Royal Australasian College of Surgeons

FATES 2
Rural Training Models Executive Summary & Recommendations

2026

PART 1: EXECUTIVE SUMMARY AND RECOMMENDATIONS

Across Australia, people living in regional, rural and remote (RRR) communities continue to experience poorer health outcomes and more limited access to healthcare, including medical specialist care compared to individuals living in metropolitan areas.[1] [2] These communities also often carry a higher burden of chronic disease, yet the specialist medical workforce remains heavily concentrated in metropolitan areas and is increasingly subspecialised,[3] contributing to ongoing inequity in access and outcomes. While around 7 million people (29% of the population) live in RRR areas, there are substantially fewer medical professionals available for the provision of healthcare in these locations.[3] For Aboriginal and Torres Strait Islander peoples in RRR communities this inequity is compounded by a higher burden of disease[4] and persistent under-representation in specialist medical careers.[5]

A well-functioning health system should provide equitable access to a medical specialist workforce that is geographically distributed according to community need, which maintains an appropriate balance of generalist and subspecialist expertise across each medical specialty.

Rural training experience enables the development of contextual competence, generalist skills and the development of connection to place. Longer periods of rural experience and community immersion and cumulative periods of experience are strongly associated with future rural practice.

The *Rural training models* project was funded by the Australian Government Department of Health, Disability and Ageing (the Department) as part of the *Flexible Approach to Training in Expanded Settings* round 2 (FATES 2) program. The Department is a passive funder and does not conduct or direct the input or be involved in the execution of research activities, including data analysis, or preparation of the final report and the recommendations. The project was conducted by a consortium of specialist medical colleges including the Royal Australasian College of Surgeons (RACS), the Royal Australasian College of Medical Administrators (RACMA), the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Royal Australasian College of Physicians (RACP).

The purpose of the project was to research and design best practice, scalable rural training models for specialist medical training, including the provision of:

- orientation, supervision and mentoring for Trainees in RRR training posts
- culturally safe outreach training
- implementation of RRR training networks.

Evidence generation for the *Rural training models* project activities included literature reviews and extensive stakeholder engagement activities including workshops, interviews, RRR training network case studies and expert appraisal of evidenced based rural training models.

From the evidence, a suite of 47 recommendations has been formulated. It is acknowledged that specialist medical colleges would implement recommendations according to their relevance, feasibility and readiness. The recommendations are for medical specialist training programs and are designed to:

- provide Trainees with the skills to care for RRR people, in rural practice or rural facing urban specialist (RUFUS) practice
- provide a specialist workforce with an appropriate geographic distribution and balance of generalist and subspecialist skills
- contribute to equitable access to medical specialist care and health outcomes for rural people.

Recommendations

Table 1. Key recommendations

Domain	Recommendation	Responsibility	Resources required
Rural training models	Colleges develop 3 rural training models: an improved urban hub–rural spoke model, a RUFUS model and rural training networks.	Specialist medical colleges (SMCs)	Funding Policy and programmatic change
	Colleges develop place-based training program and accreditation policies to enable Trainees to access a diverse range of training experiences, including rural, generalist and Indigenous models of care.	Existing Australian Medical Council (AMC) requirements of SMCs	Programmatic change, monitoring and evaluation
	Colleges engage with and integrate rural training initiatives into the *Rural Health Multidisciplinary Training Program* (RHMTP), including university departments of rural heath (UDRH), regional training hubs (RTHs) and the Federation of Rural Australian Medical Educators (FRAME).	SMCs, RHMTP, UDRH, RTHs, FRAME, Council of Presidents of Medical Colleges (CPMC)	
Improved urban hub-rural spoke model-Foster connection to place while reducing the burden of frequent relocation during training	Longer placements, fewer relocations. Colleges develop rural training models that foster connection to place while reducing the burden of frequent relocation during training, including place-based selection, advance notice of rural placements (at least 12 months), and longer duration of each placement (at least 12 months) and/or multiple placements to the same hospital/region to enable families to move with Trainees and integrate into the community.	SMCs, CPMC, Jurisdictions	Policy and programmatic change
	Relocation support. Colleges engage stakeholders to facilitate relocation support for Trainees and their families and ensure assistance occurs in a systematic way for all Trainees relocating for RRR training.	Jurisdictions Training sites Government The Australian Salaried Medical Officers Federation (ASMOF), Australian Medical Association (AMA), Council of Doctors in Training (CDT),	Industrial agreements, public service agreements, funding and grant programs

		SMCs and Trainee Associations, CPMC	
	Accommodation. Colleges engage stakeholders to develop systemic and place-based solutions to assist Trainees to secure suitable accommodation in RRR areas.	Jurisdictions Training sites Government ASMOF, AMA CDT, SMCs and Trainee Associations, CPMC	Industrial agreements, public service agreements, funding and infrastructure grant programs
	Portability and preservation of entitlements. Colleges develop a collaborative strategy, with the AMA CDT and ASMOF, to advocate for jurisdictions to implement mechanisms for portability and/or preservation of entitlements (parental, carers, personal, long service and sabbatical leave) for Trainees who move between states, territories or countries during training.	Jurisdictions Training sites Government Health Ministers Meeting, ASMOF, AMA CDT, SMCs and Trainee Associations, CPMC	Industrial agreements
Rural training networks	RACS publishes the program logic model for establishing and sustaining rural training networks (RACS website and peer reviewed literature or editorial/narrative article).	RACS	Manuscript preparation and publication fees
	Colleges develop strategic collaborations with RTHs and/or existing rural training networks in areas of community need, as informed by health workforce data.	SMCs, RTHs	National Medical Workforce Strategy Data project outputs Forum for collaboration
	Colleges collaborate with stakeholders to investigate the feasibility of a multidisciplinary, specialist medical rural training network in northern Australia.	CPMC, SMCs, RTHs in the Northern Territory and Queensland, Jurisdictions, Training sites, UDRH	Forum for collaboration, Funding for feasibility study
	Colleges combine place-based training with place-based selection. Place-based selection includes the following: identify and remove barriers in the application process for RRR doctors, implement the CPMC Rural Selection Guidelines[6] for all training pathways and enable recruitment to rural training networks of locally connected	CPMC SMCs	Policy change

	students and Trainees. These initiatives will aid in facilitating end-to-end training in place, longitudinal community immersion and retention of the health workforce.		
Rural focused urban specialist skills	Colleges incorporate RUFUS skills into curricula and RUFUS experience in training program requirements, including outreach, virtual healthcare and collaboration in geographically dispersed teams/virtual teams.	SMCs Jurisdictions Training sites	Curriculum iteration
	Colleges advocate for RRR outreach services to be incorporated into public hospital networks, and for urban and larger regional hospitals to be accountable for developing outreach services to smaller RRR hospitals and communities.	Jurisdictions, Hospital Networks, Training sites, Surgical supervisors SMCs	Facility role delineation and accountability. Service design, Data on community need, Funding for mapping existing services, gap analysis, service design and delivery
	Colleges advocate for medical specialist Trainees to be incorporated into the design and delivery of outreach services.	Hospital Networks, Training sites, Surgical supervisors SMCs	Service design
	Jurisdictions to roster and fund Trainee's participation in outreach services.	Jurisdictions	Funding salary, transport, accommodation
Aboriginal and Torres Strait Islander, and Māori workforce	Colleges enable Aboriginal and Torres Strait Islander and Māori surgical Trainees to train close to Country and community, by combining existing Aboriginal and Torres Strait Islander and Māori selection initiatives with RRR place-based training and place-based selection and including rural and Indigenous stakeholders in Trainee selection.	SMCs Australian Indigenous Doctors' Association	Mechanisms for identifying, recruiting and resourcing Indigenous stakeholders to participate
	Colleges foster culturally safe training environments for Aboriginal and Torres Strait Islander and Māori Trainees. This means providing resources for all Trainees to develop cultural competence and cultural safety (CCCS) skills, providing training for supervisors to provide culturally safe supervision, and ensuring	SMCs Training sites	Development and sharing of CCCS education and training resources. Development of site-specific cultural orientation materials

	contextually relevant cultural information and engagement is provided in orientation programs for rural and outreach training sites.		
	RACP to consider providing access to the *Culturally safe supervision* module to all colleges and supervisors.	RACP	Enabling non-members access to online resource
	Colleges promote the RACP *Culturally safe supervision* module to all supervisors. Colleges encourage supervisors to access the RACP *Culturally safe supervision* resource.	SMCs, RACP	Development of communications package for distribution to supervisors and Fellows
Generalist and rural professional skills curricula	Colleges combine place-based training with place-based curricula and learning resources. Colleges share and/or collaborate on the development of rural readiness, rural professional skills and generalist curricula and resources.	SMCs, CPMC	Resource sharing agreements. Enabling non-member access to resources
	RACS provides the *Rural surgery professional skills curriculum*[7] to other SMCs, and enables non-RACS colleges to access the *Remote, rural and regional professional skills eLearning course*[8] and/or access the program to customise for college- and specialty-specific context.	RACS	Publish curriculum on RACS website and in peer reviewed journal. RACS enable non-members access to online resource. RACS develop resource sharing agreement with SMCs
Orientation to rural training and rural training sites	Orientation to rural training and rural practice in general, and specific orientation to individual rural training sites and communities becomes a mandatory component of medical specialist training programs.	AMC, CPMC, SMCs, training sites	Addition to AMC standards, policy change within SMCs training programs
	Colleges develop and deliver virtual orientation to rural practice and preparation for rural training programs for all Trainees undertaking a rural placement.	SMCs	Funding for development of resources and/or sharing of existing resources
	Colleges provide a summary of FATES 2 research findings to all rural training sites and supervisors to assist them in designing and delivering site-specific orientation programs for specialist Trainees. The RACS *Rural context profile*[9]	RACS, SMCs, Training sites	Preparation of summary, distribution to training sites

	provides a comprehensive profile guide of community, hospital and unit information for Trainees, which can be shared with other colleges and training sites.		
Innovation for equitable access to training resources for Trainees and supervisors	Colleges ensure equitable access to training resources for Trainees and supervisors, including virtual participation in tutorials, meetings and courses, and funding to support travel to in-person events when needed.	SMCs, Specialist Training Program (STP) and Integrated Rural Training Pipeline (IRTP) programs	Policy development, transparent processes for accessing funding, funding for travel and accommodation
	Colleges to implement digital/virtual-first policies and processes to improve access to, and reduce the cost of participating in, rural training, including online application for selection, virtual interviews, digital competency and logbook applications, and virtual access to training and supervision resources and professional development and networking events.	SMCs	Policy development, funding for development and maintenance of digital applications
	Colleges assess and report on progress toward digital tools to map Trainee progress.	SMCs	Monitoring and evaluation program
	Colleges develop policies to facilitate equitable access to formal learning programs and examination preparation resources for rural Trainees via urban–rural partnerships, virtual access and annual or biannual in-person events.	SMCs, training sites and supervisors	Policy development, collaboration
	Colleges promote urban–rural partnerships to ensure all rural training sites are integrated into formal learning programs.	SMCs, training sites and supervisors	Funding for partnership development and processes (Rural Training Coordinator role)
	Colleges consider the accessibility of compulsory in-person courses for rural Trainees. This may include consolidating multiple courses into fewer events, resources to support registration and travel, and providing access to courses in rural and regional areas.	SMCs	Funding to undertake review, make recommendations and fund implementation and ongoing costs for registration, travel, accommodation

	Colleges develop frameworks to enable peer-to-peer networking for rural Trainees—including virtual and in-person events designed to connect rural Trainees with other rural Trainees and with urban peers—and to support attendance through grants and agreements with training sites.	SMCs, Trainee Associations	Funding for Program development and maintenance. (Rural Training Coordinator role)
	Colleges develop policies, targets and reporting frameworks to ensure Trainees at all training stages can access rural training experience, and that the supervisory load is equitably shared between rural and urban training sites.	SMCs	Monitoring and evaluation program
Rural supervision	Colleges investigate and implement flexible, novel, place-based and digitally enabled models of supervision, including on-site, remote and hybrid models; interdisciplinary supervision and inclusion of Specialist International Medical Graduate specialists as clinical supervisors.	SMCs	Policy change
	Colleges develop metrics for supervision quality focused on Trainee and patient outcomes, and relevant to flexible models of supervision; colleges move away from de facto measures of supervision quality such as number of supervisors and supervisor-to-Trainee ratios.	SMCs	Monitoring and evaluation program (already part of existing AMC standards)
	Colleges implement the *Standardised supervisor training system* (SSTS) developed by RANZCO to support selection, training, reflective practice and continuing professional development (CPD) for supervisors.	CPMC, SMCs, RANZCO	Policy change, resource sharing agreements, access to online resources for non-members
	Colleges develop shared resources for rural supervisors, for example, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and RACMA leadership development for rural and remote specialists.	CPMC, SMCs, RANZCOG, RACMA	Policy change, resource sharing agreements, access to online resources for non-members, promotion of existing offerings

Rural mentoring	Colleges develop rural-specific formal mentoring programs to support rural workforce strategies, with flexibility, minimum requirements for participation, mentor-mentee matching algorithms and program evaluation.	SMCs	Funding for resource and program development and coordination (Rural Training Coordinator role)
	Colleges consider developing shared mentoring resources and a microlearning activity.	CPMC, SMCs	Funding for resource development and delivery. Agreements for sharing existing resources
Rural training coordination	Colleges establish rural training coordinator and director of rural training roles to coordinate rural recruitment and training pathways and collaborate with internal and external stakeholders to implement rural workforce strategies.	CPMC, SMCs, Government via STP, IRTP and FATES programs	Funding for salary, relationships, coordinator network development

Table 2. Additional recommendations

Domain	Recommendation	Responsibility	Resources
Leadership, visibility and accountability	Colleges develop and publish rural health equity, rural training and rural workforce strategies.	SMCs	Funding for strategy development, consultation, publication
	Colleges evaluate the effectiveness of rural health equity, training and workforce strategies.	SMCs	Monitoring and evaluation as part of existing AMC standards for training
	Colleges report on the effectiveness of rural health equity, training and workforce strategies in annual reports.	SMCs	Incorporate into existing processes for annual reporting
	Colleges develop rural pages on their websites, including rural health equity and rural health workforce strategies and resources for Trainees, supervisors and Fellows.	SMCs	Incorporate into existing website budgets
	Colleges audit their websites for visibility and accessibility of rural health equity and rural health workforce strategies, rural training pathways and rural resources.	SMCs	Monitoring and evaluation as part of existing AMC standards for training

Inter-college collaboration	Colleges formalise inter-college collaboration on rural health training and workforce initiatives, developing and sharing resources and the development of rural training models.	CPMC (Rural committee), SMCs	Utilising existing CPMC frameworks for collaboration
Digital health literacy and digital health equity	Colleges, through their membership of the National Rural Health Alliance (NRHA) continue to advocate for equitable access to virtual healthcare services and health professional education and training for rural communities; telephone, internet and GPS connections that are reliable, accessible, affordable and able to support video streaming services; and improvements in digital health literacy.	CPMC, SMCs, NRHA	Ongoing membership and engagement with NRHA
Regional training hubs	The Department of Health reviews RTHs to ensure commitment to medical specialist training in collaboration with SMCs.	Government, RTHs, CPMC	