

Federation of Rural Australian Medical Educators

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Department of Health

Rural Health Multidisciplinary Training (RHMT) Program
and 2021 Budget Update

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RHMT Program Activity

Program data shows that in 2019:

35% of graduating medical students undertook a year or more of rural clinical training (Approximately 1000).

- ✓ Over 16,500 nursing and allied health rural placements were delivered, equating to over 79,000 placement weeks.
- ✓ More than 300 dental students undertook a total of 3167 placement weeks in rural settings, with an average of 10 rural training weeks.

The number of rural origin medical students and the number of Aboriginal and Torres Strait Islander medical student enrolment consistently exceeds targets at most universities.

- ✓ 32% of commencing CSP medical students were of rural origin, exceeding the program-wide target of 25%. (Approximately 950) 2019
- ✓ Approximately 100 Aboriginal and Torres Strait Islander medical students enrolled in RHMT universities exceeding program targets 2019

RHMT Program Evaluation – How can we improve?

The Department of Health has been progressing the recommendations from external evaluation of the RHMT Program undertaken by Kristine Battye Consulting (KBC Australia)

- ▶ final report released on the Department's website on 19 August 2020.

The 12 month evaluation found that the RHMT program has been an **appropriate response and important contributor** to addressing health workforce shortages in rural communities.

- ▶ The evaluation made 29 program-level recommendations to provide an opportunity to strengthen and further enhance, rather than “fix” the current program
- ▶ **There is a strong foundation for rural health workforce training and research in rural, remote and regional areas which is now considered routine**
- ▶ Teaching innovation has been a hallmark of the program.
- ▶ This provides direct social and economic benefits to rural communities and their health services.
- ▶ **Service-learning models and student-led clinics have resulted in real world training opportunities and much needed health services and therapeutic interventions to meet local gaps.**

RHMT Program Evaluation – How can we improve?

- ▶ A stakeholder consultation seeking comments on all 29 recommendations was undertaken by the Department through its online *Citizen Space* forum
 - ▶ The consultation ran from 26 August 2020 until 22 September 2020.
- ▶ A small working group consisting of representatives from FRAME and Australian Rural Health Education Network (ARHEN) was established in late 2020 to look at implementation of the recommendations.
- ▶ We continue to consult with the group and thank them for their support.

RHMT Program Evaluation - Context

The Department has taken into consideration the

- ▶ National Medical Workforce Strategy;
- ▶ National Aboriginal and Torres Strait Islander Health Plan;
- ▶ National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031;
- ▶ the Commonwealth's implementation plan for the [National Agreement on Closing the Gap](#);
- ▶ the Primary Health Care 10 Year Plan;
- ▶ Transition into College-led GP training,
- ▶ Educating the Nurse of the Future;
- ▶ the work of the former National Rural Health Commissioner, Professor Paul Worley and the advice of the current National Rural Health Commissioner, Professor Ruth Stewart.

Rural Health Multidisciplinary Training Program Infrastructure – 2020 Budget

- ▶ The Government is investing \$48.3 million over three years from 2021–22 in the RHMT Program.
- ▶ This investment builds the rural training pipeline for health students, with a focus on allied health students to deliver health, aged care and disability services in rural communities.
- ▶ The RHMT program has a direct economic benefit to communities and regions: for every dollar spent under the RHMT program, another dollar is generated in the local economy.
- ▶ The package provides for capital works and recurrent funding and includes:
 - ▶ Funding one new University Department of Rural Health (UDRH) to increase RHMT coverage.
 - ▶ Funding up to seven projects through existing UDRHs to increase training in more remote settings from large rural towns (MM3) through to very remote communities (MM7).
 - ▶ Funding up to seven projects through existing UDRHs to partner with aged care services to provide dedicated teaching spaces focusing on the training of allied health and nursing students.
 - ▶ Funding a feasibility study to identify best approaches to increase dental and oral health training in regional locations.

RHMT Program Infrastructure Budget Measure 20/21

Timelines for the grant opportunities

- ▶ Funding for three elements of the RHMT program budget measure will be allocated through targeted competitive grant opportunities to be released in the second half of 2021.
- ▶ Current RHMT program funding agreements expire on 31 December 2021. Processes to facilitate new funding agreements being in place before 1 January 2022, will also be undertaken in the second half of 2021.
- ▶ The Department is planning to stagger the opening and closing dates of these grant opportunities.
- ▶ Procurement is the fourth element and a consultant will be engaged.

RHMT Program

2022 Onwards - Future Funding

- ▶ A non-competitive process - “light touch” - enabling extension to existing funding agreements with less burden for universities in responding to the grant opportunity.
 - ▶ A transitional approach
 - ▶ Largely business as usual
 - ▶ A phased introduction of recommendations from the RHMT program evaluation
 - ▶ A focus on the rural integrity of the program.
 - ▶ Maximum of five percent of the RHMT program budget may be used for central infrastructure fees and charges

RHMT Program

COVID-19

- In 2020, Universities reported suspension and cancellation of a significant number of placements in the March-June 2020 due to COVID-19 restrictions.
- Placement disruption continued due to border closures and local lockdowns in the second half of 2020 and into early 2021.
- A recent report from Australian Rural Health Education Network (AHREN) conducted across 16 UDRHs has identified Allied Health Student placements were likely to have been impacted more than medical and nursing students with reduced clinical contact hours. (*[The Impact of COVID-19 on Student Placements facilitated by University Departments of Rural Health](https://arhen.org.au/documents/18/02/21)* – February 2021 accessed via <https://arhen.org.au/documents/18/02/21>)
 - Other KPIs, such as cultural awareness training, appear on track due to transferring teaching programs to online platforms.
 - Assessment of 2020 end of calendar year reports (in March – May 2021) is providing a full understanding of the impact on 2020 KPIs. The analysis will be completed once all reports are received.

MURRAY-DARLING MEDICAL SCHOOLS NETWORK

- ▶ The Murray-Darling Medical Schools Network (MDMSN) is establishing a series of five rurally based medical school programs in the Murray-Darling region of New South Wales and Victoria to provide end-to-end medical training in rural areas to improve the future distribution of the medical workforce.
- ▶ It was announced as part of the Stronger Rural Health Strategy in 2018

MDMSN

- ▶ Three of the five medical schools have commenced their programs in 2021
 - ▶ around 80 new medical students
 - ▶ Based in Orange, the Joint Program in Medicine (JPM) is a partnership between Charles Sturt University (CSU) and Western Sydney University (WSU) – a five year program.
 - ▶ In Wagga Wagga, at the University of New South Wales (UNSW) – a six year program.
 - ▶ Monash University students (from the existing four-year graduate-entry intake) will spend their first year at the Monash Rural Health Churchill campus before moving onto Bendigo and Mildura for the majority of their rural training in those regions.
- ▶ Rural graduate-entry medical programs based in Dubbo (University of Sydney) and Shepparton (University of Melbourne) will commence in 2022.
- ▶ An undergraduate pathway for 15 La Trobe University rural biomedical science (medicine) students into the University of Melbourne rural medical program was established from 2019. The first graduating cohort of 15 from La Trobe will be ready to start at Shepparton in 2022.
- ▶ The network builds on the existing investment in rural undergraduate training through the RHMT Program and includes 6 universities in the RHMT Program.

MDMSN

Intended Outcomes

- ▶ Build medical training capacity
- ▶ Increase medical education and training opportunities in regional and rural areas for students across all years of the training continuum
- ▶ Increase education and training infrastructure in rural areas
- ▶ Increase participation rates from students in rural areas in medical school programs
- ▶ Increase numbers of appropriately qualified medical professionals working in rural, regional and remote Australia.
- ▶ This establishment of rurally based medical school programs should improve the distribution of the medical workforce over the long-term.

MDMSN

Current Status

- ▶ Interest in the program has been well received and applications for the 2021 commencing schools met and exceeded expectations
- ▶ Despite some delays the establishment of the new medical school programs are on track
- ▶ Minister Coulton and local members have visited new MDMSN facilities in recent months
- ▶ Planning has commenced for an event to bring together all participating universities, Minister Coulton and Prof Ruth Stewart.

Primary care Rural Innovative Multidisciplinary Models (PRIMM)

The National Rural Health Commissioner will work with regions to support the development of 'trial ready' localised innovative models of care through the Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grants

- ▶ PRIMM grants will provide funding of up to \$400,000 each for six sub-regions across Australia to design primary health care models
- ▶ It responds to strong and growing interest from rural communities and stakeholders to develop solutions tailored to meet their unique needs.
- ▶ The grant funding is not to implement models, but to give communities capacity to look at issues in their region and develop feasible solutions in consultation with the community and health professionals.

Primary care Rural Innovative Multidisciplinary Models (PRIMM)

- ▶ The program seeks communities to take a multidisciplinary care approach to address challenges in their region and have strong community collaboration and engagement processes.
- ▶ Models developed through community consultation as part of this grant opportunity should be well conceptualised to enable them to start operating with no, or very little additional investment.
- ▶ Round one closed on 8 March. It is expected that Round two will open in mid-2021.
- ▶ The PRIMM grants complement five trials of innovative models of care in western and southern NSW, announced in the October 2020 Budget.

2021 BUDGET

Strengthening Primary Care

John Flynn Prevocational Doctor Program

- ▶ The Australian Government is investing \$12.4 million over four years from 2021-22 through the new John Flynn Prevocational Doctor Program which will fund rotations in rural primary care settings for prevocational doctors.
- ▶ This investment will improve access to medical services for residents in rural, regional and remote communities and help build the rural medical workforce by providing prevocational doctors with positive, well-structured experiences early in their careers.
- ▶ The JFPDP will consolidate existing funding for the **Rural Junior Doctor Training Innovation Fund and the John Flynn Placement Program** to expand eligibility to prevocational doctors and importantly deliver new rural primary care rotations.
- ▶ The program builds on existing Government investment in prevocational doctor training, incrementally increasing the number of rural primary care rotations from **440 rotations** (or at least 110 Full Time Equivalent (FTE) places) in 2022, **to 800 rotations** (or 200 FTE places) from 2025.

2021 BUDGET

Strengthening Primary Care

John Flynn Prevocational Doctor Program

- ▶ This increase will enable an **additional 360 hospital-based prevocational doctors** to complete a clinical rotation working in a rural primary care setting, fostering interest in the specialty of general practice and working as a rural doctor.
- ▶ Under the program rural hospitals and rural primary care settings partner to provide prevocational doctors with experience through a rotation in a primary care setting.
- ▶ Funding will support delivery of the primary care rotation, contributing towards salary costs for prevocational junior doctors, clinical supervision and other costs linked to training in the rural primary care setting.
- ▶ The program will support prevocational doctors from **postgraduate years one to five**, targeting those in their first two postgraduate years and will include a limited pool of rotations available to metropolitan hospital based prevocational doctors.

Guaranteeing Medicare Rural health workforce - Links

- ▶ <https://www.health.gov.au/sites/default/files/documents/2021/05/guaranteeing-medicare-john-flynn-prevocational-doctor-program.pdf>
- ▶
- ▶ <https://www.health.gov.au/sites/default/files/documents/2021/05/guaranteeing-medicare-rural-health-workforce.pdf>
- ▶
- ▶ <https://www.health.gov.au/sites/default/files/documents/2021/05/overview-how-the-2021-22-budget-is-investing-in-the-health-of-regional-australia.pdf>
- ▶
- ▶ <https://www.health.gov.au/sites/default/files/documents/2021/05/overview-how-the-2021-22-budget-is-investing-in-the-health-workforce.pdf>

Guaranteeing Medicare

Rural health workforce

- The Australian Government is investing \$123 million to ensure the necessary health workforce is available to improve the health and wellbeing of all Australians.
- These measures support the delivery of health services especially in regional, rural and remote areas of Australia and will significantly benefit many communities and their residents.
- This investment further builds on and supports the implementation of the Government's ten year Stronger Rural Health Strategy.

Guaranteeing Medicare Rural health workforce

Key measures include:

\$65.8 million to progressively increase the Rural Bulk Billing Incentive to doctors working in rural towns and remote areas

\$12.4 million through the John Flynn Prevocational Doctor Program to almost double the number of rural primary care rotations for prevocational doctors

\$9.6 million to expand the Allied Health Rural Generalist Pathway (AHRGP) to attract and retain allied health professionals in rural and remote communities through an additional 90 workplace training packages, including up to 30 packages for Aboriginal Community Controlled Health Organisations. This will also include incentives for practices to employ and train up to 30 rural allied health assistant trainees.

\$300,000 for the development of a new streamlined program to support rural generalist GPs to maintain their range of advanced skills and encourage them to practice in rural and remote communities. This work will explore options to streamline the Rural Procedural Grants Program (RPGP) and the Practice Incentives Program (PIP) Procedural GP payments.

Guaranteeing Medicare Rural health workforce

\$29.5 million for an innovative funding pool for non-GP medical specialist training from 1 January 2022. This will fund activities such as trials of networked training models, supervision models, and transition of junior Guaranteeing Medicare – Rural health workforce specialists to practice in rural settings, and continued professional development for rural medical specialists.

\$2.2 million to expand the collaborative primary care models, currently running in 5 rural communities in western and southern NSW. A competitive grant program will be created to extend trials into rural communities in other states and territories.

\$3.8 million for the full implementation of the Bonded Return of Service System (BRoSS), to support Bonded Medical Program (the Program) participants in self-managing and completing their Return of Service Obligation. The Program supports more Australian-trained doctors in areas of workforce shortage, particularly in regional, rural and remote Australia.

Questions?