

# Minutes of RCS Heads Meeting

## 6–7 June 2005

**Attendees:** Rick McLean (Chair), Campbell Murdoch, Dawn DeWitt, Jonathan Newbury, Geoff Solarsh, Judi Walker.

**Apologies:** Paul Worley, Louis Pilotto, Peter Baker, Steve Margolis.

### 1) Minutes of Previous Meeting

The minutes were accepted as a true record.

### 2) Matters Arising

In response to a query at the previous meeting a letter had been sent to the Executive Officer of NRHA asking what might be required for membership and a response was tabled for discussion.

Comment was made that FRAME may not qualify and that it would be a big commitment of time and effort as well as a probable financial commitment. In relation to the possible benefits it was mentioned that FRAME was the peak body to put medical education on the rural agenda and that there are a number of publications that are put out by NRHA and it is important that FRAME has the opportunity to comment where medical education is involved.

At the end of discussion it was decided that further consideration of the agenda item would be postponed until following consideration of FRAME's relationship with ARHEN.

### 3) Matters Arising Not Covered Elsewhere

#### a) *Posters and Brochures*

The hard and soft copy of material that was produced for the NRHA Conference was discussed. Geoff Solarsh and Dawn De Witt had had a lead role in the soft copy and some corrections were to be made. It was felt that electronic and hard copy would be distributed to the directors and this should be used in an unchanged form for the time being. **Action – Geoff Solarsh to get original copy and circulate when amendments have been made**

### 4) Feedback from DoHA

#### a) *IT across the Rural Clinical Schools*

A response from Katy Balmaks following a written request from the Chair about the availability for IT resources for individual schools was tabled. There was some discussion about the matter. Some schools already have applied for and received funding to increase their IT capability and it was felt that individual schools that had not yet done so should now approach DOHA in this regard.

#### b) *The Budgeting Process*

The Chair indicated that a recent email from Katy Balmaks (DoHA) indicated that she could not yet provide any information about timelines or process for budgeting for the next 2 years. Judi Walker indicated that in previous discussions with Katy she had suggested 1 August as a deadline. However, it was noted now that Katy has left the branch there may be some delay. There was some discussion about a common budgeting template as suggested by Dawn DeWitt. The value of all schools using such a template was discussed

but no firm conclusion reached. Dawn agreed to circulate the template for schools to use if they wished. **Action – Dawn DeWitt.**

It was also requested that the Chair seek some further clarification from DoHA about timelines and process. **Action – Rick McLean (subsequent note – DoHA has circulated a letter to all Deans about this)**

*c) Recent Phone Call and Information Circulated by Email*

Verbal information received from Katy Balmaks had been circulated previously and was tabled at the meeting. There was some discussion of the response particularly as a revised reporting framework will have a significant effect on those schools that were previously required to take students for 18 months but now are only required to take them for 12 months, but if they do so, may lose some of their budget.

**5) Questionnaire**

A final draft version was circulated by Dawn DeWitt and discussion occurred. The first 18 questions are identical to those in the CDAMS database to allow linkage to it. Each school and university will be required to submit a full proposal to its ethics committee for approval in order to link it to the CDAMS database. Dawn will supply a copy of the University of Melbourne's ethics committee application for other schools to use if they require. She will also provide an electronic copy of the final version of the questionnaire. **Action – Dawn DeWitt.**

It was commented that the questionnaire has been set up so that it can be distributed to metro schools so that we can run a comparison between metro and rural schools or it can simply be run as a rural school questionnaire. As it stands, it is best run as an exit or close to exit questionnaire.

There was some discussion about publication of an article referring to the questionnaire so that it can be referenced as appropriate. The primary authors will be Dawn, Rick, Susan, Jonathan and Jennifer Critchley and all FRAME directors will be acknowledged as contributors. **Action – Dawn DeWitt, Jonathan Newbury, Rick McLean**

**6) 25% / 1 Year Parameter and 7) Common Reporting Framework**

Previously submitted discussion documents by the Chair and Geoff Solarsh relating to these two matters were tabled and significant discussion ensued particularly about the first parameter.

As a preamble, it was noted that a recent email from Katy indicated that we are being asked to develop a reporting framework within the next month or so which will need to be approved by CDAMS before being implemented. It should address all parameters and can contain at our discretion other data beside the parameters that provide evidence that the program is meeting its goals. It could be implemented in either November 2005 or April 2006 and there will be need for 6 monthly reports as well as yearly reports. In this regard, the general feeling was that we should implement it next year, preferably in February to address the primary parameter and that the 6 monthly report should be as short as possible.

There was significant discussion as regards parameter 1. Although the parameter as written refers to "graduating cohort", the concern expressed related to the fact that the number of students who have been through the rural clinical school who graduate and the total number who graduate in any one year are only known with certainty after the fact and we have no control over

either number. On the other hand, we do have some control and knowledge in advance over the number of rural clinical school students (and therefore the proportion) who enter the rural clinical school at the start of the clinical years. Points were made that not all students may graduate in a particular year; that some students may take a year off (both rural clinical school and others); and that those who enter the rural clinical school program are most likely to eventually graduate but not all at the same time.

The general feeling was that no single number can cover the exigencies that occur and therefore a range of data should be provided. These data include:

- The current table that lists the total number of students in each year and the number of students attending the rural clinical school – this will give an indication that for any particular entering cohort the university is satisfying (or not satisfying) the parameter at that stage. It will also indicate for an exiting cohort whether the university has satisfied the parameter.
- For exiting cohorts, a 3 year rolling average. This will give an indication of whether the university is overall meeting the parameter and will smooth out the effect of a possible “bad year” in which the exiting number of rural clinical school students is less than the average.
- An “entering number at exit” – a retrospective indication of the proportion of students for each year that enter the rural clinical program that finally exit it. This number has the disadvantage that it might need to be updated retrospectively for a number of years but will at least indicate that students have eventually graduated after having spent time in the rural clinical school.

In relation to the definition of a year of rural clinical training the feeling was that this should be defined as twice of half a clinical academic year or two semesters.

In relation to the minimum length of a continuous period it was suggested that there should be half a clinical academic year or one semester.

In relation to the question of what period of time the rural clinical training can be completed over it was felt that this should not be defined at the moment.

There was discussion about the reporting of activity in 3 categories:

- minimum activity – 25% of each year spending 1 year rurally,
- funded activity – this differs from school to school but relates to the previously defined 25% spending half of their clinical training rurally (and for which ongoing funding will require a continuation of training at this level); and
- additional activity or the difference between actual activity and funded activity.

All schools have had medical students undertaking placements as part of the RUSC program and also non-medical students occupying facilities. It was felt that in our ongoing reporting it would be inappropriate to report non-medical students and that there is a risk in reporting students undertaking RUSC placements if these are reported to DoHA under other reporting requirements.

There was a feeling that when reporting additional students have undertaken less than the full rural clinical school placement there would be value in reporting those who have undertaken at

least the minimum continuous period (half a clinical academic year or semester) and those who have undertaken less. In either situation, there should be the ability to report either numbers of students or student weeks.

Although it was not discussed at the meeting, we clearly need to be able to report students who have undertaken more than the minimum period and indicate what period they have undertaken.

In relation to the suggested reporting framework, the feeling was that the questions as suggested by the Chair were appropriate with the minor alterations as suggested below.

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.*

*Provide details of future planning, changes, options and progress on the rural program structure and comment on the integration or relationships with other programs.*

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

*Describe any new experiences that have been developed since the last report or are being developed.*

3. *The University must endeavour to recruit and appoint a full time resident Clinical School co-ordinator, academics and administrative staff who live and work in the rural region.*

*Since the last report comment on any increases or decreases in staffing relating to Rural Clinical School co-ordinator, academics or administrative staff.*

4. *A maximum of 5% of the Rural Clinical School budget may be utilised at base camp.*

*Describe how much of the budget is used at base camp and the way in which it has been spent.*

5. *Community Advisory Board.*

*How many meetings has the Community Advisory Board had, where have they been held and what things has it achieved.*

6. *The University will liaise with the Department regarding ongoing IT, accommodation and infrastructure.*

*Describe any successes or issues in the IT, accommodation and infrastructure areas since the last report.*

7. *The University will work collaboratively with the local community and State Health Department to maximise utilisation of local facilities and expertise.*

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

8. *Transparent internal evaluation mechanisms.*

*Comment on any internal evaluations that complement existing external evaluation processes, conducted since the previous reporting period, and their outcomes and impact.*

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.*

*Describe all collaborative activities undertaken by the RCS with the UDRH (if appropriate), 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*

The Chair agreed to compile this information and send to DoHA for its consideration and to seek clarification as suggested below. **Action – Rick McLean.**

**8) Academic Paper on Rural Clinical Schools**

Geoff Solarsh agreed to take this forward. Given that Steve Margolis was leaving his current position with UQ, Campbell Murdoch agreed to take over the role as co-lead. There will need to be discussion with Steve prior to his departure particularly with regard to information that has been accumulated by Steve and the use of UQ databases. **Action – Geoff Solarsh / Campbell Murdoch.**

Geoff and Campbell agreed to have some preliminary discussions with the editor of the MJA about possible publication of this paper and also to undertake some discussion with appropriate statisticians about the feasibility of incorporating differing results from differing institutions. **Action – Geoff Solarsh / Campbell Murdoch**

**9) A Pro-active Role for the Rural Clinical Schools in PGYs 1 and 2**

A paper describing discussions between the Chair and the Chair of Post Graduate Medical Education Councils, Prof Barry McGrath, was circulated. There was a general feeling that the rural clinical schools needed to work with state jurisdictions to facilitate vertical integration between the RCSs and PGYs 1 and 2 and vocational training. This is particularly relevant given the increasing number of medical students who will be reaching PGYs 1 and 2 in the near future. It will be important for each rural clinical school and university to interact with its state and territory health authorities to develop intern positions and particularly to look at the degree and quality of supervision for interns in rural areas.

The Chair agreed to circulate a paper currently being prepared by the Rural Specialists Group of RDAA about sustainable specialist services in the workforce which is relevant to this discussion. **Action – Rick McLean.**

It was also agreed that a second position paper about the shortage of rural positions in PGY 1 and 2 should be developed and circulated to state and commonwealth jurisdictions. *Action – Rick McLean*

#### **10) Staff and Student Exchanges between Rural Clinical Schools**

There was a general feeling that it is time to look at both student and staff exchanges between rural clinical schools.

After considerable discussion it was agreed that student exchanges might be problematic at this stage given the requirements of individual courses in relation to attendance and components of courses but that elective exchanges would be possible. In relation to staff exchanges, it was felt that longer term exchanges particularly of academics could be problematic given the need for differing registration requirements between states. However short term exchanges of administrative staff would be very possible and it was agreed that school managers should be asked to look at the opportunities for this to occur. *Action – Rick McLean*

#### **11) New RUSC Parameters and the Role of FRAME**

New funding parameters for the RUSC program have been developed and will be instituted in individual schools. Their effect will vary from school to school depending on pre-existing arrangements. Although FRAME has been requested by DoHA to look at the development of a new reporting framework for RUSC, it was felt that was premature at this time given the departure of Katy Balmaks and the current development of a new reporting framework for the RSC program.

It was agreed that a meeting of the full FRAME should occur in 3 to 4 months to discuss a range of things including the reporting framework. Jonathan Newbury undertook to look at the possibility of this occurring in Adelaide in September. *Action – Jonathan Newbury.*

#### **12) Interaction with ARHEN and 13) The Future of FRAME**

These items were discussed together but it was agreed that the lack of all rural clinical school directors meant that a full discussion and definite recommendation could not be reached.

A full range of views was expressed, ranging from integration with AHREN through to a continuation of the status quo through to a lesser entity were proposed.

There was general agreement that individual rural clinical schools have primary affiliation with their universities and that while specific rural clinical schools may have close affinities and relationships with UDRHs in their particular universities, this is not necessarily a uniform arrangement across all rural clinical schools. It was also agreed that the value of FRAME is probably greater at this stage than it was when FRAME was formed but the need to develop an independent entity, as has occurred with ARHEN, is not yet certain.

It was also agreed that although there is value in a closer relationship with ARHEN, it is not yet perceived that a need for FRAME to be subsumed under the ARHEN umbrella has not yet arrived; however closer collaboration between rural clinical schools and UDRHs both at an individual university level and more formally through collaboration between FRAME and ARHEN on particular projects should be fostered.

#### **14) Other Business**

Nil

**15) Next Meeting**

The next meeting will be in Adelaide on Wednesday, 12 October 2005.

The meeting closed at 5pm.

**Prepared by Rick McLean**  
14 June 2005