# AMA Rural Medical Training Summit Report

November 2023

# Introduction

The AMA Rural Medical Training Summit was held on Friday 15 September 2023 in Canberra on Ngunnawal and Ngambri Country. The summit was co-hosted by the AMA Councils of Doctors in Training and Rural Doctors in response to crippling rural medical workforce shortages. The summit focused on how to increase and improve rural medical training opportunities, particularly for non-GP specialist training. The summit brought together key stakeholders in rural and regional training including current rural trainees and supervisors, specialist medical colleges, regulators, and government representatives. Attendees and representatives showed a clear commitment, understanding, and drive to improve access to rural medical training for GP and non-GP specialists.

The clear consensus among stakeholders at the summit was the importance of supporting both trainees and supervisors, the need to explore how funding for existing specialist training programs can be better utilised, and how to better support and protect International Medical Graduates (IMGs).

The summit discussed the need to reform outdated rural workforce policies and training requirements to support a more modern, flexible, and transient workforce that works for doctors in training, supervisors, and local communities. The summit showcased the many rich and rewarding experiences of training in rural and regional Australia and also discussed the particular challenges facing these doctors, highlighting the need for extra support measures for those who work and train in these areas of the country.

Doctors in training and medical training experts spoke of the need for a change in the way rural medical workforce issues are discussed. Increasingly, doctors want flexible careers that supports their career aspirations and interests, as well as their life outside of work. The stereotype of a lone rural doctor providing decades of cradle-to-grave care is no longer a key aspiration for young doctors who look for varied experiences in diverse settings. Instead, success in retaining a rural medical workforce should focus on creating training and working opportunities that embody whole of doctor, and whole of community needs.

This report outlines the key themes and discussions over the four summit sessions which focussed on a range of policy issues including incentivising rural practice, creating training places in rural centres, supporting international medical graduates, and thriving in rural practice.

While much of the summit discussion focused on the non-GP specialist workforce, the AMA took the opportunity to launch the AMA Plan for Improving Rural General Practice as part of the Summit. A brief outline of this is included in this report – recognising the critical role played by general practice in supporting patients in rural areas in accessing medical care.

The AMA thanks and acknowledges the experience, knowledge, and expertise of attendees and contributors of the AMA Rural Medical Training Summit.

## Policy Executive Summary

There was a clear appetite among speakers, attendees, and stakeholders to further explore solutions arising from discussions and sessions. There was particular focus on exploring reforms to the Specialist Training Program (STP), providing greater support for International Medical Graduates (IMGs), shifting narratives in rural medical workforce discussions, and creating holistic social and community supports.

**Exploring reforms to the STP** to better create quality training places in rural and regional areas. This includes empowering local communities to create innovative training posts which reflect community health needs.

**Greater support for IMGs** to provide appropriate supervision, create support networks and build fair employment and training systems.

**Shifting narratives in rural medical workforce discussions** to acknowledge the rewarding and diverse work that doctors working in rural and regional areas are exposed to, and the opportunities available to create varied and flexible careers.

**Creating holistic social and community supports** with all stakeholders to support both doctors and the community. This includes greater accessibility to early childhood care, accommodation, and social networks.

This report will inform future AMA advocacy across the four domains, and we invite attendees and stakeholders to collectively progress action. Collaboration is essential to create high quality training experiences in rural and regional areas for doctors in training that also service and support local communities.

## Keynote Speaker

### Professor Roger Strasser

### Medical Education and Training for Rural Practice

The AMA Rural Medical Training Summit's keynote speaker was Professor (Prof) Roger Strasser. Prof Strasser is a Professor of Rural Health and Founding Dean Emeritus of Northern Ontario School of Medicine University in Canada. His presentation explored the connections between Australian and Canadian rural practice. Canada, like Australia, has a significant dispersed and diverse rural population with similar social demographics and workforce pressures.

The common thread running throughout the presentation and audience discussion was the importance of community, and co-design of rural training opportunities with local communities. Prof Strasser highlighted that the more successful rural health services were designed in the community, by the community, for the community. Prof. Strasser offered the following basic principles for developing a sustainable rural health workforce:

- develop genuine interdependent partnerships as common goals
- Respect and value all forms of expertise in community members and practitioners
- Provide education and training where services are needed in rural areas (sometimes registrars may need to go to the cities for advanced training, but their home base should be in rural areas)
- create prolonged immersive clinical placements
- offer visible pathways with support and encouragement
- involve community members and local stakeholders as part of the university medical student selection team.

Prof. Strasser and attendees highlighted good workforce engagement begins early, with medical students, and continues throughout the whole medical professional continuum. Prolonged immersive clinical placements are key to fostering interest in rural practice. Genuine partnerships mean ensuring selection processes into medical education and specialist training are equitable and reflect the diversity and needs of the community. Accountability for these outcomes comes from all stakeholders with the interest of the community at the centre of decision making.

Further, at the core of rural practice and training is the importance of generalism. Prof. Strasser noted that generalism should be foundational for medical training both at the undergraduate and postgraduate level and must focus on broadly based generalist content.

Health care is about services and relationships. However rural health policies are often developed outside of local communities which result in unintended policy consequences. Further, inefficiencies in the medical training pipeline are driven in large part by a lack of coordination between stakeholders such as primary medical schools, specialist medical colleges, hospitals, and governments. This is amplified by a lack of data driven decision making in medical workforce planning and training policies.

A recording of Prof Strasser's keynote address is available on the AMA Rural Medical Training Summit website.

# Incentivising Rural Practice

Trainees and rural doctors benefit from training and working in rural and regional areas. Training inefficiencies mean doctors often relocate to metropolitan areas to access training. There are several enabling factors and tools to encourage rural training and practice which were explored in this session.

## Panellists

**Chair: Dr Daniel Wilson**, Deputy Co-Chair, AMA Council of Doctors in Training
**Dr Hayden Cain**, Rural Generalist Trainee based in SA
**A/Prof Janelle Brennan**, Director of the North West Victorian Regional Training Hub at Monash Rural Health, Consultant Urologist based in Victoria
**Dr Tom Gleeson**, Consultant Haematologist based in NSW

## Discussion

Discussions centred around themes of community and social supports, improving Australian Government support for rural training through the Specialist Training Program (STP), and a whole of pipeline perspective of training and community needs.

### Specialist Training Program (STP)

Summit attendees noted inefficiencies of the Specialist Training Program (STP). The STP aims to improve the specialist workforce by supporting quality training posts outside of traditional metropolitan teaching hospitals, and increasing the number of specialists working in regional, rural, and remote areas. The program covers the salaries of trainee specialists through the specialist medical colleges.

Trainees and employers at the summit noted difficulties in accessing funding to create quality training positions. Suggestions included exploring options to revise the structure of the STP to better support rural medical training led by the Australian Government in collaboration with specialist medical colleges, communities and other medical stakeholders.

### Community and Social Supports

Local communities and governments have a reciprocal role in supporting healthcare to rural communities. Doctors and doctors in training newly arriving in an unfamiliar rural town or community face difficulties establishing relationships and supports. Local governments must be enabled and empowered to develop community and social supports for their population and doctors.

One of these barriers raised by attendees was the inaccessibility of childcare for medical parents of young children. Many doctors in training in specialist training programs live transitory and varied lives. Training and working in rural areas often includes shift work, on call hours, weekend work, which may be exacerbated by short-term placements that require regular moving at short notice. These burdens place considerable pressure on medical parents and are compounded by the increasing cost and inaccessibility of childcare. Many medical parents often rely on the goodwill of family, friends, informal carers, or even paid nannies.

Suggestions to address these issues included initiatives to support local communities, doctors and doctors' families are provided childcare facilities, moving support, accommodation, social clubs and connections.

### Accountability to Community Need

Attendees reflected on the social accountability that universities with Australian Government funded medical school places had to produce medical graduates with the skills and aptitude to work where they are needed in the specialties needed in line with community need. Unfortunately, Australia's medical workforce remains stubbornly maldistributed geographically. Enabling universities and specialist medical colleges to refine training pathways that give doctors in training opportunities to train and immerse themselves in rural, regional, and remote areas was a key theme.

Enhancing collaboration between specialist medical colleges and universities to leverage learnings and partner in providing training in rural and regional areas was discussed as a potential solution to better coordinate and plan for a seamless training pipeline for trainees who wish to train and work in rural, regional, and remote areas.

## Creating Training Places in Rural Centres

There is a clear need for more opportunities to complete medical specialty training in regional and rural areas. But creating of those training places can be challenging, with the provision of appropriate supervision and support for trainees working in potentially isolated settings often acting as a barrier. Panellists in this session shared their experiences on how some specialist medical training colleges are overcoming these barriers and facilitating the creation of training places in rural areas.

### Panellists

**Chair: Dr Hannah Szewczyk**, AMA Council of Doctors in Training Chair, and RANZCOG trainee based in SA.
**Dr David Glasson**, National Rural Training Program Manager at the Royal Australian College of General Practitioners (RACGP).
**Dr Megan Barrett**, Rural Psychiatry Training Pathway manager at the Royal Australian and New Zealand College of Psychiatry (RANZCP).
**Dr Santosh Khanal**, Senior Manager Evaluation and Quality Assurance at the Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

### Discussion

Discussions focused on themes of flexible supervision and support for supervisors, opportunities for trainees outside of clinical work, and co-designing solutions.

#### Flexible supervision and support for supervisors

To encourage greater opportunities for non-GP specialist training in rural and regional Australia, attendees discussed examples of innovative and flexible supervision. Models of flexible and remote supervision should be shared to support training pathways that empower trainees to fellow in specialities in line with local community needs.

Options for specialist medical colleges and the Australian Government to work together to review program funding to support greater innovation in rural and regional medical training were encouraged. Funding should also extend to support innovative models for training, supervision and support that are co-designed with communities and encompass the needs of the community and trainees. This includes funding for flexible supervision for non-GP specialist trainees, and greater flexibility in supervision and remote supervision. This will require collaboration between medical training stakeholders, especially specialist medical colleges, and a commitment to share resources and knowledge in allowing for flexible and remote supervision.

### Opportunities for trainees outside of clinical work

Funding and opportunities for trainees outside of clinical work should encompass a whole of person perspective including education, family, social lives, and interests. Attendees and representatives discussed a range of programs provided by specialist medical colleges to support trainees working and living in rural and regional areas.

Programs and ideas include:

- Case managed approaches to trainees. This approach allows for the creation of a supportive space for the trainee. This includes navigating families and carers through schooling and childcare and extends to integrating with other factors that help the trainee to immerse into their new community.
- Individual Program Support Officers or Training Coordinators for cohorts of specialist trainees. These must be tailored to individual trainee needs.
- Other programs such as buddy programs, near to peer initiatives. These ideas provide trainees opportunities and support that are outside the usual remit of mentorship.

### Co-designing solutions

In line with Prof Strasser's keynote address, attendees and representatives echoed the importance of co-designing medical solutions with local communities, local government, health services and other stakeholders. These co-designed solutions included greater community involvement and engagement in selecting registrars who are training in rural and regional communities, the value of local governments connecting trainees with accommodation and childcare providers, and potential supervisors being included in all processes.

# How to support the International Medical Graduate (IMG) training experience in rural areas

International Medical Graduates are a key part of Australia's rural workforce. The 10-year moratorium means that IMGs first taste of practicing medicine and training in Australia is often outside of major cities, and for an extended time. This journey is far from easy, with red tape, isolation, and insufficient support the reality for many IMGs. It is clear there is more to do more to support this important and often vulnerable cohort of doctors.

## Panellists

**Chair: Dr Ian Kamerman**, AMA Council of Rural Doctors Chair and a principal at Northwest Health with more than twenty years' experience in rural general practice
**Associate Professor Alam Yoosuff**, rural GP from Finley NSW with interests in public health, palliative care and emergency medicine.
**Dr Maha Selvanathan**, GP based in Armidale.
**Dr Julie Gustavs PHD**, Manager of Education Development and Projects at the Australian Medical Council.
**Professor Amanda Barnard**, Chair of the Clinical Assessment Panel and Deputy Chair of the Assessment committee at the Australian Medical Council.

## Discussion

The session began with a presentation from the Australian Medical Council (AMC) on their International Medical Graduate Assessment Experiences and Performance project. This was followed by a panel discussion with overseas trained doctors — Associate Professor Alam Yoosuff and Dr Maha Selvanathan.

The summit heard of the lived experiences of IMGs living and working in rural areas, including exploitation, discrimination and sub-optimal supervision and support. The panel discussed what ore the medical system could do to support IMGs and their patients. Themes emerging from this session included system change to provide appropriate supervision, create support networks for IMGs, and a fairer employment and training system.

### Supporting appropriate supervision

The summit heard about the variable quality in supervision for IMGs and examples of poor or non-existent supervision, IMGs never meeting their supervisor, supervision only existing on paper, and poor or no feedback. Attendees emphasised a need for minimum standards for supervision, and a medical system that successfully prepares and supports supervisors to provide a high-quality training experience and support to IMGs, noting this would require funding.

### Support networks for IMGs

IMGs currently plug medical workforce gaps in rural and regional areas to solve workforce maldistribution. In many cases, IMGs have no access to formalised support networks and no connections outside of their practice.

Primary health networks (PHN), general practices, medical colleges, local governments, and other medical stakeholders all have a role in ensuring IMGs are welcomed. PHNs can play a greater role to socialise and facilitate introductions and connect IMGs to specialists in their areas. Support groups can also be formalised for IMGs to connect them to assistance if they are feeling bullied, exploited and/or experience wellbeing issues. IMGs are often under-represented in conversations and representative positions, partly due to a fear that they may lose their visa or employment if they speak up. Greater efforts must be made to support and uplift IMG voices.

### Creating a fairer system

The systems that employ and support IMGs in rural and regional Australia require review. Visa processes and employment practices are enabling systems and attitudes of racism, exploitation, and impact on wellbeing. Efforts must be made to provide supportive and equal opportunities for IMGs. A system that is fair and supportive of IMGs will also benefit rural communities. IMG doctor employment and

experiences must be positive and meaningfully supported to improve the likelihood of permanent or long-term employment in rural and regional areas.

Holistic and integrated pathways are required for all doctors to work and train in rural and regional areas. This includes a commitment for all healthcare workplaces to be psychosocially safe and free from bullying, harassment and exploitation. Re-consideration of IMG doctor employer-sponsored visa requirements was raised as a strategy to address reported breaches of employment contracts by employers including that IMG doctors are being contractually bound to pay significant amounts if they leave a practice or receive only a fractionally small amount of their billings during their employment.

Consideration must also be given to extending free or subsidised educational materials to IMGs in a similar fashion to Australian medical graduates, and to extending opportunities for IMGs to work in expanded settings including residential aged care facilities or in the hospital systems in addition to general practice. Enabling and empowering IMGs working and training in rural and regional Australia will provide benefits and better outcomes to patients and consumers.

## Thriving in Rural Practice

A medical career in rural and regional areas can be a rewarding experience, with ample opportunities to explore interests, focus on practice, and to integrate in vibrant rural communities. The National Medical Workforce Strategy noted an underutilisation of rural training opportunities during specialist training with those working and training in rural areas having a broader scope of practice, clinical courage to face unexpected challenges, an understanding of how to access remote support, and better social connectedness to their community. The strategy also envisioned flexible, supported, and innovative reformed training pathways in rural and regional areas.

Traditional narratives on a medical career in rural and remote areas have only focused on general practice, with doctors expected to practice solo in the one community for a lifetime providing cradle to grave care. This final session explored these narratives and interrogated what thriving in rural practice can really mean in all its various forms.

### Panellists

**Chair: Dr Elise Buisson**, Resident Medical Officer working in Western Sydney and AMA Council of Doctors in Training Deputy Co-Chair.
**Professor Jenny May AM**, Clinical Dean at the Rural Clinical School Tamworth Campus of the Joint Medical Program and Co-Chair of the Medical Workforce Reform Advisory Committee during the development of the National Medical Workforce Strategy.
**Dr Jean Littlewood**, doctor-in-training representative for the Rural Doctors' Association of NSW, rural generalist based in Wellington, western NSW, and ACRRM NSW registrar liaison officer
**Dr Richard Colbran PHD**, CEO of the NSW Rural Doctor Network.

### Discussion

Discussions during the session were dynamic and crossed many themes. Themes that came out of the discussions included redefining retention, support and better ways of doing clinical practice.

## Redefining retention

A key theme was the idea of living and working as a doctor in a rural area as no longer being exclusively for life. The next generation of doctors and doctors in training want greater flexibility and work-life balance. This requires a redefinition of success in retaining a doctor in rural and regional areas, where a doctor staying in a rural community for 2-5 years should be considered a success. These doctors should be supported to move and pursue their career and live in a way that suits their life stage. Guilt and love are not retention strategies.

## Support

When developing health workforce capability an inclusive approach to supporting doctors and doctors in training in rural and regional areas must be taken. The ingredients that lead to a doctor thriving are setting dependent. Doctors work to their best ability if they feel safe, healthy, capable and are enabled to deliver high quality care to their consumers. Doctors who feel they deliver high quality care stay longer in their position and area.

Specialist medical colleges have a role to play in supporting rural doctors to form networks, participate in professional development, and ensure psychosocially safe placements.

## Improved clinical practice

Rural and regional communities regardless of size need skilled professionals physically onsite and face to face. However, telehealth and other emerging technologies can complement and support medical practitioners to deliver care, with the medical practitioner at the centre of care guiding practice. Non-GP specialists practicing in rural and regional areas require meaningful career progression. Their workload should be varied and dynamic. Academia can be potentially important area for career progression and development.

# AMA Plan for Improving Rural General Practice

The ***AMA Plan for Improving Access to Rural General Practice*** was released by AMA President Steve Robson at the summit. The plan highlighted areas (detailed below) for action by all stakeholders.

## Creating Healthy Communities

Improving access to general practice care when and where people need it will create healthy communities, improve productivity and liveability in rural areas, and reduce the burden on other parts of the healthcare system. Rural communities will need bespoke solutions to support the effective delivery of care with localised and flexible policies and programs to support access.

**Independent National Health Workforce Planning Agency** - Funding is needed for an independent national health workforce planning agency to provide consistent and evidence-based advice on medical workforce supply and demand. The agency will analyse workforce and health data and recommend future workforce requirements, skilled immigration requirements, and the number and distribution of training places in line with community need. The agency will be empowered to ensure accountability for implementation of national medical workforce strategies.

**Supporting International Medical Graduates (IMGs)** - Medical stakeholders and the Australian Government must identify and address the barriers to registration and employment for IMGs who are currently in Australia but are not able to practice. This includes providing financial, social, and professional supports such as relocation support, access to leave and subsidies for training as well as programs that support IMGs to effectively train and work in the Australian health care system. This will involve continuing work and attention to streamline migration and assessment pathways and processes for suitably qualified IMGs. Supervising practices must also be financed to appropriately support IMGs in rural areas.

## Providing Opportunities to Train Locally

We know doctors who come from a rural background or spend time training in a rural area are more likely to take up long-term practice in a rural location. Programs that support medical students, doctors in training and fellows to train, live and work in rural and regional areas across all career stages are essential to address geographic distribution.

**Embedding rural primary care in medical school** - There needs to be increased accountability for universities to develop models of training delivery that produce a generalist and rural workforce, and support equitable distribution of the medical workforce, through the allocation and distribution of Commonwealth Supported Places (CSPs) and full fee-paying places.

## Supporting Vibrant General Practice

Job satisfaction, practice viability, and an environment that is attractive to medical are key priorities that influence decisions to work in rural areas. These must be addressed to ensure rural communities have access to a thriving and vibrant general practice.

**Support for shared networking** - Funding is needed to establish practice networks between small, geographically close practices and/or rural and urban general practices, for example through shared administration and provision of locum relief. This could also include providing access to professional development and improving access to selfcare support, wellbeing and mental health related services and information.

AMA Rural Medical Training Summit Report
AUSTRALIAN MEDICAL ASSOCIATION
**T** | 61 2 6270 5400 **F** | 61 2 6270 5499 **E** | info@ama.com.au
39 Brisbane Avenue Barton ACT 2600 | PO Box 6090, Kingston ACT 2604
**www.ama.com.au**