



FRAME

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

The Federation of Rural Australian Medical Educators (FRAME) is the peak body representing the Rural Health Multidisciplinary Training (RHMT) program and Regional Medical Schools (RMS) funded (in whole or in part) through the Australian Government Department of Health and Ageing.

Below are the FRAME members.

Australian National University
Curtin University
Deakin University
Flinders University
James Cook University–Australia
Monash University
The University of Adelaide
The University of Melbourne
University of New South Wales–Sydney
The University of Newcastle–Australia
The University of Notre Dame–Australia
The University of Queensland–Australia
The University of Sydney
University of Tasmania–Australia
The University of Western Australia
University of Wollongong–Australia
Griffith University Queensland–Australia

WELCOME

Professor Jenny May, FRAME Chair

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ACKNOWLEDGEMENT OF COUNTRY

Dr Andrew Kirke, RCSWA Director

SETTING THE SCENE

Professor Jenny May

Email for IT support: it-rcs@uwa.edu.au

Current intern destinations for students and strategies to increase student alumni going rural

Rural Clinical Schools - Regional Training Hubs
3-minute presentations hosted by Dr Andrew Kirke

AUSTRALIAN NATIONAL UNIVERSITY

Professor Amanda Barnard, Head Rural Clinical School

3 minutes

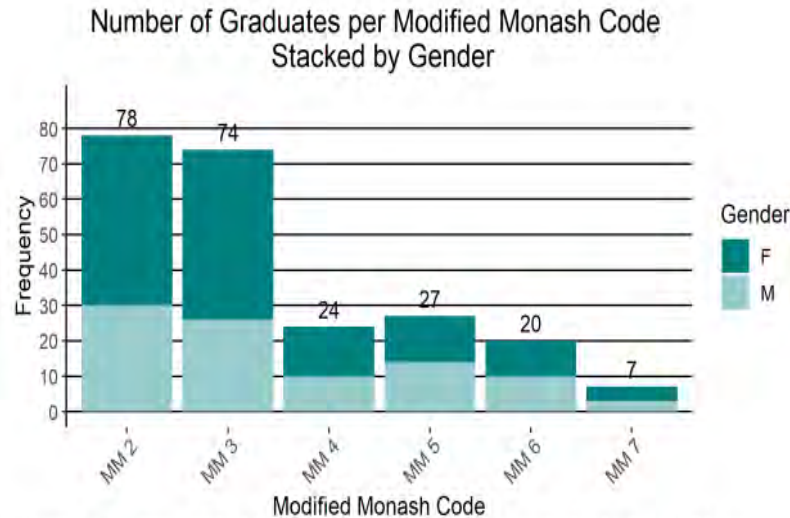
ANU RURAL CLINICAL SCHOOL AND SE NSW REGIONAL TRAINING HUB

- Challenges of jurisdictional boundaries
- Access to NSW RPR hospitals (priority 2 and 3)
- PGY1 and 2 rotations to Goulburn and Bega
- Innovative GP /ED integrated internship in Bega (SERH)



CURRENT DESTINATIONS

OF ALL ANUMS GRADUATES (2007-21), 15.6% ARE WORKING RURALLY; 30.8% OF ANU RCS RURAL STREAM GRADUATES, ARE WORKING RURALLY.



Graph 8.6 - Bar Graph of the total frequency of ANUMS Graduates by Rural MM code, stacked by gender.

2021 intern destinations (87 respondents, 106 grads)

- 22 rural NSW
- 1 rural Victoria
- 3 Northern Territory
- 1 Tasmania
- From TCH – 2 Bega extended, 4 Goulburn

STRATEGIES

- Enhancing clinical placements, including NT
- Rural PrINT terms
- AIMS (Assistant in Medicine) at local rural hospitals post year 4 exams
- Career planning and mentoring (Hub)
- Research
- Regional Workforce Working with HETI for junior doctor rural rotations – currently Cooma
- Regional Workforce plan created
- ?Future PAC hospital in the region

DEAKIN UNIVERSITY

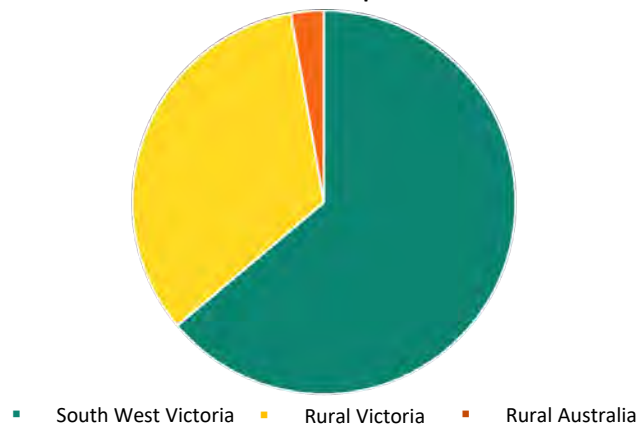
Dr Brendan Condon, Deputy Director of Clinical Studies

3 minutes

Current intern destinations for students

	MM 2	MM 3-7
2021	RCS grads 17.8% (11/62) All grads 13.1% (18/137)	RCS grads 17.8% (11/62) All grads 13.1% (18/137)

Deakin's rural Internship locations 2021



Strategies' to increase student alumni going rural

❖ RTS

- ❖ 30 places reserved for rural background. Intend to increase further
- ❖ Tiered applicants, focusing on Deakin rural footprint
- ❖ At entry, students commit to training via RCS

❖ Pathways to Medicine

- ❖ Identify rural secondary students and support through undergrad -> medicine
 - ❖ Yr 7-9 Build aspiration
 - ❖ Yr 10- 12 Provide information, link with mentors/ students/ staff
- ❖ Undergraduate/ Post-graduate – case management approach
- ❖ Project commencing to:
 - ❖ Modify Foundation years curriculum to be delivered remotely
 - ❖ Appoint Project officers to promote RTS

Regional Training Hub supporting rural retention

Trainee support

- ❖ Mentoring (DrJuMP). Website, Tours, Education
- ❖ Promoting RTS regionally

Rural post-graduate pathway development

- ❖ VRGP, General Surgery, General Physician
- ❖ Emergency Medicine
- ❖ Obstetrics and Gynaecology

Multi-disciplinary training

- ❖ Medical students and nurses
- ❖ Rural GP registrars and IMGs
- ❖ Small rural hospital nurses and GPs

FLINDERS UNIVERSITY NT

Dr Emma Kennedy, Associate Professor of Medical Education
and Training, Director NTMP

3 minutes



Flinders
UNIVERSITY

Rural and
Remote Health
NT

FRAME Presentation, June 2022

***Current Intern destinations for students and
strategies to increase students going rural***



NORTHERN TERRITORY

Intern Destinations



Top End Rural Health Service:
45 Intern positions
5-term Internship year
Gove (3), Katherine (1), Royal Darwin and Palmerston Regional hospitals

Central Australia Rural Health Service:
20 Intern positions
4-term Internship year
Tennant Creek (2) and Alice Springs hospitals



Flinders NT Medical Program

- Over **150¹** students have graduated
- **15** Indigenous doctors have graduated representing 10% of all graduates
- **92%** of students in the program have been from the Northern Territory (noting that Aboriginal and Torres Strait Islander students can be from other jurisdictions)
- **63%** of graduates were in junior doctor positions in the NT at time of survey
- The NTMP is supplemented by around **30** Flinders University students from SA who undertake a year-long placement in the NT each year
- **52%** of the South Australian students who undertake a long-term placement in the NT return to the NT to take up junior doctor positions
- **76%** of students who spent a year in Darwin, **80%** of students who spent a year in Alice Springs, and **92%** of students who spent a year in Katherine are still working in the NT
- **54%** of NTMP graduates remain in the Northern Territory beyond their return of service
- **30-40%** GP Registrar trainees in the NT are NTMP graduates



Current Intern destinations for students and strategies to increase students going rural

- Opportunities for students and junior doctors to see pathways to the profession through the placements
- Unique support needs for learning in remote sites including support for supervision, cultural training and accommodation
- Deliberate curriculum focus on the clinical and professional experiences in remote contexts and the translation to core medical skills

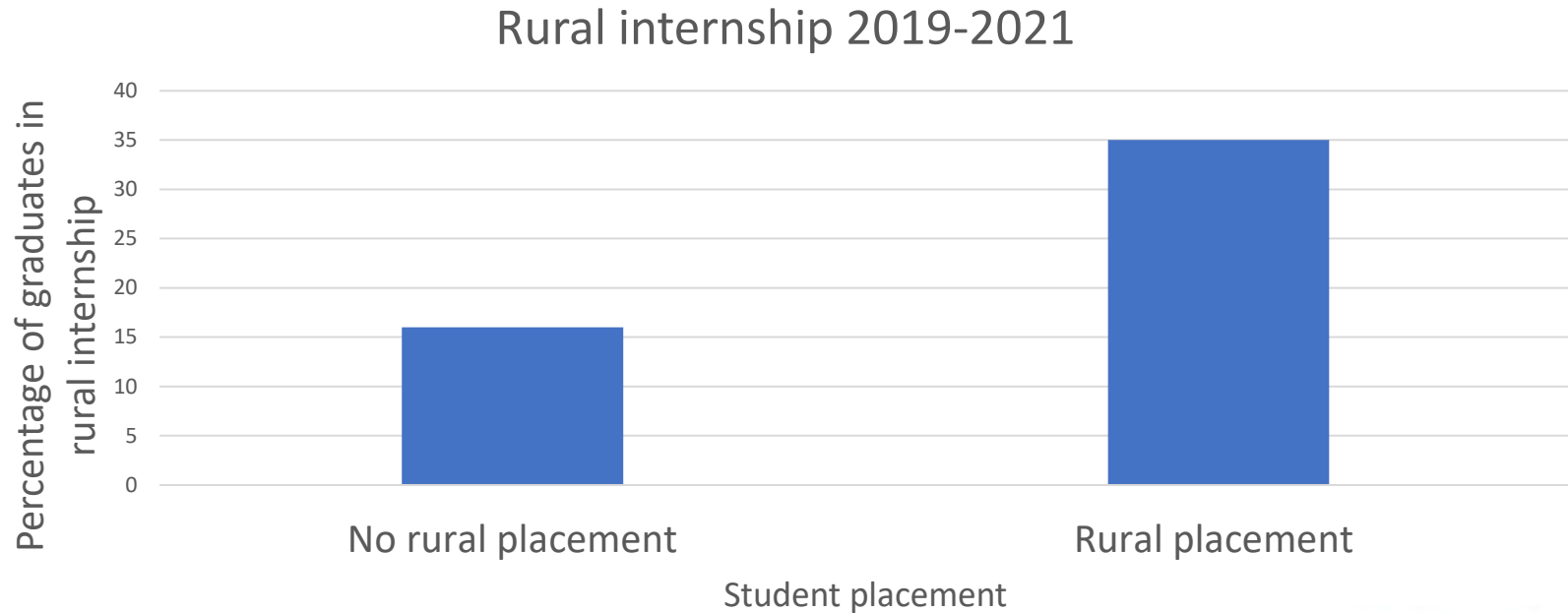


GRIFFITH UNIVERSITY QUEENSLAND

Dr Kay Brumpton, RCS Director

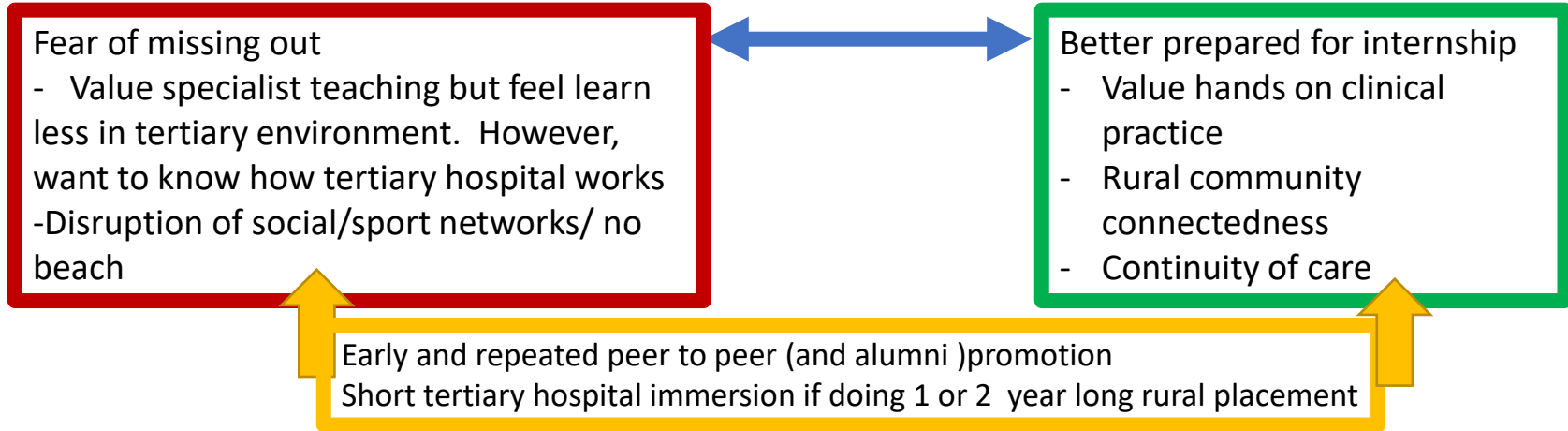
2 minutes

Current intern destinations for students



Strategies to increase students going rural

- Qualitative study exploring Year 3 to Year 4 retention



- Rural stream: Rural priority access students and others connected to rural community from start of Year 1.

JAMES COOK UNIVERSITY

Andrea Muller, Program Manager North

3 minutes



Welcome to North Western Queensland

James Cook University (JCU) is committed to meeting the health and medical workforce needs of the communities whom we serve. Our focus is on the regional, rural and remote communities, with an emphasis on Aboriginal and Torres Strait Islander peoples, of North Western Queensland.

Six reasons to consider medical training in North Western Queensland

1

Making a difference to communities in need

In the small mining town of Weipa, Dr Will Horwood is excited to be part of bringing vital health services to the community.

DR WILL HORWOOD
WEIPA



2

Be part of the community

Welcomed by the friendly community, Dr Rachael Yin Foo felt like she was part of the community from day one when she arrived in Winton.

DR RACHAEL YIN FOO
WINTON



3

Wide scope of practice and hands on experience

One of the major drawcards to medical training in North Western Queensland is the range of diverse presentations.

DR ALLISON HEMPENSTALL
THURSDAY ISLAND



4

Be there for your patients

The continuity of care is one of the most rewarding parts of training in a rural town.

DR CHRIS AND DR KIRSTY SYMONS
LONGREACH



5

Excellent training support

While training in a rural town may seem daunting to some, you'll be supported by experienced and passionate clinicians and educators.

DR GRACE NEELY
ATHERTON



6

Rewarding work

For Dr Michael Pitt, making a real impact to the health of rural communities has been a major drawcard.

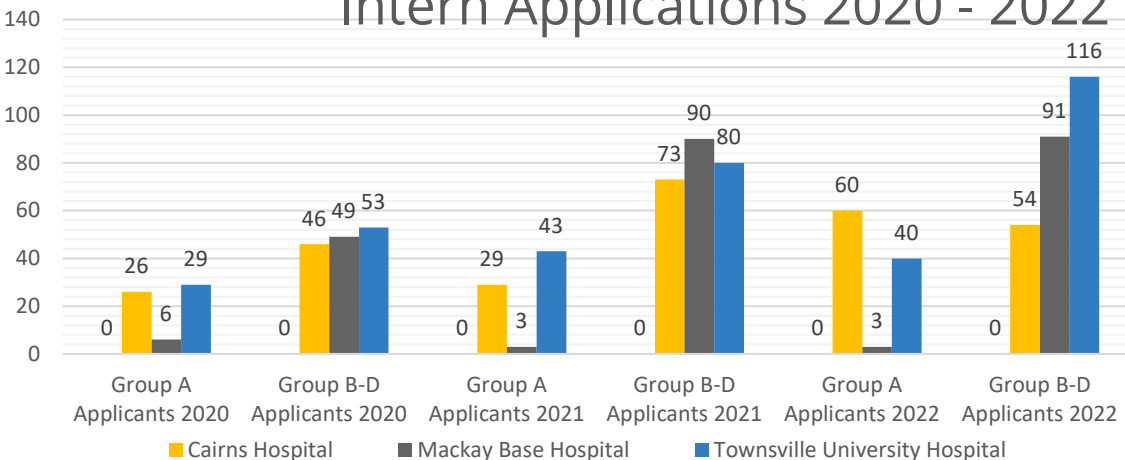
DR MICHAEL PITT
ROCKHAMPTON



The 'Grow Our Own' agenda for regional Queensland is everyone's business

**NQ
RTH**

Intern Applications 2020 - 2022



Mackay Base Hospital

- Cat A applicants remain constant; Cat B-D applications increased by 86% 2020-2022

Cairns Hospital

- Cat A applications increased by 131% from 2020 to 2022, oversubscribed for 2022!

Townsville University Hospital

- Cat A applications increased by 38% from 2020-2022; Cat B-D applications have increased by 119% 2020-2022

- Rural and regional based entry-level medical education and Internships
- Assign 'rural merit' for selection into specialist training delivering the right graduates for regionally based care
- John Flynn Prevocational Doctor Program; Welcome Packages
- Forming a Rural and Remote Student/Junior Doctor Interest Group; Community of Practice
- Promotion of Good News Stories on www.nqrth.edu.au

MONASH UNIVERSITY

Associate Professor Shane Bullock, RCS Director

3 minutes

MONASH RURAL HEALTH

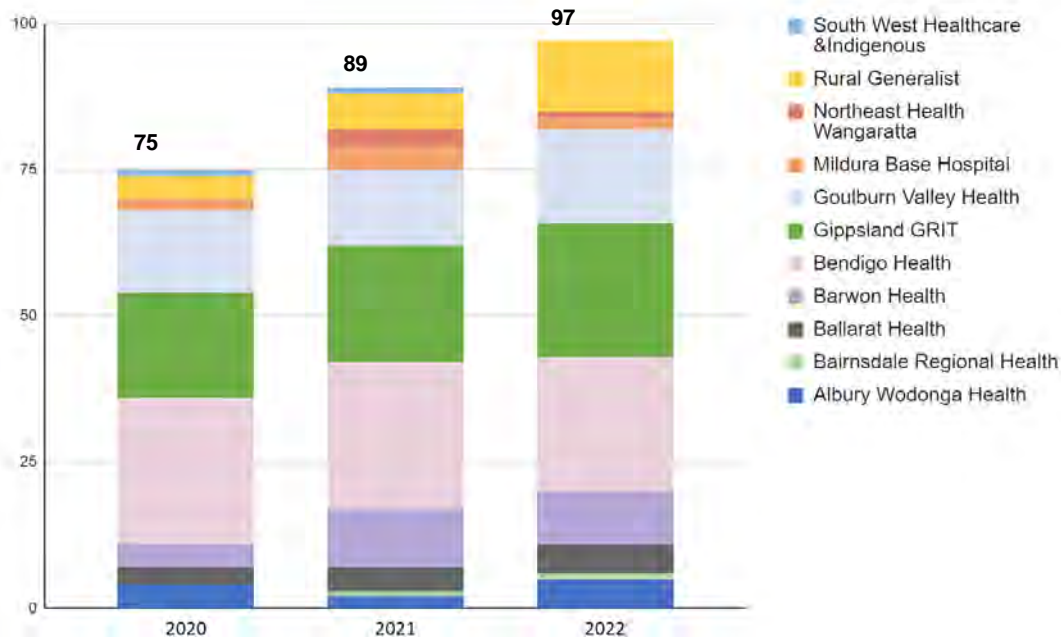
FRAME UPDATE

Professor Shane Bullock

Wednesday 1 June 2022



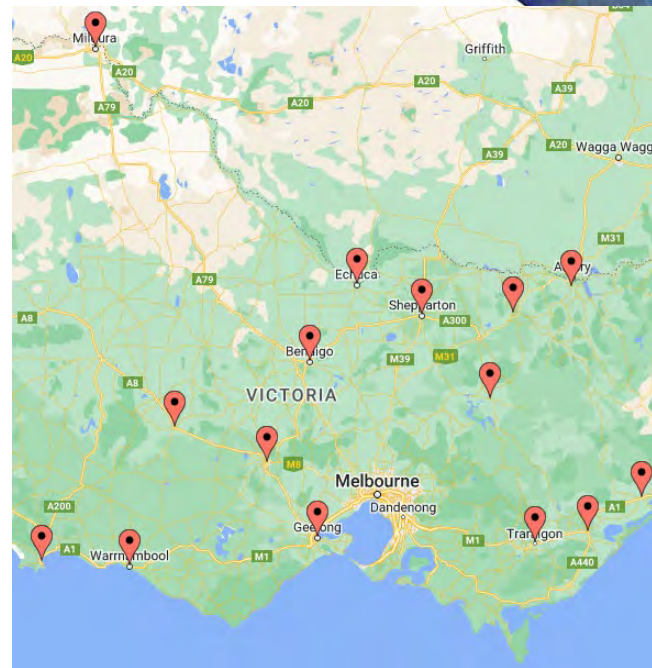
Monash Graduates in Rural Internships



Data provided by the Postgraduate Medical Council of Victoria

Data for Victorian internships only and does not include graduates heading interstate or taking a gap year.

Map shows one location of health service for each Intern program not satellite rotations.



Go Rural

MONASH RURAL HEALTH



High School

Dean's Rural List
Mentoring, Med-Toring (Mildura)
Sec school tutoring programs with med students
Health Literacy (teddy bear hospitals in primary school, Hands on Health)
Monash & Rural Health Open Days & Info Sessions
Incursions to SIM labs
Participation in local career events: showing local entry pathway & career opportunities
Wildfire (student club) high school visits

BUILD ASPIRATIONS

RURAL EXPERIENCES

Medicine Student

End to End & Extended Rural Cohorts
Extended rural placements
Rural integrity in school staff
25% of Monash medical students in rural
Rural career planning - events, marketing, advice
-all year levels & on clinical placements & in student lounges
Rural medicine peer-Mentoring
Dr JuMP mentoring
Sharing medical College information and presentations
Attendance at rural health conferences
Rural representation in medical student clubs.
Lifestyle and student-led activities with Wildfire
Rural clinical skills weekends
Bonded student support

DEVELOP WORKFORCE SKILLS

Final Year Med Student

Rural Scholarly Intensive Program
Rural placements in primary care
Opportunities for rural Honours projects
Career Ready Doctors support:
- Part 1: Writing your CV and Cover Letter
- Part 2: Interviewing Well
- Part 3: Research & Professionalism
Bespoke CV review
Interview coaching
Individual career advice
Access to local medical workforce advice
Mentoring by local JMOs
Showcase & support local (& promote all rural) careers events

Rural Internships & Rural Careers

Regional Training Hubs understand local issues and needs and work as a conduit for information: high levels of engagement-build trusted relationships with medical workforce & health services, students, JMOs, consultants



**BUILD
ASPIRATIONS
& REPUTATION**

Internship

- Promote local opportunities & pathways
- Support professionalism / healthy workplace culture
- Encourage early career research
- Foundation skills in education
- Build networks, Dr JuMP Mentoring, lifestyle events
- Sharing College information
- Support attendance at rural health conferences
- Welcome events, Rural Talent Awards

**SHARE
INFORMATION**

Pre Vocational

- Maximise opportunities to further boost & support career aspiration & College entry requirements, Professional coaching, mentoring and sponsorship, Formalised Education /Teaching Pathway
- Early Leadership Development Program
- Rural Resume Bursary Boost Program
- DRIVERS Research conference & committee roles
- Formalised University (Hub) associations
- Build Networks, Dr JuMP Mentoring, lifestyle events
- Listening/feedback/planning events "Rural Jobs Forum"
- Rural Talent Awards
- Building networked roles and primary care accreditation

**DEVELOP
WORKFORCE
SKILLS**

**RURAL
BOOST**

Vocational

Local capacity building in:

- Pathway development & accreditation
- Networked opportunities
- Supervision (Supervisors Forums, TOTR, feedback & communication skills),
- Rural Talent Awards
- Awards for Supervisors
- Regional professional development and support to Colleges to work regionally
- Rural Resume Bursary Boost Program

THE UNIVERSITY OF ADELAIDE

Professor Lucie Walters, RCS Director

3 minutes



Adelaide Rural Clinical School

We acknowledge the traditional custodians whose ancestral lands we live and work upon today

Increasing student alumni going rural:

Medical students' experience during their 5th year RURAL training with ARCS

Answers from 350 ARCS medical students between 2013 and 2021

Overall, felt well supported by ARCS



Felt well supported academically by ARCS



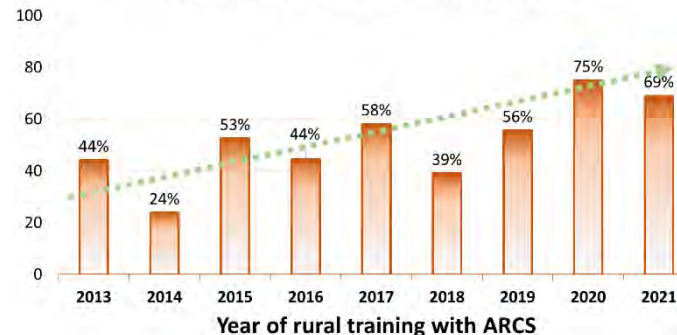
ARCS had a positive impact on their wellbeing



Increasing interest

Proportion of 5th year ARCS medical students that would prefer to work in a RURAL location after graduation

Answers from 350 students between 2013 and 2021



Source: Federation of Rural Australian Medical Educators (FRAME) surveys

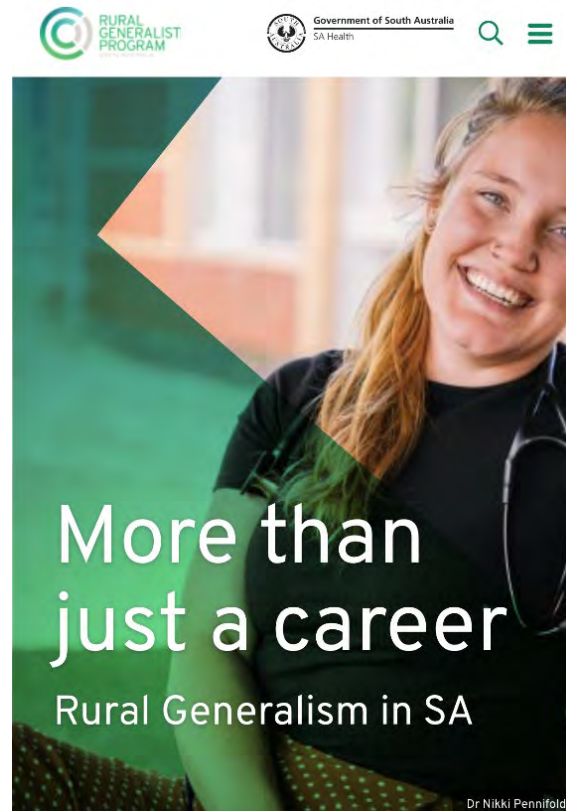


Adelaide Rural Clinical School



Partnerships to increase capacity

- Increasing intern and PGY2 training opportunities
 - 12 to 17 internships
 - 4 to 12 PGY2+
- Launch of South Australian Rural Generalist pathway in 2021
- Transition from funding DCT and MEO to funding mentoring programs



Adelaide Rural Clinical School

ARCS strategies to connect the pipeline

- Rural generalist pathway workshops
- Near peer mentoring
- Engaging with junior doctor alumni
- Rural academic registrar roles



THE UNIVERSITY OF MELBOURNE

Professor Julian Wright, RCS Director

3 minutes



- Commenced first cohort of 30 first year MD students in Shepparton. All have rural background.
- These 30 have applied for the Rural Pathway of the Melbourne MD so will be end-to-end rural students
- New accommodation and teaching and learning building opened in 2022
- Science and education based facilitators recruited for MD1 learning
- Adaption of anatomy and pathology curricula for delivery via Sectra anatomy tables and online delivery

.



- Currently >50% of final year graduating RCS students do a rural internship
- There is then some attrition as junior doctors enter specialty training programs and can only do this in Melbourne
- We need to continue Development of Rural Health Discovery thread through all 4 years of the MD degree
- Currently developing year 2 for role out in 2024, based on rural generalist
- to build our links with the Murray to Mountains Intern Program



- Having longer term mentorship for the rural pathway students
- Regional training hub developing education activities based in rural generalist training
- Continuing to work with the hub alliance on developing regional/rural training pathways
- Eg One of 2020 graduates did internship and PGY2 in Melbourne and is not applying to the Extended Rural Stream of Paediatric training
- Eg One of our 2018 graduates, is now a registrar in the fully regional psychiatry training pathway

UNIVERSITY OF NEW SOUTH WALES

Professor Tara Mackenzie, Associate Dean Rural Health

3 minutes

Medicine and Health Rural Clinical Campuses



MODERNISE MEDICINE



UNSW RCC Locations

New South Wales

5 Major teaching campuses and over 70 clinical placement sites across New South Wales and north-eastern Victoria, including the full end to end Medicine program from the Port Macquarie and Wagga Campuses highlights UNSW's commitment to Rural Medical Training.

**Albury
Wodonga**



**Coffs
Harbour**



Griffith



**Port
Macquarie**



**Wagga
Wagga**



Strategies to Increase Students Going Rural

People	Program	Place
<p>The professional, academic and conjoint staff are the strength of rural medical schools.</p> <p>Close links with LHDs and in primary care settings</p> <p>Engagement of alumni and role models</p> <p>Local government, business and community leaders engaged through various platforms and community liaison</p>	<p>Continuing development and delivery of full medical program in regional and rural setting</p> <p>Appropriately designed curriculum with relevant rural content to ensure future needs of communities are met</p> <p>Clear career pathways in regional and rural health (eg: single employer model in Murrumbidgee-Riverina)</p>	<p>Community engagement, information and liaison</p> <p>Local schools program including on-campus education days</p> <p>Collaboration with other university medical/clinical schools, training institutes and health networks in the region</p> <p>Improve access to appropriate student accommodation</p>

THE UNIVERSITY OF NEWCASTLE

Dr Arron Veltre, Clinical Dean

3 minutes

UONDRH RCS & NORTH WEST NSW RTH



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

**DEPARTMENT OF
RURAL HEALTH**



SUCCESSFUL STRATEGIES

Early engagement - careers forums and information evenings

RCS numbers increasing across all sites – community engagement, rural living and lifestyle

Successful RPR – Taree and Tamworth sites recruiting primarily JMP RCS students

Engaged immersive teaching at local level – JMO Led Teaching

RJDTIF positions in Scone & Gloucester, with emphasis on expanding (now under the JFPDP)

New longitudinal placement (MM5)

Community engagement

CURRENT CHALLENGES



Poor retention beyond PGY2
– attributed to lack of
attractive positions



Currently more interest
in specialist training



Lack of GP intending
applicants, specifically in
Tamworth/Taree

FUTURE STRATEGIES



Make generalism more attractive (VMO RG appointments)



Social integration



Continue to build on
AST/ARST opportunities
Build capacity beyond PGY2
in Taree/Tamworth (AT
position accreditation)



JFPDP – now supporting
PGY1-5

THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Professor Michael Brydon, RCS Director

3 minutes



**RIVERINA RURAL
TRAINING HUB**
RURAL STUDY RURAL TRAINING RURAL CAREER



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

Increase opportunities for provision of information to existing medical students about rural health encouraging rural study, training and careers

- HETI (NSW Health) Internship Application Process Presentation 31 March
- Rural Preferential Recruitment Workshop 2 April
- Annual NSW RDN Cadetship Workshop Orange 29 Apr – 1 May
- UNDA ROUNDS Riverina Weekend 6 – 8 May
- Annual Rural Generalist Workshop & Showcase Temora 28/29 May
- *Destination Medicine*® Podcast Series
- *Regional Medical Training* website
- UNDA Rural & indigenous Immersion Trip
- Mentoring
- Griffith Outreach



Strategies to Encourage Rural Careers

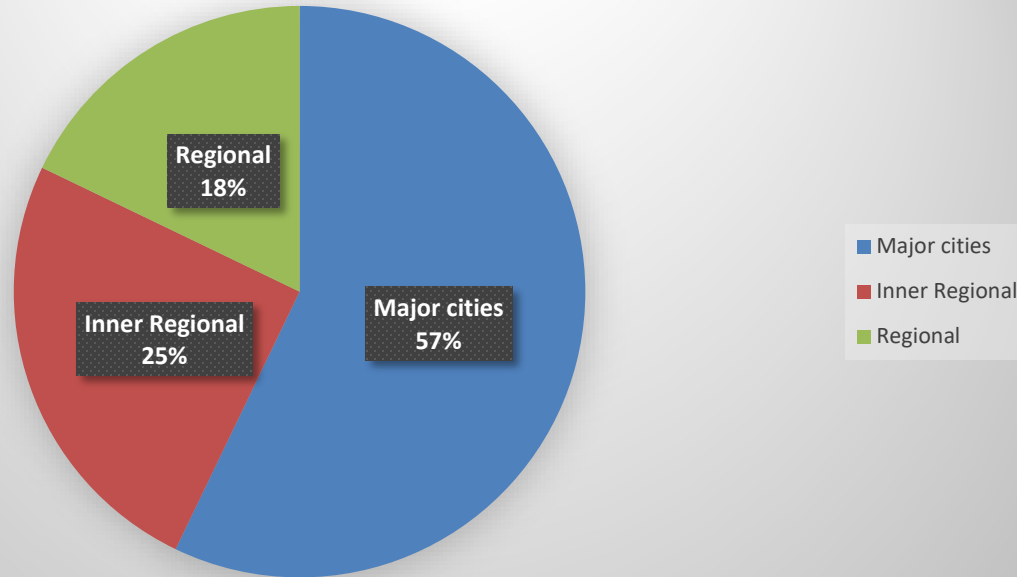


- *Rural Health Forum 12 May 2022 – included ROUNDS students*
- *School visits*
- *Support with applications for medicine*
- *Destination Medicine® Podcast Series esp. Doctors-in-Training*
- *Rural and Indigenous Immersion trip, year 1*
- *Rural Trauma week, year 2*
- *Clinical rural rotations and years*



Intern Outcomes

2022 Accepted Internships



THE UNIVERSITY OF QUEENSLAND

Associate Professor Riitta Partanen, RCS Director

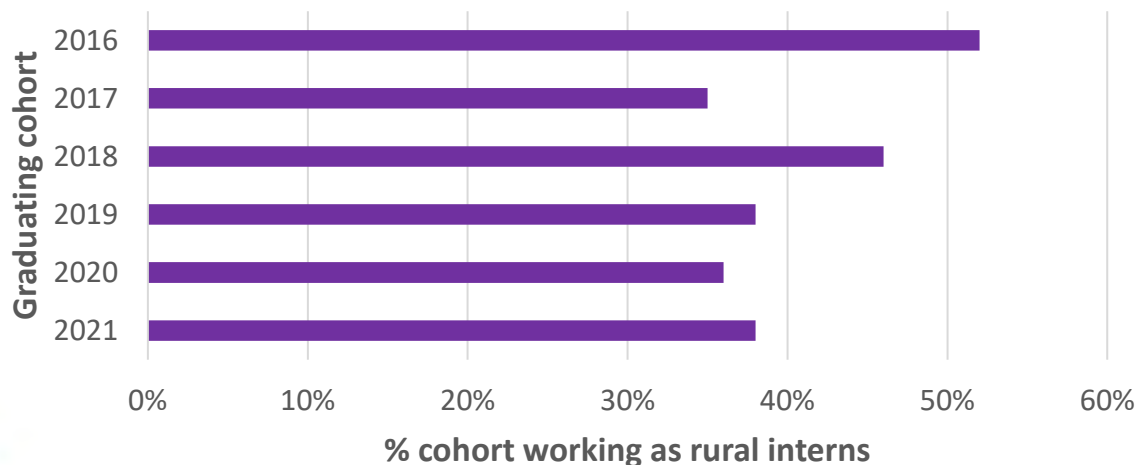
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Where do UQRCS graduates work?



2016-21: UQ RCS graduates working as rural interns



2021 UQRCS

Graduates

1Y – 25% rural
interns

2Y – 59% rural
interns



UQ Strategies to ↑ rural medical workforce

2022

- 164 students (Y3 & 4) at UQRCS for Year-Long Placements
- 270 students have 6-week Rural and Remote Medicine in MMM 3-7

2026

- 320 students full-time at RCS (Y1 – 4)
- All 480 UQ students/year will have short rural immersion in Year 1
- Rural Selective in Year 2
- 50 students in Year 3 – Longitudinal Rural Immersion Placements
- All onshore 380 UQ Students/year have opportunity to do at least 4 weeks in Regional, Rural or Remote communities in Y4.

New MD Program from 2023 has RRM weaved throughout all 4 years.

End to End Medical Training in Regional & Rural Queensland

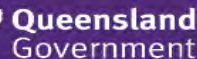
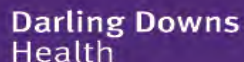
Increasing RR&R medical student placements

Home Growing our Medical Workforce

Central Qld – Wide Bay Regional Medical Pathway (RMP)



Darling Downs – South West Medical Pathway



THE UNIVERSITY OF SYDNEY

Kim O'Connor, RTH School Manager & Linda Cutler, RTH
Director

3 minutes

FRAME JUNE 2022

**UNIVERSITY OF SYDNEY
SCHOOL OF RURAL HEALTH**

Presented by

Kim O'Connor - RCS

Linda Cutler - RTH



THE UNIVERSITY OF
SYDNEY



STRATEGIES TO ENTICE STUDENTS TO 'GO RURAL'

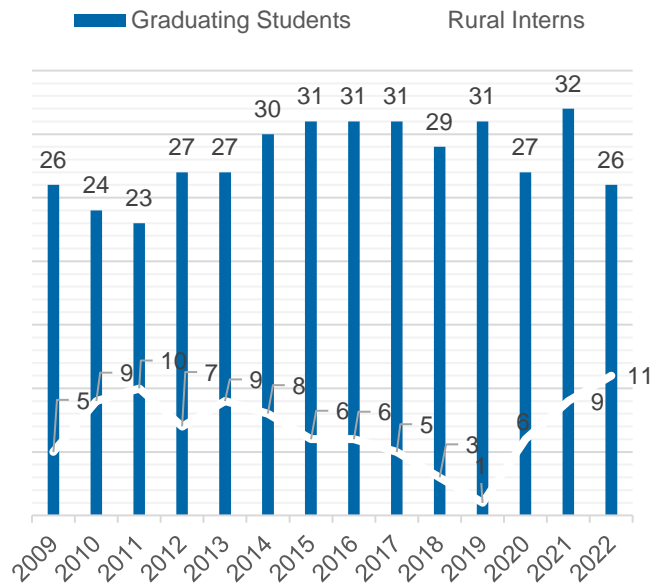
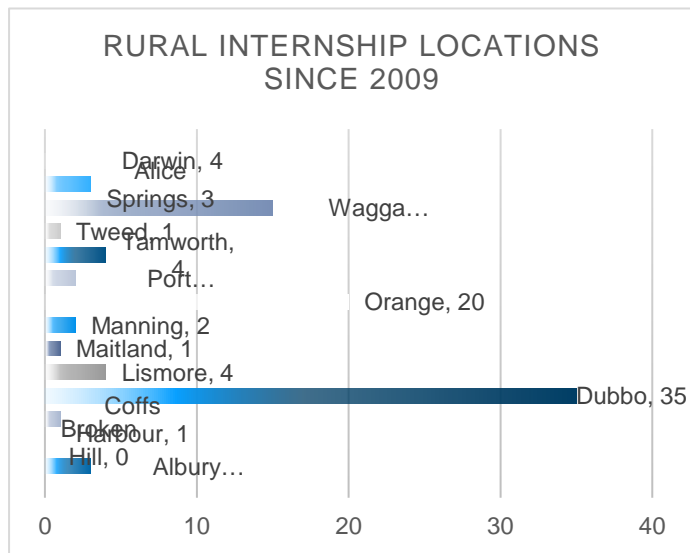


Post COVID:

- Virtual Rural Info Sessions
- Self-Drive tours and flights
- Other students
- Social media
- Community networking
- Mentoring

INTERN DESTINATIONS DUBBO GRADUATES 2009 - 2022

AS A PROPORTION OF SRH DUBBO
GRADUATING STUDENTS



WESTERN & FAR WEST NSW REGIONAL TRAINING HUBS

- ✓ In partnership with other Hubs and NSW RDN:
 - ✓ NSW Rural Preferential Recruitment Showcase- student followup
 - ✓ NSW RDN Cadet Workshops
- ✓ Providing links and information
 - ✓ Regional Medical Training Website
 - ✓ Destination Medicine Podcasts (over 12K downloads)
 - ✓ Scholarships/career counselling sessions
- ✓ Preparing professional CV's and job applications
- ✓ Partner with NSW Health Education and Training and other Hubs to provide How to apply for a rural internship workshop



**REGIONAL
MEDICAL
TRAINING**



THE UNIVERSITY OF SYDNEY

Dr Yashvi Wimalasena, RTH Director & Rebekah
Carter, RTH Operations Manager

3 minutes

Clear Destinations are Key

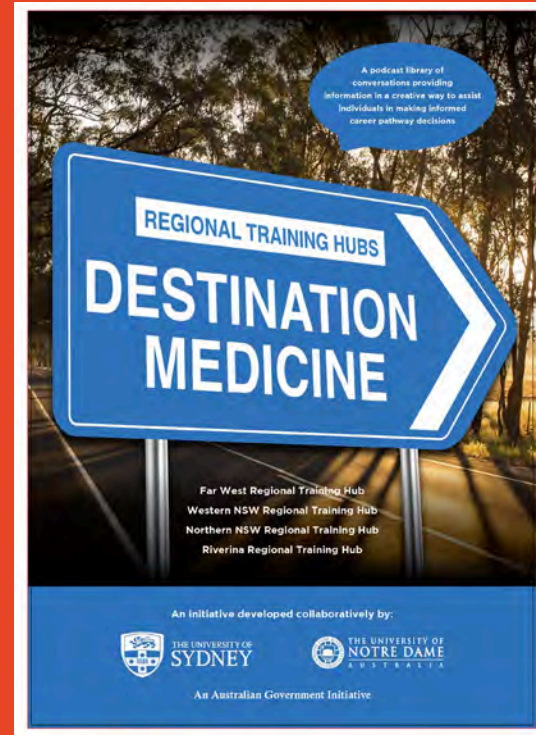
NNSW Regional Training Hub - Lismore
FRAME – May 2022

Dr Yashvi Wimalasena
Clinical Director Training Pathways

Rebekah Carter
Operations Manager



THE UNIVERSITY OF
SYDNEY



Thank you, and I'd like to acknowledge that I'm speaking from Bundjalung country today in Northern NSW where we are having a sunny few days together for the first time in months!

For some time, our Hub's collaborative strategy for encouraging not only students, but also doctors in training, to go rural has been to build and highlight the destinations and pathways for training locally.

One of our integrated Hub collaborations to support this is the Destination Medicine Podcast, which showcases stories in Rural Medicine from student to Fellow and everything in between.

Academic Coordinator UCRH

- Bridging the gap between the clinical school and the LHD
- Supporting transition of medical students to JMOs in a regional/rural centre
- Promoting local training pathways



Working with the LHD Medical Administration and Regional Training Hub teams to create training opportunities inclusive of students.

AIMs project and other transition to practice opportunities at intern sites.

Collaborative SIM Program – student / doctors in training / senior clinicians.

Our Hub is alongside the local Medical Administration teams IN the Health Service, so the work we do hinges on good student to training relationships, and consciously ensuring we effectively span and support that 5-10 year IRTP training pathway.

The Academic Coordinator in our Clinical School works closely with us to create training opportunities inclusive of both doctors in training and students. We have found here that a collaborative SIM program is one of the best ways to provide some of that inclusion and exposure.

We also have a collaborative AIMS approach (NSW Health assistant in medicine program) to introduce and support transition to practice opportunities at our intern-accredited sites. This has been a strong collaboration with NSW Ministry of Health, the LHD and UCRH for 2 years now and we hope to have the opportunity to continue that going forward.

If you build it, they will come...

- **So many choices!**
- **Your pathways need to be clear.**
- **Link Students to local clinicians.**
- **Include Students in local Intern and RMO Education and Training.**



Lismore is a
Rural Internship
Location.

With increased
Internships from
2023 & 2 year
contracts Intern-
RMO

Collaboration is
Key! We work
hard with our
local Medical
Administration
to understand
future need and
accredit training
pathways.

Bridge the gap!
Make the
connections.
Link the training
pathways.
Link the
networks.
Link the Hubs.

Show them their
place! Each
person in our
team knows the
pathways, who
to link students
in with – if they
can “see” it,
they can see
themselves in it!

Students and doctors in training have so many choices – with 26 Colleges and numerous training pathways, navigating training pathways is complicated and can be fraught. Our philosophy has been: if you build it they will come.

Our Regional Training Hub has focussed on picking up the thread from the end of academic training and showing students what their specialty training pathways could look undertaken locally, or as much locally as possible.

We work hand in hand with our local Medical Administration team to focus on IRTP and Specialty Pathway accreditations, future training opportunities, being part of local Medical Workforce planning, submitting for STP and other training grants, and doing the legwork in partnership to bring that together. This has resulted in over \$700K a year in STP funding, IRTP funding and RJDTIF/John Flynn funding for new training opportunities in the Richmond and Clarence Valleys.

When local Internship to Fellow pathways were mapped and easy to see and understand, we noticed LHD engagement with our students on placement increased, local internship applications increased and local PGY3+ retention rate continued to increase. Eg, all but 3 of this year's interns had student placements here (70% transition of student to intern).

As a result our Rural Pipeline has, and continues to become, a reality for a number of disciplines. Working with the Medical Administration team locally we have increased training pathways to the point that the local team has been able to increase local internship numbers from 15 to 17 for the 2023 clinical year. The local retention rate for PGY3+ medical officers (post their internship and RMO Years) continues to sit around 75% and we are now experiencing return requests and requests for longer placements for rural placements in training programs (eg Surgical Trainees have requested to stay for 12m instead of 6, and BPTs for 6-12 instead of 3).

THE UNIVERSITY OF WESTERN AUSTRALIA

Dr Andrew Kirke, RCSWA Director

3 minutes



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

Current Intern destinations for students and strategies to
increase students going rural

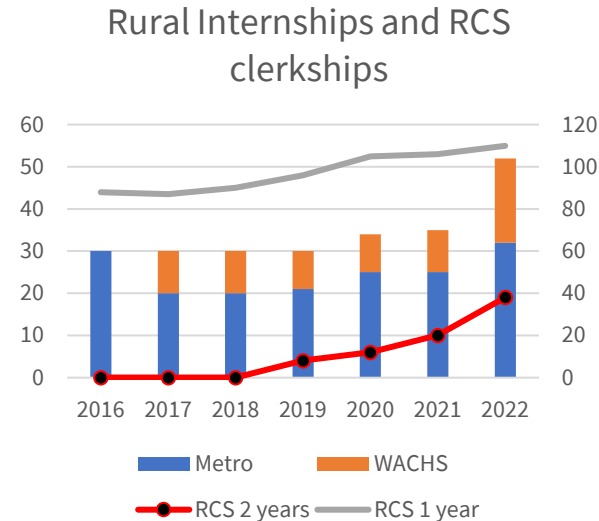
The past

- Interns seconded out from metro hospitals,
- 30 places, 5 x 10 week rotations
- Similar opportunities for PGY2 and PGY3
- 2017 – five regional based interns, WACHS Bunbury
- 2022, 20 WACHS places in three regional sites



The present

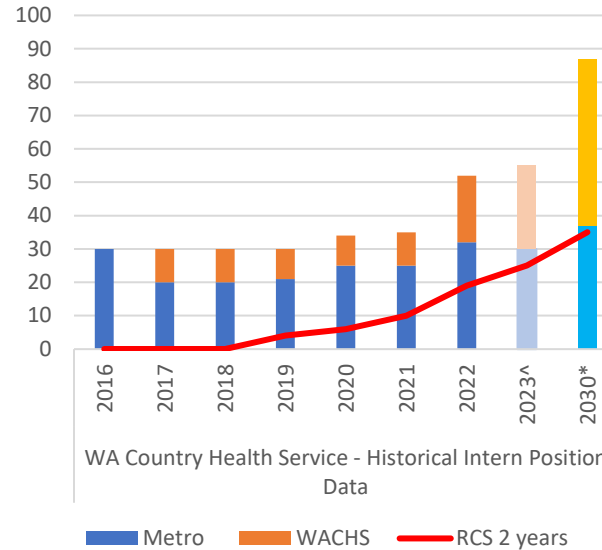
- 20 WACHS interns 3 sites plus metro rotations
- RCS 2 year clerkship
- Hubs activity:
 - JMO mentoring
 - Liaison with WACHS and regions
 - Hubs support DITS at all sites



The future

- 2023 – 25 interns, 4 sites
- Hubs future planning:
 - Database students/JMO placements, evaluation
 - Fifth site in Kalgoorlie
 - Planning for College led training
 - Expand available terms including JFJDPP
 - Marketing driven by RCSWA FY pilot

Rural Internships and RCS clerkships



UNIVERSITY OF TASMANIA

Associate Professor Lizzi Shires, RCS Director

3 minutes

Prof Lizzi Shires Director RCS UTAS

RECIPE

- Pathways in
- Good supportive experience
- Pathways out
- Career opportunities

Commitment to studies recognised with top award

Published on: 21 Dec 2021, utas.edu.au

As first in her family to pursue a medical degree, mum of two Claire Griffiths knows it's not just her who is celebrating her achievement of graduating this year.

"I'm so very grateful for everyone who has helped me get to this point," she said.

"They say it takes a village to help raise a child; it also takes a village to help raise a doctor too.

"My great grandmother, who is an elder in Hobart was in hospital earlier this year, and she was so excited about my studies and becoming a doctor, she was telling everyone."

Born and bred on the Coast, Claire knew early on that she wanted to pursue a career in medicine to help people after a family member became ill and had to undergo an organ transplant.

Claire was a young mum, whose eldest child was only nine months old, when she embarked on her dream to attend medical school.

Every Sunday night, Claire would travel to Hobart to attend her weekly classes and return home to the Coast on a Friday. For the first two years of the degree Claire travelled the state before completing the remaining years at the Rural Clinical School in Burnie.



2021 Best General Practice Research Article

Dr Jessie Andrewartha and her research team, Drs Penny Allen, Lynn Hemmings, Ben Dodds and Lizzi Shires received the 2021 Best General Practice Research Article in the Australian Journal of General Practice Award for their article *'Escape to the country: lessons from interviews with rural general practice interns'*

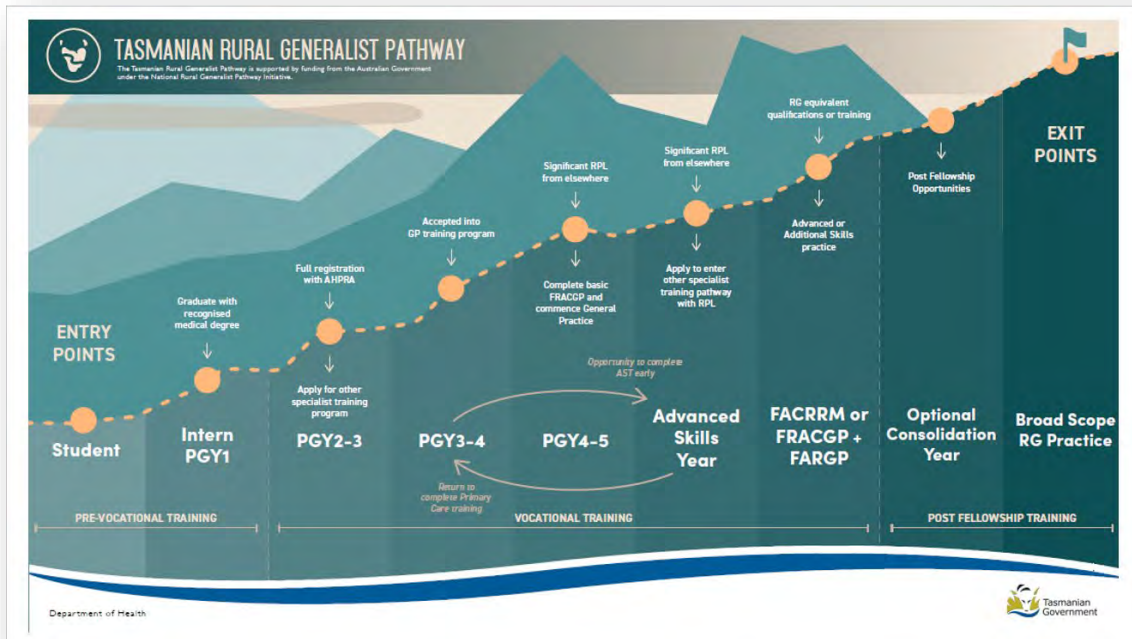
2021 Tasmanian Palliative Care Awards

Dr Tim Andrewartha, Specialist Palliative Care Service – North West, joint winner - **"Outstanding Palliative Care Professional"**

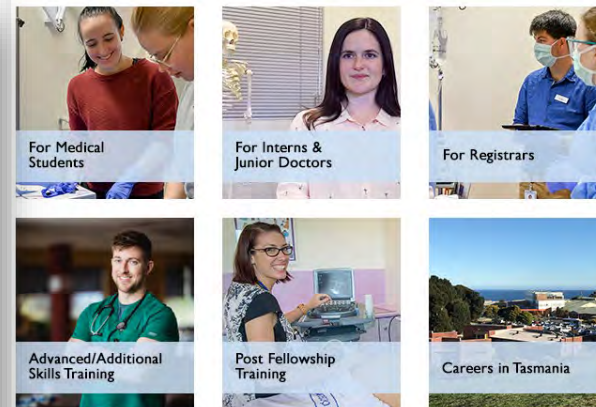
Tim is also a RCS alumnus, clinical lecturer in Primary Care and a GP in Wynyard



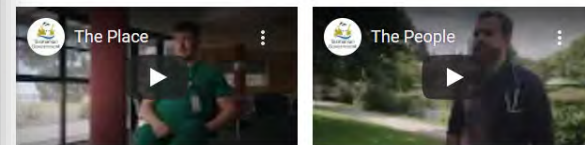
End to End Training – Rural Pathways



How to become a Rural Generalist in Tasmania



Rural Generalists at work in Tasmania



[Watch 'The Place' on YouTube](#)
(captions available)

[Watch 'The People' on YouTube](#)
(captions available)

[Watch 'The Passion' on YouTube](#)

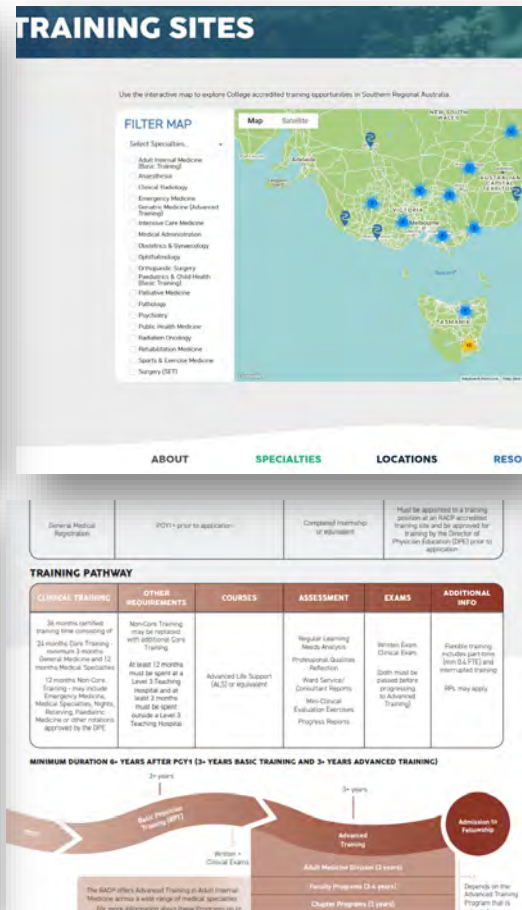
UTAS Regional Training Hub – Top Picks

LOOKING BACK

1. Partnership with VIC, NSW and SA to demystify postgraduate medical training (RMT website)
2. Expanded posts in Palliative Medicine, Ophthalmology, and Physician Training
3. Supervision training for 200+ clinicians

LOOKING AHEAD

1. Priority specialties: Psychiatry and O&G
2. Greater emphasis on supporting a positive training experience
3. Better integration across RCS, PMCT, RTH, TRGP, DOH and THS



UNIVERSITY OF WOLLONGONG

Associate Professor David Garne, RCS Director

3 minutes

University of Wollongong

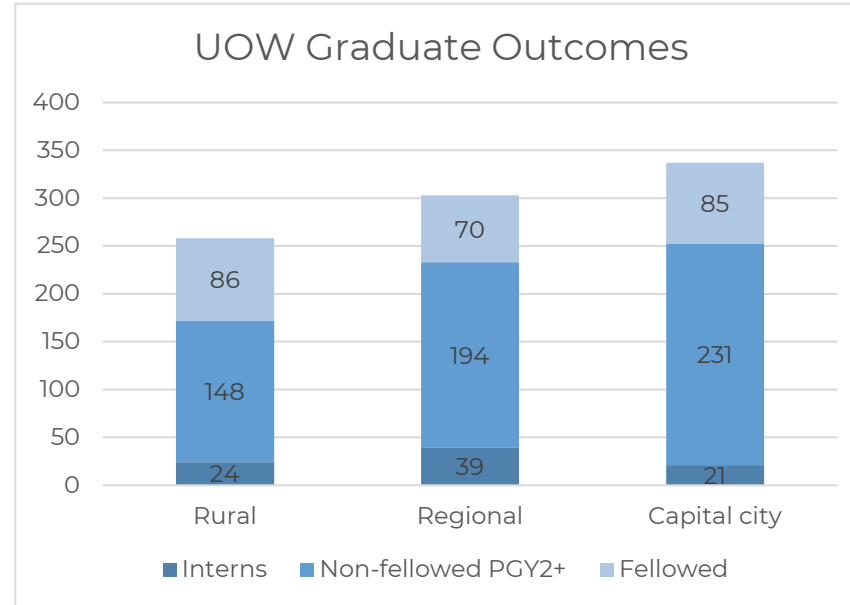
Strategies for rural workforce

- The mission of UOW's medical program is to produce doctors for regional, remote and rural Australia
- Selecting the right students
 - ~60% of successful applicants have a rural background
- Delivering the right program
 - ~50% of the entire medical program and >60% of Phase 3 (the longitudinal integrated placement) is delivered rurally
 - Significant focus on generalism



University of Wollongong

Outcomes



- 75% of current interns are located outside of capital city settings
- 19% of current interns are located in NSW Rural Preferential Hospitals
- 71% of graduates who have attained Fellowship have done so in general practice/rural generalism

University of Wollongong

Regional Training Hubs – Clarence Valley and Shoalhaven

- Shoalhaven has received full RTH recognition
- The national RG pathway is key to rural workforce solutions in many regions (including ours)
- Need to keep in mind that rural/remote models of care are very different to metropolitan and larger regional settings and need to be fit for purpose



Focus of the next triennium for our regions will be on rural GPs and RGs by:

- Maximising vocational training opportunities
- Continuing to work with HETI to achieve accreditation for prevocational training
- Promoting rural vocational training and careers to current medical students

WESTERN SYDNEY UNIVERSITY

Dr Ross Wilson Director, Rural Health

2 minutes

- **“GO WEST YOUNG MAN!” (or person)**

(a) Rural Undergraduate pathway

2015 Inactive \longrightarrow 700 members

-50% rural

-5% First Nations



(b) AIM's education

(c) Rural immersion – BREX, HETI simulations,

Community events

(d) JPM



- **POSTGRADUATE PATHWAYS**

- Bathurst Centre of Educational Excellence
- RMO teaching
- IPL Grand Rounds



-
- **“That’s why I’m thrilled the Federal Government is supporting the continued growth of the school and the wider country health workforce by establishing a Regional Training Hub in Bathurst. Providing Western Sydney University with hub funding will ensure their medical students and graduates have the same level of support as other universities to continue their medical training and practice in the regions.”**
- *Quote; Andrew Gee 11 May 2022*



Collaboration & Governance |

Reflecting on the WA RCS Experience

Dr Bron Peirce, RCSWA HUBS

Dr Julia Marley & Erica Spry, RCSWA Research

Dr Brendan McQuillan, Head of School, Medicine, UWA

Professor David Paul, Associate Dean of Aboriginal Health, UNDA

Professor Graeme Maguire, Associate Dean, Deputy Head of School, Medicine, Curtin

RCSWA

Dr Andrew Kirke, Director / Chair
10 minutes



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

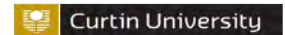


Curtin University

Collaboration and Governance
Reflecting on the RCSWA experience

Outline

1. RCSWA brief history and Governance overview AK
2. Individual University experience
 - i. Curtin Graeme Maguire
 - ii. UNDA David Paul
 - iii. UWA Brendan McQuillan
3. Research and Working with Aboriginal organisations Julia Marley and Erica Spry
4. Hubs Bron Peirce



RCSWA 2002-2022

Kununurra

Derby

Broome

2002



land

Carnarvon

2007



Kalgoorlie



2019

Narrogin

Bunbury

Busselton

Warren Blackwood

Albany



Curtin University

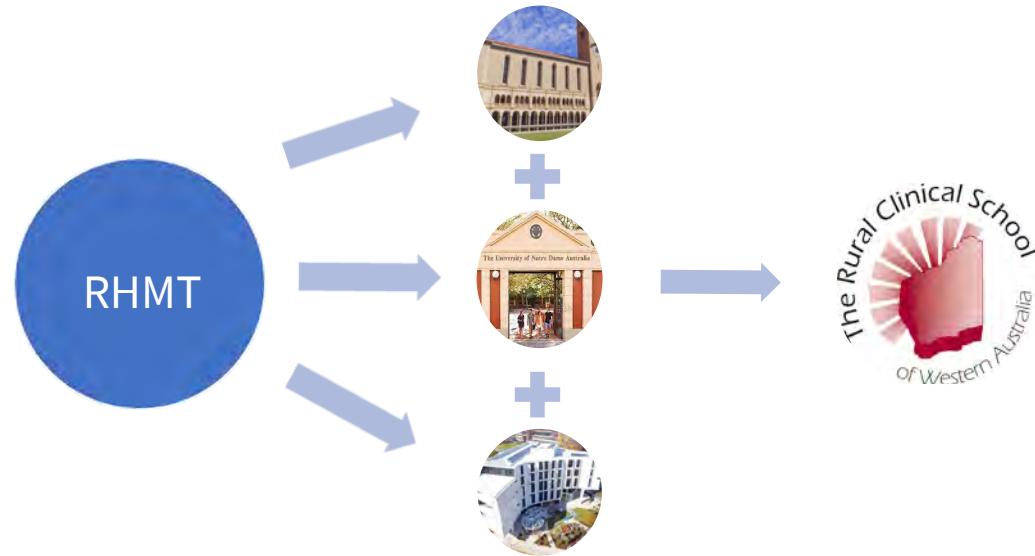


Governance and Collaboration



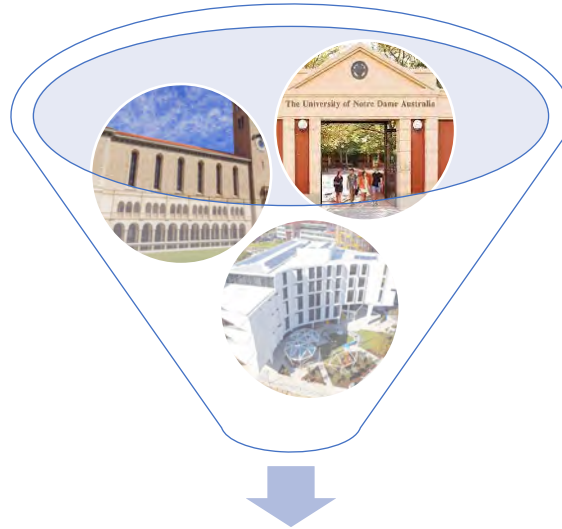


RCS Funding





Students

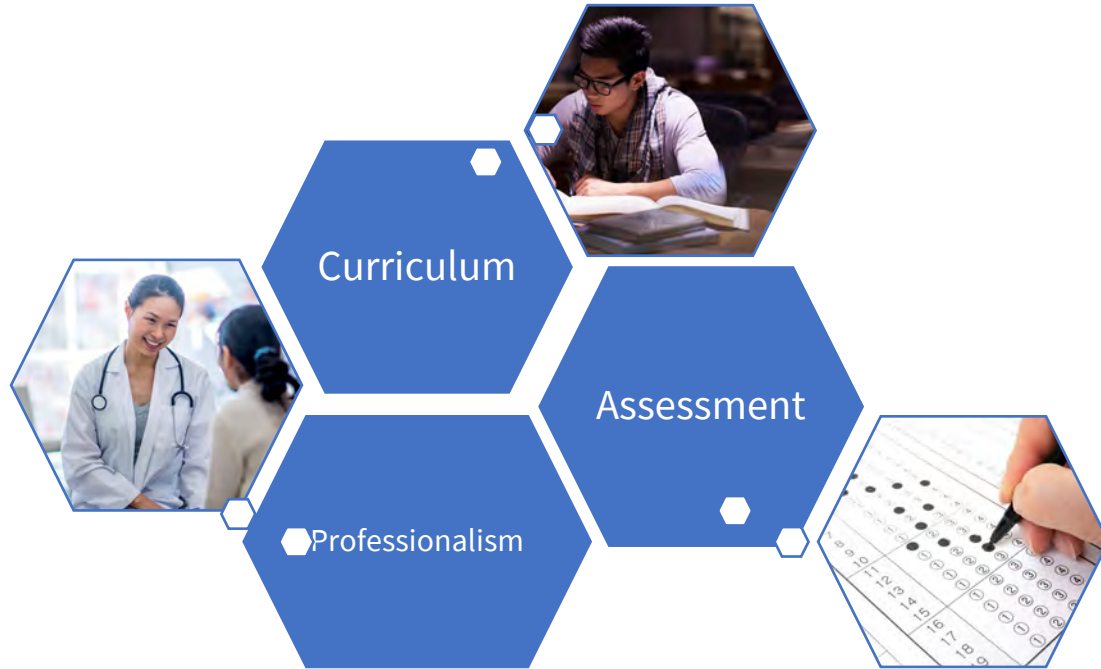


RCS student cohort



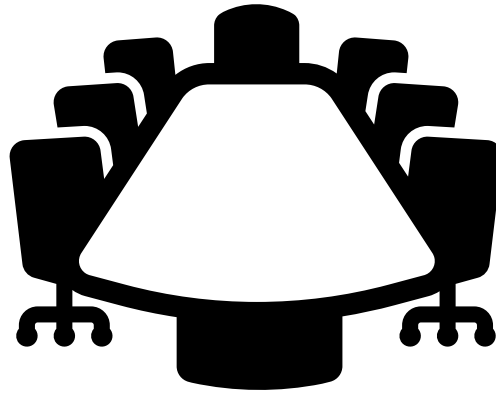


Academic matters





Executive Committee: Three medical schools



RCSWA

Dr Bron Peirce, Academic Lead Regional Training Hubs Program
10 minutes



The Rural Clinical School of Western Australia



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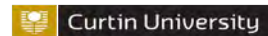


Curtin University

RCSWA Hubs **Collaboration**

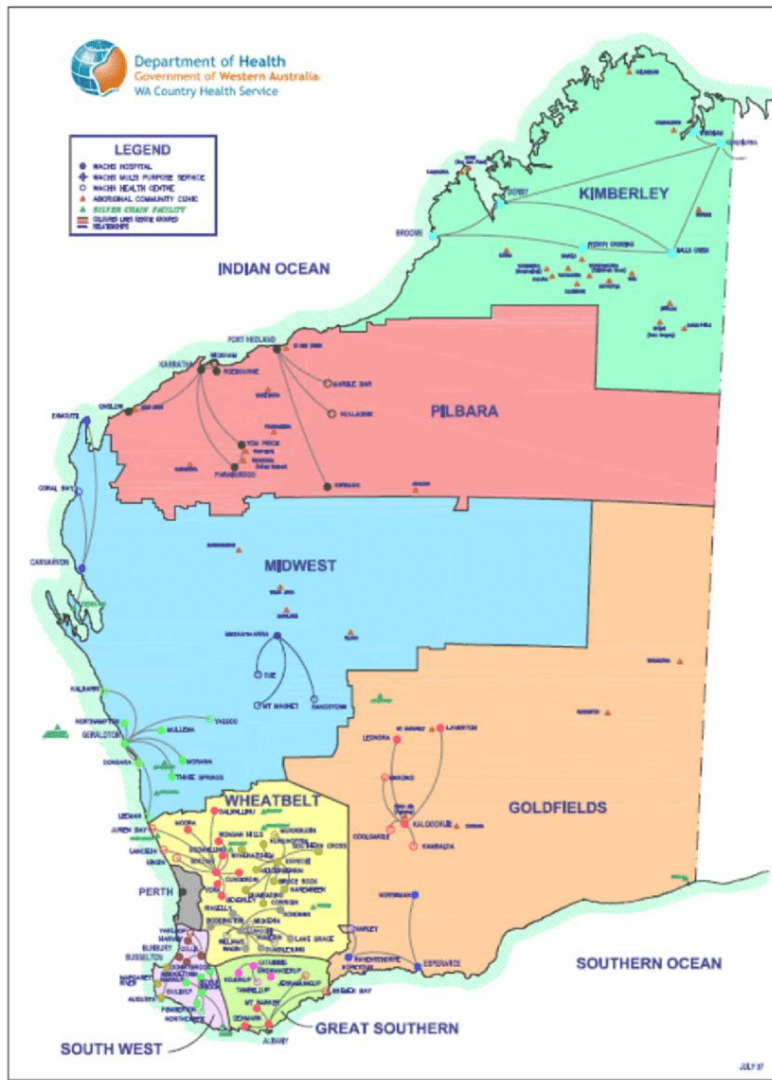


WA Regional Training Hubs





WACHS





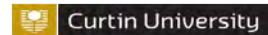




•MEU



- MEU
- PAC-interns

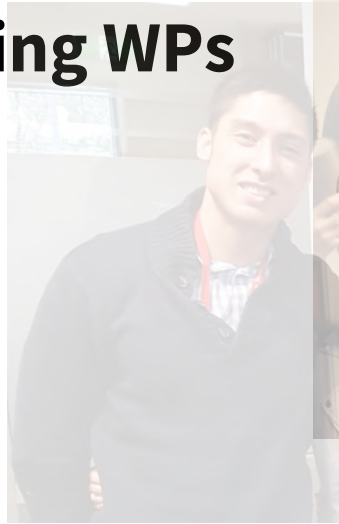




- MEU
- PAC-interns
- RGP**



- MEU
- PAC-interns
- RGP
- RG mentoring WPs**



- MEU
- PAC-interns
- RGP
- RG mentoring WPs
- Specialist networks**





- MEU
- Primary allocation-interns
- RGP
- RG mentoring WPs
- Specialist networks
- STP**



- MEU
- Primary allocation-interns
- RGP
- RG mentoring WPs
- Specialist networks
- STP
- DITS



- MEU
- PAC – interns
- RGP
- RG mentoring WPs
- Specialist networks
- STP
- DITS
- SEM pilot



- MEU
- PAC – interns
- RGP
- RG mentoring WPs
- Specialist networks
- STP
- DITS
- SEM pilot
- GP in-reach/out-reach**



Outcomes

Mindset adoption

“GROW OUR OWN”



STRATEGIES

- Local and Global
- Build relationships
- Be useful

RCSWA

Professor Julia Marley, Senior Principal Research Fellow & Erica Spry –
Research Fellow

10 minutes. Relationship with KAMS.



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NOTRE DAME
AUSTRALIA



Curtin University

KIMBERLEY RESEARCH COLLABORATION & GOVERNANCE



Professor Julia Marley

Senior Principal Research Fellow

RCSWA, UWA

Erica Spry 'Roobaanjarn'

Research Officer (Kimberley Aboriginal Medical Services Ltd)

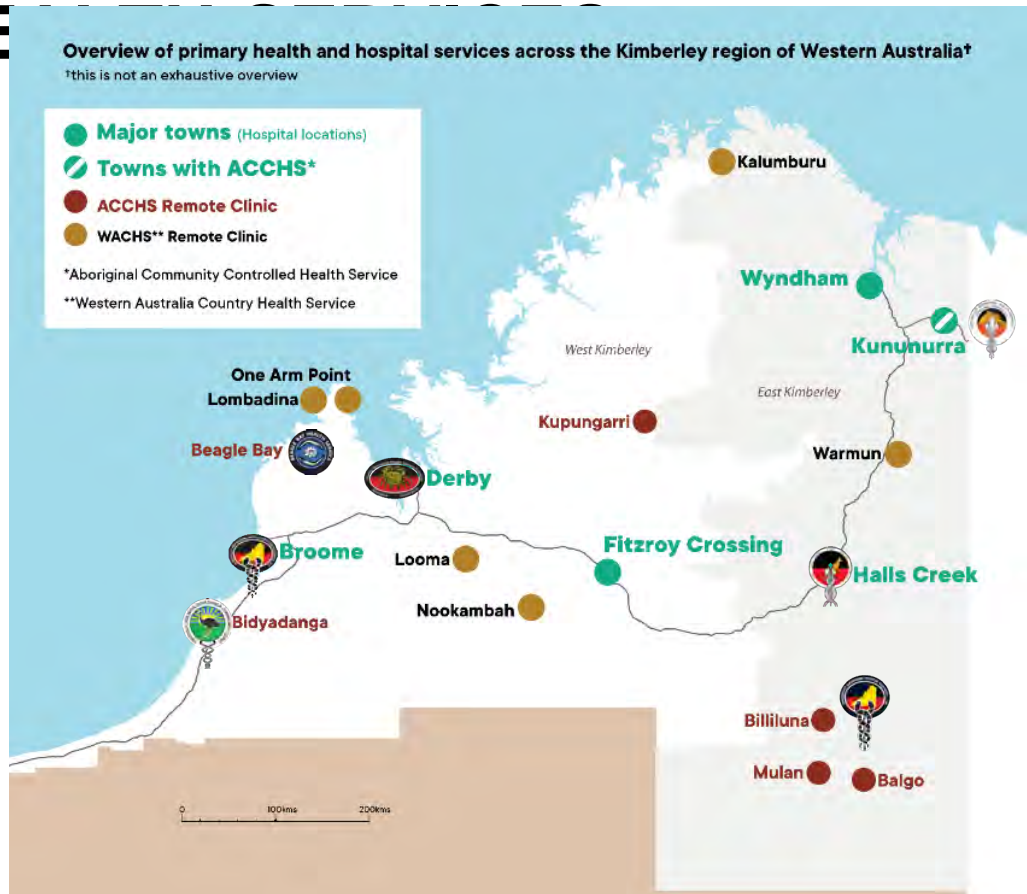
Research Fellow (RCSWA, UWA)

KIMBERLEY ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES



KAMS Member Services &
Remote Health Centres

<https://kams.org.au/research/current-projects/>



KIMBERLEY CLINICAL AND RESEARCH GOVERNANCE

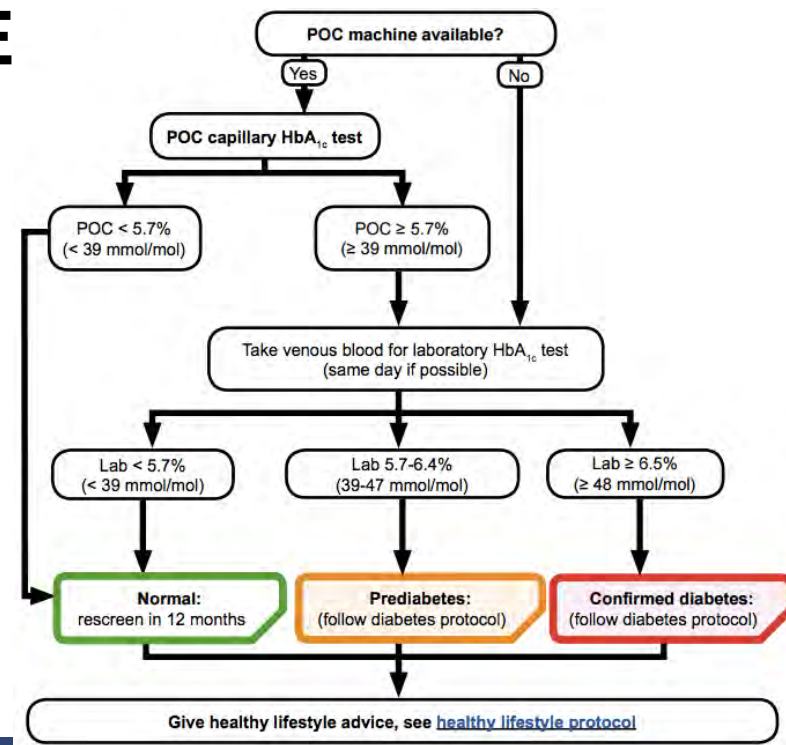


- Develop and undertake regular evidence based updates of regional Protocols: <https://kahpf.org.au/clinical-protocols>
- KAHPF – Kimberley Research Subcommittee (established 2006) <https://kahpf.org.au/research-subcommittee>
- Kimberley Aboriginal Health Research Alliance (RCSWA member) <https://www.kahra.org.au/>



RCSWA KIMBERLEY RESE

- 2 FTE dedicated to research (RMHT funds)
- External grants: 4 FTE existing + 8 FTE new
- Involves Aboriginal people throughout
- Research ideas come from ACCHSs administrators, clinicians and researchers
- Support and involvement from senior management and clinical staff



COMMUNITY AND INDUSTRY ENGAGEMENT OVER 15 YEARS

- >75 feedback sessions
- >50 plain staff & community language reports – widely disseminated
- >20 media interviews: SBS, ABC radio, News-24, Goolarri, Guardian
- Results published in industry newsletters: NACCHO, Lowitja, MJA insight
- 12 industry reports & 3 program manuals
- Webinar:
<https://youtu.be/GqK1PJ9bxdk>

What does this research show?

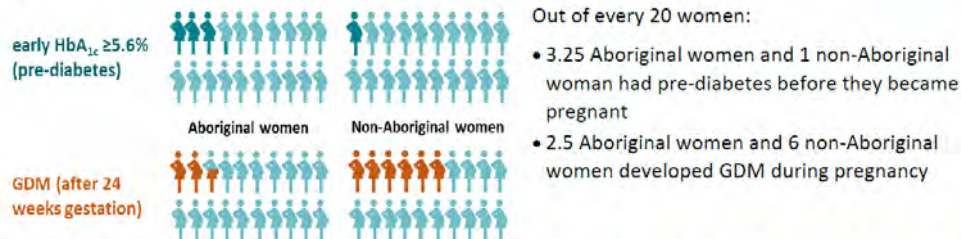
1. The best HbA_{1c} cut-point for Aboriginal women was $\geq 5.6\%$. Most Aboriginal women that above the cut-point were also told that they had GDM later in pregnancy.

These women likely had pre-diabetes before they got pregnant rather than developing GDM during pregnancy.

2. Risk for having large babies was twice as high in women above the early HbA_{1c} cut-point compared to women who were below the cut-point and who did not develop GDM.

Women with pre-diabetes before they became pregnant are at high-risk for having a baby that grows too big.

3. There were big differences between Aboriginal and non-Aboriginal women:



Fewer non-Aboriginal women had pre-diabetes going into pregnancy and more of them develop GDM during pregnancy, compared to Aboriginal women.



SOME OF THE BENEFITS OF DOING IMPLEMENTATION RESEARCH

**Regular Stakeholder
Engagement**



**Influence Policy &
Practice**



Improvements to Care

- Completed over 20 research and quality improvement projects
- Changes to Kimberley clinical guidelines
- Cited in national guidelines
- Changes to regional research processes
- Mentored > 50 clinicians
- >\$15M research funds – additional resources to support ACCHS





CONCLUSIONS

- Research can be integrated into health services with limited resources
- This integration has resulted in changes to policy and practice
- The power and ownership of research needs to be balanced between communities and large academic institutions
- Need solid core funding controlled by ACCHS and Aboriginal communities for sustainability



THE UNIVERSITY OF WESTERN AUSTRALIA

Dr Brendan McQuillan, Head of School, Medicine

UNIVERSITY OF NOTRE DAME

Professor David Paul, Associate Dean of Aboriginal Health
10 minutes

Fremantle Medical Program UNDA

Long term commitment to graduating practitioners

- Who are capable to work effectively with Aboriginal peoples
- Will work in rural settings



CURTIN UNIVERSITY

Professor Graeme Maguire, Associate Dean, Deputy Head of School, Medicine
10 minutes



Collaboration & Governance

Reflecting on the WA RCS Experience

Curtin Medical School
Graeme Maguire



Usual Australian medical school model







+ |

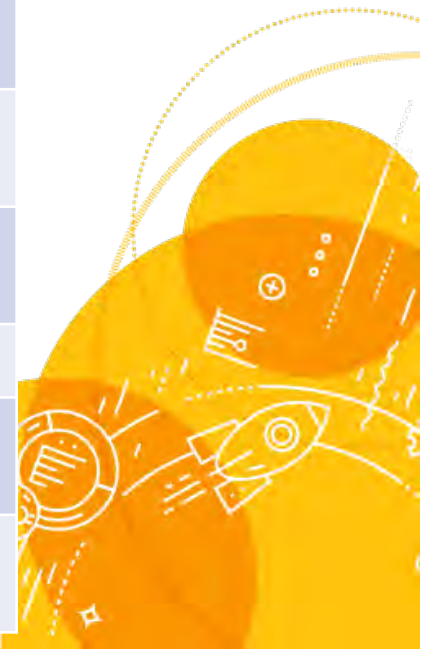


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WA RCS Experience

PROS	CONS
Model for collaboration	Not available to all
Efficient use of resource – limiting fixed costs, avoiding duplication	Workforce shortages, churn, exhaustion
Geographic and clinical placement diversity	Impact on innovation – competition
Enhanced culture orientation, understanding and safety in community and healthcare	Lack of standardised clinical experience
Increased student/professional collegiality between three universities	Negotiating curriculum learning objectives and assessment
Site/community engagement - One face	Isolation from usual supports/networks
	Three universities, One RCS – negotiation and compromise
	Undergraduate versus post-graduate program





RTHs and Psychiatry Training - A College Case Study

**The Royal Australian and New Zealand College of
Psychiatrists (RANZCP)**

Dr Mat Coleman, Fellow

Carol Chandler, Manager, Rural Psychiatry Training Pathway

Dr Steve Blefari, Clinical Director SW Mental Health Services

30 minutes



The Royal
Australian &
New Zealand
College of
Psychiatrists



RURAL PSYCHIATRY TRAINING PATHWAYS

A pathway to equitable and sustainable rural mental health services

FRAME – Assoc Prof Mat Coleman
July 2022

GENERAL BACKGROUND



The Royal
Australian &
New Zealand
College of
Psychiatrists



- Medical education based on UK systems
- 1973 Committee on Medical Schools to the Aust Uni Commission
- 1988 Aust medical education and workforce in the 21st century
- Horizontal and vertical integration of disciplines
- 2000 – development of RCS
 - 1-17 RCS's; 1 in 5 rural background
- Prevocational changes – expansion of rural placements
- National workforce strategies, research, projects
- Vocational training (Aust)
 - STP
 - IRTP
 - PWP
 - FATES

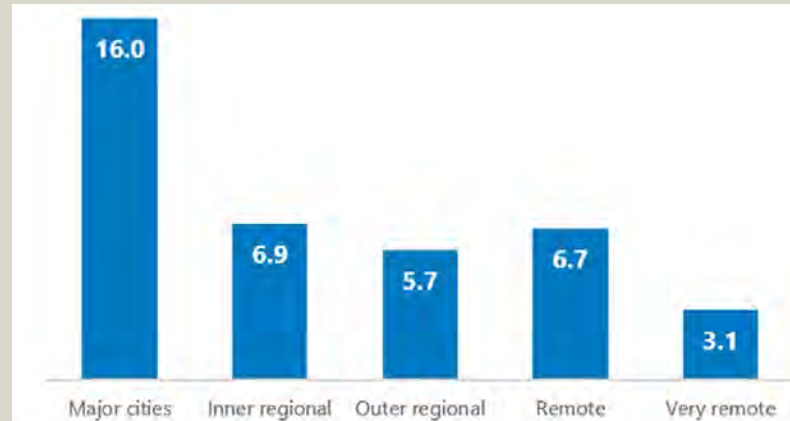
RANZCP BACKGROUND



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Psychiatrists



- Workforce distribution - previous projects
 - HNE training program
 - NT, Tasmania
 - Orange Project in NSW
 - North and Central Qld
 - NZ ?



Source: Australian Institute of Health and Welfare 2019.1

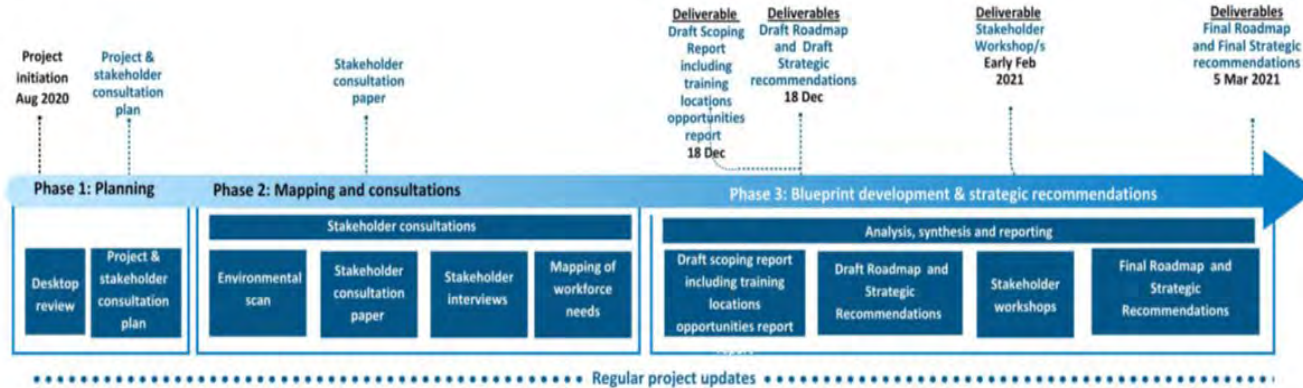


- Section of Rural Psychiatry
- Increase in rural advocacy
 - Position statement
 - Research
 - Representation
 - Social contract beyond telepsychiatry
- STP funding
- IRTP → “game changer”
- Committee for Training pitch – identifying champions
- Rural Psychiatry Training Scoping “project” in 2020

FROM PROJECT TO PATHWAY



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Psychiatrists

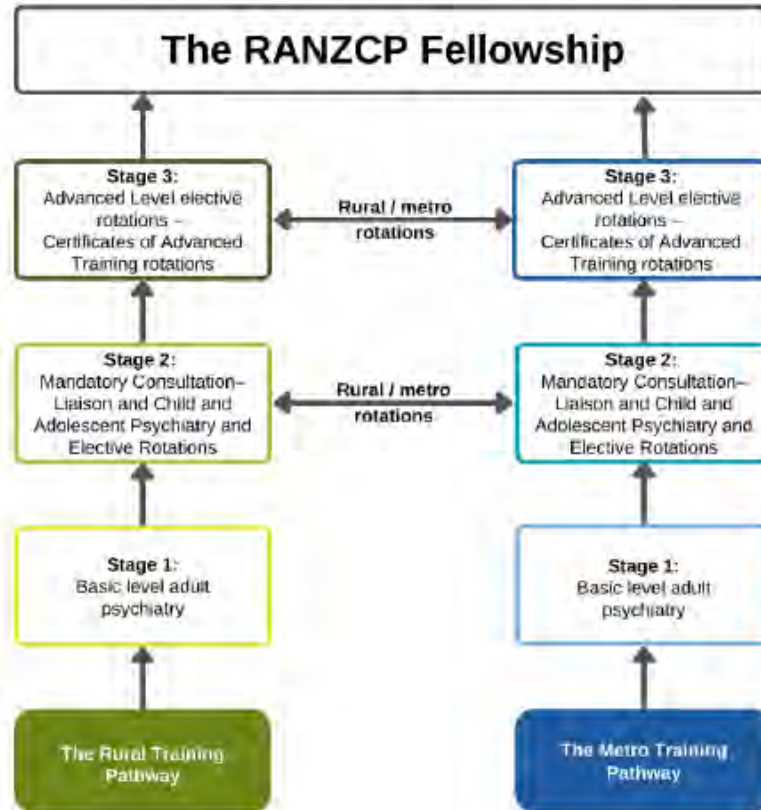


- RANZCP Rural Psychiatry Roadmap 2021-2031
- Launched in Hobart 2021
- Rural Psychiatry Training Pathway (RPTP)
- RANZCP Manager of RPTP

ENHANCING AND STRENGTHENING THE GENERALIST FELLOWSHIP



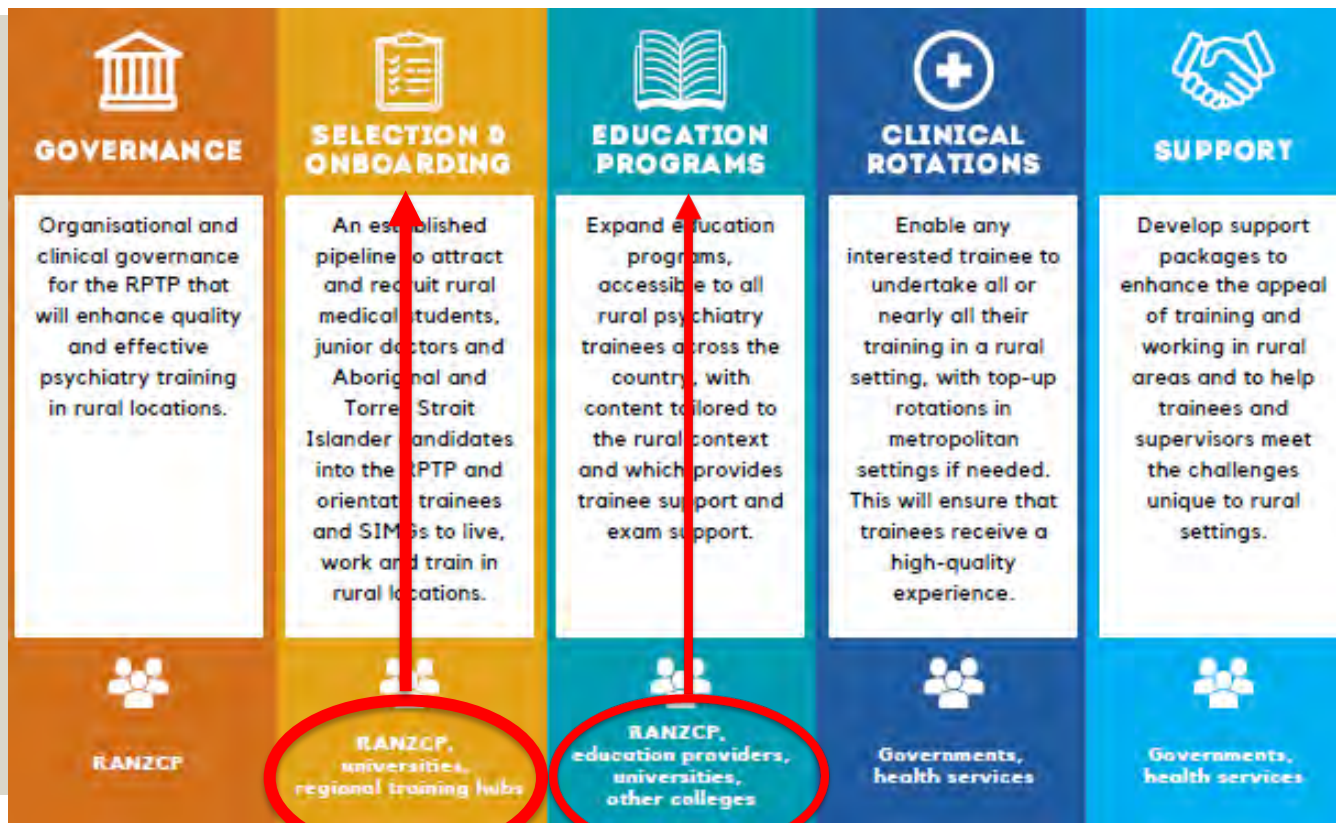
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RPTP ACTION AREAS AND OBJECTIVES



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POSSIBLE AREAS OF PRACTICE FOR FUTURE TRAINING POST LOCATIONS



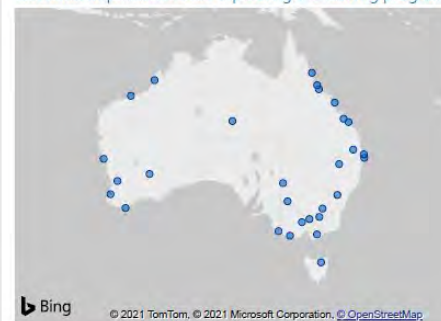
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Table 19: Areas of practice identified during the consultation process as possibilities for expanding the training program

State	Town	Adult psychiatry	Consultation liaison	Child and adolescent	Addiction psychiatry	Indigenous psychiatry	Forensic psychiatry	Psychiatry of old age	Psychotherapies
NSW	Bathurst	✓		✓	✓	✓	✓		
NSW	Broken Hill	✓							
NSW	Byron	✓							✓
NSW	Moree		✓						
NSW	Tweed Heads	✓							✓
NSW	Wagga Wagga	✓							
NT	Alice Springs				✓				
QLD	Cairns	✓	✓		✓	✓		✓	
QLD	Gladstone	✓							
QLD	Mackay	✓	✓					✓	
QLD	Palm Island					✓			
QLD	Rockhampton	✓							
QLD	Toowoomba		✓	✓	✓			✓	✓
QLD	Townsville	✓		✓	✓	✓	✓	✓	✓
SA	Mount Gambier		✓	✓	✓				
TAS	Launceston	✓		✓	✓		✓	✓	
VIC	Bendigo	✓	✓						✓
VIC	Mildura	✓	✓	✓		✓			✓
VIC	Shepparton	✓	✓	✓		✓		✓	✓
VIC	Traralgon			✓				✓	
VIC	Warrnambool		✓	✓	✓		✓		
VIC	Wodonga	✓							
WA	Albany		✓	✓	✓			✓	
WA	Broome	✓	✓	✓					
WA	Bunbury	✓	✓	✓				✓	
WA	Geraldton	✓		✓					
WA	Kalgoorlie	✓			✓				
WA	Northam	✓							
WA	Port Hedland	✓							

Figure 15: Towns associated with the areas of practice identified as possibilities for expanding the training program



Bing

© 2021 TomTom, © 2021 Microsoft Corporation, © OpenStreetMap

Colours may appear different due to overlap

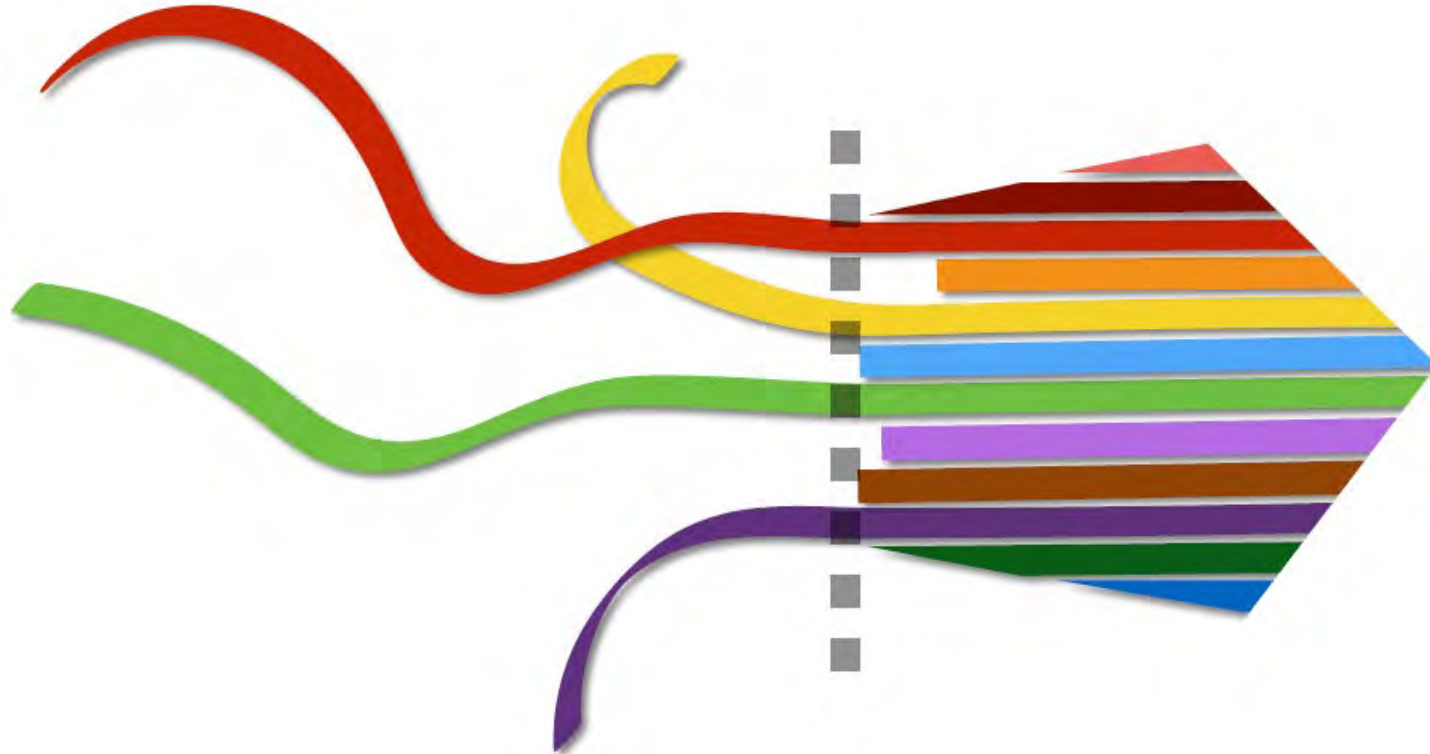
During the feedback process, areas of practice for particular towns or suburbs were identified as potential for future training posts.

The mandatory rotations of **adult, consultation liaison and child and adolescent psychiatry** were the identified as having the **most potential for future training posts**.

FROM A LOOSE COALITION TO A BANKABLE TRAINING AND WORKFORCE PROGRAM



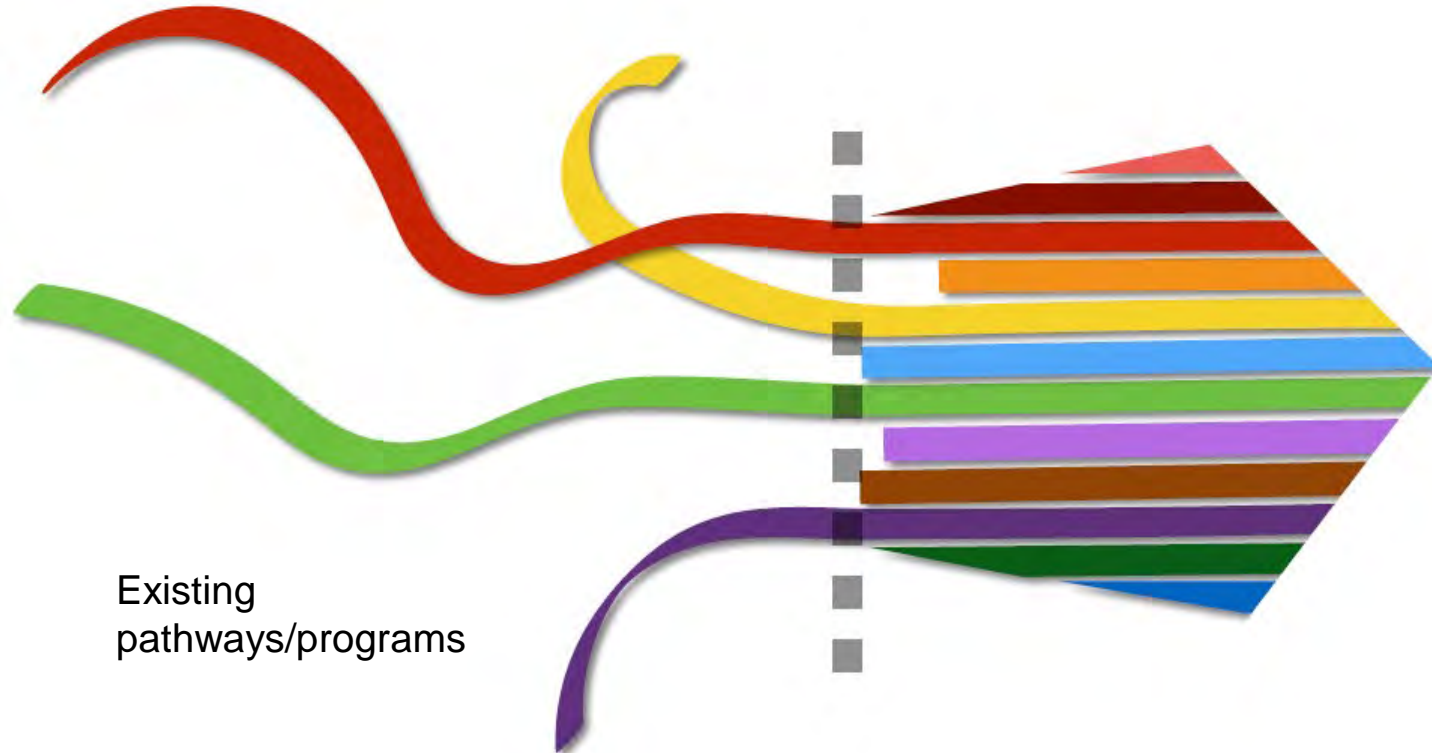
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FROM A LOOSE COALITION TO A BANKABLE TRAINING AND WORKFORCE PROGRAM



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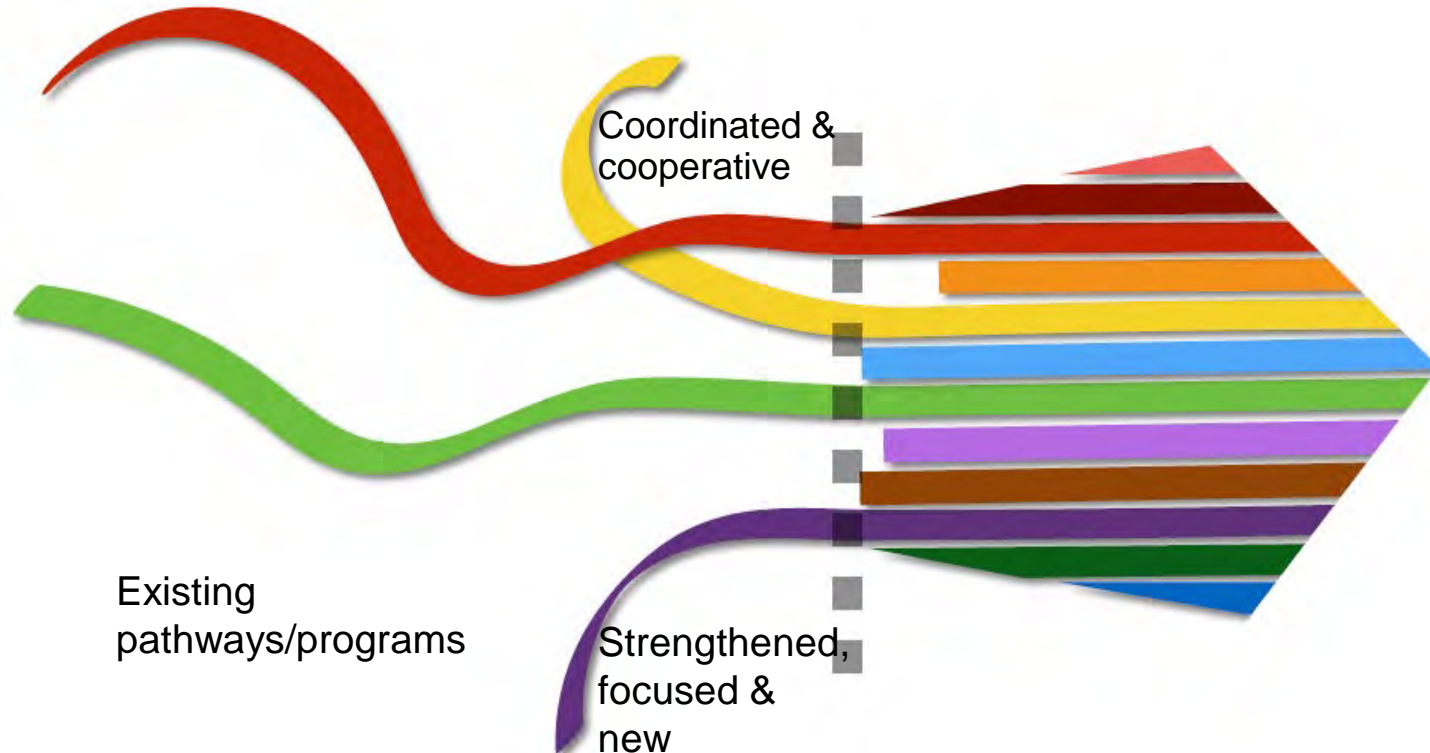


Existing
pathways/programs

FROM A LOOSE COALITION TO A BANKABLE TRAINING AND WORKFORCE PROGRAM



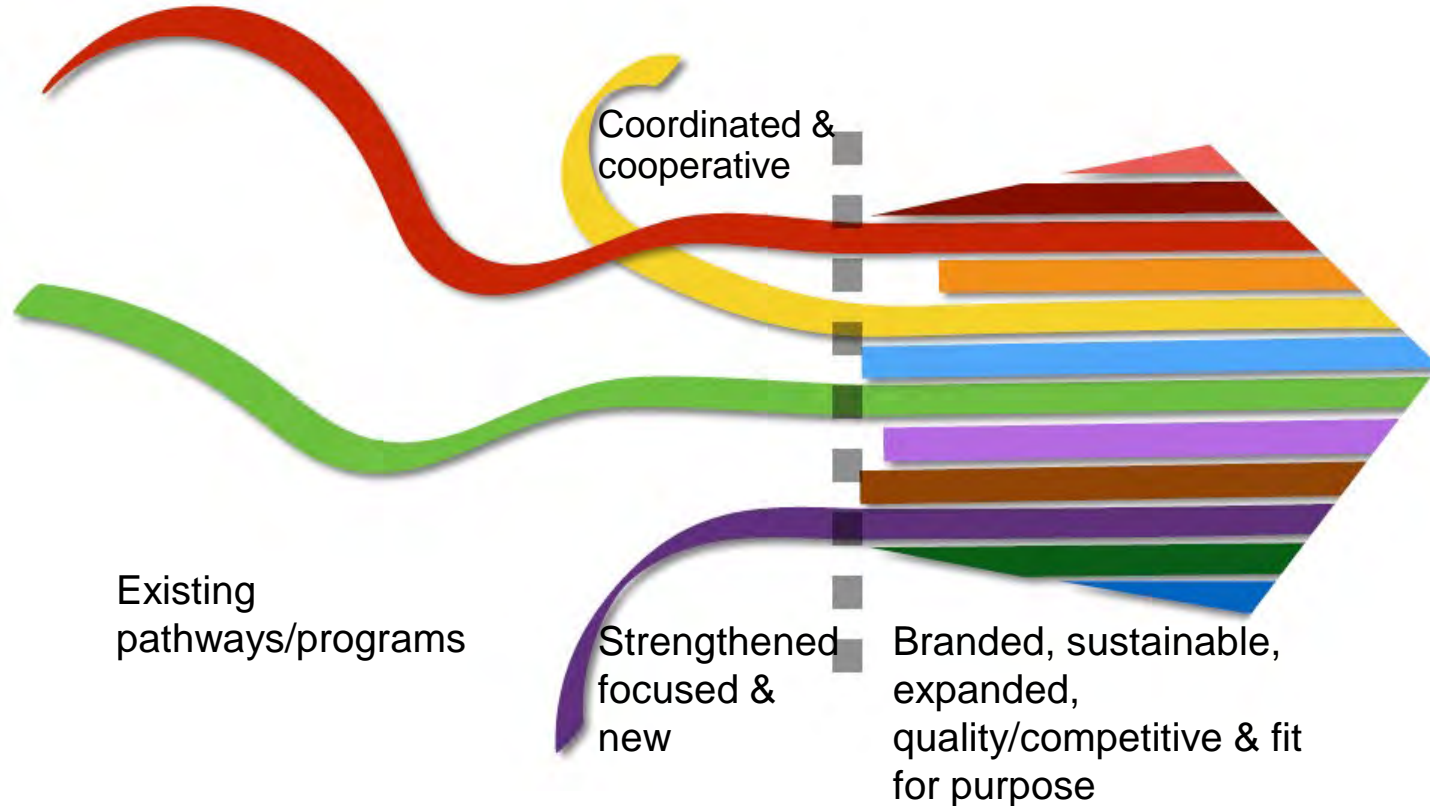
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FROM A LOOSE COALITION TO A BANKABLE TRAINING AND WORKFORCE PROGRAM



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MOVING MOUNTAINS



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Psychiatrists



- Build on strengths, call out deficit/disadvantage
- Be on the right side of an argument (outcome) and shout loudly
- Role definition for the College
- Find metropolitan champions
- Utilise existing structures/governance/systems of Colleges
- Pin point change opportunities
- Go around, under, above obstacles
- Anticipate status quo eruptions
- Integrate activities
- Careful selection of College committees/roles
- Reverse geographical narcissism
- Quality, generalism, end-to-end, fit for purpose

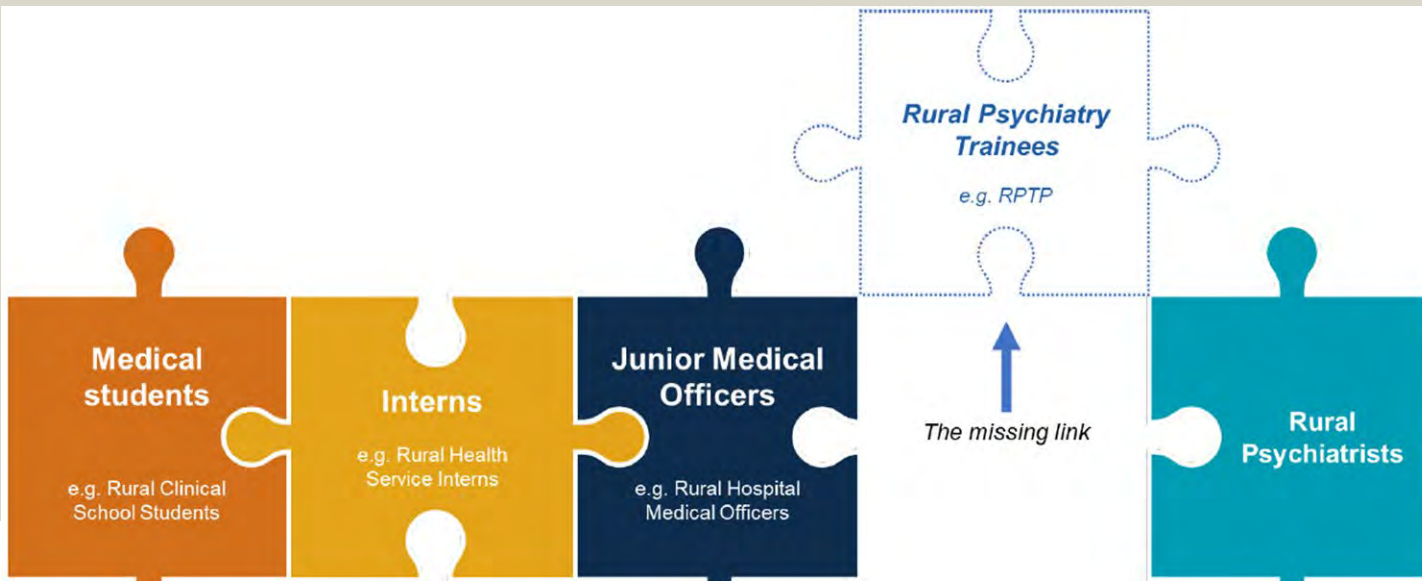
HUBS AND SPECIALIST COLLEGES



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- Essential supply role
- Generalist and place-based authenticity
- Quality focus and evidence base
- Capacity building



RPTP BINATIONAL MANAGER



The Royal
Australian &
New Zealand
College of
Psychiatrists



Carol Chandler, Manager, Rural Psychiatry Training Pathway

WA Rural Psychiatry Training Pathway



Psychiatry Medical workforce



- WACHS Mental Health and Wellbeing Strategy 2019-2024
- RANZCP Rural Psychiatry Roadmap 2021-31
- Aim:
*to develop a **stable** and **sustainable** psychiatry medical workforce*



WA RPTP



- WA metro program had 70 applicants and offered only 22 positions in 2022....
- Briefing notes to secure funding for
 - 0.5FTE Rural Director of Training AND 2.0 FTE admin/project support
 - Registrar placements
- RANZCP lobbying
 - Set up (TOR etc) and started a WA Rural Training Subcommittee
 - Requested WA BTC to support a **stand alone rural program**
 - Applications to Committee for Training and Education Committee
- Start date = Feb 2023!

RTHs and Psychiatry Training - A College Case Study

**The Royal Australian and New Zealand College of
Psychiatrists (RANZCP)**

Mr Sam Dipnall, Manager, Membership Development,
Membership & Events

15 minutes



The Royal
Australian &
New Zealand
College of
Psychiatrists



Psychiatry Interest Forum (PIF)

Royal Australian and New Zealand College of Psychiatrists

Sam Dipnall, Manager, Membership Development, RANZCP

1 June 2022



ACKNOWLEDGEMENT



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College of
Psychiatrists



We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the traditional custodians of the lands and waters now known as Australia, and Māori as tangata whenua in Aotearoa, also known as New Zealand.

We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Māori.

We honour and respect the Elders past and present, who weave their wisdom into all realms of life— spiritual, cultural, social, emotional, and physical.



PSYCHIATRY INTEREST FORUM



The Royal
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The Psychiatry Interest Forum (PIF):

- was launched in September 2013 as a pilot funded by the Department of Health Specialist Training Program (STP).
- operates as a pathway program directed towards medical students and prevocational doctors that is designed to support efforts to address current and projected undersupplies of trained psychiatrists in the Australian medical workforce.
- generates fresh interest in psychiatry as a future career for medical students and prevocational doctors. It functions as a **free** program of introductory suite of opportunities that offers an insight into a career in psychiatry.
- is now in its ninth year, PIF continues to be funded by the Department of Health as part of the Psychiatry Workforce Program (PWP).



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Rationale:

- Research has shown that psychiatry has historically not been viewed as the first choice of medical students and graduates.
- Psychiatry can sometimes be overlooked as a medical due to perceptions or lack of understanding about psychiatry.
- Psychiatry is a recognised area of workforce shortage.

Objectives:

- Increase interest in psychiatry among medical students and junior doctors.
- Raise the profile of psychiatry.
- Dispel common misconceptions and stigmas.
- Position psychiatry as a potential career, and increase trainee intake.



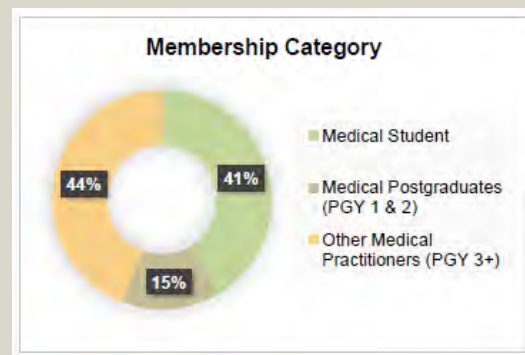
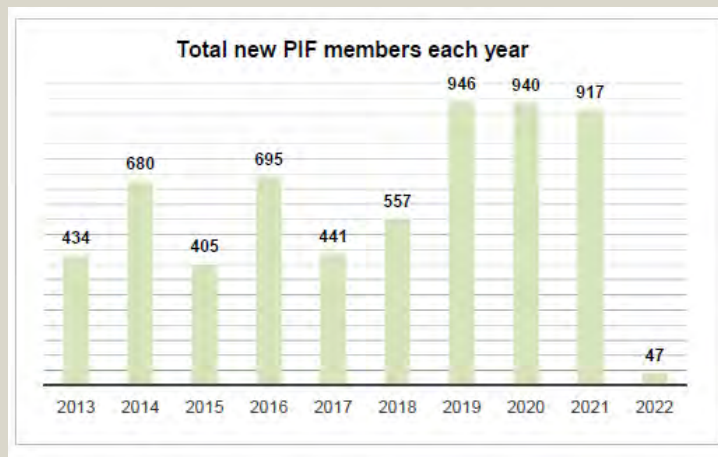
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- Since its inception, the program has had a total of **6062** members.
- There are currently **3956** PIF members.





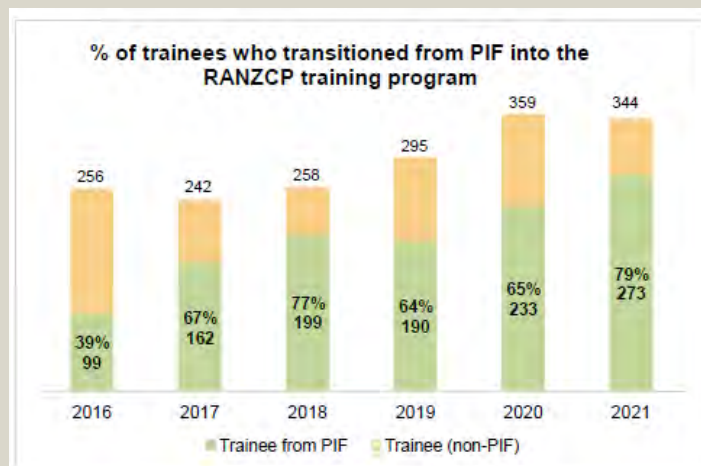
PSYCHIATRY INTEREST FORUM



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- **1263** PIF members have transitioned into the RANZCP training pathway over the lifetime of the program.
- In 2021, 79% (273) of all new trainees (344) transitioned from PIF into the RANZCP training pathway – highest yearly number yet.





PSYCHIATRY INTEREST FORUM



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Increasing the number of Aboriginal and Torres Strait Islander psychiatrists is also a focus of the RANZCP and across its education, training, professional development functions, including and programs and projects such as PIF.

- 14 current Fellows identify as Aboriginal and/or Torres Strait Islander.
- 27 current trainees identify as Aboriginal and/or Torres Strait Islander.
- 100 current PIF members identify as Aboriginal and/or Torres Strait Islander.
- 32 PIF members who identify as Aboriginal and/or Torres Strait Islander have transitioned to the RANZCP training pathway over the lifetime of the program.



PIF BENEFITS



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PIF members receive a range of **benefits**:

- career guidance and advice from RANZCP Fellows and trainees about psychiatry subspecialties and career paths in psychiatry.
- invitations to educational events including workshops, seminars, webinars and career networking sessions.
- online support materials for students who are undertaking mental health clinical placements.
- resources and information about becoming a psychiatrist, e.g. '*A day in the life of a psychiatrist*' series.
- opportunities to attend *Introduction to Psychiatry* short courses held annually throughout Australia, as well as online.
- scholarships, special discounted rates and sponsorship opportunities to attend RANZCP and other conferences, including the annual RANZCP Congress.
- regular e-newsletters and Facebook content to be kept up to date with RANZCP and PIF activities.
- invitations to participate in RANZCP awards, prizes and grants relating to promotion, research or advocacy in mental health, including the annual PIF Essay Competitions.
- Promotion and marketing to universities and prevocational doctors.



PIF ACTIVITIES



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PIF ACTIVITIES



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PIF & RURAL PSYCHIATRY CAREERS



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GOVERNANCE

Organisational and clinical governance for the RTPP that will enhance quality and effective psychiatry training in rural locations.



RANZCP



SELECTION & ONBOARDING

An established pipeline to attract and recruit rural medical students, junior doctors and Aboriginal and Torres Strait Islander candidates into the RTPP and orientate trainees and SIMGs to live, work and train in rural locations.



RANZCP,
universities,
regional training hubs



EDUCATION PROGRAMS

Expand education programs, accessible to all rural psychiatry trainees across the country, with content tailored to the rural context and which provides trainee support and exam support.



RANZCP,
education providers,
universities,
other colleges



CLINICAL ROTATIONS

Enable any interested trainee to undertake all or nearly all their training in a rural setting, with top-up rotations in metropolitan settings if needed. This will ensure that trainees receive a high-quality experience.



Governments,
health services



SUPPORT

Develop support packages to enhance the appeal of training and working in rural areas and to help trainees and supervisors meet the challenges unique to rural settings.



Governments,
health services



PIF & RURAL PSYCHIATRY CAREERS



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PIF can resource Rural Clinical Schools and Regional Training Hubs to increase interest in psychiatry careers in your location.

We can provide:

- introductions and assistance to help source psychiatry and trainee speakers for any local events that you plan to host.
- our digital content, events, webinars information to you to share among interested medical students.
- information about our PIF scholarship and travel grants opportunities to attend RANZCP events, such as our annual scientific meeting, the RANZCP Congress held every May.
- a pack of our PIF branded merchandise and dedicated careers information (flyers and booklets) that can be distributed in a range of ways.
- a small amount of funding to help contribute to delivering local events, such as catering and speaker thank-you gifts.



PIF & RURAL PSYCHIATRY CAREERS



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'It provided reassurance that training in a rural or regional area would not be limiting in terms of future career prospects. I think this is a common misconception and it was reassuring to gain this information from people within the program.'

'It reaffirmed my hopes that rural training would provide more hands on experience, and thus result in faster growth. The most exciting part is that it is practicable to live and work in a rural area, where I want to be, without being limited in my career.'

'Excellent speakers from different backgrounds that covered a broad range of topics relevant to rural and regional psychiatry training. As a PGY1 with minimal previous knowledge of regional/rural psychiatry training, I found the course very relevant to where I am currently in my career. Overall, the course equipped me with information that allows me to be more aware of my training options and moreover, the unique advantages associated with training in the regional and rural setting.'



PARTNERSHIP OPPORTUNITY TO PROMOTE RURAL PSYCHIATRY TRAINING IN YOUR AREA



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Email us: pif@ranzcp.org



Call us: 1800 337 448 (from Australia) or
0800 443 827 (from New Zealand)



WRAP UP

Dr Jenny May



FRAME

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS