The Liberal National Government held the first ever Rural Medical Specialist Training Summit in Sydney on 19 November 2018, chaired by the Minister for Regional Services, Senator the Hon Bridget McKenzie.

Representatives from the Commonwealth, states and territories, universities, medical specialist colleges, the Australian Medical Association, rural medical educators and regulators met to discuss how to improve regionally based medical specialist training.

With around 50 attendees, the summit looked at the critical challenge of getting more non-GP medical specialists working in regional Australia. All participants approached the summit with a commitment to improving the lives of rural Australians through access to high quality health care.

Attendees explored opportunities to deliver more postgraduate medical training places in rural areas. A key focus was how to support regionally-based specialist training to reduce city based training and establish models whereby an individual’s specialist training would be substantively rurally based, with short rotations into major cities as required to meet fellowship standards.

The group identified key issues with health, hospital and medical education and training systems. The group discussed the need for a different and more flexible approach to regional training arrangements to support better access to medical services for Australians living in rural and regional communities.

Key themes to emerge from the summit included:
- Medical education and training should be matched to community need.
- Reliance on migrating doctors should be reduced with a focus on sustainable teaching and training models for future workforce needs.
- Accreditation systems should be more flexible, allowing for outcomes based approaches.
- Employment conditions for trainees should be tailored to provide clearer paths to specialist qualification and long term jobs in communities that need them.
- Collaboration at all levels of government is fundamental to ensuring community need is at the centre of planning.

In support of these themes, the summit heard from a range of speakers, drawing on decades of experience in rural training models.

Key messages included: the importance of supporting medical education and training at a regional level, to allow for better understanding of local context and service delivery requirements; positive rural experiences are critical at all stages of the training continuum; trainee selection into rural programs should be targeted to support long term community outcomes; and innovation in training design should be encouraged and shared.

These reforms will need to reflect the needs of the next generation of medical graduates, with a holistic approach to their professional and family lives as members of rural communities.

The outcomes from the summit will inform the development of a National Medical Workforce Strategy and future consideration of collaborative reforms through the COAG Health Council.