FRAME Tamworth NSW, University of Newcastle, ADDRESS

Tuesday 7th May, Wednesday 8th May, Thursday 9th May

Minutes

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

University of Adelaide	University of Western Australia
Australian National University	University of Melbourne
Charles Sturt University	University of Sydney
Deakin University	University of New South Wales
Flinders University	University of Newcastle
Griffith University	University of Queensland
James Cook University	University of Tasmania
Monash University	University of Technology Sydney
University of Notre Dame	University of Wollongong
Western Sydney University	

The Commonwealth Department of Health was represented by:

Joanne Bernadi
Rhia Buick
David Meredyth
Mel Pietsch
Katy Roberts
Susan Wearne

The following Colleges were represented:

Lincoln Hoye & Stephen White	Australian & New Zealand College of Anaesthetics
Sumithra Abeygunasekera	College of Intensive Care Medicine of Australia & New Zealand
Mari-Anne Houghton & Penny Petinos	Royal Australasian College of Physicians
Olivia Hartles & Elaine Tieu	Royal Australasian College of Surgeons
Michelle Zhang	Royal Australia & New Zealand College of Obstetricians & Gynaecologists
Kristin Bell & Gail van Heerden	Royal Australian & New Zealand College of Ophthalmologists
Kathryn Hertrick & Jackie Mottica	Royal Australian & New Zealand College of Psychiatrists
Chloe Visser & Carmel Barker	Royal Australian & New Zealand College of Radiologists
Carmel Barker & Debbie Greenberger	Royal Australian College of Medical Administrators
Sudi Sekhar	Australasian College for Emergency Medicine
Isabelle Schroeder	Australasian College of Sport & Exercise Physicians

Other significant representations:

Cath Sefton	Kristine Battye Consulting (KBS Australia)
Helen Craig & Elizabeth Mackie	Medical Deans Australia & New Zealand
Patricia Ridgway	National Health & Medical Research Council (NHMRC)
Various representative doctors	Tamworth Rural Referral Hospital

FRAME Regional Training Hubs meeting – Tuesday 7th May 2019 – Day 1

Comments
Meeting opened: 9:30am NSW time by Jenny May
Welcome and acknowledgements **Simon Munro**, Indigenous Academic from University of Newcastle, Department of Rural Health gave the Traditional Welcome to Country. **Professor Brian Kelly**, Head of Staff, Faculty of Health and Medicine, University of Newcastle Welcomed all guests to the University of Newcastle Department of Rural Health, Tamworth campus **Prof David Atkinson**, University of Western Australia, Head of Rural Clinical School, set the scene for the Regional Training Hubs meeting.
Regional Training Hubs successes and challenges presentations Presentations listed below: 1. Shared positions UWA – Tracey Isidori and June Founds 2. Progressing towards a rural basic training pathway in Victoria – Michael Nowotny 3. Dr Pathway: A southern Regional Training Hubs Collaboration – Mimi Zilliacus and Amy Swart 4. A state-wide collaboration supporting medical training across regional and rural QLD - Marcelle Crawford and Debbie Croyden 5. Destination Medicine Podcasts – Fran Trench ACTION – FRAME Secretariat to add link to Podcast/s to website. 6. Training Pathways and Professional Support for Building a Rural Physician Workforce – Matthew McGrail

7. Report Launch – Building a rural physician workforce - Steve Flecknoe-Brown

Presentations from Colleges

1. The impact of ACEM's National Program on rural & remote emergency medicine – ACEM, Ian Woodruff, GM, National Programs

2. STP – Training Opportunities beyond the ordinary – RANZCP, Kathryn Hertick, Projects Manager, Specialist Training Program

3. Successes, Challenges & Opportunities in Rural Surgical Training – RACS, Olivia Hatles, Program Manager, Specialist Training Program

4. Steps Towards designing, funding & implementing an Ophthalmology Regional Training Network – RANZCO, Kristen Bell

(**Panel Discussion with PGY1-3 Focus**

Panel Members:

- Dr Bek Ledingham, GP/Medical Educator - Broome WA
- Dr Lisa Dark, VMO Neurologist & GP -Tamworth NSW
- A/Prof Michael Nowotny, Regional Paediatrician - Gippsland, Vic.
- A/Prof Ruth Stewart, Senior Medical Officer & FRAME Chair - Thursday Island, QLD.)

Challenges:

- Rural oriented interns and registrars must spend some/all of their time away from rural or regional site/s.
- Very few rural or regional specialty training opportunities.
- Perception that Rural medical training is second rate and it will be harder to get a job later on down the track. CV building and job support is crucial to negate this.
- Non-transparent selection process for physician/paediatrics. training
- Mandatory rural terms can be counter-productive. E.g. stress for students with young families.
- Urban myths of skill level required for rural practice i.e. (rural medical practitioners are second rate
- Partner's employment in the community
- Arranging upskilling and professional development opportunities
- Arranging support for exam preparation

Opportunities

- Recognition and support from regional hospitals to the feeder rural sites could strengthen bonds within the region.
- Regional Training Hubs could to increase the understanding of Remote Hospital and Health Services and remote communities in urban centres demonstrating what is available and what isn't e.g. online and distance education

training options how these work. 20+ years of experience in General Practice Training of a dispersed training model.

- Colleges could give extra points in selection process for rurality.

National RTH Evaluation and wrap up Prof David Atkinson and Denese Playford

RTH Evaluation:

- David Atkinson is now coordinating the which was commenced by John Wakerman who has since moved on.
- Denese Playford is now the Project Officer.
- 2017 working party was created with a diverse group from various universities.
- A framework for the project has been submitted to ethics.
- 3 principle areas, all championed by skilled people in those areas:
    - Qualitative approach
    - Quantitative approach
    - Economic approach
- Need to use the reports already submitted to the department to collate some of those Qualitative comments.
- Will be using these reports to create the questions
- Quantitative – vacant positions, positions being created etc.
- Looking at the costs.
- Encouraging people to be involved.

ACTION: Nominated contact person for each Hub to be sent to Gabby Sabatino FRAME secretariat

Wrap Up –a great day, interesting to hear from the specialty colleges and encouraging to see their enthusiasm. Lively panel discussion was enlightening.

Meeting Closed 4:30pm

FRAME Managers meeting, Day 1, 1pm to 4pm - see document prepared by Dee Risley. (Link)

FRAME general meeting – Wednesday 8th May 2019 – Day 2

Meeting opened: 9:00am NSW time

Welcome to Country

Welcome to Country was given by Simon Munro, Aboriginal Academic from University of Newcastle, Department of Rural Health.

RCS Presentations

1. University of Tasmania
2. University of Melbourne
3. University of Notre Dame
4. University of Wollongong
5. Monash University
6. Deakin University
7. James Cook University
8. University of Queensland
9. Australian National University
10. Flinders University
11. Griffith University
12. Western Sydney University
13. University of Newcastle
14. University of Adelaide
15. University of Sydney

Impromptu group discussion led by FRAME Chair Ruth Stewart

1. **What is the optimal rural placement length?**

Responses:

- System structures require to think of placements as blocks but in reality, it should just be flexible.
- 12 months or more. Up to 4 years
- Should allow people to have flexible entry and exit of rural placements
- Accommodation & infrastructure are important most universities subsidise their accommodation for students in rural places Cheaper accommodation in rural placements can be attractive

2. **Adapting rural experience to the individual** was a strong theme flexibility optimises the student experience Creating rigid formula of rural placements decreases the appeal to students.

3. **How to select and support Aboriginal and Torres Strait Islander students**?

- Newcastle University (innovators) were invited to initiate the discussion.
    - Recruiting, supporting and retaining ATSI students is easy with support from directors and basic resources
    - set a long-term agenda.
    - need meaningful preparation and support programs,
    - reflect on and extinguish racism in the learning environment

  - work with all peers and colleagues not only the Aboriginal and Torres Strait Islander health support team (a must have).
  - Enrolment successes can be lost if students leave the program
  - Student need access to the person who supports them,
  - Support person's identity is less important than easy access to them.
- **Griffith University an exemplar of retention of Aboriginal and Torres Strait Islander students**.
  - have a First People's Health Unit,
  - recruitment invites the family along. May be the family member to attend University and thus family don't understand the University requirements. The family involvement in the recruitment process helps them to accept and understand requirements.
- **Preparation and postgraduate preparation courses** are valuable & effective.
  - Emphasis in this area has been on people with lived experience rather than on recent school leavers. Preparation for getting students in through the alternate entry programs is a very long game & needs significant financial support. Almost all Indigenous student would be on some sort of financial support.
- **Mentors & Support** - everyone's business
  - Support would need to be (but not limited to) preparation courses, academic support, personal support, financial support, family inclusion and education/explanation of university requirements on students
  - Mentors should be both Indigenous and non-Indigenous.
  - is needed through course including during clinical placements and postgraduate.
  - is everyone's business and if we expect our Indigenous colleagues to take the main burden then we are not doing our job.
  - Require people who act as "spotters" and "shoulder tappers" of potential students with lived experience.
  - Indigenous students' marks improve as they become familiar with University.
  - Need help to navigate central university supports,
  - Require specifically Indigenous support group which is culturally safe.
- Individual students, PRIDOC, AIDA etc. all need more than standard funding.

4. Capacity of rural placement sites.
   - expanded rural placements requires increased supervisor training etc.
   - Require built redundancies for student placements to allow for flexibility to respond to workforce shortages
   - Rural origin, rural clinical training and the follow through is the key to getting the rural workforce
   - 7 – 10 year lag time before rural intake students become rural doctors.
   - Moving the medical schools into more rural & remote settings has helped increase First Nations intake.

Evaluation of RHMT Program -Sonya Van Bremen and Ruth Stewart

group discussions. Each group was given a question and responses are below:

FRAME
FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

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

- Is there value in the joined-up approach? It is imperative that joined and unjoined, established, newly established and already established programs, site-based and virtual models are examined.
- Need to talk to people working in the RHMT program, & people who have been laid off from RHMT program due to consolidation and disjunction of RCS & UDRHs,
- identify people who have a lot of corporate memory of these and give them to the evaluators, managers are crucial for the same reasons, current students, past students, the department.
- Get information using existing data sets and focus groups.
- Evaluator should address
    - Should RHMT work as a service provider,
    - autonomy,
    - need to build in redundancy.

2. **What have been the (positive &/or negative) 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**

- AHREN, FRAME and PHN's would be starting point for who to talk to.
- How could these people be grouped? Small groups of RCSs', focus groups.

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

- Who to approach? :
    - consumers,
    - rural health services,
    - students and grads,
    - Indigenous community-controlled boards.
- Ask who are the local champions – this varies region to region.
- Ask for data:
    - Quantitative: Graduate numbers remaining in locations and where they've come from and how long they have been there? How many have come from this program?
    - qualitative (some journeys, power of the story). How do the rural generalists identify?
- Fragility of rural health services issue – one key person leaves and everything falls over etc. question who moved and why?

4. **To what extent are universities meeting the program's objectives and outcomes?**

- Internal: Talk to Universities and programs through the central universities in addressing things we have no control over e.g. Indigenous student intake and numbers etc.
- External: local health services, RDAA state bodies, communities, what they can provide, what they can contribute.

- How could they be grouped to provide the relevant information. How do you get the information you need without going to every single site? AHPRA for data
- Questions to ask: what are successes. What are challenges. What changes have you noticed in your organisation? is there anything we shouldn't be doing that is not currently being done?

5. **What has been the impact of the Rural Health Multidisciplinary Training program on:**
   a) **The Indigenous health workforce**
   - Meet with people from Indigenous communities, prep programs, universities, admissions, Indigenous support units, community engagement at local levels, Indigenous health services and non-Indigenous health services, talk to AIDA, and Regional Training Organisations
   - Ask communities themselves how they'd like to be grouped. Could show one good example, one okay and one bad.
   - What is the Indigenous content in the program?

   b) **Local communities and health services**
   - Who to ask? - the local health services themselves, consider FRAME data, state-based rural health services, local councils and groups.
   - How has this impacted
     - health services?
     - the culture of education and teaching,
     - community health,
     - what would happen if the RCS left?
     - Has the RCS had an impact on local students wanting to study health?
   - Indigenous methodologies need to be considered when answering these questions through the evaluation, Surveys and focus groups are not good at engaging Indigenous people or finding out the information relevant to them or their communities.
   - Use existing data, qualitative information about the data, explore the stories of the students that didn't complete their course.

   c) **Participation and satisfaction of rurally based and Indigenous students**
   - As in (a) above but also:
     - contact Indigenous and rural based students who did not complete and find out why.

   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.**

- RCS success is limited by the post grad training opportunities and the pipeline needs work
- Barriers for the Hubs:
  - State/Federal structural disconnect
  - colleges and other stakeholders involved the hubs this is a long game and it should it be taken into consideration that the hubs are still young.
- RCS's success and failures in workforce return.:
  - Ask alumni and find already published data – systematic review. Ask community, councils and members.
  - Evaluation needs to be context specific and the diversity of contexts need to be considered
  - Consider the culture of the university how is rural valued?

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

- Need to examine
    - economic value
    - cultural value amongst the professional networks in rural and city.
- Macro level: speaking with the state departments of health, other community-controlled health service groups PHN's and workforce agencies.
- Micro level: speaking with the medical deans of the central universities – Would they want to give up the program and funding? How does the RHMT program contribute to their medical degree program? What would be the implications if the funding completely stopped?
- Talk to health consumers groups and local business/community councils in the local area's where we work – asking them about the changes that they've noticed in their health service delivery in the last 15 years and what benefits they can see to the community over those years that the RCS's have been operating? What would be the impacts if the program ended? Also talk to students both past and current and local health services with similar questions.

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

Workshops and activities

1. Visit to Gomeroi Gaaynggal Centre
2. Clinical Supervision: Vertical Integration or Pyramid Selling?
3. Inter-Professional Education in 2019

Meeting closed: 4pm NSW time

FRAME Business meeting – Thursday 9th May 2019 – Day 3

Meeting opened:	9:00am NSW time
1. Tracking Projects	**MDANZ CEO, Ms Helen Craig - Medical Student Outcome Database** • MDANZ are linking with UTAS and AHPRA to improve database and tracking. • Would be helpful to show the whole journey. • FIFO doctors are not captured in this data. • MDANZ will keep historical data so that de-identified individual students can be tracked. ACTION: Helen Craig, Lizzi Shires and Lucie Walters to join a future FRAME Policy Group meeting regarding data and tracking. **UTAS RCS Director A/Prof Lizzi Shires - the 'Grad Track' project.** • After UTAS created their own Data Tracking project, they realised a national tracking project would improve accuracy. • The UTAS team identified a way to Link data from MSOD, AHPRA and MDANZ. • Continuing to work with MDANZ on linkages. • Need to link nationally. • Need for internal work at each university to clean internal data. • There would be benefits from coordinating HREC applications and permissions nationally • The details of the costs and content of AHPRA Data were discussed **FRAME Chair, JCU A/Prof Ruth Stewart led discussion regarding tracking approaches.** • FUNDING AND GOVERNANCE OF FRAME - The meeting confirmed that the current loose affiliation continues to be the preferred option for FRAME because of the flexibility of association. Each member organizations of FRAME, needs to participate and contribute. • NATIONAL RURAL MEDICAL WORKFORCE ACTIVITY is not being captured in any of the standard tools therefore the data is skewed. The appropriate venue for this conversation was considered DOH's 'HEADSUP' tool was suggested this might not be linked to the AHPRA data • The Australian Government's Distribution Working Group is examining the multiple classification systems for rurality used for programs to address rural underservice. Government programs are being to the Modified Monash Model. (with a very few exceptions) • Jennifer May mentioned an agreed data dictionary/set of criteria would be useful which was echoed by the group. ACTION: FRAME Secretariat - Gabrielle Sabatino - to collect expressions of Interest for a Tracking Interest Group (TIG) to report to the Policy Group on a regular basis and to give a report at the next FRAME meeting in Canberra. Lizzi Shires suggested to try to find some funding for this data tracking work as its very time consuming and difficult.
2. **Supporting Rural Research followed**	**NHMRC Research Translation Branch, Acting Executive Director, Dr Patricia Ridgway** Presentation: • Keen to interact on the graduate tracking projects. • Indigenous health is an enduring priority for NHMRC

by discussion	• Question was addressed within the presentation as to why NHMRC funds so little research in Rural and remote research. Noted the high competition for grants. Low number of grants to Rural & Remote research is due to the low number of such applications.
	• NHMRC have an annual research translation symposium - November 2019 in Melbourne.
	
	Questions and comments from the floor
	• **Observation 1:** In our rural centres we have research capable people but we lack the capacity to give them the time to undertake grant applications with an 80% failure rate. We must find a way to navigate around this challenge
	• **Observation 2: Rurality Classification** – The Regional Innovation Areas stretching from Tenterfield to Gosford has regional partnership and is based in Newcastle. There is no capacity for the Rural Clinical School to interact in a meaningful way with that translation centre Rural and Remote communities use the phrase 'seagull research' referring to high level research that does not engage with or contribute to local communities. The Modified Monash Model of geographical classification is now preferred by the Australian Government. It classes Regional as MM2-3, Rural as MM4-5 and Remote as MM6-7. Using MMM anyone outside a population centre of 200,000 is disadvantaged. **NHMRC response** they will take this feedback and are working on these issues. NHMRC referred to a number of research capacity building programs. There is a Research Excellence Centre in Alice Springs (MMM6) historically there was one in Warrnambool.
	• **NHMRC Grant application Issues** noted by participants:
	  ○ many studies with great research questions are morphed into a randomized control trial design, because of the perception that RCTs are preferred by NHMRC.
	  ○ qualitative research does not seem to be regarded favourably by NHMRC reviewers
	  ○ time frames need to be longer for rural and remote research due to the tyranny of distance, dispersal and scarcity of resources, and cultural requirements
	• **NHMRC responded:**
	  ○ the clinical studies in cohort schemes are well suited to rural and remote communities A lot of work has been done with the sector around how those grants will be reviewed.
	  ○ track records of researchers more focus now on outcomes which can be significant in remote research.
	  ○ Timeframes have been recognized as needing to be longer e.g. in Indigenous Communities.
	  • Additional costs of research in Remote areas is noted e.g. for meetings, workshops and getting together
	• **investigator driven research is an uneasy fit with the NHMRC model**. The CRE's $500,000 per year for 5 years maximum has not been pegged to inflation and applications for one region are not funded. There must be partnerships across a number of regions to succeed with these grants. This blocks rural and remote areas from applying
	
	• **NHMRC response** acknowledged this and mentioned that some of their research is targeted and gaps in research or urgent research can be identified through different advisory groups.
	
	• **complexity and fragility of rural research teams**; Flinders University where involved in an NHMRC research round that got to the second round. It required quite a number of community research projects, and consultation and engagement with First Nations peoples. Observed a

	lack of capacity in regional and rural centres to draw on a number of smaller papers or research to apply for big grants. • **Risks of an unsuccessful bid for grant funding in Rural Remote and First Nations communities** Comments: ○ grant applications establish significant expectations in Rural, Remote and First Nations communities; ○ If expectations are raised and nothing returned to the community the risk is that First Nation communities will not engage next time. ○ With the 20% success rate, it's not just 'oh shivers we won't employ 2 more research assistants in our town of 5000' it is actually the damage that this can do to the very fragile populations around us. ○ if we are looking at barriers to rural research grant applications: ▪ relationships are really complex, & are required for a number of things beyond research, ▪ researchers often live and work in those communities. It means they can't fly in and if it didn't work then just fly out and find another community to do a project with later. • it would be good to have some seeding funding and some tail off funding. • any research into Aboriginal and Torres Strait Islander groups is consulted by one of the Indigenous Advisory Groups in Canberra prior. • NHMRC thanked FRAME for that comment and acknowledged this is a problem. Mentioned there are proposals in place to address some of these issues and additional funding in place for these additional relationship building exercises, followed by funding for a full-on research application. Might help to manage some of those expectation issues. ACTION: FRAME Chair Ruth Stewart to send a letter to NHMRC summarizing the comments made in this session.
3. Reports for discussion	**<u>FRAME Study – Lucie Walters</u>** • Acknowledged Traditional owners • Introduced Zelda as a new member of the survey team and thanked Sharon from Flinders University for the work that she does for the study. • 9 publications from this study have been published. • Thanked Vivian Isaac for his work in progressing the agenda. • Focusing on these area's: ○ patient & practitioner orientation ○ impact of volunteer/conscripted placement ○ interest in working in a small-town rural practice ○ Looking at just the RA3, 4, 5 cohort and who wants to work there and what the cohort looks like. ○ wellbeing ○ gender differences and career interests. • The 2019 study will be additionally incorporating the following:

- Student diversity to look at how diverse our programs are and are we catering to that.
- Culture within our medical schools. How do we encourage people into certain medical areas and how do we work with the current culture to make that happen?
- How social media and wider events influence the students career choices e.g. Climate change, bullying in hospitals, etc.

- Acknowledge and thank Vivian Isaac for taking on the role with Sharon. Flinders will keep the survey this year and can be reviewed thereafter.
- Lucie Walters requested to remain within the survey group.
- Changes within Flinders University mean there is no longer capacity for paper-based surveys. Have moved to a fully online survey and note that this may influence the response rate.
- There was some discussion around accessing the survey. Will trial this process and then review if response rates are considerably lower.
- Craig McLachlan has moved on from his position at the Rural Clinical school of New South Wales. It was suggested that a letter be sent from FRAME thanking him for his great contribution to the FRAME Survey. Would like to keep the Survey steering committee to members who are RHMT funded and as such we think it's appropriate that he now step down.

ACTION: Gabrielle Sabatino to send letter to Craig McLachlan as above step down

Wrap up 2011 Snapshot study – Jenny May

- Auspiced by Notre Dame, Alexa Seal and Joe McGirr led this. Joe has now left, Alexa thinks it would be logical to repeat this study at the 10-year mark which would be 2021.
- Would like to compare data in 2021, as such they will need to start doing the ethics next year.

NRHA Summary and new FRAME NRHA Rep – Jenny May

- Jennene Greenhill was the previous rep from FRAME. That position is now open. Policy Group was consulted to see if a policy group member wanted that position but there were no nominations from that group. It is now open to the wider FRAME group.
- Malcolm Moore nominated and was confirmed as the new FRAME NRHA Rep.
- Some medical colleges are joining NRHA.
- NRHA are currently looking for a new CEO – Previous CEO Mark Diamond is stepping down.
- Jenny represents RDAA at NRHA.
- Moving forward Malcolm will be giving the report.

ACTION: Gabrielle Sabatino to write a letter on behalf of the FRAME Chair to NRHA giving them our decision of Malcolm Moore from ANU as the new FRAME representative.

AHREN Summary – Jenny May

- Monash, Flinders and Newcastle have combined UDRH and RCSs.
- 4 new UDRH's – 1. Kimberly partnership 2. Three rivers UDRH 3. South Queensland Rural Health 4.Latrobe University UDRH (overlapping the University of Melbourne and Monash University regions)
- ARHEN CEO Jennene Ramsay anticipates continued close working relationships.

- Looking at models of Rural Generalism, Input into the Nursing review, Active in the pharmacy liaison space (contract not held by UDRH's but a separate organization), Used an example of the Nursing cohort form University of Newcastle.

Rural Health Round Table – Jenny May represented FRAME at the Rural Health Round Table as proxy for FRAME Chair Ruth Stewart.

- A communique soon to be released about the Rural Generalist program. No details to hand. A suggestion that there will be $62 million over four years for coordination, and for recognition of rural generalism as a specialised field, and an expansion of the junior doctor innovation fund of 50 places.
- Hopefully more details after caretaker mode has ended.
- Discussion about the national rural health commissioner
    - submitted the report on rural generalism
    - now is working on Nursing and Allied health.
    - Has been engaged to do a literature review & discussion paper and then provide an advice to the minister.
    - has also been seconded to consult on the development of the rural generalist pathway for medicine.
- Distribution working group –
    - members are unsure if this group will continue – this group was tasked with considering transition of workforce programs from RA to MM with due regard to existing contracts. expect that over the next 5 years that most workforce programs will transition to MM.
    - **Heads up** tool is under development. FRAME should consider
        - how to access and use this tool
        - what data within it would be relevant to the delivery of our programs.
        - Activity is not just a raw MBS number for the number of services going on in any particular postcode, it is far more nuanced than that and they've gone into a lot of detail to actually break the population down into 5-year cohorts and to average out the sorts of expenditure MBS (or MES?) expenditure you might expect in those cohorts and using those as an average.
        - In Rural and remote the MBS is not the only source of income for medical workforce. This needs to be considered if Heads up is used to model R&R medical incomes.
- The group meeting again is dependent on who the minister and set up will be etc.

Managers meeting report – Dee Risley

Managers meeting minutes on FRAME website: compiled by Dee Risley.

ACTION: this difficulty to communicate with the department could be raised by FRAME Policy Group members in a meeting with the department when FRAME Policy Group can meet with them.

	<u>Regional Training Hubs meeting report – David Atkinson</u>
	• Successful meeting and thanked the organizing team.
	• A variety of presentations from the different hubs. Commonwealth appreciated hearing from the hubs
	• a shift in the language from some of the colleges was noted.
	• RTH evaluation
	  ○ is continuing.
	  ○ Request all RTHs to share the reporting that was sent to the commonwealth.
	  ○ RTHs need to demonstrate what is done this year (note that contracts end next year).
	  ○ Qualitative analysis will also be conducted.
	  ○ The Evaluation team is open to participation of all interested parties there are some specific jobs.
	  ○ The commonwealth has authorised use of some left-over funds
	• The day finished with an excellent and stimulating panel discussion
	
	<u>Consideration of Next FRAME Meeting Location and Content and Directors Breakfast report – Ruth Stewart</u>
	• Date of next meeting will be in October in Canberra and the date will be decided by ANU (host University) and circulated.
	• Next years' first FRAME meeting in May (2020) will be in Alice Springs. Proposed to coincide with the NRHA research symposium on the 25th and 26th May. Will approach the organisers of the NRHA symposium if we affiliate with their conference.
	• A save the date invitation will be sent out soon
	• Directors and Managers agree that Managers should meet face to face with the evaluators.
	• Discussion occurred about the FRAME survey
	• Discussed research planning and funding and the interface between the rural clinical schools and the central university in some universities this is becoming a point of friction
	
	ACTION: FRAME Chair Ruth Stewart to contact NRHA about Alice Springs Symposium and coinciding our FRAME meeting around that.
	ACTION: FRAME Secretariat to send out 'save the date' invites once dates have been set for October 2019 and May 2020 FRAME Meetings.

4. Other comments	Nil.
5. Meeting Closed	12n NSW time

Action	Responsible person	Completed? Y/N
Helen Craig, Lizzi Shires and Lucie Walters to join a future FRAME Policy Group meeting regarding data and tracking.	Gabrielle Sabatino	y
Collect expressions of Interest for a Tracking Interest Group (TIG) to report to the Policy Group on a regular basis and to give a report at the next FRAME meeting in Canberra.	Gabrielle Sabatino	Y – Lizzi Shires and Ruth Stewart to lead this now.
Send letter to Craig thanking him for his contribution to the FRAME Survey and asking him to step down	Gabrielle Sabatino	y
Send out 'save the date' invites once dates have been set for October 2019 and May 2020 FRAME Meetings.	Gabrielle Sabatino	Y – October meeting. N- May Meeting 2020, GS to follow up with RS.
Write a letter on behalf of the FRAME Chair to NRHA giving them our decision of the Malcolm Moore as the new FRAME representative.	Gabrielle Sabatino (Ruth has done this in email format)	Y - RS did this
Send a letter to NHMRC summarizing the comments made in this session.	Ruth Stewart	In process
The difficulty RCS managers have in communications with the department could be raised in a meeting with the department when FRAME can meet with them.	Ruth Stewart or nominated FRAME Policy Group member	Y – meeting on 23rd July
Contact NRHA about Alice Springs Symposium and coinciding our FRAME meeting around that.	Ruth Stewart or nominated FRAME Policy Group member	Y