2025

NATIONAL REGIONAL TRAINING HUB

TOOLBOX

INITIATIVES
PROGRAMS
ACTIVITIES

FORUM PROCEEDINGS SEPT 2025

this page has been intentionally left blank

This toolbox is a collation of abstracts submitted by National Regional Training Hubs (RTHs) from across Australia for the National Regional Training Hub Forum held in Sydney in September 2025. The Planning committee acknowledges these abstracts do not represent all activities undertaken by RTHs in order to address the Rural Multidisciplinary Training Funding Parameters that apply to RTHs. The Funding Parameters are included in this document for reference.

The intent of the toolbox is to provide information, which may inform future activities undertaken by RTHs. The Planning Committee also recognises the action of Hubstars in coordinating and providing the pre-forum Workshop: Effective Ongoing Stakeholder Management Course attended by 20 project officers from across Australia

The 2025 National RTH Forum Planning Committee:

Linda M Cutler, Director, Western NSW Regional Training Hub (Chairperson), USyd
Penny Stewart, Medical Director, Northern Territory Regional Hub, Flinders NT;
Fran Trench, Executive Officer, Riverina Regional Training Hub, UNDA;
Brendon Condon, Director, Western Victoria Regional Training Hub, Deakin;
Joanne Chad, Program Coordinator, Clarence Valley Regional Training Hub, U0W
Lyndal Bond, Project Manager, Tasmanian Regional Training Hub, UTAS
Steve Flecknoe-Brown, Clinical Director Port Macquarie RTH UNSW
Erin Vineberg, Admin Rural Support Placement Program UNSW

A special thanks to UNSW for hosting the 2025 National RTH Forum at their Kensington Campus

this page has been intentionally left blank

TABLE OF
CONTENTS

this page has been intentionally left blank

Resource Links

Click on the headings to access relevant resource documents

- 2023 Forum at University of Notre Dame, Sydney
- Funding Parameters
- Table of Abstracts
- 2025 Forum Abstracts
- Appendix One – National RTH Reporting Framework Workshop Summary
- Appendix Two – Table of Contents 2023 Forum at University of Notre Dame, Sydney

this page has been intentionally left blank

FUNDING
PARAMETERS

this page has been intentionally left blank

Funding Parameters

Regional Training Hubs were developed under the RMHT Funding model to improve the recruitment and retention of medical, nursing, dental and allied health professionals in rural and remote Australia. This will ultimately improve the health and wellbeing of Australians living in rural and remote areas. To achieve this goal, Regional Training hubs are required to report against the following funding parameters:

6a. For each training hub identified in the University's funding agreement, 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 education and health service stakeholders 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, 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 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.

For further details, please visit: https://www.health.gov.au/our-work/rhmt

this page has been intentionally left blank

TABLE OF
ABSTRACTS

this page has been intentionally left blank

2025 Forum at University of New South Wales, Sydney..... 17

Building Indigenous Cultural Understanding 19

Development of Cross-Cultural Communication Education officer 21

Health cultural immersion camps 23

Collaborations 25

Destination Medicine: Building a Rural Medical Workforce Through Storytelling 27

HubStars: Community building across the RTH networks for national success 28

Regional Medical Training: Connecting Future Specialists to Regional Pathways. A collaboration between the South Regional Training Hubs Alliance and the New South Wales Network of Regional Training Hubs.....29

Evidencing RTH Incentives 31

Towards a Homegrown Workforce: Proposing the FARMERS Model for Developing Rural-Centric Positions and Pathways in Regional Australia.....33

Valuing the user experience: Implementing medical student and junior doctor feedback on Regional Training Hub initiatives.....34

Expanding Medical Education and Training 35

Bidirectional learning informing the Advanced special skill of rural generalists and General practitioners.....37

Building Capacity, Retaining Talent: The Role of WBA in Regional IMG Success.....38

Delivering regional Medical Training Pathways in Western Victoria 39

Embedding Aged Care in Medical Education: Key Learnings from a Grafton Hub GP Placement Pilot 40

Empowering Future Healthcare Leaders: UOW Medical Student Ambassadors demystify higher education and inspire. 41

Exposure to Immersion: How Rural Training Influences Commitment to Rural Practice 42

Growing our AAA! Assistance with Accreditation for Accessibility of training in North Queensland.....43

Supporting our IMG's - Building Bridges with Words 44

Working across jurisdictions – increasing Rural Medical Training places in SNSWLHD footprint-Influence for change 45

Medical Workforce Development Initiatives 47

Improving GP Capability in Managing Depression and Suicidality: A Hybrid CPD Initiative by WA Regional Training Hub – RCSWA.....49

Prevocational doctors' needs assessment project: Can we proactively reduce the workload?...50

Simulating Success: In-Clinic Education for Rural General Practice Teams.....52

Tailoring medical education to the unique needs of agriculture-based communities.....53

The BRIDGE Project - Building Rural Insight and Discovery with General Practice Engagement..54

The Fail That Worked, Bridging Gaps in medical student Paediatric education through Rural Primary Care Experiences 55

Appendix One - National RTH Reporting Framework Workshop Summary 57

Appendix Two – Table of Contents 2023 Forum at University of Notre Dame, Sydney ...65

UNSW - SEPT 17-18, 2025

REGIONAL STRENGTH - NATIONAL EXELLENCE

Shaping the Future of our Rural, Regional and Remote Medical Workforce

this page has been intentionally left blank

BUILDING INDIGENOUS CULTURAL UNDERSTANDING

this page has been intentionally left blank

Development of Cross-Cultural Communication Education officer

Penny Stewart - penny.stewart@nt.gov.au

The NT flinders Training Hub in collaboration with the Aboriginal Engagement Unit of Alice Springs Hospital created and co supervised the implementation of the Aboriginal Cross-Cultural Communication Educator.

The project was funded through the Specialist training Project Scheme and was organised by the medical director of the Flinders NT training HUB.

Key Groups:

- Aboriginal Liaison officers to understand resources required to improve their ability to work with junior doctors.
- Junior doctors to improve communication skills.

Primary Objective:

- To improve the wellbeing of patients and staff through an educational attention to miscommunication.
- Miscommunication between doctors and remote Aboriginal patients has been reported to occur in up to 100% of patient care episodes within hospitals by patients. 80% of medical staff state that miscommunication occurs on a regular basis.
- Miscommunication has devastating consequences to the patient, which is outside this abstract presentation.
- From a junior doctor point of view, it interferes with the embedding of clinical acumen through patient story, adds to moral distress of being unsure that you are enacting the optimal patient care and adds to burn out.

Understandings developed through this position:

1. The literal interpretation rules of medical interpretation impede the communication delivery of health messages when the patients have different world views and world experiences. In these situations, adaptive communication strategies are required so that the patient can understand the medical message.
2. The NAATI (National Accreditation Authority for Translators and Interpreters) rules required changing in order for the Aboriginal Liaison officers to be comfortable in obtaining accreditation.
3. The supernatural causation of disease that has been long taught to be dominant in Central Australian Aboriginal cultural groups was in part caused by the lack of understanding as medical illness even when explained in plain simple language was often explained in terms that was not understandable in the patient's world view.
4. Incomplete care or patients taking own leave was often driven by patients not understanding the way the hospital functioned such as why the doctors see a patient in the emergency department and then may leave to see other patients while waiting for results was often interpreted as the doctor has finished with me so I can go now.
5. Visual along with verbal explanations lead to better patient understanding.
6. Gratuitous concurrence understanding where patients say Yes when they do not understand.

Outcomes

Resource development:

1. Work with communication specialist such as iTalk studios to increase communication resources that can both help patient communication and teach what the patient needs to have explained to fully understand.
2. Development of the stories that illustrate adaptive communication methods within the remote Aboriginal world view such as the Kangaroo marrow story to ensure the patient stays still when they have a fractured vertebra.
3. Development of visual tools such as hand gestures, cartoons, X-rays and pictures to help with communication. Such as a finger gesture explaining dilation from an angiogram
4. Education sessions to explain adaptive communication.

Funding parameters – 6e

Return to Table of Abstracts

Health cultural immersion camps

Penny Stewart - penny.stewart@nt.gov.au

Patrick Torres, Ken Lechleitner and Barbara Petrick in conjunction with the Flinders Training Hub designed the health cultural Immersion camps. The camps are designed for junior doctors, consultant supervisors, nurses and allied health to ensure multidisciplinary discussions on health provision issues.

Health cultural immersion camps provide experiential empathy opportunities for clinicians by immersing them in the lives, landscapes, and cultural rules of remote Aboriginal communities.

Understanding the meaning of country and sacred sites to Aboriginal Elders. Understanding medicine and choosing appropriate treatment regimes requires an understanding of the patient's context and voice. Activities such as visiting community spaces, sharing food, and playing games with local children help participants reflect on cultural norms and lived experience.

Learning Objectives

By the end of this camp, participants will be able to:

- Understand why many Aboriginal people prefer to stay on country for care
- Recognise why treatment regimens often need to be adapted to remote settings
- Identify cultural rules and challenges in applying them in clinical environments
- Appreciate how cultural protocols can inform health facility design
- Understand the cost of good health from a remote Aboriginal point of view
- Understand the logistics of following health care advise when on a remote community.

Method

- Using interactive approaches including yarning circles, cultural games, and case-based discussions, visiting community clinic, shop and interacting in community events such as a basketball game and barbeque.
- Participants will engage with real-world scenarios such as cooking a meal from ingredients in the community shop to recognise the dietary and monetary issues of remote Aboriginal people.
- Yarning circles at night focus on the cost implications of coming to town for health reasons and effect of racism within the hospital.

Outcomes

Participants will leave with a deeper appreciation for how patient context, cultural obligations, and lived experience influence health outcomes.

Participants experienced the difficulty of following tight treatment and dietary instructions.

The participants understood the effect of housing on health and the problems of overcrowding and lack of good plumbing had in creating the issues of sepsis. They also discussed amputation and prothesis choices. This allowed medical decisions to be understood in context of the patient.

Discussions of racism both systemic and personal were understood and cultural safety was taught in a dynamic and contextual manner that allowed a richer cultural understanding to be reached.

100% of the participants felt that it greatly improved their cultural safety.

Funding parameters – 6b

this page has been intentionally left blank

COLLABORATIONS

this page has been intentionally left blank

Destination Medicine: Building a Rural Medical Workforce Through Storytelling

Leanne Thompson - Leanne.Thompson4@health.nsw.gov.

The Destination Medicine podcast series was developed to highlight medical career experiences and opportunities in rural, regional, and remote Australia, aiding informed decision-making for those considering a rural medical career. Started in 2019, presented at the 2023 National RTH Forum, the initiative showcased its early success in reach and engagement. The editorial committee sought to expand the podcast, promoting inclusiveness and scalability. Since then, it has grown into a national data-informed initiative with episodes from all Australian states.

The podcast now includes multiple series - Mainstream, Student, Doctors-in-Training, and a range of Cluster Series - each tailored to different stages and aspects of the medical journey. The newly introduced "tag cloud" on the website enhances episode discoverability, improving user experience and accessibility.

Two student-led research projects have informed recent improvements. A thematic analysis was undertaken to identify how and why medical graduates become Rural General Practitioners, revealing four core themes: making a difference, a supported career, enjoying your life, and where you come from matters. This research study resulted in recommendations to review interview formats, including more rural origin stories and advice and social media enhancements. A second study identified gaps in representation and recommended targeted questions to reflect better the experiences of First Nations, culturally diverse, LGBTQIA+, and international medical graduates. These studies' recommendations have led to changes in interview structure, question enhancements, expanded guest diversity, and marketing improvements, including tagging and searchability functions.

The podcast continues to break down barriers to information access, empowering listeners to unearth the gems and challenges of rural career pathways. It has become an inclusive initiative with strong potential for national application in rural workforce development.

Outcomes

Since its presentation at the 2023 National RTH Forum, Destination Medicine has significantly expanded its national reach, with marked increases in downloads, engagement, and cross-state collaboration. Contributions from multiple Regional Training Hubs have enriched content diversity and broadened specialty representation. Guided by two student-led research projects, the podcast has implemented targeted improvements, including enhanced interview formats, inclusive guest selection, and the introduction of a searchable tag cloud to serve rural audiences better. These changes have improved accessibility and relevance, particularly for rural-origin students. By sharing authentic, lived experiences, the podcast fosters connection, representation, and inspiration, which are key elements in building social capital and encouraging rural medical careers. As a result, Destination Medicine has evolved into a dynamic, inclusive platform with strong potential for national application in rural workforce development.

Funding parameters – 6b, 6c, 6d, 6e

Return to Table of Abstracts

HubStars: Community building across the RTH networks for national success

Pip Southwell - phillipa.southwell@sydney.edu.au

A core outcome of the 2023 National Forum was the development of a national working party for professional and project RTH staff, HubStars. This need was identified during the forum presentation as professional staff reflected on their own engagement in the forum, discussion of geographical isolation as many met each other for the first time, as well as a wider recognition of staff turnover associated with the proverbial 'steep learning curve' when starting at an RTH.

Monthly brown-bag lunches commenced in late 2023 and have run consistently since then. The administrative load has been shared between WNSWRTH (Chair), Flinders SA RTH (Secretariat), and RCSWA (Evaluation and Encouragement). Regular attendance sits between 12 – 25 attendees each month, with sessions running for 1½ hours on the second Thursday of the month by Zoom. All are welcome irrespective of role and experience.

A recent evaluation of the group identified the core reasons for attendance, including accessing 'the brains trust', educational opportunities, and professional networking. Social connectedness was identified as the primary benefit to participants. The barriers to attendance were specifically related to full-time equivalence/days of the week worked, and clashes with competing priorities.

Building on the early engagement, 2024 initiatives focused on building stability into the group, improving asynchronous communication, and starting the 'ask the brains-trust' open forums each month. Initiatives launched in 2025 included a new calendar of events based on a group needs assessment, exploring options to increase access to the session, and the dissemination of facilitation across the members. As a result, each of the ten sessions in 2025 have been hosted by a different RTH based on their skills, interests, and the educational requests of the group. We look forward to investing in new leadership in 2026 to keep HubStars thriving.

Outcomes

1. The delivery of monthly education and networking for professional and project staff in the RTH network since
2. A community of practice focused on removing isolation, knowledge sharing, empowerment and leadership development, as well as retention of staff
3. Collaborative initiatives and professional development now emerging such as corporate training opportunities and network leveraging
4. Distributed leadership model implemented in 2025

Funding parameters – 6a

Return to Table of Abstracts

Regional Medical Training: Connecting Future Specialists to Regional Pathways. A collaboration between the South Regional Training Hubs Alliance and the New South Wales Network of Regional Training Hubs.

Emma Hutchings - emma.hutchings17@gmail.com

The Regional Medical Training website is a collaborative initiative between New South Wales Network of Regional Training Hubs and the Southern Regional Hub Alliance, designed to guide medical students and junior doctors toward specialist training opportunities in regional areas.

Currently, the RMT website sees on average of 1326 visits per month and significant increase from the monthly average in 2022 of 887. The most popular pages within the site include Basic Physician Training, Pathology and Rural Generalism. This data has informed how the site has evolved over time. Since its launch, the site has expanded to feature 32 specialties and comprehensive information about accredited training positions across training positions across four states and covers 17 training hubs. User testing and research has informed the restructure of the website to improve how users can move between pages specific to the specialities, training locations, and RTHs. Interactive maps have been incorporated, and the downloadable speciality guides have been redesigned to streamline quality assurance prosses as the site grow as well as highlight information specific to Indigenous and Rural Origin prospective trainees.

The Regional Medical Training website serves as an essential resource in advancing the implementation and visibility of specialist training pathways across the Southeastern Australian footprint. Engagement with specialist medical colleges has presented certain operational challenges; however, it has simultaneously facilitated the development of stronger institutional relationships. Presenting our visitor statistics and journey to ensuring our data is accurate and accessible, and outlining the potential expansion opportunities for the website.

Outcomes

1. Increased awareness and access to the Regional and Rural Specialty pathways within the PGY1-4 and medical student communities
2. Collaboration between 17 regional hubs
3. Greater engagements with the Specialty colleges
4. Continued improvement and refinement of the website to provide streamlined, quality information

Funding parameters – 6b, 6c, 6d, 6e, 6f

Return to Table of Abstracts

this page has been intentionally left blank

EVIDENCING RTH

INCENTIVES

this page has been intentionally left blank

Towards a Homegrown Workforce: Proposing the FARMERS Model for Developing Rural-Centric Positions and Pathways in Regional Australia

Phillipa Southwell - phillipa.southwell@sydney.edu.au

A core objective of the Round 3 FATES-funded project, led by the Australasian College of Dermatologists in Western NSW, was to develop a practical toolkit to guide the establishment of rural-centric vocational medical pathways. This initiative is funded by the Australian Government Department of Health Disability and Ageing. The toolkit proposal led to a research study exploring the processes used by Regional Training Hubs (RTHs) and their stakeholders across Australia to support the development of accredited vocational training positions and pathways in their regions.

RTH staff were recruited via the National RTH Directory and through snowball sampling, resulting in 15 semi-structured interviews conducted between December 2024 and May 2025. Interview transcripts were analysed using iterative thematic and secondary framework analysis to inform the development of the toolkit and uncover critical enablers and barriers to success.

The proposed FARMERS (Funding, Accreditation, Recruitment, Multi-site collaboration, Education, Relocation, Supervision) model of accreditation offers a strategic approach to workflow design and stakeholder engagement that can support the expansion of rural training pathways nationwide. Identified barriers and enablers include the role of professional networks, levels of stakeholder authority, and the structural complexity of the rural health workforce ecosystem. The FARMERS model is adapted from the FARMS model developed by RCSWA, whose contributions to this work are gratefully acknowledged. This model will undergo a second round of review in late 2025, with feedback from the RTH network invited to guide its refinement.

Outcomes

- Proposal of the FARMERS model as a strategic accreditation framework supporting rural-centric training development.
- Identification of key barriers and enablers affecting the implementation and sustainability of rural training positions and pathways.

Funding parameters – 6c, 6e

Return to Table of Abstracts

Valuing the user experience: Implementing medical student and junior doctor feedback on Regional Training Hub initiatives

Amy Poynton - amy.poynton@monash.edu

When leading an initiative, we can often be ‘too close’ to the project and fail to see blind spots, gaps and inefficiencies. Incorporating user experience (UX) and student research involves putting the target end user (e.g. medical student or junior doctor) in front of the product, system or service, and exploring their perspectives on relevance, usability and whether it meets their needs. This feedback is then implemented or incorporated, with the process being cyclical so that the modified product goes back through UX.

UX was incorporated into three major Regional Training Hub (RTH) collaborations in 2023/24:

- a guided UX review of the Regional Medical Training (RMT) website
- a desktop audit of Australian Medical College websites
- a systematic review of the 'Destination Medicine' (DM) podcast catalogue

Each form of testing was different, but the effects have been seen across the platform and stakeholder groups.

Each review has been presented back to the relevant steering committee and actively actioned to improve the deliverable product. Because of the strong networks between the collaborations, learning from one site generally extend into others. This presentation will focus on how the UX testing was implemented and the way knowledge is shared across the wider RTH networks. Outcomes of each project are shared in separate abstracts.

Outcomes

The review of the RMT website used a guided UX method to explore usability and navigation of the website and has led to a major overhaul of the website functionality. The review of College websites used a modified desktop audit protocol that has been provided to the Council of Presidents of Medical Colleges and information collated into the RMT website downloadable information packets. The systematic review of the DM catalogue has led to the formation of navigation tag clouds and changes to DM processes and question banks to create a resource that is more inclusive of diverse stories in rural medicine. Furthermore, UX is being explored as an improvement tool for other RTH initiatives, such as the ‘Doctor What? Doctor Where?’ podcast and the Dr JuMP medical mentoring program

Funding parameters – 6d, 6f

Return to Table of Abstracts

EXPANDING MEDICAL EDUCATION AND **TRAINING**

this page has been intentionally left blank

Bidirectional learning informing the Advanced special skill of rural generalists and General practitioners.

Penny Stewart - penny.stewart@nt.gov.au

Proposed ACRRM/ General Practice advanced special skill Trainee Rotation – Frailty and Chronic Palliative Care (6 Months), renal medicine and frailty (6 months) and oncology and frailty (6 months). Designed to allow a great number of registrars access 12 months of palliative care with access to 6 months palliative care for the diploma and a further 6 months is dedicated towards understanding the chronic palliative care in a remote Aboriginal context.

Location: Alice Springs Hospital and affiliated community outreach services

This six-month rotation is designed to equip an ACRRM trainee with advanced skills in the management of complex patients at the interface of complex chronic disease medicine, frailty, and end-of-life care in a high-needs, remote population. The rotation emphasises the importance of working with Aboriginal Health navigators/ workers/ practitioners in understanding the disease in the context of the social situation and the wishes of patients. It is designed to be part of an AST in Palliative Medicine or Internal Medicine.

The design of ACRRM/GP/Physician trainee with the Aboriginal worker is to ensure that communication, social understanding and adaptive communication techniques are understood and embedded within assessment and treatment plans.

The trainee will work closely with emergency physicians, general physicians, discharge planning and ward nurses, palliative care, Aboriginal health workers, and hospital avoidance teams to address the needs of vulnerable patients who frequently fall through the cracks of conventional care pathways.

Supervision and training will incorporate cross cultural language education and multidisciplinary team supervision models to enhance cultural safety and collaborative team work.

Outcomes

Relevance to Rural Generalist:

This rotation aligns closely with the scope of rural generalist practice, particularly in managing chronic and terminal illnesses in settings where subspecialty care may be limited or delayed. It will empower the trainee to lead care for patients who are at high risk of crisis-driven, fragmented healthcare use and support systems to shift toward anticipatory, relationship-based care.

The rotation also supports health service goals around reducing avoidable hospitalisations, promoting home-based care, and improving culturally appropriate palliative care pathways for First Nations communities.

Communication skills, trauma informed care and understanding social context in patient choices will inform the outcome.

Funding parameters – 6c

Return to Table of Abstracts

Building Capacity, Retaining Talent: The Role of WBA in Regional IMG Success

Dr Yashvi Wimalasena - nnswlhd-lis-rth@health.nsw.gov.au

International Medical Graduates (IMGs) are essential to addressing Australia's medical workforce shortages. Lismore Base Hospital has responded with structured support programs, notably the IMG Orientation Program and the Richmond Network Workplace-Based Assessment (WBA) Program.

Initiated in 2018, the IMG Orientation Program at Lismore Base Hospital provided a structured onboarding process, including a candidate logbook, supervisor meetings, and tailored support to improve IMG integration and skill development. Despite the IMG program's success, the historically low pass rates to achieve General Registration via the AMC Clinical Exam led many IMGs to leave the region in search of alternative pathways, revealing a critical gap in local training options.

In 2023, the Richmond Network WBA Program was designed to address critical gaps in local regional medical workforce capacity by providing IMGs with a structured, competency-based clinical training pathway. Over 12 months, IMGs are offered a supervised clinical pathway, undertaking structured assessments in core specialties such as medicine, surgery, emergency, mental health, paediatrics, and women's health. The program is aligned with Australian Medical Council (AMC) standards and emphasises real-world clinical performance through both formative and summative assessments. This comprehensive framework supports IMGs in developing clinical skills, communication, professionalism, and teamwork, while ensuring progression toward independent practice in the Australian healthcare system.

With two cohorts graduated, the program has demonstrated strong outcomes in workforce retention and reduced locum reliance. The inclusion of candidates from the NSW Ministry of Health's IMG Clinical Readiness Program (ICRP) has further strengthened its impact.

The Northern NSW Regional Training Hub plays a pivotal role in coordinating accreditation, assessor training, onboarding, and quality assurance. This initiative exemplifies how hubs can lead sustainable, scalable medical training solutions. The Richmond WBA model offers a replicable framework for national adoption, addressing workforce gaps while supporting IMGs in achieving registration locally.

Outcomes

The Richmond WBA program has significantly improved workforce stability at Lismore Base Hospital by reducing medical vacancies and reliance on locum staff, contributing to continuity of care and improved patient outcomes. IMG participants report enhanced clinical competence, confidence, and smoother integration into teams, supported by structured onboarding and simulation-based training, shadowing, and formative assessments, which have enhanced readiness and performance.

Since launch, eight candidates have completed the program, with seven currently enrolled. Of the graduates, 75% remain in the local workforce, three are entering GP training, and one has been accepted into ACEM's SIMG pathway.

Feedback from assessors and administrators has been overwhelmingly positive, with strong support for expansion. Now a self-funded initiative, the program is being replicated across the Local Health District and supported by a dedicated administrative team. The Richmond WBA model demonstrates the potential for Regional Training Hubs to lead innovative, scalable solutions to medical workforce challenges.

Funding parameter – 6b, 6c, 6e

Delivering regional Medical Training Pathways in Western Victoria

Brendan Condon - brendan.condon@deakin.edu.au

A major focus of activity for the Western Victoria Regional Training Hub has been the development of medical training pathways, particularly focusing on creating region based, College delivered specialist training programs. Specialist training programs based in western Victoria include General Practice, GP Rural Generalist, Psychiatry, General Surgery and General Medicine.

The latest complete training program added to this list is Obstetrics and Gynaecology. The creation of the Obstetrics and Gynaecology program began with identifying ground level clinicians, at key sites across the region, with the interest in teaching trainees and the desire to develop a local training program. This was achieved through personal networks, highlighting the importance of regional level Hubs, staffed by individuals with local knowledge and contacts.

An essential role of the Hub was in co-ordinating and driving this local interest. Clinicians are busy delivering care to patients and training existing trainees. Finding the time and energy to organise a new training program, compiling and submitting the necessary application to the relevant College is a major barrier. To overcome this barrier, a Hub staff member took on the role of Project Officer, contacting the clinicians, organising meetings, sourcing and compiling documentation, reminding clinicians of outstanding tasks, compiling the College application and ensuring deadlines were met.

Another aspect with which the Hub did assist was providing guidance, advice and contacts to aid in seeking government support and funding, which greatly assisted with the creation of regional training posts. Once the application was accepted and the program established, the Hub continued to provide administrative support, until its own administrative officer could be appointed.

Outcomes

This project has resulted in the commencement of a western Victoria based Obstetrics and Gynaecology specialist training program. This will involve training placements at University Hospital, Geelong, Grampians Health, Ballarat and South West Healthcare, Warrnambool, with a six-month placement in metropolitan Melbourne for subspecialty training not available in the region.

Significant government funding has been allocated to create the training posts and provide the administration support required. A team of clinicians from each of the health services have come together to create the application and form the regional training governance team.

The first registrars have commenced their training, and the full program will be rolled out as they progress through their training years.

Funding parameters – 6c, 6e

Return to Table of Abstracts

Embedding Aged Care in Medical Education: Key Learnings from a Grafton Hub GP Placement Pilot

Joanne Chad - jchad@uow.edu.au

To address Australia's growing aged care needs and enrich medical education in complex care, the UOW Grafton team piloted a complimentary longitudinal Phase 3 general practice (GP) medical student placement within a local residential aged care facility, UPA Rathgar Lodge. This initiative aimed to provide students with longitudinal exposure to geriatric care while maintaining safety, supervision, and curriculum integrity.

The pilot highlighted critical success factors across six domains: policy, GP practice, curriculum, supervision, student experience, and ongoing feedback. Key considerations included ensuring physical and psychological student safety, clear communication protocols among all stakeholders, and compliance with legal and ethical standards. GP engagement was strengthened through flexible supervision models, telehealth support, and formal recognition of teaching contributions.

Curriculum integration was approached through defined learning objectives centred on patient-centred care, interprofessional collaboration, and continuity of care. A phased model supported gradual responsibility, aligned with competency-based assessment. Regular debriefing sessions and reflective portfolios facilitated ongoing development and feedback.

Supervision protocols were adapted to include long-arm models with clear escalation pathways. Comprehensive inductions prepared students for the residential care environment, supported by clear scope-of-practice guidelines. Mixed-method evaluation tools, including stakeholder feedback and case studies, enabled continuous quality improvement.

Outcomes

The six-month review affirmed the placement's strengths—clear goals, cross-sector collaboration, and enriched learning opportunities. It recommended the development of a "Placement Toolkit" to guide standardised rollout across rural sites and proposed further curriculum formalisation in partnership with academic leads.

Next steps include forming a developing a detailed implementation plan, and expanding the model to include additional RACF, Dougherty Villa Grafton. This work sets a framework for integrating aged care into rural medical education, aligning student learning with the needs of ageing populations and rural health services.

Funding parameters – 6b

Return to Table of Abstracts

Empowering Future Healthcare Leaders: UOW Medical Student Ambassadors demystify higher education and inspire.

Joanne Chad - jchad@uow.edu.au

The My Future Clarence Valley Program, a collaborative initiative between the University of Wollongong (UOW) and the Country University Centre (CUCCV) Clarence Valley, has proven to be a transformative model for developing aspirational tertiary education goals for rural year 6 primary students.

Launched to bridge the gap between academic institutions and regional communities, the program empowers UOW medical student ambassadors to engage with rural small school's year 6 students, educators, parents and healthcare stakeholders across the Clarence Valley.

The program aims to inspire rural students to pursue health-related careers by increasing exposure to medical education pathways, mentorship opportunities, and real-world healthcare experiences. Through interactive school visits and support sessions hosted at the CUC Clarence Valley. The UOW medical student ambassadors serve as relatable role models who demystify the journey into medicine and higher education. Their presence has not only boosted awareness but also enhanced aspiration and confidence among local students, particularly those from underrepresented backgrounds.

Outcomes

The program's success is evidenced by the strong community engagement, increased participation in health-related outreach events, and growing interest among local students in pursuing university education. Feedback from participants highlights the importance of having consistent, face-to-face connections with medical students who understand the challenges and opportunities of rural life.

Importantly, this partnership strengthens the pipeline of rural-trained medical professionals who are more likely to return to and remain in regional areas, addressing long-term workforce needs. The collaboration between UOW and CUC Clarence Valley exemplifies how place-based, student-led initiatives can drive educational equity, local capacity-building, and sustainable rural health outcomes. As a model, the Widening Partnership Program offers a blueprint for other regional collaborations seeking to empower communities through education, mentorship, and health career development

Funding parameters – 6d, 6e

Return to Table of Abstracts

Exposure to Immersion: How Rural Training Influences Commitment to Rural Practice

Jennifer Gordon - jennifer.gordon1@anu.edu.au

Rural medical training exposure is one of the most influential factors in increasing the likelihood that a doctor will choose to practice in a rural area.

South East Regional Hospital (SERH) is located in Bega NSW and has a 24-hour emergency department. Services include day surgery, medical and surgical inpatient beds, maternity, paediatrics, a critical care unit, operating theatres, renal dialysis, oncology, Hospital-in-the-Home, and a mental health unit.

The SERH Senior Resident Medical Officer (SRMO) Program was developed in concert with the South East NSW Regional Training Hub (SE NSW RTH), SERH and HETI to establish new medical positions in a rural setting with the primary aim of increasing the likelihood that a doctor will choose to practice in a rural area.

HETI supported SERH to create a General Ruralist term (PGY3) for a 12-month period. Funding was secured through the John Flynn Provocation Doctors Program for 12 positions.

Outcomes

A support/supervisor network was established to support these positions.

Recruitment commenced in 2025, 10 SRMO positions have been successfully recruited to.

In addition to the SRMO program, the improved supervisory capacity within SERH will open up access to ACRRM and/or RACGP Rural Generalist Programs.

Funding parameters – 6b, 6c, 6e

Return to Table of Abstracts

Growing our AAA! Assistance with Accreditation for Accessibility of training in North Queensland.

Aaron Hollins - aaron.hollins@jcu.edu.au

JCU's NQRTH covers 3 major hospitals in MMM2 locations, as well as smaller rural and remote sites. The major hospitals are Townsville, Cairns and Mackay. Townsville Hospital and health service (THHS) has approximately 50 specialty and sub-specialty departments requiring accreditation ranging from rural generalist training (including AST/ARST) to oral and maxillofacial surgery. NQRTH collaborated with the executive leadership of THHS to provide an overview of college accreditation, timelines required for accreditation and a checklist to enable clinical leaders to monitor and improve their registrar training. The NQRTH was also able to identify where there was additional capacity for training positions.

Prior to the RTH involvement, THHS did not have oversight of which departments were accredited for training, conditions placed upon relevant departments, and when accreditation was due. Each department was individually organising this in an ad-hoc manner when due with no cooperation across other departments. THHS and the RTH recognised the need for a collaborative approach to attract and retain trainees to north Queensland to assist with workforce planning. It was also relevant to the other HHSs in the region, with THHS providing subspeciality services throughout north Queensland providing outreach services to the other larger centres as well as smaller communities.

The NQRTH meets monthly with the senior clinical leaders to review the database, provide feedback and assist with information gathering for accreditation or re-accreditation.

Outcomes

1. Supported Orthopaedic Surgery Department's Accreditation visit, enabling application for additional registrar training positions and supporting Director to investigate implementation of a CQ-Q regional training pathway.
2. Resolved an accreditation condition for Radiology by securing protected teaching space for registrars via JCU Clinical School facilities.
3. Achieved STP accreditation in three departments, increasing overall training capacity.
4. Improved accreditation oversight and compliance across departments.
5. Increased training numbers through improved planning and processes.
6. Reduced administrative burden.
7. Fostered cross-departmental collaboration to streamline responses to college requirements.
8. Enhanced trainee experience and engagement.
9. Centralised access to all THHS training and education sessions via NQRTH website, improving compliance with college education visibility requirements.
10. Review of THHS accreditation reports revealed recurring College conditions, including supervisor capability, gaps in formal teaching program, insufficient protected teaching time, and limited procedural exposure. This informed targeted quality improvement initiatives and proactive risk mitigation for ongoing accreditation.

Funding parameters – 6c

Return to Table of Abstracts

Supporting our IMG's- Building Bridges with Words

Toni Hawkins - toni.hawkins@rcswa.edu.au

In regional Western Australia, Non-English-Speaking Background (NESB) International Medical Graduates (IMGs) are a vital component of the clinical workforce. However, challenges in workplace communication—ranging from pronunciation and medical terminology to cultural nuances and colloquialisms—can impact clinical and cultural safety, confidence, and integration. When IMGs feel professionally valued and socially connected, they are more likely to stay in the community beyond their visa obligations, contributing to a stable, sustainable medical workforce. Ensuring IMGs are well supported to integrate into both the medical and social environments of Kalgoorlie is essential for long-term workforce retention in the region.

Inspired by the University of Tasmania's (UTAS) Regional Training Hubs pilot project 'English Language Support for Non-English-Speaking Background Clinicians' featured in the FRAME National Regional Training Hub Toolkit, the Rural Clinical School of WA – Regional Training Hubs (RCSWA RTH) collaborated with UTAS and the WA Country Health Service (WACHS) to pilot a targeted communication skills program in Kalgoorlie for NESB IMGs. The medical workforce in Kalgoorlie from RMO to HoD level including Consultants is 80% NESB IMGs with the RMO workforce primarily Work Based Assessment.

The curriculum included active listening, professional speaking and writing skills, enhancing culturally aware patient consultation techniques, ISOBAR handovers, expanding knowledge of Australian colloquialisms and refining English grammar. The program also provided support for AMC Part 2 preparation, with learning goals customised to participant needs. The 14-hour course combined an immersive weekend workshop with online learning.

Developed in response to supervisor feedback and IMG self-identified challenges, this initiative aimed to build language confidence and professional rapport with the goal of ultimately strengthening medical workforce sustainability in the Goldfields region. Participants engaged in interactive, peer-led learning with a strong emphasis on authenticity, reflection, and community integration. Participants received personalised feedback, engaged in structured peer interaction, and developed transferable strategies for written and verbal communication.

Outcomes

Fifteen IMG doctors participated in the Kalgoorlie pilot, with twelve completing the full course. Participants reported improved confidence in patient handovers, clarity in written documentation, and stronger engagement with colleagues and patients. Supervisors observed measurable improvements in workplace interactions. The success of this pilot highlights the potential for a scalable, context-specific communication training program for IMGs located throughout rural WA in partnership with UTAS, WACHS and RCSWA RTH. It also demonstrated the value of national collaboration, with UTAS involvement a key enabler of cross-jurisdictional innovation in rural medical education.

Following this successful pilot program WACHS, UTAS and RCSWA RTH are collaborating on delivery of a second course in early September 2025 and the development of a similar course for supervisors from Registrar to Consultant level.

Funding parameters – 6e

Return to Table of Abstracts

Working across jurisdictions – increasing Rural Medical Training places in SNSWLHD footprint- Influence for change

Jennifer Gordon - jennifer.gordon1@anu.edu.au

SENSW Regional Training Hub has a footprint across the SNSWLHD area and includes Cowra (Western LHD) and Young (Murrumbidgee LHD). SNSWLHD is part of the ACT Network for Junior Medical Officer training with Canberra Regional Medical Education Council (CRMEC) the accreditation organisation for JMO training. CRMEC is accredited by HETI, the SNSWLHD portion of the region has JMO rotations from ACT for JMO training purposes. This creates complexities in medical training programs, with the tertiary hospital for the region located in another jurisdiction.

SENSW RTH has influenced an increase in medical training positions across the footprint in the past 6 year2. Strengthening relationships with multiple stakeholders and highlighting the complexity of training programs across two jurisdictions which have leadership and opportunity for JMO training places from only one jurisdiction.

The capacity and enthusiasm of the DPET at South East Regional Hospital (SERH) located in Bega NSW has been one of the greatest influences in increasing opportunities for medical training positions at that location.

In addition to JMO opportunities, a more recent SERH Senior Resident Medical Officer (SRMO) Program was developed with influence from South East NSW Regional Training Hub (SE NSW RTH), collaboration with SERH and HETI to establish new medical positions in a rural setting. The primary aim of stabilising the local workforce with appointed positions that are not locums in a rural MMM5 location, it is hoped that these opportunities increase the likelihood that a doctor will choose to practice in a rural area.

HETI supported SERH to create a General Ruralist term (PGY3) for a 12-month period. Funding was secured through the John Flynn Provocation Doctors Program for 6 positions

Outcomes

The significant increase of number of positions in SNSW LHD hospitals and health services, along with a minimal increase in Rural General Practice training positions has seen a steady increase in the number of doctors staying the MMM3-5 locations across the district.

In relation to the SRMO positions a support/supervisor network was established, additional SRMO positions were funded through the LHD with funding which was previously used for locum positions. Recruitment commenced in 2025, 10 SRMO positions have been successfully recruited to.

In addition to the SRMO program, the improved supervisory capacity for PGY1 and 2 positions and medical students to learn within the LHD. The increased number of training positions across the SNSWLHD also increases opportunity to have additional ACRRM and/or RACGP Rural Generalist Programs.

Funding parameters – 6c, 6d, 6e, 6f

Return to Table of Abstracts

this page has been intentionally left blank

MEDICAL WORKFORCE DEVELOPMENT **INITIATIVES**

this page has been intentionally left blank

Improving GP Capability in Managing Depression and Suicidality: A Hybrid CPD Initiative by WA Regional Training Hub – RCSWA

Juliet Bateman - juliet.bateman@rcswa.edu.au

In response to the increasing prevalence of patients presenting to general practice with depression and suicidality in Western Australian communities, the Rural Clinical School of Western Australia (RCSWA), in partnership with the Suicide Prevention and Resilience Research Centre (SPARRC) and commissioned by the WA Primary Health Alliance (WAPHA), developed the General Practitioner Management of Patient Depression and Suicidality (GPMPDS) Project. This new initiative launched in 2024 with the goal of enhancing general practitioners' (GPs) skills and confidence in managing depression and identifying suicide risk in primary care settings—particularly where specialist services are limited.

The project comprised two core components: five self-paced, evidence-based online learning modules and a series of 32 face-to-face workshops conducted across urban and rural Western Australia. These workshops were GP-led and supported by consultant psychiatrists, fostering an environment of peer learning and reflective case-based discussion. Topics addressed included recognition and assessment of depression, suicide risk management, trauma-informed and culturally safe approaches, GP wellbeing and clinical resources tailored to regional settings.

The initiative was underpinned by a collaborative co-design process involving a Reference Group made up of GPs, psychiatrists, Aboriginal mental health specialists, individuals with lived experience and e-learning experts. Consultation ensured that content was relevant, practical, and responsive to the realities of general practice. Strong engagement was achieved, with 421 registrations for the online modules and 266 workshop participants. Participants consistently rated the initiative highly, citing its clinical relevance, quality of facilitation and applicability to daily practice. The blended delivery model allowed for flexibility and local adaptation, making it particularly effective for rural health professionals.

The GPMPDS project demonstrates a sustainable, scalable model for mental health CPD in primary care. While developed for WA, the principles and structure of the initiative have clear potential for national adaptation and implementation.

Outcomes

The GPMPDS project achieved strong reach and positive outcomes across both delivery modes. A total of 421 participants enrolled in the online modules with 186 engaging meaningfully and 266 GPs and health professionals attended face-to-face workshops across 32 locations.

Evaluation surveys indicated high satisfaction: 75% of online participants and 66% of workshop attendees reported that the activity was likely to change their clinical practice. Changes included increased confidence in suicide risk assessment, more patient-centred and trauma-informed approaches and more appropriate prescribing and referral practices. Participants valued the informal, interactive nature of the workshops, the accessibility of the online resources and the relevance of content to general practice. The project demonstrated a clear benefit in combining flexible, self-paced learning with peer-based, facilitated discussion. Although not derived from the National RTH Toolbox, it’s structure and evaluation suggest it could be suitable for ongoing delivery and national adaptation across rural and remote settings.

Funding parameters – 6b, 6c,6e

Prevocational doctors' needs assessment project: Can we proactively reduce the workload?

Associate Professor Sunday Pam - sunday.pam@uq.edu.au

Term assessments frequently reveal prevocational doctors (PD) needing Improvement of Performance Action Plans (IPAPs) and numerous others who underperformed. Some assessors are unwilling to call it underperformance. This “failing-to-fail phenomenon” is well documented in literature. The cost of failing is high and discouraging to the assessor. The effort to resolving the IPAP constrains services. Failing to address these results in unsuitably trained PD, unhappy with us and themselves. The unsupported PD tend to seek greener pastures.

Current attempts at resolving these include

1. Interns setting goals for the term, which are discussed with their supervisors. Some supervisors do not pay attention to these, and many interns goals are not SMART.
2. Carefully planned orientation.

We decided to proactively try identifying key competences (strengths and weakness) needed prior to commencing work as interns. The purpose is to intervene early.

1. This OSCE-styled formative (not pass/fail) assessment for PD new to the health service, will identify areas of need and provide individual feedback.
2. This will be pooled as confidential Medical Education Unit (MEU) data.
3. This info will be presented by each intern to their new term supervisors.
4. At the outset, disciplines will be requested to send to MEU 5-7 key competencies they need in their ideal intern.
5. A task team of 5-6 (Supervisors, medical education officers) will be formed chaired by Director of Clinical Training (DCT).
6. Task team will select 5-10 most common competences, in line with the National Framework for Prevocational Medical Training (NFPMT) outcome statements
7. Using the agreed competences, Rural Clinical School will develop 5-10 OSCE-styled needs assessment stations as contribution to the project.
8. January 2026 intern orientation will include tutelage on these chosen competences.
9. The needs assessment test will be administered by supervisors at the end of the orientation fortnight.

Outcomes

This approach is better against underperformance. Proactively identifying areas of need with early intervention should reduce stress and anxiety for supervisors and trainees. Our prevocational doctors are more likely to view project positively and be encouraged to stay working rurally. This is an important point of connection which is possible in smaller organisations, an advantage rural settings have.

Short term outcomes will be:

1. Satisfaction with the new project by Prevocational doctors
2. Number of prevocational doctors serving longer contracts beyond the first year

Longer term outcomes would be developing a culture of support that will attract prevocational doctors to training locally as specialists (GP and Non-GP) and pursuing rural careers

Funding parameters – 6c, 6e

Return to Table of Abstracts

Simulating Success: In-Clinic Education for Rural General Practice Teams

Joanne Chad - jchad@uow.edu.au

Emergency Medicine Education and Training (EMET) Hub and Clarence Valley RTH.

We recognised that Rural GP teams may be managing acute presentations with without up-to-date clinical practices, this initiative aimed to bring practical, contemporary, immersive training directly into their clinical environment.

Simulation sessions were conducted with participating general practices, focusing on common emergency presentations encountered in rural settings. Emphasis was placed on clinical decision-making, the use of practice-specific equipment, and effective team-based responses. Human factors such as communication, leadership, and situational awareness were central themes, reinforced through facilitated debriefings and reflective discussion.

Furthermore, participants were able to claim Continuing Professional Development (CPD) hours, supporting ongoing professional requirements and incentivising engagement. Feedback from both clinical and administrative staff was overwhelmingly positive, with many requesting regular, ongoing simulation delivery as part of their practice development.

This in-clinic simulation model demonstrates a sustainable, high-impact approach to emergency education in rural settings. By tailoring content to local needs and embedding learning within the workplace, this programme supports safer, more confident practice and strengthens the fabric of rural healthcare delivery. Future directions include broader roll-out and further evaluation of long-term clinical impact.

Outcomes

Key outcomes included improved familiarity with available emergency equipment and its location within each clinic, increased confidence in managing time-critical presentations, and greater appreciation for team dynamics in high-pressure situations.

Participants reported enhanced knowledge retention and found value in learning within their everyday work environment. The initiative also served to strengthen professional links between general practices and their local emergency departments, fostering a sense of connectedness and collaboration.

Funding parameters – 6b

Return to Table of Abstracts

Tailoring medical education to the unique needs of agriculture-based communities

Pip Gray - pip.gray@rcswa.edu.au

Agriculture is the primary industry in the Wheatbelt with a significant portion of its economy and employment stemming from this sector.

Approximately 70% of metropolitan-based junior doctors seconded to Narrogin Health Service have reported no prior exposure to a farm environment. This includes limited or no understanding of farming equipment, agricultural operations, or associated terminology.

This lack of familiarity may impact clinical decision-making in rural settings, particularly where patient presentations may relate to agricultural machinery, chemicals, or livestock-related incidents. Gaining understanding and knowledge of the local agriculture industry and related terminology will assist doctors in training to communicate more effectively with patients, fostering trust and improving adherence to treatment plans, leading to positive health outcomes for community members.

Participants travel to nearby working farm owned by local Regional Training Hubs Wheatbelt Project Officer's family.

Half to full day program including on-farm agriculture and emergency simulation scenario workshops facilitated by local Emergency Physician followed by evening meal have been implemented for doctors in training in the Wheatbelt region. The scenarios encompass a wide range of agricultural incidents, including falls from height, chainsaw-related injuries, allergic reactions to bee stings, snake bites, and multiple injuries resulting from quad bike accidents. Cohort participants include penultimate and final year medical students, hospital junior doctors and GP registrars. Senior medical practitioners attend to provide education support, 'campfire mentoring' and career navigation guidance throughout the day which includes a focused social evening component normally based around the campfire with wholesome locally sourced homemade cuisine.

The workshop fosters a safe, genuinely friendly, and welcoming environment that encourages long-term connections. These relationships help create a supportive clinical culture, making rural regions more attractive places to live and work.

Outcomes

Doctors in Training (DiT) receive agricultural industry–specific emergency simulation education unique to the Wheatbelt region, including machinery injuries, chemical exposures, and livestock-related incidents.

DiT gain contextual understanding of the lives and work environments of many of the Wheatbelt patients they interact with. This may improve clinical care and effective shared decision-making with patients.

DiT have the opportunity for career navigation conversations and engage with experienced emergency clinicians and rural generalists, fostering mentorship, professional guidance, and exposure to diverse career pathways.

Events promote rural medical careers and allow supervisors and senior clinicians to better understand the individual goals of DiT, supporting a more cohesive and engaged rural medical workforce while showcasing the Wheatbelt as a viable and rewarding place to live and work.

DiT engage in unique on-farm experiences in a safe and respectful environment which supports participant wellbeing, while fostering informal peer and mentor relationships and professional connections.

Funding parameters – 6b 6d, 6e

The BRIDGE Project- Building Rural Insight and Discovery with General Practice Engagement

Juliet Bateman - juliet.bateman@rcswa.edu.au

The BRIDGE (Building Rural Insight & Discovery with General Practice Engagement) Program is a new initiative developed by the Southern WA Regional Training Hub (RTH) in collaboration with WA Country Health Service – Rural Generalist Pathway WA (WACHS-RGPWA). It addresses the gap in rural GP exposure for pre-vocational doctors (PGY1–4) by facilitating immersive road trip-style visits to smaller rural and remote communities across the Great Southern, Wheatbelt and South West regions of Western Australia.

Conceived in response to limited contact RMOs have with small-town general practice, BRIDGE provides a unique two-day experience to cultivate interest in rural generalist careers and highlights the diverse scope of rural practice. Each trip integrates clinical exposure at general practices, multipurpose sites (MPS), and Aboriginal Medical Services (AMS), as well as informal community engagement and cultural awareness activities. These immersive encounters offer RMOs a tangible glimpse into the personal and professional benefits of working in rural healthcare.

The initiative is highly collaborative and logistically supported by in-kind contributions from WACHS-RGPWA, including the provision of transport, medical education facilitators and administrative support. BRIDGE has been carefully integrated into RMO rosters and approved for professional development leave (PDL), ensuring accessibility and alignment with existing workforce development strategies.

A successful pilot was conducted in May 2025, involving four RMOs who travelled over 700 km to multiple rural towns, visiting clinical sites and interacting with local clinicians. Feedback from participants and host practices confirmed the program's value in deepening understanding of rural generalism and reinforcing community connections. This positive response informed iterative enhancements and provided the foundation for at least annual delivery, with expansion plans now under way.

BRIDGE is scalable, regionally embedded and built on sustainable partnerships. It offers a replicable model for engaging early-career doctors in rural general practice pathways—promoting long-term workforce retention across rural Australia.

Outcomes

The BRIDGE pilot demonstrated strong proof of concept. RMOs reported enhanced understanding of the diversity of rural generalist careers, exposure to rural healthcare and an increased awareness of personal factors that influence rural career decisions. Participant feedback highlighted the value of informal discussions with rural GPs; Aboriginal Health workers and cultural insight gained through community activities. Several participants expressed a clearer intention to explore RG training pathways, citing the immersive nature of the experience as influential. Quotes reflect meaningful

impact: “I understand more about the variety of jobs available and the benefits and downsides of small-town practice.”

Host practices noted positive interactions, GPs valuing the opportunity to share lived experiences and interact with early-career doctors. The program fostered professional relationships, stimulated career reflection and supported knowledge exchange across regions. These outcomes have catalysed plans to embed BRIDGE as an ongoing initiative. Continual evaluation will inform its refinement.

Funding parameters – 6b, 6c 6e

The Fail That Worked, Bridging Gaps in medical student Paediatric education through Rural Primary Care Experiences

Joanne Chad - jchad@uow.edu.au

The decline in specialist availability and the reduction of public patient clinic days in the Clarence Valley have highlighted significant challenges in the delivery of paediatric education for medical students. With a limited access to specialist services, rural communities are facing escalating healthcare disparities. In response, an innovative approach to complement traditional paediatric placements was developed, aimed at providing medical students with enhanced exposure to rural primary care. This initiative incorporated Headspace, focusing on adolescent mental health, and Tressilian, which addresses infant and maternal health in the first year of life

Students positive feedback on the Tresillian placement underscored that this rural experience has empowered students with the practical knowledge and confidence to continue as future rural generalist, ultimately improving healthcare delivery in underserved areas.

Although Headspace Grafton staff were enthusiastic, engaged and well equipped to support medical students the teenager clients appeared less engaged. They were not supportive of having short stay medical students 'sit in' with sessions layered with the extremely high rate of 'no show appointments', meant that most days provided no learning opportunities. We acknowledged medical student feedback and admitted this placement had not provided meaningful learning for medical students.

Outcomes

Headspace, the Fail that worked; we had an enthusiastic team that wanted to help grow our own health workforce. I suggested a longitudinal placement in a health discipline better suited to their service. They agreed. Connections with UOW Social Science academic lead was made, consequently the Headspace team and UOW Social Science have created a 6-month rural placement for a UOW social science student. This initiative not only fills a gap in rural training but also serves to educate students regards the broader issue of limited access to mental health services in rural communities, ultimately contributing to better future healthcare outcomes for these populations.

Funding parameters – 6e

Return to Table of Abstracts

this page has been intentionally left blank

NATIONAL RTH REPORTING FRAMEWORK WORKSHOP SUMMARY

APPENDIX ONE

this page has been intentionally left blank

NATIONAL RTH REPORTING FRAMEWORK WORKSHOP SUMMARY

RTH REPORTING FRAMEWORK: CORE REQUIREMENT 6B: INTEGRATION			
Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers			
Core Requirement	Outputs Measure	Outcomes Measure	Comments
6b) Integration Integrate medical training at a local level *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*	• Collaboration with key stakeholders – Formalised meetings – Frequency and with whom (collaboration more appropriate term than networking) • Hub specific events → education/networking/careers	• Cross referencing check demonstrate collaboration occurring with mutual Data across stakeholders • Demonstratable implementation of improvement based on collection of qualitative data from held events • Number of CPD events made available locally • Number of students and trainees engaged with by RTH in 12/12 and what level of continuum of training	• Cannot directly correlate output of RTH events with outcomes for such as PGY1 – very specific outcome for broad output (what about RCS that have eg ROSOS) • We should be able to obtain this data from the Colleges – should not be responsible for collection of data. Can we mandate this data be made accessible so that we have adequate representation of workforce (i.e. having a central database) • Can the Commonwealth make it imperative for the Colleges to share data. • It is very difficult to solely "own" outcomes when it is reliant on output from other stakeholders • There are barriers to establish blanket outputs and outcomes when each RTH does different things • Need to remove *regional training organisations* descriptor in core requirements

RTH REPORTING FRAMEWORK:
CORE REQUIREMENT 6C: TRAINING CAPACITY DEVELOPMENT

Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers

Core Requirement	Outputs Measure	Outcomes Measure	Comments
(6c) Training Capacity Development **Develop new medical training capacity through:** **-Accreditation of new posts** **- Supporting & strengthening supervision** *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.*	• Proposal →APP. → granted #s specialty @ start of contract @18 months @end of contract Spreadsheet provided by Department (or RTH), so all RTH measure the same data • Supervisor Training: Events and number of participants (by event & year) + the RTH is a principal or convenor	• #s of posts filled (reporting each 12 months) Each RTH to provide qualitative information ↓ Impact ↑ 😊 ↓ ☹ • Deliver activities to increase supervisors' capacity eg training mentoring communities of practice etc • Quantitative / qualitative feedback from participants tracking competency • Number of supervisors supported/trained in 12 months • Cross college collaboration to increase access to local supervisor training	• Barriers ○ Colleges ○ Recruitment ○ Funding • Difficult for RTHs that are not integrated into health service

RTH REPORTING FRAMEWORK:
CORE REQUIREMENT 6D: CAREER PLANNING

Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers

Core Requirement	Outputs Measure	Outcomes Measure	Comments
(6d) Career Planning **Support university level students and JMOs with** **• career planning** **• placements** **• access to mentoring** *Identify university-level medical students with an interest in rural practice and provide them with support including assistance with career planning placement opportunities and access to mentoring.*	• HMA metric as written except replace Planning with Support • How many "local" students applied for a rural PGY1/2 position • How many gained rural PGY1/2 position • Narrative Reporting Articulating our local priorities re career support (chose your own adventure/combination **Career Support Activities** Who ▪ High Schools ▪ Placement students ▪ End to end students ▪ JMOs ▪ PGY3+ ▪ GP Registrars How/What ▪ Experiences ▪ Mentoring ▪ Events ▪ Information Sharing ▪ Counselling ▪ Application & Interview Support	• Did the intended group(s) experience/perceive they were providing adequate or sufficient career support by the RTH. ? Quality experiences • That the RTH activities met the needs of the local ??? and stakeholders regarding career support	Barriers • Getting email addresses • Chose your own could become "do everything or else" • That it is all interrelated • No graduate tracking (that is important but not us) ← This allows for "we tried they didn't want it" Ideas • Could we use Research Impact Measures as a model for measuring impact • Activity measures are still important

RTH REPORTING FRAMEWORK: CORE REQUIREMENT 6E: WORKFORCE NEED

Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers

Core Requirement	Outputs Measure	Outcomes Measure	Comments
(6e) Workforce Need **• Identify areas of medical workforce need** **• Build medical training capacity for identified needs** *Identify areas of regional medical workforce need within their catchment area, and work to build medical training capacity in these areas*	**Medical Workforce need** • Analysis of Workforce need completed with key regional stakeholders including identification of workforce challenges and frameworks. With an agreed data sharing mechanism with a minimum list of required data sets • Contribute to sustainable medical supervisor training capacity • Retention data PGY1 PGY2 PGY3-4 • Wait time data for patients to see Specialists (identify gaps) • Quantitative data on workforce /population ratio compared to national average. Data harmonised across 5-6 sources **Medical training capacity** Change in accredited training positions Change in accreditation re-accreditation status Involvement of RTHs in student selection (“wish list”) Part 2 • There is an evidence-based Workforce Establishment for the Public Health System that is shared with the RTHs • There is an evidence-based Workforce Establishment for the Private Health System that is shared with the RTHs • There is an evidence-based Workforce Establishment for the Aboriginal Health Service and PHNs that is shared with the RTHs • Do you have a PHN/Colleges and LHD training positions database	• Number of medical students that undertake internship at a rural site • The number of accredited and unaccredited trainees in the past 12 months List by total and by speciality • The number of Fellows from Regional/Rural Training program retained or returned to the region post Fellowship • Report on Retention rate PGY1→2→3→4→5 IMGs • Rate to General Registration -Highlight inclusion of IMG support • Development of 5-year strategic plan with required elements including - Relationship building - Supervisors etc • Sustainable supervision models achieved vs the number of supervisors needed. Linkd to a narrative of what is important in supervision and what is important to continue the model to be sustainable or to grow capacity • Total number of trainees needed in each speciality and subdistrict ? including support staff • Qualitative data to inform decision makers about priority setting • Evidence that formal advice from RTHs has been acted upon • Change in new positions created and filled: – Vocational trainees – Consultants/practicing GPs – Change in number of locum consultants and locum/non-accredited junior staff – Quality of experience improves	• Commonwealth government mandated agree to allow RTHs to collect workforce data across all states • Standard format for data collection (Commonwealth Government endorsed/branded) • Medicare data – number of patients from MM3-7 who see specialists in MM1-2 • All qualitative measures must be accompanied by a qualitative measure • Standardised developed resources Including – 5-year Plan template – data lists available to us – Standardised definitions – acronyms • Result Score all measuring in the same way • Education piece required for all stakeholders to understand who/how/what Hubs are/do • Much of this is beyond our control (*ultra vires*) • We suggest that all sources of workforce data should be required to report this data. Ideally together at the same time. • Obtaining data relies on somebody doing the RTH a favour – Can we rely on the integrity ? – Can we depend on its timeliness?

RTH REPORTING FRAMEWORK: CORE REQUIREMENT 6E: WORKFORCE NEED			
Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers			
Core Requirement	Outputs Measure	Outcomes Measure	Comments
	Part 2 (cont) • Personalised preference from students/JMOs about PGY1-6 programmes • Check W/F Establishment against the patient data (activity data) for vertical career pathways & supervision • Review Locum & VMO position descriptions “no capacity for supervision” • Assist review of PDs for training positions in the facilities • Are you part of the GCTC or equivalent		

RTH REPORTING FRAMEWORK:
CORE REQUIREMENT 6F: TRAINING CAPACITY

Difference between outputs and outcomes. **For Example:** Output = number of rural medical students. Outcome = those that pursue rural training and careers

Core Requirement	Outputs Measure	Outcomes Measure	Comments
(6f) Training Capacity **• Consolidate information on changes to local medical training places at all levels** This an outcome measure for 6e *Report on the training placements available at each level of the medical training continuum within each Hub's region of activity.*	• RCS to provide numbers of graduating students and provide tracking to intern places • RTH ideally accredited PGY1& 2 (primary allocation and rotational) ID the following IMGs, Regs RMO/SRMO accredited and unaccredited? GPRs or do the Colleges do this **Note** **In using APHRA data – not granular WA have only 80% accuracy**	• Report on # positions accredited and filled • Report on # of accredited and unaccredited training posts RG advanced skilled posts • Report on RTH direct involvement in accreditation • Report on resident GP Specialists & non-GP Specialists (??? HeaDSUPP) • Number of local GP Specialists employed by RCS/University • Case studies /research projects looking at posts/recruitment/retention • One success/one challenge • Graduate tracking to include post graduate study eg Masters in Public Health, PhD etc	• Data access & sharing from C'Wealth, College, PHNs & local health services depending on structure will be required to provide some data • APHRA should waive charges to clinical schools & RTHs & improve granularity of data • All jurisdictions should have funding for RG advanced skills guaranteed and unable to be moved to a specialist trainee

TABLE OF CONTENTS 2023 FORUM AT UNIVERSITY OF NOTRE DAME, SYDNEY

APPENDIX TWO

this page has been intentionally left blank

Contents

Aboriginal Cultural Initiatives

Sharing the Past to Inform the Future: Relationship Building with our Aboriginal Community to enhance clinical cultural capability 8

On Country Cultural Experience in Central Australia: A re-evaluation of goals 9

Achieving Through Collaboration

Southern Regional Training Hub Alliance 12

The NSW RTH Network 13

Collaborative Development of the "Regional Medical Training" Website 14

Attracting, Enabling & Promoting Rural Medical Careers

Medical Career Pathways Evening 16

Community Collaboration for a common goal – to attract and retain medical workforce. 17

Western NSW: Bringing CPD closer to home 18

"Doctor What? Doctor Where?" A podcast to connect aspiring clinicians with the rural voice and experience... 19

Rural Generalist Skills Workshops 20

The Rural Training Pathways Congress: Bringing together the rural medical workforce to showcase and build opportunities to live, work and train rurally 21

Rural simulation-based training: Improving access to clinical skills in rural facilities 22

Scrubs in the Bush - Explore the excitement of going rural! 23

Building a rural pathway for medical students – the RCSWA experience 24

Pilot Project: Consulting Skills Workshops for IMGs – Northwest Tasmania 25

Pilot Project: English Language Support for "Non-English-Speaking Background" Clinicians 26

Pilot Project: Facilitating research amongst registrars in regional and rural Tasmania. 27

Destination Medicine: a podcast for all rural and regional Australia? 28

Showcasing Rural Recruitment: The how's and where's of a regional Internship in NSW 29

Building Capacity in Regional Advanced Training Opportunities

A blueprint for a state-wide Basic Physician Training Network in Tasmania 31

Building on IRTP posts to create new medical training capacity in Anaesthetics and Emergency Medicine in rural NSW Medicine 32

WA Rural Paediatricians Network 33

Rural based Post graduate training.....an essential ingredient. 34

Reflections on establishing the End to end Psychiatry training program in Mildura to address rural medical workforce recruitment and retention, creating a pathway from medical school to consultant. 35

Driving growth in advanced training opportunities in Western NSW 36

Establishment of the Victorian Basic Paediatric Training Consortium (VBPTC) and the extended rural stream in Basic Paediatric Training: A long journey finally coming to fruition 37

Building rural training capacity in Palliative Medicine 38

Building Clinical Supervision Capacity

Support for supervisors - a place-based approach to building capacity, connectivity and collaboration 41

Teaching the teachers: A junior doctor led education program for final year medical students 42
Delivery of a collaborative, locally relevant Supervisor Training workshop series 43
The Monash Rural Health Clinical Teaching and Education Pathway - Teaching Doctors how to Teach 44
Building clinical supervision capacity in Western NSW: Teaching on the Run 45

General Practice Initiatives

Selling the sizzle: Connecting junior doctors, medical students, and rural generalists and rural generalism: Annual Rural Generalist Workshop and Showcase: 47
GP Jaunt: A place-based event to explore the life of a rural GP / rural generalist and provide career information and mentoring. 48
Keeping General Practice on the agenda as a career choice 49

Mentoring

Career mentoring: being open to feedback and responding to place 52
Bunbury Doctor to Doctor Support (BuDDS) Mentorship Program 53
DrJuMP - A state wide rural medical mentorship program 54
NT RTH Mentoring Program 55
Medical students' experiences - incentivising rural placements 57
The Use of Professional Development Grants as a Strategy to Support and Retain Junior Doctors 59

Single Employer Model

Kimberley Single Employer Model Pilot 60

Targeting our Youth

Aboriginal High School Students Careers Day 62
So, you want to be a doctor? Career support for kids considering medicine 63
Career Expo and Club Medicine: How to engage with regional secondary students interested in a future career in regional health care 64

Using Data

SCARP - Sharing the Challenge and Appreciation of Rural Practice 67
Western NSW Medical Workforce Review and Analysis 68
Mining for Gold: Interpreting existing Local Health District workforce data to support and guide local decision making. 69
Rural Western Australia training placement report - a success in collaboration and gap analysis 70
Queensland Intern Preferences Project 71

Innovative Initiatives

Doctors for Regional Innovation Vision Excellence Research and Scholarship (DRIVERS) Conference. A vehicle to celebrate rural medical research and support successful college entry for rural students and trainees. 73
COLLEGE ENTRY- SHOWCASING RURAL PATHWAYS TO SUCCESS 74
MD3 & MD4 Career Camp 75
Lismore Base Hospital Junior Medical Officer Emergency Course – A Four Year Review 76
Preparing today's medical students to be Doctors tomorrow 77
The Start-up: getting and inch and taking a mile. 78

The key to a chosen career path- preparing a professional job application. 79
Visibility – getting the message across 80
Talk about it Tuesday, PGY 1/PGY 2 Personal Growth Group 81
Medical education registrars supporting rural training in rural Western Australia 82
On Boarding Vocational, Pre-Vocational, International Medical Graduates and Medical Students Using the Med App Program 83
Rural Generalist pathway in the Clarence Valley – train and retain 84
"Adverteaching"- You cannot be what you cannot see 85
Bonded Medical Program (BMP) Participants – writing your own adventure 86

Return to Table of Contents

this page has been intentionally left blank