

Rural Health Strategy 2023–2027

*Faculty of Medicine
and Health*



THE UNIVERSITY OF
SYDNEY



Acknowledgement of Country

We acknowledge and pay respect to the past and present Aboriginal and Torres Strait Islander Elders and emerging leaders across Australia. We thank them for the vital contribution they make to the health and wellbeing of regional and remote communities, to the work of the University of Sydney Rural Clinical Schools (RCS), and for their ongoing custodianship of the lands that we rely on for our livelihoods.

The University of Sydney operates three Rural Clinical Schools in New South Wales (NSW):

- The Dubbo/Orange RCS is based in Western NSW, where the Traditional Custodians of the lands are the Wiradjuri people.
- The Bundjalung, Yaegl and Gumbayngirr people are the Traditional Custodians of the lands on which the Northern Rivers RCS operates out of Lismore.
- In the Far West region of NSW, the Broken Hill RCS operates on the traditional lands of the Wilyakali and Paakantyi people in the far west; the Wongaibon, Ngemba, Muruwari, Yuwaalaraay, Gunu, Gamilaraay and Barranbinya people in the north-west; and the Paakantyi, Maraura, Latje Latje, Muthi Muthi, and Tati Tati peoples in the south-west.

Our work in regional and remote health is supported by colleagues who are based in Sydney on the lands of the Gadigal people of the Eora Nation.



Foreword

The disparities in health outcomes between urban Australians and those living in regional and remote locations is one of the greatest health inequities in Australian society.

Health outcomes become progressively worse the further one lives from our cities, a situation that is evident in almost all indicators of health, in measures of access to quality care (partly related to progressively more severe health workforce shortages) and in the underlying social determinants of health. Furthermore, the difficulties faced by Aboriginal and Torres Strait Islander people and other marginalised groups in society are compounded when they live in regional and remote locations.

The challenges of addressing these health inequities are enormous. The recent statement by the Vice-Chancellor of the University of Sydney, when launching the University's *Sydney in 2032 Strategy*, highlights the important role that universities must play in addressing these challenges: 'Education is the most powerful tool yet discovered to overcome disadvantage and inequality... But if we are not vigilant and not committed, lack of educational opportunity can entrench disadvantage and inequality for generations to come' (Professor Mark Scott AO at the National Press Club, 31 August 2022).¹

The University of Sydney, through its Faculty of Medicine and Health ('the Faculty' or FMH), is well positioned to make a major contribution to addressing rural health disparities in NSW, nationally and internationally. We are a leader in rural health research publications and grant income in Australia and are among the top 10 internationally in research publications on rural health. Through our three Rural Clinical Schools, we have a strong presence across much of regional and remote NSW.

Together with other faculties of the University of Sydney, we are also well positioned to address the disparities in the social determinants of rural health through our wide-ranging education and research programs, our capacity for multidisciplinary approaches, and our extensive collaboration with other universities and community organisations. To this end, we support the vision of the Australian Education Ministers, as expressed in the 2019 *Alice Springs (Mparntwe) Education Declaration*, '...for a world class education system that encourages

and supports every student to be the very best they can be, no matter where they live or what kind of learning challenges they may face'.²

The first goal of this Declaration is that 'the Australian education system promotes excellence and equity'. Given its reach into regional and remote parts of the State, the University of Sydney has an important role to play in enhancing educational opportunities for rural people, particularly with education being such an important social determinant of health and wellbeing.

The Faculty of Medicine and Health aspires to 'making and shaping the future of healthcare'.³ To achieve this goal, we will need to build on the achievements of our staff working in regional and remote NSW to ensure step-change improvements in rural health education and research. This means more participation by rural-origin students in our courses and an uplift in our research capacity and capability so that we can address the needs of regional and remote communities. As articulated in the Vice-Chancellor's *2032 Strategy*, these ambitions can only be achieved through strong partnerships that acknowledge and respect our interdependencies in an increasingly unpredictable world.

While we have much to celebrate, there is a great deal more to be achieved. The Faculty of Medicine and Health has the capability and the will to be a leader in the University of Sydney's contribution to addressing rural disadvantage. Our Rural Health Strategy provides us with a roadmap to progress this contribution to better health outcomes through working in partnership with our regional and remote communities to improve their health and wellbeing.

Robyn Ward
Executive Dean and
Pro Vice-Chancellor
*Faculty of Medicine and
Health*

Ross Bailie
Professor of Rural Health
*Faculty of Medicine and
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Vision

To work collaboratively to promote health and wellbeing for all people in regional and remote communities across Australia.

Health equity for rural communities – reflects our emphasis on equity and on working in partnership to improve health in regional and remote communities.



A whole-of-faculty strategy

The Rural Health Strategy directly aligns with the FMH *Strategic Plan 2025* and the USyd *Sydney in 2032 Strategy*.^{3,1} This strategy will connect rural and metropolitan activities across the Faculty of Medicine and Health.

There are ongoing, large-scale disparities in health outcomes and inequities in service access between people living in our cities and those in regional and remote regions.⁴ The situation is exacerbated by chronic rural health workforce shortages,⁵ and the unequal impacts on rural populations of the social and environmental determinants of health, which have become a global challenge.⁶

Both Federal and State governments have attempted to address the health workforce inequities with substantial funding channelled into rural health (largely medical) workforce training schemes, infrastructure and, in NSW, a hub and spoke model of service.⁷ Nevertheless, significant issues persist, as highlighted in recent parliamentary inquiries.⁸

The University of Sydney has historically made a strong commitment to improving health outcomes and health workforce training in rural NSW, including by establishing and operating two of the first Federally funded University Departments of Rural Health (UDRHs), in Broken Hill in 1996 and Lismore in 2001, and one of the first Rural Clinical Schools (focused on medical student training) in Dubbo in 2001. The separate Australian Government programs supporting UDRHs, RCSs and rural dentistry training were brought together in 2016 through the Rural Health Multidisciplinary Training (RHMT) program,⁹ which now also includes Regional Training Hubs (focused on rural junior doctor training).

With the need for 'whole-of-workforce' development in rural health, and the importance of multidisciplinary and inter-professionalism in our work, our three rural health campuses should operate as multidisciplinary Rural Clinical Schools (the term we use in this Strategy to cover all three sites.) While the RCSs have been a focus of the University's rural health research work, it is also important to note that other parts of the University, both in association with our RCSs and independently, undertake research in rural health.

This is intended to be a whole-of-Faculty Rural Health Strategy, a step towards strengthening both the Faculty's and the University's contributions to rural health. It aims to enhance the capacity of our RCSs to meet their objectives under the RHMT program by engaging the Faculty's Academic Schools and Research Centres and Institutes to support these objectives. The 2020 National Evaluation of the RHMT program recommended that universities more strongly align their policies and operations to meet identified rural health needs.¹⁰ Thus, in this Strategy, we have outlined our Aspirations, Goals and Actions for rural health to support the University of Sydney in its implementation of the recommendations from the RHMT evaluation (see Appendix 1).

This Strategy also aims to drive stronger engagement in rural health beyond the parameters of the RHMT program, and act as a guide for all Faculty academics and professional staff to consider how our work can address the disparities in health that exist between metro, regional and remote locations.



Defining 'rural', 'regional' and 'remote'

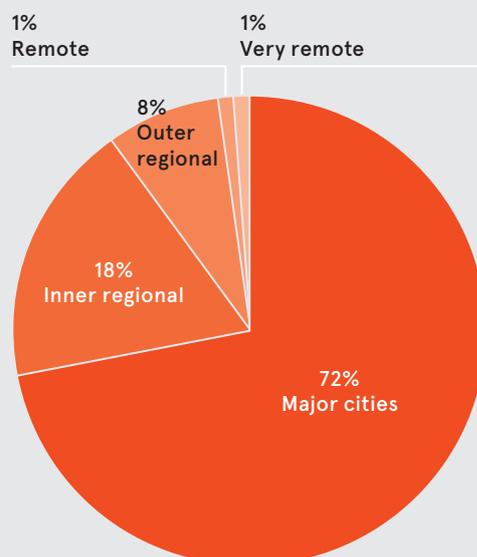
The Australian Statistical Geography Standard provides the official classification of Australia's geographic statistical areas.¹¹ In relation to 'rurality', the Standard refers to major cities, inner regional, outer regional, remote and very remote. There is no formal definition of 'rural' within this classification. The term 'rural' tends to be loosely used as a 'catch-all' for regional and remote, but is sometimes also confusingly used in distinction to regional and remote, including in official reports. For conciseness we have used the term 'rural' in the Strategy to cover inner and outer regional, remote and very remote locations.

Nevertheless, distinguishing between degrees of rurality is important, as there is a strong gradient of progressively worse health outcomes from major cities to inner regional, outer regional, remote and very remote locations. Underlying this is another gradient reflecting the decreasing access to, and quality of, care, partly due to increasingly severe health workforce shortages. There is also an additional gradient of diminishing socio-economic circumstances that sees lower incomes, and fewer education and employment opportunities the further one lives from a city.

Also relevant to rural health development efforts are the substantial differences in population numbers and dispersion in relation to rurality. Across Australia, about 72% of the population live in major cities, 18% in inner regional, 8% in outer regional, just over 1% in remote and just under 1% in very remote locations. Areas of greater rurality cover vast

geographic regions characterised by relatively small towns and communities that are separated by large distances. As a result, we are faced with difficult questions about how to find the balance between working with smaller communities in greatest need and larger communities where levels of need may be lower, but the number of people affected is greater. Logistically, it is easier to work in the larger rural centres, but this is not necessarily where we can achieve the most impact. National programs, such as the RHMT program, increasingly emphasise the importance of meeting rural health needs in outer regional, remote and very remote locations.

Population dispersion



Achievements of the Rural Clinical Schools

The Rural Clinical Schools provide an ideal environment for multidisciplinary and interdisciplinary education and research. This is because of the need for a whole-of-workforce and generalist approach to health professional training, and the development of close working relationships between RCSs and a variety of local service and other community organisations to deliver better health outcomes. The community, geographic and service contexts in which each of our RCSs operates reflect the diversity that exists across regional and remote New South Wales and, to some extent, across Australia. However, they also share many common challenges and opportunities. As such, our RCSs can be seen as a real-world rural microcosm of what the Faculty of Medicine and Health aims to achieve in multidisciplinary and inter-professional health education and research.

It is important to recognise the substantial achievements of the RCSs, which include:

- significant ongoing engagement with health service and other community organisations through well-established and strong local relationships
- diverse contributions to the social and economic fabric of rural communities
- rural placements for more than 1100 students both from the University of Sydney and many other universities
- almost 10,000 student placement weeks in a variety of service and community organisations.

We are also at the forefront of developments in:

- service-based learning in multidisciplinary primary health care
- implementing a beginning-to-end rural stream for the Sydney Medical School Doctor of Medicine program
- community-engaged research
- leading and contributing to large-scale health service and system and environmental health research collaborations, including in Aboriginal and Torres Strait Islander primary health care
- building leadership among, and the profile of, our Aboriginal and Torres Strait Islander staff
- promoting professional development for all staff
- generating more than \$17 million in research grant income (average of \$3.4m p.a.)
- publishing in peer-reviewed journals (e.g. 95 publications in 2021).

Priorities for rural health development

The development of this Strategy has taken account of priorities for health and research as reflected in the RHMT program parameters, and as identified by the NSW Ministry of Health, Local Health Districts, Primary Health Networks and community-based organisations in rural NSW.

The priority for training rural health professionals is to address workforce shortages across the range of generalist health practitioners – general practitioners, allied health and nursing generalists, dentists and oral health therapists, and general physicians and surgeons – i.e. health professionals who have the skills and knowledge to manage the diverse range of health conditions they will be presented with in rural primary health and hospital practice.

In research, the priorities are about enhancing preventive health and population health programs, improving access to quality care, and ensuring that we have appropriate programs and models of care that are effective in the social, economic, environmental and cultural rural contexts in which these programs need to operate.

In terms of research on major health conditions (e.g. chronic diseases, mental health and wellbeing), important life stages (e.g. early childhood, the elderly) or marginalised population groups (e.g. Aboriginal and Torres Strait Islander people, people with disability), the priorities are related to access to care, and the coordination and integration of that care. There is also a clear need to engage with rural communities and service organisations to conduct research on their priority needs, which include clinical services and health systems, rural health education and workforce development, population and public health, and health promotion.

This Strategy aims to make the best possible use of existing networks and research capacity that can be applied to the challenges in rural health, including a focus on building the capacity and capability of the rural health workforce. We aim to bring the enormous resources that exist in the University of Sydney to bear on addressing our challenges in rural health, including through working collaboratively with other universities that have a significant presence in rural locations.

The recently released NSW Regional Health Strategic Plan¹² for 2022-2032 provides an opportunity for the alignment of our faculty teaching and research activities to State priorities (see Appendix 2).

The way ahead

The Rural Health Strategy identifies Aspirations, Goals and Actions to be prioritised for implementation over the next five years, 2023–2027.

These include the realisation and implementation of a 'rural precinct' in the Faculty of Medicine and Health's organisational structure.

The Faculty has established distinct health precincts that are intended to enable its goals to be achieved irrespective of geographic location or discipline.¹³ To date, these have been focused on the metropolitan Academic Schools, and the Faculty is planning to develop a precinct model for our rural operations.

With continued effort and collaboration between our Rural Clinical Schools, and our partner health, community and education organisations, we will strengthen our capacity to deliver quality health education and research to improve health outcomes in our rural communities.

Priority Actions

The proposed actions in the Strategy are likely to evolve over time and in relation to regional/local priorities. In collaboration with all faculty academic schools, the Rural Clinical Schools will prioritise initiatives relevant to their own school action plans, communities and respective stakeholder partners.

The three Heads of Rural Clinical Schools recommend four shared priority actions in the preliminary stages of implementation, as highlighted in the following tables.

Endnotes

- 1 The University of Sydney 2022, *Sydney in 2032 Strategy*, The University of Sydney, Sydney. Available at: <https://www.sydney.edu.au/about-us/2032-strategy.html>
- 2 Council of Australian Governments Education Council 2019, *Alice Springs (Mparntwe) Education Declaration*, Department of Education, Skills and Employment, Australian Government, Canberra. Available at: <https://www.education.gov.au/alice-springs-mparntwe-education-declaration/resources/alice-springs-mparntwe-education-declaration>
- 3 Faculty of Medicine and Health 2020, *Strategic Plan 2025*, The University of Sydney, Sydney.
- 4 National Rural Health Alliance 2021, *Rural Health in Australia Snapshot 2021*, National Rural Health Alliance, Canberra. Available at: <https://www.ruralhealth.org.au/rural-health-australia-snapshot>
- 5 Department of Health and Aged Care 2021, *About Australia's Rural Health Workforce*, Australian Government, Canberra. Available at: <https://www.health.gov.au/health-topics/rural-health-workforce/about>
- 6 Strasser R., Kam S. M. & Regalado S. M. 2016, Rural health care access and policy in developing countries, *Annual Review of Public Health*, 37:395–412. doi:10.1146/annurev-publhealth-032315-021507
- 7 Department of Health and Aged Care 2021, *Stronger Rural Health Strategy*, Australian Government, Canberra. Available at: <https://www.health.gov.au/health-topics/rural-health-workforce/stronger-rural-health-strategy>
- 8 NSW Legislative Council Portfolio Committee No. 2 – Health 2022, *Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales, Report No. 57*, NSW Parliament, Sydney. Available at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2615/Report%20no%2057%20-%20PC%202%20-%20Health%20outcomes%20and%20access%20to%20services.pdf>
- 9 Department of Health and Aged Care 2022, *Rural Health Multidisciplinary Training (RHMT) Program*, Australian Government, Canberra. Available at: <https://www.health.gov.au/initiatives-and-programs/rhmt>
- 10 Department of Health and Aged Care 2021, *Evaluation of the Rural Health Multidisciplinary Training (RHMT) Program*, Australian Government, Canberra. Available at: <https://www.health.gov.au/resources/publications/evaluation-of-the-rural-health-multidisciplinary-training-rhmt-program>
- 11 Australian Bureau of Statistics (ABS) 2022, *Australian Statistical Geography Standard (ASGS)*, ABS, Canberra. Available at: <https://www.abs.gov.au/statistics/statistical-geography/australian-statistical-geography-standard-asgs>
- 12 NSW Government 2023, *NSW Regional Health Strategic Plan 2022–2032*, NSW Government, State of New South Wales. Available at: <https://www.health.nsw.gov.au/regional/Pages/regional-health-strategic-plan.aspx>
- 13 Faculty of Medicine and Health, op. cit., EN4.1.2

Rural Health Strategy

Faculty of Medicine and Health

Our Vision	To work collaboratively to promote health and wellbeing for all people in regional and remote communities across Australia			
Our Guiding Principles <i>Health equity for rural communities</i>	<ul style="list-style-type: none"> - Acknowledge and respect the past and present experiences of Aboriginal and Torres Strait Islander peoples - Respect the local knowledge of rural people and respond to the needs of the communities we serve - Rural leadership or co-leadership on all projects 		<ul style="list-style-type: none"> - ‘All teach, all learn’ approach to collective capacity strengthening - Engagement, collaboration and partnership - Work alongside rural communities and stakeholders - Share, collaborate and translate research at all stages 	
Our Strategic Pillars	Leadership and Culture	Research Performance and Capacity	Teaching and Learning Innovation	Governance and Contemporary Operations
Our Aspirations	A strong collective voice and an ethical and resilient workforce	Excellence in rural health research	A rural health workforce committed to lifelong learning	Partnerships and systems drive outcomes
Our Goals	<p>The University serves the interests of rural communities</p> <p>We work in culturally safe environments with strong Aboriginal and Torres Strait Islander representation and leadership</p> <p>We are a preferred partner and leader in rural health education and research</p> <p>We have a robust rural health education and research workforce</p>	<p>Our research is co-designed and translated for impact to address the complex challenges in rural communities</p> <p>We have a thriving research community committed to building capacity and capability</p> <p>Our research support structures and processes meet the specific needs of rural health research</p>	<p>We equitably deliver high-quality programs that will build our rural health workforce</p> <p>Our programs promote understanding and overcome challenges in rural health</p> <p>Our rural placements provide high-quality multidisciplinary and interprofessional learning experiences</p> <p>We provide access to rural placements for domestic and international students</p> <p>We foster outstanding collegiality and scholarship among our staff and students</p>	<p>Our governance structure enables rural health research, education, leadership and strategic operations</p> <p>Our programs equitably prioritise rural health education and research</p> <p>We actively engage with local stakeholders in our rural health work</p> <p>We work with partners to achieve our common goals</p>

Leadership and Culture

Our Aspirations



A strong collective voice and an ethical and resilient workforce

Our Goals

The University serves the interests of rural communities

We work in culturally safe environments with strong Aboriginal and Torres Strait Islander representation and leadership

We are a preferred partner and leader in rural health education and research

We have a robust rural health education and research workforce

Our Actions

- Advocate internally for a Faculty-driven rural health strategy, given the breadth of expertise in social and other determinants of health across the faculty
 - Advocate publicly for improving the health and wellbeing of people in rural communities
 - Prioritise employment and professional development of Aboriginal and Torres Strait Islander staff at all academic and professional levels
 - Promote respectful engagement with regional and local Aboriginal and Torres Strait Islander organisations and community groups
 - Map and promote our work and commitment to rural health education and research
 - Demonstrate our commitment to working in effective partnerships with rural communities, health services and other organisations
 - Define distinctive features and development needs for rurally based career pathways for academic and professional staff
- Implement professional development programs specific to rural careers
- Ensure the distinctive features of rural roles are reflected in academic planning and development, and promotion policies and processes

Shared priority action in the preliminary stages of implementation





Research Performance and Capacity

Our Aspirations	Our Goals	Our Actions
 <p>Excellence in rural health research</p>	<p>Our research is co-designed and translated for impact to address the complex challenges in rural communities</p>	<ul style="list-style-type: none"> - Work with rural community groups to understand their needs and aspirations, and co-design projects that provide meaningful benefits to them - Further develop collaborative relationships with community groups, service organisations and other universities to produce relevant and high-quality research that will meet community and service needs - Identify Faculty research leads with responsibility for enabling engagement and partnerships - Be accountable to rural communities for the research that we do
	<p>We have a thriving research community committed to building capacity and capability</p>	<div style="background-color: #e0f2f1; padding: 5px;"> <p>Create opportunities for skills acquisition and knowledge sharing between metropolitan- and rural-based academics</p> </div> <ul style="list-style-type: none"> - Set up rural-based research programs that successive cohorts of students will support - Develop conjoint appointments for research-active rural clinicians and population health practitioners
	<p>Our research support structures and processes meet the specific needs of rural health research</p>	<ul style="list-style-type: none"> - Strengthen investment in identifying, building and supporting rural research capacity and capability, infrastructure, staffing and resourcing for rural health research - Ensure processes and structures are designed and implemented that link rural research opportunities with networks and research centres - Refine research metrics to be meaningful and useful for further developing rural health research

Shared priority action in the preliminary stages of implementation

Teaching and Learning Innovation

Our Aspirations



A rural health workforce committed to lifelong learning

Our Goals

We equitably deliver high-quality programs that will build our rural health workforce

Our programs promote understanding and overcome challenges in rural health

Our rural placements provide high-quality multidisciplinary and interprofessional learning experiences

We provide access to rural placements for domestic and international students

We foster outstanding collegiality and scholarship among our staff and students

Our Actions

- Develop equitable targets for admission of rural-original and rurally based students
- Increase courses in accessible formats in rural locations
- Develop multiple entry pathways into Faculty courses

- Embed learning about rural health priorities and career pathways early in our curricula
- Further map, refine and promote career, education and employment pathway models for all health professions
- Leverage successful programs to advocate for and support other programs

Build on our experience in developing and evaluating innovative placement models that address rural needs

- Further monitor and drive improvement in the quality of all student placements
- Continue to build strong partnerships with communities and service organisations, between our Rural Clinical Schools and with other universities

- Develop and implement integrated funding models to support rural placements for domestic and international students

- Promote collegial engagement and mentorship between staff and rural-based students across our Academic Schools
- Develop and embed interprofessional learning opportunities
- Encourage rural staff to teach in metro-based programs
- Establish a Rural Health Student Network to support students interested in rural health

Shared priority action in the preliminary stages of implementation



Governance and Contemporary Operations

Our Aspirations



Partnerships and systems drive outcomes

Our Goals

Our governance structure enables rural health research, education, leadership and strategic operations

Our programs equitably prioritise rural health education and research

We actively engage with local stakeholders in our rural health work

We work with partners to achieve our common goals

Our Actions

Establish a 'rural precinct' within the Faculty organisational structure with appropriate academic and professional leadership

- Develop/refine Rural Clinical Schools and local governance structures to meet local circumstances within the broader Faculty structure
- Rural health development to be reflected in the terms of reference in other relevant Faculty committees
- Develop a 'rural precinct' model to support prioritisation processes for rural health education and research, and to provide clear points of contact for rural health matters
- Establish regional advisory structures in Northern Rivers, Broken Hill and Dubbo/Orange to suit local stakeholder engagement needs
- Actively seek opportunities for local stakeholders to be engaged in our education and research programs in a way that provides mutual value
- Develop multi-university governance arrangements to manage the tension between cooperation and competition in rural areas
- Further develop our partnerships with other universities, health services and consumer organisations to maximise potential benefit for rural communities

Shared priority action in the preliminary stages of implementation



Appendix 1: Alignment of Rural Health Strategy with RHMT recommendations

The Rural Health Multidisciplinary Training program's national evaluation recommendations that are relevant to implementing the Faculty of Medicine and Health's Rural Health Strategy.

RHMT evaluation recommendation	Relevant actions to achieve alignment of FMH's Rural Health Strategy with RHMT recommendations
#3	Work with FMH Academic Schools on how their selection process for rural placements identifies students with a genuine interest in rural health and preferences these students for extended and/or innovative rural placements
#4	Work with FMH Academic Schools on the RHMT contractual requirement to demonstrate that they meet Australian Medical Council, Australian Nursing Midwifery Accreditation Council or professional association accreditation requirements for the inclusion of Aboriginal and Torres Strait Islander health in their health program curricula
#5	Work with FMH Academic Schools on how rural health can be appropriately incorporated into their health program curricula
#7	<p>Work with FMH Academic Schools to review allied health and nursing curricula and clinical placement requirements to enable longer rural placements in and across acute, non-acute and community care settings reflective of employment options in regional and remote communities</p> <p>Support UDRHs to work with specific and/or like-minded universities or faculties and health and community services to develop longer rural immersions for nursing and allied health students, particularly to sustain student-led service-learning models</p>
#9 and #10	<p>Work with RCSs, FMH Academic Schools and the Associate Dean for Indigenous Strategy and Services on:</p> <ul style="list-style-type: none"> - demonstrating cultural safety of student placements and workplaces for all students, staff and supervisors - employment, recognition and professional development of Aboriginal and Torres Strait Islander academic and professional staff - ongoing engagement with Aboriginal and Torres Strait Islander health services, organisations and communities - delivery of cultural safety training and support for Aboriginal and Torres Strait Islander students on placements
#11	Strengthen supervision capacity and capability in rural, remote and regional sites
#12 and #13	Develop and implement a continuous improvement process to benchmark and review the quality of placements, interprofessional learning and supervision capacity-building strategies
#14	<p>Develop and implement a plan:</p> <ul style="list-style-type: none"> - for incrementally increasing the proportion of placements provided in smaller communities - for sustained and extended medical placements with exposure to general practice, Aboriginal Community Controlled Health Organisations, primary health care and rural hospitals to build students' knowledge of the clinical skills and professional capabilities required of doctors working in regional and remote generalist models of care - for longer immersive allied health and nursing placements in community and non-acute care settings in conjunction with local health and community care providers

RHMT evaluation recommendation	Relevant actions to achieve alignment of FMH's Rural Health Strategy with RHMT recommendations
#15	<p>Work with RCSs, FMH Academic Schools and the Associate Deans for Research, Research Performance and Capacity, and Research Education to strengthen and demonstrate that we are supporting rural research through the RCS and UDRH network by:</p> <ul style="list-style-type: none"> - delivering high-quality research training, skills development and research support to local health professionals, supervisors, students and broader community stakeholders - developing regional consultative mechanisms to identify and respond to local research needs
#16	<p>Work with RCSs, FMH Academic Schools and the Associate Deans for Research, Research Performance and Capacity and Research Education to strengthen our systems and processes and demonstrate that:</p> <ul style="list-style-type: none"> - RCS and UDRH researchers are mentored and supported to build their research capabilities and careers - targeted support and mentoring are provided for rurally based early career, mid-level and senior researchers to assist them in joining established research teams addressing national and global research related to regional and remote health and the health workforce - rural research and teaching are recognised, valued and rewarded - collaborations with other RHMT program participants are progressing multi-site, multi-university and cross-jurisdictional research and strategies for translation and dissemination
#17	<p>Work through our Regional Training Hubs to ensure engagement with RCS students and junior doctors for individual vocation planning and career guidance, with linkage to a rural clinical mentor</p>
#19	<p>Work with RCSs and FMH staff to clarify our formal consultative mechanisms for engagement with communities and key stakeholders (i.e., health and community services, supervisors, local government):</p> <ul style="list-style-type: none"> - to identify local and regional training, research and community development priorities - to develop, implement, monitor and review collaborations - to progress evaluation and quality improvement of program components, including placements and supervision capacity building - to provide feedback on initiatives and activities
#20	<p>Work with RCSs and FMH staff to clarify and demonstrate the rural integrity of the RHMT program through:</p> <ul style="list-style-type: none"> - identifying and reporting on investment of RHMT program funds in rural communities; involving rurally based academics in University and Faculty governance processes; purchasing locally wherever possible - employing local staff and engaging local contractors - engaging with community-targeted consultative mechanisms - articulating and quantifying the University's in-kind contribution - delivering full or extended components of degrees in regional campuses; encouraging senior leadership to live rurally - ensuring employment arrangements for rurally based staff are comparable to metro counterparts
#23 and #24	<p>Engage with the Australian Government on developing a national monitoring and evaluation framework for the RHMT program and evaluating our RHMT work in line with the framework</p>
#27 and #28	<p>Prepare to make effective use of new funding opportunities that might arise through Australian Government plans for:</p> <ul style="list-style-type: none"> - a RHMT program innovations funding pool to support and drive new initiatives (including training, research and community engagement) - targeted investment to increase training in MM 4-7 areas* - extending the role of UDRHs to facilitate the transition of allied health and nursing students into graduate roles in rural, remote and regional areas

*The Modified Monash Model (MMM) is how we define whether a location is a city, rural, remote or very remote. Areas classified MM 2 to MM 7 are regional or remote, and people living in these areas can find it harder to get medical help as accessing doctors can take longer and cost more. More on the MMM can be found at: [https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm#:~:text=The%20Modified%20Monash%20Model%20\(MMM\)%20is%20how%20we%20define%20whether,MM%207%20is%20very%20remote.](https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm#:~:text=The%20Modified%20Monash%20Model%20(MMM)%20is%20how%20we%20define%20whether,MM%207%20is%20very%20remote.)

Appendix 2: Alignment to the NSW Regional Rural Health Strategic Plan

The NSW Regional Health Strategic Plan 2022-2032 priorities that are relevant to implementing the Faculty of Medicine and Health's Rural Health Strategy.

NSW Regional Health Strategic Priorities	Relevant goals and actions to achieve alignment of FMH's Rural Health Strategy with NSW Regional Health Strategic Priorities
#1 Strengthen the regional health workforce	Work with all FMH academic schools to equitably deliver high-quality programs that will build our rural health workforce
#3 Keep people healthy and well through prevention, early intervention and education	Our research is co-designed and translated for impact to address the complex challenges in rural communities
#4 Keep communities informed, build engagement and seek feedback	We actively engage with local stakeholders in our rural health work We work with partners to achieve our common goals
#6 Harness and evaluate innovation to support a sustainable health system	Further develop collaborative relationships with community groups, service organisations and other universities to produce relevant and high-quality research that will meet community and service needs



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Special thanks to the contributors

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About the artwork and images

Commissioned artwork: 'Yanhambabirra Burambabirra Yalbailinya' (Come, Share and Learn), 2020 by Luke Penrith for the One Sydney, Many People Strategy

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