

# Delivering a sustainable health workforce to meet community needs

We aim to engage, partner with and respond to the workforce and health needs of our local, regional and rural communities. We will listen to and build reciprocal relationships with Aboriginal & Torres Strait Islander Peoples. Our purpose is to improve health and wellbeing through best practice medical education and meaningful research.



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

## Graduate School of Medicine

Prof Andrew Bonney

# The problem

*“Every system is perfectly designed to get the result it gets.”*

William Edwards Deming

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*“Every system is perfectly designed to get the result it gets.”*

William Edwards Deming

...remembering that life is messy

Choose measure:

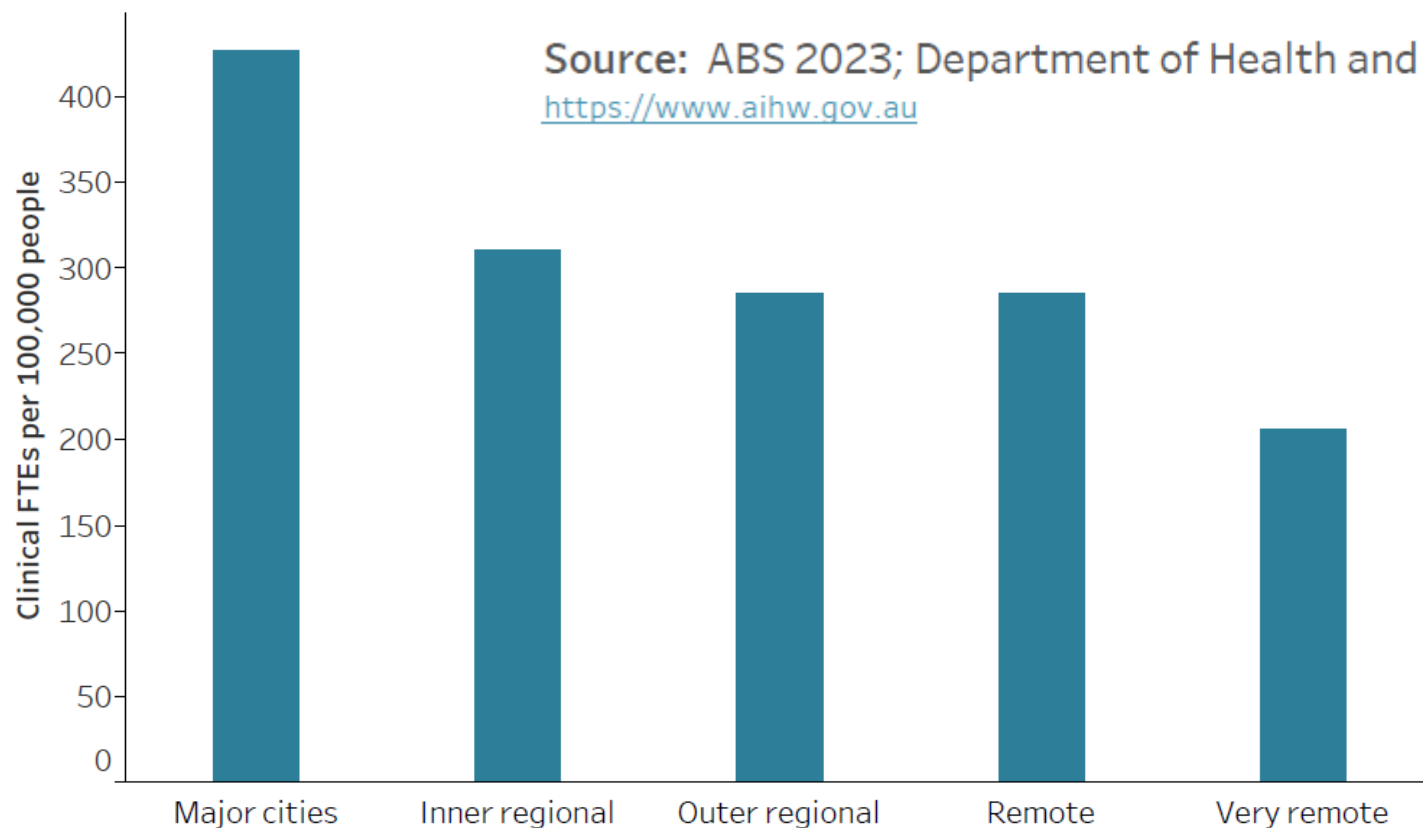
- ☒ Number of clinical FTE per 100,000 people  
☐ Number of clinical FTE

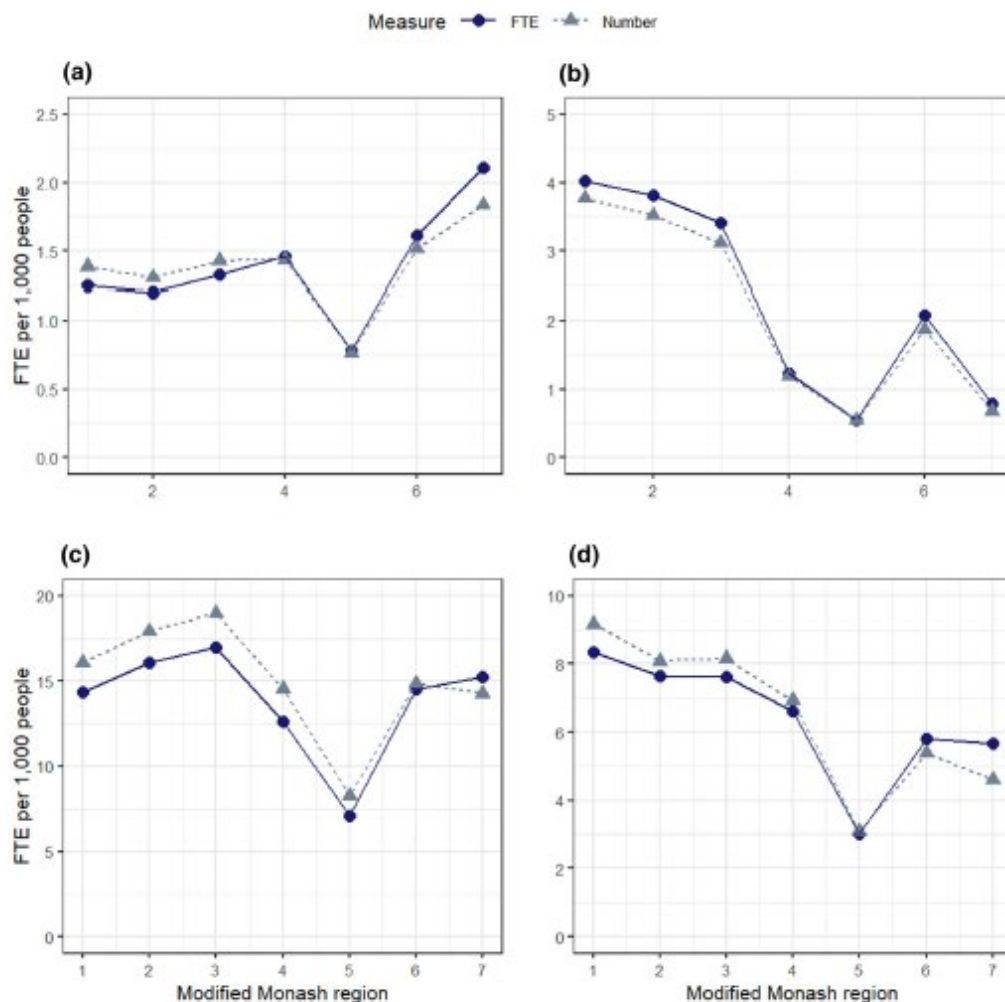
Choose profession:

Medical practitioners

Choose year:

2022





**FIGURE 1** Number of registrations and total full-time equivalent (FTE) workloads per 1000 people across Modified Monash Model regions for (a) general practitioners, (b) all other doctors, (c) nurses and midwives and (d) all other allied health professionals.

Cortie, C. H., et al. (2024). "The Australian health workforce: Disproportionate shortfalls in small rural towns." *AJR* 32(3): 538-546.

# An example of a useful approach

*“Every system is perfectly designed to get the result it gets.”*

William Edwards  
Deming



# What is the GSM UOW Model?

## Graduate entry 4-year program

### Entry

- Rural origin and local campus location weighting
- Separate Indigenous student entry pathway
- Ranking – GAMSAT, SJT and multi-station interview – local clinicians, staff, community members

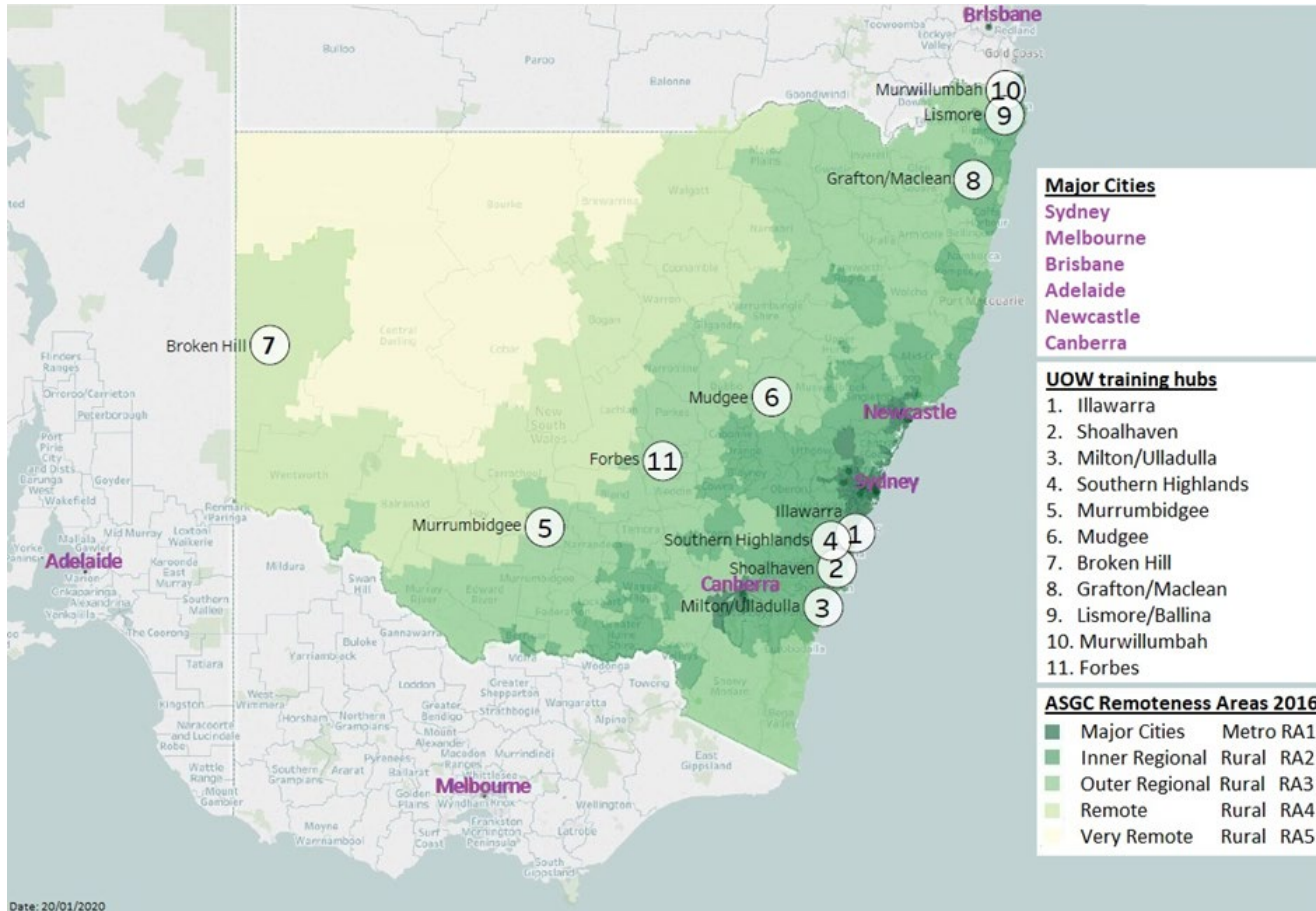
# What is the GSM UOW Model?

## Program (2025)

- **Phase 1 (18/12)** – Shoalhaven 46 (18 RE2E); SH 12 (12 RE2E); Wollongong 26 domestic + up to 15 international students
- **Phase 2 (12/12)** – Shoalhaven 20; SH 12; Grafton 2; Wollongong ~75
- **Phase 3 (12/12)** – 82% rural Longitudinal Integrated Clerkship  
– GP + ED/hospital + community health services + RFDS/AMS/RACH
- **Phase 4 (6/12)** – selective and elective locations Australia and internationally, PRINT program

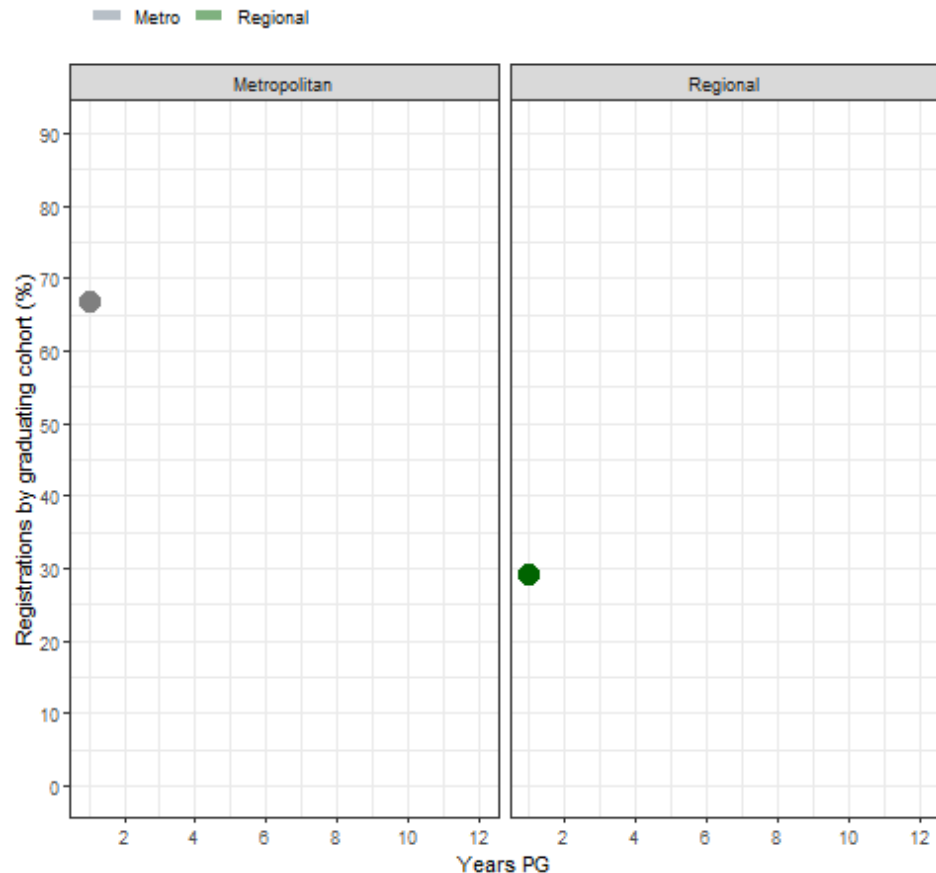


# What is the GSM UOW Model?



UOW MD program  
clinical placement  
sites 2022  
(Murwillumbah was  
discontinued as a  
UOW MD training  
hub from mid-2023)

## Registrations by type and region



AJRH

The Australian  
Journal of  
Rural Health



ORIGINAL RESEARCH | [Open Access](#) |

### An automated protocol for assessing career rurality outcomes of Australian health professionals using retrospective data

Colin H. Cortie PhD David Garne MBChB, Lyndal Parker-Newlyn MBBS, Rowena G. Ivers PhD, Judy Mullan PhD, Kylie J. Mansfield PhD, Andrew Bonney PhD

First published: 19 October 2023 | <https://doi.org/10.1111/ajr.13053>

- Tracking UOW graduates by location of work
- PGY2- PGY12
- ~30% of UOW graduates work rurally

We compared 716 UOW medical graduates to 26,915 graduates from all Australian universities for 2022 using the Medical Students Outcome Database.

**Characteristics:** UOW graduates were more likely to be from rural backgrounds, to take rural placements, and to be involved in rural health clubs than Australian averages.

**Rural doctors:** **28.8%** of UOW graduates worked in rural (MM2-7) regions compared to **19.0%** of all graduates.

**GPs:** At PGY10, **42.7%** of UOW graduates were GPs compared to **27.7%** of all graduates.

Cortie, C. H., D. Garne, L. Parker-Newlyn, R. G. Ivers, J. Mullan, K. J. Mansfield and A. Bonney (2024). "A comparison of rural and regional work locations and speciality choices between graduates from the University of Wollongong and all Australian medical schools using the Medical Schools Outcomes Database." Australian Journal of Rural Health **32(1): 152-161.**

# Conditions facilitating this approach

- Strong engagement with rural clinicians in course development
- Rural clinicians seeing model benefitting succession planning *in real time*
- Distributed and localised placement model – play to local strengths and connections to provide an *equivalent* rather than *identical* education experience
- Whole-of-school agreement and passion for the model

# Biggest challenges and strategies required

Engaging already overworked rural clinicians –

- Personal communication, preferably from within existing networks;
- In-person contact from school staff
- Authentic discussion of benefits/burdens
- Infrastructure funding
- Teaching funding

Time lag to local workforce improvements –

- Good news stories
- Support for/integration with Regional Training Hubs

# Biggest challenges and strategies required

Cost (financial and administratively) of the distributed model-

- Strategic and prudent use of RHMT funds
- Lobbying for appropriate funding on behalf of clinical teachers
- Collaboration

Keeping the whole school community in agreement and committed to the model-

- Senior school leadership support for the model
- Rural clinical-academic and generalist representation in senior decision-making committees
- Communication, active facilitation, good news stories

# Biggest challenges and strategies required

Lack of placement capacity  
Competition with other universities  
(otherwise known as shooting yourself in the foot)

- Collaboration
- Seeking innovative and mutually beneficial placement models
- Non-traditional placement models
- Research



# Discussion and questions



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