National Evaluation RHMT Regional Training Hubs





Recap: RTH objectives

- Improve the coordination to enable students to complete as much of their medical training as possible in rural areas;
- Identify students & facilitate access to networked rural training opportunities at an early stage;
- Develop regional training capacity;
- Strengthen existing, and develop new, connections to improve continuity of training within the region; and
- Identify regional medical workforce needs & thus prioritise activity.
- Outcome: to increase the size of a well-prepared rural & remote medical workforce.



Recap: Broad aims of the evaluation

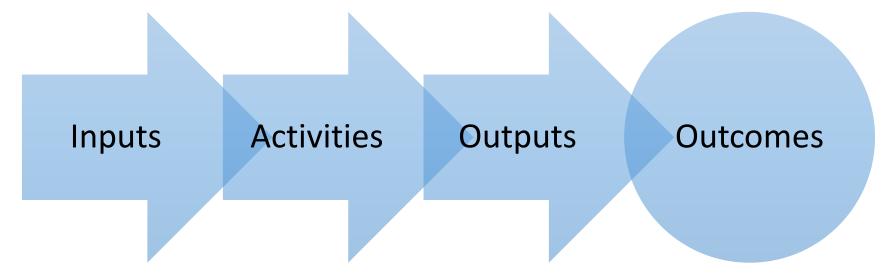
 To determine effectiveness of RTH in addressing inequitable geographical distribution of the medical workforce in Australia.

To quantify the economic benefit of the RTH program.



Methods

• Theory driven program logic evaluation framework



- Mixed methods
- Multiple lines and levels of evidence



Program logic evaluation framework

Outcomes

- Improved recruitment & retention of medical graduates & specialists to rural & remote areas;
- Improved distribution of medical graduates and specialists within rural and remote areas;
- Increased health service utilisation;
- Descriptions of lessons learned from the regional training hubs initiative;
- Economic analysis of costs and benefits of increased rural and regional training positions



Quantitative Methods

- Data collected annually to form longitudinal datasets:
 - RTH managers/directors spreadsheet students, training positions, specialists (including fellowed GPs/Rural Generalists)
 - Parameter 6 RHMTP Reports
 - AHPRA
 - National Health Workforce Dataset (DOH)
 - Rural Workforce Agencies National Minimum GP Dataset
 - Specialist Colleges
 - AGPT Minimum Data Set provided by the RTOs
- Calculation of key indicators
 - Short, medium and longer term



Economic evaluation

- Cost benefit analysis (value for money)
- Top-down approach to measuring costs of each additional GP and specialist training place (budgets and expenditure by RTHs & funders of extra training places)
 - Costs including salaries, travel, supplies and training activities
- Monetary benefits of additional training places measured using contingent valuation techniques (how much key stakeholders are willing to pay for each additional training places)
 - Willingness to pay survey
- Return on investment (ratio of benefits to total costs)



Qualitative methods

- Focus on describing, understanding and interpreting the relationships between inputs, activities, outputs and outcomes
- Series of case studies of individual hubs
 - Drawing on Realist Evaluation to explore Context, Mechanism & Outcome relationships and differences and commonalities between RTHs
 - Cross-case analysis to develop a typology of RTHs
- Contribution analysis
 - Appropriateness of attributing observed changes to RTHs



Qualitative methods (continued)

- Collaborative Outcomes Reporting
 - Engaging RTH staff in analysis, assessment, synthesis and interpretation of causal claims to broaden assessment of evidence and its credibility and further develop program logic
- Data collection may employ the following:
 - Document review (Stakeholder information, routine reports)
 - Surveys
 - Interviews
 - Drawing on findings from discrete projects undertaken by RTHs



Progress: formalising governance

- Proposed governance of the national evaluation of RTHs:
 - 1. A Working Group (WG) of researchers responsible for finalising the design, collaborative implementation and documentation of the project.
 - 2. A broader *Evaluation Reference Group* (ERG), inclusive of all RTHs staff who wish to participate. The WG + ERG will form the *Evaluation Collaborative* (EC).
 - 3. The EC will report to the *Management Group* (MG), which consists of FRAME and UDRH directors with RTHs. The MG has the final decision-making authority in relation to ratifying design and receiving progress reports as well as facilitating efficient implementation of the project.

