INAUGURAL

NATIONAL

REGIONAL TRAINING

HUBS

WORKSHOP

5 JULY 2018

SUMMARY AND

FEEDBACK

Summary

Background
At the biannual meeting of the Federation of Rural Australian Medical Educators (FRAME) in Canberra earlier in the year, Regional Training Hubs featured on the agenda for the first time since their inception in 2017. Many staff involved in the setting up of the Regional Hubs identified the need for an additional opportunity for Hubs to come together to discuss business directly related to Regional Hub activity.   The FRAME executive supported the concept and a Workshop Organising Committee was formed by the executive and included A/Prof Joe McGirr, and 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.

The Workshop
The Inaugural National Regional Training Hubs Workshop was held in Sydney on 5 July 2018 providing each Hub an opportunity to present on Hub innovations as well as identify which of the Program reporting parameters were proving to be the most challenging and why. In addition to the Hub presentations, the program included an update on Rural Health initiatives in the recent budget by the Commonwealth Department of Health, an address by A/Prof. Paul Worley, National Rural Health Commissioner; detailed information on the plans for the Regional Hub National Evaluation as supported by FRAME; and a workshop using the World Café approach addressing topics as identified from a national survey of Hub staff. The topics included Posts and Pathways; Workforce Planning; Inter-Hub Collaboration and the Evaluation. The organising committee would also like to acknowledge the input from the Far West and North Coast Regional Hubs which are hosted by aligned with a University Department of Rural Health and while not FRAME members are key participants. They will continue to be invited to participate in all Hub Workshops or Forums as supported by FRAME.

Feedback

The feedback from Workshop Participants (25 respondents out of 56) was positive with over 90% of respondents either selecting strongly agreed or agreed with each of the following four statements:

1. The aims and objective of the day were clear?
2. The sessions were well structured?
3. The material was presented in such a way that it maintained my interest?
4. The material challenged me to think more creatively about the potential of Regional Training Hubs and extended my knowledge?

The survey also included three open ended questions:

5. What were the best aspects of the day?
6. What topics would you like to see discussed at future workshops?
7. What changes would you suggest for future Regional Training Hub events?

The major change recommended for consideration for future events was to have more time. The feedback was reviewed by the Workshop Organising Committee resulting in the following points for consideration:

1. To canvas the FRAME executive/UDRH executive and the Hubs as to the viability of holding a workshop over two days and include time for dinner as a networking opportunity.
2. Assess the potential to structure the FRAME meetings so that Hub meeting content could be held in parallel with other FRAME specific content to save travel and time

out of the workplace. It is recommended to hold Hub workshops linked to existing Frame meetings and either hold them concurrently as proposed above or in the case of Mt. Gambier, it is recommended that a Hub Workshop be held on the day prior in Adelaide. It is acknowledged there is "The Muster" being held in Mt Gambier for the two days prior to the FRAME meeting which may impact on Hubs availability. The main aim of the next day will be to expand on the World Café proposed solutions.

3. To consider having a stop watch on the presenters' lectern that counts down the time they have left as well as including in pre-workshop information a requirement for presenters to rehearse their presentations in advance to ensure they adhere to allocated time with a clear message that they will be cut off at the time allocated

The Organising Committee would also like to thank the National Rural Health Commissioner and the Commonwealth Department of Health team for their attendance and involvement. Their presence was also noted in the feedback (both written and verbal) as a positive and it is recommended that where possible choice of a venue which facilitates their continuing involvement should be considered. Appendix One contains the feedback as obtained via Survey Monkey. Thanks to everyone who completed the survey.

Hub Presentations

Each Hub was asked to provide information under three topic areas (see below). Each Hub was allocated five minutes - three minutes for the slide show and two minutes to answer questions. Universities with more than one Hub were invited to pool their presentation time and answer questions as a group.   The aim was for the information from these presentations to provide platform for later discussions of Evaluation and the World Café topics.

Slide 1:   Introduction
- who and where the Hub is including what geographic area covered
- the Hub organisational structure

Slide 2:   Innovations & Great Ideas (beyond day to day business)
Slide 3:   Which of the six reporting parameters is the most challenging to meet and why.

Please note: The Six reporting parameters are included in Appendix Two.

Evaluation Framework

Prof. John Wakerman presented by videoconference the aims and proposed structure for a National Evaluation of the Regional Hub Initiative as supported by the FRAME executive. The presentation and proposed data collection content was circulated to the group and the evaluation was discussed at the World Café workshop. In summary the National Evaluation was supported by the group overall with some questions/concerns raised during the World Café discussion. For example, it was clearly stated that a quantitative approach alone would not be sufficient and qualitative information was essential in capturing the essence/outcomes of Hub activities. The importance of accurate baseline data was viewed as essential including the need for clear parameters regarding how positions are counted. It was also acknowledged that due to potential "patch protection" and lack of existing relationship in some cases that establishing sound working relationship was an essential first step. Please see Appendix Three for the complete content recorded as World Café feedback.

National Rural Health Commissioner Update A/Prof Paul Worley

A/Prof Worley spoke eloquently regarding resources and the need for all individuals working to improve the health of the Australian rural community to expand what are finite resources through their creativity and imagination to meet the needs of our communities. As he clearly stated everyone needs to consider what we can do not reflect on how things are now or have been undertaken in the past.   A/Prof Worley summarised the information presented by all of the Hubs as the six 'M's:

1. <u>M</u>apping - the need to clearly map and understand our existing medical trainees and workforce
2. <u>M</u>entoring - supporting trainees at all levels as they develop their skills
3. <u>M</u>aze-running – assisting and supporting individuals from student to fellow in navigation of the complexity that is medical education and training.
4. <u>M</u>orphing/metamorphizing - working from the education system into the health system and developing and maintaining links
5. <u>M</u>arketing – ensure the Hubs are selling themselves and engaging with individuals who may select medicine as a career and supporting them through that pathway
6. <u>M</u>oral advocacy – all individuals involved in medical education and training from student to fellow also need to stand up for what is right for our communities including advocating with the Medical Colleges, the Universities, the various funders, the Local Health Districts and the Primary Health Networks and others as identified.

A/Prof Worley did add one more key factor which as he indicated could be considered as a seventh M – i<u>M</u>agination!!!

World Café

For the final activity of the day, the group were assigned to tables and topics. The topics included Posts and Pathways; Workforce Planning; Inter-Hub Collaboration and the Evaluation. It was planned to have three rotations through the World Café tables with the following stages under each of the above topic areas:

Stage One: What are the current challenges?

Stage Two: What are the possible solutions?

Stage Three: How can the solutions be implemented?

Each Stage was initially assigned 15 minutes and everyone would have the opportunity to participate at three different tables as they were randomly assigned.   Due to time overruns from the presentations etc, the World Café was condensed to cover only the first two stages and everyone had two opportunities to move to a different table. The information was then fed back to the larger group by the Table leaders and notes were collected and collated by the organising committee – see Appendix Three.
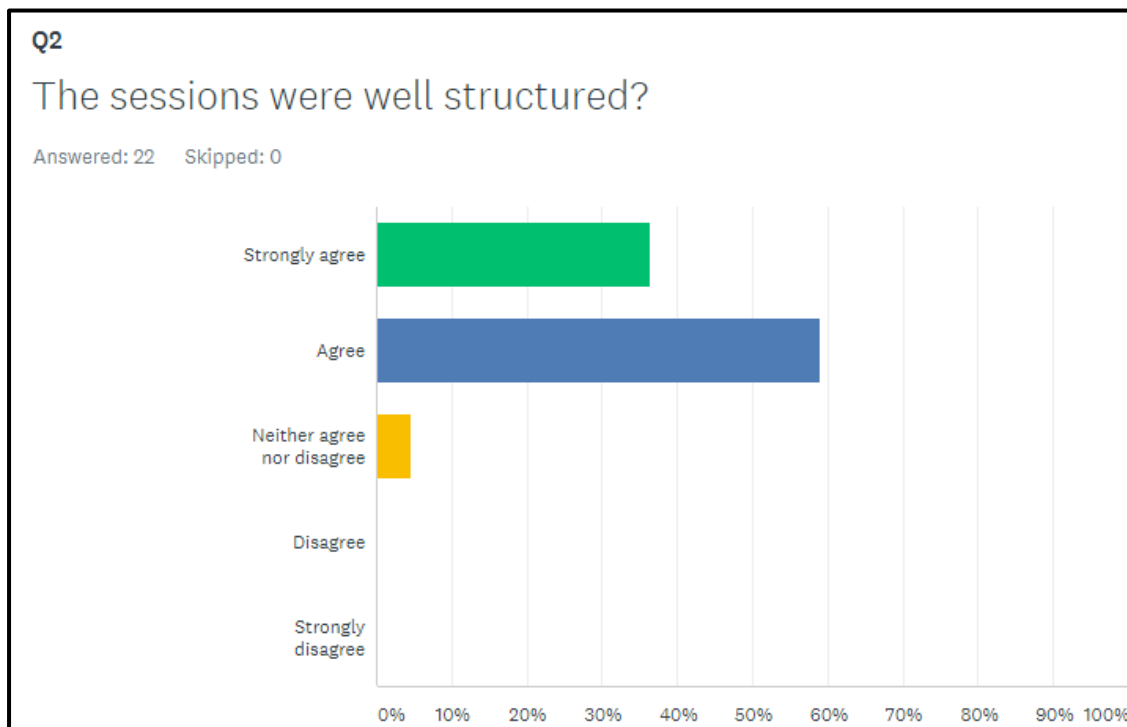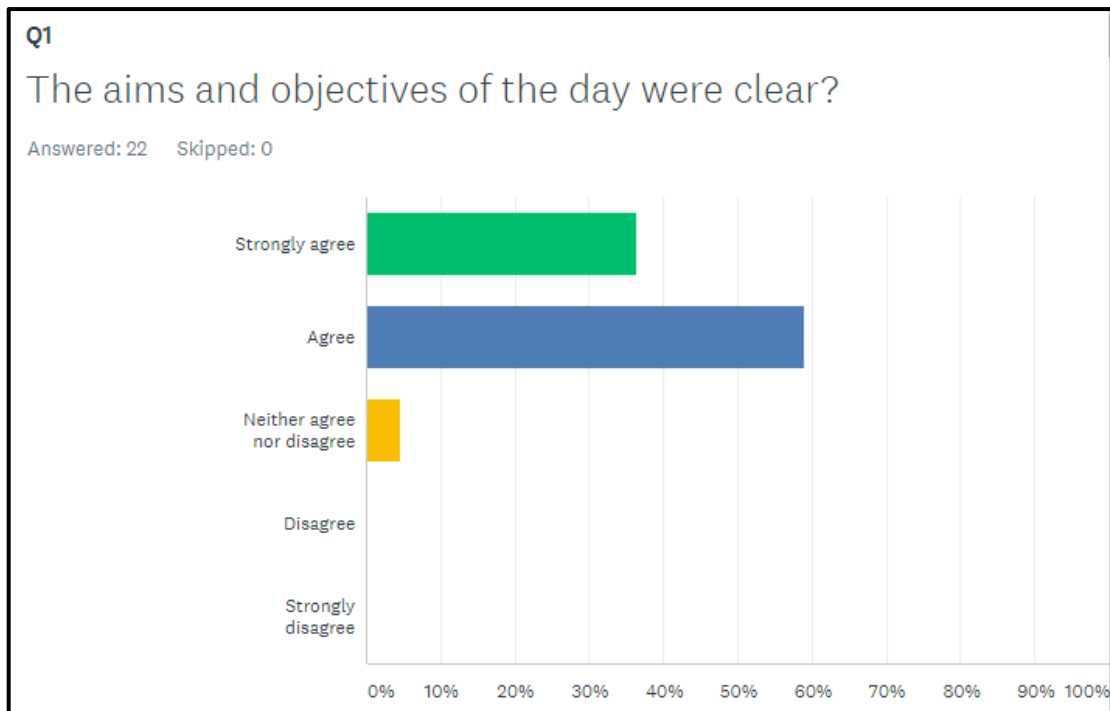
As time was limited there was no discussion regarding strategies related to implementation which would support the need for a further workshop prior to the end of the calendar year.

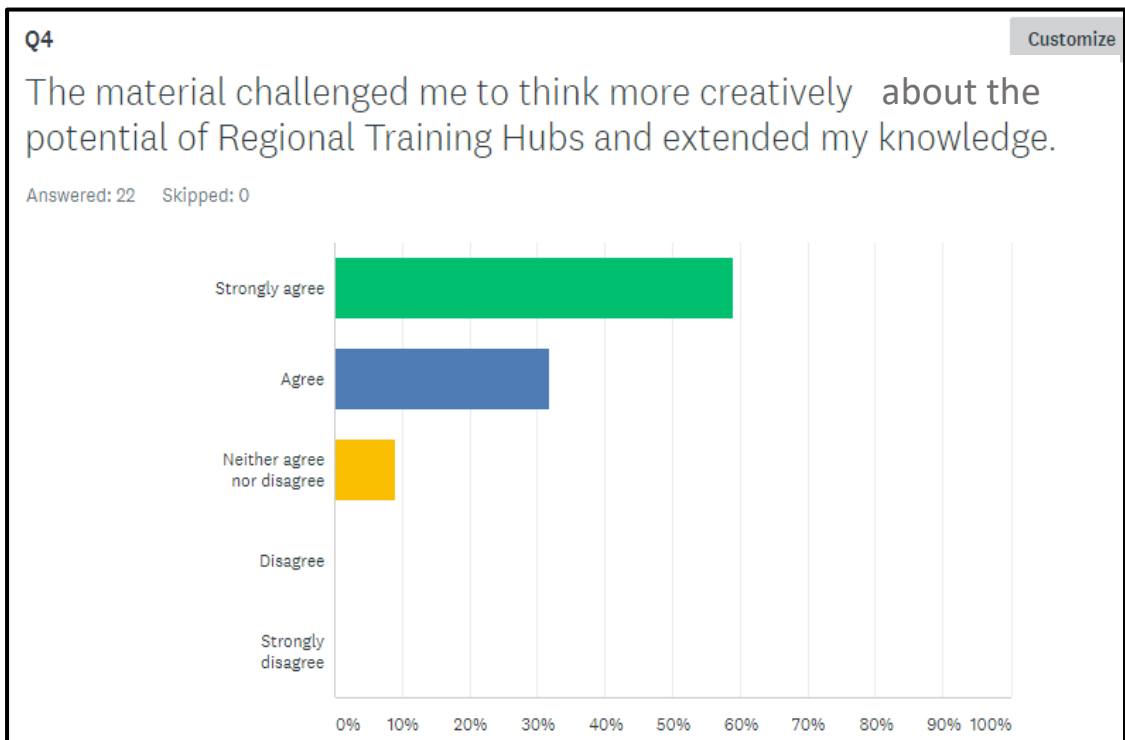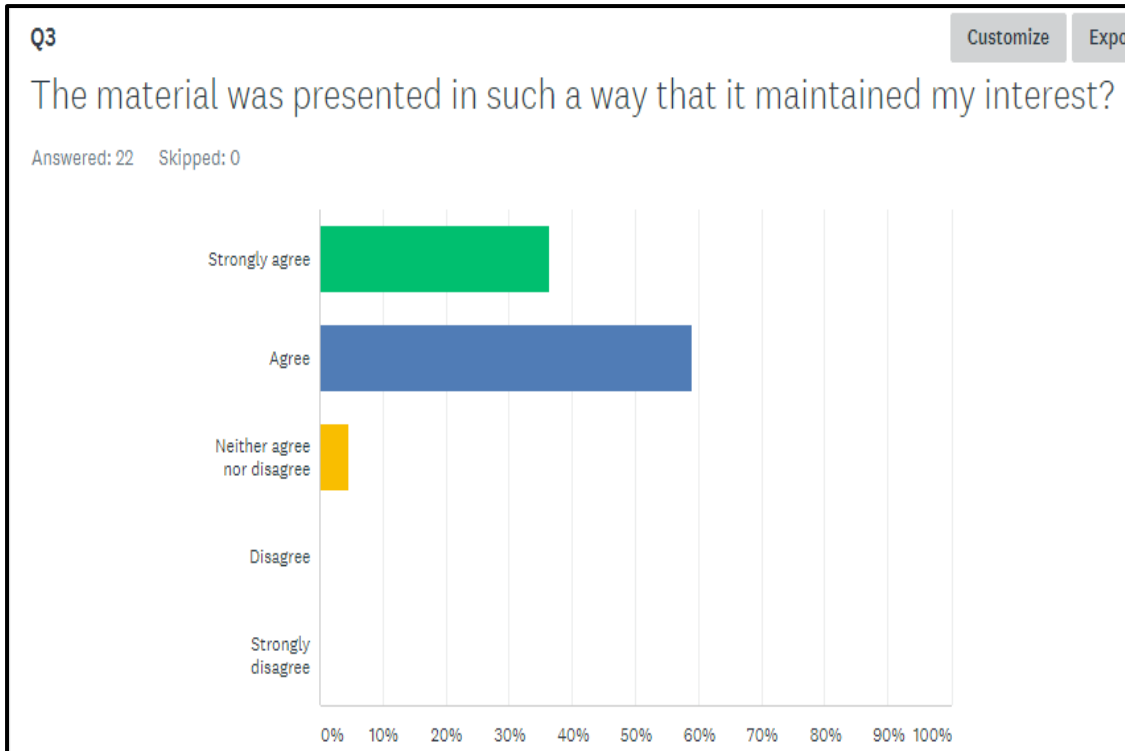**Program:** a copy of the program is included in Appendix Four.

Appendix One: Regional Hub Reporting Parameters

6a.	For each training hub location identified in Table la, the university must appoint a suitably qualified team including a senior clinical academic, project and administrative staff
6b.	The university must implement and maintain arrangements with relevant education professionals and health service stakeholders, 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 to support the integration of medical training at the local level.
6c.	The university must facilitate the development of new medical training capacity through activities including, but not limited to, assisting health services in accreditation processes for new posts and supporting local health professionals to become supervisors.
6d.	The university must identify university-level medical students with an interest in rural practice, and provide them with support including assistance with career planning and placement opportunities and access to mentoring.
6e.	The university must identify areas of regional medical workforce need within their catchment area, and work to build medical training capacity in these areas.
6f.	The University must report on the training placements available at each level of the medical training continuum within each hub's region of activity.

Appendix Two: Post-Workshop Feedback Survey Results

Q1

The aims and objectives of the day were clear?

Answered: 22   Skipped: 0

Q2

The sessions were well structured?

Answered: 22   Skipped: 0

Appendix Two: Post-Workshop Feedback Survey Results

Q3

Customize | Expo

The material was presented in such a way that it maintained my interest?

Answered: 22   Skipped: 0

Response	
Strongly agree	~35%
Agree	~58%
Neither agree nor disagree	~4%
Disagree	
Strongly disagree	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Q4

Customize

The material challenged me to think more creatively   about the potential of Regional Training Hubs and extended my knowledge.

Answered: 22   Skipped: 0

Response	
Strongly agree	~58%
Agree	~32%
Neither agree nor disagree	~9%
Disagree	
Strongly disagree	

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Appendix Two: Post-Workshop Feedback Survey Results

Q5 What were the best aspects of the day?

Learning about what other hubs were doing and thinking about how that could be adapted or implemented in my hub.
Such a good turnout of representation from the hubs. Enjoyed the whole day and structure of the workshop- thanks to the organising committee. Even though the hub presentations take up a large portion of the program- I think it's important to have a good oversight of what each hub's activities are as this initiates networking and further discussions and collaboration across the hubs. Perhaps could omit the question time?
Networking & group sessions
Learning from all the other Hubs and sharing ideas
hearing about what the other hubs are doing and the challenges they are facing. Getting to meet and talk to others about issues in the afternoon.
Listening to where everyone was up to and realising we all had different but also similar challenges. The keynote speech from Prof Paul Worley that so neatly tied everything together AND showed he really listened.
Focus on RTHs. Need more time for discussion
the mix of information, the inspirational words from Paul Worley, the discussion in the world cafe
World Café and Paul Worley's motivational speech
Whilst it sometimes became repetitive, realising many of us were facing similar challenges was heartening - collectively we have a bigger stronger voice to instigate change.
Meeting Hub colleagues at our sites. Listening to the various presentations to identify the different strengths, staffing, priorities & challenges of each.
World café sessions
The World cafe - where we were able to brainstorm the issues and challenges we all seem to face
Hearing about the actual front-line activities hubs were doing, and the services they provide. Ways to network with LHD's.
World Café. A shame it was cut short.
The World Cafe
Meeting Hub representatives and connecting to enable collaborations
Hearing about how what other hubs are doing to meet objectives.
Hearing other people's ideas
Hearing from the different hubs and the unique situation each hub is in.
Inspiring ideas from other Hubs
Great to have a face to face meeting with other personnel from Hubs.

Q6 What topics would you like to see discussed at future workshops?

Support for Bonded medical students
a follow up from the topics discussed at the world café- build on this momentum instead of starting from scratch and then look at topical discussions best to workshop closer to the time.
Work to integrating current programs and processes. Hubs are in a very good position to do this, as there is a local focus
Success stories
How Hubs can work together to overcome some of the challenges we have in common.
Exploring some of the common themes across the hubs - i.e. looking for synergies to and creative solutions.

Appendix Two: Post-Workshop Feedback Survey Results

Future directions and opportunities to develop projects across RTHs
at this stage no suggestion - perhaps have some focussed work regarding the accreditation of medical posts??
Workforce planning, marketing and community engagement
A focus on a consistent Pathway mapping tool   Shared communication with the Colleges
No answer
Update about the evaluation and progress and a national system/database for collection of information
Less presentations and smaller group discussion around similar topics please
Capturing baseline data from LHDs and other sources for positions, both for interns and STP's. How to ensure accuracy
Workshopping our challenges and mining our creative solutions.
How people are overcoming Challenges
Marketing and promotion
Evaluation is something that didn't appear to have a clear way forward. It would appear that more focussed time needs to be spent on this.
the same
Would have liked more time to actually network with the different hubs and meet everyone.
Deeper collaboration
Anything of a Hub nature.

Q7 What changes would you suggest for future Regional Training Hub events?

Nothing. It was a great day. Maybe run longer.
Perhaps a longer lunch (1 hour) so that there is more time for networking. More time to workshop ideas/ topics, where to from here and plans in place for the afternoon as it seemed a little rushed.
How to manage process to deliver outcomes.
I think it was great as is
possibly consider a longer event e.g. 1.5 or 2 days. More interactive sessions spread over the event.
Now that we've had one National event, having those informal networks may mean that there can be some pre-scoping of hot topics prior to the next event.
more time free text feedback opportunity
need to keep more to time - each speaker needed to be more prepared and have their presentation timed - it then detracted from the world café session and feedback which were equally if not more important
Perhaps a little more time to network with each other
More networking, perhaps an afternoon session followed by a morning session so there is a chance to network over dinner. Also, only 2 days away from the office (for those who need to travel long distances).
No answer
Having a full day until 5pm to best utilize the day
As above
Less introduction to other hubs. Focus only on activities hubs are undertaking and the present challenges.

Appendix Two: Post-Workshop Feedback Survey Results

Experiment with a different way of conveying Hubs' locations, make-up and initiatives. Pre-reading or sharing presentations ahead of time.
Longer
hub speed dating with ability to ask 2 questions only
To allow more time for networking - Perhaps running the event across 2 days - 1st day being the afternoon, then have a dinner that night then 2nd day being the morning. I know for people like myself who are travelling quite a distance - scheduling the event in this way means that I am away for 2 days as opposed to 3.
No Answer
Longer conference so that there is more time to network. Would like to have a session where there is an agreed topic to lobby at federal level - just one topic i.e.: need to award regional advantage merit points to all pre-vocational trainees completing PGY1-3 in a regional/rural setting prior to being accepted onto specialist training program
Allow more time for networking and Q&A. We were too rushed all day.
nil

Appendix Three: World Café information

TOPIC: POSTS & PATHWAYS	
What are the current challenges?	**What are the possible solutions?**

• College traditions
  * Deeply rooted
  * Vested interests
  * Hierarchical approach
  * Lack of Imagination
  *Shame about poor records
	• Identify "champions" to challenge traditions at local, regional, and national levels.

• Mapping posts and training and getting accurate data and pathways
  * Poor records
  * Rapid change
  * Accuracy of data
	• Peers –
	  * Need to believe in regional options

• Evaluation
  * Attribution and Contribution
  * Value adding
	• Education and Communication
	  * Demonstrating value to stakeholders and marketing
	  * Reason to gather and provide data
	  * Analysis of gaps

• Specialists understanding or recognition of role of Hub
  * Competing Agenda
  * Perception of Threat
	• Demonstrate how RTH's have added value
	  * Training places, capacity and activities.
	  * Realist – CMO's

• Overall approach vs siloed.	• Create the document/tool to navigate the Pathways.
• How to flip the model.	• Longer contracts i.e. 3-5 years * Use APHRA numbers to link, doesn't capture FIFO
• Recruitment – Actually filling the positions	• Reduce Locums

• Supervisors
  * Lack of supervisors
  * Locums moving through
	• Create Hospitalist Model (Work anywhere in the Hospital)

Appendix Three: World Café information

TOPIC: POSTS & PATHWAYS	
What are the current challenges?	**What are the possible solutions?**
• Networks – * Decision making made in metro areas for rural areas • Establishment of new pathways – (onion skin migration) * Vertical integration networked aimed to access national pathways regionally based	• Support Supervisor Development - *Create a Pathway to connect with GP's. * Look at solutions of effective models e.g. MCCC, GMT to avoid duplication
• College Accreditation – * Standards * Reversing the pathway – convincing the colleges of this * Rigid – not taking into account local circumstances	• Language of GP devalues their expertise – * Put on par with Specialists * Rebranding - GP
• RTH's Control/Influence – * Outsiders looking on to the HHS's, LHD and PHS	• National Website for Training – * List of all Hubs in Australia * Who to contact * What training positions are available * Pathways
• The need to leave rural areas to complete training – chance of losing the trainees.	• College support and flexibility.
• Complexity of the Pathways	
• Funding – * Cost of training to the states HHS's * Change of model flow on effects * Marketing that to a JHO to take on a position	

Appendix Three: World Café information

TOPIC: POSTS & PATHWAYS	
What are the current challenges?	What are the possible solutions?
• Tracking – * Needs to be individual, one solution is to stop it and use workforce % • Defining Post – * Accredited = funded vs actual * Non Accredited = unfunded vs occupied • Provision of assistance in "maze running" (can cluster groups be done?) • Innovation in content delivery * SIM * Community • Neutral balance of marketing for career pathways and locales/lifestyle. • College support and flexibility	

Appendix Three: World Café information

TOPIC: WORKFORCE PLANNING	
What are the current challenges?	**What are the possible solutions?**
• Identifying needs and shortfalls	• Networking at all levels, state and federal.
• Differentiating between health care needs and and health system needs.	• Empowering medical/health organisations and local communities to advocate for change across all disciplines and health care providers.
• JMO's being required to act in senior roles – JMO shortage	• Prioritise Junior Doctor Positions and pathways instead of promoting senior roles.
• Workforce and training lenses not always compatible	• Picking low hanging fruit as a priority.
• Resistance to accepting needs/findings if process and messenger is not valued	• Identify clinical champions and allies.
• People – Are the right people managing the process? Is there a vested interest?	• Executive priority for planning * Understanding existing context.
• Competition paradigm	• Designated funded position for workforce planning.
• Absence of existing plan.	• Hubs can shine a light on good examples to observers on the ground.
• Lack of capacity/priority of health services to develop a plan	• Local autonomy for decision making around the workforce.
• Centralised – not tailored to rural locations "metro centric".	• Local reference group- * Medical Education * Senior decision makers * DCT's – collaboration

Appendix Three: World Café information

TOPIC: WORKFORCE PLANNING	
What are the current challenges?	What are the possible solutions?
• Lack of current understanding and documentation of the existing workforce.	• Hub – * Bridge builders * See delivered outcomes not numerical
• Lack of stability of workforce – makes for difficult planning and often put in the "too hard basket".	• De incentivise locums/empty positions.
• Band-Aid solutions, too many "chefs".	• Integration.
• Maldistribution	
• Service model instability * Loss of Obstetrics * Role substitution	
• Territorial – patch protection	
• Lack of right skills for right place	

Appendix Three: World Café information

TOPIC: INTER HUB COLLABORATION	
What are the current challenges?	**What are the possible solutions?**
- Geographic spread. - Cross over of boundaries – how to meet the distances. - Different workforce needs - Differing health systems/contexts/services - Competitive nature of territory institutes - Different viewpoints at Regional, State and Federal levels - Inconsistent data collection - Communication channels and strategies for sharing ideas - Financial insecurity - Clarity required from funding body - Cross-hub development of training pathways. - Duplication.	- Resource Library. - Central website with links to sub-specialty (ama.com.au/careers/pathways). - STP positions – coordinate timing nationally. - Chat rooms for example (Confluence Atlassian). - Regular Hub Meetings – State/National. - More effective communication, utilising real time, Face to Face such as Zoom and or Yammer. - Have a clear reason for meetings. - Ensure no duplication of meetings. - College Lobbying on national and state levels (identify influencers who can assist hubs). - Data evaluation. - Recognising the importance of being able to work together to solve issues as many are universal issues/concerns. - Increased transparency. * Funding Allocation * Levelling the playing field * Better communication flow within the chain of command

Appendix Three: World Café information

• Competitive nature of the IRTP process.	• More trainees
	  * Funding
	  * Accreditation
	  * Supply
	  * Supervision

TOPIC: EVALUATION	
What are the current challenges?	What are the possible solutions?

• Reporting back to FRAME as the auspicing body.
  * Could be made available to Commonwealth
  * Under what conditions – RG Evaluation taskforce
	• Disclaimer on the data.

• Different positions or people –
  * Snapshot" – Accuracy and Feasibility,
  Risk Management Approach
  and Attribution.
	• Qualitive imperative.

• Quantitative approach NOT enough – * context, pathway, exposure, local factors	• Risk management for stakeholders, to ensure accountability.
• Veracity of data with high turnover of staff.	• Glossary – terminology.

• Tenuous relationships.	• Using the Hub's as a source of info –
	  * "Collaborative frame" – how have the hubs organised?
	  * Influence broad policy and processes
	  * Need to be recorded
	  * Top down and bottom up

• Patch protection.	• Need to value Evaluation.
• Salary vs Role – Looks like decreases over time because roles filling same place	• Need to have meaningful baseline that stays constant.
• What is unit and measurement for counts – FTE/weeks/roles	• Count positions/FTE (easier for some disciplines).
• Sharing data may be challenging across jurisdictions.	• Data from workforce verified by teams.

Appendix Three: World Café information

TOPIC: EVALUATION	
What are the current challenges?	**What are the possible solutions?**
• Initial trust with health services not given.	• Establishing relationships is critical.
• Need to account by people and names.	• Part of the question "What's in it for us" needs to become the answer of "You tell us what you need".
• Department KPI – Report asked for number of trainees not what level of training (PGY1-5 etc.)	• Need to capture retention over time (e.g. not just cross sectional counts).
• Subdivision of numbers more complex than they appear. (e.g. numbers = 15 in 1 year, numbers = 20 in the next year can have a dx composition). * May be a need to move numbers to change training from specialist to generalist * May lead to unintended consequences of counting	• Part of outcomes is new relationships (e.g. jurisdictions coming to local hub for action).
• Loss of richness in numbers.	• Need to capture information correlation with retention (e.g. schooling, work for spouse etc.)
• Might miss gains in trust and training ideas.	
• Med places and PGY1 – * Undergraduate or Post Graduate? * Placements vs Enrolments. * UDRH's data is already collected? * Requirement of RCS funding * Rural vs non rural students * Duration of rotation – 2 weeks or 2 years? * NSW PGY1/PGY2 in different states? (e.g. HETI already has info is there commonwealth data?) * Differences across states in terminology (e.g. RMO, HMO)	

Appendix Three: World Café information

TOPIC: EVALUATION	
What are the current challenges?	What are the possible solutions?
College vs Location - * By College: Rotational vs Substantive, assists greatly with accreditation, complex, multi positions Example: Paeds position – ACEM, RACGP, ACCRM, RACP, RACS * By Location: Better for workforce planning * Is position vacant if so for how long? Location vs College - * Colleges don't always know who is training where * Debate: College has info on training numbers, Hubs will be easier by location Student Info – * Clarify undergraduate/post graduate * Short term rotations * Long term rotations (students more invested need to capture that info) * PGY1 - NSW has 2 year contracts - PGY1, PGY2, PGY3 (PGY3 to stream for pathway) - Would like to capture returns from longer-term rotations	

NOTE: FOR INFO – New Australian Regional Specialist Association – Barry Gray (Anaesthetist)

F R A M E

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

INAUGURAL NATIONAL REGIONAL TRAINING HUBS WORKSHOP
ST BEN'S HALL UNIVERSITY OF NOTRE DAME AUSTRALIA
SYDNEY CAMPUS 140 BROADWAY SYDNEY

0830   *Registration*

0850   **Welcome to Country**   Uncle Allen Madden   *10 minutes*
          Other welcomes

0900   **2018 Budget:** *Stronger Rural Health Strategy*   Ms Fay Holden Assist   *25 minutes*
          Secretary DoH

0925   **Hub Presentations - Hub Cap**   *65 minutes*

Presentation Order	University	Regional Training Hub	Presenter(s)	

1	Western Australia (UWA)	WA Regional Training Hubs
		  Midwest/Goldfields
		  Kimberley/Pilbara
		  Great Southern & Wheatbelt
			Rebekah Ledingham
			Carol Chandler
				15 minutes

2	Queensland (UQ)	Southern QLD Wide Bay Central QLD	Tom Doolan Steven Flecknoe-Brown Ewen McPhee	15 minutes
3	New South Wales (UNSW)	Murrumbidgee Border Mid North Coast	John Currie Meredith James Sue Carroll	15 minutes

4	James Cook (JCU)	North QLD Regional Training Hubs Network
		  North Queensland
		  Western Queensland
		  Far Northern Queensland
			Robyn Dupuis
			Penny Phillips
			Andrea Muller
				15 minutes

5 & 6	Flinders	NT Regional Training Hub Limestone Coast (SA)	Olivia O'Donoghue Lucy Walters	10 minutes

1030   *Morning Tea:*

1050   *Hub Presentations cont.*   *55 minutes*

7	Wollongong (UoW)	Northern NSW (Clarence)	Jean Collie	5 minutes
8-10	Sydney (USyd)	Northern NSW (Lismore)	Rebekah Carter	
		Far Western NSW	Jenny Rodwell	15 minutes
		Western NSW	Linda Cutler	
11	Notre Dame Australia	Riverina Rural Training Hub	Joe McGirr	5 minutes
12	Australian National University (ANU)	South East NSW	Malcolm Moore	5 minutes
13	Deakin	Western Victoria	Barry Morphett	5 minutes
14	Tasmania	NW Tasmania	Deborah Wilson	5 minutes
15	Melbourne	Goulburn Valley	Mimi Zilliacus	5 minutes
	Adelaide	Eyre Peninsula & Spencer Gulf	Apology	5 minutes
16	Newcastle (UoN)	NW NSW	Jennifer May	5 minutes
17	Monash	Gippsland & North West Victoria	Larissa Attard Mani Thomas	10 minutes

F R A M E

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

1145	**National Rural Health Commissioner Update** A/Prof Paul Worley	*25 minutes*
1210	**Evaluation Framework** Prof John Wakerman	*25 minutes*
1235	*Lunch*	
1305	**Introducing World Café**	*5 minutes*

Posts & Pathways	Workforce Planning	Inter Hub Collaboration	Evaluation

Table Leader				Table Topic	Table Number
Sue	Carroll	Mid North Coast	University of NSW	Evaluation	1
Jennifer	May	North West NSW	University of Newcastle	Evaluation	2
Marcelle	Crawford	Northern QLD	James Cook University	Evaluation	3
Malcolm	Moore	South East NSW	Australian National University	Inter Hub Collaboration	4
Barry	Morphett	Western Victoria	Deakin University	Inter Hub Collaboration	5
Deb	Wilson	Tasmania	University of Tasmania	Inter Hub Collaboration	6
Linda	Cutler	Western NSW	University of Sydney	Posts & Pathways	7
David	Mills	Eyre Peninsula	University of Adelaide	Posts & Pathways	8
Larissa	Burnett	Central QLD	University of Queensland	Posts & Pathways	9
Bek	Ledingham	WA Regional Training Hubs	University of Western Australia	Workforce Planning	10
Jean	Collie	Clarence Valley	University of Wollongong	Workforce Planning	11
David	Garne	Wollongong	University of Wollongong	Workforce Planning	12

1310-1325	Stage One:	What are the current challenges?	*15 minutes**
1330-1345	Stage Two:	What are the possible solutions?	*15 minutes**
1350-1405	Stage Three:	How can the solutions be implemented?	*15 minutes**

* Includes **minimal** time to change tables

1410	**Consolidation of World Café feedback**	*25 minutes*
1445	**What next?**	
1500	**Close**	

NATIONAL REGIONAL TRAINING HUBS
*Sharing & collaborating for rural study, training & careers
for better regional & rural medical workforce outcomes*

F R A M E

FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

Name		Regional Training Hub	University	World Café Rotations
Ashleigh	Adair	Mackay	James Cook University	1, 5, 9
Larissa	Attard	Gippsland	Monash University	4,8,12
Monica	Barolits-McCabe	Northern Territory	Flinders University NT	1, 5, 9
Leanne	Betts	Shoalhaven	University of Wollongong	1, 5, 9
Christine	Brill	South East NSW	Australian National University	1, 5, 9
Rebekah	Carter	Lismore MRTH	University of Sydney	1, 5, 9
Joanne	Chad	Clarence Valley	University of Wollongong	5, 9,1
Carol	Chandler	WA Regional Training Hubs	University of Western Australia	10,2, 6
Ralph	Chapman	MidWest Goldfields	University of Western Australia	2,6,10
Trish	Collie	Mid North Coast: Coffs Harbou	University of NSW	6,10,2
Debbie	Croyden	Southern QLD	University of Queensland	6,10,2
John	Currie	Murrumbidgee	University of NSW	6,10,2
Thomas	Doolan	Southern QLD	University of Queensland	7,11,3
Robyn	Dupuis	Cairns / Cape and Torres	James Cook University	7,11,3
Cara	English	Western Victoria	Deakin University	7,11,3
Stephen	Flecknoe-Brown	Wide Bay	University of Queensland	7,11,3
June	Foulds	WA Regional Training Hubs	University of Western Australia	11,3,7
Julianne	Fox	Limestone Coast	Flinders University SA	4,8,12
Eliza	Gill	Northern Territory	Flinders University NT	8,12,4
Jennene	Greenhill	Limestone Coast	Flinders University SA	8,12,4
Sally	Hall	South East NSW	Australian National University	8,12,4
Rhianna	Hardie	Wide Bay	University of Queensland	5, 9,1
Tracey	Isidori	MidWest Goldfields	University of Western Australia	5, 9,1
Meredith	James	Border (Albury/Wodonga)	University of NSW	5, 9,1
Melanie	Jarrett	North West NSW	University of Newcastle	9,1,5
Sarah	Jordan	Tasmania	University of Tasmania	9,1,5
David	Lyle	Far Western NSW	University of Sydney	10,2, 6
Peter	Maguire	Midwest Goldfields	University of Western Australia	10,2, 6
Ewen	McPhee	Central QLD	University of Queensland	3,7,11
Karen	Montey	Northern Territory	Flinders University NT	11,3,7
Andrea	Muller	Townsville	James Cook University	11,3,7
Christine	Mylchreest	Mount Isa	James Cook University	11,3,7
Telena	Nixon	North West NSW	University of Newcastle	4,8,12
Olivia	O'Donoghue	Northern Territory	Flinders University NT	8,12,4
Justine	Olsen	Townsville	James Cook University	12,4,8
Penny	Phillips	Cairns	James Cook University	12,4,8
Jan	Pittard	Murrumbidgee	University of NSW	12,4,8
Denese	Playford	Southern WA	University of Western Australia	12,4,8
Elspeth	Radford	Limestone Coast	Flinders University SA	9,1,5
Tracy	Rampant	Mid North Coast: Coffs Harbou	University of NSW	9,1,5
Jenny	Rodwell	Far Western NSW	University of Sydney	2,6,10
Sarah	Strasser	Southern QLD	University of Queensland	2,6,10
Ellen	Tailby	South East NSW	Australian National University	2,6,10
Mani	Thomas	North West Victoria	Monash University	9,1,5
Fran	Trench	Riverina	University of Notre Dame	4,8,12
Rosie	Wagner	Southern QLD	University of Queensland	3,7,11
Lucie	Walters	Limestone Coast	Flinders University SA	3,7,11
Sarah	Woodhouse	Kimberley/Pilbara	University of Western Australia	3,7,11
Mimi	Zilliacus	Goulburn Valley	University of Melbourne	6,10,2