



Australian Government

Department of Health

Rural Health Multidisciplinary Training (RHMT) Program Evaluation – Terms of Reference 2019-2020

Background

The RHMT program funds a network of rural clinical schools, university departments of rural health, dental schools supporting extended rural placements and regional training hubs. The **objectives** of the program are to provide:

- Rural training experiences for health students;
- An evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes;
- Support to rural health professionals to improve Aboriginal and Torres Strait Islander health;
- An increase in the number of rural origin health and medical students; and
- Maintenance of well-supported academic networks to enhance the delivery of training to students, junior doctors and specialist trainees.

The intended **outcomes** of the RHMT program are to:

- Increase the number of appropriately qualified health professionals working in rural, regional and remote Australia;
- Provide high quality training across eligible areas of Australia;
- Build regional capacity; and
- Ensure a well distributed health workforce.

Evaluation aim and objectives

The Evaluation of the RHMT program will assess the extent to which the current design and delivery of the Program is achieving the program's aim of improving the recruitment and retention of medical, dental, nursing and allied health professionals in rural and remote Australia. In addition, the evaluation will also consider the benefits to local health delivery from engagement in teaching and training through the RHMT program.

The findings of the evaluation will be used to inform future program design, as well as the government's broader policy approach with regard to training the future rural health workforce.

Key evaluation questions

Design and delivery

1. How (well) is the RHMT program being implemented?
2. What have been the (positive and/or negative) impacts of the 2016 consolidation of previously separate training initiatives into a single program? For example, with respect to factors such as:
 - a) opportunities for interdisciplinary training
 - b) flexibility and innovation in delivery models
 - c) resource management, including staffing and funding
 - d) reporting and monitoring.

3. What (if anything) are the main challenges in the delivery of the program, and potential improvements to address these?

Outcomes

4. To what extent are universities meeting the program's objectives and outcomes?
5. What has been the impact of the RHMT program on:
 - a) The Indigenous health workforce
 - b) Local communities and health services
 - c) Participation and satisfaction of rurally based and Indigenous students
 - d) University health programs and curricula?
6. What are the lessons from the RHMT program for improving workforce outcomes? *This should include consideration of the features/attributes of particular university programs.*

Value for money

7. To what extent does the RHMT program demonstrate value for money?

Appropriateness

8. Is the RHMT program still an appropriate response to rural workforce shortages?

Feedback/Questions

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