

FATES Project Evaluation Report

WA Rural Physician Training Pathway WA Country Health Service

July 2023 – June 2025



Government of **Western Australia**
WA Country Health Service

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INTRODUCTION

Regional Western Australia (WA) has long faced challenges in sustaining a stable specialist workforce, with many hospitals dependent on locum physicians. This reliance limits continuity of care for rural patients and is further compounded by geographic distance, limited local training opportunities, and persistent difficulties in recruitment and retention.

Historically, junior doctors employed by the WA Country Health Service (WACHS) were required to relocate to Perth to complete physician training. This often led to workforce loss in rural areas and disruption of local services.

To address this gap, WACHS Medical Education Unit (MEU) and Royal Australasian College of Physicians (RACP) secured Flexible Approach to Training in Expanded Settings (FATES) funding to establish the WA Rural Physician Training Pathway (WA RPTP) (the Pathway) through a feasibility study. The Pathway enables doctors to undertake up to two years of Basic Physician Training (BPT) at accredited WACHS hospitals, complemented by one year in a metropolitan site, before progressing into rural supported Advanced Training (AT).

This rural-first training model expands physician training opportunities across country WA, strengthens workforce stability, and enhances continuity of care for rural and remote communities.

BACKGROUND

WACHS delivers care to a significant proportion of the state's population with only a small fraction of the physician workforce, creating a substantial service gap.

Rural Health West's 2024 Rural Resident Specialist Workforce Profile highlighted the scale of this challenge: only 26 adult physicians (2.6% of WA's adult physician workforce) reside in rural WA, despite serving 20% of the state's population. Of these, more than half (57%) are international medical graduates (IMGs).

This shortage is compounded by the complex health needs of rural and Aboriginal communities, along with limited access to essential diagnostic and specialist services. Recognising these challenges, WACHS and RACP have emphasised the urgent need to expand training opportunities in rural and regional areas. Without targeted strategies to grow and retain the specialist workforce, the healthcare needs of rural Western Australians will remain unmet.

CREATION OF WA RPTP

WACHS applied for the FATES grant through RACP and, following a successful application, was subcontracted by RACP in May 2023 to deliver WA RPTP project activities. WACHS is the only Health Service Provider (HSP) in WA responsible for delivering healthcare to the communities of rural and regional WA with a network of Regional Resource Centres and central coordination in Perth. WACHS has a strong track record in delivering rural training with previous experience in developing and delivering training programs including the Rural Generalist Pathway WA and the Rural Psychiatry Training WA. The WACHS Medical Education Unit (MEU) oversees and coordinates medical education and training for all medical staff employed by WACHS with a programmatic approach linking medical school, prevocational and vocational training, and post-Fellowship and senior practitioner practice. The MEU is governed by the WACHS Clinical Excellence and Medical Service, ultimately reporting to the Chief Executive and Board. The

Pathway project benefits from being a part of Australia's largest, rural-only HSP leading to a streamlined and supportive governance structure.

RECRUITMENT AND STAKEHOLDER ENGAGEMENT

Recruitment associated with the project was finalised by WACHS in May 2023. The WA RPTP Director (0.2 FTE) and Senior Project Officer (1.0 FTE) commenced work on the project in July 2023, followed by a Clinician Educator (0.2 FTE) in September 2023.

The project team convened the WACHS Physician Training Project Management Committee (refer Appendix A), which became operational in October 2023. This committee provided expert advice on matters related to the WA RPTP. The project team also developed and implemented a robust external and internal stakeholder engagement plan. Key activities included:

- Coordinating the WA Rural Physician Network.
- Participating in the WA Adult Medicine BPT Network Committee.
- Undertaking regular engagement with the WA Health Office of the Chief Medical Officer, metropolitan Directors of Physician Education, the WA State BPT Committee, rural Directors of Physician Training and Physician Educators, the Rural Clinical School, and current and future WACHS trainees (including medical students, interns, and RMOs).
- Coordinating focus group interviews with current and potential trainees to assess expectations, needs, and barriers to rural physician training in WA.
- Conducting regular site-specific rural physician stakeholder meetings.
- Contributing to the RACP Rural Physicians Network Workshop, including hosting a dedicated workshop on the Rural Physician Training Pathway to explore perspectives, opportunities, and barriers, and to strengthen engagement across the seven WACHS regions.
- Holding regular meetings with RACP Training Accreditation Services.

MAPPING OF TRAINING POSITIONS

The project team undertook a review of existing Basic Physician Training and Advanced Training opportunities across WACHS rural sites. During early scoping, several key barriers to rural adult specialist physician training were identified. These included limited access to accredited rural training sites, restricted availability of medical subspecialty rotations, and the absence of a clearly defined pathway that enables regional doctors to meet all training requirements while remaining in rural communities.

To address these challenges, mapping of potential WACHS rural training positions was conducted and linked to both site and network accreditation. The pathway team collaborated with stakeholders to progress medical subspecialty rotations by identifying areas for expansion, development, and investment. In addition, information was sought from RACP to clarify accreditation requirements at both the site and network levels. This guidance informed subsequent mapping processes and the development of future training pathway models.

DEVELOP BPT AND AT NETWORK MODEL

The project team investigated and analysed WACHS rural physician training requirements, both current and future, to inform model development within the feasibility study. The team sought further information and clarification from RACP regarding the network accreditation process in a rural setting, which influenced the development of the model. A networked training model was developed, mapping a three-year pathway with in-reach rotations to level 3 metropolitan sites. Refer to Appendix B for further details.

DEVELOP AND SUBMIT ACCREDITATION APPLICATIONS

Accreditation was a key milestone. The team worked closely with the RACP to achieve Level 1 accreditation for several rural sites. To date the following WACHS sites have achieved Level 1 accreditation.

- Albany Health Campus
- Bunbury Regional Hospital
- Broome Health Campus
- Geraldton Regional Hospital
- Kalgoorlie Health Campus

Following extensive stakeholder engagement with the RACP AIM Basic Training Committee and the RACP BT AIM Accreditation Standards Committee, the WA RPTP was granted an exemption in June 2024 from the Level 1 Teaching Hospital training time requirement. Ordinarily, trainees are limited to a maximum of 12 months of Basic Physician Training at a Level 1 site. Under this exemption, however, trainees within the WACHS Network are now able to complete up to 24 months of their three-year Basic Physician Training at Level 1 Teaching Hospitals. This decision represents a major advancement in supporting the feasibility of rural training pathways.

The exemption was approved based on several key principles. Central to this was the investment in, and ongoing maintenance of, a centralised and coordinated pathway team, comprising the Network Director of Physician Education (NDPE) and a dedicated Program Coordinator. This structure provides strong oversight of trainee progression, consistency in supervision, and alignment with training standards. In addition, the exemption was contingent on the establishment and continuation of a robust governance framework to ensure quality, accountability, and sustainability of the training pathway across the WACHS Network.

In August 2024, WACHS HSP achieved formal Network Accreditation—the first training provider in WA to do so, and the first rural-based physician training network in Australia to secure both accreditation and a rural training time exemption.

As part of future planning, an investigation into Level 2 accreditation for Bunbury Hospital has been initiated, alongside efforts to broaden medical specialty rotations—marking the next phase in the Pathway's growth and development.

DEVELOP FEASIBILITY STUDY FOR IMPLEMENTATION OF A NETWORKED RURAL PHYSICIAN TRAINING PATHWAY

The project team conducted research, stakeholder engagement, and mapping of rural physician training opportunities and sustainable recruitment models. These findings informed the feasibility study into implementing a networked Rural Physician Training Pathway between rural and metropolitan centres. This feasibility study provided the foundation for subsequent negotiations, accreditation processes, and permanent establishment of the WA RPTP, post FATES grant.

DEVELOP A CENTRALISED TRAINEE SELECTION PROCESS

The project adopted a staged approach to centralised rural physician trainee recruitment and trainee selection.

Stage One (2023): WACHS participated for the first time as an Employing Health Service in the WA Centralised BPT state-wide selection process. This system, coordinated by the WA State BPT Network

Committee and the Office of the Chief Medical Officer, involved a standardised selection, and allocation process. As a result, five WACHS candidates secured 2024 BPT placements at metropolitan training settings, and eleven WACHS physician consultants contributed to the trainee selection process. While this provided valuable opportunities for WACHS junior doctors, there were notable limitations. Trainees were not employed directly by WACHS and could only complete up to 12 months of rural training before returning to metropolitan sites, which limited WACHS oversight. Rural candidates were also disadvantaged by participating in online interviews, while others attended face-to-face interviews, and the process did not prioritise the identification of physician trainees with a strong rural interest. Without a dedicated rural pathway and with WACHS not serving as the responsible training network, the program had limited ability to support the pathway objectives.

Stage Two (2024): Building on the initial foundation, WACHS again participated in the centralised selection process, this time to recruit trainees to commence within its own BPT Network, completing up to 24 months of training at WACHS training settings. Each trainee was linked with a metropolitan training setting to transfer to at a later stage to complete their training. Four inaugural rural trainees were successfully selected and placed at WACHS rural training settings. The WA Rural Physician Training Pathway was officially launched in February 2025, coinciding with these trainees commencing their training. While this was a significant milestone, the centralised selection process presented challenges. The late recruitment timeline made it difficult for WACHS workforce teams to plan staffing, secure limited specialty rotations for trainees, and support relocations (including housing, schooling, and partner employment). In addition, the metro-driven process restricted the ability to prioritise candidates with a genuine interest in rural practice.

To address these challenges, a WACHS-led selection process was proposed in 2025, introducing earlier trainee selection to support better workforce planning, fairer allocation of rotations, improved relocation support, and closer assessment of applicants' commitment to rural practice.

Stage Three (2025): The WA RPTP transitioned into a stand-alone program with its own independent recruitment and selection process for the 2026 trainee cohort. This revised process was specifically tailored to rural needs, incorporating transparent feedback and conflict resolution mechanisms to ensure fairness and effectiveness. Stage Three marked a key milestone in moving from the state-wide system to a pathway designed around rural requirements. The model follows a rural-driven selection timeline aligned with regional hospital recruitment processes and enables the early identification of physicians with a strong rural inclination, ensuring a smooth transition to a dedicated rural-focused pathway and expanding access to high-quality training opportunities across regional WA.

The trainees selected for the WACHS network were allocated to positions that had been carefully mapped in advance to ensure alignment with RACP training requirements. These positions combined general medicine rotations with a range of medical specialty rotations, providing balanced exposure to both core and non-core training components. This structured allocation not only supported trainees in meeting the mandatory RACP curriculum requirements but also ensured access to diverse clinical experiences within the rural setting, strengthening both their professional development and the sustainability of physician training in regional WA.

CONCLUSIONS AND FINDINGS

EXPLORE ONGOING FUNDING OPTIONS

Ensuring the long-term sustainability of the Pathway, including the ability to finance its operational costs, was a central focus of the project. The initial development of the WA RPTP was supported through FATES funding, which served as seed funding. As part of the project deliverables, the team investigated ongoing funding sources to support the Pathway beyond the FATES funding period.

In July 2024, the project team applied for Round 4 of FATES funding to extend the work that had begun with the feasibility study. The objective was to demonstrate proof of concept for the Pathway, highlighting its ability to strengthen the capability, capacity, and supply of the rural physician workforce. While this application was ultimately unsuccessful, it provided a strong foundation for future advocacy and investment.

In November 2024, following the success of the project — including accreditation achievements, the development of a Basic Physician Training (AIM) model with trainee selection, and strong stakeholder engagement and support from both RACP and the Office of the Chief Medical Officer, WA Department of Health — the WACHS Chief Executive approved ongoing funding for the coordination and delivery of the WA RPTP.

This commitment enabled the establishment of a dedicated coordination team from 1 July 2025, expanding the Central Network team by 1.8 FTE:

- 0.4 FTE Network Director of Physician Education
- FTE Network Training Coordinator
- 0.4 FTE Medical Education Registrar

This decision ensured that the Pathway could transition from a pilot project into a sustainable, business-as-usual model, safeguarding its role in building the WA rural physician workforce into the future.

EXPERIENCE OF PARTICIPANTS TO DETERMINE SUCCESSES AND AREAS OF FOR FURTHER SUPPORT

The development of the WA RPTP initiative commenced in mid-2023, with the Pathway successfully delivering on all agreed activity milestones outlined in the FATES Activity Work Plan within the 24-month period from July 2023 to June 2025. Ongoing collection of feedback from participating metropolitan sites and trainees remains a priority to guide continuous improvement.

Positive outcomes include increased engagement of prevocational doctors in rural physician training, growing interest from final-year medical students in rural pathways, a 60% increase in rural training positions, and expansion of accredited training settings. Metropolitan sites have provided positive feedback, highlighting the Pathway's ability to independently manage the trainee selection process and consistently choose high-quality candidates.

The Pathway team continues to focus on further development, including expanding rural training sites, increasing medical specialty rotations, securing funding for additional or new training positions, and supporting ongoing growth to enhance physician training across WA.

EXPECTED OUTCOMES OF PATHWAY IMPLEMENTATION

Implementation of the WA RPTP has and will continue to address structural barriers to rural physician training and workforce development. Implementation of the WA Rural Physicians Training Pathway will:

- **Improve systems and structures:** The pathway innovates existing training systems to allow trainees more time in rural training settings by providing a coordinated, secure, and supported training experience, encouraging more trainees to undertake and complete rural Physician training.
- **Support transition from training to rural practice:** The Pathway is designed to support the key transitions from prevocational training to rural specialist by supporting rural-based doctors to complete a high-quality end-to-end training pathway while establishing and maintaining roots in a rural community.
- **Rebalance supply:** By supporting specialist training in regional settings, the Pathway will see innovative models of care that promote specialist retention and reduce burnout by delivering more support and flexibility. By maintaining quality regional and rural training posts the Pathway creates more choice for trainees who would otherwise have to relocate to pursue specialist training opportunities. This will rebalance the distribution and supply of the Physician workforce in WA.
- **Support the growth of First Nations specialist medical trainees and supervisors:** The Pathway will provide a bridge from existing First Nation support systems, such as the WA Country Health Service Aboriginal Medical Intern Pathway, to vocational training with RACP by prioritising access and designing culturally appropriate training matrices within the Pathway.
- **Innovate, collaborate, and improve supervisor and trainee wellbeing and work-life balance:** The Pathway will implement a mentoring model connecting rural and regional trainees with like-minded mentors in both rural and metropolitan settings to offer the personalised personal and professional support trainees need to thrive. The Pathway will reduce supervisor burnout by centralising administrative tasks and supporting site supervisors and DPEs with professional development and coordination so they can best focus on the needs of trainees.

FUTURE PLANS FOR EXPANSION

In the longer term, the Rural Physician Training Pathway aims to:

- Provide expanded centralised and coordinated support services to trainees, supervisors, and stakeholders engaged in rural physician training.
- Deliver a comprehensive, rural-based education and training program, complemented by coordinated in-reach to metropolitan sites to ensure trainees are fully prepared for the RACP Adult Medicine Division (AMD) written and clinical examinations.
- Build the local capacity to host and deliver the RACP AMD clinical examination within WA.
- Strengthen collaboration between metropolitan and rural training settings, thereby expanding physician training capacity across the state.
- Offer a scalable and transferable model for rural physician training that can inform workforce development in other jurisdictions across Australia.
- Support rural training sites in developing the capacity and capability to provide high-quality clinical training and research opportunities.
- Align training opportunities with the generalist scope of rural specialist physician practice to meet the specific needs of rural communities.
- Establish a structured mentorship program to support trainees across rural and metropolitan

settings, particularly during metropolitan in-reach training periods.

- Provide coordinated support to manage key career transitions—from prevocational training, through Basic and Advanced Physician Training, and into early specialist practice in rural WA.
- Exploring length of training contract to enable easy transition of employment within WACHS.

Through these initiatives, the WA RPTP will not only strengthen rural physician training capacity within WA but also contribute to a more sustainable and locally embedded rural physician workforce.

APPENDICES

- (A) WACHS Physician project management committee - Terms of Reference
- (B) WA RPTP – BPT AIM Training Model
- (C) WA RPTP Network Governance Structure
- (D) WA RPTP Executive Summary



WACHS Physician Training Pathway

Project Management Committee

Terms of Reference

1. Preamble

The WACHS Physician Training Pathway Project Team (the Project Team) has been established to scope physician training opportunities in rural WA. The aim is to assess the feasibility of establishing a sustainable, accessible and high-quality rural physician training pathway for WACHS employed junior doctors.

The Project Team partners with the Royal Australasian College of Physicians (RACP) via the Flexible Approach to Training in Expanded Settings (FATES) funding agreement.

The Project Team has established a Project Management Committee (the Committee) to advise and assist in all aspects of the project, including the establishment of the WACHS Physician Training Pathway should it be deemed feasible.

2. Scope

The scope of the Committee is to provide advice and support to the Project Team, including supporting collaboration between stakeholders where required. The Committee will be convened for the length of the funding agreement, finalising on the 30 June 2025.

3. Accountability

The Committee is ultimately accountable to the Australian Government, Department of Health, but is in the first instance accountable to the Royal Australasian College of Physicians through the FATES funding agreement.

Internally, the Committee is accountable to the WACHS Chief Executive, via the WACHS Executive Director Medical Services.

4. Function and Responsibilities

- 4.1 To provide a forum to discuss matters relating to WACHS Physician Training including the scoping, development and implementation of a training pathway within WACHS.
- 4.2 To review, manage and approve project directives and deliverables
- 4.3 To identify and manage operational risks and issues.

5. Membership

- 5.1 The Chairperson is the Director Physician Training or their delegated authority.
- Director Physician Training
 - Rural Clinical Educator – Physician Training
 - Senior Project Officer – WACHS Physician Training Pathway
 - Director Medical Education, WACHS Medical Education
 - Manager Medical Education, WACHS Medical Education
- 5.2 The WACHS Executive Director Medical Services is to act as executive sponsor.
- 5.3 The Senior Project Officer – WACHS Physician Training Pathway is to act as secretariat.
- 5.4 Members may send an authorised delegate or proxy to meetings if required. It is the responsibility of the member to inform the Chairperson where a delegate/proxy is attending on their behalf. A delegate/proxy should be authorised to make decisions on behalf of the member.
- 5.5 Other stakeholders may be invited to attend meetings, as required.
- 5.6 The Committee membership is not subject to periodic re-appointment.

6. Conflict of Interest

Members are to declare any new conflicts of interest at the start of each meeting.

7. Confidentiality

The discussions and decisions of the meeting may be discussed with staff of participating organisations, unless expressly deemed confidential at meetings. The Chairperson, or delegate, is authorised to speak officially on behalf of the Committee.

8. Frequency of Meetings

The Committee aims to meet monthly but will meet a minimum of six times per calendar year. The Chairperson may cancel a meeting if there is insufficient business to warrant holding a meeting. Additional meetings may be held at the determination of the Chairperson.

9. Notice of Meetings

The meetings will be recorded in the form of action items and project deliverables. Formal minutes may be taken by the secretariat, at the request of the Chairperson. Notice of the meeting is to be sent to members, with readings and attachments, no less than five working days prior to the next meeting.

10. Quorum

A quorum is to consist of at least three representatives as per the membership list.
The Chairperson can delegate authority to another member when required.
Attendance will be in-person or by synchronous video and/or telecommunication.

11. Decisions

Effort is to be made to reach a consensus from the quorum. Where this fails, the Chairperson can make a final decision in matters of procedure.

12. Adoption, Review and Amendment of Terms of Reference

Amendments to the Terms of Reference may be proposed by the Committee members.

Alterations to the Terms of Reference must be approved by the Chairperson.

The Terms of Reference will be formally reviewed at the end of the project timeline, 30 June 2025, or at the request of the Chairperson if earlier.

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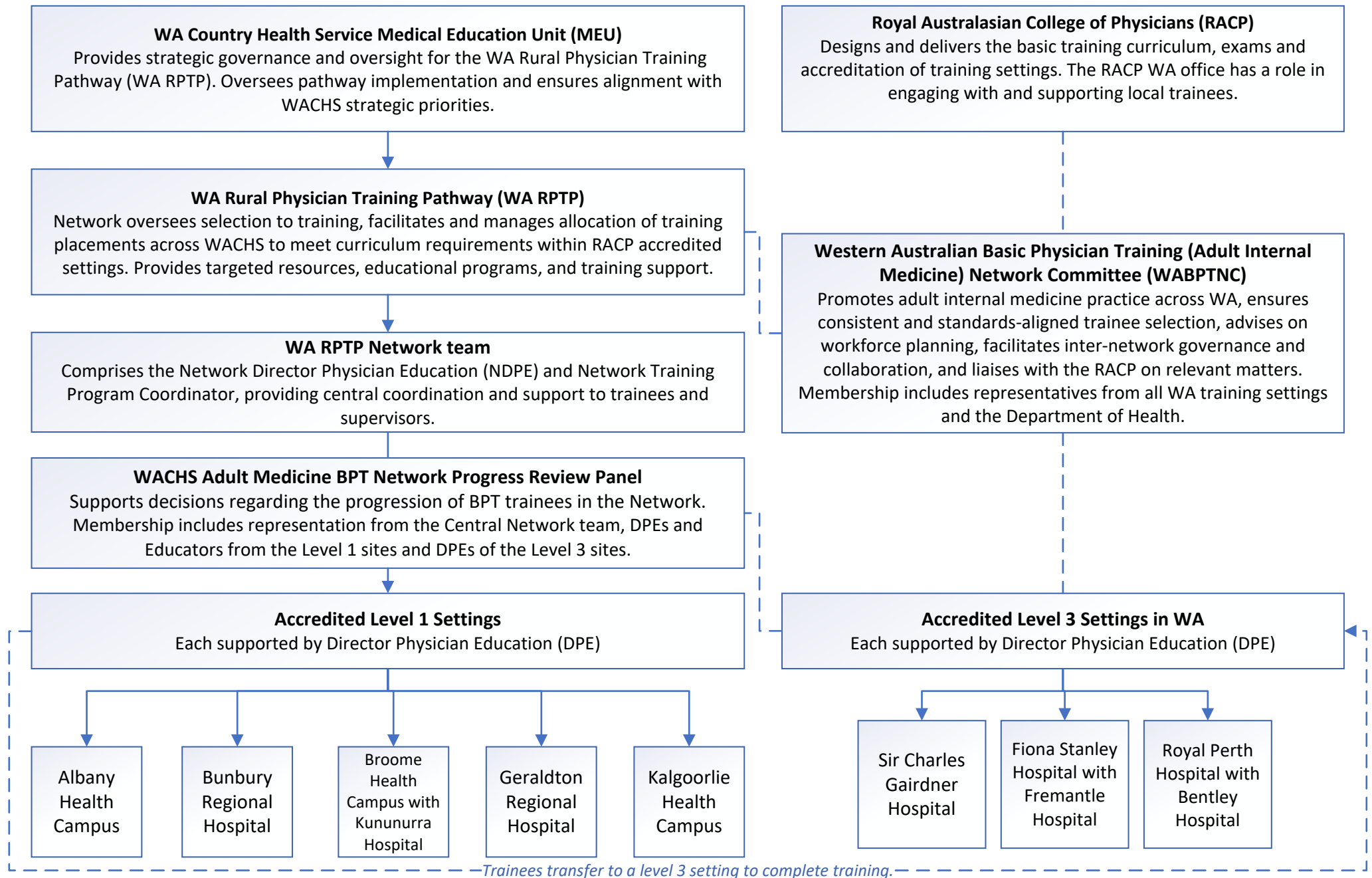
Contact:	Senior Project Officer, WACHS Physician Training Pathway		
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WA RURAL PHYSICIAN TRAINING PATHWAY

Royal Australasian College of Physicians - Basic Physician Training in Adult Internal Medicine



WA Country Health Service Network - Basic Physician Training in Adult Internal Medicine Governance Structure





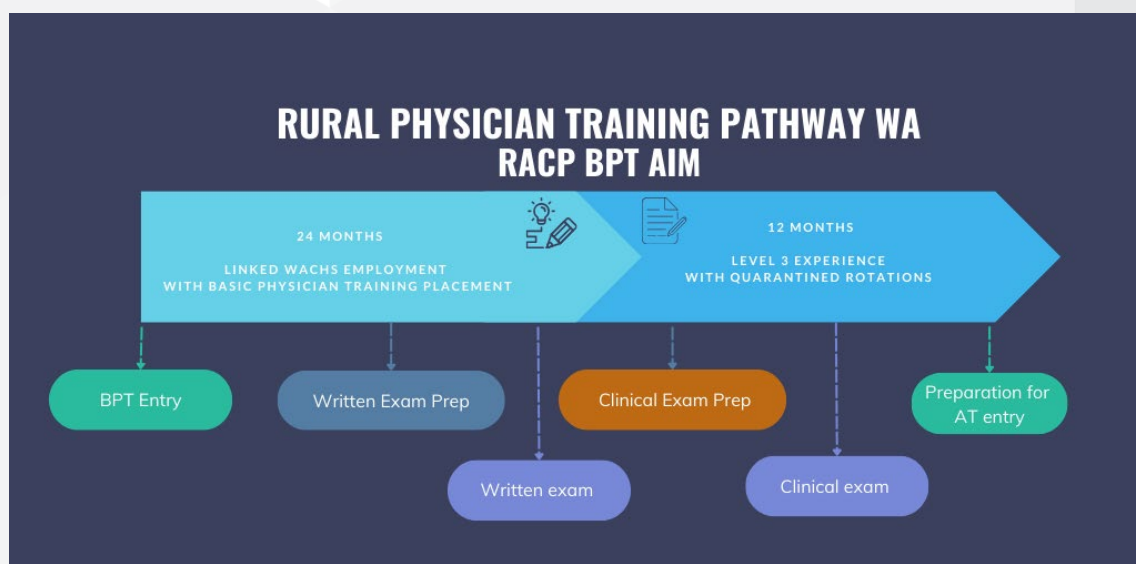
WA Rural Physician Training Pathway

Executive Summary

In scoping the Western Australia Rural Physician Training Pathway (the Pathway), the WA Country Health Service (WACHS) project team utilised the principles outlined in the RACP Regional, Rural and Remote (RRR) strategy and National Medical Workforce strategy to develop an evidenced based Pathway that is desirable, feasible and scalable. The Pathway is focused on delivering on the below RACP priorities to build a sustainable specialist workforce:

1. Grow your own “connected to” place
2. Select trainees invested in rural practice
3. Ground training in community need
4. Rural Immersion not exposure
5. Optimise and invest in general medicine
6. Include service and academic learning components
7. Join up the steps in rural training
8. Plan sustainable specialist roles

The Pathway will provide a networked training approach for WA rural physician trainees; mapping a three-year training pathway within the WA Country Health network, with in-reach rotations to partnered level 3 training settings for a period of 12 months to achieve the RACP Basic Physician Training Adult Internal Medicine (BPT AIM) training requirements.



The WA Rural Physician Training Pathway recognises:

- Best practice research which supports long-term rural immersion rather than exposure which has been proven to better serve the needs of rural communities by enhancing access to specialist Physician care.
- Rural General and Acute Care Medicine as sufficiently unique to be recognised as valuable training in its own right due to the specialist medical case mix under the care of General Physicians in these settings.
- Rural training offers immersive exposure to the complexities of Indigenous health, not always found in metropolitan settings.

The WA Rural Physician Training Pathway is based on the following principles:

- **Networked rural training.** Providing rural trainees with a secure dedicated networked approach to training, with a “home-base” hospital to keep trainees connected to country. Each trainee will have a 36-month training pathway mapped to align experience and rotations to trainees’ needs and training requirements.
- **Coordinated employment and training.** Securing a 36-month Rural Physician Training Pathway will maximise rural training time whilst quarantining metropolitan tertiary in-reach rotations to complete Level 3 requirements and progress through training. The vision is to offer length of training contracts to provide the certainty that rural trainees require to invest in rural training.
- **Centralised coordinated support.** The Pathway will be led by a central team consisting of a Network Director, Director of Physician Education, Coordinator and a Senior Medical Registrar. The Pathway team will provide a coordinated training approach to RACP training requirements and the RACP clinical exam.
- **Integrated training approach.** The Pathway will integrate existing and future rural training hubs, each providing core and non-core training experiences to provide a seamless trainee experience. The Pathway will partner with existing Level 3 training settings to meet training requirements and enhance the trainee experience with additional medical subspecialty exposure and intensive exam preparation support.

Implementation of the WA Rural Physicians Training Pathway will:

- **Improve systems and structures:** The pathway innovates existing training systems to allow trainees more time in rural training settings by providing a coordinated, secure and supported training experience, encouraging more trainees to undertake and complete rural Physician training.
- **Support transition from training to rural practice:** The Pathway is designed to support the key transitions from prevocational training to rural specialist by supporting rural-based doctors to complete a high-quality end-to-end training pathway while establishing and maintaining roots in a rural community.
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