

RUSC FUNDING PARAMETERS AND DRAFT REPORTING FRAMEWORK

1. Establish and/or maintain demonstrably active measures to increase the number of rural origin students selected for entry into the Medical degree. These measures may include the development of specific rural student recruitment programs as well as carrying out work within the University to review and revise medical student selection processes. At least 25 percent of the annual medical school enrolment (excluding full fee-paying students) should be comprised of students who are of rural origin, defined as Rural, Remote and Metropolitan Areas (RRMA) 3-7, with at least five years rural residence, consecutive or cumulative, from commencement of primary school. Medical school staff with a background in rural medicine and understanding of rural issues must contribute to the selection process.

Describe measures to increase the number of rural origin students selected for entry, including, but not limited to, rural student recruitment programs and selection processes including the use of medical staff with a rural background or knowledge. Indicate the number of students of a rural origin selected into the program for each entering cohort.

2. Provide a rurally focussed curriculum that promotes and integrates rural practice and is designed by people who understand rural health, with delivery commencing early in the course. The curriculum must highlight the rural context by focusing on learning needs about rural health, the rural social environment, cultural and gender issues in rural medicine, clinical skills and decision making appropriate to rural practice.

Describe the rural curriculum or the component of the curriculum with a rural focus and indicate how it highlights the rural context.

3. Establish effective partnerships between organisational units involved in the delivery of Australian Government funded rural medical education programs. The University must utilise RUSC Program resources to establish and/or maintain a central point of contact at the primary metropolitan campus to assist in the integration of rural medical education programs with standard ongoing medical educational programs.

Describe the partnerships with organisational units within the university involved in the delivery of rural medical education programs. Indicate the central point of contact at the primary campus to assist in integration of rural with standard programs.

4. Coordinate the provision of educational development and support for rural medical educators, in partnership with Rural Clinical Schools, University Departments of Rural Health and regional vocational medical education training providers. The University may utilise RUSC Program resources to facilitate the development of innovative training and support mechanisms, such as the development of web-based teaching tools.

Describe how the program is involved in the provision of educational development and support for rural medical educators.

5. Provide safe, culturally appropriate, high quality experience of rural medicine for all Australian medical students during the completion of their degree, in accordance with the

curriculum requirements of the course. All Australian medical students must undertake at least four weeks of structured residential rural placement during the completion of their degree. The University is encouraged to provide placements in the early years of the course. The University may also provide additional rural residential placements (elective or core) in the later years of the course, subject to curriculum requirements and the capacity of placement areas to support the delivery of high quality training. Placements should only be provided in RRMA 3-7 areas. RUSC Program placements may also be conducted in the Northern Territory, through the designated provider of RUSC Program services in this area. The University must take reasonable action to ensure that medical students undertaking training at rural locations do not suffer undue financial hardship as a direct result of the requirement to undertake particular placements and must also ensure that students are adequately and safely accommodated while undertaking rural training. In exceptional circumstances, the Dean of the Medical Faculty may exempt individual students from undertaking rural placements on the basis of financial hardship or demonstrated health concerns.

Describe the rural attachments that are undertaken by all medical students during their course. The description should include the sites or locations, their RRMA codings and the number of weeks spent in the sites. For each year of the program, indicate the total number of students in the year, and the number of students who have undertaken weeks of rural placement.

6. Develop and/or maintain active, appropriate measures to increase the selection of Indigenous Australian students into the Medical degree, which may include the introduction of selection targets. Indigenous recruitment activities may focus on both rural and urban origin students. RUSC Program resources should be utilised to support Indigenous applicants during selection processes as well as to provide support mechanisms to assist Indigenous medical students to complete their training. The University is also encouraged to consider the Committee of Deans of Australian Medical Schools (CDAMS) Indigenous Health Curriculum Framework in ensuring that its medical curriculum addresses local and national needs to enhance the understanding of, and commitment to improving the health of Indigenous Australians. This should include ensuring that all medical students and relevant staff undertake appropriate cultural awareness and safety training in Indigenous health issues. RUSC Program funding may be allocated towards the appointment of Indigenous academic staff to assist in achieving these goals.

Indicate measures to increase selection of Indigenous Australian students into the medical program. Indicate how RUSC resources have been utilised to support Indigenous applicants during the selection process as well as how indigenous students are supported during training and towards the appointment of Indigenous academic staff. Indicate how the CDAMS Indigenous Health Curriculum Framework is being utilised within the University's program.

7. Support and maintain an inclusive, multidisciplinary-focussed rural health club for students, as a means of encouraging interest in careers in rural health. The activities of the rural health club must be carried out in accordance with the most current edition of the *Framework for Funding Rural Health Clubs* and must also be consistent with the principles and practices of the National Rural Health Network (NRHN), as set out in the most current edition of the NRHN Constitution. The University is responsible for the

management of Australian Government funds provided to the rural health club, and must ensure that funds are expended in support of the broad outcomes of the RUSC Program as detailed above.

Describe activities of the multidisciplinary focused Rural Health Club. Confirm that the activities are carried out in accordance with the most current edition of the 'Framework for Funding Rural Health Clubs' and is consistent with the principles and practice of the National Rural Health Network. Indicate how funds are expended in support of the RUSC program