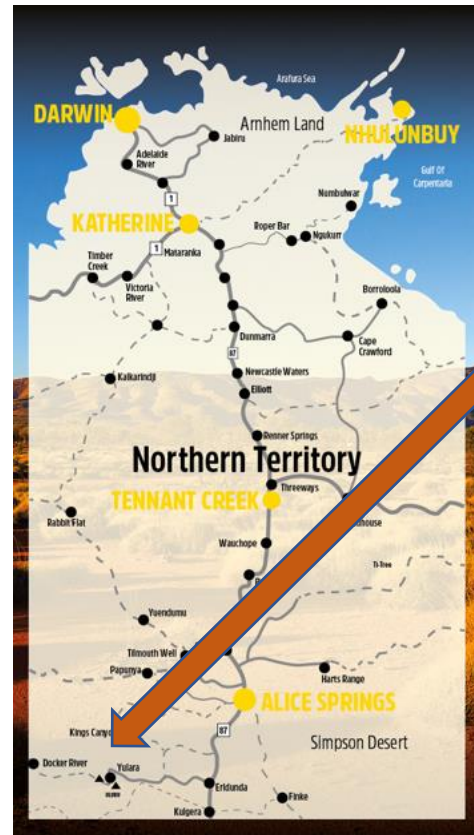
**Flinders  
University**

Rural & Remote  
Health NT



# Research Support

- Tracking the workforce outcomes of the NT Medical Program
- Diverse opportunity for medical student research & learning



Next: Flinders University - SA



*Ben Voyvodic, completing third year of Flinders MD in Darwin and Alice Springs wins Best Oral Presentation at the 2023 Royal Australian College of Surgeons (RACS) Annual Scientific Meeting. Presenting his paper on 'The longitudinal history of otitis media severity and hearing outcomes in Aboriginal children in remote South Australia'.*

# Flinders University Rural and Remote Health SA campus locations:

- 1

Mount Gambier

4

Nuriootpa
- 2

Victor Harbor

5

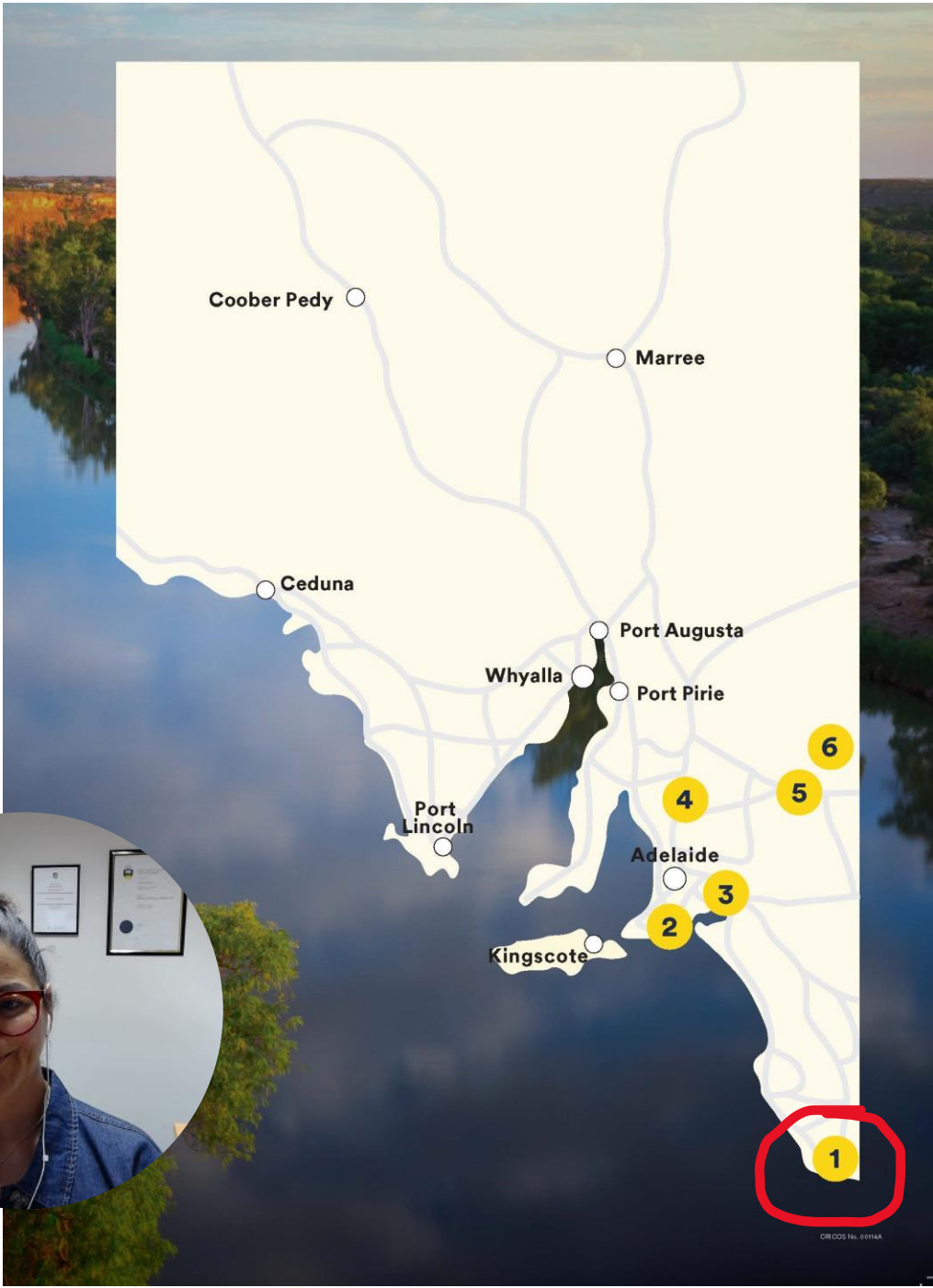
Berri
- 3

Murray Bridge

6

Renmark

Campus Location	Clinical Learning Site	MMM
1 Mt Gambier	Mt Gambier	3
	Naracoorte	5
	Hamilton (Vic)	4
2 Victor Harbor	Victor Harbor, Goolwa and Middleton	3
	Kangaroo Island	7
	Strathalbyn	5
3 Murray Bridge	Murray Bridge	3
	Mannum	5
4 Nuriootpa	Nuriootpa Kapunda Angaston Tanunda	5
5 Berri	Berri	5
6 Renmark	Renmark, Waikerie Barmera & Loxton	5





# Expanding Rural Placements & Supporting Supervisors

- Supervision capacity building
- Clinical skills and supervision support
- Supervision models
- Orientation and support for new AMC standards





# Research Support

- Advance Studies projects
- Rural and Remote Health & Primary Care (FHMRI)
- Capacity Building Grants
- Research Community of Practice
- Conference support





# CONNECT

 /flindersuniversity

 @flinders

 @flindersuniversity

 school/flinders-university/

 @flindersuniversity



Flinders University acknowledges the Traditional Owners and Custodians of the lands on which its campuses are located, these are the Traditional Lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray & Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders past, present and emerging.

# GRIFFITH UNIVERSITY RURAL CLINICAL SCHOOL

Associate Professor Brendan Carrigan, Medical Lead Year 3 Longlook



**Griffith** UNIVERSITY  
Queensland, Australia  
School of Medicine  
and Dentistry

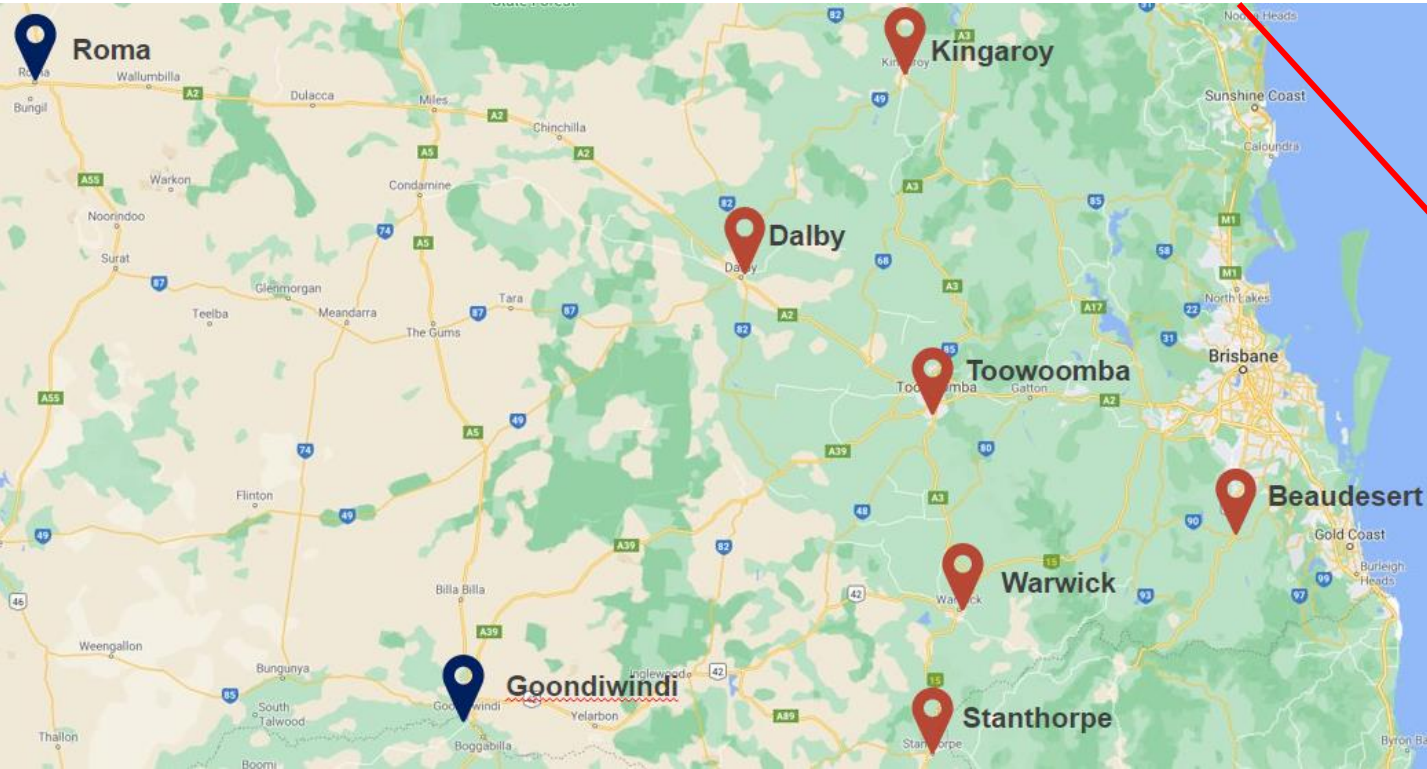
Queensland Australia

Make it matter





# GRIFFITH UNIVERSITY LONGLOOK PROGRAM



# EXPANDING RURAL PLACEMENTS AND SUPPORTING SUPERVISORS



Theme	Sub theme
Fostering Links	Community Interprofessional Peer-Peer
Building Trust	Curriculum Alignment Service Stability Community Accountability
Creating Change	Infrastructure Investment Capacity building

Griffith University HREC: 2021/676

[www.griffith.edu.au/griffith-health/school-medicine-dentistry/learning-teaching/rural-clinical-school](http://www.griffith.edu.au/griffith-health/school-medicine-dentistry/learning-teaching/rural-clinical-school)





# RESEARCH SUPPORT – STUDENT RESEARCH PROGRAM



Week	Tutorial Task	Post Tutorial
2	Introduce research program	
6	Generate ideas for project topics	Review how to write a protocol
9	Choose project	Draft research protocol
15	Draft research protocol	Finalise and submit research protocol
EXAMS		
27	Plan data collection	Data collection
31	Data collection	Finalise collection and start analysis
37	Data analysis	Write abstract and presentation
41	Annual Griffith/RMEA Research Symposium -> present research <a href="#">Return to RCS and Hubs List</a>	

[www.griffith.edu.au/griffith-health/school-medicine-dentistry/learning-teaching/rural-clinical-school](http://www.griffith.edu.au/griffith-health/school-medicine-dentistry/learning-teaching/rural-clinical-school)

Next: James Cook University



# General Practice and Rural Medicine

*James Cook University is producing a fit-for-purpose health workforce for regional, rural, and remote communities through locally based general practice and rural generalist education from undergraduate to clinician years.*





Thursday Island

## JCU training sites



JCU Campuses, Rural Clinical Schools and Uni Dep of Rural Health Sites



JCU GP training sites



NQ Regional Training Hubs

Wepa

Cape & Torres Strait

Cairns Coast



Cairns

Tablelands



Atherton

North West



Mount Isa

Cloncurry

Townsville



Townsville



Mackay

Mackay

Longreach

Central West



Emerald

Central Queensland

Rockhampton

Wide Bay

Bundaberg

Hervey Bay

Roma

South West

## The impact of JCU Medicine

75%

JCU medical graduates between 2005-2021 **spent a year or more working in regional and remote Australia**

66%

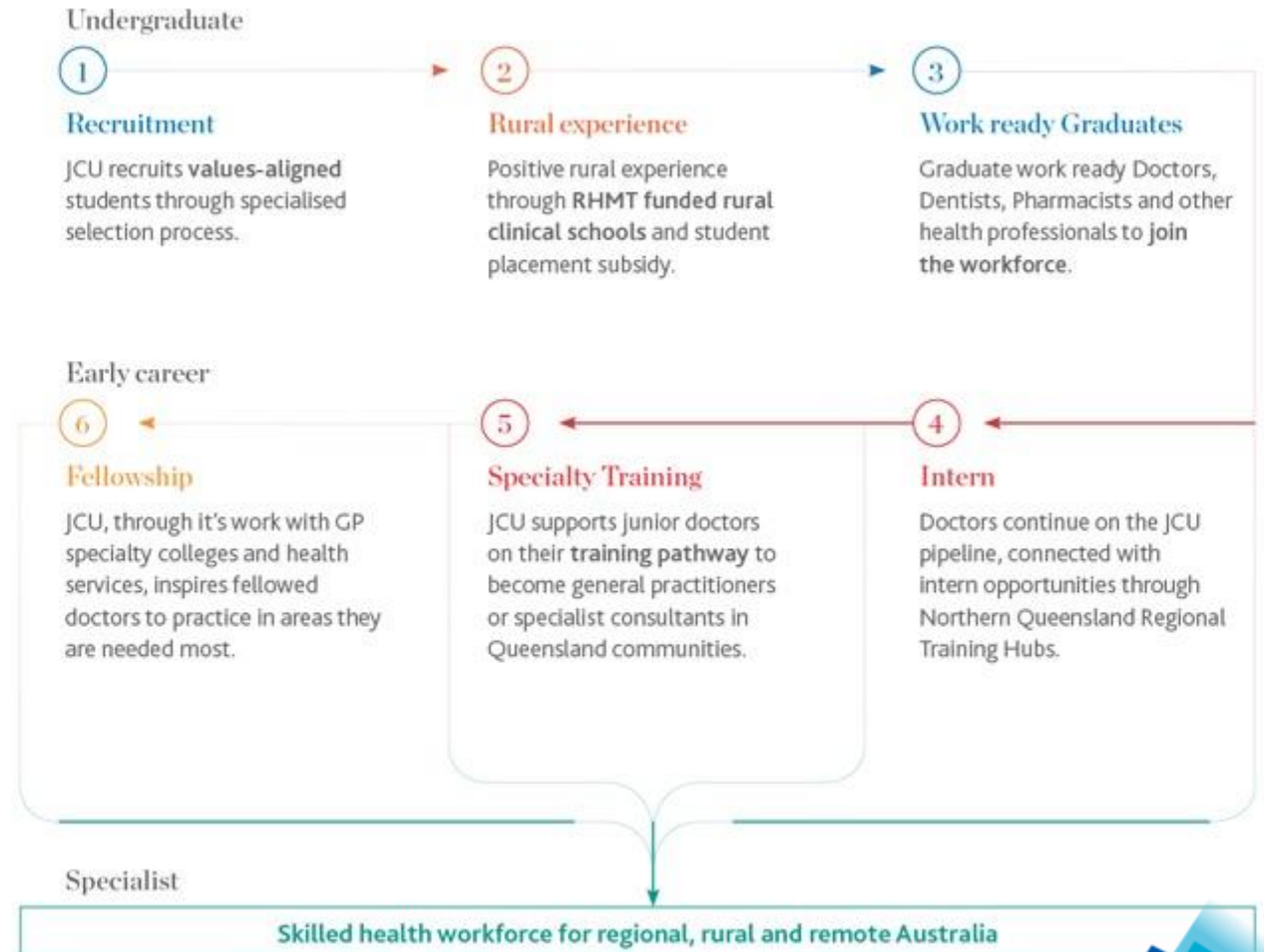
of Medicine graduates **stay in the JCU region** following graduation.

JCU has produced **806 GP Fellows**, 64% of whom are **retained in the broader JCU training region**

# Supporting supervisors

- Certificate of Clinical Supervision

## The JCU experience





# Research



- NQ RTH Rural Research Honours Scholarship
- NQ RTH Summer Research Bursary

# Thank you

Together we are  
*Making Rural Health Matter*

[Return to RCS and Hubs List](#)





# MONASH RURAL HEALTH

## FRAME UPDATE

Professor Shane Bullock

October 2023



# OUR STORY

AUSTRALIA'S OLDEST AND LARGEST RURAL CLINICAL SCHOOL



8

teaching sites

2

Regional Training Hubs

114

academic & professional staff

260

sessional & adjunct staff

350

medical students on  
rural placements each year

70%

medical students spend  
at least 4 weeks rural

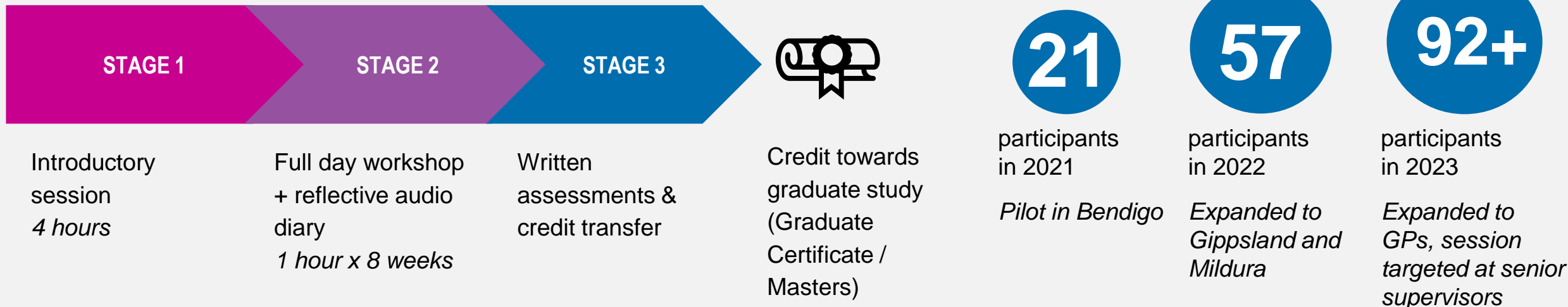


# EXPANDING PLACEMENTS & SUPERVISOR SUPPORT

## NEW AGED CARE PLACEMENTS FOR ALLIED HEALTH STUDENTS



## CLINICAL TEACHING & EDUCATION PATHWAY



# DRIVERS CONFERENCE

A PLATFORM FOR SHOWCASING RURAL RESEARCH

[Return to RCS and Hubs List](#)

Next: RCSWA

**100+** **ATTENDEES**  
medical students, junior  
doctors, consultants

**62** **PRESENTATIONS**  
across three streams – scientific,  
reflective, case study

**12** **AWARDS**  
celebrating rural research  
excellence and innovation

**4** **PRE-CONFERENCE  
WORKSHOPS**  
to strengthen skills in research, statistics,  
presenting and getting published



DRIVERS is now in its third year and continues to grow





# The Rural Clinical School of Western Australia



THE UNIVERSITY OF  
**WESTERN  
AUSTRALIA**

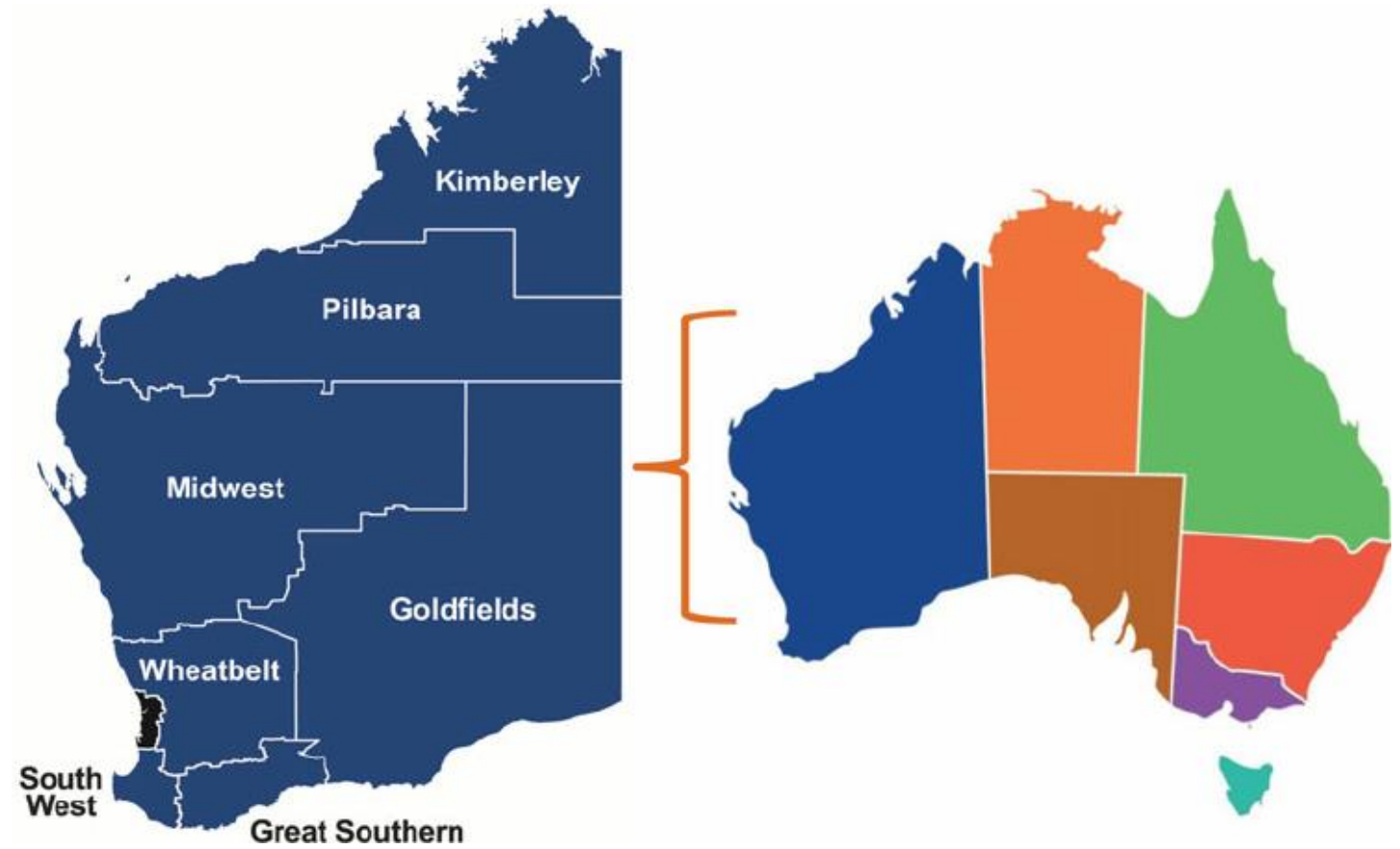
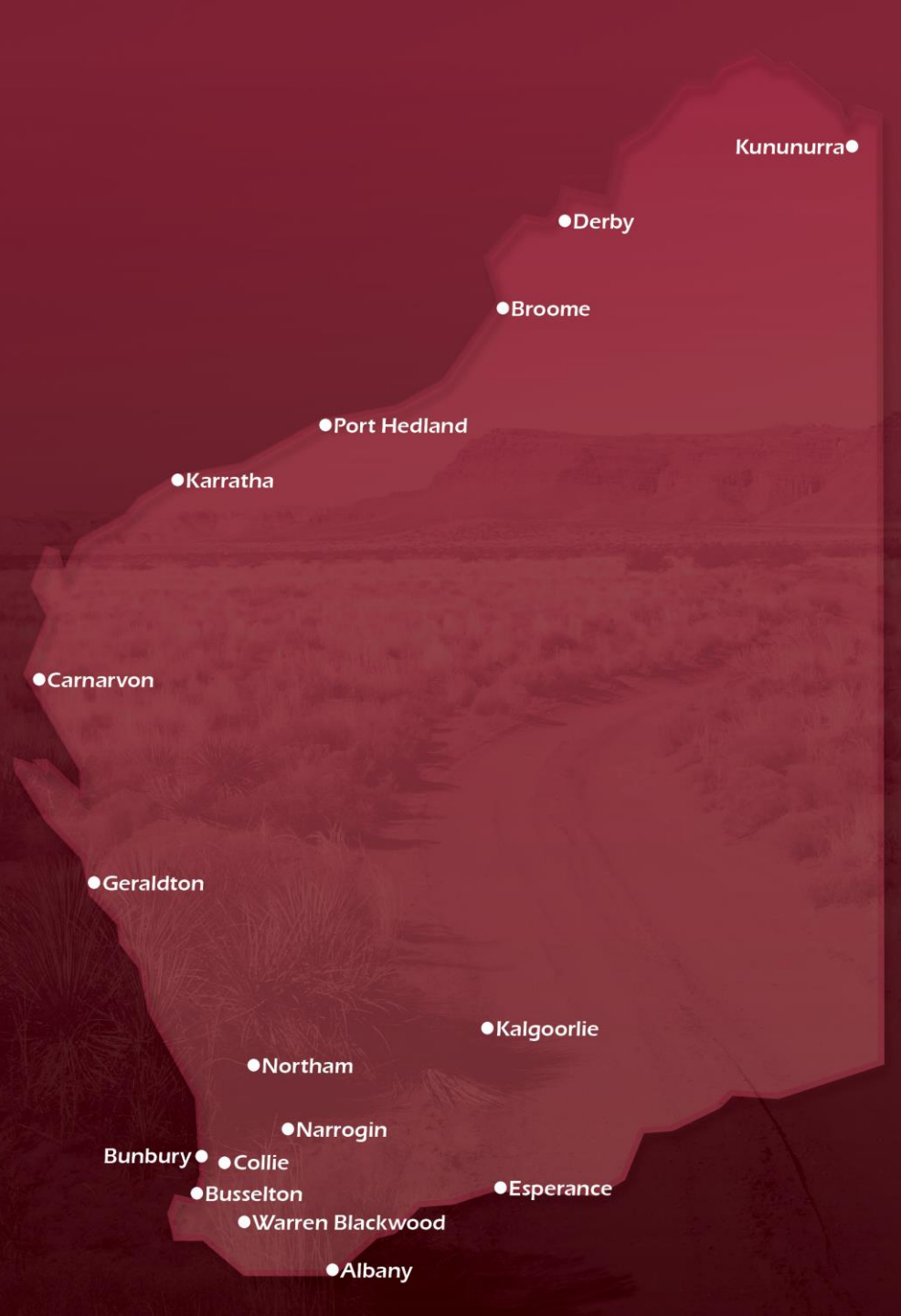


THE UNIVERSITY OF  
**NOTRE DAME**  
A U S T R A L I A



**Curtin University**

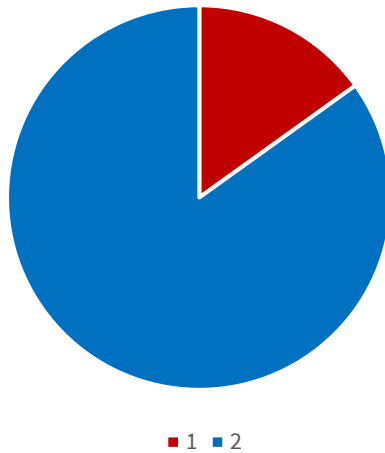
# 2023



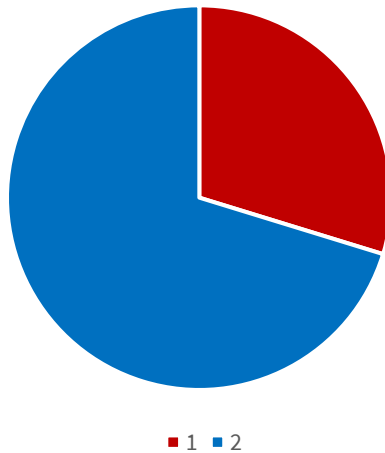


# Metro in-reach

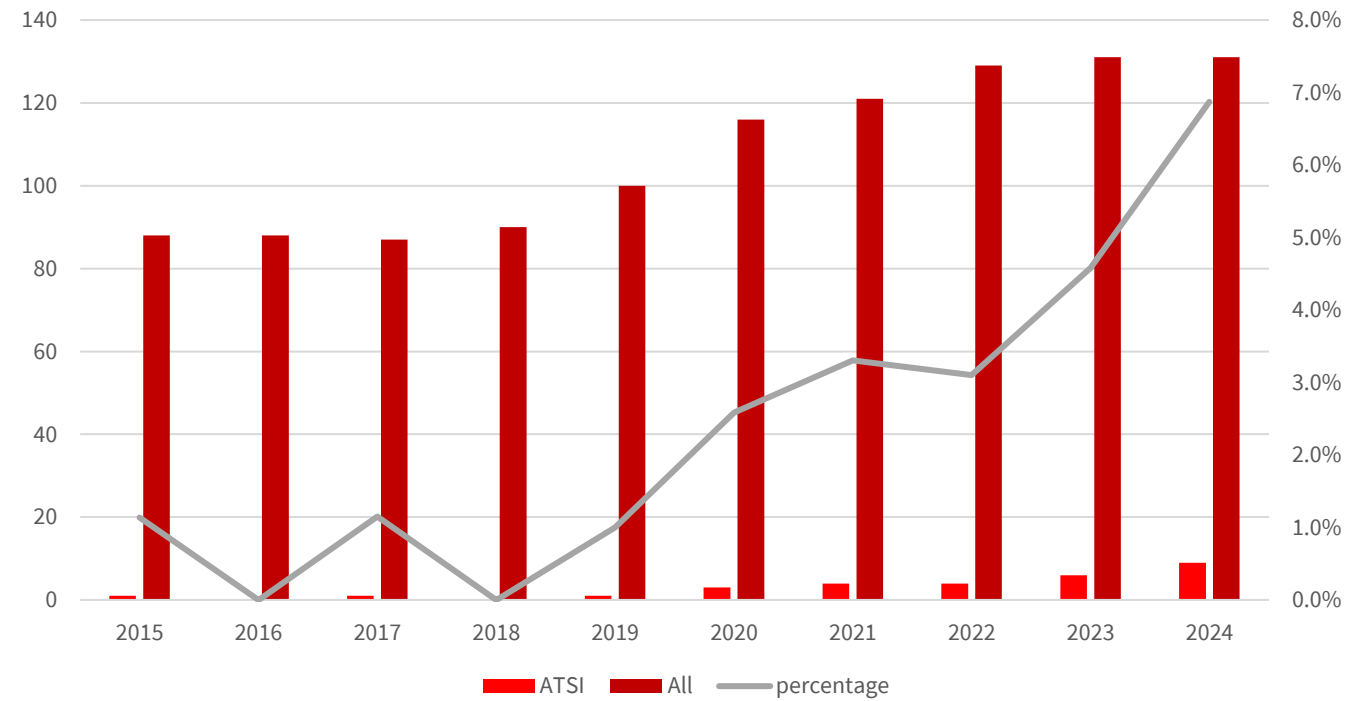
Student contact



Students selected



RCSWA student numbers



# SCARP

## SOUTH WEST SERIES

Thu 6 Oct 2022

6.15pm - 8.30pm

RCSWA Bunbury

FREE events for  
GPs, GP Registrars  
& Hospital Doctors!





# Expanding rural placements and Supporting supervisors



# Research support by Rural Clinical Schools



- Co-design
- Community engagement before during after
- Translation into policy and practice

[\*Return to RCS and Hubs List\*](#)

*Next: University of Adelaide*



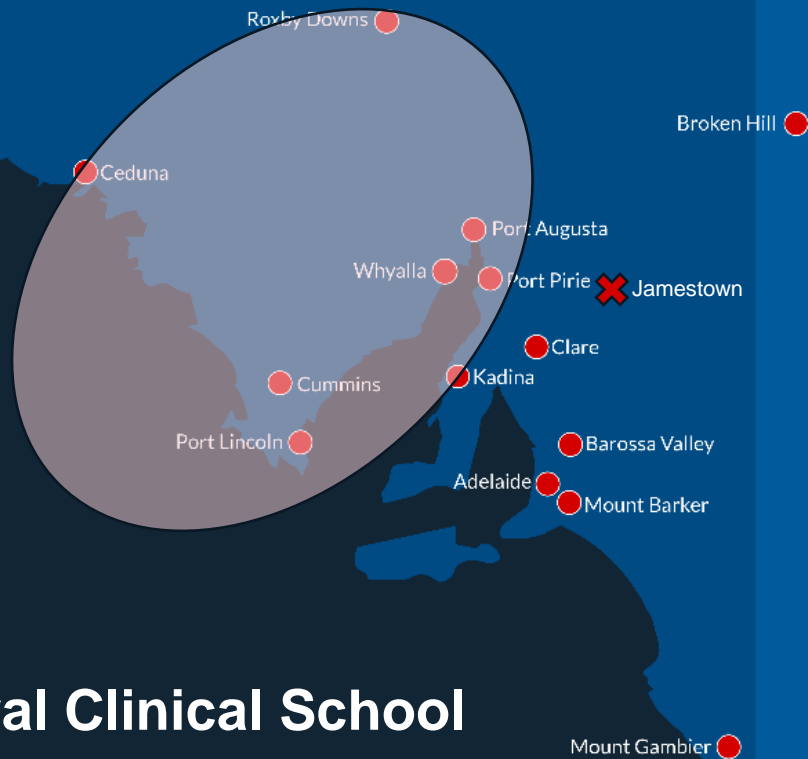


**On behalf of the Adelaide Rural Clinical School, we would like to acknowledge Aboriginal and Torres Strait Islander Peoples as Australia's First Peoples and Traditional Custodians.**

**We value their cultures, identities and continuing connection to country, waters, kin and community. We pay respects to their Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander Peoples, by providing services that are welcoming, safe, culturally appropriate and inclusive.**




THE UNIVERSITY  
*of* ADELAIDE



**Adelaide Rural Clinical School**  
**Hub-funded supports**







# Expanding placements Supporting supervisors

## Inaugural South Australian Rural Health Research and Education (SARHRE) Conference

- 2 RCSs, 1 URDH, RDWA, SA Health, RFDS, Health Translation SA, AHCSA, GPEX, Colleges
- Multi-D professional development on clinical supervision, clinical research, and capacity building



THE UNIVERSITY  
of ADELAIDE





THE UNIVERSITY  
of ADELAIDE

# Research support

## Student and registrar project support:

- ...**Brown L**....General practitioner assessment of lifestyle risk factors for chronic disease: a cross-sectional study in urban, rural and remote South Australia. *AJPC*
- Graham P... Australian rural medical students' perceived readiness for work as a junior doctor: A cross-sectional national survey. *AJRH*
- Pink N, Pharmaceutical management of type 2 diabetes among Indigenous Australians living in urban or rural locations: a comparative study using a national general practice database.
- Pellegrini D..Insights into Rural Generalist therapeutic reasoning using a simulated multi-patient emergency scenario. *RRH*





make  
history.



[Return to RCS and Hubs List](#)

For more information about these publications, please scan

*Next: University of Melbourne*





Goulburn Valley  
Regional Training Hub

# FRAME Presentation

---

Head of School and Director of Melbourne Medical School  
Professor Julian Wright

GVRTH Manager , Isobel Gribben







# Background

**1999 - Official Opening as Department of Rural Health**

**2001 – Rural Clinical School was established**

**2007 – First Extended Rural Cohort commenced**

**2017 – GVRTH Established**

**2022 – MD End to End Rural Pathway**

**Introduction of RCS team, graduated over 1000 doctors**

**- Full time placements approx. 180 eq students / Hub Teams and roles**

**The GVRTH are the current chairs of the Southern Regional Training Hub Alliance and will hold this position into 2024.**



# Expanding Rural Placements and Supporting Supervisors

- The UoM are currently looking to expand its Rural Placements in Echuca
- GVRTH partnered with Centre for Organisational Change in Person Centred Healthcare in April 2023 to deliver supervision and communication skills training to emerging medical leaders across the region
- Supervision Workshop to increase supervision skills within our local health services and primary care placements





# Research Support by RCS

- As everyone here would be aware, rural and regional Victoria are suffering from a maldistribution of medical workforce.
  - We are researching the supply and demand for various (non-GP) medical specialties in regional Victoria.
  - Findings from this research will allow Victorian Rural Clinical Schools to give targeted career guidance to medical students.
- 
- Murray- Darling Medical Schools Network - The MDMSN research collaboration is a longitudinal, multi-university program of work to explore the effect of rurally-based medical school programs in the Murray-Darling region

# Rural Clinical Campuses



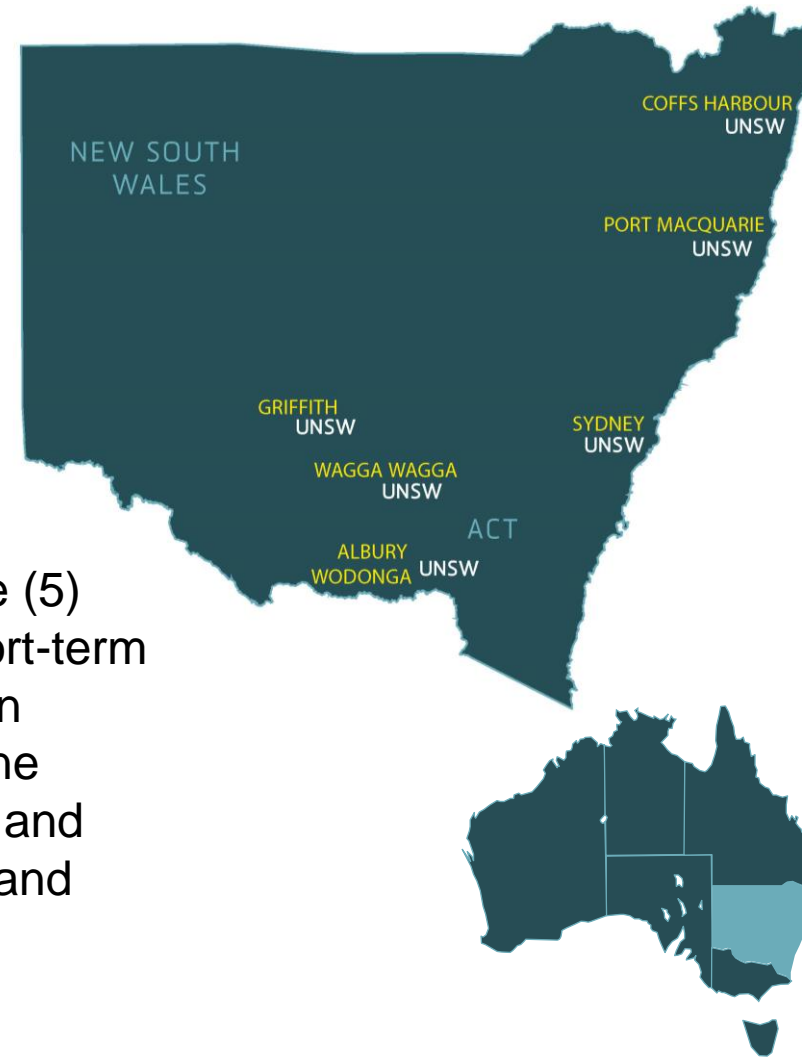
**Medicine & Health**  
New Biomedical Sciences Centre  
Wagga Wagga Campus

*(Artist impression)*



# Who we are ... UNSW RCC since 2000

More than 280 long-term rural medical students at five (5) Rural Clinical Campuses, an extensive network of short-term clinical placement sites across NSW and north-eastern Victoria, our 6-year end-to-end undergraduate medicine course offered at Port Macquarie and Wagga Wagga, and Regional Training Hubs in the Border, Murrumbidgee and Mid North Coast regions demonstrates the UNSW commitment to Rural Medical Training.



Wagga Wagga



Port Macquarie



Albury Wodonga



Coffs Harbour



Griffith



# Expanding rural placements and supporting supervisors

## Border

### Regional Training Hub

#### **Inaugural Research Symposium in collaboration with our local Health Service Albury Wodonga Health**

This collaboration is an opportunity to exhibit and support the ongoing high calibre of medical professionals that live, work and train in our regional area. Additionally, it allows us to engage with and nurture the next generation of medical professionals.

From the Hub perspective we see this as an opportunity to increase engagement with current supervisors and potential new supervisors in our catchment area.

#### **Critical Care Skills workshop**

A workshop designed to provide hands-on practical demonstrations and the opportunity to individually practice common procedural skills for those interested in working with critically unwell patients

#### Proposed future initiatives include:

Expansion of the Critical Care Skills workshop into 2024 with multiple sessions to accommodate for the demand

Development of a Rural Generalist (RG) focused training program with Albury Wodonga Health

## Mid North Coast

### Regional Training Hub

#### **Palliative Medicine Trainee proposal with three (3) trainees shared between Coffs Harbour, Port Macquarie and Taree**

**Proposal:** Each trainee spends one year at each location

**Advantages:** Trainee covers all core components and sees what each do best (eg community teams, integration with oncology centre, etc)

**Challenges:** Does not fit in with STP, so needs a FATES grant. Currently reviewing requirements for an inter-area (LHD's) agreement

#### Other initiatives include:

Collaboration and input into MNCLHD Workforce Planning report

Educational Wellbeing workshop with specific focus on rural medical students and JMO's

Supporting staff specialists in Physicians CHHC with Advanced Position Training (APT) rotations in agreement with Royal North Shore Hospital

Supporting PMBH with ACRRM applications and ARST accreditation

Facilitating EDVOKE ALS1 and 2 courses in collaboration with Training Institute creating rural opportunities.

## Murrumbidgee

### Regional Training Hub

#### **Single Employer Model – A total workforce solution**

Extensive work and collaboration with MLHD and others to facilitate the *Single Employer Model* for Rural GP Training connecting existing processes;

- Systemic fix
- Locally focussed
- Leverage a range of programs including regional undergraduate education and training and established training pathways
- Integrated pipeline approach
- Recognises nature and evidence of the rural and remote workforce problem from RDAA Viable Models and similar projects

Local workforce needs identification and assistance with training pathways broadening role of UNSW Rural

Overwhelming local challenge is capable primary care problem in the smaller towns within the district

GP training is seen as less desirable by the national cohort of current medical students

Vital need to better integrate hospital and primary care - much progress, but many obstacles and challenges



**The primary research objective of the Rural Clinical Campuses is to foster enduring partnerships among medical students, healthcare professionals, and UNSW researchers with a strong focus on collaborative research endeavours**

A number of research applications progressed and have been awarded collaborative funding including:

- RCC Port Macquarie and the Mid North Coast Local Health District
- RCC Port Macquarie and The Rural Health Alliance
- RCC Coffs Harbour and The National Drug and Alcohol Research Centre (NDARC)
- RCC Coffs Harbour and the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

The engagement and development of collaboration with experienced UNSW researchers based in Kensington is ongoing and fundamental to the development of rural research expertise and capacity

The Rural Clinical Campuses actively participate as key stakeholders in the Murray Darling Medical Schools Network

The appointment of a Rural Clinical Director to lead the development and capacity of our Independent Learning Project and Research Collaboration within the rural environment is imminent;

- This appointment will have a critical role in enabling our rural campuses to formulate and execute a strategic research vision, aligning our research priorities, goals, and objectives with UNSW's overarching mission and values
- The position will have central role in supporting research student projects and offering support and guidance to clinical researchers in the preparation and submission of research proposals, ethics applications, and related tasks

Jointly funded academic appointment with Albury Wodonga Health in our Border region focussing on the development of rural research capacity, expertise and student Independent Learning Projects aligned to local research needs

Memorandum of Understanding with the Local Health District in Port Macquarie currently being formalised;

- foundational document and a cornerstone for establishing a formal research collaboration and partnership between our respective entities

# Research support by rural clinical campus

[Return to RCS and Hubs List](#)

Next: University of Newcastle



# EXPANDING RURAL PLACEMENTS AND SUPPORTING SUPERVISORS – INITIATIVES TO SHARE

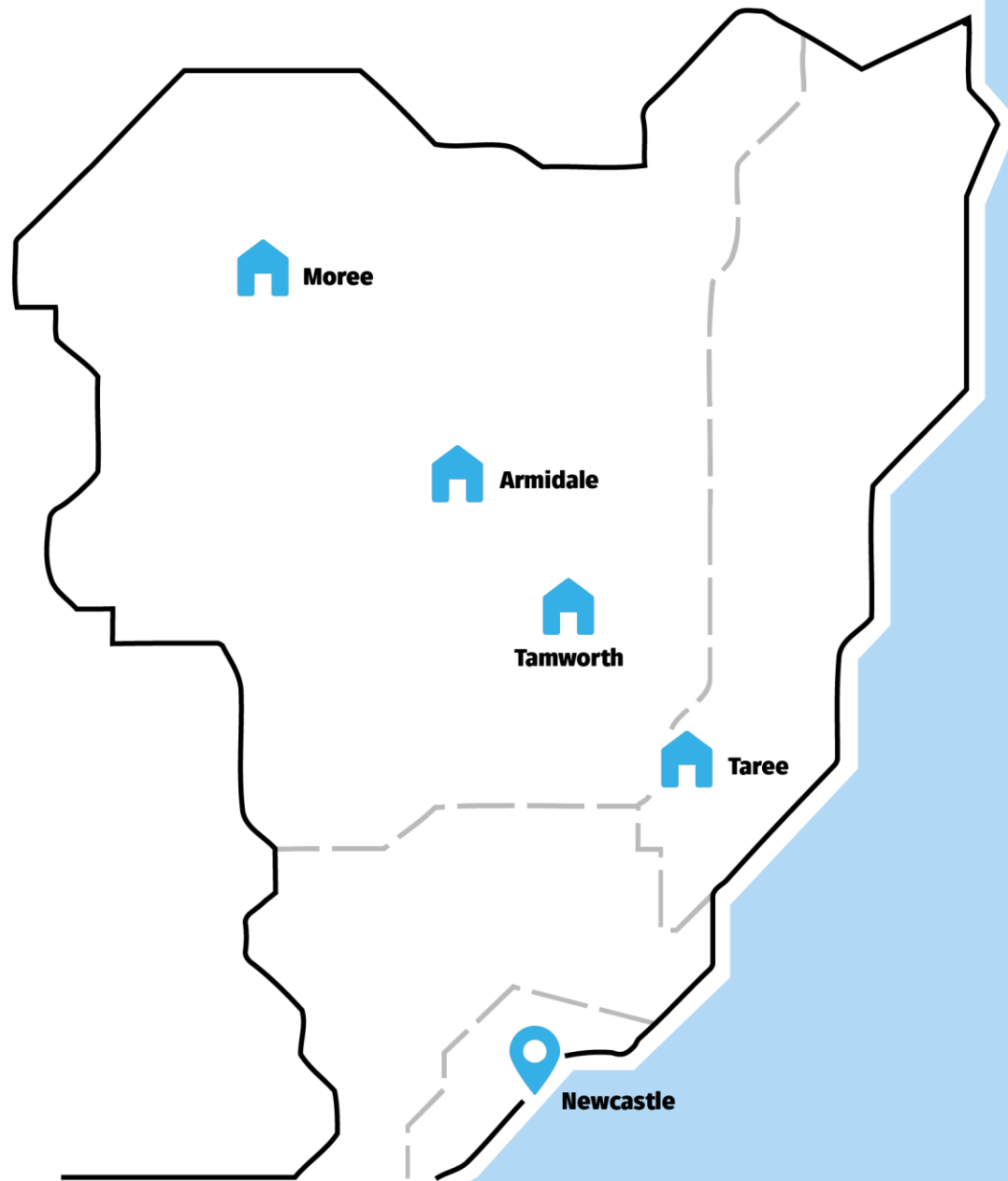
Jenny May



THE UNIVERSITY OF  
NEWCASTLE  
AUSTRALIA

**DEPARTMENT OF  
RURAL HEALTH**





**DEPARTMENT OF  
RURAL HEALTH**

# **RCS and RTH** **Footprint**

**🏠 Armidale**

**🏠 Tamworth**

**🏠 Taree**

**🏠 Moree**



# **We have tried a number of models over time**

CNC anchor model(coordination/organisation)

Implicit in job-staff specialist/VMO/Salaried academic position- fractionated/hybrid

The super supervisor (student/JMO /reg)

Teaching the teacher –Peer teaching to JMO and student education (HPE/ACE/GP Certificate in teaching)

Aggregated support and teaching models (multi-disciplinary)



# Rural research skills expansion

Jmo and student (MD) research skills acquisition-clear programme of projects, skills and options for JMOs to build research profile to assist with training

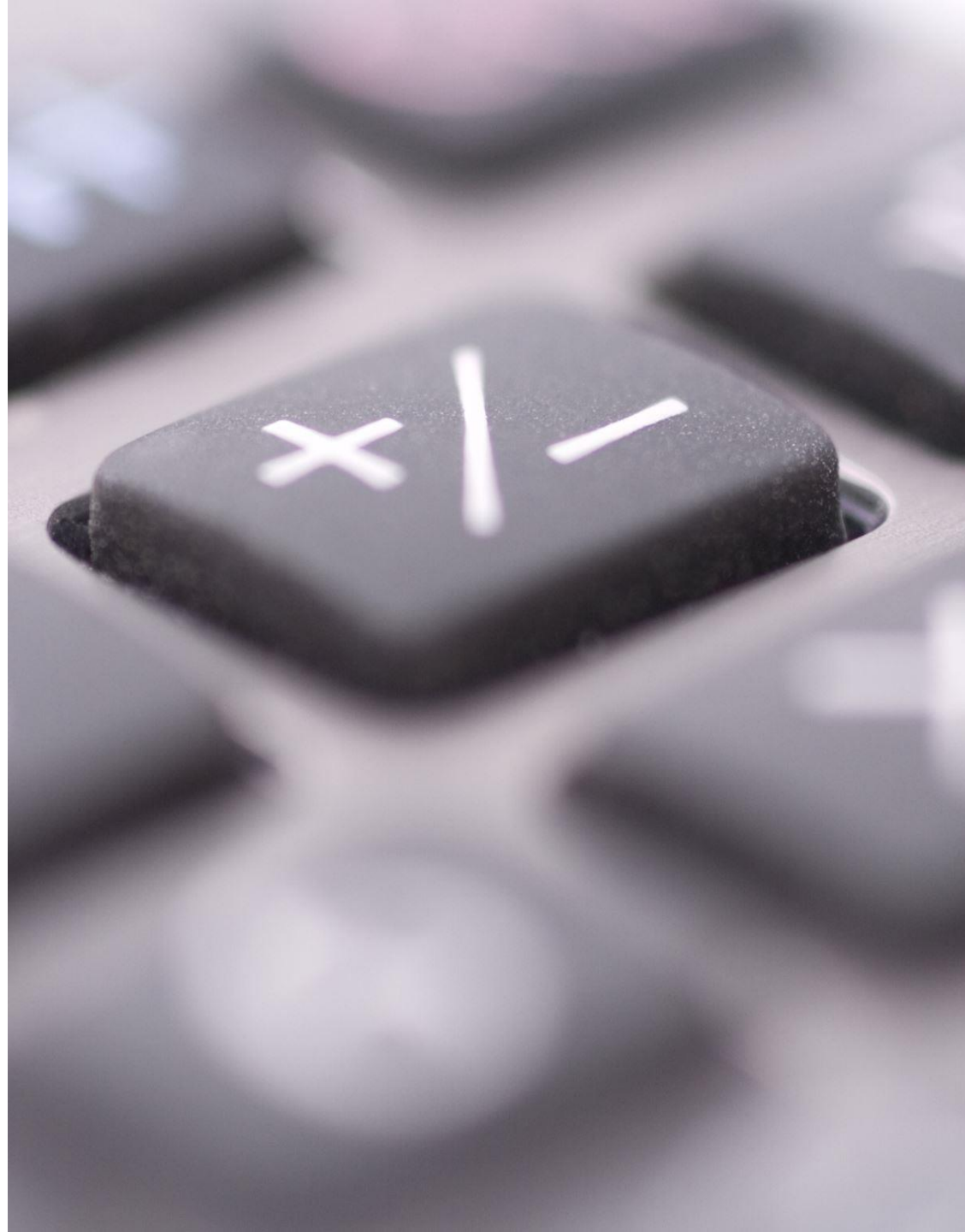
Builds on regional LHD interest and expertise and a few willing supervisors

Major volume of research time goes with novice researcher support

Benefits often not local

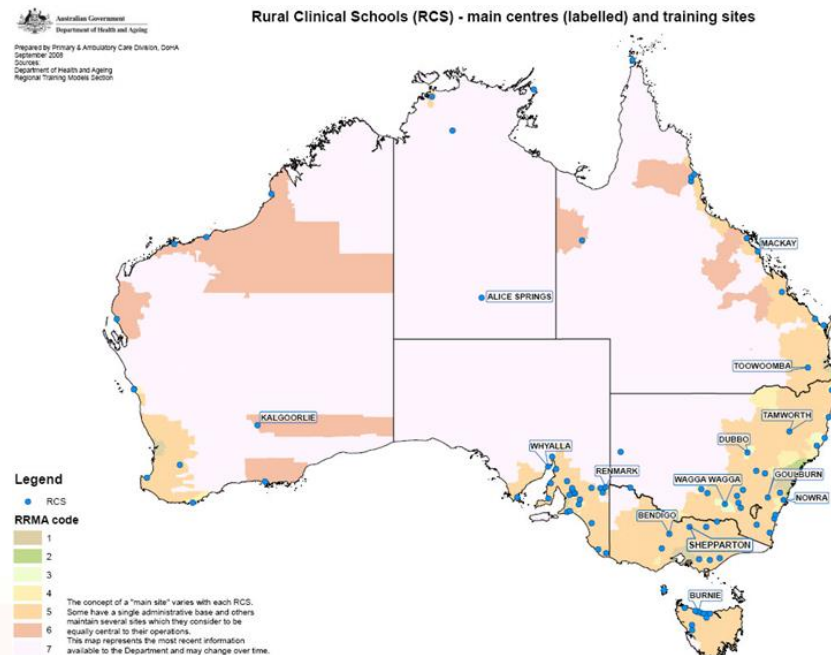
[Return to RCS and Hubs List](#)

*Next: University of Notre Dame - Sydney*



# EXISTING FOOTPRINT

- National School: East meets West
- East: Wagga Wagga, Ballarat, Lithgow, RRTH
- Student experiences outside the curriculum





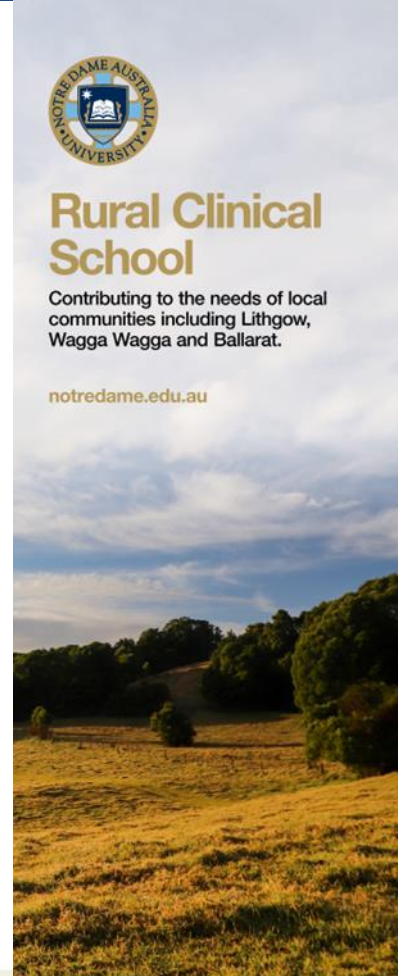
# RESEARCH

- FRAME data base
- Themes: Rural Workforce/ weight management in rural setting/women's health in rural setting/cultural Capabilities in JMO training
- MD research projects

# EXPANDING CLINICAL POSITIONS



- **Collaboration**
- Mapping
- Communication
- Expanding existing
- **New locations**
- **Quality improvements**

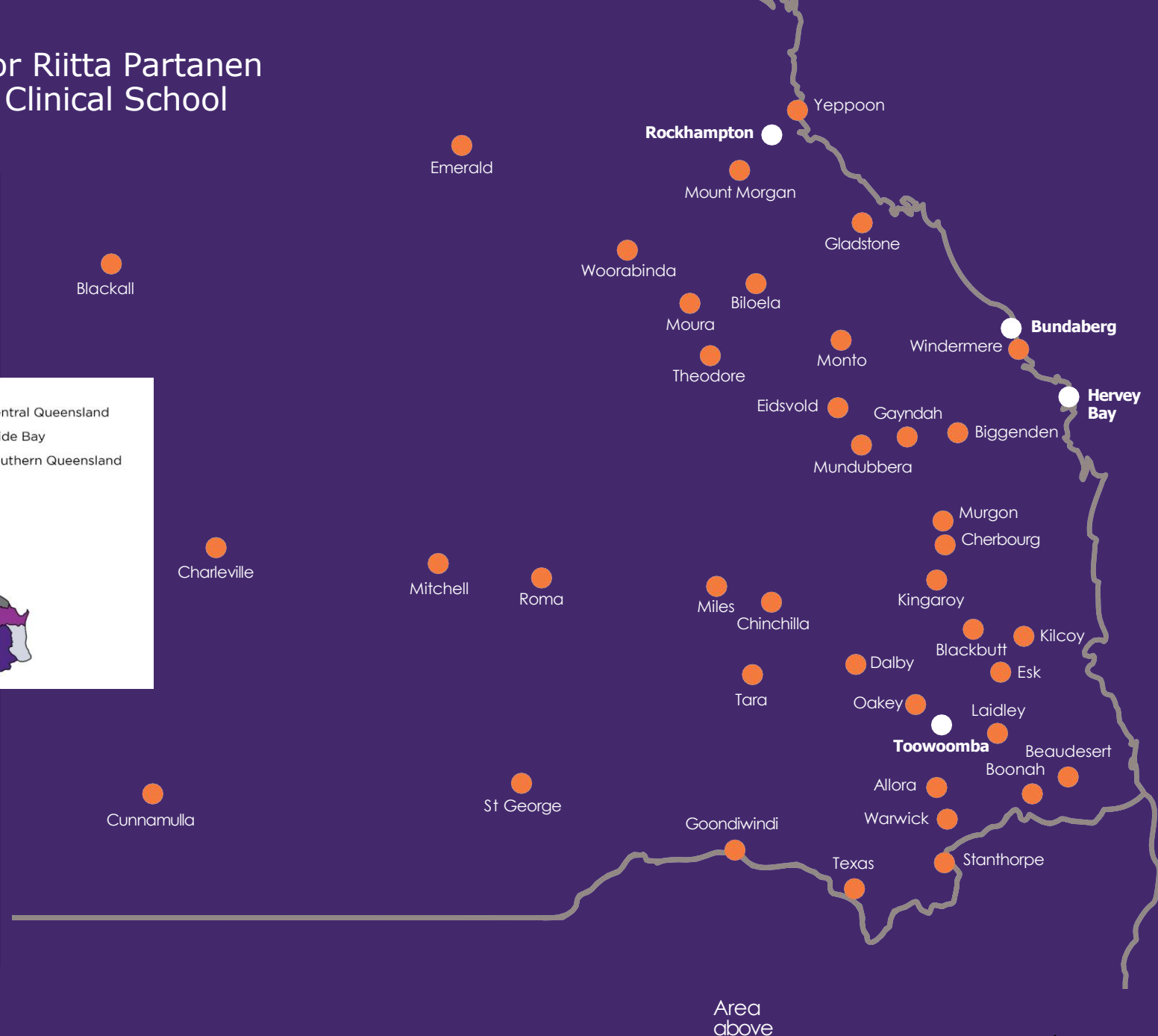
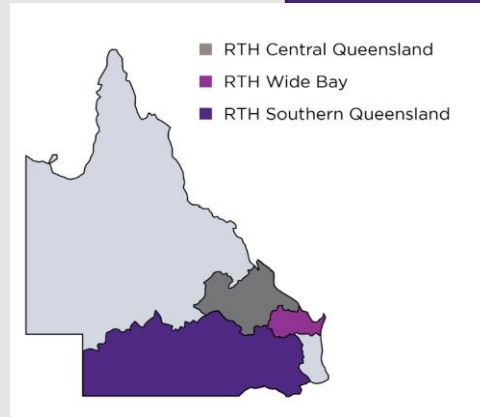






## Our history:

- Celebrating over 20 years of serving regional, rural and remote communities
- UQRCS is the largest rural clinical school in Australia hosted by a single university
- 4 Rural Clinical Sites
- 54 Rural and Remote locations
- 88 dedicated staff
- Dedicated partnerships to create the Regional Medical Pathway and The Darling Downs- South West Medical Pathway
- >1600 students have spent at least 1 years at the UQRCS



## Expanding rural placements:

CQ-WB Regional Medical Pathway  
DD-SW Medical Pathway  
New MD Program



## Supporting supervisors:

Academic Title Holder status  
RTH Supervisor Training Workshops  
Professional Development Opportunities  
Regular contact and support  
Open door policy





## Research support by Rural Clinical School

- Fully funded rural research team
- Sponsor our rural research team to attend seminars and to present their findings to the community
- Plays a crucial role in advocating for research and governance
- Research training and support
- 'Research Meet & Greet' events
- Brainwaves and Research Interest Group meetings led by the research team
- Unite stakeholders and pool resources to build research capacity in public/private hospitals including primary care and offer of small research grants (through DDHIRC).
- Support for competitive research grant applications & research consultancies
- Summer scholarships
- Continuous review of our "Return on Investment"

[Return to RCS and Hubs List](#)

Next: The University of Sydney

CRICOS code 00025B





# FRAME Tasmania 2023

*School of Rural Health (Dubbo/Orange)*

Catherine Hawke - Head of Clinical School

Linda Cutler – Director, Western NSW Regional Training Hub

Kim O'Connor - School Manager

Emma Webster - Senior Lecturer, Rural Research



THE UNIVERSITY OF  
**SYDNEY**

School of  
Rural Health

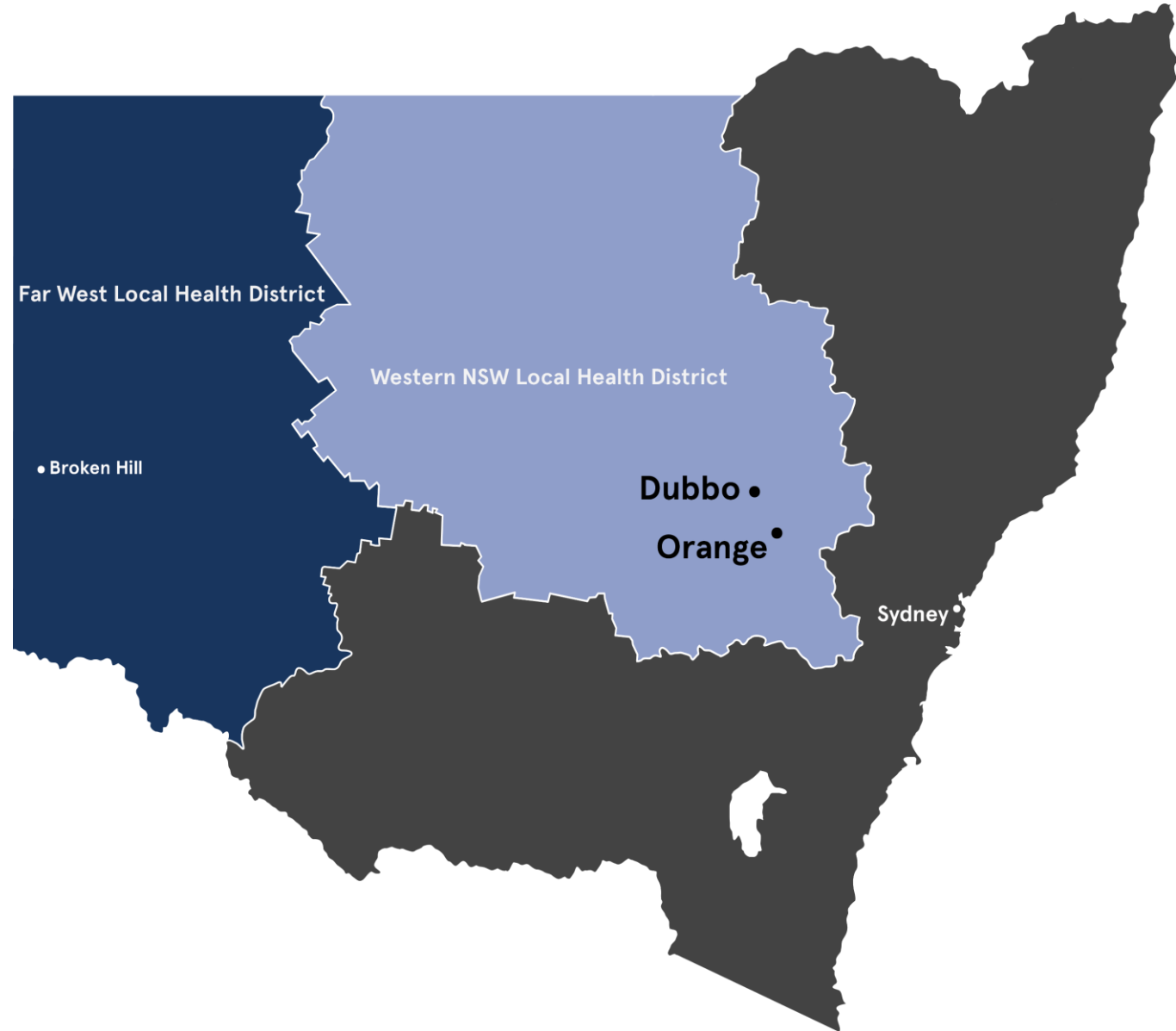




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## Background of Rural Clinical School and Western NSW Regional Training Hub

- 20 years of extended rural medical student placements.
- Second year of the Dubbo Stream of the Sydney Medical Program
- Murray Darling Medical School Network
- Western NSW Regional Training Hub



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## Expanding rural placements and supporting supervisors:

- Understand relationships between local organisations and communities.
- Communicate with existing organisations with long term commitments to communities.
- Understand benefits and costs of placements to rural communities and measure and report those outcomes.

### **Provide access to suite of free of medical education opportunities:**

- Modular professional learning frameworks
- Graduate Diploma in Higher Education
- Teaching on the Run
- Clinical Teacher Fellowship
- Tutor education nights and networking opportunities
- Waranara - Health education research network
- Community of Practice of rural medical educators



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## Research support by *rural clinical schools*

Co-supervision of MD  
student research projects by  
clinicians and academics.

Western NSW Health Research Network  
Symposium 2022

[Return to RCS and Hubs List](#)

Next: *University of Tasmania*





# Lessons from the RCS and Regional Training Hub

FRAME 2023

17 October 2023

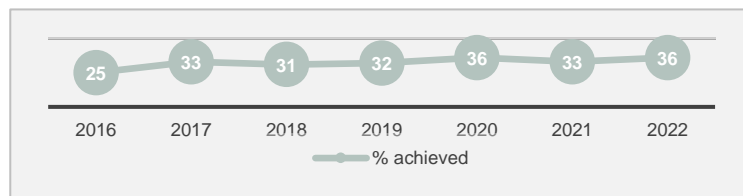




# Background of RCS and RTH

## Rural Clinical School

- Established in 2002
- Provides year-long placements for year 3, 4 & 5 medical undergraduates in Burnie supported by a satellite campus at Latrobe (both MMM3)
- Supports rural placements (MMM2-7) for all domestic medical students
- **RHMT TARGET:** at least 30% of Tasmanian medical graduates must have spent 12 months clinical training in rural areas

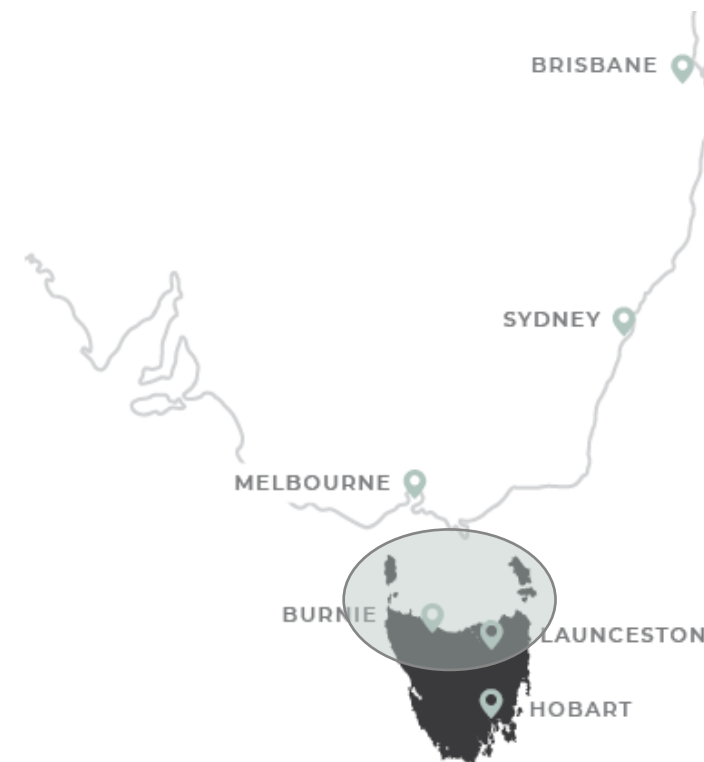


- **RHMT TARGET:** at least 50% domestic medical students must complete a rural placement of at least 4 weeks – achieve 100%

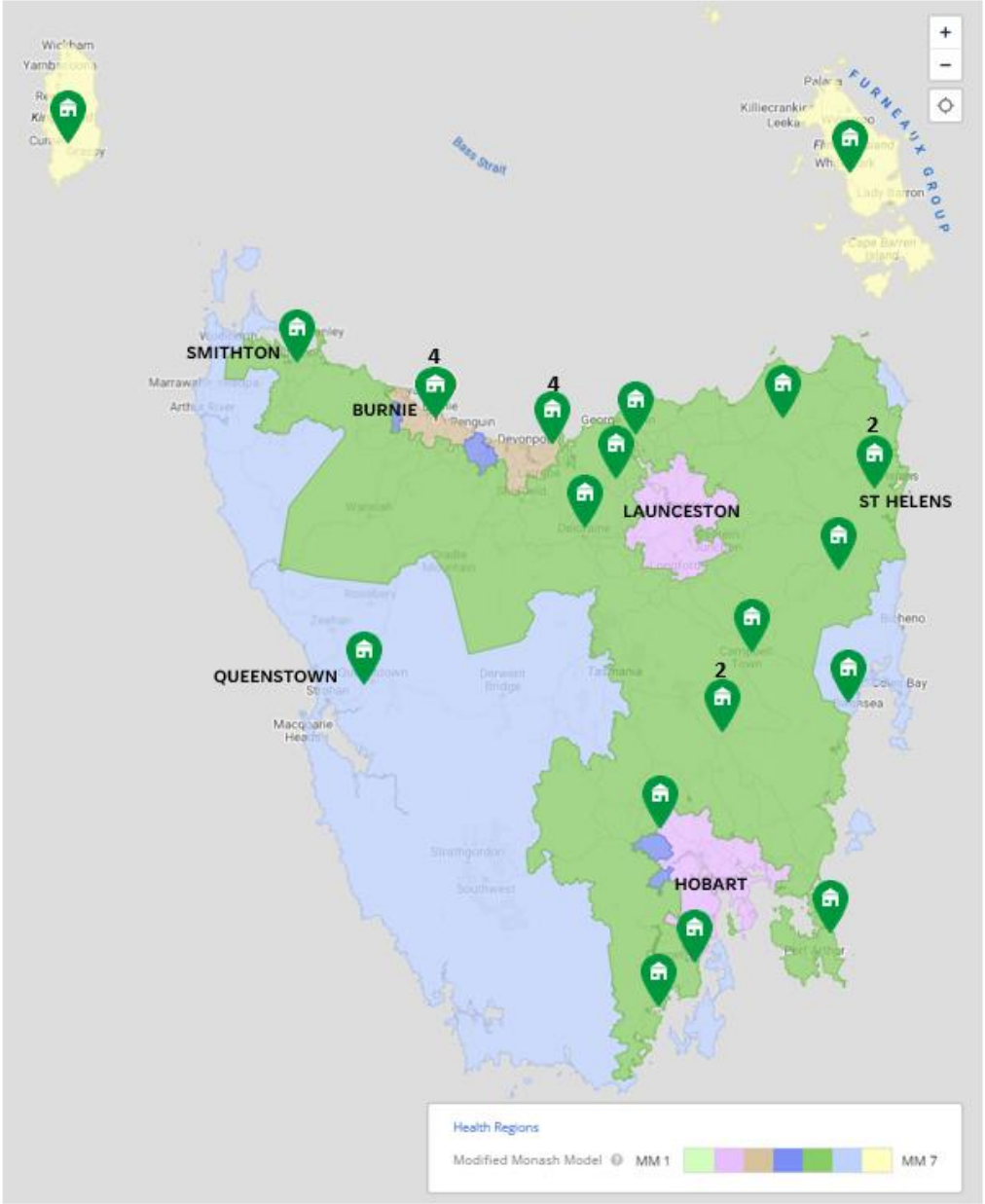
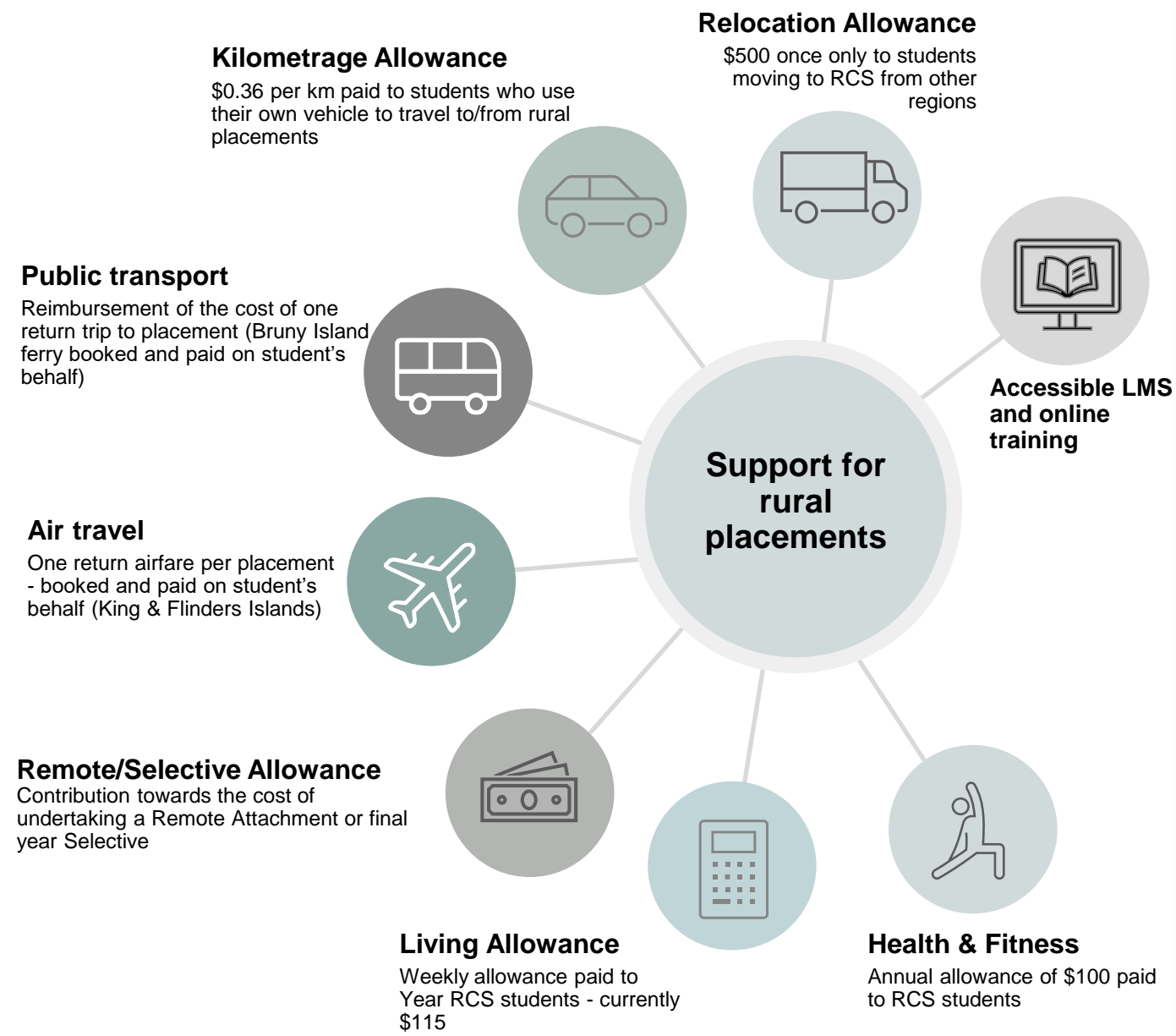
## Regional Training Hub

- Established in 2017
- Supports development of postgraduate pathways – in collaboration with colleges, Tasmanian Health Service and Department of Health
- Creates and delivers training initiatives that connect with medical professionals from intern to consultants
- Develops and supports research initiatives
- Enhances rural experiences for medical professionals
- Collaborates with local, statewide and national stakeholders
- Represents Tasmania as a member of the Southern Regional Training Hub Alliance

## North-West and Northern Tasmania



# Expanding rural placements and supporting supervisors





# Research Support by RCS and RTH

## Research skills seminars

Introduction of an annual seminar program to promote key research skills – open to RCS, THS and local healthcare community

## Research guidance and mentoring

Supporting academic, student and medical workforce collaborations by guiding and mentoring research teams through research projects

## Specific research skills development

Working with academic researchers, local medical professionals and students on short-term research activities to build research skills – healthcare flyers, literature search, conference posters

## Conference support

Opportunities to support researchers, students and medical professionals to attend conferences – practical and financial support

## Building relationships

Building relationships with key stakeholders from a local, statewide and national perspective

## Future goals – research umbrella projects

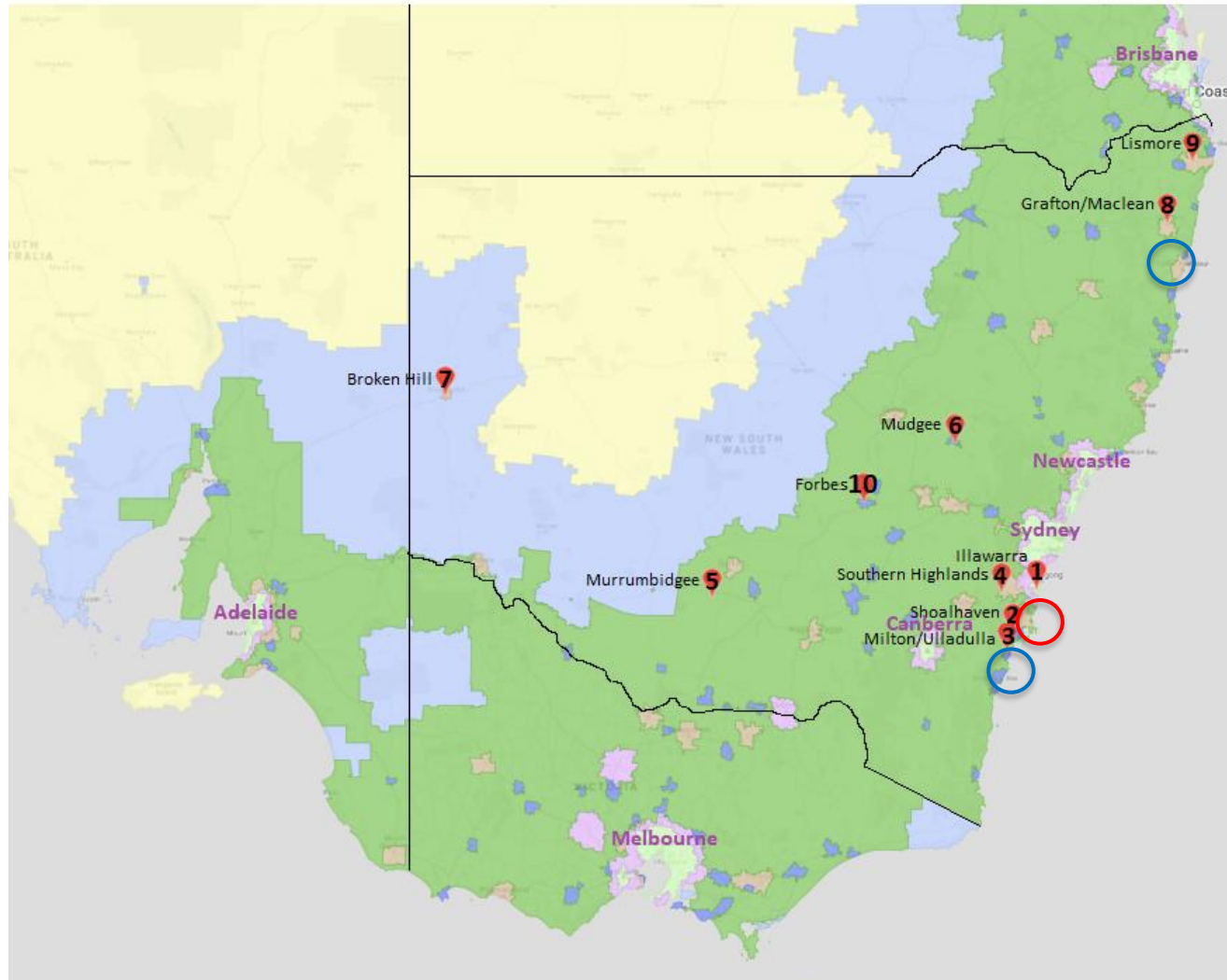
Working with THS to develop overarching 5-year, multi-staged projects to encourage research engagement and collaboration along the continuum from medical student to consultant



# University of Wollongong

## Where we are

Graduate School of Medicine Phase 3 Regional and Rural Hubs in NSW Australia



### Major Cities

Sydney  
Melbourne  
Brisbane  
Adelaide  
Newcastle  
Canberra

### UOW training hubs

1. Illawarra
2. Shoalhaven
3. Milton/Ulladulla
4. Southern Highlands
5. Murrumbidgee
6. Mudgee
7. Broken Hill
8. Grafton/Maclean
9. Lismore/Ballina
10. Forbes

### Modified Monash Model (MMM) 2019

MM1	Metropolitan
MM2	Regional centres
MM3	Large rural towns
MM4	Medium rural towns
MM5	Small rural towns
MM6	Remote communities
MM7	Very remote communities



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA



# University of Wollongong

## Background

### Medical programme

- First intake 2007, first graduation 2010
- ~60% of students have a rural origin
- ~50% of the entire medical program and 70% of Phase 3 (the LIC) is delivered rurally
- Deliberate focus of curriculum on generalism (as opposed to specialism)
- 37% of all Fellowed graduates are practicing in MM2+
- 68% of graduates who have attained Fellowship have done so in general practice/rural generalism, 45% practicing in MM2+

### RTHs

- Established RTH in Clarence Valley in 2017 (cooperation with USyd's RTH in Lismore)
- Approval to establish RTH in Shoalhaven
- Both hubs working with HETI to achieve accreditation for prevocational training
- Focus on maximising rural GP/RG vocational training opportunities
- Both these RTHs are seeing a gratifying return of graduates and trainees to their respective regions

# University of Wollongong

## Initiatives

### Expanded rural placement initiatives:

- Expanding some hospital-based specialty rotations in Grafton
- Expanding pre-clinical learning opportunities in the Southern Highlands
- In the early stages of exploring with a rural LHD the possibility of having clinical placements for senior students in MPSs and RACs with no resident medical staff under remote supervision

### Research initiative:

- Held inaugural rural research conference in the Nowra region earlier this year – good interest and attendance
- Gives attendees the opportunity to showcase their rural research and to develop networks
- This on track to become an annual event

[\*Return to RCS and Hubs List\*](#)

*Next: Western Sydney University*



# From little things BIG things grow

2010



2023



2023





### Key:

➤ ■ Sites in 2010

➤ ■ Sites in 2023



# Annual Aboriginal Health Partners Workshop



# WSU community research forum

- We asked the Bathurst “community” what our priorities should be?
- Representatives from Bathurst organisations included local businesses, recreation, local government agencies, not for profit organisations, charities. Those with an interest in living in a “healthy” community but not working for specific health related organisations.
- Top 5 health research priorities (in no order of priority):
  - i. Health service access
  - ii. Growing our local health workforce
  - iii. Aboriginal Medical Service
  - iv. Healthy living/wellness
  - v. Mental health



Other priorities were Preventative health; Homelessness and low socioeconomic populations; Domestic/family violence; Youth mental health; Health literacy/community education; Dementia support; Community connectedness; Q-Fever; Finding those who fall through the gaps.

[Return to RCS and Hubs List](#)

Next: AMSA Vice President: Gabrielle Dewsbury



# Rural Medical Students and Research

Gabrielle - Vice President



AUSTRALIAN  
MEDICAL STUDENTS'  
ASSOCIATION



# Acknowledgement of Country



# About AMSA



- AMSA is the peak representative body of Australia's 18,000 medical students
- Our mandate is to connect, inform and represent the emerging health workforce
- AMSA advocates on issues pertaining to medical students and the broader health workforce
- AMSA produces resources, webinars, training modules and exam materials to support medical student learning across diverse areas of health



# Opportunity



# Connection





# Support



# Questions?



*Next: Northern Ontario School of Medicine*

*[Return to RCS and Hubs List](#)*

# NOSM U's - Rural Generalist Complimentary Studies (RGCS)



## Why are we doing this?

### Transform Health Human Resource Planning for Northern Ontario

- Approximately 51% of UME graduates are in practice in Northern Ontario.
- Of those who have stayed in Northern Ontario, approximately 22% are in rural communities.

Of the **559** physicians who completed their MD at NOSM University, \*

**284** practise in Northern Ontario + **11** in the Muskoka Region.

**78** in Sudbury

**63** in Rural Communities

**70** in Thunder Bay

**73** in other Urban Communities

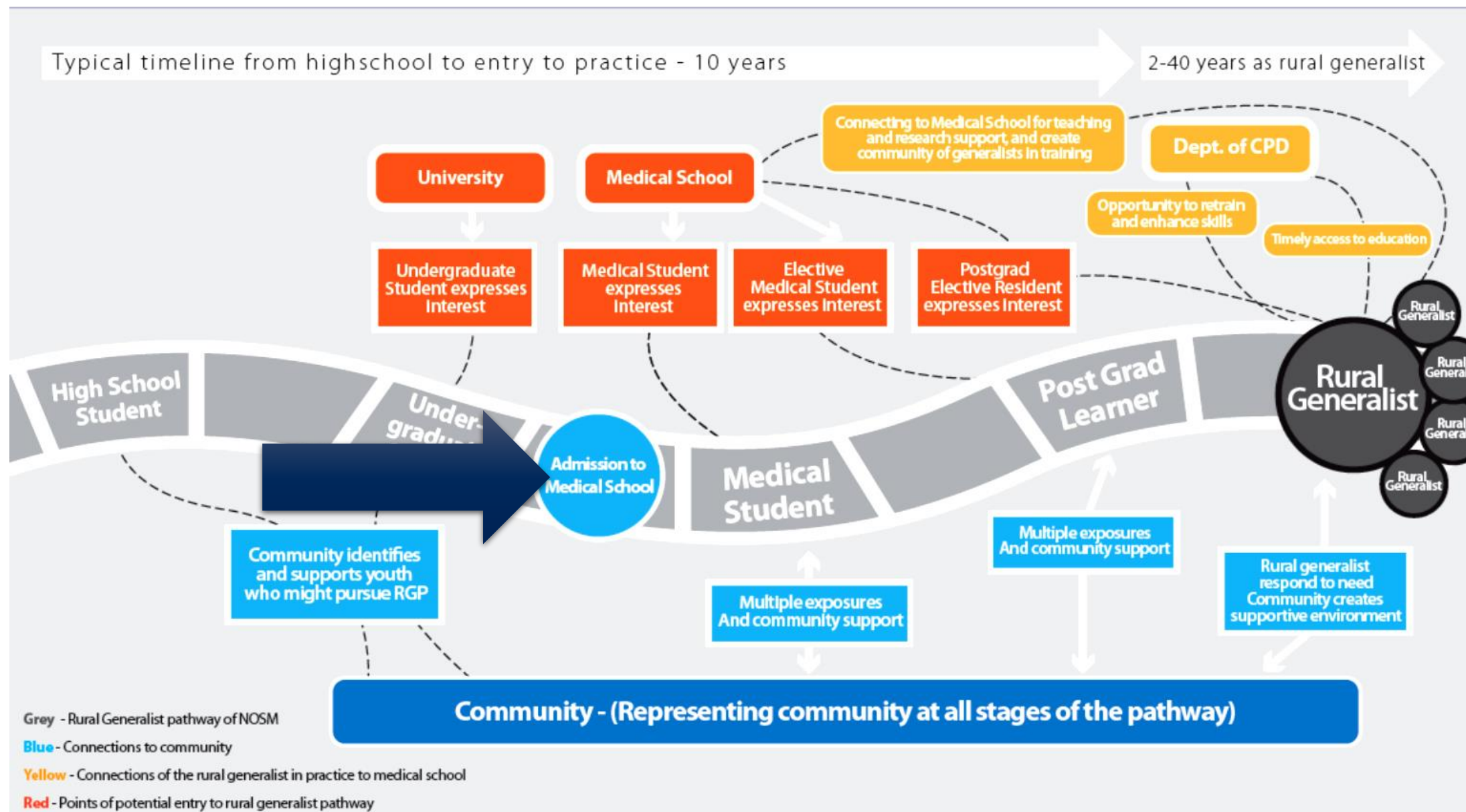


**NOSM**  
UNIVERSITY

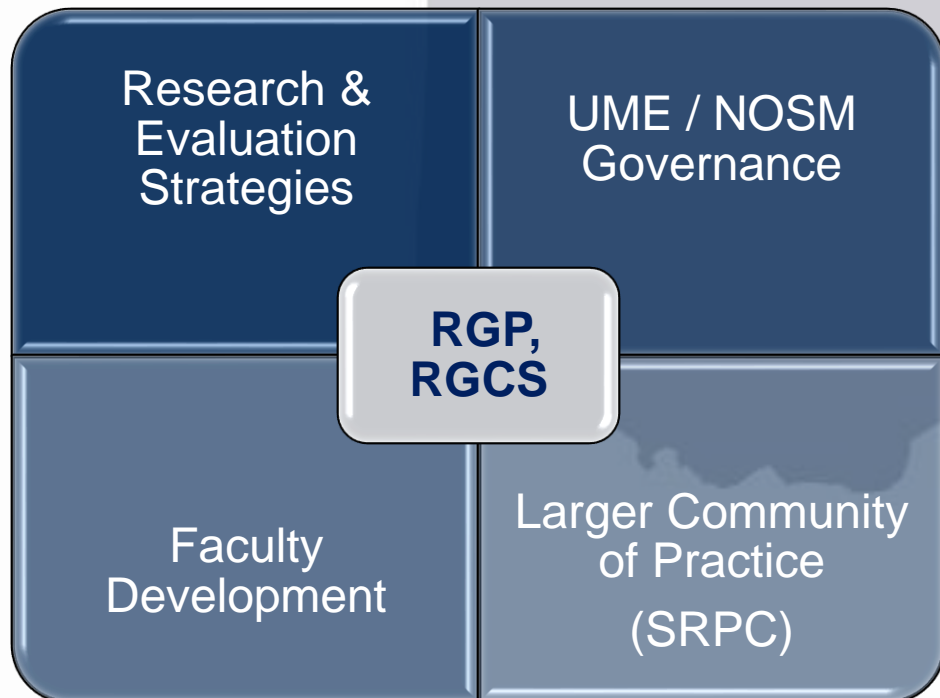
\*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022



# How are we doing this : Rural Generalist Pathway



# How are we doing it?



## RGCS Students Professional Identity Development

Mentorship:  
CAMINO

RGCS  
Tutorials

Leadership &  
Advocacy  
Activities

Rural  
Placements

Student reflection on each activity

**Create a 'community of practice' amongst students, faculty and beyond**

## Supporting Structures

[Return to RCS and Hubs List](#)

# Charles Sturt University

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Central Tablelands, NSW.

Source: <https://www.homestolove.com.au/central-tablelands-nsw-23528>









[Return to  
RCS and  
Hubs List](#)





# Commonwealth Perspective

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Research outcomes from ‘Why  
do junior doctors want (or not  
want) to be GPs’

**Mr Douglas Hay**

Director at Australian Department of  
Health Professional Entry and Rural  
Training

**F R A M E**  
FEDERATION OF RURAL AUSTRALIAN  
MEDICAL EDUCATORS



# Commonwealth Update & Attracting medical students & junior doctors to GP project

Douglas Hay

Professional Entry and Rural Training Section

Workforce Training Branch  
Health Workforce Division



Australian Government  
Department of Health and Aged Care

[www.health.gov.au](http://www.health.gov.au)

[Return to Slide Menu](#)

# RHMT Program



Australian Government  
Department of Health and Aged Care

[www.health.gov.au](http://www.health.gov.au)

# 2022 Outcomes



Over 380 6-month medical placements.



More than 1,640 12-month medical placements.



More than 3,200 short-term medical placements, amounting to over 17,390 training weeks.



Over 95 First Nations students entered a medical placement for the first time.



More than 50 First Nations Students graduated from a medical course.



Over 1,090 (35%) CSPs entering a medical course were of rural origin.





# Investment in RHMT is a priority



Capital and establishment funding for up to 8 new rural campuses for existing medical schools



80 new medical CSPs will be created on top of the existing national allocation.



\$36.2 million for two more University Departments of Rural Health.



\$14.8 million for a Charles Sturt University Rural Clinical School



\$14.3 million to extend the RHMT program in Aged Care Services



# Expansion of Rural Medical Training – Medical Commonwealth Supported Places (CSPs) Grant

- Thanks for patience!
- Absolutely acknowledge we are running later than intended
  - Flexible arrangements are key
- What happened since we last all gathered:
  - **End of July** - Submissions closed and Assessment process began
    - Two phased assessment process
- **October 2023** - Approvals (***We Are Here!***) – Minister Butler and Minister Clare
- **October 2023**: The Commonwealth will seek to advice applicants of results.
- **Late 2023**: Establish agreements with successful applicants.
- The future?



# Mental Health First Aid Program

- Government renewed commitment to deliver mental health first aid training for medical students and expanded this funding to nursing and allied health students.
  - To be delivered through the 'Tackling Critical Mental Health Workforce' Budget Package - \$110 million investment over four years.
- Aimed at growing the psychology workforce, supported best mental health practice and developing peer workforce.
- The Department is currently undertaking a procurement process with MDANZ to facilitate arrangements for training
  - Including an online course and embedded 'train the trainer' arrangements so university staff assist in provisioning training and support.
- It is anticipated that over the three-year funding period the training will be accessed by a total of 63,300 students.



# The elephants in the room!

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Increasing Costs

---

Accommodation Support

---

Savings Posture

---

Reporting Burden

---

Funding for the future

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# Program Evaluation and Consultation

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- The Department has been progressing the recommendations from the RHMT Evaluation by Kristine Battye Consulting (KBC Australia).
- The Department will work with universities to refine activities for the 2025 to 2027 funding period.
- The implementation of the RHMT evaluation recommendations, and the updating of the RHMT Program Framework, remain a priority for the Department.



# Financial Performance Assurance Audit

The 2020 evaluation of the RHMT program recommended:

*The Department should gain more evidence on how grant funds are being used to provide greater transparency and assurance for the Department on the level of the program's rural investment and general financial compliance, in particular ensuring 95% of funding is spent in regional, rural and remote areas, and to understand successes and challenges in this space.*

The Department has engaged KPMG to undertake the Financial Performance Assurance Audit and this work commenced in July 2023.

An Assurance Framework for the RHMT Program will be developed following a recommendation from the Department's 2022 Program Assurance Committee review of the program.

The outcomes of this work will inform future program design and the new 2025-2027 program grant agreements while supporting education and capability uplift of grant recipients.



Australian Government

Department of Health and Aged Care



# Murray-Darling Medical Schools Network (MDMSN)



Australian Government  
Department of Health and Aged Care

[www.health.gov.au](http://www.health.gov.au)

# MDMSN Funding & Evaluation

- \$13.74 million for ongoing costs (to December 2024)
- Annual progress reports provide feedback to improve MDMSN outcomes.
- Medium to long term: will be evaluated as part of the broader Stronger Rural Health Strategy Evaluation.
- MDMSN Evaluation and monitoring framework currently being implemented.

# Updates on Current Medical Training Initiatives



Australian Government  
Department of Health and Aged Care

[www.health.gov.au](http://www.health.gov.au)



# Feasibility study into GP registrar employment entitlements

- KPMG have concluded a feasibility study into three options for GP registrar employment entitlements
  1. Portability Scheme: requires establishment of a national entity to enable the portability of accrued leave of GP registrars regardless of changes to employers during GP training. It would cover nine leave types, including parental leave.
  2. Incentive and parental leave payment: This option has two parts:
    - An incentive payment that can be linked to areas of workforce priority.
    - A parental leave support lump sum payment for registrars who qualify for statutory paid parental leave.
  3. Single Employer Model: establishes a single employer arrangement where a new Entity (at the National or Jurisdictional level) will act as an employer for GP registrars throughout their training experience.
- There is no consensus between stakeholders regarding a preferred model for reform of employment arrangements in GP training.
- The Department is conducting a targeted consultation with GP stakeholders on KPMG's Final Report throughout September and October 2023.




# Single Employer Model (SEM) Trials

- Expansion of up to 20 SEM trials in October 2022 and May 2023 Budgets.
  - In addition to existing trials in Murrumbidgee and Riverland Mallee Coorong regions.
- Tasmania commenced their state-wide trial on 24 July 2023.
- Proposal for 2 collaborative trials in NSW has been approved
  - Commencing at the beginning of 2024.
- All states and the Northern Territory intend to pursue at least one SEM trial.
- A comprehensive evaluation of the trials will commence in late 2023 to assess if the trials are achieving the desired outcomes.
  - The Evaluation Framework is due for completion by the first half of 2024
  - An evaluator will be appointed to implement the national evaluation.

# Rural Generalist and General Practitioner Advanced Skill Training program

- The Australian Government is providing \$11.7 million to support 15 training posts per annum for the new Rural Generalist (RG) and General Practitioner (GP) Advanced Skill Training program over three training years, commencing in 2023.
- Need to grow the number of GPs and RGs and opportunities for doctors to supplement skills and broaden scope of practice.
  - Hoping to shift balance between generalists and subspecialists towards generalists.
- Proposal is considered a pilot as the Commonwealth has not previously provided support for this workforce.
  - Department is working with stakeholders on approach to implement this measure.





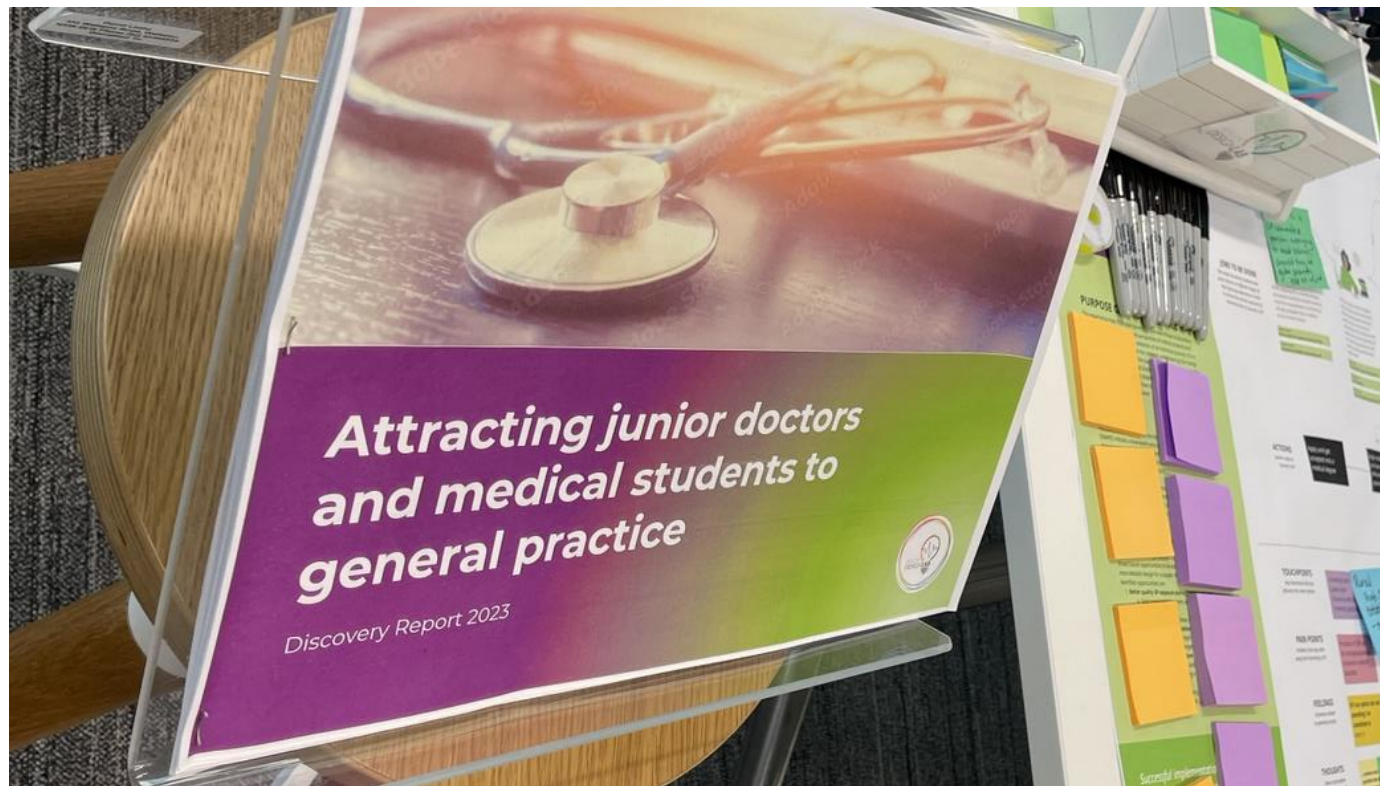
# Commonwealth Perspective – Initiatives and Plans: Research Outcomes from ‘Why do junior doctors want (or not want) to be GPs



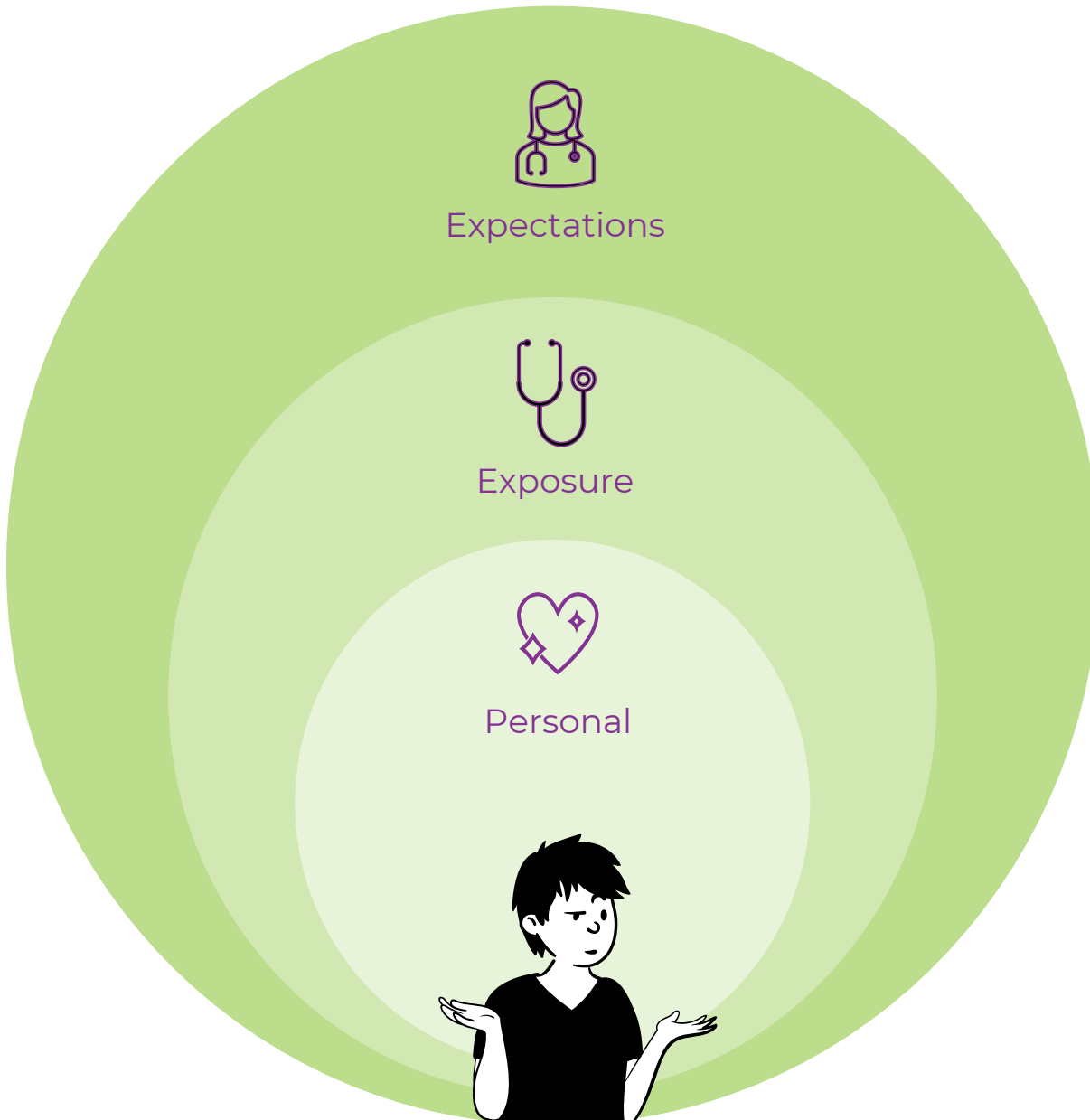
# Attracting medical students & junior doctors to GP project

Since we last discussed the project in May:

- Report finalised and released to stakeholders in August – please circulate it across your network, we want it widely available to empower all parts of the sector to consider how they take action
  - Email [Katherine.Power@health.gov.au](mailto:Katherine.Power@health.gov.au) or [Rhia.Buick@health.gov.au](mailto:Rhia.Buick@health.gov.au) for copies
- Experience Map – 6m exploration of the view of becoming a GP from medical student and junior doctor perspective
  - Limited physical copies available
  - Working on how we can provide high quality digital versions – watch this space!
- Consultations with GPTAC and Colleges on opportunities to action relevant findings individually and collaboratively
  - Views welcomed on best approach for engaging with tertiary sector



# Findings recap: Attracting medical students & junior doctors to GP project



There are three main factors influencing junior doctors and medical student career decision-making:

## **Personal factors**, including

- personal interest
- circumstances such as age, location preferences and family,
- personal history with GPs

## **Exposure**, including

- the broader stigma and narrative around GPs
- exposure to general practice throughout training
- GP role models, teachers, and supervisors

## **Expectations of becoming a GP**, including

- *Negative expectations*: system challenges (i.e. Medicare billing structure), lack of support as a GP and siloed training programs
- *Positive expectations*: breadth and variety as a GP, value and importance of the role, and lifestyle benefits

**The decision-making process is complex and multifaceted. The factors are dynamic, interactive and evolve over time.**



# Findings recap: most of the cohort are open-minded about their specialty

Certain I want to be a GP

Leaning towards GP

Open to options

Leaning away from GP

Certain I don't want to be a GP

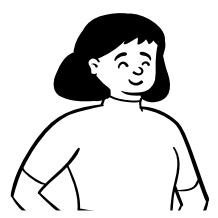


## GP-committed George

*"I love general practice but wish it would change... I hate the way the billing system works, when you can only spend 15 mins with patients"*

### Maintain commitment

- Address pay and system challenges
- Better quality GP exposure during training (placements and rotations).



## Lifestyle seeker Li

*"Work-life balance is going to be at the forefront of all my decisions when choosing specialty. Other people are choosing specialties with more prestige and pay but I don't want work to take away the things that make me happy in life, such as my family."*

### Opportunities to sway

- Address pay and system challenges (avoid pay drop)
- Business upskilling



## Decision delayer Dali

*"I'm taking a step back and having more exposure before making a decision. If I get into GP training, it feels like a one-way path. It will be difficult to go back to the hospital system which I enjoy."*

### Opportunities to sway

- Better support and team culture as a GP
- More integration between GPs and the hospital system



## Safety net Sadia

*"GP is my back up option. If I don't make it into the specialty I want, I can always do general practice. It's irrational to not have a plan B."*

### Opportunities to sway

- Better quality GP exposure
- Better reputation and respect
- More GP role models, mentors, good teachers and career advisors

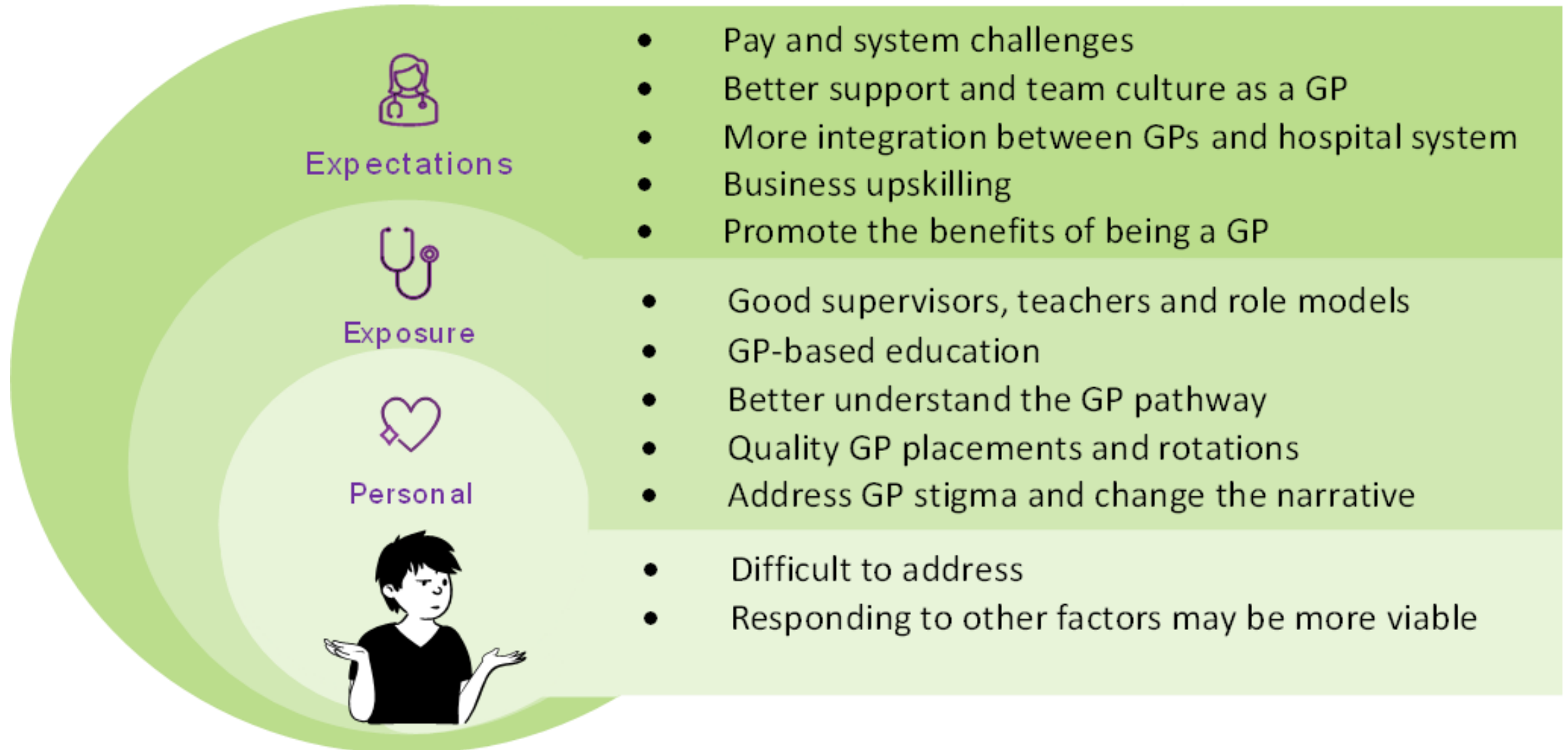


## Gold-star-hunter Gary

*"... I'd have to acquire a brain injury that considerably changes my personality for me to be a GP"*

### Can't be swayed

# Summary: opportunities to influence the next generation towards general practice



# Deep dive: hearing from medical students and junior doctors about GP exposure



Personal

Exposure

Expectation

## Negative narratives & stigma

“

***Are you going to specialise, or are you just going to be a GP? .... People think If you couldn't make it as a real doctor, you just become a GP***

*Resident 5*

***There is a lack of respect towards GPs.***

*Intern 6*

***There is a stigma that GPs are just referral machines.***

*Medical student 3*

***The stigma absolutely plays into the decision for students to be GPs***

*Resident 3*

## Lack of GP role models

“

***Contact with GP mentors would be very useful in cultivating interest in GPs.***

*Intern 4*

***I wouldn't have gone down the GP path if I didn't have a good person who taught me.***

*Resident 5*

***I didn't really make use of any resources when choosing specialties, but talking to people and engaging with people about their work.***

*Intern 5*

## Lack of quality GP experiences

“

***A bad GP rotation can make or break what you want to do.***

*Resident 5*

***During my GP placement, I spent time sitting by myself in the corner 'pot-planting' which I did not find appealing.***

*Intern 4*

***For me to wait 4 years [to experience a GP clinic] isn't good, it should be a lot sooner.***

*Medical student 5*

***There is an Impossible balance to teach students and see patients all within 15 minutes.***

*Intern 1*





*Not really increasing the length of GP placements in med school - you need to increase the quality ... a bad GP rotation can make or break what you want to do.*  
Resident 5

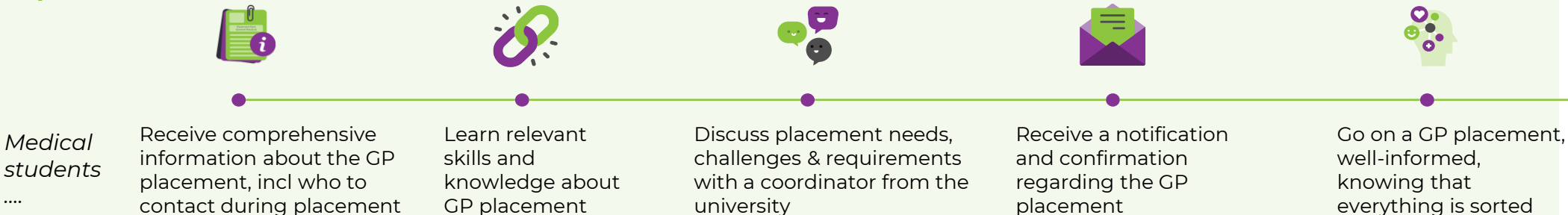
# Features of quality exposure at different medical school stages

Features identified	Pre-clinical medical school	Clinical medical school
Good supervisors, teachers and role models	<ul style="list-style-type: none"><li>• <b>People talk positively about the profession</b></li><li>• Networking</li></ul>	
GP-based education	<ul style="list-style-type: none"><li>• GP-based education included in university course</li><li>• GPs as teachers or guest lecturers</li><li>• GP-based simulation activities</li></ul>	
Understanding the GP pathway	<b>Aware</b> of GP pathways	<b>Learn</b> about GP pathways
<b>Placement or rotations that includes:</b> <ul style="list-style-type: none"><li>• <b>Responsibilities appropriate for their scope</b></li><li>• <b>Time to receive constructive feedback</b></li><li>• <b>Reasonable length of time</b></li><li>• <b>Feeling welcomed by the team</b></li><li>• <b>Supported with logistics</b></li><li>• <b>Variety</b></li></ul>	<b>Early GP exposure</b> via observational placements	<b>Multiple GP placements</b> Actively contributing (e.g. parallel consulting)
	<ul style="list-style-type: none"><li>• <b>Relevance</b> between GP education and placements</li><li>• <b>Student evaluations</b> and University acts on feedback</li><li>• Model: short-term or longitudinal placements</li><li>• Variety: types of GP clinics, location (i.e. Rural and metro), breadth of general practice (i.e. types of work and specialties) and multiple GP supervisors</li></ul>	
Address stigma and change the narrative	<ul style="list-style-type: none"><li>• Debunk myths about general practice</li><li>• Sell and talk preferably about general practice so students feel “excited” about being a GP</li></ul>	

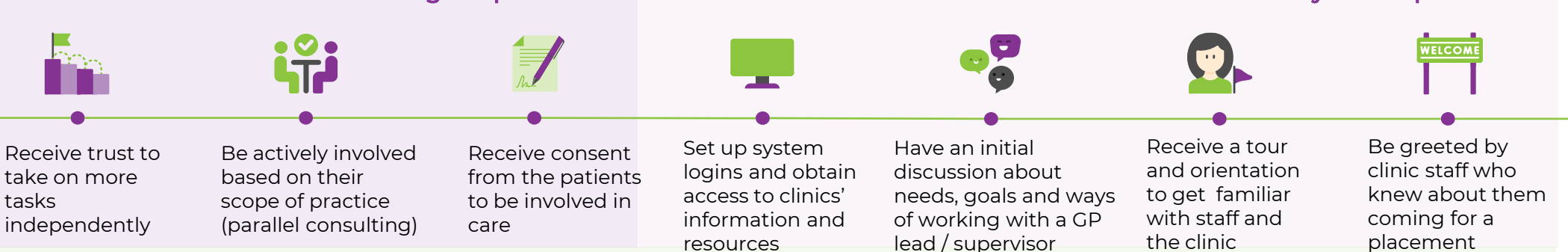
# Deep dive on positive GP exposure: consistently high-quality GP placements

## *Future state design of quality GP placement*

### Before going to placement

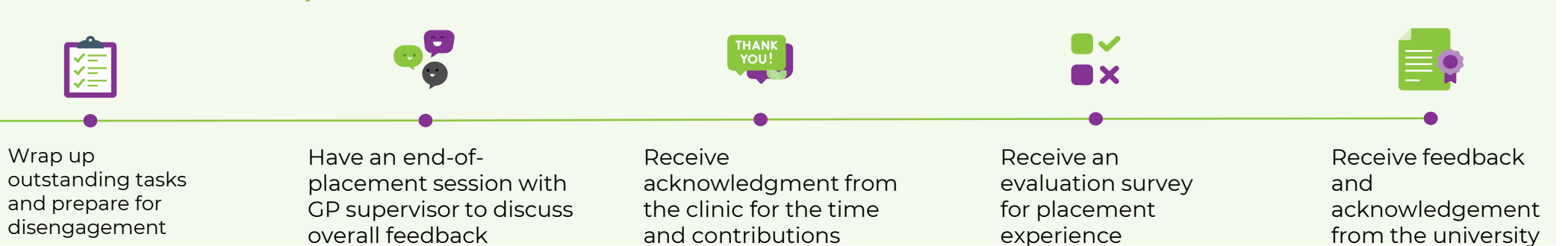


### During the placement



### First day on the placement

### Towards the end of the placement



# Things to Consider

- What are the top priority actions we could take in response to the findings?
- Are there insights in the experience map and the ingredients for a great placement that are relevant to placements that you offer?
- Is there anything that you find particularly insightful/useful/surprising in the experience map?
- How can you use the broader insights in the experience map in your programs?





# GP Attraction

- Development of a **GP Attraction Strategy** agreed at the Health Ministers' Meeting in April 2023
- The Strategy will target reforms to nudge our existing pool of medical students and junior doctors to pursue general practice careers, as well as broader reform opportunities
- The Commonwealth will continue consultations with the sector and jurisdictions regarding GP registrar employment reform options
- A discussion framework has been developed to guide development
  - The framework defines the focus areas where action is needed, outlines existing efforts and identifies gaps and opportunities for intervention

# College-Led GP Training

- College-Led General Practice Training
  - Commencement of College-Led Training models from 1 February 2023
  - Establishment of approach to College-Led Training Mid-cycle review in 2024
- National Consistent Payments framework – Implementation
  - Finalised Services Australia payment system build January 2023
  - Delivery of support payments and enabled data system reporting and analysis
- Aboriginal Health Training & Salary Support
  - Establishment of the Joint Colleges Training Service Pty Ltd (JCTS)
    - Management of Aboriginal Health Training
    - Employment of Cultural Educators and Cultural Mentors
  - Finalising establishment of the First Nations General Practice Training Committee



## *Questions?*

### *Further Information*

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