

Summary of FRAME Meeting

6/7 December 2004

Points from the morning session

- **Student excellence** resulting in **improved recruitment** and **increased credibility** of RCSs with their parent faculties and leading curriculum change
-and **increased numbers** spending more than 50%
-and **positive effect** on JMO and vocational **workforce and infrastructure to benefit community!**
- **Increased numbers of medical students and medical schools** – straining the system so.....?
- RCS people now need to be **accommodation experts**
- Funding is becoming rate-limiting - ??adequate indexation
- Possibility of **rural networks of teaching and teaching resources**
- Absolute necessity to have academic career paths for new recruits...and that includes **access to and support for research** and publication

Issues from the afternoon session

- **Common RCS evaluation** that complements CDAMS data set and AMSA survey, and satisfies DoHA requirements
- **Revised funding parameters and new CAB arrangements** – ?finalised vs. need for flexibility
- **UDRH/RCS/RUSC Integration project** - ?progress and timeline
- NRH conference and combined input to DoHAand a publication!
- RRH journal – collaboration with ARHEN
- (The lack of) **vertical integration opportunities** – can DoHA help and can FRAME propose a pilot to mentor/assist those undertaking rural placements in pre-vocational years?

Emily Reid from AMSA presented the results of an AMSA/NRHA survey. The relevant points that arose were:

- students require more information to make informed decisions about whether to attend the RCS, including reassurance that the quality of the education is similar to that in metro, and that they will not be disadvantaged in their subsequent career choice;
 - it is important to help identify those who will benefit most from a rural experience
- Emily said that she would be prepared to circulate her presentation to individuals who request it.

The following are outcomes from discussion with Katy Balmaks about particular points of importance raised by Directors during the previous day:

The 25% parameter

This item resulted in some of the most vigorous discussion. The question of what constitutes 25% - what exactly is the denominator and how the numerator is calculated – was not resolved and it is clear that FRAME needs to provide some input to the Department in this regard. One of the more important points was that the denominator of

the total student numbers that existed in 2000 when the program was initially funded has changed and will continue to increase significantly over the next few years as student intakes increase but that funding has not increased to take this into account. Furthermore, all clinical schools walk a tight rope between taking less than 25% and possibly being penalised and taking more than 25% and being relatively under-funded.

Action - FRAME will develop a discussion document relating to this parameter that will include appropriate clarification and allow some flexibility between clinical schools. The Chair will undertake to develop a first draft for circulation and refinement before the end of January.

Katy mentioned the ARHEN reporting framework which is more flexible than the current RCS reporting framework and allows for showcasing of achievement. It might be possible to allow the clinical schools to develop a similar reporting framework.

She also mentioned the possibility for some integration between UDRH, RCS and RUSC programs which might allow for better usage of funding and expansion of sites that take students.

She mentioned that proposal relating to revised funding parameters has been submitted for consideration by higher authorities and expects some response in the first half of next year.

Indexation of Funding

Katy indicated that the total funding pool for the RCS program has been indexed and that in subsequent applications for funding, individual clinical schools should ensure that they take this into consideration.

Rural Networks of Teaching and Teaching Support

The matter of variability in the quality of IT infrastructure across the clinical schools was raised. Given that the Commonwealth is investing significant money in broadband initiatives particularly aimed at general practitioners, the possibility of IT-poor clinical schools piggy-backing onto other programs was raised.

Action - Katy undertook to explore this with the relevant authorities.

Support for Research in Rural Clinical Schools

Katy indicated that the majority of clinical schools had indicated a wish to have support for research funded through their programs and it is understood that this proposal has been forwarded as part of the revised parameters document to higher authorities.

Community Advisory Board Flexibility

It is clear that there are significant variability in the perceived successfulness of Community Advisory Boards. Despite this variability, it was uniformly agreed that the Community Advisory Boards have served a purpose thus far and have been valuable in

allowing community members access to Deans of medical schools and DoHA representatives.

It is understood that new parameters relating to Community Advisory Boards will allow individual clinical schools some flexibility in the constitution and operation of their Board(s).

Integration of UDRH/RSC/RUSC Funding and Programs

Given the existing heterogeneity of arrangements across universities and states in regard to these programs, it is likely that uniform integration will not be possible (or even desirable). Each university will have the opportunity to undertake the appropriate integration and consultation will occur on a university-by-university basis.

Promotion and Publication of Combined Results

Katy agreed that some promotional material and/or publication would be appropriate although further discussion with the Department will be required before finalisation.

Action - Geoff Solarsh and Dawn DeWitt will prepare a combined document. Each RCS head is asked to submit half a page on 'five big successes' and a couple of photos by the end of January 2005.

Action - It is hoped that the combined results of the RCS program thus far can be published, possibly in the MJA. Geoff Solarsh and Steve Margolis have undertaken to do this. They will contact the Editor of the MJA in advance to determine if he will be receptive to such a piece.

Vertical Integration

The Department is aware of the looming problem with respect to lack of rural sites for junior doctors in their pre-vocational years and this is under active consideration at state, federal and combined levels including AHWOC.

It was suggested that it would be valuable for FRAME and for the individual members to provide input to remind state health departments and DoHA of their concern.

In relation to a proposal to mentor or assist those undertaking rural placements, it was suggested that a proposal should be submitted to the Department in the second half of 2005.

The next FRAME meeting will occur at the NRHA Conference in March in Alice Springs.

Rick McLean
8 December 2004

