

Rural Health Multidisciplinary Training (RHMT) Program Framework 2019-2020

Preamble

There is a mounting evidence base showing that medical students who undertake extended training in a rural area, and those from a rural background, are more likely to take up rural practice upon graduation. While the evidence primarily relates to the medical profession, these factors are likely to be influential in the rural retention of other health graduates.

Delivering quality rural health training requires a viable university presence across rural Australia. This involves academics and other university staff living and working locally, and student and staff engagement with local health professionals and the broader community.

Supporting high quality rural health training is a way for the Australian Government to make a measurable impact on addressing the maldistribution of the rural health workforce. To achieve this, the Australian Government has invested in a network of Rural Clinical Schools and University Departments of Rural Health as well as supporting metropolitan dental schools to offer extended clinical placements in rural areas. The consolidation of these previously separate initiatives is designed to improve flexibility and reduce red tape, while maintaining critical rural training and research activities across the diverse network of rural training sites across Australia.

Overall program goal

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.

This goal will be achieved by:

- Providing effective rural training experiences for health students.
- Developing an evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes.
- Supporting rural health professionals to improve Aboriginal and Torres Strait Islander health.
- Increasing the number of rural origin health and medical students.
- Maximising the investment of program funds in rural, regional and remote areas for the maintenance of well supported academic networks to enhance the delivery of training to students and the provision of medical services to communities.

A flow-on benefit of the program will be an increase in the delivery of health services in rural areas through student clinical training activities. Additionally, clinical staff engaged through the program bring experience and local benefits to rural healthcare provision.

Program parameters

- 1. Deliver effective rural training experiences for medical, nursing, dental and allied health students (prior to gaining professional registration).**
 - i. Identify students to undertake rural training as part of the course curriculum requirements.
 - ii. Provide structured rural residential clinical placements which contribute to the requirements of the relevant curriculum.

- iii. Ensure placements are of a length that supports genuine engagement with the community, and are in line with available evidence on improved rural health workforce recruitment and retention.
 - iv. Support opportunities for inter-disciplinary learning.
- 2. Ensure rural training experiences are of a high quality.**
- i. Ensure student safety.
 - ii. Work collaboratively with health service organisations to put in place processes to ensure patient safety.
 - iii. Ensure students are well supported by rural academic staff, health professionals and community representatives.
 - iv. Provide effective cultural safety training to students.
 - v. Provide training to at least an equivalent standard to that delivered in metropolitan settings.
 - vi. Provide relevant rural practice training to students.
 - vii. Maintain internal evaluation mechanisms to assess the quality of placements and student satisfaction.
- 3. Student selection and rural student recruitment**
- i. Increase the number of rural origin students selected for entry to the University's health courses (including those studying in health professions other than medicine).
 - ii. Identify and support those students with a genuine interest in rural health practice, and prioritise these students for long term rural placements and activities funded through the RHMT program. Identification of students should be based on evidence to maximise rural health workforce outcomes e.g. time spent living in rural areas or previous engagement in rural training. This could be achieved by introducing:
 - a 'rural stream', with flexible entry and exit points; or
 - selection weightings to preference those students considered to be most likely to pursue an interest in rural health.
- 4. Engagement with key partners and the local community to support the delivery of training to students**
- i. Work collaboratively with the community, state/territory health bodies, non-government organisations, universities and other complementary organisations to support the delivery of positive training experiences for students.
 - ii. Encourage local health professionals and community members to mentor and support students on long term placements.
 - iii. Encourage academic and administrative staff to live in rural areas as part of their local community.
 - iv. Encourage academic staff to undertake clinical practice in the community.
 - v. Provide training for rural health practitioners to better support the delivery of rural clinical training to students.
- 5. Maintaining and progressing an evidence base and the rural health agenda.**
- i. Support research into:
 - rural health workforce development (including recruitment and retention strategies);
 - rural training strategies;

- innovative rural service delivery models to enable the provision of health services to meet community needs;
- health issues directly impacting on rural people, with a focus on benefiting communities within the university's catchment area through the delivery of better health services; and
- improving the health of Aboriginal and Torres Strait Islander people.
- ii. Universities should support rural research opportunities for their students in accordance with curriculum requirements.
- iii. Collect and maintain data on rural workforce outcomes resulting from rural training activity through the RHMT program.
 - Establish tracking systems for graduates, or utilise national data collections such as the Medical Schools Outcomes Database and the Australian Health Practitioner Regulation Agency, with a regional focus aligned to each university's operations within their rural communities.

6. Aboriginal and Torres Strait Islander Health.

- i. Facilitate improvement of Aboriginal and Torres Strait Islander health through activities such as:
 - Embedding Aboriginal and Torres Strait Islander health issues into the rural training curricula of health professionals, with reference to the Aboriginal and Torres Strait Islander Health Curriculum Framework; and
 - Developing and implementing training and education courses about Aboriginal and Torres Strait Islander health and/or for Aboriginal and Torres Strait Islander people.
- ii. Increase the number of graduating Aboriginal and Torres Strait Islander health students. Strategies include:
 - Targeted enrolment strategies for Aboriginal and Torres Strait Islander health students;
 - Mentoring and support programs to enhance the ability of students to complete their course of training; and
 - Recruitment of Aboriginal and Torres Strait Islander academics and staff.

7. Regional leadership in developing innovative training solutions to address rural workforce recruitment and retention

- i. Work collaboratively with other universities operating within the university's catchment, as well as within the RHMT network, to support the goals of the RHMT program.
- ii. Work with relevant education, professional and health service stakeholders in the region to develop and maintain models such as:
 - integrated rural training pathways for medical students interested in rural careers that support students through to postgraduate training; and
 - service learning models that can increase local health service delivery while supporting high quality rural training experiences.
- iii. Improve connections between the program health providers, employers and funders (e.g. state/ territory governments and private health companies) to promote continuity of rural student training and the sustainability and durability of the rural health workforce.

Core requirements

Maintaining the rural training network

1a. The University must support and maintain the combined network of Rural Clinical School, University Department of Rural Health and Dental Training Expanding Rural Placement training sites that have been established through Australian Government funding support. Major training sites will be reflected in the university's RHMT funding agreement. Major sites should be supported by smaller training locations within regional settings. To ensure the delivery of high quality training to students, major sites must be managed by senior academic and clinical staff who will live and work within that region, complemented by a locally employed administrative team to support students undertaking rural training.

1b. It is acknowledged that while one of the program goals is to maximise rural expenditure, the University may need to spend a small proportion of funds related to program activity at its main metropolitan campus. In order to ensure that funds are used rurally, yet permit a reasonable level of central campus support, a maximum of 5% of the RHMT Program budget may be used by the University for central infrastructure fees and charges.^[1]

Rural Medical Training^[2]

2a. A number of Australian medical students equivalent to at least 25 per cent of the university's Commonwealth-supported medical student allocation must undertake a minimum of one year of their clinical training in a rural area, defined by the Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) 2 to 5. Universities are encouraged to exceed this target, both for the number of students undertaking training and for the duration of the training experience, provided this can be delivered within their RHMT budget and the training capacity of their region/s.

2b. The university must ensure that all Commonwealth-supported medical students have an opportunity to undertake a structured rural placement (ASGS-RA 2-5). At least 50 per cent of these students must complete a rural training experience of at least 4 consecutive weeks during their degree course.^[3]

2c. A number of Australian medical students equivalent to at least 25 per cent of the University's Commonwealth-supported medical student allocation must come from a rural background, defined as residency for at least 10 years cumulatively or any 5 years consecutively in an ASGS-RA 2-5 area. The university must set and meet a target for growth, over the funding period, in the percentage of rural background students enrolled.

2d. Where possible, the university must report on the number of its graduates who are working in rural medical practice, with identification of their status with regard to rural origin, their completion of rural training (short or long), their requirement to complete any rural return of service periods^[4] and their Aboriginal and Torres Strait Islander background.

^[1] Centralised infrastructure fees and charges can be defined as follows: any activity which is not directly and completely targeted towards achieving the Parameters of the RHMT; and is either spent at the main campus of the university or a campus of the university which is not in ASGS-RA 2-5.

^[2] Additional requirements covering the Northern Territory Medical Program will also apply. These will be negotiated directly with the university and reflected in its RHMT funding agreement.

^[3] This target includes those students undertaking long term rural placements.

^[4] Such as through the Bonded Medical Places Scheme, but may include any other Australian Government programs requiring a return of service period.

Rural Multidisciplinary and Dental Training

3a. The university must set and meet an annual multidisciplinary rural clinical placement target^[5] for its rural training sites (expressed in terms of total placement weeks), for the dental, nursing and allied health disciplines. Targets will be agreed with the Department and reflected in the university's RHMT funding agreement. As part of establishing its multidisciplinary training target the university must increase the duration of its rural training placements wherever possible.^[6] Placements may be completed by students enrolled with the university, or may be undertaken by students enrolled in health courses of other universities, as part of collaborative training arrangements. The coordination and support of placements must be undertaken through the university's rural training sites, supported where necessary by central campus resources.

3b. The university must report on the number of enrolments in undergraduate and postgraduate units and courses delivered by or in association with its rural training sites, where those sites are responsible for 50% or more of teaching.

3c. For those universities with dental rural training sites previously funded through DTERP, the university must develop and support extended rural training placements (in nominated ASGS-RA 2 to 5 areas) for at least five Australian dental students (full time equivalent) for each full academic year. Individual placements must be for a minimum of four consecutive weeks to a maximum of twelve months, in accordance with the curriculum requirements of that university's dental school.^[7]

3d. The university must develop and introduce rural origin enrolment targets for its nursing, dental and allied health courses.^[8] Targets should reflect the university's demography and the profile of its health courses. Targets should be identified and agreed with the department and reflected in the university's RHMT funding agreement.

Developing the Aboriginal and Torres Strait Islander Health Workforce^[9]

4a. The university must set and meet enrolment and graduation targets for Aboriginal and Torres Strait Islander medical students, with targets agreed with the Department and reflected in the university's RHMT funding agreement.

4b. The university must develop and introduce enrolment and graduation targets for Aboriginal and Torres Strait Islander health students enrolled in its health faculty courses (including nursing, dental and allied health students^[10]). The approach to establishing these targets should be agreed with the Department and reflected in the university's RHMT funding agreement.

4c. The university must ensure all Aboriginal and Torres Strait Islander health students can access mentoring support. The university must report on the number of Aboriginal and Torres Strait Islander health students receiving this support.

4d. The university must ensure that all health students are given appropriate cultural training prior to undertaking placements in Aboriginal and Torres Strait Islander communities.

^[5] Excluding Medicine.

^[6] Only placements of 2 weeks or longer should be reported.

^[7] Rural dental placements may be included in the total multidisciplinary training target at 3a.

^[8] Rural origin/background defined as per target 2c.

^[9] Additional requirements covering the Northern Territory Medical Program will also apply. These will be negotiated directly with the university and reflected in its RHMT funding agreement.

^[10] Subject to the health courses offered within that university.

4e. The university must develop and implement specific educational, training and support programs for Aboriginal and Torres Strait Islander people who are already part of the rural health workforce, to assist their career development and enable them to enhance their skills in providing health services.

Rural Health Research

5a. The university must develop a rural health research plan, to be delivered through its rural training sites by academic staff employed at those locations. The research plan must be agreed with the Department and contain a focus on the areas of research identified in Parameter 5. The University must report on research progress and outcomes as part of subsequent program reporting.

5b. The University must offer its rural program staff the opportunity to conduct research into rural health issues and support them as they do so. Where appropriate, students undertaking training at the university's rural training sites should also benefit from access to rural research opportunities.

Regional Training Hubs

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 relevant education professionals and health service stakeholders, including local hospitals and health services, state and territory governments, other universities, specialist colleges (including general practice colleges), postgraduate medical councils, local health practitioners and regional training organisations to support the integration of medical training at the local level.

6c. The university must facilitate the development of new medical training capacity through activities including, but not limited to, assisting health services in accreditation processes for new posts; and supporting local health professionals to become supervisors.

6d. The university must identify university-level medical students with an interest in rural practice, and provide them with support including assistance with career planning 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.