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

8. Hubs Meeting
SLIDES
VIDEO RECORDING

9. Workshop Feedback: expanding supervision - addressing the barriers
SLIDES
VIDEO RECORDING

10. Evaluation of Murray Darling Medical School Network and Regional Training Hubs: Overview of Approach
Dr. Deborah Roczo *with* Dr. Kristine Battye
SLIDES
VIDEO RECORDING

11. Introduction to Rural Research Capacity Building - Panel Discussion
Associate Professor Andrew Kirke
SLIDES
VIDEO RECORDING

12. The significance of RCS' role in research
Professor Jenny May
SLIDES
VIDEO RECORDING

13. Significance of RCS and Hubs in research impact
Associate Professor Matthew McGrail
VIDEO RECORDING only

14. Embedding students in research
Dr. Zelda Doyle
SLIDES
VIDEO RECORDING

15. Research making a difference in Remote Australia
Dr. Emma Griffiths
VIDEO RECORDING only

16. Panel discussion – Barriers and Enablers to Rural Research
VIDEO RECORDING only

17. Business meeting: RCS and Hubs
FRAME chair Professor Lucie Walters
SLIDES
VIDEO RECORDING

18. Round table workshop outcomes - rural research
Professor Judi Walker
SLIDES only

19. Reflective Plenary
Professor Ruth Stewart
SLIDES
VIDEO RECORDING


Tulips at Table Cape, North West Tasmania

National RTH Session Agenda @ FRAME Oct 2023

1. Introduction to the National RTH Steering Committee – Terms of Reference circulated prior to session – L. Cutler/G. McAnulty

2. National RTH Forum Feedback Presentation and related recommendations – L. Cutler

3. Project Officer Group Update: Dr. Philippa Southwell

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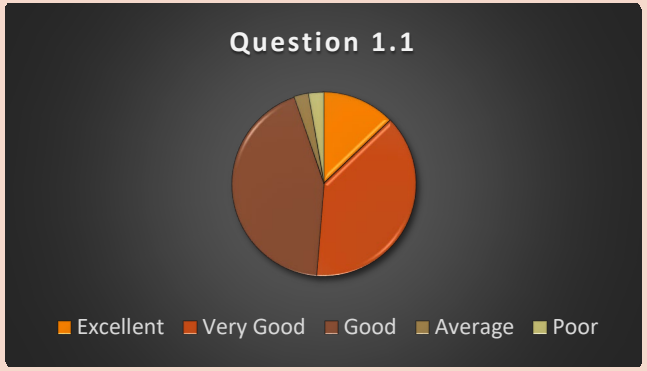
2023 NATIONAL REGIONAL TRAINING HUBS FORUM
FINAL SURVEY OUTCOMES

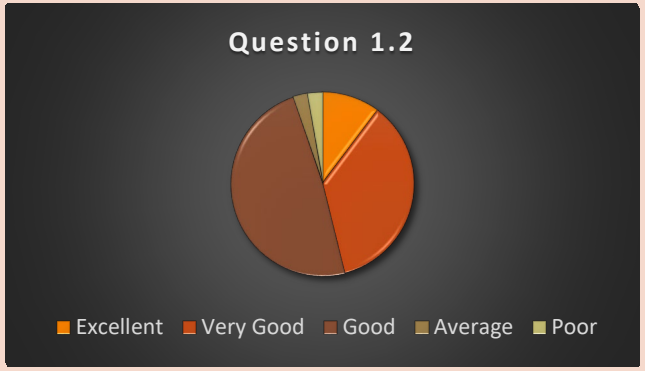
Thinking about the final session on Day 2 " Where to from here?"

How helpful was the process?



Excellent	5
Very Good	15
Good	17
Average	1
Poor	1*

How helpful were the outcomes?



Excellent	4
Very Good	14
Good	19
Average	1
Poor	1*

* Virtual – couldn't hear

Great to hear so many interested in National collaboration in some form

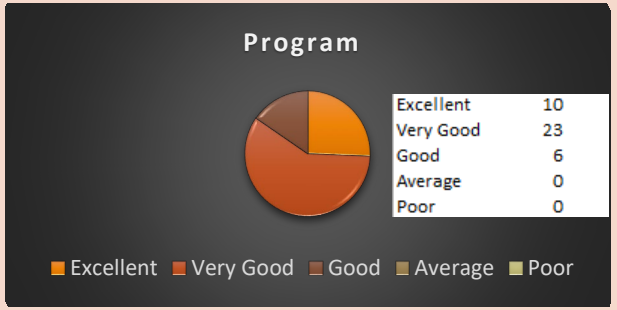
I really wish the government representative could have stayed for longer and given more firm direction. It was clear that everyone is doing great things but its such a large remit that some direction to ensure targets and measures could be implemented to provide validation of the various programs/events etc

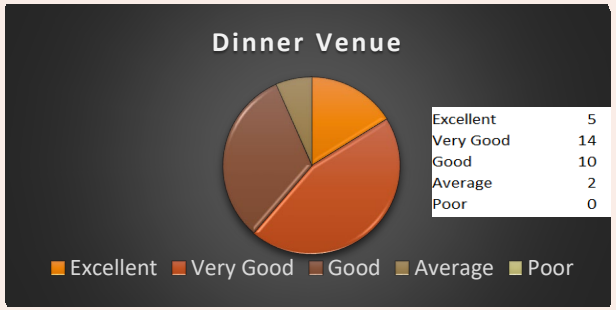
Was good that the session prompted attendees to think about the future direction of RTHs

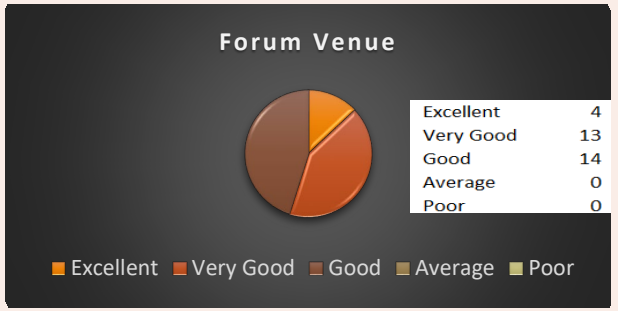
It was great to see lots of great ideas and projects being done around the country!

Results based on 25 face to face respondents, 8 virtual 5 undeclared out of possible 40

Thinking about the whole Forum how would you rate:



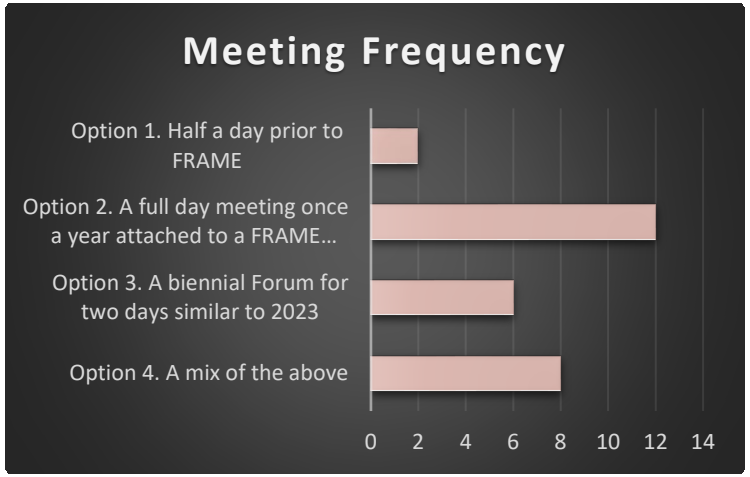




As a virtual attendee it was difficult to remain focused while watching in the workplace. Not any fault of the organizers or the program	The networking opportunities where the best and made the face to face worth it The toolkit was very helpful
I was there online and unable to take part in the networking but it looked good! Hard to comment on the venue and dinner for that reason. Some of the speakers were difficult to hear online	Would loved to have been there There wasn't nearly enough water at the breaks and during the event Each of the submissions was very interesting and had applications in our area
Online only sadly - still found the sessions really valuable but much harder to protect the time when not physically present and have heard from my colleagues in attendance how valuable the out-of session networking opportunities were	I really enjoyed the forum, it was great to be able to see that other Hubs teams are around and are amazing, and I really look forward to collaborating more with our interstate Hubs colleagues
Thank you to the organising committee, the forum ran seamlessly and provided a great opportunity to share ideas, connect and think strategically about the RTH on a national level	The program was great as a "taste" of so many different topics, which I think was much needed at this point. Future sessions may allow us to explore fewer topics in greater depth. Given the busy schedule there was less opportunity for networking than may have been desired...again though, it was hard to fit in around all the great content!

Thinking about connecting RTHs Nationally in the future, would you please consider and respond to the following questions:

What are your preferences for national RTH meetings/forums in the future:



If you indicated a mix of the above or have any other suggestions, please add these:

Plus half day attached to FRAME
Not all staff are attached to FRAME
Close second preference would be biennial forum.
I would be happy with either option 1 or option 2, linking to a FRAME meeting makes sense to me
Half day prior to frame plus biennial 2-day forum
A biennial 2-day forum with a full day meeting once a year attached to a FRAME meeting.
Annual face to face meeting supplemented by meetings as needed in parallel to FRAME. Include on-line capacity as appropriate.
Attached to Frame meetings is great but also having our own conference in Sydney this year was a great opportunity to focus solely on RTH activity.
I don't think a half day would be adequate. Either of the other options would work.
Full day attached to FRAME
Biennial

Recommendations:

The National RTH Steering Committee considered the feedback and make the following recommendations:

1. The RTH representative on the FRAME policy group will request a minimum of a half day annually adjacent to a FRAME meeting held in Canberra with zoom capacity during even years
2. A biennial 2-day National RTH Forum will be held (next in 2025) in Sydney in odd years.
3. The National RTH Steering Committee will hold two of their four meetings per year adjacent to FRAME and the FRAME RTH Representative will request a meeting room with zoom capacity to become part of the FRAME meeting plans on a regular basis.

Would you like short ad hoc on-line meetings between national RTHs on specific subjects for example accreditation processes? Yes **38** No **1**

Would you please nominate topics or issues for the above meetings:

Relationship with DoHA (Objectives 6a-6e)

Upcoming Evaluation of the RTH program by the DoHA
National issues for RTHs that can be discussed with Government
CSPs & CSP bids
Other Grant Opportunities
John Flynn Prevocational - other RTH experience preparing these grants

Relationships with Colleges (Objective 6b)

Engagement with Colleges
Information from Colleges on regional strategies
Inclusion of National RTH input into College accreditation planning

Training Pathways (Objective 6c, 6c)

Single Employer Model (2)
How to increase speciality training opportunities
Getting post-graduate training pathways established rurally (e.g. end-to-end paediatric or physician training outside of metro)

Accreditation (Objectives 6c, 6e)

Accreditation x 2
Accreditation is a great one
Accreditation processes x 2

Data

Data definitions
Gathering and collating data on Hubs' initiatives
Data collection
Successful programs with results and data showing this

Student & junior doctor initiatives (Objective 6b, 6d)

Groups based on student level and junior doctor level activity
Placements for electives cross border

Workforce (Objective 6e)

IMG on-boarding and tutorials
IMG workforce sustainability
Orientation

RTH Related Research

Research
Research opportunities & platforms
Research development
Collaborative research

Would you like to be involved in small working groups between national RTHs in specific areas for example sharing and defining approaches to data gathering and use? Yes **38** No **1**

Please nominate other areas for consideration by national working groups:

Colleges (Objective 6b)

Engaging with Colleges - sharing learnings
Establishing post-grad specialist training pathways rurally
Strengthening relationships with Specialist Colleges

National Story Telling

Project Officer Network (Hubstars)

Medical Mentoring

Data

Data definitions
Research/data collection
Evidence-Based Interventions

Recruitment (Objective 6e)

Retaining doctors in regional/rural areas

Final Recommendations

Overall the feedback concerning the forum was positive and there are many other positive outcomes/recommendations including:

- Setting up of the National RTH Steering Committee with representation from state and NT jurisdictions
- setting up the RTH Project Officer Network
- the creation of an on-line Toolbox which provides valuable information on existing initiatives undertaken by RTH's
- compiling a range of topics and issues for future sessions at meetings and or to be addressed separately via zoom webinar for the PO group or if appropriate a larger group

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Workshop: expanding supervision - addressing the barriers

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1. Supporting Supervisors - educational initiatives for supervisors and staff
2. Supporting placements - infrastructure initiatives
3. Innovative community-based placements
4. Developing placements without a medical supervisor. Remote supervision models, MD supervision
5. Developing placements to meet health needs
6. Preventing burnout in rural supervisors

Workshop 2:00pm until 3:00pm

Workshop: expanding supervision - addressing the barriers

Feedback: Group 1

Supporting Supervisors - educational initiatives for supervisors and staff

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Strategies

1. Establish supervisor needs.

2. Foster teaching skills in medical students and junior doctors.

3. Collaboration being organisations to provide training.

4. Sharing resources for supervisor training:
- National Clinical Educator Portal

5. Roadblocks to supervisor engagement:
- Patient load
- Time poor
- Financial constraints
- Distance

6. Professional staff facilitating connection to supervisors and resource development.

Fostering a culture of teaching excellence.

Workshop: expanding supervision - addressing the barriers

Feedback: Group 2

Supporting placements - infrastructure initiatives

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Current initiatives for GP teaching:

- Additional teaching payment on top of PIP of various values per session
  - Minimum 3 hour session
  - Ask for consults to be longer appointments
  - Came from feedback from students and supervisors
- Initially an infrastructure payment to assist with setup of teaching space (clinical room, computer systems, internet connectivity etc)
- Many Schools do not currently provide a teaching payment

Issues with current funding:

- Not being able to utilise underspend on ‘other activities / other areas’
- Not a timely response from the Department / need to speed up approval of reallocating funds so can be utilised where needed in a timely manner
- Underspend often comes from staff positions not being filled – increases the need for other staff to travel to cover the ‘gap’ but then there is an overspend on travel – need to have the autonomy to do this

What would help:

- Having an infrastructure budget with initial parameters / forecast budget and then report back at the end of the funding period on what it was spent on
  - Assist practices with better internet connectivity
  - Funding that allows room to be solely dedicated for students
- A process to apply for further funding if required
- MBS item number for student consultations
- Increasing PIP incentive payment
- Dedicated infrastructure team within the Dept team
- Teaching the teacher
- We can’t put a $ value on GP teaching time

Workshop: expanding supervision - addressing the barriers

Feedback: Group 3

Innovative community-based placements

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

Current community placements

- Non-medical placements (short rotations, early years, late years)
  - Refugee placements
  - Community health centres
  - Mental health lines (ND)
  - Sexual health, family planning, ACAT (ANU)
  - DA (UOW), environmental health (Kimberley)
  - Ambulance ridealongs (ND) ? insurance
  - Portfolio approach (ANU)
- Community advisory committee (ANU, ND) to drive programs
- Aboriginal cultural immersion (ND, UOW, JCU)
- Community engagement - farmstays/ farm events (ND, ANU), events (ANU)
- Patients journey – 4 students talking to patient about their journey

Current community placements

IPE experiences

- Simulation – collaborating with others eg (IPE) paramedics (ND)
- Shadowing placements

Aged care – visits with GP supervisors common, difficult to get GP supervisors within RACF, need support from RACF CEO and board, not able to place students during pandemic, timing of GP visits. Challenges include supervision. Can spend a week in RACF (UTas) but need nurse supervisor or GP supervisor.

Prison placement (ND), with GP supervisor, have safety beeper, do not have to do safety training (UWS Lithgow), or have to do training (Bathurst) , student placement agreements, risk assessment forms

Challenges – students believe not health related, ensuring students safe, students did not like aged care. Need to consider is it community health placements or is it getting to know a rural community – can do both. Need to evaluate/ track and evaluate

Advantages – community engagement, learning about socioeconomic inequity

General practice placements

- Range of approaches
- Whole year with one GP longitudinal placements (eg one day, 2 days)
- Rotating placements 3-4 weeks from urban area into rural GP
- Based in rural area for longitudinal terms but rotating between GP and rural hospital rotations
- Teaching can be delivered as one day a week or in intensive blocks

- Challenges – 1 day a week makes difficult to connect into team (orientation week in Utas makes easier to settle in), can do one day GP while doing other rotations
- Workforce issues
- Passive placements

Future innovative community placements

- Students need orientation in new rural location, need to get to know non-medical aspects of town, Aboriginal cultural experience (challenges include lack of transport, could use bus, public transport, fuel allowance).
- Students needing life skills (cooking, using washing machine)
- Business management/ skills
- ? PIP for nurse practitioner supervision

Workshop: expanding supervision - addressing the barriers

Feedback: Group 4

Developing placements without a medical supervisor. Remote supervision models, MD supervision.

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Defining remote supervision

Contexts:

1. Locations where senior students are on placement but they do not have a supervising doctor on site. May have RFDS, remote area nurse or other responsible doctors that are not their supervisors
2. Traditional – spending time with other health professionals although supervisor is back in practice
3. Student led clinics (with restricted scope of practice)
4. Emerging … telehealth – needs parameters to be defined. Is it OK to supervise medical students via telehealth… yes, but

Key Success Factors

- Someone who knows the student and can communicate with them
- Practical considerations – students who are suited to the arrangement that is proposed, are self-aware (know their own limitations), have some emotional intelligence
- Remote supervisor needs to know where their “students” are at in their training and how tight the supervision “lead” needs to be – needs to know the context as well as the student
- Need to find ways that the remote supervisor can pick up on nuances and student’s “wellbeing”
- Good preparation and peer or “trusted adviser” support on-site
- Not a “staccato” approach – continuity of supervision

Continued …

- Students need to know what their skills actually are – a well defined scope of practice
- Other health professionals “on the ground” become supervisors by default so it is important that they are part of the process of developing the supervision arrangements/acknowledged as part of the supervising team
- Requires structure, established and maintained relationships
- Consent from patients, students, local health professionals, health service understanding of the liability
- Mechanism for debriefing – both scheduled and ad-hoc

Workshop: expanding supervision - addressing the barriers

Feedback: Group 5

Developing placements to meet health needs

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Developing placements to meet health needs

Identify the communities need

- Students learn to conduct a community needs assessment
- Early years audit later years implement in partnership with community
- Need funding support for investment and infrastructure

Identify supervision needs

- Multi-disciplinary teams
- Understanding barriers – is assessment supervisor friendly
- Benefits for both the supervisors and the students

Identify student needs

- Benefits for both the supervisors and the students
- Right student/right experience (learning stage)
- Students have an opportunity to make a valuable contribution

Brainstorming – what does this look like?

- Dental services in AMS – University partnership
- Ideas – chronic pain – pain clinic – tele-health specialist, GP, physiotherapy & psychology – RCS pain clinic or GP room
- Health literacy – screening and public health
- Vaccination audit and follow-up

Workshop: expanding supervision - addressing the barriers

Feedback: Group 6

Preventing burnout in rural supervisors

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

What causes burnout?

- Do we really know? Need to ask the important questions of clinicians and GPs to understand the real causes of burnout
- Supervision can be labour-intensive
- Not knowing who to speak to about supervision problems
- Lack of backup – cant take a break or take time out because there's no one else to take over the responsibility for a period of time

Possible supports and/or solutions

- Support well-being – make well-being a priority and be at the forefront of practice, be proactive in that practice
- Have dedicated person/s as primary contact person to support supervisors and promote their well-being
- Creating connections between supervisors – a support network
- Celebrate wins - Invite to be part of student successes
- Accessing support organisations – ie, Doctors Health Advisory Service
- Reduce burden – supervision can be reduced (in some situations) to task specific – supervision team

- Peer to peer support – 1 hour a week peer support session
- Learn from models / practices used in other healthcare disciplines
- Providing backup / substitute person when supervisor needs time out
- Moderate students expectations about supervision
- Future proof students – help them to understand that don't always have to be 'high achievers'
- Encourage supervisors to have balance beyond their medical identity
- Focus on resilience (as opposed to the use of 'resilience' as a indication of a shortfall) – flourishing rather than indicating a lack

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Healthcare Management Advisors

KOC Australia

Murray Darling Medical School Network Evaluation

FRAME 2023 Meeting, Tuesday 17 October

Devonport Tasmania

MDMSN Evaluation Scope

- Undertake a deep dive into the implementation of the MDMSN in the broader context of Regional Training Hubs and other end-to-end medical training programs in rural Australia.
- Establish an evaluation framework to be embedded into the programs of all universities participating in the MDMSN as a means for ongoing evaluation.

Evaluation Objectives

Four key elements

01

Evaluate

Implementation of the MDMSN and current arrangements in place at its early stages

02

Compare

MDMSN medical schools to similar end-to-end training models

03

Context

Review the role and impacts of RTH as part of end-to-end medical training arrangements

04

Plan

Develop a long-term evaluation framework and governance arrangements for MDMSN universities

RTH Evaluation

Purpose

to understand the role and impacts of RTHs as part of end-to-end medical training arrangements in comparison with the ‘usual’ rural clinical school training arrangements

Scope

26 RTHs across Australia

Key focus areas

- Roles and function of the RTHs in:
  1. University support for medical training program implementation in MM2-7
  2. Translation of medical students into rural and regional prevocational and vocational training pathways
  3. Support for junior doctors
  4. Development of medical training capacity and capability in rural training pathways
- Value add of RTH and key achievements
- Any areas of duplication
- Sustainability and transferability of the RTH model/s

Questions to the group

1. Noting the variability of each RTH, what does success look like to you?
2. What are the challenges or pressure points in delivering RTH services?
3. What is needed to integrate end-to-end medical student training with the existing RHMT / RTH model?
4. How can RTHs be strengthened or streamlined?

Thank you

Deborah Roczo, Managing Director HMA
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Kris Battye, Director KBC Australia
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Healthcare Management Advisors

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Introduction to Rural Research Capacity Building - Panel Discussion

Supporting Rural Research, Student Projects in the Country and General Practice - tips and tricks getting started and keeping going

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View from The Nut, overlooking Stanley, NW Tasmania

Associate Professor Andrew Kirke
Director of the Rural Clinical School of Western Australia

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Rural Research and Rural Clinical Schools

Measuring the impact and capacity building

Our speakers

- Jenny May: The significance of the RCS Role in Research
- Matthew McGrail: Significance of RCS and Hubs role in research impact
- Zelda Doyle: Including students in research
- Emma Griffiths: Research making a difference in Remote Australia

Prof Jenny May

- Betty Fyfe Chair of Rural Health and Director of the University of Newcastle Department of Rural Health
- Jenny has been based in Tamworth since 2004.
- Maintains an active clinical practice at a local not-for-profit GP practice
- In 2016, Jenny awarded an Australia Medal for significant service to community health in rural and regional areas

A/Prof Matthew McGrail

- Head of Regional Training Hubs Research at The University of Queensland's Rural Clinical School in Rockhampton.
- 20 years research experience, including over 150 publications.
- Research is centred on improved healthcare access, including the evaluation of workforce distribution and training program outcomes.

Dr Zelda Doyle

- BSc (Hons) from UQ, MSc (Epidemiology) from London School of Hygiene and Tropical Medicine, PhD in Ethics and epidemiology from Utas.
- Twelve years at Lithgow RCS with UNDA.
- 10 years of that working with students in rural Research in rural topics and rural areas.
- Research interests in ethical considerations in rural areas, rural workforce, rural aged care.
- Chair of FRAME survey management group for the last three years.

Dr Emma Griffiths

- GP-renal specialist
- Kimberley Aboriginal Medical Service supervisor
- Public health physician
- RCSWA Alumni – Karratha 2006
- RCSWA PhD graduate
- Now RCSWA staff member

History

"The late 1980s saw a renewed interest in rural health in its own right with State jurisdictions establishing defined rural health units.

…a series of conferences specifically addressing rural health research needs occurred, and the Australian Journal of Rural Health was established. Through both of these avenues a trend towards more research presentations and publications can be seen. "

Patterson, Aust. J. Rural Health (2000) 8, 280–285 " The emergence of rural health research in Australia"

History

“Rural research: We found very little research on rural populations. The amount of rural research has remained constant (16%) over these two decades. The bulk is conducted by academic departments (56%), followed by hospitals (14%) and the RACGP (6%).”

Alison M Ward, Derrick G Lopez and Max Kamien, General practice research in Australia, 1980-1999, Med J Aust 2000; 173 (11): 608-611.

History

Carla Patterson, Systemic Overview of Rural Health Research in Australia Published in the serial literature, Aust. J. Rural Health (2000) 8, 286–293

519 articles from 14 selected journals

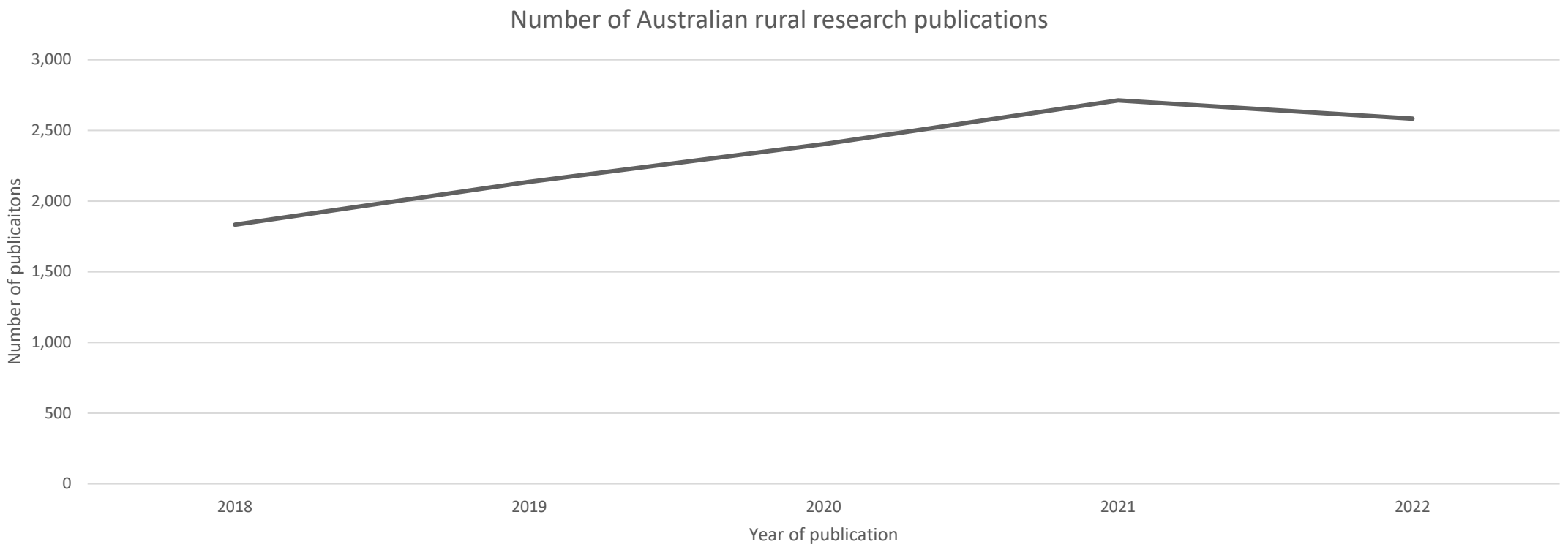
“…yearly increase in the absolute number of defined research articles produced over the period…(1990-2000)”

“Forty per cent… in the National Health Priority Areas

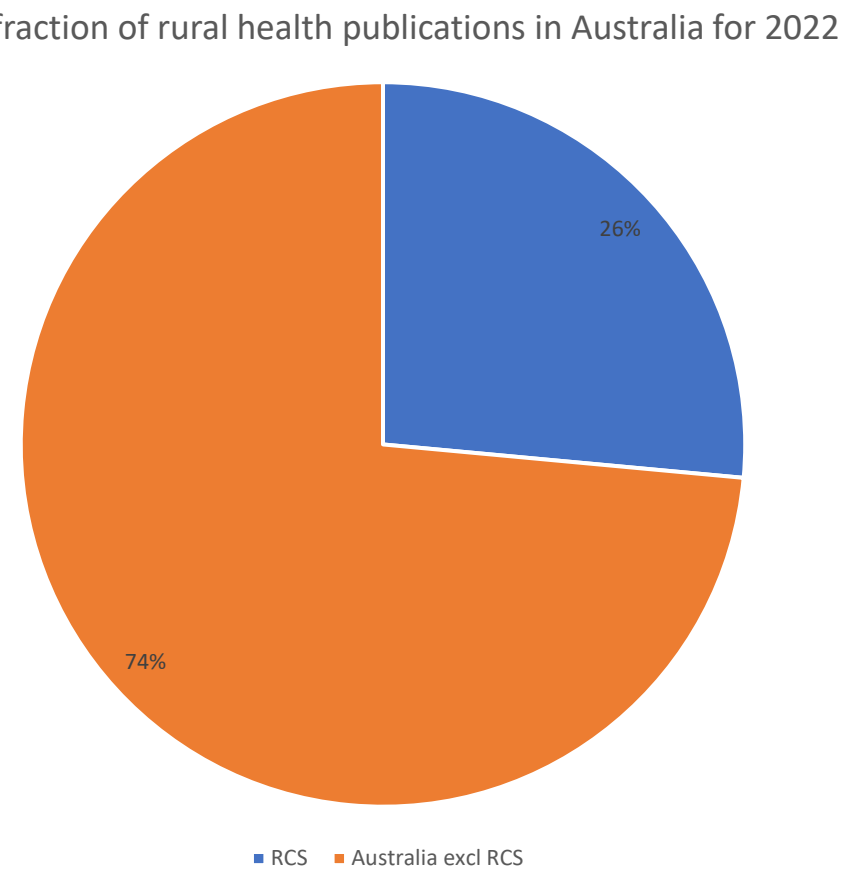
…30% address indigenous health specifically.

…Fifty per cent of articles address public health or health services issues.”

How much Australian rural research is there?



What proportion of publications are affiliated with a Rural Clinical School?



Impact? Most cited?

Aust. J. Rural Health (2008) **16**, *56–66*

Review Article

Addressing the health disadvantage of rural populations: How does epidemiological evidence inform rural health policies and research?

Karly B. Smith,[1] John S. Humphreys[1] and Murray G. A. Wilson[2]

Impact? Formal review

ORIGINAL RESEARCH

Outcomes of Australian rural clinical schools: a decade of success building the rural medical workforce through the education and training continuum

JA Greenhill[1], J Walker[2], D Playford[3]

Parameter 6 – Progressing the rural health agenda

"The establishment of the RCS program has substantially influenced the rural health agenda and there are strong partnerships for research with rural workforce agencies in each state. "

Funding

"Of the 16 651 National Health and Medical Research Council-funded projects, 185 (1.1%) that commenced funding during the period 2000–2014 were defined as 'Australian Rural Health Research'. The funding for Australian Rural Health Research increased from 1.0% of the total in 2005 to 2.4% in 2014. "

Lesley Barclay, Andrew Phillips, David Lyle, Rural and remote health research: Does the investment match the need? Aust. J. Rural Health (2018) 26, 74–79

Capacity Building

- How do we build capacity for further research?
- Within our RCSs
- In the wider community

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The significance of RCS' role in research

The importance of rural and remote research and funding

Salamanca Market, Hobart,Tasmania

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Professor Jenny May
Betty Fyffe Chair of
Rural Health and Director,
University of Newcastle
Department of Rural Health

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RHMT and Rural Research

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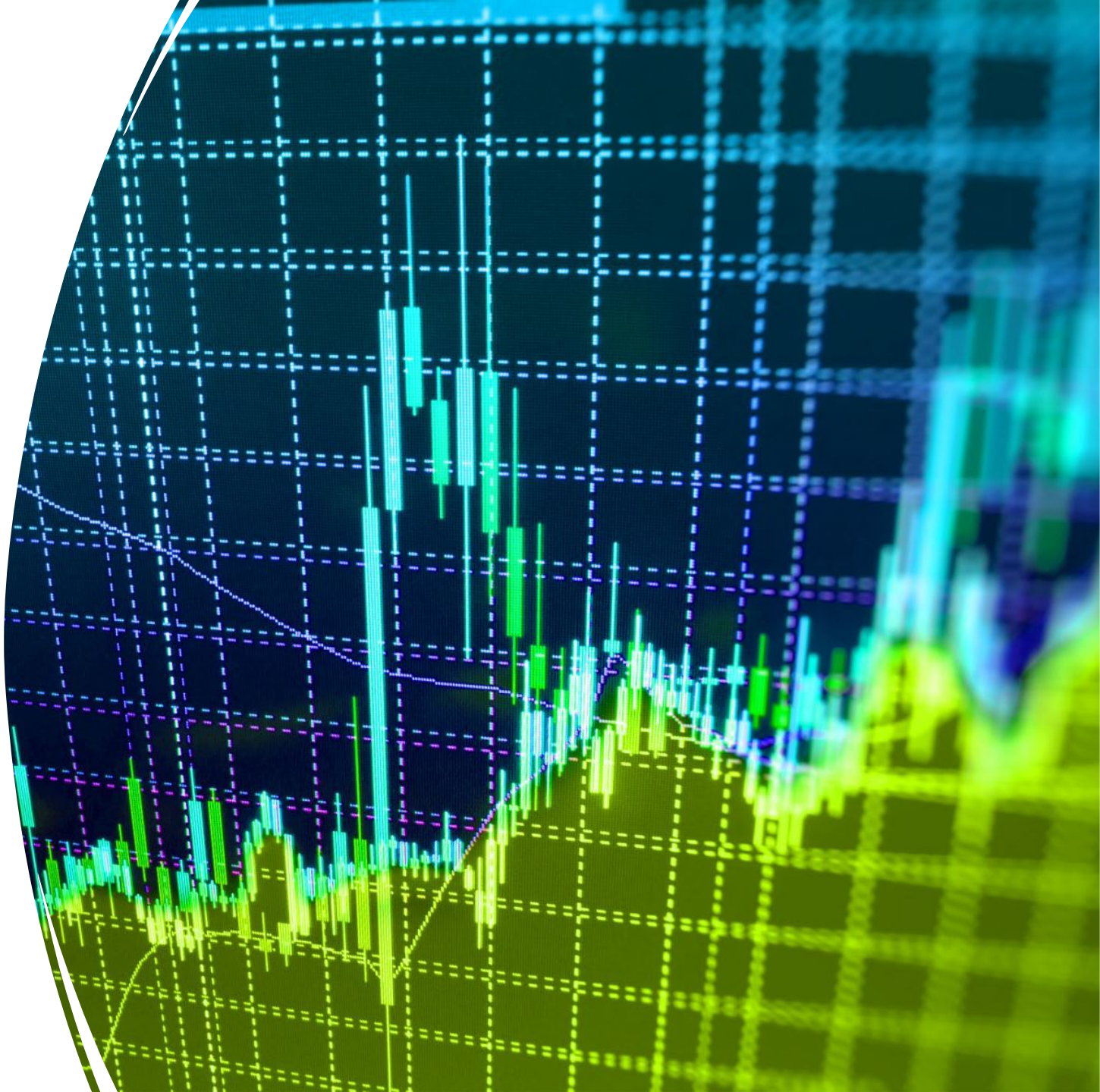
JENNY MAY
TAMWORTH, NSW 18 OCT 2023

THE UNIVERSITY OF NEWCASTLE AUSTRALIA | DEPARTMENT OF RURAL HEALTH

Why fund rural health research?

- It’s an investment in equity
- Entrenching inequity is very expensive to a health system
- No one wants to be researched “on” rather than with
- Need to understand “rural”
- RHMT has been v important re the explicit research capacity building



What’s rural?

The importance of rural and remote health research – what ChatGPT thought…

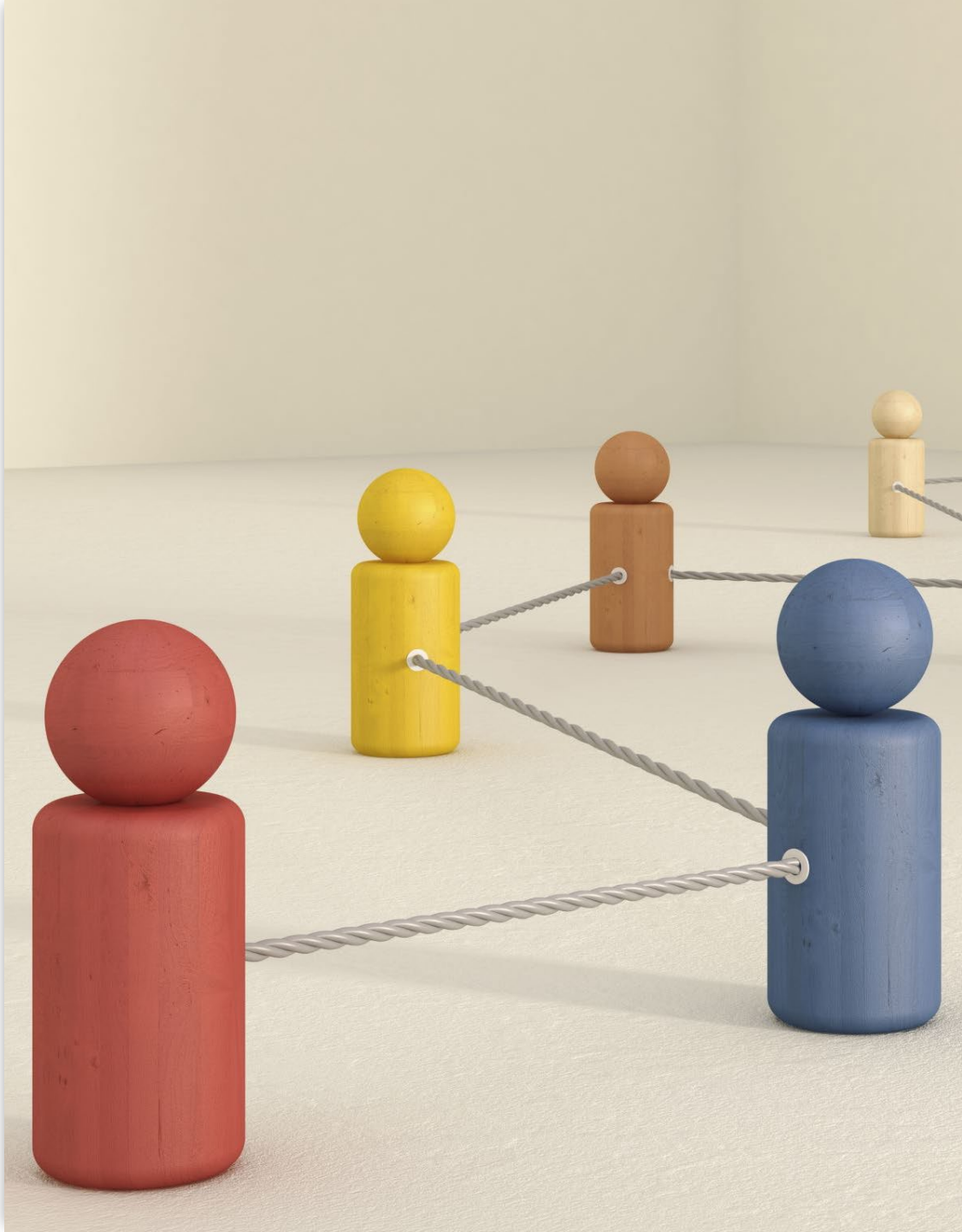
1. **Addressing Healthcare Gaps:** Research and funding for rural and remote health help close the healthcare gaps and ensure people in underserved areas have access to quality care.
2. **Enhancing Healthcare Delivery:** Investments in research and funding drive innovative approaches, like telemedicine and mobile clinics, to improve healthcare access and outcomes in remote regions.
3. **Effective Planning:** Rural and remote health research provides vital information for evidence-based planning, enabling efficient allocation of resources to meet the unique needs of these communities.
4. **Driving Solutions:** Funding support enables the development of tailored interventions and policies that tackle specific health challenges faced by rural and remote populations.
5. **Economic and Social Benefits:** Rural and remote health research and funding have positive impacts, such as improving healthcare infrastructure, attracting healthcare professionals, and contributing to the overall development of underserved regions.

Important in the frame

- What are the building block organisations? Is there an underlying “system” to consider here?
- Is the playing field level? If it’s not big enough to be a market.
- Is research a career anywhere?
- You can’t be what you can’t see…

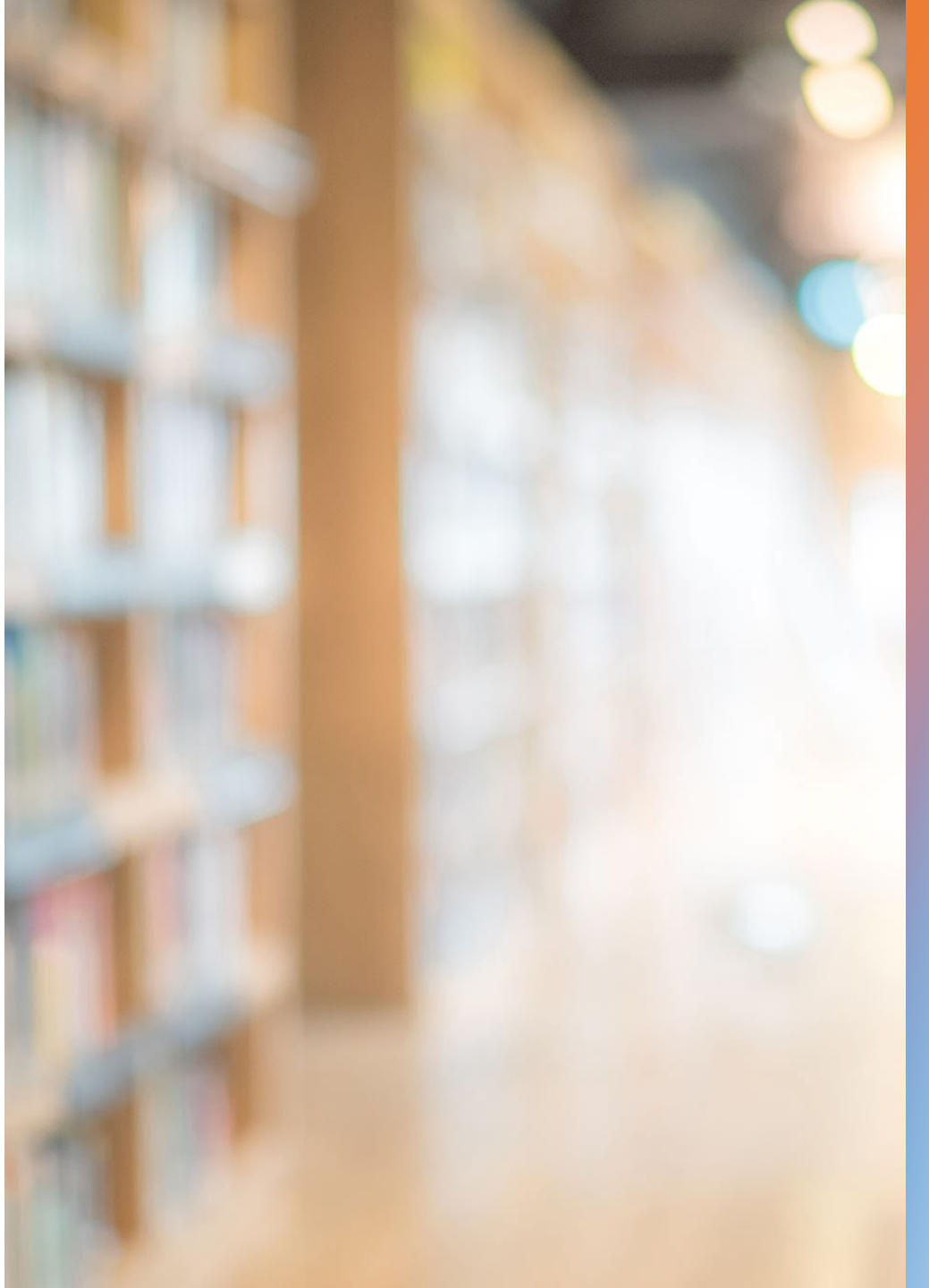
So -what did the RHMT evaluation say?-Chapter 5.4 Meeting programme objectives

- Drawing on Parameter 4 and Parameter 6, evidence of developing and maintaining an academic and professional network would include demonstration of:
- Staff supported to undertake higher degrees
- All local teaching provided by rural clinicians
- Aboriginal and Torres Strait Islander staff employed in academic and/or leadership positions in rural sites
- Conjoint appointments for local clinicians providing supervision and/or teaching
- Staff mentoring available
- Majority of staff live and work locally
- Grow local workforce strategy evident.



5.5 and 5.6,5.83 Enablers and Challenges

- Establishment of critical mass
- Balanced role provides interest and career development opportunities
- Instability of the rural academic and professional networks
- High reliance on adjunct appointments for teaching and supervision
- Lack of parity of employment conditions with state health services challenges recruitment
- Inadequate recognition of RCS and UDRH research output by the central university
- Scope of work of rural academics not well aligned to academic progression networks
- Short-term contracts challenge the development of a research portfolio
- Availability of funding for rural health workforce research



Ch5.6 Building research capacity and Capability p122

The extent to which the RHMT program is continuing to build and maintain research capability and capacity in the regions was assessed. High-quality research capacity building was characterised by:

- Opportunities for research collaboration (local, ARHEN/FRAME, NHMRC)
- Institutional/University recognition of applied research
- Research networks established (university or regional level)
- High-level research skills and expertise available (ethics, statistical support, IP/legal, methodological, grant-writing)
- Mentoring for researchers
- Partnerships with Aboriginal and Torres Strait Islander services and organisations to inform and undertake local research activities
- Active development of research capacity and capability of local Aboriginal and Torres Strait Islander staff or community members
- Clear publication metrics for RHMT program-supported research including production of peer reviewed publications and indication of where they can be accessed (i.e., on the website)
- Demonstrable institutional support for clinical practice-based research networks (e.g., funds provided, research skills training)
- Demonstration of research translation locally
- Support for mandatory student projects

RHMT recommendations

Strengthening research networks (Recommendations 15,16)

Recommendation 15:

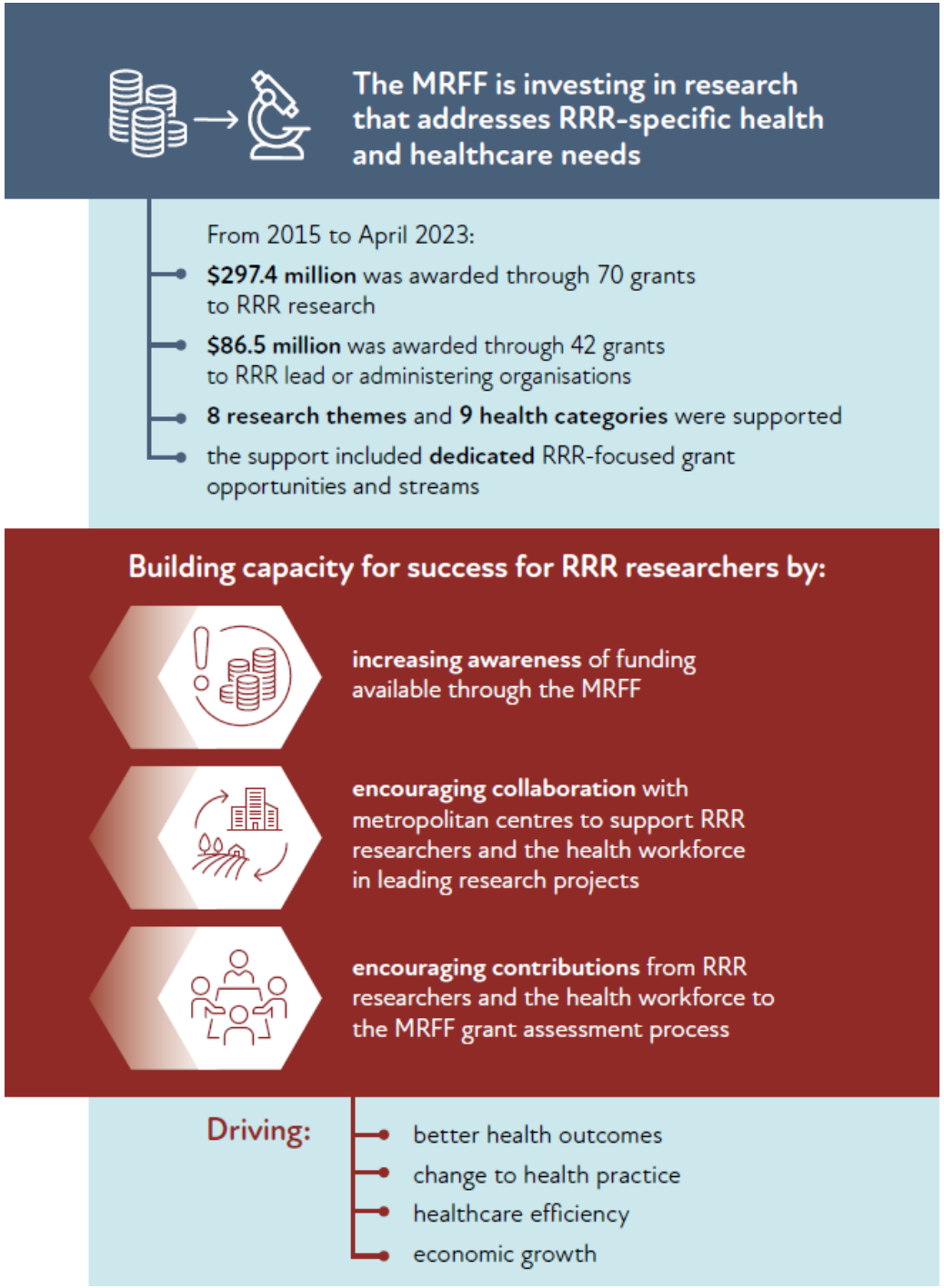
Through the RHMT program, universities be required to demonstrate that they are supporting rural research through the RCS and UDRH network by:

- Delivering high-quality research training, skills development and research support to local health professionals, supervisors, students and broader community stakeholders
- Developing regional consultative mechanisms to identify and respond to local research needs.

Recommendation 16:

Through the RHMT program, universities be required to demonstrate how:

- RCS and UDRH researchers are mentored and supported to build their research capabilities and careers
- Targeted support and mentoring is provided for rural based early career researchers, mid-level and senior researchers to enable them to join established research teams to address national and global research questions related to rural and regional health and health workforce
- Rural research and teaching is recognised, valued and rewarded
- Collaborations with other RHMT program participants are developed and maintained to progress multi-site, multi-university and cross jurisdictional research to address nationally relevant questions and strategies for translation and dissemination



Since its inception, the MRFF has increased investment into RRR research that has the potential to deliver better health outcomes, beneficial changes in health practice, increased health efficiency and economic growth. However, more needs to be done to support RRR organisations to apply for MRFF grant opportunities, and to bridge the funded-rate gap for MM 3–7 areas.

The MRFF is committed to creating opportunities for RRR organisations by providing dedicated funding for RRR research through a range of approaches. These include separate streams of funding for research that is important to RRR communities and promoting RRR research led by organisations and researchers who reside in RRR areas.

By developing grant opportunities that are focused on RRR research, the MRFF aims to:

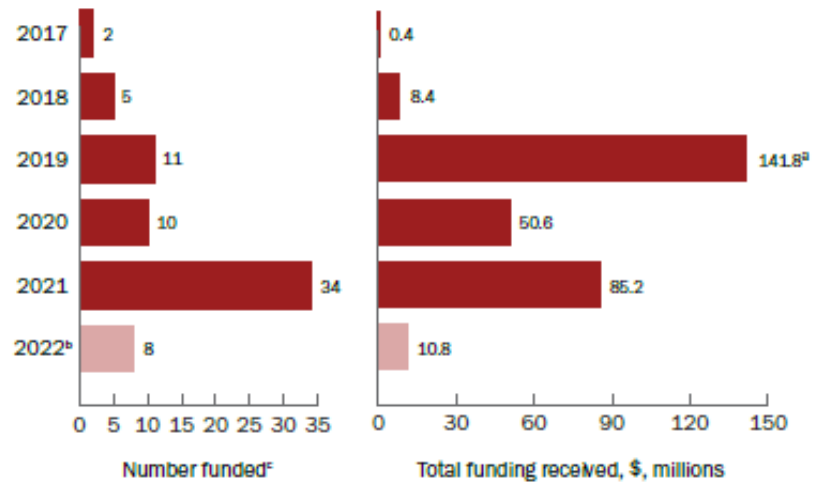
- encourage RRR researchers and the healthcare workforce to apply to MRFF funding opportunities (researchers are invited to subscribe to the MRFF newsletter to be notified of new grant opportunities)
- foster collaboration between RRR and metropolitan centres, to leverage expertise and workforce while the research is undertaken by RRR researchers and health workforce
- increase research investment to empower RRR researchers to conduct research that addresses the specific health and healthcare needs that are of priority for people in RRR communities

This will ensure that the MRFF continues to support research that addresses specific health and healthcare needs that are of priority to people living away from metropolitan centres, and address the known health disparities that exist between metropolitan and RRR communities.

Funding insights

MRFF investment in rural, regional and remote projects

Since incorporating an RRR focus into MRFF grant opportunities in 2017, the yearly investment in RRR research projects — in both the number of projects funded and the amount of funding granted — has increased (Figure 1).



a The total for 2019 includes the 2019 Rural, Regional and Remote Clinical Trial Enabling Infrastructure grant opportunity ($124.4 million awarded).
b The dataset for 2022 is not yet complete and does not include data for grant opportunities that opened in 2022 and for which outcomes are not yet available or have not been announced.
c The number of projects funded includes grants with payments that commenced before or on 30 December 2022.

Figure 1 Number of projects funded and total funding received each year through MRFF RRR-focused grant opportunities

MRFF investment by research theme

The theme with the most funded projects was 'RRR health services for RRR people as a group and individuals' (n = 25; 35.7% of all funded projects). However, projects within the theme 'Clinical trials' received the most funding ($104.8 million; 39.1% of the total funded amount). The theme 'Issues related to RRR health clinical staff and researchers' had the fewest funded projects (n = 2; 2.9% of all funded projects) and received the least funding ($4.2 million; 1.6% of the total funded amount) (Figure 2).

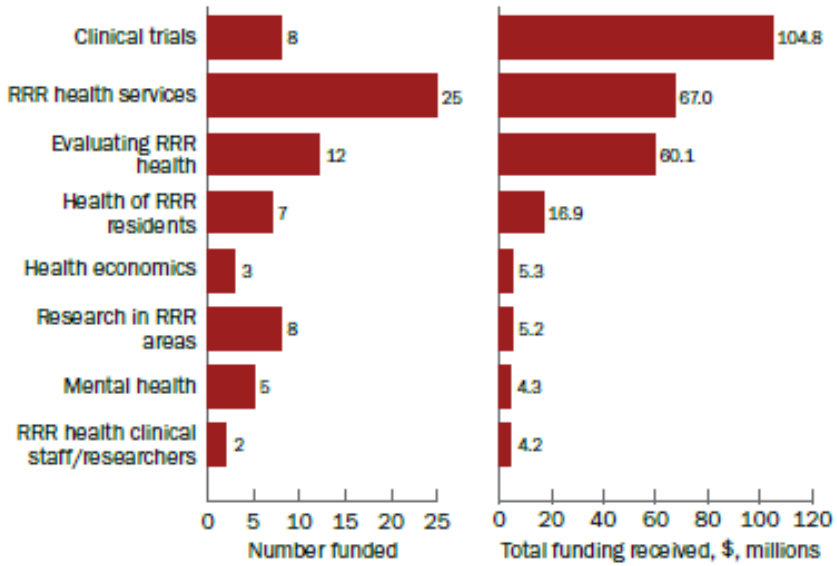


Figure 2 Number of projects funded and total funding received, by research theme[a]

a The full names of the research themes can be found in the 'Approach' section of this report, under the heading 'Research themes'.

Progress to date

Some MRFF success and upcoming change ?NHMRC governance

Rural Research Capacity Building national network- RCS/UDRH from Vic, WA, QLD and NSW (Emma Webster)

Recruitment- but what about leadership?

Practice based research networks /National Teletrials and Clinical trials programmes/PHNs

Open access Original research

BMJ Open

Critical realist exploration of long-term outcomes, impacts and skill development from an Australian Rural Research Capacity Building Programme: a qualitative study

David Schmidt ,[1,2] Kerith Duncanson,[1] Emma Webster,[3] Emily Saurman,[4] David Lyle[4]

To cite: Schmidt D, Duncanson K, Webster E, *et al*. Critical realist exploration of long-term outcomes, impacts and skill development from an Australian Rural Research Capacity Building Programme: a qualitative study. *BMJ Open* 2022;**12**:e065972. doi:10.1136/bmjopen-2022-065972

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2022-065972).

Received 24 June 2022
Accepted 08 November 2022

ABSTRACT

Objectives Research capacity building programmes usually only examine short-term outcomes, following up participants after 1 or 2 years. Capacity building in health research requires a long-term view to understand the influence and impact of capacity building endeavours. This study examined long-term outcomes for individuals regarding the maintenance and use of research skills and the conduct of real-world research in a rural area. We also explored the changes individuals had seen in their career, work team or organisation as a result of this training.

Design A qualitative study underpinned by critical realism and based on interviews and focus groups with graduates of the Rural Research Capacity Building Programme (RRCBP), a researcher development programme that has been delivered since 2006.

Setting Rural and remote areas of New South Wales, Australia.

Participants 22 graduates of the RRCBP from the 2006

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This is the first study to examine long-term outcomes of a clinician researcher development programme in a rural area.
⇒ A critical realist framework allowed explanation of the underlying mechanisms that led to change for the individual, their team or organisational.
⇒ Stratified sampling was used to ensure participants with a range of experiences were included, however, it is possible that those who have been less connected with programme peers postgraduation were less likely to participate.
⇒ There is a potential lack of generalisability to other settings, but the rigour in analysis and theory along with existing literature indicate the findings may be applicable in other settings.

Options to manage endangered species (or rural health researchers…)

- Increase chances of survival by **reducing the impact of predators and gaps in the food chain** (reserved / quarantined funding for rural health research).
- Perhaps establish a **breeding or beginner programme** to improve the first survival challenges (specific targeting / different recognition of research progression and funding).
- **Increase the "gene pool"** enabling multiple "groups" within rural health to acquire novice researcher skills.
- Consider **early release of the novices into a predator reduced environ** (fenced off / salaried)
- **GPS tracking and geolocating** to better understand movements, behaviour and watering holes.
- Accepting that endangered species will require **continuing protection** even when the numbers increase as they remain vulnerable to environmental challenges.

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Thank you

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Little Blue Lake, NE Tasmania

Embedding Student Research in an RCS

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Dr. Zelda Doyle
Rural Epidemiologist at
University of Notre Dame Australia

FRAME
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Embedding Student Research in an RCS

Dr Zelda Doyle

Rural Clinical School, School of Medicine, University of Notre Dame, Australia

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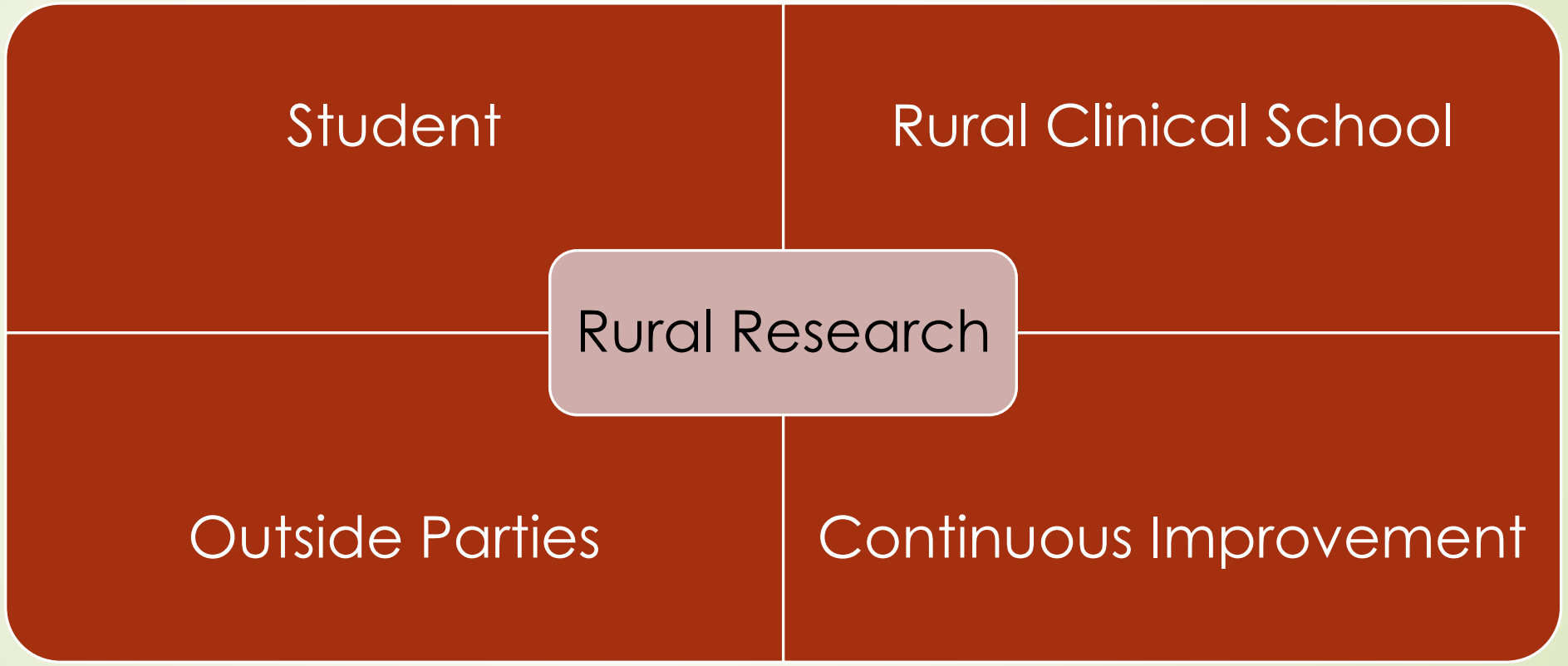
Student Research in the MD World

- Has many flavours/names
  - Applied Research Projects,
  - Capstone Projects,
  - MD Project,
  - MD Research Project etc.
- All have a similar intention
  - To develop research skills in medical students.
- Different timings
  - Year long interlude,
  - Parallel throughout degree,
  - Separate subject in final year etc.

The Players


Student
Rural Clinical School
Rural Research
Outside Parties
Continuous Improvement

The Student

- May or may not be based rurally.
- May or may not have prior research experience.
- Will probably have had some sort of research scaffolding from the central teaching point.
- May or may not have specific research interests.

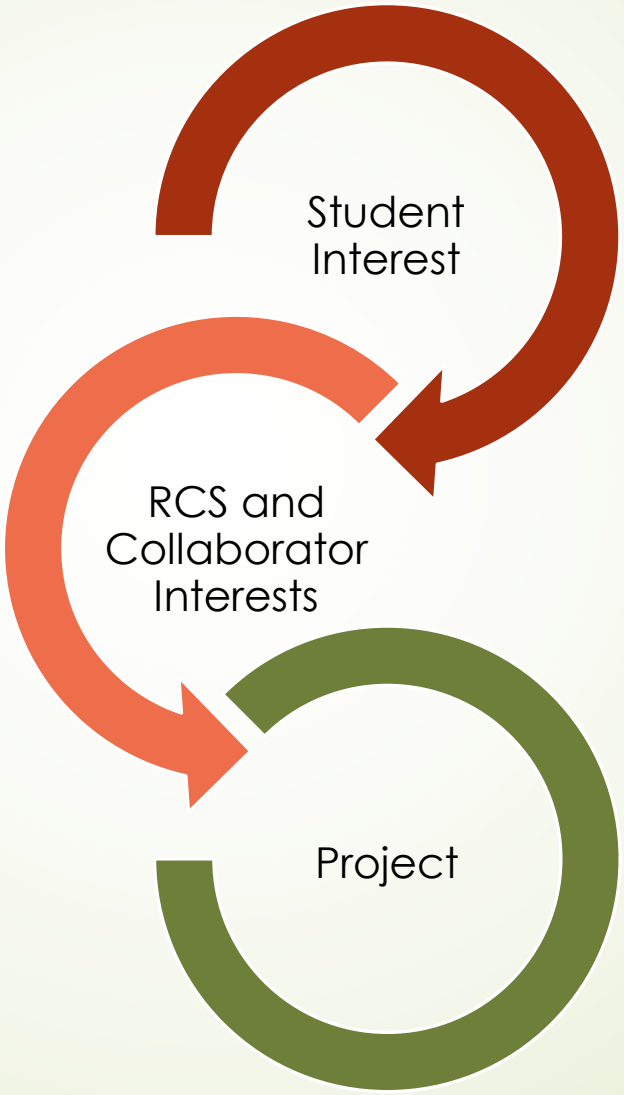
The Rural Clinical School

- Has a research focus of some sort.
- Generally has a small but dedicated staff.
- Will have local contacts for a myriad of things:
  - Aged Care,
  - Local Hospitals,
  - Clinicians,
  - Data Custodians (FRAME, Graduate tracking data, State and National Datasets),
  - Rural Doctors Network.

What We Did to Get to This Point

- Built a research mentality:
  - Encouraging what if questions of medical and allied health staff,
  - Encouraging identification of “itches that need to be scratched”.
- Fostered Enquiry:
  - Why is something like this?
  - Are these stats right?
  - Has this made a difference?
- Sought out and Nurtured collaborations with other bodies.

Rough Process



How it Works For Us:

- Course is a 4 year PG MD course.
  - 10 themes, students submit preferences in 1st year, Rural is a theme which can take approximately 12-15 students a year so max of 45 students over 3 years.
  - Embedded research training delivered centrally.
- Interview students who are assigned to theme to determine interests and research experience.
- Based on interviews link students with potential collaborators and arrange introductions.
  - Maintain a list of ongoing questions and projects.
- Support the development of questions with collaborators.
- Have oversight of the project, but support collaborators to support the student.

Examples of Projects

Project	Collaborators and/or Data sets
Evaluation of the NSW Rural Doctors Network Talent Management approach	Rural Doctors Network
Systematic mapping of Federation of Rural Australian Medical Educators (FRAME) surveys for question equivalency and collation.	Publicly available FRAME surveys
Does the closure of rural maternity wards result in a reduction of skilled health professionals and services provided to the community?	Rural Doctors Network
Impact of psychotropic medications on falls incidence in a rural aged care setting – A retrospective audit	Local Aged Care Home
Analysis of the impact of COIVD-19 on clinical presentations across metropolitan and rural Emergency Departments in NSW	Data from CHeRL
Outcomes of bariatric surgery on type 2 diabetes mellitus	Local Clinican

Continuous Improvement

- Continue to encourage "what if" mentality within the medical fraternity.
- Support ideas through research development and small projects.
  - For example Mental Health studies using ED data with the support of the MH clinical nurse.
- Continue to find and highlight areas of interest and potential projects with the help of the local medical and allied health community.
- Maintain and develop local connections with medical practices, allied health services and other providers.
- Development of small projects which can be built upon for MD students.

Take Aways

- Utilise your community.
- Communicate and Educate.
- Be Visible.
- Research at its most basic is collaboration to make a difference.

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Panel Discussion – Barriers and Enablers to Rural Research

How can we collaborate to strengthen rural research?

View from The Nut, overlooking Stanley, NW Tasmania

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A/Prof. Andrew Kirke
Prof. Jenny May
A/Prof. Matthew McGrail
Dr. Zelda Doyle
Dr. Emma Griffiths

FRAME
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St Helens, East Coast, Tasmania at Sunset

Business Meetings: RCS and Hubs

FRAME Chair:
Professor Lucie Walters
Director of
Adelaide Rural Clinical School

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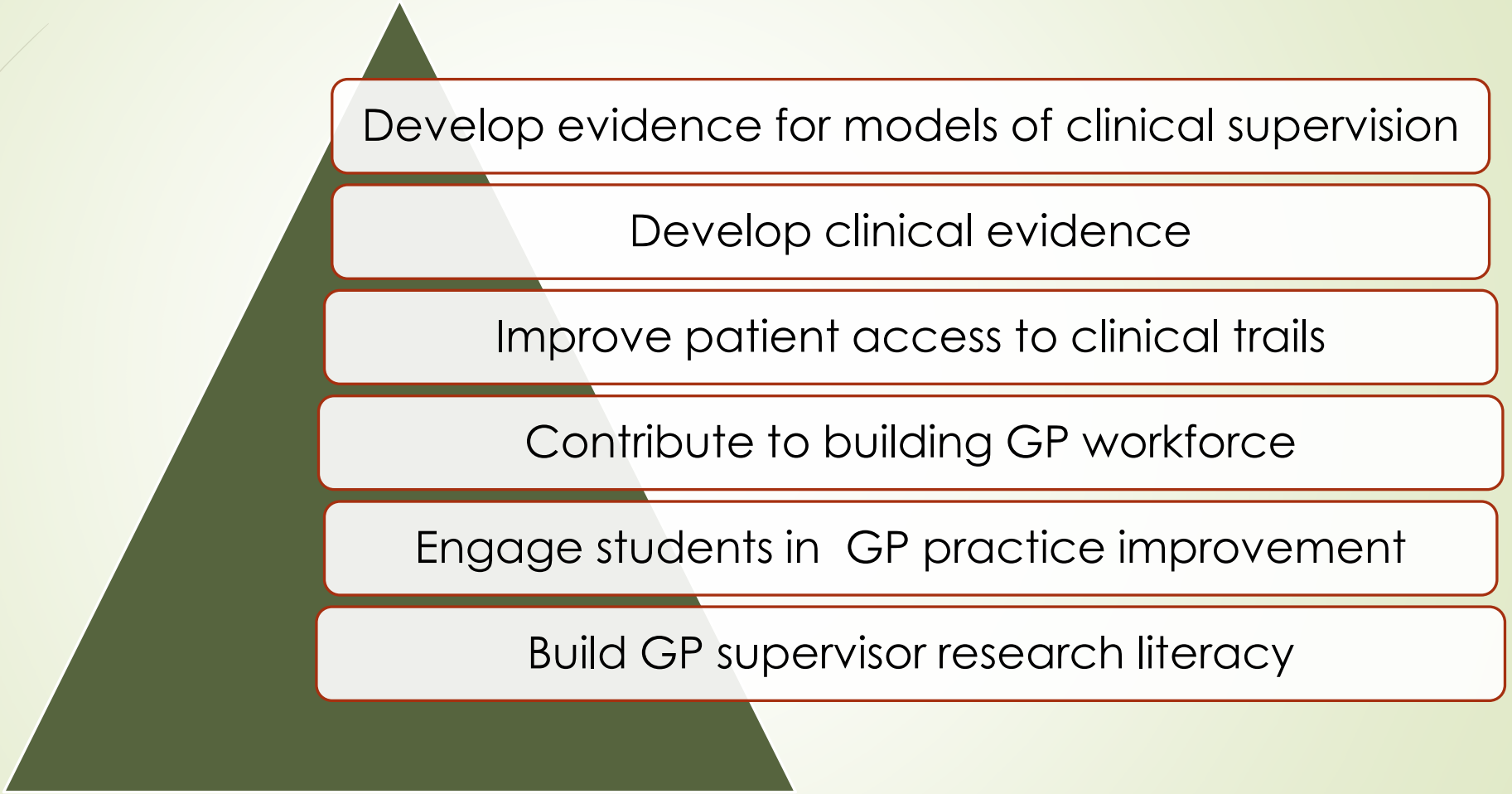
Audit and research



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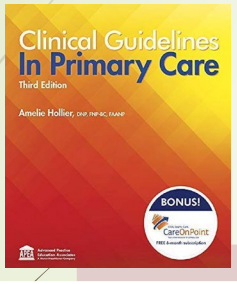
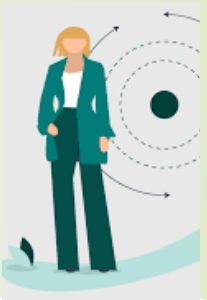
Audit and research
Build GP supervisor research literacy





Accepts

Seeks

Critiques

Contributes

Undertakes

Clinical guidelines

Online searches,
Cochrane reviews

Journal club
supervisor conferences

Reference group

Research supervision
Data analysis, small grants

FRAME
FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

Business Meeting Agenda Wednesday, 18th October 2023 at 11:20am
paranaple conference centre, Devonport, Tasmania
Chair Lucie Walters

1. Welcome and Acknowledgement
2. Apologies
3. Meeting notes (Appendix 1)*

Meeting notes (Appendix 1)*

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Business Meeting Notes Thursday 4th May 2023

Chair Lucie Walters

1. Strategy and Advocacy

- Formal adoption of Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Care Teams
- Medical Commonwealth Supported Places (CSPs)

There was general discussion about how FRAME should support the development of new programs, FRAME's role in evaluation, and FRAME's role in advocating for further rural expansion. The value of FRAME as a consensus building collaborative was emphasised.

2. Standing items – verbal reports received

3. Representation – verbal reports received

- National Rural Health Alliance Report (Shane Bullock)
- ARHEN update (Jenny May)
- MDANZ Data Forum

4. For noting

AMSA student survey – coming soon

5. Close

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4. Strategy and Advocacy

1. RHMT program Challenges with inflation and wage rises
2. Reminder of recent Department activities
    1. November 21 invitation from Department RHMTpolicy@health.gov.au regarding RHMT Data
        - A revised data report – what is essential? What elements do we need to expand upon/dig deeper on? What we could streamline or remove?
        - Discussions on how can we best enable universities, and the Australian Government, to demonstrate whole of program impact on workforce outcomes
        - Data arrangements leading into the 2025 core funding agreements – including data definitions

2. Murray Darling Medical School Network evaluation (by HMA), including comparison with hubs nationally by Kris Batty “to understand what success looks like”

3. Rural integrity Audit site visits by KPMG. Intention to understand strengths and challenges of rural financial integrity – rural visits Nov 2023 to March 2024

4. HeadsUpp tool access – recent webinar October 12

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5. Standing items

1. RCS/RMP Directors Meeting Report (Lucie Walters)
    1. Travis Power replacing Martin Rocks commencing end of October
    2. Student Accommodation survey results
2. FRAME Managers Meeting Report (Cathy Ward)
3. Regional Training Hubs report (Linda Cutler)
4. FRAME Survey Report (Zelda Doyle)

FRAME
Student Accommodation Survey Results

Oct 16, 2023 4:49 PM

Student Accommodation

Responses

- 13 RCS and rural medical programs completed the survey

Western Australia,

James Cook,

Flinders (SA&NT), Adelaide,

ANU, Charles Sturt, Newcastle, Sydney, Western Sydney

Melbourne, Monash, Deakin,

Tasmania,

Number of beds for short term medical student placements

	Long term	Short term^
Total beds managed	1352 Mean 104 (6-330)	1056 Mean 81(0-330)
Owned	843 Mean 65(0-150)	433 Mean 33 (0-150)
Rented from hospitals	28 Mean 2 (0-10)	129* Mean 9 (0- 34)
Other Rented (calculated)	481	494

^ some schools do not differential accom as short or long term
** No hospital accommodation accessed in WA, NT or SA*

University Owned Accommodation Issues

Properties purchased 18-21 years ago. Starting to need significant upgrade.

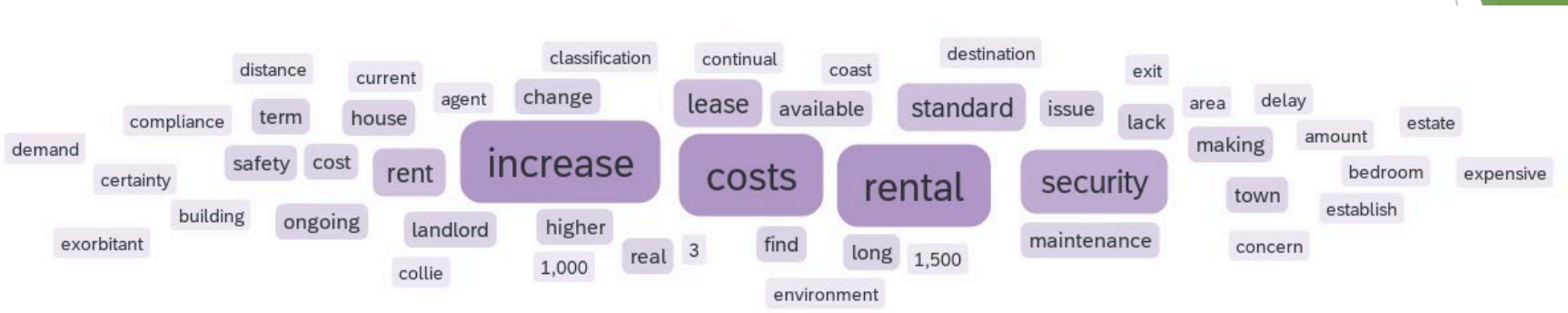
Staff time completing inspections. Complying with tenancy legislation. Equity between sites and between programs at the same site. Students with partners

Cost to build in rural sites very high and minimal land near to hospitals.

Issues with hospital accommodation

- Accommodation not available, locums priorities,
- Poor quality, poor internet access
- Cannot place our students as no accommodation particularly in small rural towns.
- Concerns re sharing with hospital staff

Issues with private rental



- Security, minimum standards met
- Lack of long term certainty
- Prohibitive cost $1000- $1500 per week
- Safety particularly for short term students with no transport
- Inconsistent supply of students meaning housing left empty
- Housing shortage for local residents so ethics of Uni taking housing.

F R A M E

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

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FRAME SURVEY UPDATE

Current State of Play - Surveys

- Survey links being sent out and responses reported to Schools.
- Currently 193 responses from 11 schools (as at 8th October 2023).
- Majority of links will be sent out in the next month.

Current State of Play - Research

- Two collaborative projects ongoing
  - UQ – Second set of data analysis around the impact of COVID
  - WSU – Looking at how opinions on mental wellness have changed in Rural Clinical School students.
- One student project on question mapping nearing completion

Current State of Play - Recruitment

- Discussions with Curtin around what is required to get them to participate.
  - Currently in my court to pull together the relevant documents.
- CSU discussion ongoing.
  - Correct contact people identified, just need to work through logistics etc.

What Next?

- Send out links, clean data and distribute (done by mid Jan 2024).
- Call for questions will go out soon.
- Aim to have new survey ready for approval by early March 2024.

F R A M E
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6. Representation Reports

1. National Rural Health Alliance Report (Shane Bullock)

   6.1.1 NRHA membership payment (Appendix 2)

2 ARHEN update (Jenny May - verbal)

3. Advisory Network of the National Rural Health Commissioner *

   6.2.1. Meeting #7 Friday May 5th Rural and Remote Aged Care Student Placements*

   6.2.2. Meeting #8 Friday 4th August Lessons learnt for rural from COVID*

   "I signed a confidentiality agreement so cannot report the discussion. I can describe the points I made at the meeting. Please see below:

   - Recognition of importance of prehospital care and role of GPs in managing community care
   - GPs are connected to communities and act as community leaders in times of local disaster. This 'community insider' public health education and leadership resource cannot be underestimated. Please see attached embargoed research.
   - Engaging medical students as surge workforce eg assistants in medicine – PPE costs for students in primary care / general practice
   - Recognise that rural doctors have significant adaptive expertise so that if there is a jurisdictional call for specific strategy, rural doctors often can provide practical adaptations
   - Local community lockdowns (eg in Victoria) significantly affected wellbeing of students on rural placements who were not able to return to family"

   6.2.3. Meeting #9 Friday 17th November Rural Maternity (see summary document Appendix 3)*

3. Rural and Remote Health Online. Management Committee Report (Lucie Walters) (Appendix 4)*
4. FRAME Representation on MDANZ Remote, Rural and Regional Working Group (Chair Tarun Sen Gupta and Lucie Walters) (Draft to be circulated in next month)*

F R A M E
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Appendix 2 NRHA membership fees commitment

2016/2017 – University of Melbourne -paid
2017/2018 – Monash University -paid
2018/2019 – University of Newcastle -paid
2019/2020 – University of New South Wales-paid
2020/2021 - University of Notre Dame -paid
2021/2022 - University of Queensland -paid
2022/2023 – University of Sydney -paid
2023/2024 – University of Tasmania –paid

2024/2025 - University of Western Australia NEXT
2025/2026 – University of Western Sydney
2026/2027 – University of Wollongong
2027/2028 - University of Adelaide
2028/2029 – Australian National University
2029/2030 - Deakin University
2030/2031 – Flinders University
2031/2032 - Flinders NT, Flinders University
2032/2033 – Griffith University
2033/2034 – James Cook University

F R A M E
FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

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Appendix 3
Meeting #9 Friday 17th November Rural Maternity

FRAME
FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

Australian College of Midwives

Australian Government
Office of the National Rural Health Commissioner

RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Friday 8 September 2023

National Rural Maternity Forum
Overview and Outcomes

Background

- The Office of the National Rural Health Commissioner, Australian College of Midwives and the Rural Doctors Association of Australia jointly held the National Rural Maternity Forum in Canberra on 29 August 2023.
- The Forum focused on the needs and wishes of rural mothers and their babies, and for the purposes of the Forum, rural birthing services were described as services located in Modified Monash Model 3-7 locations.
- Over 70 attendees represented diverse stakeholder groups, including consumers, peak health professional bodies, medical colleges, state and territory health departments/services, and the Australian Government Department of Health and Aged Care.
- The Forum follows a May 2023 Think Tank hosted by the Rural Doctors Association of Australia (RDAA) and the Australian College of Midwives (ACM).
- It is recognised that rural maternity services continue to decline across the country – through service closures, downgrades or periods of bypass, so there is a need for a coordinated national response that recognises rural and remote mothers and babies need and deserve equitable access to maternity care close to home.

Outcomes of the Forum

Five priority areas were identified for action at the National Rural Maternity Forum:

- Rural birthing services should be an agenda item for the upcoming National Cabinet focused on health.
- Expansion of the use of the RISE Framework to not only increase Birthing on Country services nationally, but also to strengthen rural and remote maternity care. The RISE Framework's four pillars can drive important reform in health service redesign,

workforce investment, strengthening families, and embedding Aboriginal and/or Torres Strait Islander community governance and control.

- Secure funding for a National Maternity Workforce Plan to build and sustain a strong rural maternity care workforce of Midwives, GP and Rural Generalist Obstetricians, Consultant Specialist Obstetricians, Aboriginal and Torres Strait Islander Health Workers, Nurses and Allied Health Professionals.
- Establishing national minimum standards for rural maternity care access and service. The issue of national consistency for a range of other maternity policy areas was also a subject of much discussion during the Forum.
- Review and update the National Consensus Framework for Rural Maternity Services to reflect changes and advances within maternity care (since its first iteration in 2008), and then ensure its immediate national implementation.

Next steps

- In reviewing the priority areas developed by the groups at the Forum, a **sixth** priority area has been added to the list - funding reform, particularly with regards to the National Health Reform Agreement. There was a range of suggestions in relation to funding, but what underpins them all is the fact that the current funding model is not suitable for the rural context, nor does it support a known carer model for rural mothers with equity and access close to home.
- The Office of the National Rural Health Commissioner to formally write to the Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP, and the Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, requesting that rural birthing services be included on the agenda for the forthcoming National Cabinet meeting focused on health.
- An invitation will be sent by the Office **of** the National Rural Health Commissioner to the organisations that were the original signatories to the National Consensus Framework for Rural Maternity Services, and two additional organisations involved in birthing services for Aboriginal and Torres Strait Islander women, to review and update the Consensus Framework.
- Broader rural consultation will be undertaken through the Advisory Network to the National Rural Health Commissioner.
- ACM will commence work on funding model reform concepts for further consultation and development.

Australian College of Midwives

Australian Government
Office of the National Rural Health Commissioner

RURAL DOCTORS ASSOCIATION OF AUSTRALIA

• Organisations represented at the Forum:

- ACT Health
- Australian College of Midwives Australian College of Nursing
- Australian College of Rural and Remote Medicine Australian Indigenous Doctors' Association Australian Medical Association
- Australian Medical Students' Association
- Australian Nursing and Midwifery Federation Australian Primary Care Nurses Association
- Australian Government Department of Health and Aged Care Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Consumers Health Forum of Australia
- CRANA Plus
- Department for Health and Wellbeing SA Department of Health Tasmania
- National Aboriginal Community Controlled Health Organisations National Association for Specialist Obstetricians and Gynaecologists National Rural Health Alliance
- North West Regional Hospital Tasmania NSW Health
- NT Health
- Office of the National Rural Health Commissioner Queensland Health
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists Royal Australian College of General Practitioners
- Royal Flying Doctor Service
- Rural Doctors Association of Australia Rural Workforce Agencies
- Safer Care Victoria
- Services for Australian Rural & Remote Allied Health WA Country Health Service

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F R A M E
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6. Representation Reports

1. National Rural Health Alliance Report (Shane Bullock)

   6.1.1 NRHA membership payment (Appendix 2)

2 ARHEN update (Jenny May - verbal)

3. Advisory Network of the National Rural Health Commissioner *

   6.2.1. Meeting #7 Friday May 5th Rural and Remote Aged Care Student Placements*

   6.2.2. Meeting #8 Friday 4th August Lessons learnt for rural from COVID*

   "I signed a confidentiality agreement so cannot report the discussion. I can describe the points I made at the meeting. Please see below:

   - Recognition of importance of prehospital care and role of GPs in managing community care
   - GPs are connected to communities and act as community leaders in times of local disaster. This 'community insider' public health education and leadership resource cannot be underestimated. Please see attached embargoed research.
   - Engaging medical students as surge workforce eg assistants in medicine – PPE costs for students in primary care / general practice
   - Recognise that rural doctors have significant adaptive expertise so that if there is a jurisdictional call for specific strategy, rural doctors often can provide practical adaptations
   - Local community lockdowns (eg in Victoria) significantly affected wellbeing of students on rural placements who were not able to return to family"

   6.2.3. Meeting #9 Friday 17th November Rural Maternity (see summary document Appendix 3)*

3. Rural and Remote Health Online. Management Committee Report (Lucie Walters) (Appendix 4)*
4. FRAME Representation on MDANZ Remote, Rural and Regional Working Group (Chair Tarun Sen Gupta and Lucie Walters) (Draft to be circulated in next month)*

Appendix 4 - Rural and remote health online data

Contributing institutions (corresponding authors) over the last 3 years (published papers)

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Organisation	Count
Flinders University South Australia	19
James Cook University	16
University of Sydney	15
University of Western Australia	12
University of Melbourne	11
University of Queensland	11
Deakin University	10
Charles Darwin University	8
Griffith University	8
Queensland University of Technology (QUT)	8
University of Alberta	8
University of Newcastle	8
La Trobe University	6
Monash University	6
Northern Ontario School of Medicine	6
Queensland Health	6
Royal Darwin Hosp	6
University of New South Wales Sydney	6
University of Southern Queensland	6
Central Queensland University	5
University of Otago	5
University of Saskatchewan	5
University of Toronto	5
Australian National University	4
University of Aberdeen	4
University of Notre Dame Australia	4
University of Tasmania	4
Western University (University of Western Ontario)	4
Charles Sturt University	3
Gold Coast University Hospital	3
Macquarie University	3
Queensland Childrens Hosp	3
State University System of Florida	3
Stellenbosch University	3
Telethon Kids Institute	3
Universite De Montreal	3
University of Adelaide	3

Total Citations

2,469

The total number of times that a journal has been cited by all journals included in the database in the JCR year. Citations to journals listed in JCR are compiled annually from the JCR years combined database, regardless of which JCR edition lists the journal.

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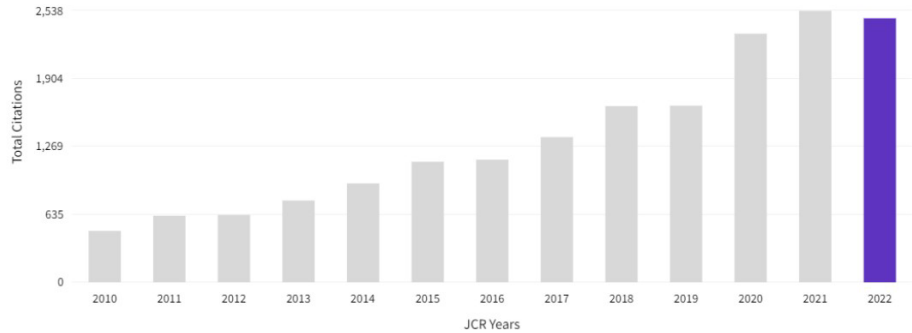
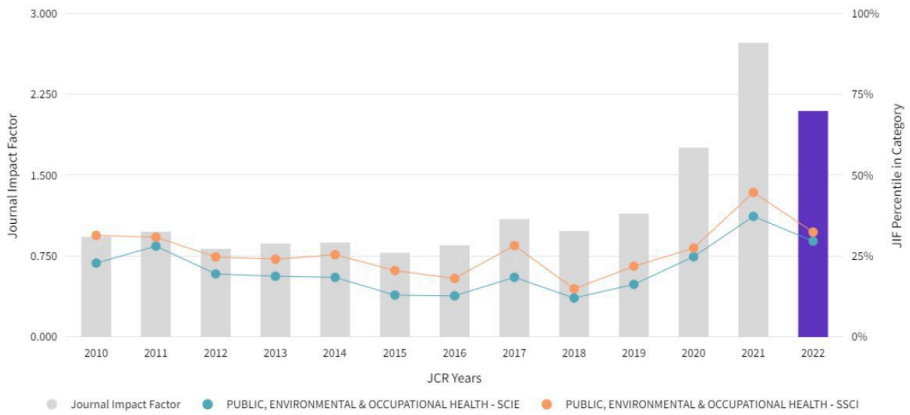
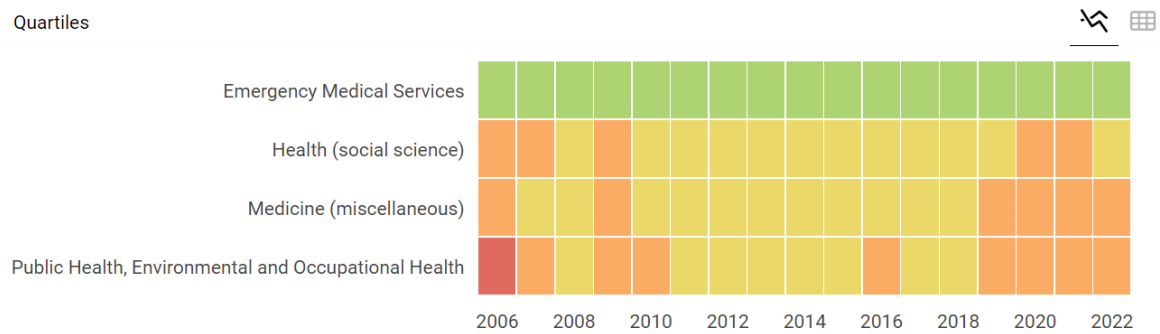


Journal Impact Factor Trend 2022



SCIMago Rank (quartiles 1st=green, 2nd=yellow, 3rd=orange, 4th=red)



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7. Other Business

1. AHPRA decommissioning tracking data

8. Close

Next meeting to be held at **ANU** – June 12th 2024 (TBC)

**for noting. Questions from the floor only*

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FRAME 2023: RURAL RESEARCH WORKSHOP - OUTCOMES

Professor Judi Walker

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

In table groups, participants discussed three key rural health research questions:

1. What have been your successes in rural health research and why?
2. What would make your research easier / better?
3. What principles should underpin rural health research?

The discussions were recorded on butchers' paper and have been transcribed, collated, and broadly themed.

We hope that this information will be useful to help grow and maintain successful rural health research.

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Cradle Mountain by Lauren Smetsers on Unsplash

Wombat at Cradle Mountain by Meg Jerrard on Unsplash

Examples of success in rural health research

- Mapping student research projects and comparing them with local health issues by using Maptive mapping software
- Recognition for successful student research by supporting participation at national conferences
- Critical care directives research that exemplifies research that changes and leads to improvements in health services
- High impact research by being recognised by community as real change which helps community lobby for change
- Cluster RCT in GP continuity of care provided for staff with skills to carry out the research
- Funding for GP Registrar posts that focused on research as well as medical education
- Better cooperation between RCS and GP land
- Understanding who the audience is and writing in a way that is understood
- Ground up ideas
  - Projects from GP Registrars
  - Ideas from new comers and early researchers
- Applied research highlighting skills to help clinical practice
- Having a dedicated research coordinator
- Partnerships between RCS and RTH for research
- Research capacity building programs
- GP Networks providing big databases for research
- Understanding the broad concepts of successful research including
  - Service implementation
  - Local engagement and partnerships
  - Community engagement
  - Drivers with funding attached
  - Clear links to implementation eg evaluation
- Drivers 2023 (statewide conference in Bendigo hosted by Monash Rural Health to explore academic innovation and excellence in regional medicine)
  - Giving a space to showcase academic, research and quality improvement achievement and investigations to peers and colleagues
- Research support within the RCS
  - Sharing support with the RTH
  - Sourcing questions that require research for answers
  - Collecting clinical research questions from clinicians
- UK experience provides
  - Funding for GP research including government funding to universities
  - GP clusters and mentor networks
  - Mid 2000 – “Better research best health”
  - National Health Research Academy

Factors contributing to better/easier rural health research

- A research culture with:
  - Time allocated to research
  - Support to research teams
  - Support with analysis, statistics, ethics etc
  - Project support and management
  - Dedicated research staff
  - Peer support and mentorship
- Reducing a siloed approach to research
  - Encouraging and facilitating multidisciplinary research
- Better access to research funding
  - Specific funding for rurally-focussed health research
  - Equitable access to research funding for rural researchers
  - Funding that includes translation
- Better career security
  - Extending contracts for time and career development rurally
  - Supporting career development
- Teaming-up experienced researchers with novice researchers
- Senior researchers as authors on publications / grant applicationsMentoring program support
- Data
- Support
- Partnerships across RCS and RTH
  - Access to databases
  - Shared experiences (where to go/how to do it)
  - Shared networks
- Making Connections – who is doing what where? (database)
  - Networks of interest
  - Mentorship programs
  - A FRAME research expo
  - Data sharing eg Medicare data (cost)
  - Shared resources
- Knowledge café
  - Involving the professional colleges
- Advocacy for rural research
- Championing of rural
- Dedicated GP research funding
  - Government / University
  - “Deep End” model of GPs in deprived areas working together to provide peer support, advocacy, training and research opportunities

Continued next page

Factors contributing to better/easier rural health research - continued

- Dedicated program – research in rural GP
  - Historic precedents
  - Where are they now?
- Academic research in primary care sites in an area of need
  - Rural version of “Far End” model (for older patients at the Far End – home visits, blended delivery, virtual visits)
- GP networks for research
- Big data
  - Support from parent institution
  - Systems improvement that is supportive not adversarial Supportive research ethics arrangements
  - Identifying grants and supporting grant proposals
  - Research training for rural doctors
  - Access by university researchers to RedCap
  - Streamline ethics approvals / standardise requirements
  - Opening doors e.g. to librarians
  - Partnering with other areas in the institution
- More research supervisors and research assistants
- Rural health research prioritised
- Early exposure to rural health research

From these discussions the groups defined the principles guiding rural health research

- Researching with people (not ‘for’ or ‘to’)
- Building research skills with rural people
- Establishing partnerships / collaborations
  - Relationships are key
  - Cross discipline collaboration
  - The distance between disciplines is less rurally
- Ensuring accessibility including outcomes
- Guaranteeing meaningful engagement
- Ensuring clear, upfront communication and expectations
- Co-designing research and translation
- Achieving equitable outcomes
  - Outcomes useful to some part of community
  - Outcomes that serve community interests
- Addressing local community needs
- Respecting community advice and engagement
- Making students aware of rural research opportunities
- De-mystifying research by
  - Answering questions in a systematic way
  - “A question without an answer is the start of a research project”

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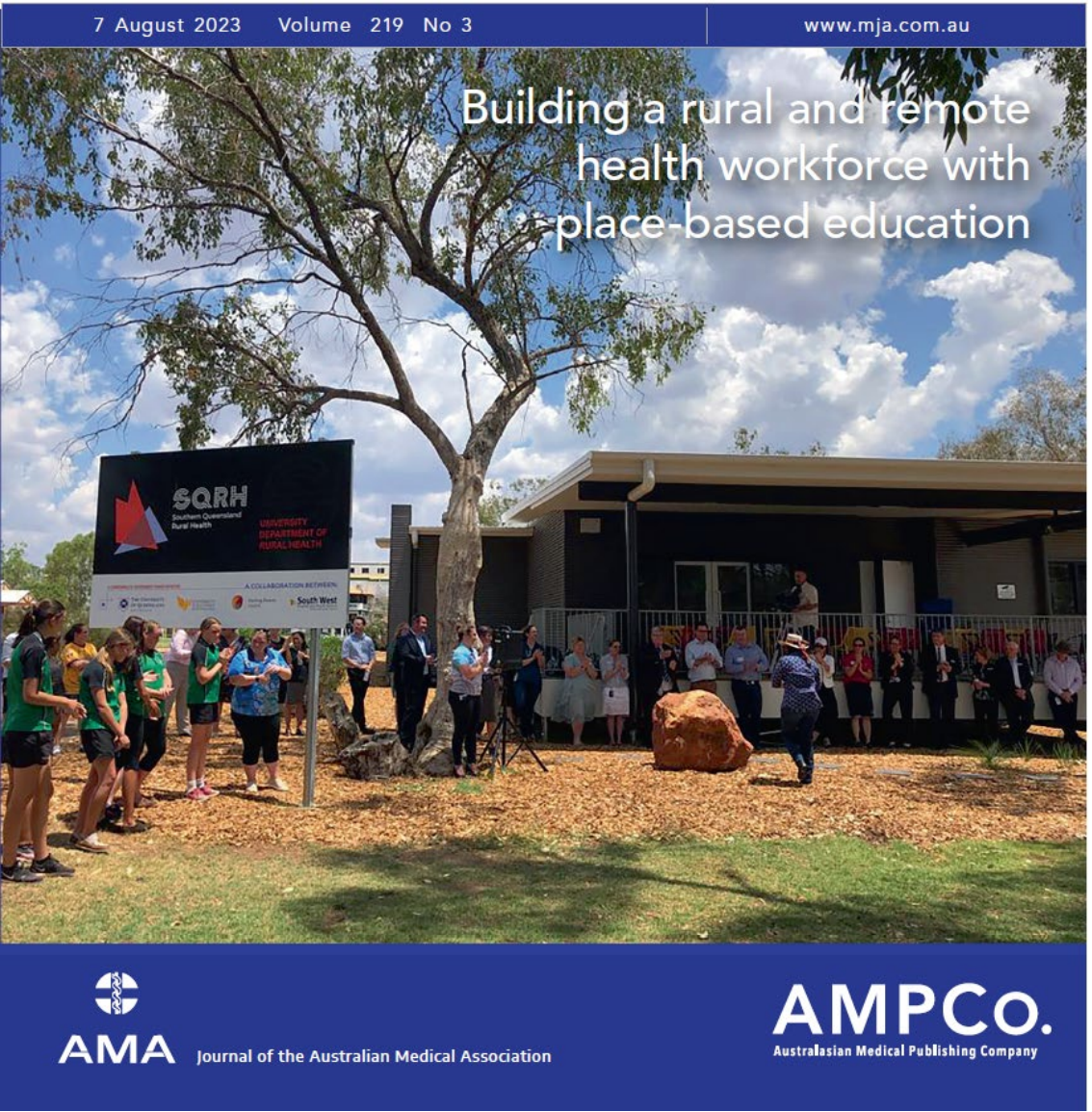

Reflective Plenary

Professor Ruth Stewart
National Rural Health Commissioner

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

Australian Government
Department of Health and Aged Care

Office of the National Rural Health Commissioner

Reflective Plenary

FRAME Conference

National Rural Health Commissioner

Adj. Prof. Ruth Stewart

18 October 2023

Today's reflective summary

I acknowledge the Traditional Custodians of the Tommeginne land on which we meet today.

I pay my respects to the Elders of this land, sea and waterways, ancestors who have come before us and those who are with us and guide us today.

I would also like to acknowledge emerging leaders within our communities.

I extend my respect to all Aboriginal and Torres Strait Islander people here today.

Today's reflective summary

Achievements to date

Future demand

Medical workforce trajectories

Levers *to influence & attract doctors to rural & remote careers*

Achievements

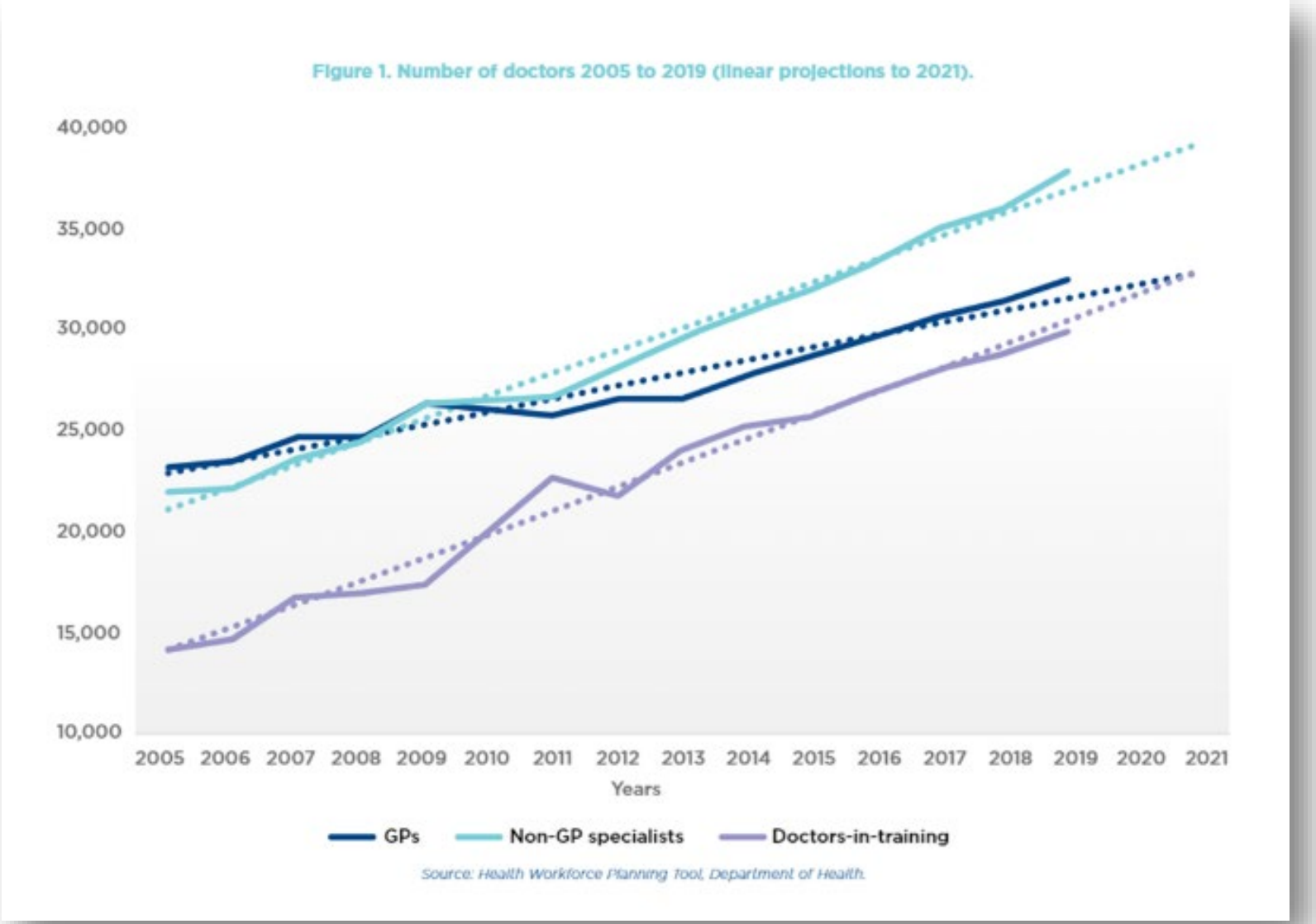
Growing interest in rural & remote careers

Growing interest in Rural Generalism

Growing rural & remote health evidence and research capacity

Dedicated policy commitments for rural workforce

Medical workforce trajectories



Source: Scott 2021, *The evolution of the medical workforce.*

Future demand

"Despite registering record numbers of health practitioners last financial year, we need 860 more GPs, & this shortage is likely to grow to 10,600 by 2031-32"

(AMA 2022)

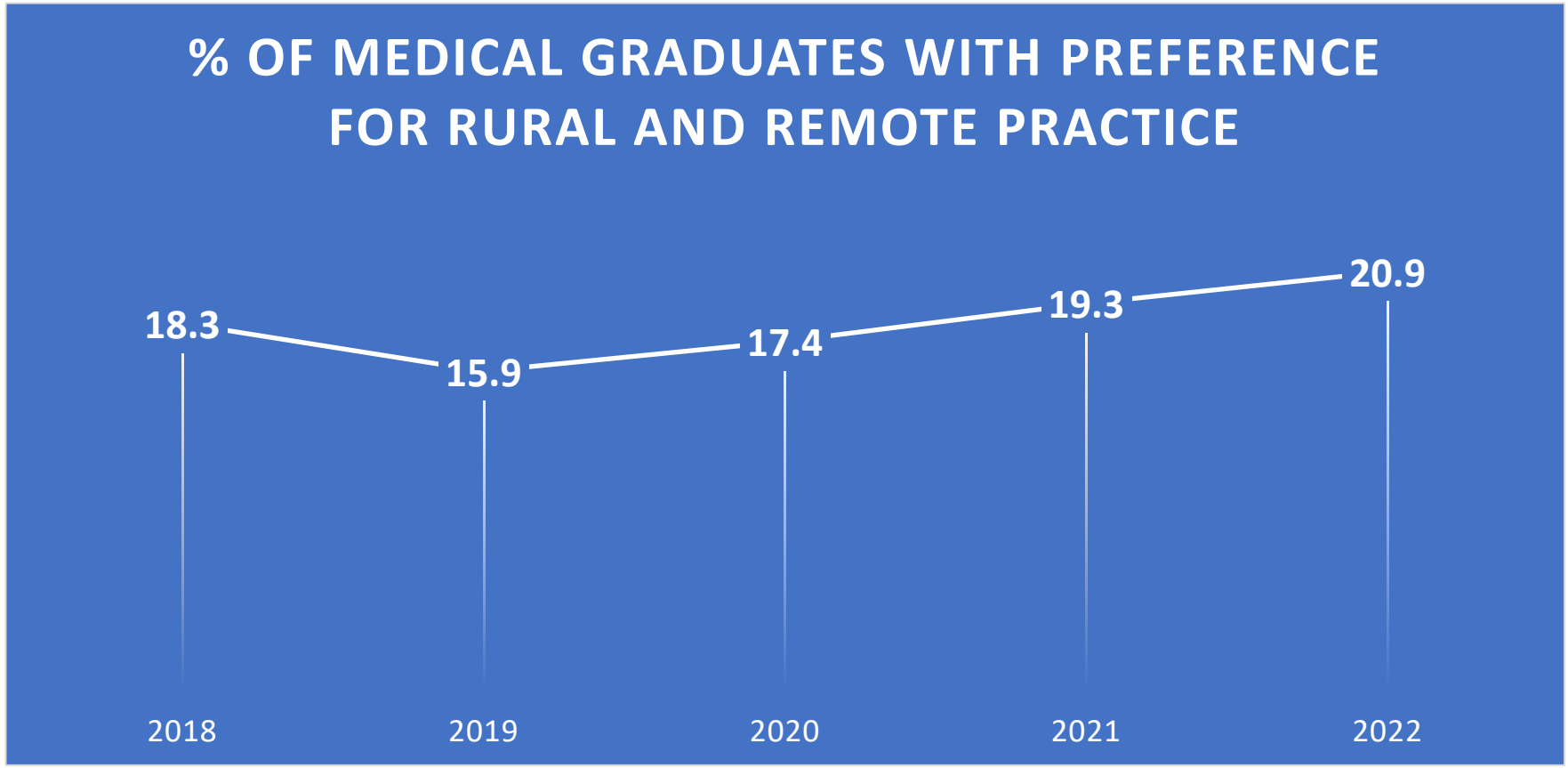
"Australia's GP shortage to reach a predicted shortfall of 11,392 full-time GPs (28% of the GP workforce) by 2032 or short by almost 1 in 3 GPs by 2032"

(Cornerstone Health 2022)

"…ageing population, growth in multi-morbidities, & geographic challenges require more GPs & more generalist doctors… Medical leaders need to recognise that a broad scope of practice is intellectually challenging & fulfilling for individuals"

(Department of Health, National Medical Workforce Strategy 2021, p. 20)

Medical workforce trajectories



General Practice is 2nd most preferred specialty of future practice

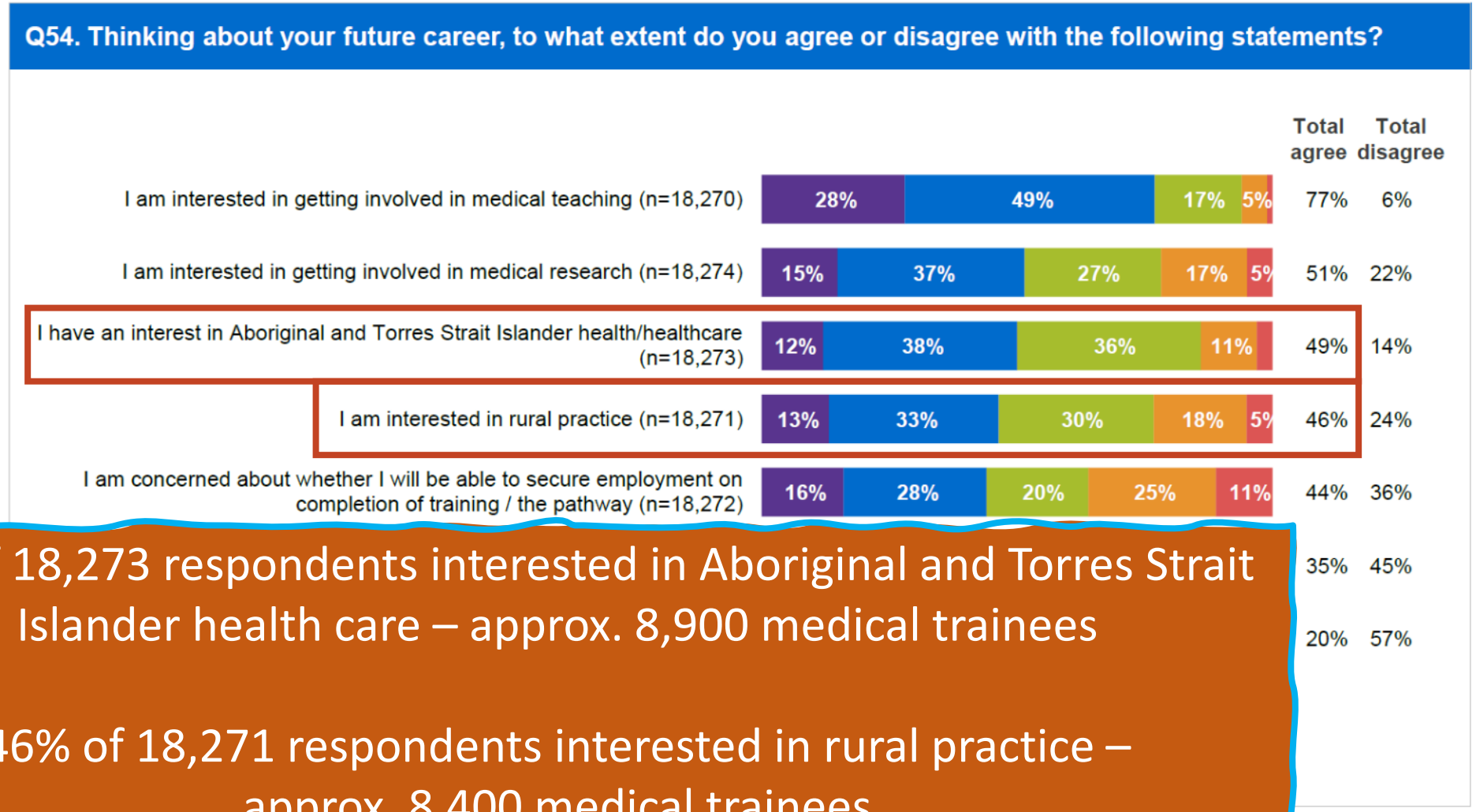
13% want to be GPs and

6% want to be a Rural Generalist…

Source: Medical Deans Australia and New Zealand 2023, pp. 26, 34

Medical workforce trajectories

Medical Training Survey



49% of 18,273 respondents interested in Aboriginal and Torres Strait Islander health care – approx. 8,900 medical trainees

46% of 18,271 respondents interested in rural practice – approx. 8,400 medical trainees

Source: Medical Board of Australia and Ahpra 2022, *Medical Training Survey 2022*.

Levers

Region

Metropolitan area 67%

Regional area 25%

Rural area 6%

Do not wish to specify 1%

Approx 1,280 training in rural areas

Base: Total sample (n = 21,342)
Q6. Is your current setting in a…?

Facility

Training at a hospital 80%

Not training at a hospital 20%

Approx 4,300 training in primary or community

Base: Total sample (n = 21,650)
Q5A. Is your current position/term/rotation/placement predominantly in a hospital?

Source: Medical Board of Australia and Ahpra 2022, *Medical Training Survey 2022*.

Medical workforce trajectories – interest in RG

ACRRM

173 applicants for semester 1, 2024

RACGP

Royal Australian College *of* General Practitioners

135 applicants for FRACGP-RG for 2024

Levers

The John Flynn Prevocational Doctor Program will increase rural primary care rotations for hospital-based doctors in rural areas from:

- 110 FTE (440 rotations) in 2022 to
- 200 FTE (800 rotations) by 2025

Expands eligibility to include doctors in the first 5 PGYs

PGY average is 5.7 years (MBA and Ahpra 2022)

Allows limited pool of urban hospital-based doctors to do rural primary care rotations

Source: Department of Health and Aged Care 2023

Levers

Commitment to recruiting students from underserviced and underrepresented populations – THEnet community of practice commitment (Larkins et al 2023)

Rural origin students more likely to pursue rural careers (Craig and Murray 2023)

Address “hidden curriculum” that elevates city-based subspecialisation – the need for rich and valid rural curriculum (Craig and Murray 2023)

(Longer and positive) rural exposure contributes to rural recruitment and retention (Holst 2020)

Levers

The MSOD respondents indicate high levels of satisfaction with their rural placement, irrespective of its duration.

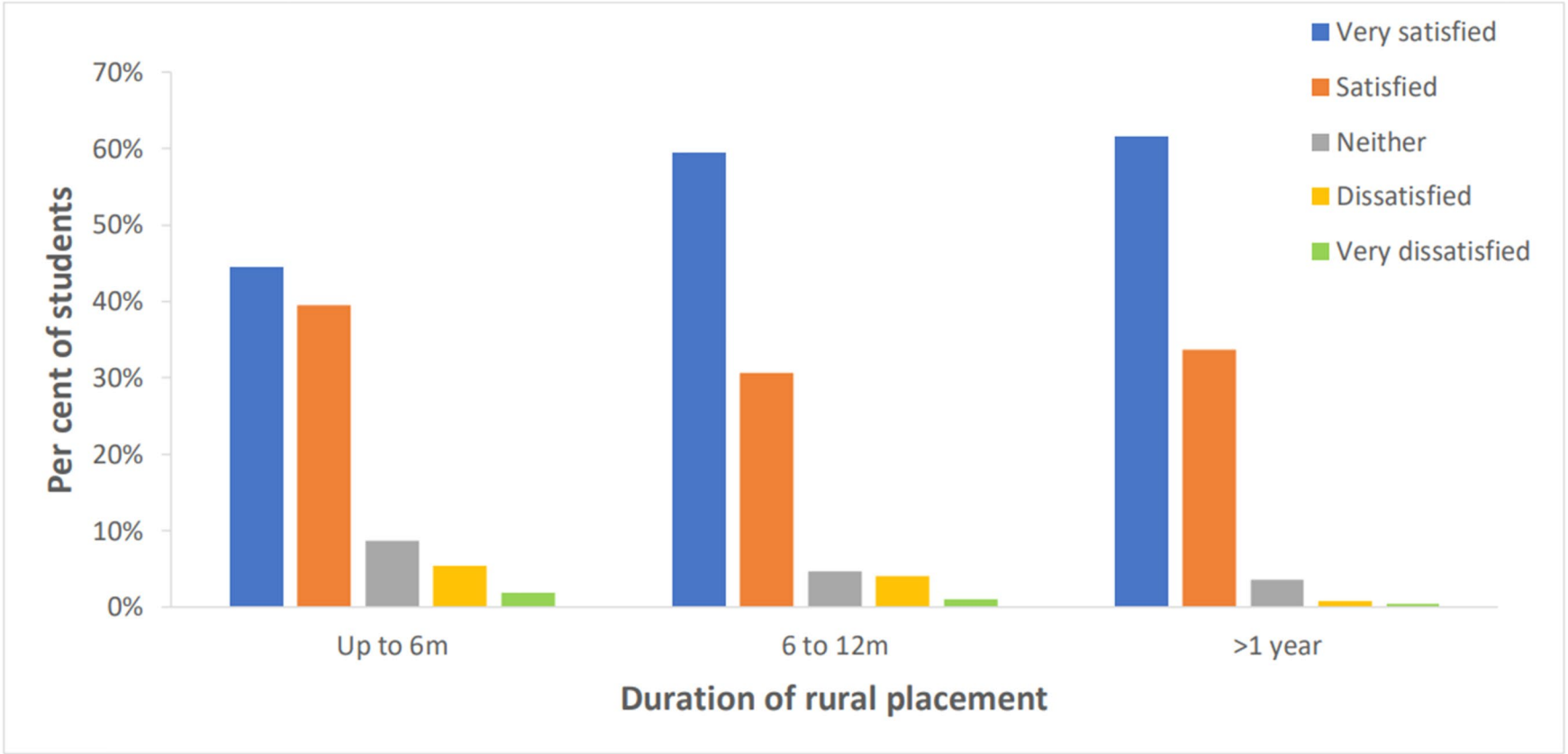


Figure 4. Students' satisfaction with rural placement, 2022 data

Source: Medical Deans Australia and New Zealand 2023, pp. 23

Levers

Train in generalist settings

Enable identity formation as a rural doctor

Value generalist skills

Connect with community

Image: Lucie Walters

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@RuralHC_Aus
@DrFayeMcMillan
@NowlanShelley

Thank you

Inside today

THERE'S NOTHING BORING ABOUT THESE LUNCHES

food&wine Recipes and more inside today

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The Advocate

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UTAS Rural Clinical School director Professor Lizzi Shires and Rural Health Commissioner Professor Ruth Stewart. Picture by Eve Woodhouse.

COME FROM RURAL, RETURN TO RURAL

Australia's Rural Health Commissioner Professor Ruth Stewart says the next generation of the Coast's health workforce will most likely come from the region. She was speaking during the Federation of Rural Australian Medical Educators conference in Devonport yesterday.

JESS FLINT reports, Page 3

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