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**Department of Health**

# Department of Health

## FRAME Update

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## In this session:

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- Update on the Stronger Rural Health Strategy including:
  - Murray Darling Medical Schools Network
  - Bonded programs reform
  - Junior Doctor Training Program
  - More Doctors for Rural Australia Program
  - Streamlining general practice training
- Rural Health Multidisciplinary Training Program - update
  - Grant Opportunity – Extension of the RHMT Program
  - RHMT program evaluation
  - RHMT program – 2017 program data

# The **Stronger Rural Health Strategy** aims to build a sustainable, high quality health workforce that is distributed across the country according to community need particularly in rural and remote communities.



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Department of Health

The Strategy includes a range of incentives, targeted funding and bonding arrangements and will give doctors more opportunities to train and practice in rural and remote Australia, to meet the challenge of redistributing the workforce. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of primary health care.



## TEACH



## TRAIN



## RECRUIT AND RETAIN

- Murray Darling Medical Schools Network and Rural Health Multidisciplinary Training Program

- Recognising GP Skill and Expertise
- Streamlining General Practice Training
- Junior Doctor Training Program
- Support for Aboriginal and Torres Strait Islander Health Professional Organisations

- Workforce Incentive Program
- Reformed Bonded Programs
- Royal Flying Doctor Service
- Educating the Nurse of the Future
- Improved Targeting of Bulk Billing
- Improved Workforce Planning (HeadS UPP) Tool
- Strengthening the role of the Nursing Workforce
- Overseas Trained Doctors in areas of doctor shortage

**Murray Darling Medical Schools Network/IRHMT**  
Five rural medical school programs will be established in the Murray-Darling region to allow medical students to stay in their communities while they study. Experience of the IRHMT program will deliver more rural placements for health students.

**Streamlining GP Training**  
GP training arrangements will be streamlined to provide two clear pathways for doctors to achieve Fellowship of either RACGP or ACRHM.

**Junior Doctor Training Program**  
Junior doctors will be able to train and work in rural and remote areas, and receive salary support to work in private hospitals.

**Recognising GP Skill and Expertise**  
Changes to how GPs are funded through Medicare will better recognise their level of expertise. GPs who have achieved vocational recognition/ Fellowship will continue to claim the full Medicare item while non-vocationally recognised doctors will be supported to reach Fellowship status.

**Support for Aboriginal and Torres Strait Islander Health Professional Organisations**  
Support for Aboriginal and Torres Strait Islander Health Professional Organisations that play a key role in increasing the number of Aboriginal and Torres Strait Islander people in the health workforce and increase cultural competency of the broader health workforce.

**Reformed Bonded Programs**  
The Program will better support students and doctors through their training and to fulfil their return of service obligation. Programs will move from individual contractual arrangements to a legislated regulatory model, and a consistent three-year bonding period.

**Workforce Incentive Program**  
Incentives for doctors to work in rural locations and support for general practices to employ nurses, Aboriginal and Torres Strait Islander health professionals, and allied health professionals, including non-dispensing pharmacists.

**Strengthening the Role of the Nursing Workforce**  
Supporting nurses to work in primary health care and raising awareness of the role of Nurse Practitioners.

**Educating the Nurse of the Future**  
A review of undergraduate preparation for nurses in Australia will explore improvements to the system and factors affecting nurses entering the workforce.

**Royal Flying Doctor Service**  
Support to deliver outreach services including dental, mental health and emergency aeromedical services to rural and remote communities.

**Improved Targeting of Bulk Billing Incentives**  
Changes to bulk billing payments will ensure incentives are directed to doctors working in rural areas.

**Improved Workforce Planning (HeadS UPP) Tool**  
Information on health workforce and services will be combined to create a single, integrated and quality source of data. This data will better determine areas of need and assist in workforce planning.

**Overseas Trained Doctors in areas of doctor shortage**  
The growth of the medical workforce will be better managed by regulating the number of overseas trained doctors entering Australia and directing them to work in primary health care areas of need in rural and remote locations (a complementary Department of Home Affairs measure).

# STRONGER RURAL HEALTH STRATEGY

## Implementation of key measures

2018	2019	2020	2021	2022
<p><b>July 2018</b></p> <ul style="list-style-type: none"> <li>• New MBS items</li> <li>• Funding to:</li> <li>➤ RACGP and ACRRM</li> <li>➤ ATSIPOHs</li> <li>➤ Nursing in primary health care</li> <li>➤ Nurse practitioner awareness campaign</li> <li>• Nurse practitioner awareness campaign commences</li> <li>• Royal Flying Doctor Service</li> </ul> <p><b>November 2018</b></p> <ul style="list-style-type: none"> <li>• OMPs cease to new entrants</li> </ul>	<p><b>January 2019</b></p> <ul style="list-style-type: none"> <li>• MDRAP commences</li> <li>• Non-VR Fellowship Support program and streamlined pathways delivered by Colleges</li> <li>• Training cap in place</li> <li>• Visa arrangements in place</li> <li>• Curtin University and La Trobe University included in the Rural Health Multidisciplinary Training Program</li> <li>• First cohort of students in La Trobe's new Bachelor of Biomedical Science in Bendigo and Albury-Wodonga</li> <li>• Consolidation of Junior doctor training programs</li> <li>• Introduction of RFDS mental health outreach clinic program</li> <li>• National consultations on nursing education</li> </ul> <p><b>June 2019</b></p> <ul style="list-style-type: none"> <li>• External release of HeaDS UPP tool</li> </ul> <p><b>July 2019</b></p> <ul style="list-style-type: none"> <li>• Workforce Incentive Program begins</li> <li>• Changes to MBS bulk billing</li> </ul>	<p><b>January 2020</b></p> <ul style="list-style-type: none"> <li>• Cohort of students commence under reformed bonded programs</li> <li>• New training places available for junior doctors in rural general practice and interns and PGY2&amp;3 training in private hospitals</li> </ul>	<p><b>February 2021</b></p> <ul style="list-style-type: none"> <li>• 100 new rural generalist doctors commence training</li> <li>• First intake of students for Murray Darling Medical Schools Network</li> </ul>	<p><b>January 2022</b></p> <ul style="list-style-type: none"> <li>• Transition of AGPT training program to Colleges finalised</li> </ul>



## Murray Darling Medical Schools Network and expansion of the RHMT Program

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- Murray Darling Medical Schools Network
  - Grant Opportunity opened 21 September 2018 and closed 15 October 2018
  - Department is currently assessing proposals
- Expansion of the RHMT Program to include Curtin and La Trobe
  - Grant Opportunity opened 7 August 2018 and closed 4 September 2018
  - Department is currently assessing proposals and is close to finalising the process



## Bonded Program Reforms

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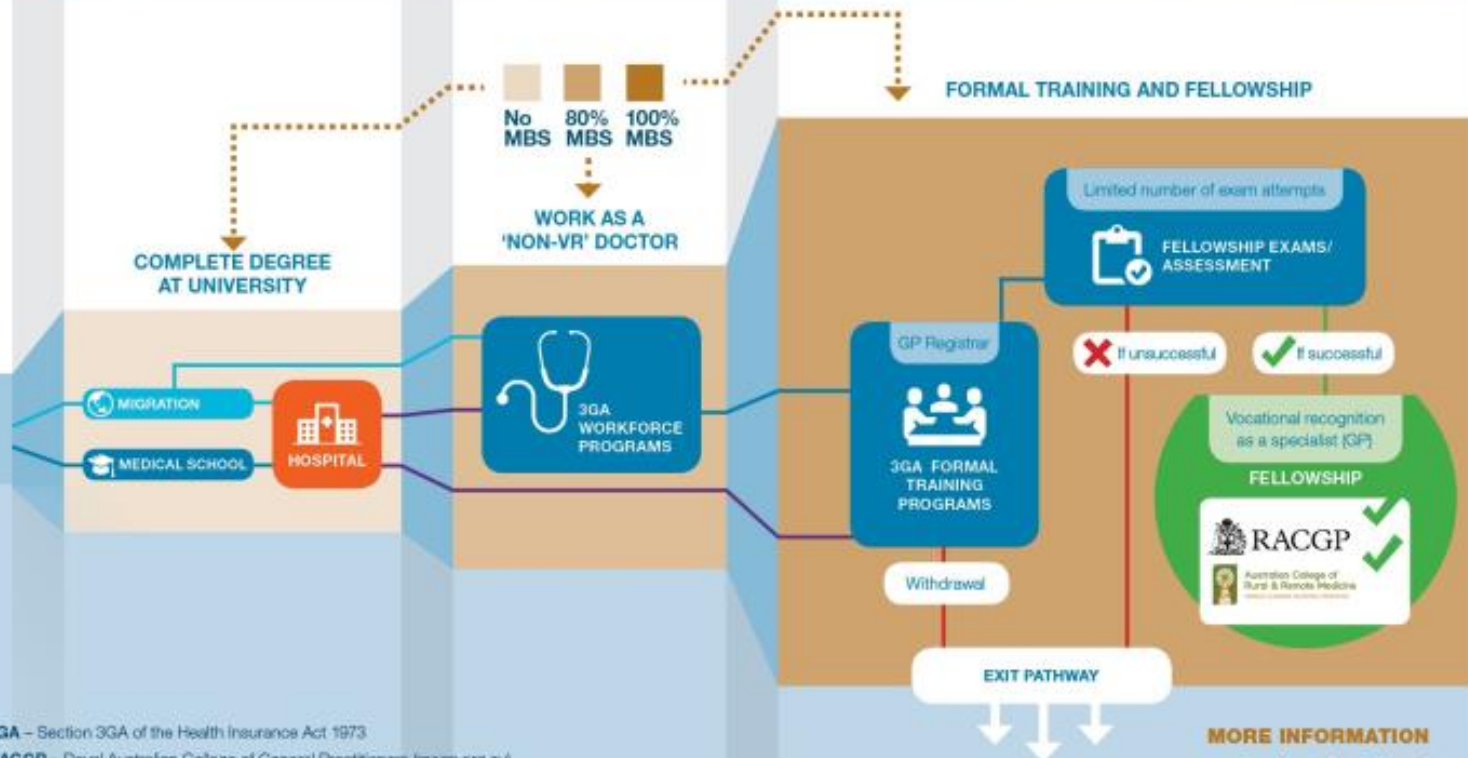
- New arrangements in place from 1 January 2020
- Simplified administration through a regulatory model
- Better support for participants to fulfil return of service
- Consistent three year bonding period
- Opt-in to reformed arrangements available for existing bonded medical students and doctors



## Junior Doctor Training Program

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- Rural Primary Care Stream
  - Includes existing Rural Junior Doctor Training Innovation Fund (RJDTIF)
  - Expansion to PGY 2
  - From 1 January 2020, new funding for supporting more experienced junior doctors working in general practices
- Private Health Stream
  - Current providers to continue intern opportunities in 2019
  - Open approach to market to expand opportunities from 2020



3GA – Section 3GA of the Health Insurance Act 1973

RACGP – Royal Australian College of General Practitioners ([racgp.org.au](http://racgp.org.au))

ACRRM – Australian College of Rural and Remote Medicine ([acrrm.org.au](http://acrrm.org.au))

MBS – Medicare Benefits Schedule

Non-VR – non-vocationally recognised – a non-specialist doctor

MDRAP – More Doctors for Rural Australia Program

## MORE INFORMATION

Royal Australian College of General Practitioners – [racgp.org.au](http://racgp.org.au)

Australian College of Rural and Remote Medicine – [acrrm.org.au](http://acrrm.org.au)

Department of Health – [health.gov.au](http://health.gov.au)





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## More Doctors for Rural Australia Program

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- Will rationalise existing 3GA provider number programs to better target areas of need
- Will allow Australian trained prevocational doctors (from PGY3) to bill Medicare at 80% rebate



## Streamlining General Practice training

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- Will streamline the existing general practice training and qualification arrangements and improve the overall quality and distribution of the general practice workforce across Australia.
- The department is finalising changes to the regulations which streamline 3GA programs and support the transition of GP training to RACGP and ACRRM.
- Planning for transition of GP training to colleges between 2019-2021
- Non-VR Fellowship Support Program



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## Rural Health Multidisciplinary Training Program

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- Grant Opportunity – Extension of the RHMT Program
- RHMT Program evaluation
- RHMT Program performance



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## RHMT program evaluation

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- The Department will be undertaking an evaluation of the RHMT program during the next funding period
- Your views about what should be included in the evaluation will be sought through FRAME



## RHMT program performance - medical training

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- In 2017, almost 35% of graduating medical students (977 medical students) spent at least a year of their clinical training in a rural area (core requirement 2a)
  - 56% (549) spent 1 year
  - 32% (310) spent 1 to 2 years
  - 12% (118) spent 2 to 3 years
- Of the graduating 2017 medical students, 90% (2,526) completed short-term placements (>4 weeks) in a rural area during their course (core requirement 2b)
- In 2017 almost 31 percent (883 medical students) were from a rural background (core requirement 2c)



## RHMT program performance - Developing the Aboriginal and Torres Strait Islander workforce

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- Enrolment and graduation targets for Aboriginal and Torres Strait Islander medical students (core requirements 4a2 and 4a3), to be achieved by 2018

	Progress to date	Target	% complete
Graduation	79	137	58%
Enrolment	134	218	61%



**THANK YOU AND  
QUESTIONS**