

## Reporting Framework for the Rural Clinical School Program

### Parameters and Questions

#### Parameter 1:

*The number of Australian medical students undertaking a minimum of 1 year of their clinical training in a rural area must be at least equal to 25% of the total number of DEST funded students undertaking training at each participating University.*

1. Please complete the following table to detail progress in achieving this Parameter:

	First academic year in RCS	Second academic year in RCS	Third academic year in RCS (if appropriate)	Graduating class (report in February on graduating cohort)	Average for the last three years
Number of DEST students in current year					
Number of RCS students in this cohort (including the number who did not progress from the previous year)					
RCS students as a proportion of DEST students					
Number of RCS students who undertook additional rural training (and student-weeks) in the last year					
Number of non-RCS students who undertook rural training above one-half academic clinical year or semester (and student-weeks) in the last year					
Number of non-RCS medical students who undertook other rural training (and student-weeks) in the last year					

*Definitions for the Parameter 1 Reporting Table:*

- (a) *A 'Rural Clinical School (RCS) student' is a medical student (DEST-funded and HECS-liable, or private fee-paying Australian student) who commences a placement with the RCS with the expectation of completing one year rurally.*
  - (b) *Rural Clinical Schools may optionally provide information about the number of international fee-paying students (and number of student-weeks) who attended the RCS in each year of the program.*
  - (c) *A year of rural clinical training is defined as twice of half a clinical academic year or two semesters.*
  - (d) *The minimum length of a continuous period is defined as half a clinical academic year or one semester.*
2. Please provide details of future planning, changes, options and progress on the rural program structure and comment on the integration or relationships with other programs.

**Parameter 2:**

*The Rural Clinical School will provide students with a range of experience consistent with Australian Medical Council requirements for medical education.*

- 3. Describe any new experiences that have been developed since the last report or are being developed.
- 4. Provide ongoing confirmation that the RCS is meeting its curriculum requirements, including a description of the type of training offered

**Parameter 3:**

*The University must endeavour to recruit and appoint a full time resident Rural Clinical School coordinator, academics and administrative staff who will live and work in the rural region. In the event that the full time resident Rural Clinical School coordinator does not live and work in the rural region, the University must appoint a senior academic who lives and works in the rural region. This must result in an increased clinical specialist, including general practitioner, capacity within the region.*

- 4. Since the last report comment on any increases or decreases in staffing including the Rural Clinical School co-ordinator, academics or administrative staff and describe both local and non-local recruitment activities.

**Parameter 4:**

*A maximum of 5% of the Rural Clinical School budget may be utilised at the base university campus (capital city), unless otherwise approved by the Department.*

5. Describe how much of the budget is used at the main metropolitan campus and the way in which it has been spent.

**Parameter 5:**

*The University will engage and maintain links with the local community to support Rural Clinical School staff and students. The University will organise and Chair (at the level of Dean, Executive Dean, Senior Associate Dean or Pro-Vice Chancellor) a minimum of one overarching Community Advisory Board meeting in each academic year, in consultation with the Department of Health and Ageing, ensuring that these meetings continue to be held in rural communities. The Community Advisory Board will comprise a broad range of representatives including persons from the local communities and nominees of the State Departments or agency responsible for providing services in those communities.*

6. Detail the activities of the University within the reporting period designed to involve the local community in supporting the Rural Clinical School.
7. Detail how many meetings has there been of the Community Advisory Board and where they have been held.
8. Outline what the Community Advisory Board has achieved in the last reporting period.

**Parameter 6:**

*The University will liaise closely with the Department regarding ongoing information technology and telecommunications, accommodation and infrastructure requirements.*

9. Describe any successes or issues in the IT, accommodation and infrastructure areas since the last report, with a focus on demonstrating that students and staff have access to appropriate IT&T resources.

**Parameter 7:**

*The University will work collaboratively with the local community and state health department to maximise the utilisation of local facilities and expertise (eg student accommodation, travel and Information Technology resources). This collaboration will include partnerships with existing local tertiary institutions, for example, through mechanisms such as memorandums of understanding, to facilitate resource and information exchange.*

10. Describe any successes or issues in the relationships with local community and state health departments particularly around sharing of local facilities and expertise.
11. Outline the development of partnerships since the last report.

**Parameter 8:**

*The University will develop transparent internal evaluation mechanisms, remaining cognisant of external evaluating processes, which may be implemented.*

12. Comment on any internal evaluations that complement known existing external evaluation processes, conducted since the previous reporting period, and their outcomes and impact.
13. Outline what evaluation mechanisms including student satisfaction surveys and course evaluations the university has in place (relevant to the RCS and Faculty of Medicine)
14. Summarise the evaluation results.

**Parameter 9:**

*The Rural Clinical School must endeavour to progress the rural health agenda, including research, within the medical faculty, other relevant health faculties and university departments to maximise the efficient use of resources provided for a range of rural health programs. These programs include, but are not limited to, the Rural Undergraduate Support and Coordination program and the University Departments of Rural Health program.*

14. Describe all collaborative activities undertaken by the RCS with the UDRH/s (if appropriate).
15. Indicate how the RCS is working with the RUSC program and the extent to which it is working with any other rural programs to maximise use of resources.
16. Provide information on the Rural Clinical School's current research initiatives.