



Consultation on the Rural Health and Multidisciplinary Training Programme

RHMT includes RCTS, UDRH and DTERP (dental)

Medical Deans Response, April 2015

While many of our members also have involvement in UDRH and DTERP programmes in their role as Executive Deans of Health Faculties or similar, the majority of our comments relate to the RCTS programme.

Pre amble

Medical Deans congratulates the Commonwealth on these significant rural health workforce investments. We believe these programmes have transformed the landscape of medical and other health professional education and training in rural, remote and regional communities. In addition they have built intellectual capacity in rural health and, importantly, strengthened rural health systems.

Along with the changes proposed in the Department discussion papers Medical Deans hopes the Commonwealth can use this opportunity to now invest in building a rural and regional training pipeline for medical graduates, particularly those who have been identified through these programmes as aspiring to a rural career.

With respect to the current review, Medical Deans welcomes the following

- Ongoing Government initiatives to improve the geographic distribution of the health workforce and in particular, the medical workforce.
- The current consultation process with stakeholders and the recognition of the need to get future funding certainty to Universities as soon as possible
- A tangible discussion document as a basis for comment

From the proposed changes

- Reduced reporting – including consolidating all 3 programmes into the one contract and a more minimalist mid-year reporting requirement
- Reporting primarily against specific goals with a shorter summary of how the parameters have been addressed
- Continued cap of 5% of programmes budgets to provide central campus support including all overhead charges from the home university
- Greater flexibility by individual universities to negotiate some targets with the Department
- Maintaining the need for 25% of CSP medical students to undertake a minimum of a year in a rural setting. Medical Deans notes the strong evidence base for the effectiveness of this strategy as well as the greater cost effectiveness of investing in a larger pool of urban background students who may have otherwise never considered a rural career.

Medical Deans **supports** the following **conditional on additional funds identified to support these activities**

- Incorporation of the JFPP into the RCST programme for current students and the option to continue this programme for new candidates by individual universities
- Developing integrated training pathways into the pre vocational and vocational space

Medical Deans does **NOT SUPPORT** the following

- While acknowledging some relaxation of core requirement 2b, the ongoing requirement that **all** CSPs must still have an opportunity to undertake a structured rural placement and that **at least 25% do at least 4 weeks** has no evidence base and potentially diverts resources unnecessarily. The Department has already identified that coming from a rural background and longer term clinical placements are currently the most effective ways to build a rural medical workforce. Some medical schools may continue to run rural placements for all as part of the compact with their local communities but putting Commonwealth money into ineffective strategies does not make sense.
- The entrenchment of Aboriginal and Torres Strait Islander workforce initiatives under a rural health umbrella. The majority of ASTI health and medical students and workforce development initiatives are done in urban settings. Such a move is also not consistent with the Government's stated primary objective of the programmes.
- The emphasis on the local collection of longitudinal workforce data. Local collections are duplicative of national surveys and data collections and lead to survey fatigue of doctors and disjointed and often incomplete data. Medical Deans supports longitudinal tracking through data linkage with MSOD, medical registration data and the national health workforce dataset.
- The perceived restriction of the consolidated programme to those Universities who currently hold contracts for the DoH programmes. Medical Deans does not support any perception of a closed market.
- Any reduction in the funding to RCTS with the consolidation of the 3 programmes
- While Medical Deans acknowledges the Government wishes to in part fund and build an evidence base to support policy development in this space, proposed restrictions on the type of rural health research would be counter-productive to sound investigator led research.

Medical Deans **seeks clarification** on the following

- Should a University only engage with the RCST can it choose to just address the core requirements (1-2) of Rural Medical Training and Maintaining the rural training network – with the other core requirements (3-5) of rural multi-disciplinary, ATSI health workforce and rural health research being optional. Medical Deans supports this optional model for members.

Medical Deans believes the following changes will have a **mixed response from its membership**

- Increasing core requirement 2d of CSP students from a rural background from **25% to 30%** and tightening the criteria for coming from a rural background. Some schools have noted that the available pool of applicants assessed against the new proposed rural criteria is only around 20% or less and thus a jump to a target of 30% would be unrealistic. Therefore, Medical Deans cautions the Department on such a policy change that has the potential risk of abnormally skewing resources and supports to the undergraduate rural efforts while neglecting other key initiatives such as supporting the medical graduate pipeline. Such a policy change also increases the risk of unintended consequences such as urban students enrolling in regional secondary

schools as a way to enter medicine or changes to the entry scores into medicine in an effort to meet unrealistic quotas. There is anecdotal evidence of this already occurring in some schools.

- Introduction of Parameter 3 'rural stream'. Medical Deans support a range of flexible mechanisms that support and develop those students and junior doctors who wish to pursue a rural/regional based career. While the concept of streaming into any specialty area at the time of professional entry training is still a contentious one amongst our wider membership, many schools are already providing targeted support for students with a range of career aspirations including rural, clinical academe etc.

We thank the Department again for this opportunity to comment and our CEO, Professor Judy Searle will make a time to discuss this submission further.

Executive Committee
Medical Deans Australia and New Zealand Inc