Welcome To

Regional, Rural, and Remote Physician Strategy Town Hall

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional owners and custodians of the lands from which we meet. We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people - including those present today - and value the importance of their ongoing connection to land, sea, sky, and community. We pay our deepest respect to Elders past present and emerging. And together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education as core business of the College.

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HOUSEKEEPING RULES

check your display name is correct

use headphones to minimise disturbance

find a quiet space to participate

ask for assistance via the chat function

mute your microphone when you aren't speaking

raise your hand if you have a question

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Regional, Rural, and Remote Physician Strategy

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OBJECTIVES

- To present the draft *Regional, Rural, and Remote Physician Strategy*
- To seek feedback from our membership on the draft Strategy
- To offer our members an opportunity to ask questions
- To share thoughts

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PANEL MEMBERS

- **Professor Graeme Maguire**, President, Adult Medicine Division
- **Dr Kudzai Kanhutu**, College Dean
- **Dr Annabel Martin**, Member, RRPWG
- **Dr Hannah Bills**, Deputy Chair, College Trainees' Committee

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RACP'S REGIONAL AND REMOTE VISION

The RACP commits to achieving equitable health outcomes for Australians and New Zealanders living in regional and rural locations by prioritising, advocating and supporting regional, rural and remote workforce and training initiatives.

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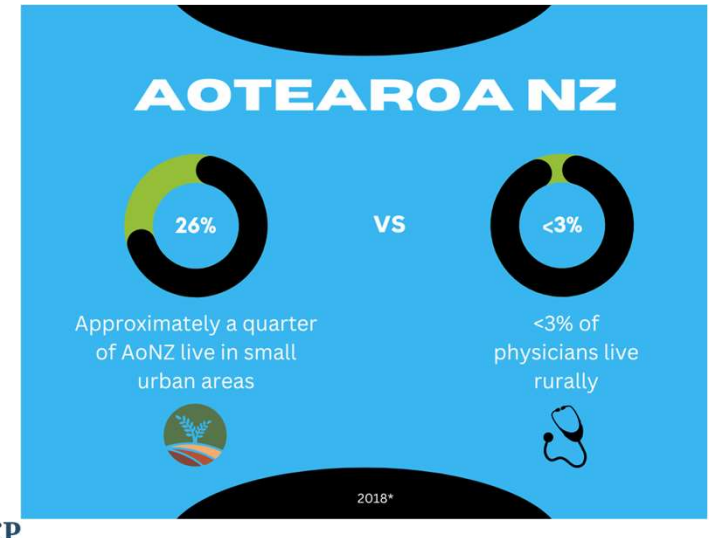

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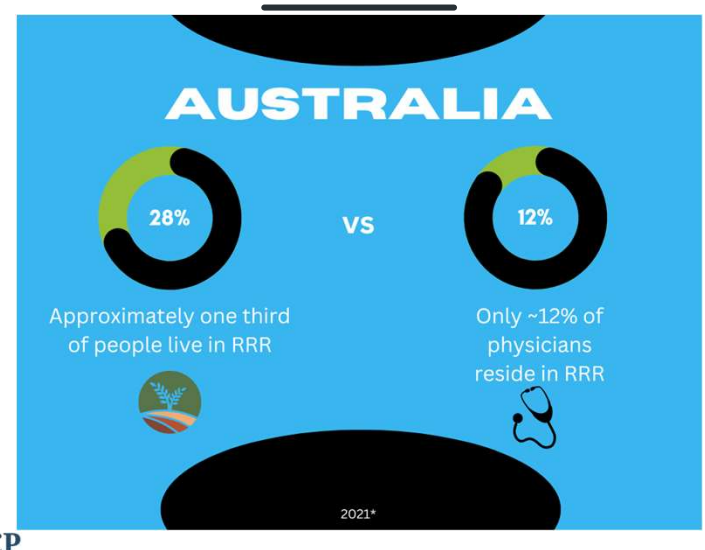

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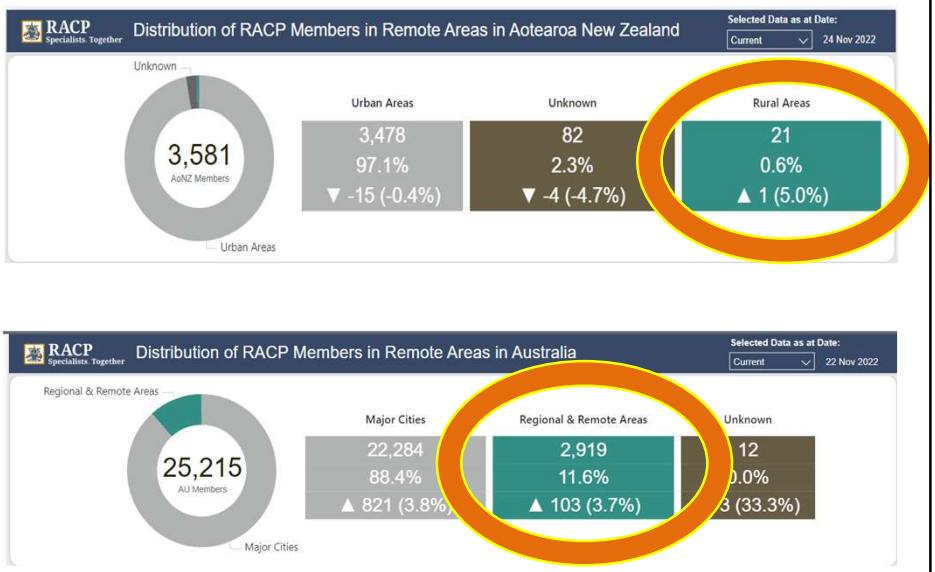

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RRR CONTEXT

- RRR diversity across the social determinants of health:
  - Community resources, demographics, educational attainment, housing, income, health resources as well as jurisdictional variations
- Reduced access to care associated with increased;
  - Hospitalisation
  - Morbidity
  - Mortality

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AIM OF STRATEGY

The regional and rural physician project aims to develop a strategy that the RACP can use to:

(a) advocate for change

(b) guide activities to support equitable health outcomes for Australians and New Zealanders living in RRR locations

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REGIONAL AND RURAL PHYSICIAN WORKING GROUP (RRPWG)

Name	
Professor Nick Buckmaster	Chair
Dr Evelyn Bowles-Funk	Paediatric and Child Health Division member
Dr Lauren Bradbury	Adult Medicine Division member; regional, rural, remote
Dr Jeremy Christley	Australasian Faculty of Rehabilitation Medicine representative; regional, rural, remote
Dr Marianne Gillam	Australasian Faculty of Public Health Medicine representative; regional, rural, remote
Dr Kirsty Macfarlane	Aotearoa New Zealand member; trainee
Dr Annabel Martin	Adult Medicine Division member
Ms Ngāpei Ngatai	Consumer, Māori voice
Dr Simon Quilty	Regional, rural, remote; ATSIHC voice
Dr Peter Sharman	Australasian Faculty of Occupational and Environmental Medicine member
Dr Sarah Straw	Adult Medicine Division member; regional, rural, remote
Dr Janaka Tennakoon	Paediatrics and Child Health Division member
Professor Martin Veysey	Adult Medicine Division member; College Education Committee member
Dr Peter Wallis	Paediatric and Child Health Division member
Associate Professor Aidan Foy	Co-opted member

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PROCESS

- RRRPWG first meeting focused on broad RRR issues including identification of priorities
- Subsequent meetings addressed:
  - barriers to training
  - supervision accreditation issues
  - models of care
  - changing perceptions of working as a physician in RRR areas
  - Australian National Medical Workforce Strategy 2021–2031
- The draft recommendations were disseminated to key RACP committees and staff
- Revised version currently undergoing internal and external consultation

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GUIDING PRINCIPLES

1. Grow your own “connected to” place.
2. Select trainees invested in rural practice.
3. Ground training in community need.
4. Rural immersion — not exposure.
5. Optimise and invest in general medicine.
6. Include service and academic learning components.
7. Join up the steps in rural training.
8. Plan sustainable specialist roles.

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Ostini, O’Sullivan, & Strasser. 2021. *Med J Aust*, 215 (1 Suppl): S29–S33

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RACP ROLES, RESPONSIBILITIES AND INFLUENCE

- Physician education – BT, AT, Fellows
- Training accreditation
- Policy and advocacy
- Physician wellbeing
- Sector obligations e.g., mandatory compliance reports

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STRATEGIC CONSIDERATIONS

- RACP policies, processes, curriculum, and training pathways currently favour metropolitan training sites
- Training in RRR provides richness of learning, opportunities, and experiences not available within metropolitan areas
- The RRPWG unanimously agreed all RACP specialties and ATCs mandate 12 months training in a RRR setting
- This was found to be very controversial during stakeholder consultation of the first draft of the recommendations

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DRAFT RECOMMENDATION THEMES

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RECOMMENDATIONS

1. Endorse the eight foundational principles as a basis for building a sustainable rural physician workforce.
2. Establish a RRR physician College body
3. All RACP bodies ensure RRR physician engagement and where possible representation.
4. The terms 'regional', 'rural', and 'remote', as used in the Modified Monash Model, are used by the RACP for the Australian context, and the relevant terminology is adapted to use for the Aotearoa New Zealand context.
5. Develop RACP centralised workforce data analysis and planning capability which includes a focus on RRR.
6. Participate and collaborate in research to better understand differing requirements between RRR areas.

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1 **PRIORITISE** regional, rural, and remote (RRR) healthcare across RACP programs

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POSSIBLE ACTIONS

- Convene a standing sub-committee of College Council with:
  - reporting and representation on College Council
  - secretarial support
  - College Council endorsed work plan
- Development of KPI for annual reporting
- Develop RRR research strategy and formation of research alliance MOUs with external stakeholders

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1 **PRIORITISE** regional, rural, and remote (RRR) healthcare across RACP programs

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RECOMMENDATIONS

7. All Training pathways value and prioritise RRR training and the curriculum and learning objectives include competencies for understanding RRR practice and allow flexible term durations.
8. Explore options to better support jurisdictions, Fellows currently practicing in RRR settings, RRR health services and RRR training sites to expand the availability of accredited training places.
9. Advocate in support of the establishment of at least one dedicated RRR training network in each jurisdiction.
10. Develop selection into training procedures that prioritise the needs of RRR applicants to RACP training programs with training selection panels having RRR representation

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2 BUILD
capacity and capability to provide physician training in RRR areas

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RECOMMENDATIONS

11. Develop selection into training procedures that prioritise the needs of Indigenous applicants to RACP training programs with training selection panels having Indigenous representation where possible.
12. Advocate for more equitable employment practices that prioritise the needs for RRR sites.
13. Review and expand supervision policies and mentorship models to better support RRR trainees and Fellows to collaborate by distance.
14. Advocate with RRR health services to fund and support sufficient allocated time for supervisors to ensure adherence with training standards.

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2 BUILD
capacity and capability to provide physician training in RRR areas

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POSSIBLE ACTIONS

- Gap analysis and baselining
  Establish status quo in relation to RRR across all College programs (% training occurring in RRR, site accreditation, RRR training posts, selection into training criteria)
- Enhance processes to support settings to apply for and gain accreditation
- Develop and implement RACP training network policy and advocacy framework for engaging with jurisdictions and Governments
- Collaborate with local health authorities and universities to develop bilateral high-quality regional centres of training

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2 **BUILD**
capacity and capability to provide physician training in RRR areas

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RECOMMENDATIONS

15. Commit to communicating the benefits of a career in RRR medicine including the opportunities, lifestyle, and other benefits.
16. Contribute to the evidence base regarding appropriate standards and levels of access to specialist healthcare for RRR communities.
17. Advocate for the benefits of the multidisciplinary approach to healthcare.
18. Develop support pathways for new Fellows transitioning from training to employment in RRR settings.

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3 **IMPROVE**
the attraction and retention of physicians to RRR settings

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RECOMMENDATIONS

19. Enhance and expand generalist and RRR-focussed continuing professional development programs.
20. Advocate for the importance of formal referral and clinical advisory agreements between RRR generalist and highly specialised metropolitan services.
21. Advocate for the optimisation of the STP funding model to better reflect RRR community and organisational need.

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3 IMPROVE
the attraction and retention of physicians to RRR settings

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POSSIBLE ACTIONS

- Webinars on "moving to the bush" at different career stages
- Development of CPD resources and cultural safety initiatives with a focus on improving the understanding of RRR healthcare by metropolitan- and urban-based physicians
- RACP develops systems for supporting RRR trainees and Fellows that does not exclusively focus on virtual delivery and rather seeks hybrid models that may require travel support
- Development of a RACP position statement and model of care for RRR-metropolitan/urban engagement and care navigation

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3 IMPROVE
the attraction and retention of physicians to RRR settings

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RECOMMENDATIONS

22. Develop and enhance RACP curriculum resources to better support generalists.
23. Collaborate with relevant stakeholders to advocate and work together to improve services in RRR settings.

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4 COLLABORATE
to improve RRR healthcare provision

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POSSIBLE ACTIONS

- Liaise with relevant specialist medical colleges (e.g. ACRRM, RACGP, RNZCGP) regarding which resource topics they would want
- Development and implementation of a RACP network policy and advocacy framework for engaging with jurisdictions and Governments including proposed structure and funding model
- Collaborate with local health authorities and universities to develop bilateral high-quality regional centres of training

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4 COLLABORATE
to improve RRR healthcare provision

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RECOMMENDATIONS

24. Embed the principles endorsed by the RACP Indigenous Strategic Framework.
25. Provide training on institutional racism and how to identify and prevent it.

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5 RESPECT
promote and acknowledge Indigenous peoples

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POSSIBLE ACTIONS

- Embed principles endorsed within the RACP's Indigenous Strategic Framework 2018–2028
- Development of CPD resources and cultural safety initiatives with a focus on improving the understanding of RRR healthcare by metropolitan- and urban-based physicians

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5 RESPECT
promote and acknowledge Indigenous peoples

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QUESTIONS?

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NEXT STEPS

- Feedback from internal and external consultations considered and incorporated.
- Submit Strategy to College Council for endorsement.
- Submit Strategy to College Board for approval.

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THANK YOU

Draft Regional, Rural, and Remote Physician Strategy:
https://www.racp.edu.au/docs/default-source/default-library/regional-rural-and-remote-physician-strategy.pdf

Further questions/feedback:
council@racp.edu.au

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