

RCS PRESENTATIONS

University of Tasmania



UNIVERSITY of
TASMANIA

FRAME Presentation

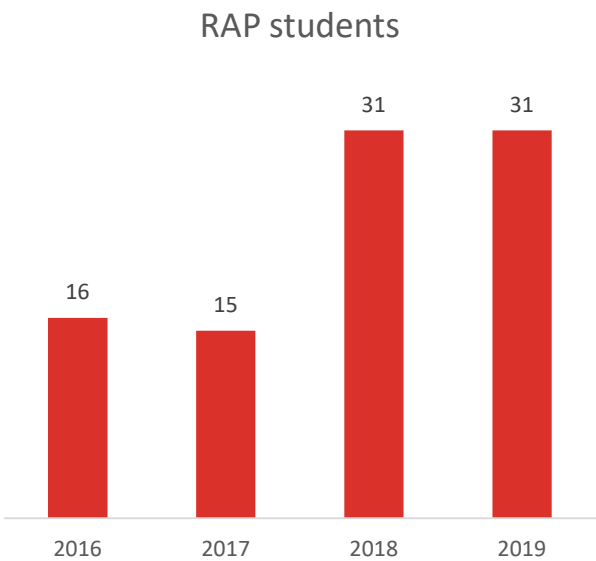
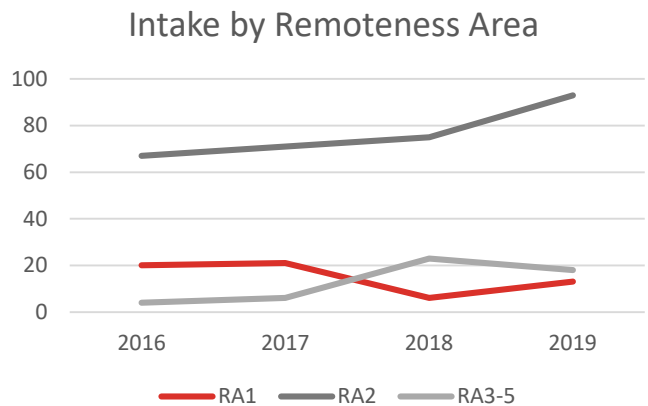
Assoc Prof Lizzi Shires
Director, Rural Clinical School

utas.edu.au

May 2019



Rural Application Pathway (RAP)



NEWS

Revise the pain cycle

BY SANDY POWELL

A MYNNARD doctor will be joining health professionals from across Australia on an awareness lake ride in March.

The Pain Revolution Rural Outreach Tour is a charity fundraising and awareness event visiting nine Tasmanian towns from March 16-23.

Dr Tim Andrews will be getting in the saddle alongside 24 other Australian health professionals for the cause, which he says he is deeply passionate about.

"It's changing the way that people think about and approach persistent pain," Dr Andrews said.

"It's a huge burden. Something like one in five people have a persistent pain, and there are huge health budget expenditures related to it."

Dr Andrews said the tour is about engaging with rural health networks, educating and providing evidence-based approaches to pain management.

"Understanding persistent pain is the first step to administering effective pain management."



WHEEL PAIN: Dr Tim Andrews is joining 24 other Australian health professionals for the Pain Revolution's tour of rural Tasmania to raise awareness about improving pain management practices and approaches. **Picture:** Sandy Powell

He said many current approaches to pain management rely too heavily on medication, and do not address issues which the brain may incorrectly interpret.

"What we refer to as chronic pain, the perception of that pain is usually happening in the absence of actual tissue damage."

Dr Andrews said the

Pain Revolution's position was to take a more proactive approach to managing pain involving physiotherapy and psychology.

And to that end, also joining the tour are physiotherapist Simon Telford and psychologist Bernadette Smith, who are both based in Burnie.

"The complexity of pain is

poorly understood and I am passionate about changing that," Mr Telford said.

"I have heard their stories of being frustrated by low value care, the challenges of living with pain and the impact on their lives."

For more information about the 2019 Rural Outreach Tour and to donate to the Pain Revolution visit

www.painrevolution.org.

WED 3:00-3:30PM

Rural Clinical School shares new approach to training medical educators

Lachlan Bennett

Local News



QUEST SPARKS: Dr Simon Kneebone and Dr Elizabeth Atkin of the Rural Clinical School spoke at a conference in Hobart. **Picture:** Supplied

A new approach to training medical educators in the North-West has been showcased on the national stage.

The Rural Clinical School technique sees practicing doctors known as GP Registrars teach medical students while also learning the skills and teaching methods of an academic.

The UTAS institution outlined the benefits of its 'academic registrar' program this week at a conference hosted by the Australian and New Zealand Association for Health Professional Educators in Hobart.

Rural Clinical School director Lizz Shires said the "innovative" approach had worked well since it was introduced two years ago.

"In the past we've just sort of expected people to learn academic teaching skills on the run," she said.

"This is a very structured program where the young doctors come in and learn specific skills around teaching."



COMPETITOR: Simon Andrews is celebrating his victory at the World Men's Open Championship. **Picture:** Shelly Manning

NEW CHAMP

SIMON ANDREWS has won the World Men's Open Championship, a prestigious sailing event, in his first year as a professional sailor. The 35-year-old from Burnie, Tasmania, won the title after a hard-fought battle with the world's best sailors in the Soling class. Andrews, who has been sailing since he was 10, said the victory was a dream come true. "I've been sailing since I was 10 and I've always loved it," he said. "It's been a long journey, but I'm really happy with the way I've turned out." Andrews is the first Tasmanian to win the World Men's Open Championship. He will be representing Australia at the upcoming World Sailing Championships in China.

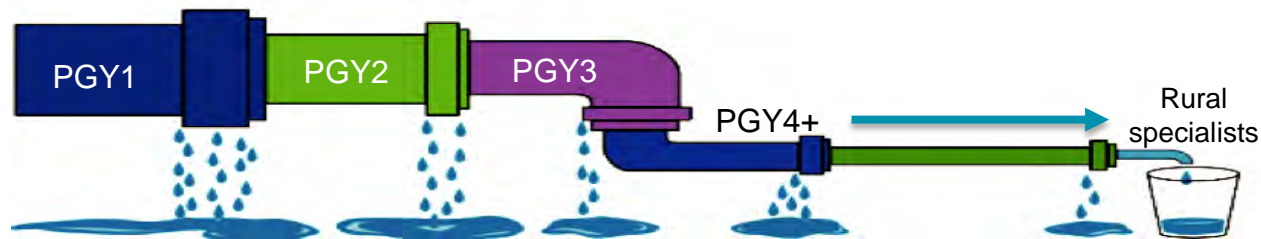
Extended teaching in rural areas

School of Medicine, College of Health & Medicine

Our work along the rural pipeline ...



**Rural & Regional
Medical
Training Hub**



Supporting rural primary care intern rotations	Planning work with private hospitals to support RMO rotations	Delivering workshops to expand clinical supervision capacity and capabilities in the Hub catchment area	3 new I RTP- STP funded posts
Piloting new mentoring, training and support programs for Northern based Registrars, RMOs and other junior doctors		Conducting orientation of new Registrars on behalf of the health service	
Assisting with career planning/mapping pathways to rural training (including information sessions for 5th year medical students)		Assisting with training accreditation/ re/accreditation of several rural/regional hospital departments	
Delivering workshops for junior doctors on a range of topics eg "Giving and Receiving Feedback", interview techniques ...		Working with RACP and THS to pilot a new state-wide Basic Physician Training Network and Supervisor Training Program	
Collaborating with Southern Regional Training Hubs Alliance to develop and implement "Dr Pathway"		Providing resources to enhance the trainees' rural experience – ROVERs, peer networking, mentoring, exit surveys ...	
Developing a systematic method to capture and monitor accurate information about Tasmanian training positions and trainees to support longitudinal mapping and continued contact with trainees from rural Tasmania			

RCS PRESENTATIONS

University of Melbourne

- Continued high level of student satisfaction across our four campuses. Challenge trying to make experiences at all campuses ‘similar’
- Stronger connections in shared teaching spaces eg Ballarat where Deakin are introducing an MD
- Increased RCS student numbers up to 82 second year students in 2020 – a success but a challenge
- Teacher engagement – stronger through supervision offerings but challenging with short term contracts with regular renewals

- Some new additions to the curriculum – First Nations Health curriculum with new assessments
- Increasing our RCS MD Research Project numbers – challenges with research training for our local clinicians who are supervising these projects
- Meetings with LaTrobe undergraduate students who have a guaranteed entry into the Melbourne MD
- Progressing with ‘end-to-end’ rural stream of the MD project plan

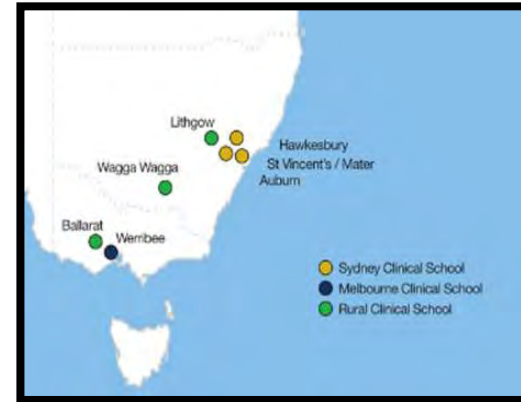
- Piloting the DrPathway initiative. Demonstrated at National Rural Health Conference in Hobart
- Focusing on educational support and mentorship for regional PGY2 doctors
- Significant engagement with interns and junior doctors of local health services – mentoring, games nights
- The Hub has been the catalyst for HMO managers from several local health services to work together on pathway initiatives

RCS PRESENTATIONS

University of Notre Dame

The University of Notre Dame Australia School of Medicine, Sydney

- Rural clinical school using private health system
 - Established 2011: since then full year graduates 140 plus short term rotations
- Commonwealth supported and domestic fee paying students
- Private hospital infrastructure used extensively
 - St John of God **Ballarat**
 - Calvary Health Care Riverina **Wagga Wagga**
 - **Lithgow** Community Private Hospital



The University of Notre Dame Australia School of Medicine, Sydney



Promoting 'rural' with medical students

Rural Conference

Rural Trauma Week

ROUNDS visits to rural sites

Rural MD theme



Rural Conference

Selecting and supporting rural students

Interviews for RCS places since 2018

Medical conference for High School students

Building research collaborations

BIRCH Collaboration in Ballarat

Three Rivers Collaboration in Wagga



Mines Rescue
Rural Trauma Week



RIVERINA RURAL TRAINING HUB

RURAL STUDY RURAL TRAINING RURAL CAREER



New Training Pathways

- Confirmed pathway for Emergency and Anaesthetics
- Potential pathway General Surgery and Rehabilitation Medicine
- Rural Workforce Management and Training Tool

Supporting Trainees

- Career mapping
- Education and training calendar app
- Workshops
- Podcasts

Supporting Trainers

- Teaching Skills Workshops
- Clinical Complexities and Wellbeing Workshops
- Regional Emergency Medicine and Critical Care Workshops



RCS PRESENTATIONS

University of Wollongong

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University of Wollongong

Successes and Challenges

FRAME – Tamworth, May 2019



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OF WOLLONGONG
AUSTRALIA

Rural Clinical Training

SUCCESSSES

- Meeting and exceeding our high targets of rural origin recruitment and rural training
- Successful transition from an MBBS to an MD program
- High student satisfaction with their longitudinal geographic placement sites and overall educational experience
- Exceptional success in graduates gaining rural preferential internships (25% of graduates, more than double the state average of 11%), and almost 60% of UOW graduates over the last 5 years have commenced internships in regional (non-capital city) or rural sites.
- Formal and informal feedback from various sources consistently sends the message that UOW graduates are acquitting themselves well in the workplace
- UOW graduates starting to step up to leadership positions in medical education and the community
- Preliminary graduate tracking data analysis shows that:
 - Of UOW graduates currently in PGY2-8, 28% are working or training in RA2-5 locations, 34% in RA1 non-capital locations and 36% in RA1 capital cities
 - Of UOW graduates with a rural origin, 38% are now working in RA2-3 locations, compared to 25% of their peers with a non-rural origin
 - There is a direct correlation between number of years spent in post-graduate training in regional or rural locations and current RA location



Rural Clinical Training

CHALLENGES

- Recruitment of Indigenous students
- Bulge in student numbers for the 12 month longitudinal integrated clinical placements in the 2019/2020 cohort
- Maintaining the goodwill of rural clinical preceptors in a widely distributed rural program
- Increased competition for rural background students and rural clinical training sites
- Potential further loss of CSP numbers through the future competitive tender process

Clarence Valley Regional Training Hub

SUCCESSES

- Approval or Advanced Skills Training in paediatrics and emergency medicine – the paediatrics trainee commenced January 2019
- Rotations of JMOs to Grafton from Lismore under development, including HETI accreditation
- Development of positive relationships with local clinicians (hospital and community) and health managers
- Students instrumental in successful recruitment of specialists to the region (O&G, medicine)
- Support for the development of a wider North Coast medical workforce plan

CHALLENGES

- Complexity of having to work as a larger RTH
- Dealing with multiple stakeholders to get training positions accredited
- Potential future health service staff changes with loss of corporate knowledge and therefore support for the RTH

PILOT Shoalhaven Regional Training Hub

SUCCESSSES

- Working with the LHD to develop Shoalhaven-specific internships rather than having interns rotate from Wollongong
- Working with HETI to recruit to funded but unfilled positions in paediatrics, emergency medicine, obstetrics and anaesthetics
- Strong support from the local medical fraternity to develop RTH activities in the Shoalhaven

CHALLENGES

- Uncertainty about the future of this pilot program

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UNIVERSITY
OF WOLLONGONG
AUSTRALIA

RCS PRESENTATIONS

Monash University

FRAME

UNIVERSITY OF NEWCASTLE

DEPARTMENT OF RURAL HEALTH,

TAMWORTH

7-9 MAY, 2019

RHMT PROGRAMS DELIVERED THROUGH MONASH RURAL HEALTH

MONASH MD 2019

- Graduate entry – Churchill, Gippsland (Year A): 105 EFT
- Direct entry, Year 2 (preclinical) – North West & South East rural Victoria, short-term placements: 228 (12 EFT)
- Direct entry/grad entry (Years 3B and 4C) – North West & South East rural Victoria long-term placements (36-72 weeks): 172 EFT
- Direct entry/grad entry (Year 5D) – North West & South East rural Victoria short-term placements (6 weeks): 373 (62 EFT)
- Commonwealth funding for 80 EFT - MRH over delivering medical education student numbers by 308%

RURAL NURSING & ALLIED HEALTH 2018

- In 2018, MRH supported 642 RNAH students / 3437 placement weeks across our footprint: average placement length 5 weeks

RHMT RESEARCH PLAN 2019-2020

- Rural workforce outcomes resulting from rural training activity through RHMT Program
- Improving the health of Aboriginal and Torres Strait Islander people
- Health issues directly impacting rural populations
- Mental Health
- Drug & Alcohol

STRATEGIC INITIATIVES

- Rural origin medicine targets 2019: *Boost Your Chances* campaign / MRH Regional Open Days / Monash Open Day
- Medtoring
- Monash Regional Training Hubs

TOTAL ESTIMATED ECONOMIC IMPACT FOR RURAL COMMUNITIES: \$41.4M (*Remplan, 2017*)

MDMSN PROGRAM – MONASH END-TO-END RURAL PROGRAM

- Major investment by the Federal Government (\$67 million) to grow the rural medical workforce
- Support a cohort of students to complete the Monash graduate entry MD program entirely at the University's rural health sites
- End-to-end rural medical training commencing in 2021
- **Program outcomes:**
 - Build medical training capacity
 - Increase medical education and training opportunities in rural areas across all years of the training continuum
 - 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
- **Student support:**
 - Subsidised accommodation
 - Mentorship & clinical supervision
 - Rich rural health research opportunities
 - Linkage with Monash Regional Training Hubs to support junior doctors, including career mentoring



Australian Government



**Murray-Darling
Medical Schools Network**

Funded by the Australian Government

Supported by the Australian Government under the Murray-Darling Medical Schools Network

MONASH REGIONAL TRAINING HUBS

GIPPSLAND & NORTH WEST VICTORIA



RCS PRESENTATIONS

Deakin University

- Implementation MD
 - ❖ Completion 2020
 - ❖ Research skills component
- Assessment Review
 - ❖ Work based assessment
 - ❖ Examination
 - ❖ Procedural
 - ❖ Communication

- Longitudinal Primary & Community Care
 - ❖ Well received
 - ❖ One day per week
 - ❖ All rotations in 2020
- Site equity
- Indigenous Student Pathways



- Collaboration with Southern Regional Training Hubs Alliance
- Established regional workforce group
- Establish base in Ballarat
- Medicine:
 - ❖ 9 Trainees
 - ❖ DHHS
 - ❖ Rural based pathway
- GP:
 - ❖ Healthcare Services
 - ❖ Work force agencies
 - ❖ DHHS
 - ❖ Strengthening Rural Generalist Training Plan (SRGTP)
- Funding Issues

RCS PRESENTATIONS

James Cook University

RHMT Achievements



54% of Medical (CSP) graduates spent >1 year clinical training in RA2-5 sites (excl TSV)



100% of JCU medical students do > 20 weeks of rural or remote placement



1,213 medicine placement weeks in RA 4 and 5 locations. This was across 181 different placements (most students did only one, some would have done two, in the year)



72% of the 2018 Medicine CSP intake students were of rural origin



49% of the current 417 Queensland Rural Generalists (fellows and trainees) are JCU graduates



RHMT Challenges



Aboriginal and Torres Strait Islander student recruitment has increased but we still don't meet our target



Making rural and remote experiences matter across all health professional disciplines



Changes to RHMT planning and reporting requirements under the 2019-20 funding agreement, without consultation



Research is embedded in everything we do but the requirement for a 'research plan' under RHMT is challenging



Northern Queensland Regional Training Hubs Network

Our Focus for 2018:



Has been on creating strong engagement and collaborative partnership at the local level



The successful development of collaborative communications material (nqrth.edu.au)



The coordination of events, career series, educational workshops etc. for JCU year 6 students, interns, junior doctors and registrars, supporting and promoting training in northern Queensland



RCS PRESENTATIONS

University of Queensland

RCS PRESENTATIONS

Australian National University



ANU Rural Clinical School and Training Hub

FRAME May 2019

A/Prof Malcolm Moore

RCS and RTH: update

- Rural program continues oversubscribed
- Training facilities
 - Joint training facilities with University of Canberra in Bega and Cooma out to tender
- Staff appointments
 - RCS Head: Malcolm Moore
 - RCS Manager: Meg Milne
 - RTH Manager: Jennie Gordon

RCS and RTH: achievements

- Funding for new training facility in Goulburn on hospital site (HHF Health Collaborative)
- RHMT report accepted and funding extension received
- Increased rural and regional intern placements
- Developed strong collaborative relationships with members of Hub Advisory Group
- GP retention research with AMGs, IMGs

RCS and RTH: challenges

- Managing change in student accommodation and charges
- Recruiting to academic positions
- Structure of relationship with the medical school
- Meeting admission targets for Indigenous students
- Defining responsibilities for Hub and resource-poor LHD

RCS PRESENTATIONS

Flinders University

It's a time of change at Flinders...

Formation of the Discipline of Rural and Remote Health

- South Australia and Northern Territory programs united.
- Increased efficiency across the central corridor while keeping each program's integrity.
- Embed rural and remote health in the College of Medicine and Public Health.
- Raise the profile of rural and remote health.
- Signifies a deep commitment to rural and remote health by Flinders University.

Staff Update

- Leadership changes, all other staff and programs stable.
- Farewell to John Wakerman, Jennene Greenhill and Lucie Walters



- Currently recruiting Dean of Rural and Remote Health in NT, Deputy Dean of Rural and Remote Health in SA and Level E Researcher
- Education and Research leads currently being appointed

Rural Clinical School Update – South Australia

- All targets met for last contract.
- Provided 5635 student placement weeks in 2018.
- Smooth introduction of programmatic assessment into Parallel Rural Community Curriculum Program (PRCC) in 2019.
- Further development of the rural stream with plans to deliver 5 weeks of the Year 2 curriculum and 2 weeks of the Year 1 curriculum rurally to our future PRCC students.

Rural Clinical School Update – Northern Territory

Northern Territory Medical Program in Alice Springs

- 6 Medical Education in Central Australia students on 40 week placements in 3rd year
- 3 Community Based Medical Education students on 20 week placements in 3rd year
- In 4th year, an average of 7 to 9 students spend 6 weeks at the Alice Springs Hospital

3rd year ANU students

- 20 students on placement in Yuendumu
- 18 students on placement in Tennant Creek
- 2 students on placement in Alice Springs at the Central Australia Aboriginal Congress

Electives

- 81 registered and more to follow

Regional Training Hub – South Australia

Our team

- Michelle McIntosh - Director of Clinical Training and AMC WBA Program Director
- Sarah Boyd - Medical Education Officer and IPE Simulation Coordinator
- Sharon Liu - Hub Operations Officer
- Megan Waters - Hub Administrative Officer

Our relationships

Formal partnership with CHSA to (i) provide Training Medical Unit services for rural doctors in training and (ii) to support innovative rural junior doctor training for interns in general practice.

Career advice and mentoring

Study seeking to understand independent variables associated with career interest in small town rural practice indicates **background** and **mentorship**.

Workforce planning

Sustainability of rural maternity workforce study sent to CHSA on 2 May.

Regional Training Hub – Northern Territory

Rural Generalists Training

- Pilot program for Advanced Training in Remote Indigenous Health
- In collaboration with Central Australia Aboriginal Congress, NTGPE, NTPHN, RACGP and ACRRM
- Strategic Working Group for Rural and Remote Generalist Training in the NT

Mentoring and Support

- Career advice and planning for NTMP medical graduates
- Careers expo's, mentoring and networking events

Professional Development Activities

- Cross Cultural Communication Teaching and Learning Workshops
- Supporting “No Cola, Just Fun” speaking tour about metabolic disease and combating diabetes

Stakeholder Engagement

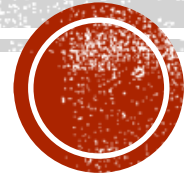
- Identifying opportunities and factors necessary for supervisors, students, Junior Medical Officers, and Health Services to flourish in remote areas

RCS PRESENTATIONS

Griffith University

GRIFFITH RURAL CLINICAL PROGRAM

- Meeting all KPIs
 - Continue with 3rd and 4th year LIC
- Continue with 7 week rural GP in 4th year
 - Increased research output
 - Increased collaboration with UQ



3RD YEAR CLINICAL PLACEMENT PILOT PROJECT.

- 4 x 3rd year students longitudinally based in AMS and in-reaching to specialist placements
- Results to date: high student satisfaction, excellent support and engagement from specialists (paediatrician, surgeon, physician, obstetrician/gynae, mental health)



CLINICAL TEACHING TEAMS EXPANDED IN RURAL GENERALIST HOSPITALS

- Addition of clinical educator to each rural team (5 teams), has increased academic oversight and pastoral care for students.
- Each team now consists of Medical Educator, Clinical Educator and Student Coordinator.
- Positions have increased social and community engagement.
- Students have joined local SES, First Aid responders, community wellness programs



RCS PRESENTATIONS

Western Sydney University



BREX and TRES



Community



ALL SORTS

MDMS: CSU and WSU
Joint Program in Medicine

Post graduate
Rural Generalism

AMS PARTNERS
WORKSHOP

Research

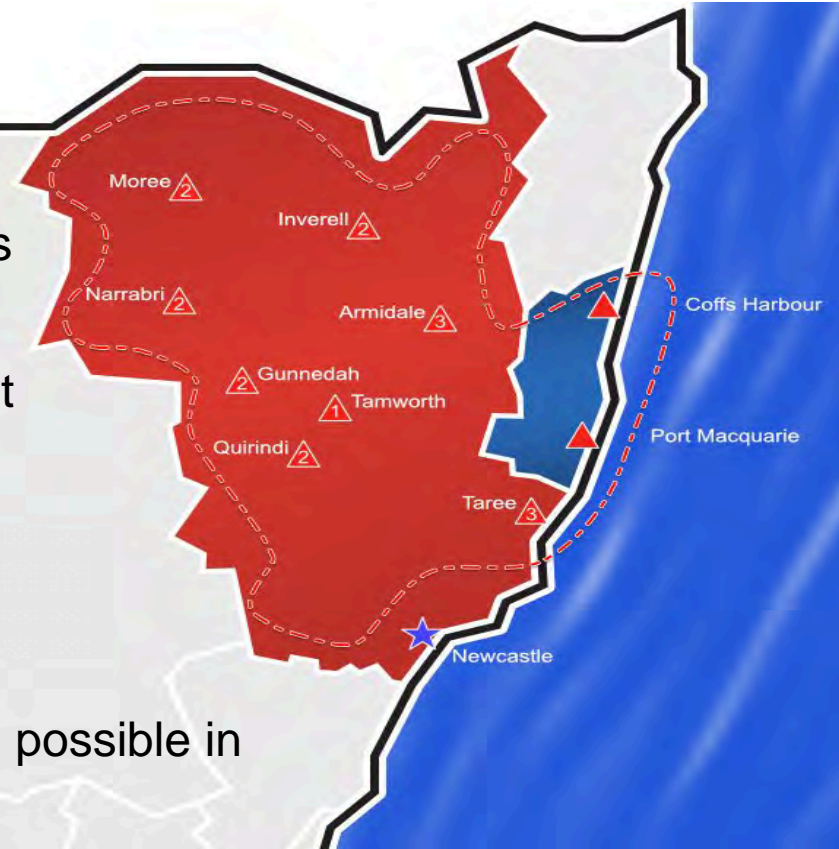


RCS PRESENTATIONS

University of Newcastle

RURAL JOURNEY

- Building rural aspiration in local students
- High quality, meaningful experiences
- Importance of early student engagement
- Developing regional career options
 - Research
 - Teaching
 - Clinical Service
- Demonstration of the breadth of careers possible in rural areas



CHALLENGES

- Ongoing support to Indigenous students
- Recruiting and supporting the undecided
- Balancing smaller numbers and deeper experience vs larger numbers exposed
- Continuing stigma of rural practice and primary care
- Transition to MD for JMP BMed



REGIONAL TRAINING HUB

- 16 of 20 previous RCS students as PGY1
- Activities
 - New Grads network
 - Support for PGY1/2 education in all 3 RTH sites
 - Academic detailing
 - IRTP post options exploration
- Continuing lack of long term positions
- Intern accreditation
- Maintaining supervisor capacity and long term mentoring
- Armidale/RG longitudinal positions/regional Specialist Training Positions



RCS PRESENTATIONS

University of Adelaide



FRAME meeting May 2019

University of Adelaide Rural Clinical School
Dr Lawrie McArthur

Outcomes - Adelaide Rural Clinical school

- Hitting Targets
 - 30% RBE,
 - 28% fifth year do rural CLIC,
 - 100% of MBBS students have Rural Training
- High quality rural medical education
 - dedicated rural courses,
 - robust multimodal assessments,
 - 7/12 academic prizes graduating class of 2018,
 - AMC preparedness for internship
- Improved university selection of ATSI medical students
- Next generation recruitment of clinical teachers

Challenges - Adelaide Rural Clinical school

- Transitions
 - UoA new strategic plan
 - Rural training activity but no FHMS strategic plan
 - New (acting) executive Dean
 - Welcome - New ARCS Director
- Engagement of Collaborative partners
 - Devolution of CHSALHN into smaller regional boards
- Uncertainty of RHMT and RCS review parameters

Northern Gulf Eyre Regional Training Hub

- Established new Whyalla Hospital medical education unit
- Implemented Junior doctor training – 5 new interns 2019
- Provisional SAiMET accreditation
- Recruitment dilemma's - Clinicians, Director of Clinical Training
- Expansion stalled into post graduate training – psychiatry
- Wider regional allied health and IPL collaborations
- Unknown RTH evaluation imperatives
- Underfunded rural research - Building the evidence



RCS PRESENTATIONS

University of Sydney

School of Rural Health Dubbo & Orange

FRAME

Tamworth

May 2019

Catherine Hawke

Kim O'Connor

Linda Cutler

Justine Brindle

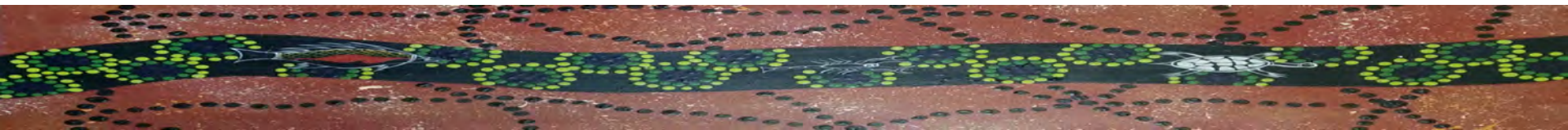


Challenges/Opportunities:

- Dubbo Medical School & the Murray Darling Medical Schools Network
- Faculty of Medicine and Health
- Dubbo and Orange Health Precincts redevelopment
- New curriculum 2020

Achievements:

- ✓ Two year placements
- ✓ Rural origin recruitment
- ✓ National Rural Health Conference
- ✓ Pub-based lectures
- ✓ Research



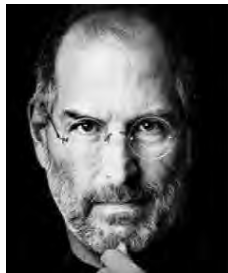
Western NSW Regional Training Hub

- IRTP's in Emergency & Oncology
- Collaborations: podcasts, research, RDN cadet weekend
- National conference scholarships
- Workforce mapping & planning
 - ✓ Career speed networking
 - ✓ Medical careers workshop
 - ✓ Intern application sessions
- Individual career pathway discussions and mapping sessions.



Northern NSW Regional Training Hub Lismore





Creativity is just
connecting things

Steve Jobs

- Workforce Plan – USyd / UOW joint investment
- Collaboration with Clarence Hub for sustainable PGY1/2 pathways in our greater region
- Continue with training for here *and* there
- Building strong education and training curriculums for vocational training pathways
- Achieving excellent results in increased Accreditation
- Continue collaborating for innovative and expanded models of training and flexible workforce options
- Always realigning... always asking “what if”? – complete and sustainable pathways for acute and primary training with both Colleges and stakeholders

Continuing Challenges

- Achieving Hub workforce goals which are mapped out to 2028
- Finish NNSW collaborative workforce plan then capitalise on that
- Continuing to plan and deliver within a fluid and evolving labour market
- Long term plans within short term timeframes

EVALUATION OF RHMT PROGRAM



RHMT Program Evaluation

Sonya van Bremen & Ruth Stewart
James Cook University

RHMT Program Objectives are to provide:

- Rural training experiences for health students;
- An evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes;
- Support to rural health professionals to improve Aboriginal and Torres Strait Islander health;
- An increase in the number of rural origin health and medical students; and
- Maintenance of well-supported academic networks to enhance the delivery of training to students, junior doctors and specialist trainees.

Intended outcomes of the RHMT program

- Increase the number of appropriately qualified health professionals working in rural, regional and remote Australia;
- Provide high quality training across eligible areas of Australia;
- Build regional capacity; and
- Ensure a well distributed health workforce.

RHMT evaluation & objectives

The background image shows a group of people, likely Indigenous Australians, performing a traditional dance or ceremony in an outdoor setting. They are wearing traditional clothing, including headbands and body paint. A semi-transparent green rectangular overlay is positioned in the upper half of the image, containing the title 'RHMT evaluation & objectives' in white text. Below the title, a semi-transparent green rectangular overlay contains a bulleted list of three objectives in white text. The background image is slightly blurred, suggesting movement during the performance.

- To assess the extent to which current design & delivery meets program aims
- consider the benefits to local health care from engagement in teaching & training in RHMT program
- To inform future program design & Government policy approach for rural health workforce

Key Evaluation Questions: Design & Delivery

1. How (well) is the Rural Health Multidisciplinary Training program being implemented?

2. What have been the (+ve &/or -ve) impacts of the 2016 consolidation of RCS & UDRHs into a single program? e.g. :

- a) opportunities for interdisciplinary training
- b) flexibility and innovation in delivery models
- c) resource management, including staffing and funding
- d) reporting and monitoring.

3. What (if anything) are the main challenges in the delivery of the program, and potential improvements to address these?

Key Evaluation Questions: Outcomes

4. To what extent are universities meeting the program's objectives and outcomes?
5. What has been the impact of the Rural Health Multidisciplinary Training program on:
 - a) The Indigenous health workforce
 - b) Local communities and health services
 - c) Participation and satisfaction of rurally based and Indigenous students
 - d) University health programs and curricula?
6. What are the lessons from the Rural Health Multidisciplinary Training program for improving workforce outcomes? This should include consideration of the features/attributes of particular university programs.

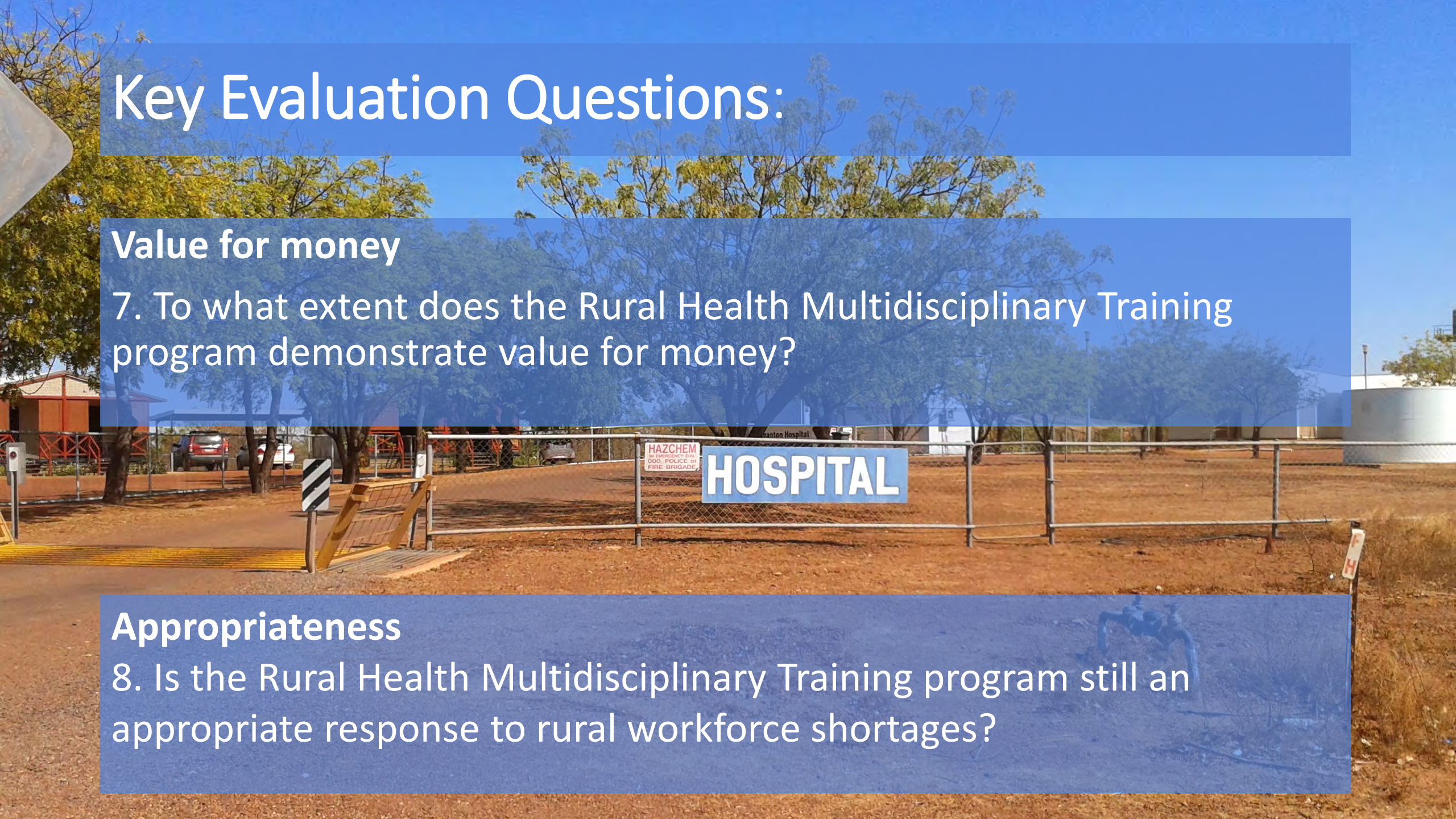
Key Evaluation Questions:

Value for money

7. To what extent does the Rural Health Multidisciplinary Training program demonstrate value for money?

Appropriateness

8. Is the Rural Health Multidisciplinary Training program still an appropriate response to rural workforce shortages?

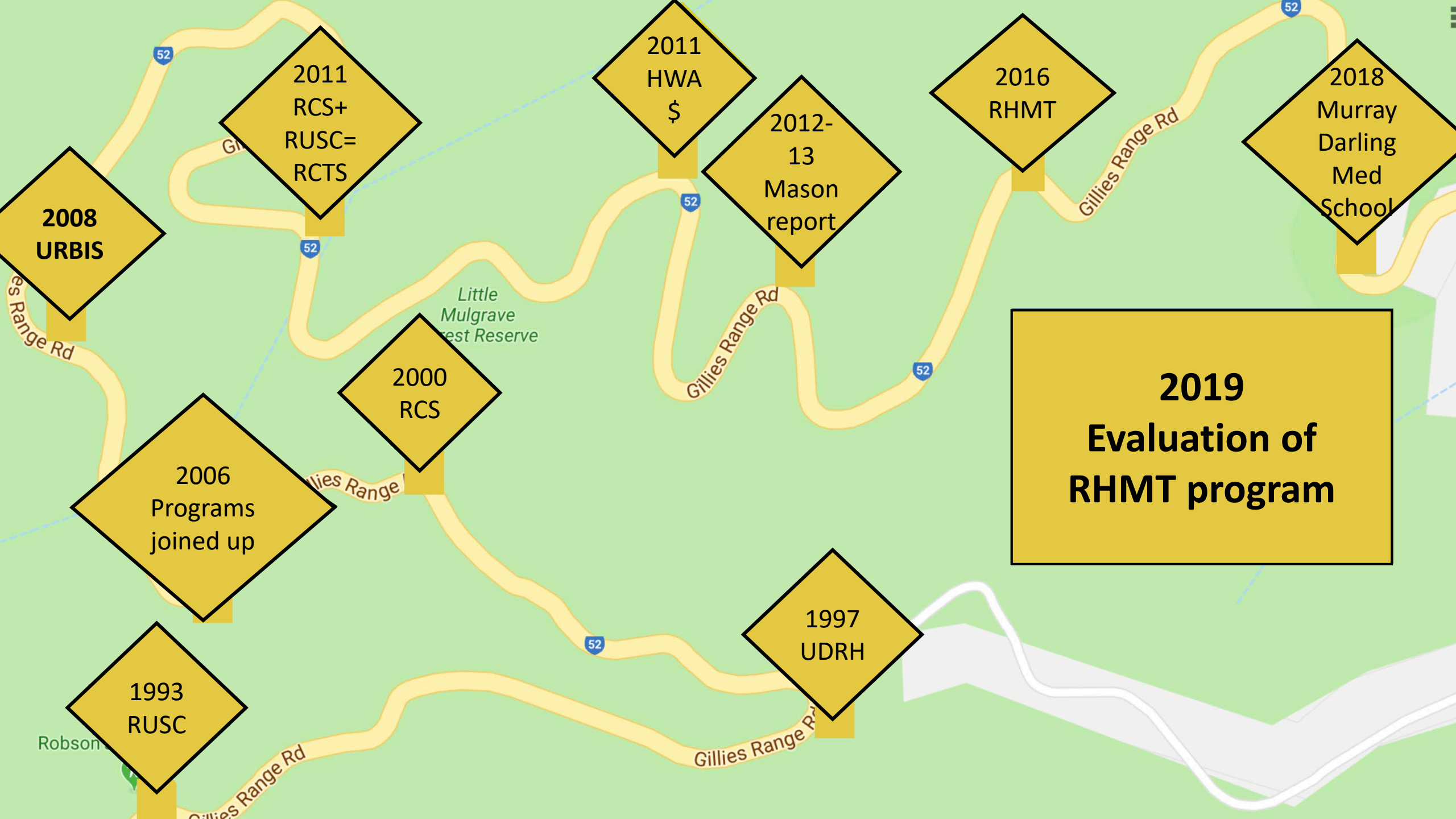




RHMT

**A potted History
of mergers and
evaluations**

Ms Sonya van Bremen





Each table has one question

consider for that question

Advice for the evaluators:

- **Who to ask/approach/talk to**
- **How could those people be grouped?**
- **What to ask**