The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

# Rural Directors of Training (DoTs)

## Evaluation Report

# establishing medical specialists in the field of rural psychiatry

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## Definitions of terms

The following is a list of definitions of terms and acronyms used in this document. Unless otherwise stated, the following definitions apply.

| | |
|---|---|
| ACT | Australian Capital Territory |
| AGFTP | Australian Government Funded Training Program |
| CEQ | Critical Essay Question |
| DoHAC | Department of Health and Aged Care |
| EOI | Expression of Interest |
| FATES | Flexible Approach to Training in Expanded Settings |
| FTE | Full Time Equivalent |
| IRTP | Integrated Rural Training Pipeline |
| MEQ | Modified Essay Questions |
| MMM | Modified Monash Model |
| NSW | New South Wales |
| NT | Northern Territory |
| PWP | Psychiatry Workforce Program |
| QLD | Queensland |
| RANZCP | Royal Australian and New Zealand College of Psychiatrists |
| Respondent | Person who completed the progress report |
| Roadmap | Rural Psychiatry Roadmap 2021-31 |
| Rotation | A six-month period of full-time equivalent approved psychiatry training |
| RPTWA | Rural Psychiatry Training Western Australia |
| Rural | The term “rural” is used by the RANZCP to include all regional, rural and remote locations. |
| DoTs | Directors of Training |
| SA | South Australia |
| SAPBTC | South Australian Psychiatry Branch Training Committee |
| STP | Specialist Training Program |
| VIC | Victoria |
| VPTP | Victorian Psychiatry Training Partnership |
| WA | Western Australia |

## 1. Limitations

This evaluation report for the Rural Directors of Training (Rural DoT) project is based on data collected from progress reports and survey responses. The information presented has been compiled to assess the impact of the Rural DoT positions on rural psychiatry training, workforce expansion, and education quality. Given the nature of this evaluation, some findings, such as trainee numbers, are based on self-reported data that have not been independently verified. Information presented in this report is assumed to be accurate but should be interpreted with this context.

## 2. Background

The Flexible Approach to Training in Expanded Settings (FATES) is an Australian Government initiative that aims to enhance training system quality and capacity for non-GP medical specialist training activities. More broadly, FATES aims to have a positive influence on future workforce distribution and improve the quality of the future specialist workforce by providing registrars with exposure to a broader range of healthcare settings. Two objectives of the FATES program are to '*improve and promote a positive rural and remote medical education culture and support quality specialist medical training in Rural Australia',* and to '*reduce barriers and improve incentives for entering Rural medical practice'.*

Aligning with the above objectives, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) was successful in receiving funding from the Australian Government Department of Health and Aged Care FATES to implement dedicated Rural Directors of Training (DoTs).

Additional funding was approved using underspend from the 2017-2021 Specialist Training Program (STP) funded by the Australian Government Department of Health and Aged Care. Three positions were funded under the FATES program and four were funded with the STP underspend.

## 3. Rural Psychiatry Roadmap 2021-2031

The RANZCP through the STP support project funding developed a ten year strategic plan for building the rural psychiatry workforce, the *Rural Psychiatry Roadmap 2021-31: A pathway to equitable and sustainable rural mental health services*[1]. The Rural Psychiatry Roadmap 2021-31 (the Roadmap) identified the need and benefits of Rural DoTs positions.

The Roadmap, emphasised the importance of establishing Rural DoTs by expanding opportunities for psychiatrists and aspiring psychiatrists to live, train and practice rurally. The RANZCP was successful in securing FATES funding to implement this action item of the Roadmap, the establishment of three new Rural DoT's (with a further four through STP) to assist with addressing the workforce shortage in regional, rural and remote Australia.

## 4. Purpose of the evaluation report

This evaluation report assesses the effectiveness and value of the provision of Rural Directors of Training.

[1] Rural Psychiatry Roadmap 2021-31 A pathway to equitable and sustainable rural mental health services Acknowledgement of Country [Internet]. 2021. Available from: https://www.ranzcp.org/getmedia/f2adde4a-30dc-49c1-a959-a7543e757d34/rural-psychiatry-roadmap-2021-31.pdf

## 5. FATES Rural DoTs Evaluation Plan

The RANZCP prepared an evaluation plan[2] in January 2023, which was approved by the Department of Health and Aged Care (DoHAC). The plan included that the outcomes of the evaluation were to demonstrate that the initiative's objectives were met and provide recommendations across the following areas:

• feasibility and recommendations for ongoing suitability without FATES funding

• scalability of the initiative in other locations

• effectiveness for rural recruitment and retention

• impact of the initiative against the FATES objectives and outcomes

• experiences of participants to determine what worked well and where additional support is required.

## 6. Data Collection

Information was gathered from the six-monthly progress reports required to be completed for each Rural DoT post, this is a total of four reports for each post over the two-year project. An evaluation survey was distributed to the Rural DoTs who were occupying a post at the end of the project.

## 7. RANZCP Rural Directors of Training

The Rural Psychiatry Training Pathway (RPTP) Roadmap identified the potential for Rural DoTs to contribute to the delivery of the Fellowship program in Rural locations with an emphasis on generalist psychiatry. Further, increasing the future availability of psychiatrists in Rural settings with suitable supports and networks. To establish these positions, the RANZCP established the Rural Director of Training Guidelines[3].

Under these guidelines, the Rural DoTs were responsible for:

- Supporting quality psychiatry training in Rural Australia.
- Reducing barriers and improving incentives for entering Rural medical practice.
- Improving the distribution and supply of psychiatry training in areas of undersupply to meet the needs of the community, particularly in Rural areas.
- Prioritising support for Rural training.

These guidelines advised the Rural DoT's will collaborate with:

- The RANZCP to streamline post planning, allocation, and accreditation processes.

2 Flexible Approach to Training in Expanded Settings (FATES) Rural Director of Training (Rural DoT) Evaluation Plan. RANZCP ; 2023 Jan.
3 Rural Director of Training (Rural DoT) Guidelines Flexible Approach to Training in Expanded Settings (FATES) Rural Director of Training (Rural DoT) Guidelines [Internet]. 2022 [cited 2025 Mar 4]. Available from: https://www.ranzcp.org/getmedia/9c4afbba-73e3-421c-b5fa-a183536357f4/Rural-Director-of-Training-Rural-DoT-Guidelines.pdf

- The RANZCP to build capacity to expand Rural training to smaller and more remote locations.
- Health Services to fund new training opportunities.
- Universities and Regional Training Hubs to create connections with medical students and junior doctors interested in the practice of psychiatry.

### Regional, Rural and Remote Classifications

The RANZCP defines regional, rural and remote areas by the Modified Monash Model (MMM). Regional, Rural and Remote areas are classified within this model as MM2 – 7. For the purpose of this report, all health services who received a funded post, the appointed Rural DoT's geographical area of responsibility was MM 2-7 as per the Modified Monash Model (MMM) 2019.

The term "rural" is used by the RANZCP to include all regional, rural and remote locations.

### Rural DoT Position Requirements

To ensure adherence to the funding agreements for the formation of these positions, the RANZCP established through the guidelines, that Rural DoT positions are to be filled for a minimum of three months.

### Rural DoT Positions

The project funded seven Rural DoT positions, as outlined below:

| DoT: | Health Service: | Funding Steam |
|---|---|---|
| RDoT-1 | WA Country Health Service | FATES |
| RDoT-2 | Department of Health NT | FATES |
| RDoT-3 | Central Queensland Hospital and Health Service (Rockhampton Mental Health Service) | FATES |
| RDoT-4 | Cairns and Hinterland Hospital and Health Service | STP |
| RDoT-5 | Northern NSW Local Health District | STP |
| RDoT-6 | Barossa Hills Fleurieu Local Health Network | STP |
| RDoT-7 | Albury Wodonga Health | STP |

## 8. Funding Allocation

Funding for three positions, WA Country Health Service, Department of Health NT and the Central Queensland Hospital and Health Service was available through FATES from August 2022, through to August 2024.

The remaining four positions, Cairns and Hinterland Hospital and Health Service, Northern NSW Local Health District, Barossa Hills Fleurieu Local Health Network and Albury Wodonga Health were

funded with underspend from the Specialist Training Program (STP), from August 2022 through to August 2024.

The funding was a contribution towards the cost of employing and supporting a Rural Director of Training (DoT) up to $125,000 per annum (excluding GST) pro rata, per 0.45 Fixed Term Equivalent (FTE).

## 9. Impacts

In evaluating the project, the RANZCP assessed the data obtained from the progress reports to determine the impact of the initiative against the FATES objectives and outcomes. As outlined above, the main intended outcome of the establishment of the Rural DoT's was to strengthen workforce capability to deliver psychiatry services specific to the unique needs of Rural areas of Australia. The Rural DoTS were located across seven health services and six jurisdictions.

### Impact on Rural Psychiatry Training

To assess the effectiveness of the positions, as outlined in the Rural DoT guidelines it is important to review the overall impact the Rural DoTs had on the health services and trainees within the responsibility of the respective Rural DoT.

A positive indicator of the positions is an increase in trainee numbers, as well as expansion of health service capabilities or wider coverage of service to rural communities through the area. The below outlines the impact the Rural DoTs positions had on the health services they were established in:

### Effectiveness for rural recruitment and retention

Evidence of the effectiveness for rural recruitment and retention with the establishment of the Rural DoTs can be seen when reviewing the growth in trainee numbers throughout the project. As per the evaluation plan, this was a key outcome for the establishment of the positions.

The below table provides an overview of the trainee numbers for each health service since the start of the program to 2024. Six Rural DoTs reported a growth in the number of trainees. The remaining health service successfully maintained their trainees throughout the project. While there was no reported growth in the trainee numbers, retention of the workforce is also a positive indicator for the Rural DoTs positions.

| Health Service | Trainee Growth (2022 – 2024) | Growth in Percentage |
|---|---|---|
| WA Country Health Service | 6 → 20 | 233% |
| Department of Health NT | Maintained 31 trainees | 0% |
| Central Queensland Hospital and Health Service (Rockhampton Mental Health Service) | 30 → 32 | 7% |
| Cairns and Hinterland Hospital and Health Service | 15 → 36 | 140% |
| Northern NSW Local Health District | 10 → 28 | 180% |
| Barossa Hills Fleurieu Local Health Network | 3 → 10 | 233% |

| | | |
|---|---|---|
| Albury Wodonga Health | 42 → 69 | 64% |

**Note**: Percentages in the above table have been rounded up to the nearest whole number.

### Expansion of Service

As per the Rural DoT guidelines, it is also important to note in the impact assessment of the positions, any expansion of the health services capacity and the implementation of supports for trainees or the community with which it serves. Through progress reporting, respondents identified that they were able to expand upon their current provisions through the Rural DoTs:

- Western Australia (WA RPTWA)
    - Expansion supported by WA Country Health Service (WACHS) in Broome, Albany, Bunbury, Geraldton, and Northam.
- South Australia (Barossa Hills Fleurieu LHN)
    - Accredited new rural-specific training posts, strengthening local workforce capacity.
- Northern NSW LHD (NSW)
    - 20 of 30 training posts are in MM3+ areas, ensuring strong rural coverage.
- Victoria (Albury Wodonga Health & Rural Psychiatry Network)
    - Created 14 new training posts.
- Northern Territory (NT Health)
    - Working to improve Aboriginal and Torres Strait Islander pathways.

These initiatives and expansions are a positive indicator for the Rural Dots, as significant expansion of rural psychiatry training posts has increased access to psychiatry training in underserved areas.

## 10. Training Quality and Education Initiatives

Further to the above expansions of the health services, the Rural DoTs identified that through their role in the health services, they were also able to increase training quality and provide education initiatives. Six health services reported delivering training and education initiatives throughout the project.

Below is a summary of the initiatives achieved:

- **Exam Preparation & Teaching Support**
    - Cairns & Hinterland became an RANZCP exam centre, conducting and invigilating assessments.
    - Victoria launched a bi-annual Modified Essay Question (MEQ)/ Critical Essay Question (CEQ) exam preparation program, strengthening final-stage success rates.
    - WA & SA implemented dedicated psychotherapy supervision training for rural posts.

- **Psychotherapy & Clinical Supervision**
    - NT developed a psychotherapy panel, allowing trainees to meet RANZCP requirements locally.
    - WA and VIC expanded supervisory capacity, increasing availability of Consultation-Liaison and Psychotherapy training.
- **Collaborations & Structured Training**
    - SA's Rural DoT strengthened South Australian Psychiatry Branch Training Committee's (SAPBTC') understanding of rural psychiatry, accrediting new rural posts.
    - Victoria established a rural psychiatry education collective, sharing resources between WA and QLD.
    - WA developed an RPTWA Training Database, streamlining supervision and benchmarking training progress.

The above list of extensive initiatives highlights the importance of the Rural DoTs in significantly enhancing training support, mentorship and access to specialist supervision.

## 11. Governance, Partnerships and Workforce Retention

The Rural DoTs guidelines outlined that an objective for the Rural DoTs was to support quality psychiatry training in Rural Australia, as well as reduce barriers and improve incentives for entering and remaining in Rural medical practice.

Results received from reporting indicate that throughout the establishment of the Rural DoTs there has been significant work undertaken to meet these two objectives. There has been reported development of key partnerships as well as methods taken to improve training opportunities and the governance of training posts.

### Governance and Partnerships

The establishment of strong partnerships with key stakeholders to expand the rural psychiatry training program was a common theme amongst the Rural DoTs. The establishment of structured regional training networks was outlined by respondents as follows:

- SA's Rural DoT role improved rural psychiatry governance, securing new training opportunities.
- Victoria's Rural DoT works closely with the Victorian Psychiatry Training Committee (VPTC) to coordinate training pathways.
- WA's Rural DoT operates within a dedicated training directorate, ensuring alignment with accreditation standards.
- NT integrated Rural DoTs within the Department of Health, improving workforce planning for underserved areas.

### Workforce Retention & Rural Workforce Pathways

The retention of the rural medical workforce is a strategic aim for the RANZCP as outlined in the Roadmap and was an aim in the establishment of the Rural DoTs.

Reporting results indicate that a significant number of trainees plan to remain in rural areas post-training, and have remained in their rural training posts, as summarised below:

- 79% of trainees planned to remain in rural areas post-training (*Integrated Rural Training Program Survey*[4]).
- Cairns & Hinterland retained five new consultants, stabilising workforce gaps.

Initiatives were also developed to improve the retention of the workforce, by the following methods:

- SA's Rural DoT has worked with the SA Psychiatry Branch Training Committee (SAPBTC) to enhance supervisor skill development, improving quality of training and mentoring available to rural trainees.
- WA introduced relocation and accommodation incentives for rural trainees.
- NT and QLD developed Aboriginal and Torres Strait Islander training pathways, in particular NT has specific rotations in East Arnhem, Darwin Remote, Alice Springs and Specialist Outreach which are resourced to provide culturally appropriate training and patient care.

From the above it is evident that the Rural DoT governance structures have improved workforce retention and training oversight.

## 12. Funding and Sustainability

The funding provided a contribution towards the cost of employing and supporting a Rural DoT of up to $125,000 per .45FTE per annum (excluding GST) pro rata. This funding was provided to the health services, however for long-term sustainability, health services sought additional funding.

It should be noted that through the initial Expression of Interest (EOI) process, applicants were required to state their commitment to funding the Rural DoT positions on an ongoing basis. The confirmed funding commitments are outlined below from the health services who secured additional funding:

- **WA:** Mental Health Commission secured $700K uplift funding, and a strong commitment to recurrent funding of an additional $1.4M annually.
- **QLD**: The Central Queensland Hospital & Health Service (CQHHS) Rural DoT position has secured 0.5 FTE recurrent funding through the Better Care Together initiative until 2027.

  The QLD Mental Health Branch extended the funding of the Rural Director of Training (Rural DoT) position to 0.5 FTE from August 2024 for the Cairns & Hinterland Hospital & Health Service (CHHHS)
- **VIC**: State budget funding secured until June 2025, with continued advocacy to make it permanent.
- **NSW**: Recurrent funding has been identified for the Rural DoT position.
- **SA**: Application process for additional funding to keep the Rural DoT position has been undertaken, with commitment to keep this position going until funding is formalised.

[4] Integrated Rural Training Program Survey. RANZCP; 2023.

While the above services were successful in securing the additional funding, there were challenges highlighted to the RANZCP regarding obtaining ongoing funding. These challenges are reported below:

- **NT** has yet to secure a permanent funding structure, though local integration within NT Health may assist.
- **VIC** are actively seeking permanent funding sources beyond 2025.

As a one-off short term FATES project, long-term sustainability will require ongoing state/territory funding.

## 13. Experience of Participants and Feasibility

As outlined in the Evaluation Plan, it was important that the RANZCP evaluate the experiences of participants to determine what worked well and where additional support is required. Therefore, to better understand the impacts from the Rural DoTs, a survey was circulated to the Rural DoTs for completion in February 2025. Rural DoTs were given a week and a half to complete the survey, and were asked to provide feedback on the positions, outline the day-to-day responsibilities and the impacts the role has had on the service and population.

There were five responses to the survey. The following qualitative evidence was provided:

**Impact on number of rural training positions:**

Rural DoTs identified the impact the project had on the number of training positions and the retention of these positions overall. Rural DoTs were asked how the Rural DoTs position impacted the number of trainees and quality of training. Responses are as follows:

*"Rural DoT role has directly improved training availability and retention in rural [state areas]."*

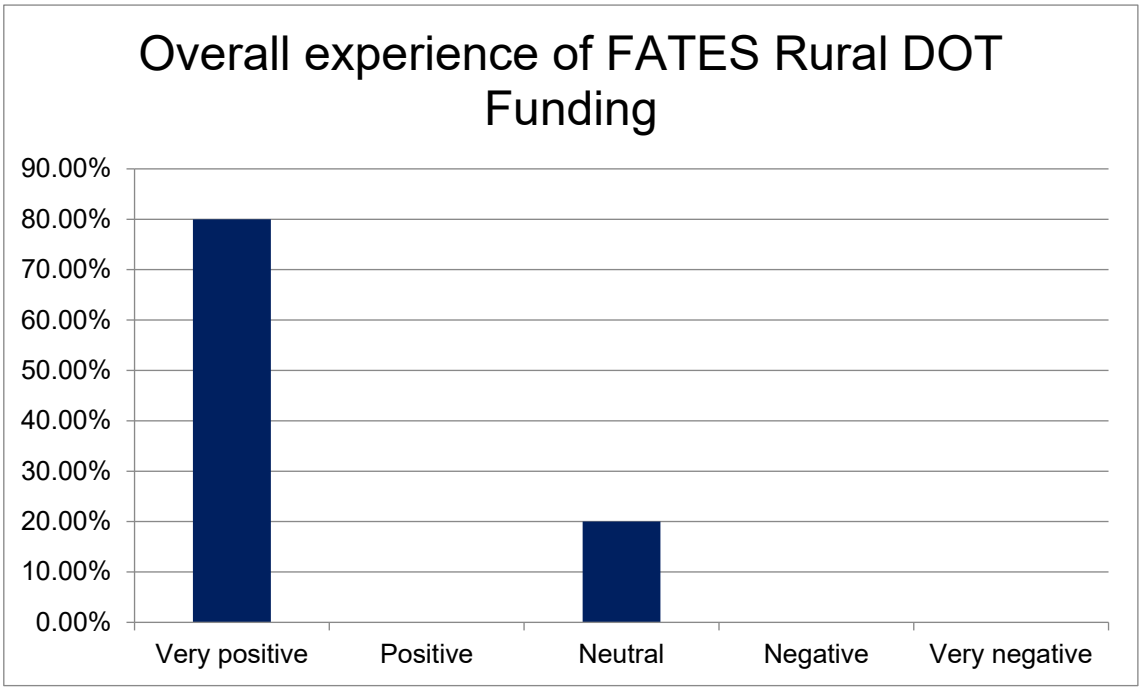
*"Rural DoT support in psychotherapy training and governance made rural rotations more viable."*

Additional insights from the FATES report[5] indicated a success in addressing workforce shortages through the program. With the Rural Psychiatry Training Western Australia (RPTWA) program reportedly growing by 233% and ensuring stable training pipelines in Broome and Albany. Further, to this the rural psychiatry training expanded into MM5 – 7 zones through new partnerships with regional training hubs. A key indicator of meeting the objectives of FATES and the program overall.

**Identification of outcomes (positive or negative):**

Rural DoTs were asked to rate their overall experience for the FATES Rural DoT funding, and an overwhelmingly positive response was received:

[5] RANZCP Flexible Approach to Training in Expanded Settings (FATES) Final Report . RANZCP;




Rural DoTs further elaborated on their experience of the project:

*"Essential for maintaining high standards in rural psychiatry and ensuring equity in training access."*

*"A masterstroke in improving standards, retention, and consultant recruitment."*

In regard to the remote models of supervision, the trainees in MM6 – 7 locations received virtual mentorship via online platforms, ensuring a consistency in training. This flexible scheduling reportedly improved participation by reducing supervision gaps in remote NT and WA sites.

*"FATES Rural DoT Funding, not only supports rural MH setting but demonstrates … government action to address critical shortages in the Mental Health workforce, through attraction, retention and growth of the rural psychiatry workforce."*

**Interaction, Collaboration and Partnerships within networks, other programs and services:**

Rural DoTs were asked to outline the working partnership plans developed throughout the project. Victoria reported supporting the expansion of the state's rural psychiatry training pipeline, through engagement with the Victorian Psychiatry Training Partnership (VPTP). The VPTP was identified as a key stakeholder for Victoria to *"support the ongoing expansion of the medical workforce, advocating for a rural lens in workforce development planning*."

Additionally, Cairns Hinterland reported establishing a partnership with James Cook University (JCU) to assist in *"the recruitment and retention as part of the RPTP Roadmap vision".* The health service also reported maintaining a working partnership with the Director of Training in Townsville / Mackay to retain advanced trainees within the broader Northern Queensland cluster, rather than losing trainees to urban areas.

**Key positive activities:**

Another key objective of the FATES program and the establishment of the Rural DoTs was to ensure the needs of the community are met by 'increasing support for building capacity in the rural, remote and Aboriginal and Torres Strait Islander medical workforce'. There were a number of Aboriginal and Torres Strait Islander Psychiatry Training Pathway improvements reported by the health services. Most notably, NT partnering with Flinders University and the Menzies School of Health Research to support Aboriginal Trainees. There was also an expansion of targeted scholarships for Aboriginal and Torres Strait Islander doctors entering psychiatry. These initiatives have met the objectives of the funding by improving accessibility, workforce diversity and training sustainability.

**Recommendations to better achieve the desired outcomes:**

Rural DoTs were also asked if there were areas for improvement within the model, and the following responses were provided:

*"More structured support is needed to sustain long-term workforce development."*

*"More effort should go into converting non-accredited posts to accredited ones."*

It was also suggested that additional funding should be sought to establish additional roles such as research associates to assist with RANZCP assessments such as the scholarly project, due to a lack of professors in psychiatry in rural settings

**Ongoing Funding:**

Rural DoTs were asked if they have sought ongoing funding for the position. Two services indicated that they have sought ongoing funding for the role. One respondent responded other but did not elaborate.

Overall, the results from the survey highlight a strong positive impact of the Rural DoTs while also identifying funding and structural sustainability as key concerns.

## 14. Discussion

The results from the progress reports and the Rural DoT's evaluation survey have indicated the importance of this FATES funded program. At the commencement of the funding, the RANZCP outlined the aims and objectives of the Rural DoT positions, being to improve and promote a positive rural and remote medical education culture and support quality specialist medical training in Rural Australia. Based on the feedback received via the evaluation survey, the Rural DoTs were

successful in meeting this aim. The reporting showed not only an increase in the rural trainee workforce, but also the establishment of additional supports, including but not limited to: the establishment of the rural psychiatry education collective to share resources, a bi-annual exam preparation program and psychotherapy panels allowing trainees to meet RANZCP requirements locally. These are only a small number of the positive enhancements the Rural DoTs have made to the rural psychiatry training landscape.

Additionally, a key objective of the program was reducing barriers and improving the incentives for entering and remaining in rural medical practice. The quantitative data received on the workforce numbers highlights the expansion of the training posts as well as the strong retention rate for trainees. As outlined above, trainees have reported that they plan to remain in rural and regional areas for their specialty practice. Further feedback received via the evaluation survey noted the success in retention of trainees participating in the program. The support provided via the Rural DoTs through means such as remote supervision and dedicated supervision time is likely a contributing factor to these high retention rates.

While the successes and benefits of the Rural DoTs is clear, there were also challenges reported from the Rural DoTs via the evaluation survey. Rural DoTs indicated the consistent challenge of securing additional funding as well as stating that more structured support is needed to sustain long-term workforce development.

Overall based on the feedback received it can be said that the establishment of the Rural DoT's positions has been valuable for the RANZCP, the rural trainees as well as rural communities. The responses received and data reported have identified that the Rural DoTs contribute to the delivery of the Fellowship training program in Rural locations with an emphasis on generalist psychiatry and increasing the future availability of psychiatrists in Rural settings with suitable supports and networks.

## 15. Conclusion and recommendations

The Rural DoT program has successfully expanded rural psychiatry training, improved education quality, strengthened governance, and enhanced workforce retention. However, securing long-term funding remains the primary challenge.

Based on the final evaluation, the following key recommendations were identified to support the sustainability and future development of the rural psychiatry workforce:

- Continue expansion of accredited training posts, prioritising MM5–7 zones to meet rural workforce shortages.
- Strengthen inter-state collaboration, sharing training resources between QLD, WA, VIC, NT, and SA.
- Develop structured rural career pathways, ensuring trainees transition smoothly into consultant roles.
- Scale up remote supervision models, integrating digital solutions for training in remote areas.

By maintaining program momentum and securing financial sustainability, the Rural DoTs will remain a key driver in addressing rural psychiatry workforce shortages and ensuring equitable mental health services across Australia.

*The Royal Australian and New Zealand College of Psychiatrists has received Australian Government funding under the Flexible Approach to Training in Expanded Settings (FATES) and the Specialist Training Program to deliver this initiative.*