Thursday October 18th & Friday October 19th 2018
City Hall, Main Corner Complex, Mt Gambier SA

Rural Clinical Schools, Rural Health, Regional Medical Schools and Regional Hubs from the following universities were represented at the meeting:

University of Adelaide	University of Tasmania
Deakin University	University of Melbourne
Flinders University NT	University of Western Australia
Flinders University	University of Notre Dame Australia
Australian National University	University of Queensland
James Cook University	University of Wollongong
Monash University	

The Commonwealth Department of Health was represented by:

Ms Fay Holden, Assistant Secretary, Health Training Branch
Ms Katy Roberts, Assistant Director, Professional Entry and Rural Training Section

FRAME meeting Thursday 18th October - Day 1

Acknowledgement to Country given by Ken Jones Flinders University Rural Health SA, Mt Gambier.
Welcome, Introductions and apologies given by Professor Jennene Greenhill, FRAME Chair, Flinders University Rural Health SA
Apologies:
Susan Wearne DoH, Paul Worley RHC, Jenny May University of Newcastle, Scott Kitchener Griffith University, Sarah Strasser University of Queensland, Richard Murray JCU.

Rural Clinical School, Rural Medical School and Hub updates (Fliers available – Attachment 1)
In previous years, a 3 minute presentation has been delivered by each school.
At this meeting, Schools and Hubs were asked for a single page flier outlining achievements, highlights and challenges.

National Hub Workshop update (Report available – Attachment 1)

Jennene thanked Joe McGirr for leading the workshop and the National Hub Workshop team for the report and for their hard work developing the workshop and subsequent report.
She also acknowledged Joe as the FRAME Deputy Chair for his contribution as he has resigned and is now a NSW member of Parliament for the seat of Wagga.
The workshop organising committee included A/Prof Joe McGirr University of Notre Dame, Ms. Fran Trench, Riverina Regional Training Hub, University of Notre Dame; Ms. Kim O'Connor and Ms. Linda Cutler, Western Regional Training Hub, University of Sydney; Ms Marcelle Crawford, North Queensland Regional Training Hubs, James Cook University and Ms Carol Chandler, Regional Training Hubs, University of Western Australia.

Highlights from the Workshop:

- Presentations from Hubs giving examples of what was happening in the Hubs
- Many Hubs struggling with some parameter reporting, particularly 6c
- Some difficulties with recruitment but most have a Director and senior administrative staff
- After meeting, sharing ideas around what success would look like
- Honesty sharing frankness about challenges

- Working closely with colleges, some supportive and others not so
- Some Hubs had different configurations and some working with multiple Rural Clinical Schools
- Good presentation via Skype from John Wakerman and the team doing Hub evaluation

Comments from FRAME attendees regarding the Workshop:

- Appendix gives a good summary
- No reference to PGY 1 and 2 in the document and if talking about a career pathway, PGY 1 and 2 need to be addressed in rural and regional areas
- People who contributed to the workshop were both sharing and transparent

If anyone would like a copy of the document they can request from Elspeth or Fran
Jennene noted that Hub Directors were invited to the FRAME meeting
She also reiterated the workshop was a successful meeting and thanked Joe, Fran and the Hub Workshop team
There was interest in having another Hub meeting/workshop going forward and RCS should both support and encourage this happening and asked if anyone would like to host it
Recommendations from the Hub Workshop in July to be discussed at next Policy Group meeting prior to end on 2018
Next FRAME meeting in Tamworth in May 2019 and Jennene will speak to Jenny May regarding a Hub workshop and meeting to be on the agenda
Recommendations to be discussed at next Policy Group meeting

- Process developing agenda for Tamworth
- Hub meeting first
- Bring up issues etc at FRAME meeting
- Working group for Hub Workshop to assist with developing Hub component at Tamworth
    - Fran Trench to contact Jenny May and offer assistance

Hubs are extending the core business of the RCS going forward and need to work together

Hub evaluation tool update – John Wakerman Flinders University NT (Presentation available – Attachment 2)

John acknowledged the team assisting him with the evaluation framework, Deb Russell, Carol Chandler, David Atkinson, Denese Playford and Sally Hall.

RTH Evaluation - Introduction

In the MYEFO of 2016, funding for the IRTP was committed by the Australian Government. Commencing 2017, the stated *objectives* of the 26 funded regional training hubs component of the IRTP are to:

- Improve the coordination of the stages of medical training to enable students intending to practise rurally to complete as much of their medical training as possible within regional and rural areas;
- Identify students with an interest in practising rurally and facilitate access to *networked* rural training opportunities at an early stage in their careers;
- Develop regional training capacity by supporting current supervisors of clinical training, assisting health services in obtaining accreditation for new training positions, and supporting local medical practitioners to become clinical supervisors;
- Strengthen existing, and develop new, connections with key stakeholders to improve the continuity of training for medical students/trainees within their region; and
- Identify regional medical workforce needs and use this information to prioritise activity.

The desired *outcome* is to increase the size of a well-prepared rural and remote medical workforce.

Participating universities committed, through FRAME, to a coordinated evaluation of the effectiveness of this program.

Overarching Aims

1. To determine the effectiveness of the RTH in addressing the inequitable geographical distribution of the medical workforce in Australia.
2. To quantify the economic benefit of the RTH program.

Study design

A program logic evaluation framework underpins the study (see Appendix to this document). The underlying logic is that the targeted increase in university resources or inputs (the regional training hubs) will result in enhanced medical workforce needs assessment; optimal number and quality of rural and remote training places; enhanced co-ordination of activity between training agencies and health services; and better support for medical students/junior doctors/trainees interested in a rural career to negotiate the 'pipeline' (activities and outputs). The desired outcomes, measured in the short, medium and longer terms, will eventually lead to a more equitable geographical distribution of an appropriately skilled rural and remote medical workforce.

Variables of interest to the national evaluation of the RTHs include:

Context

- A description of any geographical, socio-economic, cultural, demographic and policy contextual differences that may impact on effectiveness of RTHs

Inputs

- A description (and typology if appropriate) of the nature, diversity and cost of the regional training hubs.

Activities

- A description of the number and nature of collaborations with relevant organizations - including local hospitals and health services, state and territory governments, other universities, specialist colleges (including general practice colleges), postgraduate medical councils, local health practitioners and regional training organisations – in order to support the integration of medical training at the local level;
- A description of activities building regional training capacity including, but not limited to, assisting health services in accreditation processes for new posts; and supporting local health professionals to become supervisors;
- Identification of medical students with an interest in rural practice, and description of support provided including assistance with career planning placement opportunities and access to mentoring.

Outputs

- A description of new regional medical training capacity;
- A description of regional medical workforce needs and priorities within the catchment area;
- A quantification and description of the training placements available at each level of the medical training continuum within each hub's region of activity and changes over time;
- A quantification of change in rurally-based vocational training.

Outcomes

- Improved recruitment and retention of medical graduates and specialists to rural and remote areas;
- Improved distribution of medical graduates and specialists within rural and remote areas;
- Descriptions of lessons learned from the regional training hubs initiative;
- Economic analysis of return on investment.

Methods

National evaluation of the RTH adopts a theory driven, program logic evaluation framework. The overarching evaluation uses mixed methods, drawing on multiple lines of 'evidence' including quantitative assessment, qualitative inquiry and economic evaluation using cost benefit analysis.

Quantitative methods

Quantitative methods will include collection of a range of different data, from different sources annually, to establish longitudinal datasets. Key to data collection will be a purpose-developed questionnaire or spreadsheet to collect information from RTHs about numbers and distribution of medical students, interns, residents/prevocational doctors, registrars in the various specialty accredited training posts (including General Practice and GPs training as Rural Generalists) and specialist staff across each RTH region. Other sources of quantitative data will include (a) data routinely provided to the Commonwealth as part of the RHMTP or UDRH reporting on the RTHs (areas of regional medical workforce need, training placements available at each level of the medical training continuum); (b) AHPRA data (doctor work locations by specialty); (c) National Health Workforce Dataset (doctor work locations by specialty); (d) Rural Workforce Agencies data (Specialist GP and GP Registrar work locations); (e) Specialist Colleges data (Registrar work locations by specialty); (f) Australian General Practice Training minimum dataset (GP Registrar work locations).

These data will be analysed using descriptive statistics and regression methods. Longitudinal (time series) analysis will examine changes over time in numbers and distribution of students, interns, residents/prevocational doctors, Registrars in specialty training (including General Practice and as Rural Generalists) and specialist staff across geographical regions.

Economic evaluation

In the economic evaluation, the value for money of the regional training hubs (RTHs) in terms of the additional trainee and specialist places created (hereafter referred to as 'the intervention') will be assessed. This evaluation will take the form of a cost-benefit analysis with both the costs and benefits associated with the intervention expressed in monetary terms.

1. *Assessment of costs*

A top-down approach will be used to estimate the costs associated with obtaining additional trainee and specialist places. Data on budgets allocated to, or expenditures of, each hub in general and those associated with generating additional general practitioner (GP), trainee and specialist places, in particular, will be requested from RTH managers/directors. These budget/expenditure estimates will capture the cost of various cost items including salaries, travel, supplies and training activities associated generating the additional places in each RTH. These estimates will also be divided by the total number of places to obtain the cost of each additional trainee or specialist place created.

2. *Assessment of benefits*

The monetary benefits of adopting and implementing the intervention, from the point of view of key health and health-allied personnel including policy makers, implementation clinicians and health service managers, will be determined using contingent valuation techniques. This technique allows for a monetary value to be placed on the benefits of goods or services which are not yet reflected in observational behaviour or in the marketplace. This economic value will therefore reflect the benefits that arise from a change in the quality of services in the RTHs (e.g. benefits of having additional GP, trainee and specialist places and redistribution of medical personnel). The maximum amount of money that the key health and health-allied personnel would be willing to pay for the perceived benefits (buying price) of implementing the intervention will be estimated using their responses to a willingness to pay (WTP) questionnaire. As per best practice guidelines, the WTP questionnaire will include the following: (i) an introductory section identifying the benefits that are likely to be realised from the intervention (ii) a section asking questions about prior knowledge about RTH; GP, trainee and specialist places; and attitudes toward them and (iii) questions about respondents' WTP. The WTP estimates will also be divided by the total number of places to estimate the benefits associated with each additional trainee or specialist place created.

3. *Cost-benefit analysis*

The costs associated with administering the intervention will be compared to the monetary benefits of implementing this intervention. The intervention will be considered value for money (i.e. cost-beneficial) if benefits exceed costs. The return on investment will also be estimated as the ratio of benefits divided by total costs of the intervention (i.e. the benefit-cost ratio).

Qualitative methods

Qualitative inquiry will be largely directed towards the aim of determining the effectiveness of the RTHs in addressing inequitable geographical distribution of the medical workforce in Australia.

In considering 'effectiveness', while the quantitative evaluation will focus on measurement of the extent to which program objectives are met, the qualitative investigation will focus on describing, understanding and interpreting the relationships between inputs, activities and outcomes, and exploring the 'fidelity' of RTH implementation. This will include some assessment of differences and commonalities between Hubs, the role of Hubs (as opposed to other workforce initiatives) in achieving RTH program objectives, and the reasonableness of attributing observed changes to RTHs.

It is clear that context is considered by Hubs to be critically important, and that substantial variation between Hubs may be warranted. Many of the causal claims made about the RTH initiative are also likely to be qualitative in nature. At the same time, the scope and scale of any qualitative investigation is constrained by available resource. As a result, the following methods are proposed.

1. *Case studies*

A series of case studies of individual Hubs which wish to participate will be developed. These will provide a rich, contextualised description of each participating Hub, and the role of operating context in shaping Hub activity. Data collection may employ methods ranging from document review (stakeholder information + routine reporting) to surveys and interviews, and encompass staffing, strategy, perceived results, value add, enablers, challenges and constraints. Case studies will draw on Realist Evaluation to explore context-mechanism-outcome relationships that shape or arise from Hub activity. Cross-case analysis will be undertaken to develop a typology of Hubs and strengthen the theoretical understanding of Hubs as an 'intervention'.

2. *Contribution Analysis (CA)*

CA is a synthetic, program logic-based approach that focuses on building a credible 'performance story' which identifies and addresses challenges to the chain of causal attribution linked to an intervention. Drawing on the case studies and typology, the CA component will assess the qualitative data relating to the program theory of change, observed results, underlying assumptions and alternative explanatory factors to assess and account for the causal claims identified. This process may also draw on findings from discrete projects undertaken by individual hubs.

3. *Collaborative Outcomes Reporting (COR)*

COR (also known as Participatory Performance Story Reporting) is a form of participatory evaluation that extends the use of CA through using expert review and stakeholder deliberation to broaden the assessment of evidence and credibility in relation to the 'performance story'. Use of this process will engage Hub staff in analysis, assessment, synthesis and interpretation of causal claims, to develop the performance story and refine the program logic.

The proposed collaborative approach is a partial response to the acknowledged resource constraints but also provides a grounded way of inferring meaning and developing consensus on attribution questions. This could operate similarly to that previously employed by Worley et al. in examination of LICs. Hubs and Hub staff will be offered a suite of alternatives for participation ranging from simple data contribution to third party data collection, and participation in data analysis, synthesis and interpretation, and authorship.

Governance

The proposed governance of the national evaluation of RTHs has the following structure:

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 Evaluation Collaborative will report to the Management Group (MG), which consists of FRAME + 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.

- The working group are also working on the design and ethics.
- FRAME and UDRH directors who have Regional Hubs will form the management group, will have final decision making authority, ratify the design of the project and provide regular progress reports to assist with efficiency of project.
- The main changes in the evaluation project development are qualitative methods, economic analysis and governance.
- The management group seeks through FRAME, approval from participating Hubs for the Commonwealth to release parameter 6 section for reports so management group are able to access reports the Hubs are generating.
- Aim to make data collection as least burdensome on Hubs as possible and would like their consent.
- NT Hub has put in a request for unspent funds to be used for a project officer and a part time person to do economic analysis.
- NT is happy to cover the costs.
- John asked for feedback, discussion and ultimately, endorsement of the final product.

Comments:

- Concern for PGY 1 and 2 – availability of rural intern positions
    - John asked that concerns like this be forwarded to him as this is the type of data they would like to collect.
- Who are the stakeholders?
    - John and WG happy to have information confirming this forwarded to them
    - Structure of Health service in SA is changing with 6 new LHN's and has been difficult trying to get interns into rural SA. Cost and supervision are issues. SA would be happy to assist with data collection but may not be best to conduct the interviews (FRAME members).
    - Range of stakeholders from patients to service providers and policy makers.
- FRAME community own the project and have brokered it and agreed to evaluate hubs from beginning rather than individual school evaluations. More co-ordinated with a logic framework.
- Time frame for project is long term and there may be changes over time with changes in medical workforce distribution over future years
- Management Group are Directors of RCS (& Hubs), Hub managers and staff who wish to participate are part of the evaluation collaborative
- John commented that in terms of reporting data and surplus proposals asked for comment from Commonwealth representatives present
    - Said that another conversation would be needed prior to a final position. They also said that each university would need to agree to release of data prior to Commonwealth agreeing.

Jennene thanked John and the team for their work on behalf of FRAME.

John iterated that the data collection should not be onerous for the Hubs.

ACTION: FRAME to write to each Hub and ask formally for them to be part of the project and consent for access to Hub data.

Medical Schools Outcomes Database – Jennene Greenhill – Flinders University presented for Richard Murray (Report available - https://medicaldeans.org.au/md/2018/09/2018-MSOD-National-Data-Report.pdf)

Jennene gave a brief overview of the 2018 report released at the Medical Deans Annual Conference which includes rural oriented questions.

- Two new tables include rural background and rural clubs.
- The average medical student's age is 25, with the oldest 54 and youngest 19.
- 64% born in Australia
- 72% rely on family for income as opposed to 67% in 2013
- Those with paid jobs to assist financially find it difficult juggling work and university.
- Students from a rural background 19.5% in 2014 and 23.7% in 2017
- There has been an increase in preference for working outside of capital cities, 36% in 2017. Graduating students who have been part of rural clubs were 3.6% more likely to intend practice outside capital cities
    - Indicator of work RCS have done with increase in rural preference
- Minimal change in first preference of specialty
- Consistent percentage of 85% interested in teaching as part of their medical career but there is concern regarding the small proportion who do not want to teach
- >43% of graduating students were interested in indigenous health as part of their career, up from 37.9% in 2014
- Overall high satisfaction with medical courses
- Approximately ¾ agreed they agree they are well prepared to be interns

Comments:

- There was previous discussion regarding linking MSOD and FRAME data
    - Expensive to get software to link data
    - Data linkage presentation later may be relevant
    - Some methodology may be outdated
    - Some data not captured eg; some rural trained doctors who have trained as specialists and regularly visit same regional centre for a few days each month or so eg; ENT
    - Need to look more broadly at other peoples' skill sets, regional generalist specialists

Rural Health Stakeholder Roundtable – David Mills – University of Adelaide (Flier available Stronger Rural Health Strategy – Attachment 3)

David Mills attended the Rural Health Minister, Bridget McKenzie's Roundtable for the Chair

Twice yearly meeting in Canberra attended by doctors groups, workforce groups, allied health, students and FRAME among others. Minister unable to attend the meeting.

- RHC Paul Worley spoke about high quality regional training, the need to stop solo approaches, social responsibility and incorporate the best of what we do.
- Nationally there are reducing numbers for GP training
    - Need to ask previous graduates why
    - RHC thought it may be that there is no clear career pathway
- RHC said negotiations with specialist colleges for generalist pathway going well
- Of some concern, paediatric college recently stopped compulsory regional placements

- In the Stronger Rural Health Strategy
    - There is likely to be some agreement about changes to GP training in the next three months
    - Single set of rules for junior doctors to access Medicare
- Discussion about bonded students
    - Over the years 10,000 have taken bonded places
    - 250 have completed bonded commitments
    - Department now looking at a three year standard term of service and areas where they work will be determined by the Workforce Agency
- There will be a decrease in the numbers of overseas doctors – approx. 10% decrease each year for next 4 years for those working in city based primary healthcare
- Headsup Program – Mental Health workforce online monitoring tool – Health Demands and Supply Utilisation Patterns Planning Tool. Will be administered by Workforce Agencies.
- Distribution of workforce challenges
- Allied health workforce issues including finance, billing, cover when away, recruitment and retention
    - No National database (possibly as not all are required to register)
    - Queensland have good allied health model
- Initiatives around drug and alcohol workforce
    - Access to services
    - Current workforce is mainly women, >45 and working part time
    - RHC commented that generalsts should receive addiction training
- Mental Health
    - Online information including new site, reachout.com targeting people <25
    - Grants went out in September for initiatives including nurses going out to farms and spending time with farmers

National Rural Health Student Network – Carolyn Riemann Chair (JCU) (Presentation available – Attachment 4)

Carolyn was warmly welcomed to FRAME and outlined the structure, membership and work of the NRHSN.

- Represent approximately 10,000 students from 20 health clubs across Australia
- NRHSN is multidisciplinary
- Promote rural health
- Administered by NSW Rural Doctors Network
- Their 2018 business plan highlighted 3 main priorities
    - Positive and clear rural training
    - Aboriginal and Torres Strait Islander Health (advocating more students)
    - Mental health
- Key activities
    - Engaging with the universities regarding their key priorities
- Political advocacy
    - Regional placement for allied health and nursing students (currently many need to find their own placements)
    - Need for specialty training in regional and rural areas – do not want to train in the city
- Busy attending conferences and meetings
- Advocacy work – position papers for 2018 on the website https://www.nrhsn.org.au/
    - Eg; Aboriginal and Torres Strait Islander engagement guide
- Rural Health Clubs
    - Two councils annually
        - Vote on policy and have workshops
        - COOEE – bi-monthly newsletter, available on website
    - Club activities
        - Rural high school visits
            - Activities with multidisciplinary workshops for years 10 – 12, encouraging exposure to potential health career
            - Guide developed for school visits >100 pages

        - Aboriginal community visits
- AJRH publication
    - Research on rural health
- Trying to get more allied health students on executive as it is represented mainly by medical students. One issue may be their difficulty with rural placements.

Carolyn encouraged the audience to identify the clubs in their areas and to make contact and support them.

Data Linkage and Grad Track – Lizzi Shires - University of Tasmania – (Presentation available Attachment 5)

Have had difficulty in the past accessing data, searching in multiple areas and then sorting it.

Decided there must be a better way and employed a technical person to link all data systems.

- It highlighted ethics and governance needs as process tracked personal data over a long period of time and their consent was required
- Set up Grad Track with medical students and now have extended to allied health and nursing students
- Initial difficulties finding out what was available and spent time searching where the data points were
    - Admissions, 1st year and 2nd year data all stores in different places with different storage systems
- Data then required cleaning using macros and other processes followed
- Used three different data
    - Student survey data
    - Other survey data including MSOD and FRAME
    - External data sources including AHPRA
- Then it was cleaned, linked and de-identified in order for extraction of specific data etc
- Will be developing a website to show others how it has been done
- Main premise was to see how rural students tracked through and where they go after graduation
- Excel and Access have issues and not used
- Spelling of names and places is an issue, requires checking and correcting
    - A macro was developed to address this
- Able to then track students to where they went post-graduation and shows on a map, to track people over time
    - Shows if they went rural or not following original expression of intent to go or not
- UTAS RCS investigated software which was to be expensive. Have own in house person running the tracking, developing macros to pull relevant data out.
- Finance to develop the process using an underspend three years ago and the project has taken three years
- Now able to pull data out relatively easily
- Have published a report on where international students have gone
- About to do same thing with UTAS domestic students and to see if the clinical school they attended has made a difference to post graduation choices with GP data
- Plan to start process with other health disciplines
    - Currently looking at intake and internal systems as not much data post graduation
- AHPRA supplied large data dump including all graduates form all universities and have cleaned some of this
    - Plan to look at that to see how it contributes to work force in rural areas
- Hoping to use information for publishing and other parties
- Not all students or past students have consented (80% of first years consented) so plan to write to students to allay “big brother” fears in the tracking process

- Students are given protected time to fill in surveys etc
- There is potential for other universities to access de-identified data sets following relevant permissions and governance
    - UTAS potentially could assist linkage but need own IT person

Commonwealth Department of Health update – Ms Fay Holden – Assistant Secretary, Health Training Branch (Presentation available – Attachment 6)

Update on the Stronger Rural Health Strategy including:

- Murray Darling Medical Schools Network
    - 5 Rural Medical School programs to be established
    - Proposals currently being assessed
    - 5 universities were invited to apply
    - Funding for La Trobe's new Bachelor of Biomedical science
    - Expansion of RHMT program to include:
        - Curtin & La Trobe Universities
- Bonded programs reform
    - Simplified administration
    - Increased flexibility to complete return obligations
    - Existing bonded students and doctors to have opt in to reformed arrangements opportunity
- Junior Doctor Training Program
    - Includes existing RJDTIF
    - Expansion to PGY2
    - From 1 Jan 2020 new funding to support more experienced junior doctors working in general practice
    - Private health stream
        - Current providers to continue intern opportunities in 2019
        - Open market approach to expand opportunities from 2020
- More Doctors for Rural Australia Program
    - Rationalise existing 3GA provider number programs to better target areas of need
    - Allow Australian trained prevocational doctors (from PGY3) to bill Medicare at 80% rebate
- Streamlining general practice training
    - 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
    - Information will be on DoH website over the coming months
    - Rural Medical Training (specialist) Summit to be held 19th November (Rural Health Minister Bridget McKenzie)
        - Rural medical specialist training pathways
        - 40 participants
        - Collaborative project for reform to the system
        - Hope to develop a Commonwealth/State response to address the issues

Rural Health Multidisciplinary Training Program - update

- Grant Opportunity – Extension of the RHMT Program for two years at current funding levels
    - Closed 12th October
    - Start negotiating agreements in November
    - There are issues and challenges with grants administration
    - Unspent funds process is not straightforward
        - High level of unspent funds partly due to delays in contracts and implementation
        - Have approved 70 -80% of unspent funds requests to date
- RHMT program evaluation during next funding period
    - Views regarding inclusions for evaluation will be sought through FRAME
- RHMT program – 2017 program data
    - 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)
- 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%

  - Some universities wish to revise their targets
  - Current grant opportunities have allowed universities to make a case for changes

Jennene thanked Fay Holden for her presentation and both she and Katy Roberts for attending the meeting and answering questions.

FRAME Business Meeting Friday 19th October - Day 2

0730 – 0830 Directors breakfast meeting was held at Commodore on the Park.

The meeting opened at 9:00am and in her opening remarks, the Chair paid respect to the traditional owners of the land, past, present and future.

She thanked the RCS and directors who put together a one page flier of challenges and achievements which were printed for attendees. It was suggested as a time saving measure, considering time constraints at the meeting instead of the usual 3 minute roundup.

FRAME Survey Study – Lucie Walters (Attachment 7)

- Lucie welcomed the attendees to Mt Gambier and acknowledged the traditional owners of the land, past, present and future.
- Brief report on FRAME survey
- Information has been collected from FRAME since 2010
- Strong student response over the last 5 years with 85 - 90% response rate
- Over 4,000 students have answered the survey
- Statistically similar to last year – no significant differences
    - Mainly women
    - 43% rural origin
    - 31% of cohort is bonded, either state or Commonwealth and small percentage of International full fee paying students
    - 66% first choice
    - 8 publications from FRAME data to date
        - 2 since last meeting in Canberra
- There is an epistemology group that has not been very active, but David Mills is keen to resurrect that paper
- A paper has been submitted to BMJ regarding perceived medical student burnout
- Data has been requested regarding factors that attract students to rural locations
- Two other early stage projects:
    - One looking at attributes of small rural practice
    - One looking at cultural safety
- Each school is able to get de-identified data immediately
- When a student graduated from medical school, they can apply to get identified data which they can then link to other databases if they wish
- If seeking to get data that applies to all schools, need to apply to working group who need some extra members
- Working group ensure requests for data meet guidelines which ensure they will not use data to benchmark RCS against each other
- Working group will incorporate people from more than one school so each paper becomes a collaborative piece of work
- Medical students are developing a project within their school and then commentary, critique and additional support are provided by another academic from another school and collaboration occurring prior to the final journal article being published
- Lucie asked for volunteers to join the reference group and explained that it is not an arduous job
    - Have a teleconference every 3 – 6 months
    - Main focus is if new questions are suggested, that they are in the interest of the group as a whole prior to adding to survey
- Expressions of interest to be emailed to Ruth Stewart, incoming FRAME chair 2019 and it be discussed at a Directors meeting
- Lucie noted that it takes a great deal of work by the administrators at various sites to have survey completed, returned and response rate calculated
- Lucie thanked Sharon and academics for their work and ensuring ethics for survey responses
- She is happy to continue in her role on the survey with Sharon

Jennene thanked Lucie, Denese Playford, Craig McLachlan and Sharon for their work and encouraged others, especially mid-career academics and students to join the survey group and be involved. Many questions were yet to be added for data.

Reflections from Day 1 – Jennene Greenhill

- Large number of projects and programs introduced in May Budget and the detail is still being worked out
- Total package (DoH) appears carefully crafted
- Concern regarding tender for funding
    - Could it become competitive tendering in the future? There is a need for discussion around this
- As part of establishment of Murray Darling Medical School
    - 30 places from existing medical schools in the partnership and 30CSP's to be re-allocated, 2% from each medical school and in the first instance from rural placements and no understanding yet as to how the process will be done
    - Unclear if universities in partnership are quarantined from the 2% re-allocation
    - Concern from attendees regarding the process and potential future relationships between RCS
    - Suggestion that surrendered places should be urban
- DoH reps disappointed that RCS roundups were not presentations as they glean a great deal of information from them
- NRHSN presentation very good and we should continue to do that and also engage individually with them at local levels
- RTH need to continue to be an important part of meeting/FRAME
    - Hub directors are invited as Hubs are part of RCS
    - Discussion around inclusion of Hubs that are not members of FRAME (with RCS)
- Suggestion that Hubs, professional staff and Directors need satellite sessions at FRAME meeting
- Some concern as to who will conduct the National Hub evaluation
    - Process will be a preferred provider and thought will be tendered
    - What influence will FRAME have on scope and process?
    - Should be called prior to end of year
    - Josie Dichera (DoH) will be putting tender together
        - Chair & Deputy Chair met with them in July to discuss process
- GP Training and decline in uptake
    - Connection with GP rural training
    - Non-competitive grant for private hospital intern places and indication from Commonwealth after 2020 to competitive grant round for private hospital intern places in rural Australia
        - How does this model tie up
        - International graduates make up most positions
            - Need to be encouraged to stay and go rural and data collected
    - Declining applications for GP training is a complex field
        - Junior doctors saying there is uncertainty about general practice
        - Introduction to college led training and introduction to rural generalism are issues
        - General practice has become an unattractive training industrial framework with large drop in income from hospital to general practice with loss of maternity, parental and sick leave benefits
        - Current training pathways are rigid
- Macquarie Medical school would provide good data for a study
- Jennene suggested a small working party on International research looking at what is collected for MSOD and possibly some questions for FRAME survey

    - Volunteers – David Garne-UW; Ruth Stewart-JCU; Riitta Partanen-UQ; Lara Fuller-DU; Tarun San Gupta-JCU; Lucie Walters or Jennene Greenhill-FU
    - What information to put in front of them to show they are cared about, could benefit from two way thinking, we could shape their thinking and they could shape ours
        - Add volunteer group report to agenda in Tamworth
- Need to add items/issues and solutions to inform DoH to future FRAME meeting agenda

Jennene thanked everyone for their lively and informative input to the session.

RRH Journal – David Garne

Jennene introduced David and highlighted that FRAME members subscribe to the Journal.
David opened, saying the journal is going well with increased number of articles submitted and published but there are challenges:

- This year there is a financial deficit and the management group are working on potential strategies to address this.
- Grateful to FRAME members who contribute financially
- Increased number of articles from overseas and there is no cost to them to have published
- Looking at funding from various sources including philanthropic
- Do not want to look at charging for publishing articles
- Sustainability at this stage is not good
- Costs include an editor, paid management group and website
- Subscriptions $7,000- per RCS and this does not cover costs
- Not all RCS are paid up subscribers
- Reviewers are receiving more requests for review
- JCU is currently carrying shortfall, but this cannot continue
- Total costs approximately $140,000 per year
- Amanda Barnard & Nikki Hudson on editorial group
- David said he would be happy to take any suggestions back to management group
    - Corporate funding
    - Review some payments against activities
    - Review RCS payments (who not paid up)
    - Subs going up by CPI
    - Charge for publishing
    - Reduced rates or set no of articles for developing countries – build into business model
    - Difficult to give advice without knowing the funding model
- North America have submitted increased number of articles
- Good entry level journal for younger researchers – springboard
- Equity of access to the journal is very good

David thanked everyone for their suggestions and Jennene thanked him for his representation on the RRH Journal for FRAME

FRAME Elections – Jennene Greenhill

Jennene congratulated Ruth Stewart (JCU) as new Chair of FRAME and Jenny May (UN) Deputy Chair and the FRAME Policy Group who will be the FRAME office holders from 1st January 2019

Chair - Associate Professor Ruth Stewart – James Cook University

Deputy Chair – Professor Jenny May – University of Newcastle

Policy Group
Professor David Atkinson – Hub representative - Rural Clinical School of Western Australia
Ms Dee Risley – Professional staff representative – University of Adelaide
Associate Professor Mark Yates – Director Clinical Studies - Deakin University
Professor Jenny May – Director - Department of Rural Health - University of Newcastle
Associate Professor David Garne – Director Community, Primary, Remote & Rural Graduate School of Medicine - University of Wollongong
Associate Professor Lizzi Shires – Director Rural Clinical School - University of Tasmania
Professor Jennene Greenhill – Past Chair FRAME – Director - Flinders University Rural Health SA

Professional Staff Nomination on Policy Group – Jennene Greenhill

- There has been discussion regarding using an electronic voting system in future
- Need to ensure transparent process of nominating and voting
- Administrators would like to nominate their own administrator on the Policy Group
- Nomination process needs to be reviewed and updated as it is currently onerous with the requirement of particular titles for nominating persons & currently:
    - Nominated by 2 Heads of School/Director colleagues
    - Is a member of academic staff
    - Holds rank of Professor or Assoc Professor
- Nomination of Professional Staff member needs reviewing and updating
- Would be good to develop a more streamlined process going forward and it is an agenda item for future meeting
- Aims of FRAME and TOR on website
- Larissa Attard will check the Aims of FRAME and TOR that Judi Walker developed and will forward for consideration
- Ruth Stewart and Jenny May will organise the Administrators election process at Tamworth meeting

National Rural Health Alliance – Jennene Greenhill

FRAME nominee to NRHA was Joe McGirr who has since resigned and is the member for Wagga in NSW Parliament. He represented FRAME well and was also NRHA treasurer. CEO, Mark Diamond has asked FRAME for a new nominee. It involves three day councils and have a say in rural policy going forward. Jennene offered to be the FRAME representative until end of 2018 but would like someone else to take over from next year.

- Need to know what the role will entail
- Send EOI to all RCS for a volunteer to represent FRAME on NRHA
- It is a large role and there is no funding to support travel
- Activities for 2018 include:
    - Launch of the NRHA Reconciliation Action Plan (RAP) and presentation of Indigenous artwork to commemorate the RAP;
    - Confirmation of member body representatives on Council and election of three additional co-opted Council members
    - Election of the NRHA Board and office bearing positions on the Board;
    - Development of NRHA strategic policy priorities;

- NRHA Friends of the Alliance Parliamentary breakfast;
- Council representatives meeting with some 30 Federal MPs to highlight key priorities

Snapshot Study – Jennene Greenhill

- Snapshot Study published in RRH in 2015 with data from 2011 graduates by Lucie, Denese, Alexa and Joe
  - Looked at effectiveness of RCS, clinical placements and how data is shared
- Would the FRAME group like another Snapshot Study?
  - Ruth Stewart agreed that it would be a good idea and said she would need a team to assist
- Minister likes data and it is important to have longitudinal studies
- Could do more than snapshot with APRHA data & Grad Track to disseminate it
- Ruth asked for volunteers
  - Zelda Doyle, David Garne and Lizzi Shires volunteered

RRH Journal Representative - David Garne volunteered that he is happy to continue

FRAME Survey Study – Lucie Walters and her current team volunteered to continue unless someone else wanted to volunteer. As there were no other volunteers, Lucie will continue.

Tamworth Meeting May 2019
Jenny May sent through a draft agenda for discussion and feedback.
The meeting proposed:

Proposed FRAME meeting structure, Tamworth 7 – 9 May 2019

7th May:
AM: Managers' meetings, half day (Agenda will be developed in consultation with other Managers.)
Nominated person to report back to FRAME meeting
PM: Half day Hub workshop. Volunteer group to assist putting this together, including Fran Trench and others from Sydney Hub workshop.
Nominated person to report back to FRAME meeting

Day One (8th May): Standard FRAME meeting, including Commonwealth representatives.

Directors' meeting to be held off site (breakfast) 7.30. Hopscotch Restaurant, Kable Avenue Tamworth.

- Reports from managers and Hub meetings
- 3 min briefing on each RCS & Hub with total time 3 minutes, not per school/Hub. The Commonwealth prefer to hear these presentations by Directors
- Discussion re support provided to Aboriginal Health workers/services.
- Two workshops to run simultaneously in the afternoon on the following topics: Developing, delivering and assessment of Interprofessional activities & Multiple learners, multiple levels, they will probably run for about 90 minutes
- Possible briefing by colleges detailing rural recruitment strategies

FRAME Dinner 6.00 for 6.30, CH on Peel, cnr Peel and Brisbane Streets Tamworth.

Day Two (9th May):

FRAME Business Meeting.
- FRAME reconvenes (9.00am), Chair will provide a Policy Group briefing.
- Highlights and business raised from Day 1
- RRH Journal update
- NRHA update
- Research Projects
- FRAME Survey study
- Next FRAME meeting, including nominations for hosting the 2020 meeting.

- Could have some workshops in afternoon
- Meeting to wrap up at midday to allow for people to connect with early afternoon flights.

2019 and 2020 Meetings

- Sep/Oct future Canberra meetings – Malcolm Moore ANU volunteered to host. Not 10 – 13 Sep (in 2019) as NT have conference. And need to check other conference dates that may clash
- May 2020 - John Wakerman, Flinders NT volunteered to host in Darwin or Alice Springs

FRAME Website

New draft of website was presented by Elspeth Radford.

- Highlighted necessity for ease of management, using Wix as design base
- Chair will cover domain and website payments (as previously agreed by Policy Group)
- New site accepted by group
- Hope to have completed soon
- Andrew Dean offered to assist with website management in future

Jennene asked if there was any other business thanked everyone for their attendance
David Garne on behalf of the Policy Group presented a gift to Jennene to thank her for her work as Chair
Meeting closed 12:00pm