

FRAME Reference Group Meeting

21/22 June 2004

**University of Melbourne School of Rural Health
Shepparton, Victoria**

Notes of Meeting

Reference Group members present (or nominated proxy)

Peter Vine UNSW
Geoff Solarsh Monash
Peter Baker UQ
Maggie Grant JCU
Judi Walker UTas
Dawn Dewitt UM
Paul Worley Flinders
Jonathan Newbury UAdelaide
Rick McLean U Sydney
Campbell Murdoch UWA
David Brookman Newcastle
David Meadows NT
Apology: Kirsty Douglas ANU

New Business (in order of agenda)

1. PHCRED funding for RCSs

This item promoted a wider discussion of the place of research for RCSs and RUSC programs.

The creation of appropriate health service infrastructure is crucial to the sustainability of RCS and RUSC programs, especially if government funding was to diminish. Good education requires a good understanding of the local health system and creating clinical settings that work. This requires research, especially in the fields of primary health care, health services, medical education, service learning, and vertical integration as it applies to rural workforce. For example, whether universities should be creating their own teaching practices or working with private practices is an important area for research. There is the capacity for FRAME to form a rural population health network for applied research. This could involve creating a joint electronic database. Rural communities expect and desire a university presence in their region to be undertaking relevant research. The PHCRED program may have a

limited lifespan, and FRAME should be looking to create additional funding sources to underpin this research need.

Resolution: Research is a core component of RCS activity. This should be recognised in the Commonwealth parameters of funding. FRAME to communicate this to the DHA.

2. RCS Reporting proformas

There has been little feedback on many of the reports. This makes it difficult to determine if programs are on the right track. Feedback on workplans has been gratefully accepted.

Action: The key question is “Is the current form meeting the Commonwealth’s requirements?” If not, it may be appropriate to undertake a review of the Proforma now that the program is maturing. For example, the significance of responses to Question 1 is difficult to determine for programs that need to provide 18/12 experience. This will be communicated to DHA for a response.

3. AMEN Network

The meeting observed that AMEN has formed. This is apparently an organisation for medical educators within the GPET program. It does not involve practice based supervisors. FRAME will observe the development of this new organisation.

4. RUSC Curriculum project

The project report of the RUSC Project of National Significance has just been released. There are a series of national recommendations made. There appears to be a significant methodological flaw in that the data is predominately from NSW. Therefore the recommendations may not be applicable to every location nation wide.

Action: An issue that arose from the discussion was “Does the Commonwealth still see RUSC as GP focused or more broadly in terms of rural medicine of all specialties?” This will be communicated to the DHA for response.

The second issue to arise from this discussion was to what extent the Commonwealth may wish to amalgamate/link/integrate RUSC, RCS and UDRH programs in the future. FRAME’s view is that there is likely to be different ways forward in each medical school, and schools should take the opportunity to be proactive in putting forward ways to increase productivity and effectiveness.

5. AMSA National Student Database

The meeting discussed the initiative of AMSA to collate the infrastructure/incentives provided for students in each RCS and RUSC program. It was agreed that this should remain a student driven process. It was noted with concern that there appeared to be nothing related to education in the database. It was agreed that there was no need for academic staff to have to provide data. It was agreed that infrastructure is provided to

even out the opportunity for rural students compared to their tertiary peers – it is not given to provide advantage.

Resolution: FRAME recognises that infrastructure support provided to students will be, and should be, different across different regions, recognising the special needs and opportunities of each region.

6. Rural and Remote Health e-journal

The opportunity for FRAME to join with ARHEN in supporting the RRH journal was discussed. There was strong support in principle, and it was reported that ARHEN was also seeking further details in regard to a business plan. It was acknowledged that the capacity to publish in a journal recognised by the DETYA Register was very advantageous. The opportunity to use the journal for academic publication of teaching programs/modules was seen as particularly promising. This would enable authors to gain academic recognition, retain IP rights, but allow other RCSs to use the materials via the journal. This collaborative approach to educational development should be a principle of FRAME.

Action: FRAME to write to RRH to seek a detailed business plan for consideration.

Action: FRAME to determine DHA's view of RCSs supporting this academic work through their individual RCS funds.

7. Collaboration with ARHEN

It was noted that there had not been any progress on the individual items of potential collaboration identified at the WA meeting. ARHEN has recently appointed a new CEO.

Resolution: FRAME can only gain by a good relationship with the UDRHs.

8. CDAMS Longitudinal Outcome Study

FRAME has a representative on the Steering Committee for this study. This 12 month project is to explore the possibility of setting up a unified and useful database that allows all universities to continue to track their students through to the time they eventually settle in practice. It is envisaged that there will then be several studies able to be done that can look at a variety of aspects of student education that may then be able to link into it in the long term.

It was recognised that this pilot study may provide significant outcome data for the RCS program, but it is unlikely to be able to provide explanatory data on why our programs have/have not worked. This additional data was seen as crucial. A proposal for a collaborative approach to this evaluation/research was presented by Dawn DeWitt. This approach was strongly supported by all present. It would be desirable for such an approach to be able to link into the CDAMS pilot database.

Action: FRAME will undertake a multi-centre research approach to this additional work. Jonathon Newbury will coordinate a Delphi process to define a common small

data set for all RCSs to include in their evaluation documents. This will be uploaded to a web-based database. Flinders University offered assistance in expediting this database. FRAME will then ask the DHA if there is any additional data that could assist in meeting their policy needs. This research will be of national and international significance. The generalisability given by our different regions and different programs provides is important. Publications would be from the group as whole, in line with publication of major multi-centre clinical trials.

FRAME has also been invited to attend the CDAMS AGM in New Zealand in October.

Action: Write to CDAMS to determine what sort of discussion/debate is anticipated at the meeting. Do they wish debate, or a report? It is appropriate for the FRAME Chair to attend this meeting.

FRAME does not see itself as a sub-committee of CDAMS, but is grateful for the opportunity to regularly inform CDAMS of RUSC and RCS progress. In addition to the u/g focus of CDAMS, FRAME needs to relate to post-graduate colleges and councils. The requirement to develop appropriate junior doctor experiences in our regions is seen as crucial to maintaining the workforce interest of our students. RCSs will become the major source of future registrars for GPETs rural programs, which are currently undersubscribed.

Action: FRAME to seek representation on GPET Board.

Action: RCSs to contact Anna Nichols in regard to developing junior doctor programs with the new Medicare Plus initiative.

9. FRAME contribution to rural health and workforce policy

RCS and RUSC programs have attracted high calibre academics to work in rural and remote Australia. This is a significant resource for Australia. FRAME's desire is for these academics to work collaboratively for the national benefit. This must also be in collaboration with other groups.

Action: FRAME to write to ACCRM, RDAA, CPMC, CPMEC, and RACGP introducing itself as the peak body for undergraduate rural medical education and workforce related initiatives in Australia. We will seek to develop positive alignment with these groups.

Action: FRAME to write to the Minister for Health as above.

10. FRAME Constitution

Action: It was agreed that the current document accurately reflects FRAME's current needs. However, it is appropriate for some of the more 'casual' terms to be removed from the document

11. NURHC 2004

It was noted that individual FRAME members would be attending the NURHC, but that it was not necessary to hold a formal meeting of FRAME to coincide with this student conference.

12. Response to RCS External Evaluation

There was unanimous frustration expressed at the lack of feedback provided to RCSs from this review. External evaluation with review is seen as crucial to good program development. It may even be determined to be, at the least a serious methodological flaw, and possibly unethical, to conduct qualitative research in the manner of this review without opportunity for feedback to participants.

Action: FRAME will write to the DHA requesting individual RCSs be provided with feedback from the evaluation.

13. RCS student recruitment strategies

This was discussed in conjunction with item 5 on the agenda. Each RCS reported on its current situation. It was recognised that meeting the 25/50 parameter was a significant achievement for the program in 2004. The increasing numbers of students provides additional challenges for RCSs.

Resolution: All selection procedures and recruitment strategies should be driven by clear protocols and these protocols should be consistently applied.

Next Meeting:

It was agreed that FRAME reference group should convene a face to face meeting in conjunction with the RCS managers meeting in early December in Tasmania. Judi Walker will circulate possible dates for discussion.