Rural Readiness Project Evaluation

Royal Australian & New Zealand College of Psychiatrists

Alecto Consulting Pty Ltd

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Contents

Glossary of Terms

Abbreviation	Full Term
ACT	Australian Capital Territory
CPD	Continuing Professional Development
FATES	Flexible Approach to Training in Expanded Settings (program funded by Department of Health
FTE	Full Time Equivalent (measure of hours worked)
FIFO	Fly-In Fly-Out
NSW	New South Wales
MMM or MM	Modified Monash Model (MMM) measure of remoteness from 1 (metropolitan) to 7 (very remote)
NT	Northern Territory
Participants	Psychiatry Trainees, SIMGs and PIF members who participated in the Rural Readiness Project
PIF	Psychiatry Interest Forum
QLD	Queensland
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RDoT	Rural Director of Training
RMO	Resident Medical Officer
SA	South Australia
SIMG	Specialist International Medical Graduates
Stakeholders	RDoTs and Psychiatrists (presenters) who provided presentations or coordination support for Rural Readiness workshops
TAPPP	The Adelaide Pre-Vocational Psychiatry Training Program
VIC	Victoria
WA	Western Australia

Executive Summary

Overview

The Rural Readiness Project (the 'Project') was designed to support psychiatry trainees and early-career doctors to prepare for rural training through a three-stage model comprising e-learning modules, in-person workshops, and networking opportunities. The Project aimed to strengthen understanding of rural psychiatry, build confidence to train and practise in rural settings, and support connections to rural training pathways and professional networks. The Project aligns with national workforce priorities, including the Rural Psychiatry Roadmap 2021–31 (specifically Actions 17 and 18).

This evaluation draws on Alecto Consulting's post-workshop surveys (n=18) and interview data (n=3) collected from Participants (25% response rate), Stakeholder interviews (n=14), workshop observation, and RANZCP survey (n=41) and reporting data. Findings should be interpreted in the context of available data, including the relatively small sample size and limited representation of some Participant groups.

Effectiveness

Findings indicate that the Project was effective in supporting Participants to build confidence and preparedness for rural training. This was driven by exposure to rural training and practice contexts, clearer understanding of training pathways, and experiential insights shared by other Psychiatrists. Together, these elements strengthened Participants' understanding of rural psychiatry and reduced uncertainty about practising in these settings. Informal learning, peer interaction, and engagement with rural Psychiatrists were consistently identified as central to both the Participant experience and the perceived value of the Project.

Recruitment

Findings suggest that the Project had the greatest influence on recruitment-related outcomes among Participants at earlier stages of training, where career intentions were still being formed or consolidated. The Project influenced interest in rural training pathways, particularly among these groups. Increased awareness of training pathways, support structures, and career options contributed to greater openness to training/practice in a rural location. However, participation was largely drawn from individuals with existing exposure to or interest in rural settings, indicating that earlier and broader engagement may be required to strengthen recruitment outcomes.

Retention

Findings suggest that the Project contributed to factors associated with ongoing engagement in training/practice in a rural location, particularly through strengthening professional connection and reducing perceived isolation. Early indicators associated with retention were identified, including increased confidence in navigating rural training pathways and strengthened connection to training/practice in a rural location. For Participants already engaged in rural contexts, the Project appeared to reinforce existing commitment and support ongoing engagement. Longer-term retention outcomes cannot be assessed within the timeframe of this evaluation.

Scalability and sustainability

Findings indicate that the Project demonstrates potential for scalability, while also highlighting key considerations relating to resourcing, access, and the balance between reach and program effectiveness. The structured, staged model and modular e-learning components support transferability across locations. Participation was influenced by factors including travel, time, and service demands. While in-person workshops were consistently identified as central to program value, they require coordination and resourcing, indicating the need to balance scalability with maintaining program effectiveness.

Alignment with FATES objectives

Taken together, the findings indicate that the Project aligns with key FATES objectives relating to expanded training pathways, workforce distribution, and flexible training delivery. The Project supports early exposure to rural training pathways and contributes to workforce distribution objectives. Findings also highlight the importance of system-level enablers, including protected training time and support structures, in enabling equitable participation.

Overall conclusion

Overall, the evaluation indicates that the Project is a well-designed and valued initiative that contributes to strengthening rural readiness among Psychiatry trainees. Its strongest contribution appears to be in influencing perceptions of training/practice in a rural location, increasing confidence, and supporting connection to rural training pathways. The Project is less clearly associated with longer-term workforce outcomes, reflecting both the planned short-term duration of the Project and the characteristics of the Participant cohort.

The findings suggest that the Project has a role within broader rural workforce development efforts, particularly in supporting early engagement with rural psychiatry and reinforcing commitment among those already on rural pathways.

Recommendations (summary)

The evaluation identifies five key recommendations to support the future development of the Project:

1. **Clarify the strategic focus of the program**, including whether it is primarily positioned as an early-stage attraction initiative or a retention and professional strengthening initiative.

2. **Align program design and content** with the chosen strategic focus, ensuring consistency between target cohort, program content, and delivery approach.

3. **Strengthen integration and visibility of program components** to support a more cohesive Participant experience across e-learning, workshops, and networking elements.

4. **Strengthen evaluation design and data collection** to support more robust assessment of outcomes, including longer-term workforce impacts.

5. **Continue and strengthen informal, peer-based learning approaches**, which were consistently identified as a key driver of Participant engagement and perceived value.

1. Policy and Funding Context

The Rural Readiness Project is situated within a broader policy and funding environment focused on addressing persistent inequities in access to specialist mental health care across Australia. In particular, longstanding challenges in the distribution of the psychiatry workforce, most notably the concentration of practitioners in metropolitan areas and shortages in regional, rural and remote locations, have driven national attention toward strategies that strengthen rural training pathways and workforce supply.

In response, a combination of national workforce analysis, strategic planning by the Royal Australian & New Zealand College of Psychiatrists (RANZCP), and targeted Australian Government funding initiatives has created the conditions for programs such as the Rural Readiness Project. These policy settings emphasise the importance of improving trainee preparedness for rural practice, supporting transitions into non-metropolitan roles, and addressing structural barriers that limit equitable access to care.

The sections below outline the key policy and funding drivers underpinning the project, including national workforce data, the RANZCP Rural Psychiatry Roadmap 2021 - 2031, and the Flexible Approach to Training in Expanded Settings (FATES) program. Together, these elements provide the rationale for the design and implementation of the Rural Readiness Project.

1.1 Psychiatry Supply and Demand Compendium Report

The Psychiatry Supply and Demand Compendium Report (Australian Government Department of Health, Disability and Ageing, 2025) outlines that Australia continues to experience an uneven distribution of the Psychiatry workforce, with persistent shortages in regional, rural and remote areas. For example, the report highlights (DoHDA, 2025, p. 6) that in 2023, the ratio of Full Time Equivalent (FTE) Psychiatrists per 100,000 population in metropolitan areas (MMM 1) was 17.0, compared to only 2.2 in medium rural towns (MMM 4) and 1.1 in small rural towns (MMM 5).

These workforce challenges have direct implications for access to specialist mental health care in regional, rural and remote areas. The limited distribution of Psychiatrists outside metropolitan centres contributes to reduced service availability and reinforces differences in access to specialist psychiatry services between metropolitan and non-metropolitan locations.

1.2 Rural Psychiatry Roadmap 2021-2031

The Royal Australian & New Zealand College of Psychiatrists Rural Psychiatry Roadmap 2021–2031 (RANZCP, 2021) identifies the need for change in response to persistent health inequities in rural and remote Australia. These include poorer overall health outcomes and higher rates of suicide and self-harm, despite similar prevalence of mental illness. The *Roadmap* highlights that these disparities are compounded by reduced access to services, driven by workforce shortages, geographic barriers, cost and stigma, underscoring the need for targeted strategies to strengthen the rural psychiatry workforce (RANZCP, 2021, p.6).

The *Roadmap* outlines a ten-year Rural Psychiatry Training Pathway (RPTP) Action Plan comprising 45 activities across governance, selection and onboarding, education programs, clinical rotations, and support. Two activities within the Selection and Onboarding domain are directly relevant to the Rural Readiness Project:

Action 17: Deliver rural readiness workshops for trainees

Action 18: Deliver rural readiness and supervision workshops for Specialist International Medical Graduates (SIMGs).

1.3 Flexible Approach to Training in Expanded Settings

The Flexible Approach To Training in Expanded Settings (FATES) grant program (DoHDA, 2025) is an Australian Government Department of Health, Disability and Ageing funding initiative designed to strengthen the distribution and supply of the non-general practitioner (non-GP) specialist medical workforce in regional, rural and remote Australia. Introduced as part of the 2021–22 Budget, the program provides targeted funding to specialist medical colleges to support innovative training models that complement existing specialist training pathways. Areas of priority focus for the grant program include:

- Increasing focus and support for training in regional, rural, and remote areas
- Supporting the transition from training to practice in regional, rural, and remote areas
- Rebalancing workforce supply and distribution through specialist medical training
- Supporting the growth of Aboriginal and Torres Strait Islander specialist medical trainees, supervisors, and service delivery
- Innovating, collaborating, and improving supervisor and trainee wellbeing and work–life balance in regional, rural, and remote areas
- Improving systems and structures to encourage training in regional, rural, and remote areas

FATES funding is intended to address structural workforce challenges, including the maldistribution of specialists and barriers to training and practice in rural and remote areas. Key priorities include improving training pathways in non-metropolitan settings, supporting the transition from training to practice, strengthening workforce distribution, and increasing the participation of Aboriginal and Torres Strait Islander trainees and supervisors. The program emphasises innovation, collaboration and improved wellbeing for trainees and supervisors, recognising the importance of sustainable training environments in supporting long-term workforce outcomes

RANZCP was awarded FATES funding to deliver Roadmap Action Items 17 and 18, via the Rural Readiness Project (Section 1.2 above). This policy and funding context establishes the rationale for the Rural Readiness Project and its focus on strengthening preparedness for rural psychiatry practice.

2. Rural Readiness Project

2.1 Overview

The Rural Readiness Project (the 'Project') is a RANZCP-led initiative designed to support psychiatry trainees and Specialist International Medical Graduates (SIMGs) to enhance the professional, clinical and social orientation required to practise in rural, regional, and remote Australia. Its focus is on building skills for safe training/practice in a rural location and providing opportunities for early networking to foster connections with key professional networks to support trainees along their pathway to Fellowship.

Funded through the FATES program, the Project delivered a staged orientation model that combined online learning modules, in-person workshops and networking activities. These components were intended to build Participants' understanding of training/practice in a rural location, increase confidence in working in non-metropolitan settings, and support engagement with rural training pathways.

The Project was designed and delivered over a two-year timeframe and aligns with RANZCP's broader strategic commitment to strengthening the rural psychiatry workforce, as articulated in the Rural Psychiatry Roadmap 2021–2031, specifically supporting Action 17 (rural readiness workshops for trainees) and Action 18 (rural readiness and supervision workshops for Specialist International Medical Graduates).

2.2 Three-Stage Model

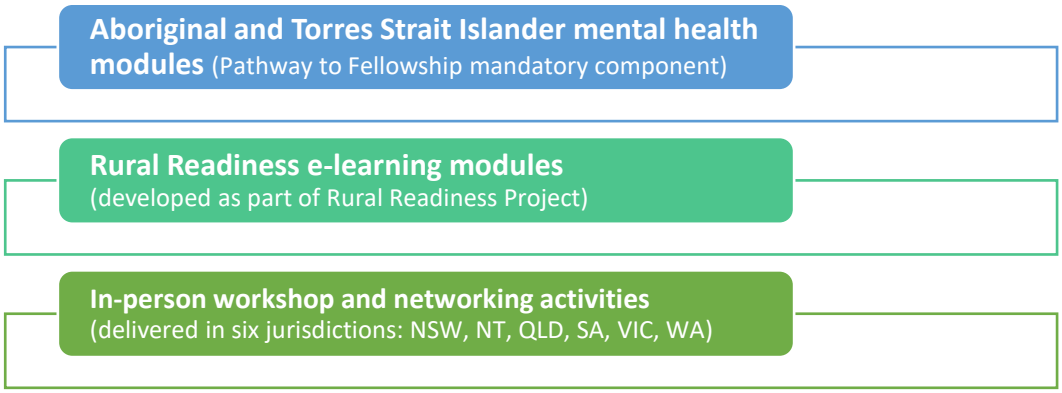
The Project used a three-stage model, intended to provide Participants with progressively deeper engagement with rural psychiatry training and practice. The program included three stages of targeted learning for psychiatry trainees:

Stage 1: RANZCP online Aboriginal and Torres Strait Islander mental health modules, already a requirement for Fellowship.

Stage 2: Online e-learning modules providing professional orientation to rural psychiatry services.

Stage 3: Face-to-face Rural Readiness workshop and networking activities, delivering clinical and social orientation to working in rural, regional and remote areas of Australia as a Psychiatry trainee or SIMG.

Figure 1: Three key stages of the Rural Readiness Project



Aboriginal and Torres Strait Islander E-Learning Modules

These online modules are a mandatory component of the psychiatry pathway to Fellowship, designed to strengthen trainee's understanding of cultural safety, with a focus on working with Aboriginal and Torres Strait Islander communities.

Prior to attending the Rural Readiness workshop, Participants were recommended to complete the following Aboriginal and Torres Strait Island Mental Health E-Learning Modules:

- **Module 1:** Interviewing an Aboriginal or Torres Strait Islander patient
- **Module 2:** Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient
- **Module 3:** Formulation of a case involving an Aboriginal or Torres Strait Islander patient
- **Module 4:** Review a model of mental health service delivery in an Aboriginal and Torres Strait Islander community.

Psychiatry in a Rural Location E-Learning Modules

In accordance with the FATES funding agreement, the RANZCP team managed the development of three customised e-learning modules, delivered online. The design process incorporated input from instructional design specialists and 12 subject matter experts, including senior Psychiatrists, to support clinical relevance and educational rigour. A structured review process was undertaken to assess content quality and appropriateness, alongside an independent review on cultural sensitivity.

The *Psychiatry in a Rural Location* modules formed a core component of the project deliverables and were recommended for Participants to complete prior to attending the Rural Readiness workshop:

- **Module 1:** Overview of psychiatry services
- **Module 2:** Introduction to mental health in rural communities
- **Module 3:** Rural preparedness.

In-person Rural Readiness workshops and networking

Structured face-to-face workshops were delivered as full-day sessions and were designed to support learning, discussion, and networking. They facilitated direct engagement with rural psychiatry topics and enabled the development of new relationships while reinforcing existing connections.

In addition to the formal workshop sessions, two distinct networking opportunities were incorporated in each jurisdiction. A structured networking event was held on the Friday evening prior to the workshop, organised by the Rural Readiness team and involving formal invitations, RSVPs, speakers, catering, and attendance records. This event was designed to facilitate connection and professional exchange. Members of the local Psychiatry Interest Forum (PIF) were also invited to attend the networking event. This broadened the Participant cohort to include junior doctors considering psychiatry as a career pathway. In some locations, PIF members were also invited to attend the in-person workshops – if there were spare places available.

Following the workshop, a more informal group dinner was held on Saturday evening. While the dinner was planned and organised by the Rural Readiness team, the event itself was intentionally unstructured, allowing Participants to socialise organically.

These three stages were intended to be complementary, through knowledge development and direct engagement with rural practitioners.

2.3 Intended Participant cohorts

The Project was designed to support psychiatry trainees and Specialist International Medical Graduates (SIMGs) to prepare for and engage with training and career pathways in rural settings. This aligns directly with key action points from the *Psychiatry Roadmap (RANZCP, 2021)* outlined above.

In order to ensure alignment with these objectives, the program was specifically designed for those trainees working in Modified Monash Model (MMM) 2-7 areas.

2.4 Delivery across the project period

Rural Readiness workshops were delivered in six jurisdictions:

- Queensland – Cairns: 30-31 May 2025
- Victoria – Shepparton: 18-19 July 2025
- New South Wales – Port Macquarie: 26-27 September 2025
- Northern Territory – Darwin: 10-11 October 2025
- South Australia – Hahndorf: 21-22 November 2025
- Western Australia – Bunbury: 28-29 November 2025

Workshops were delivered with local variations which influenced attendance, format, timing, and the composition of Participants and facilitators.

3. Evaluation methodology

3.1 Evaluation purpose and scope

This evaluation was commissioned to assess the extent to which the Project was implemented as intended, and to examine Participant and Stakeholder experiences of its design, delivery, and perceived value.

The Project was funded from 1 March 2024 to 30 April 2026, with delivery occurring during 2025. The evaluation commenced in July 2025, in the later stages of the funding period, and was intended to inform recommendations regarding its future direction, including whether and how the Project could be continued.

The evaluation examined the Project across five key domains:

1. **Effectiveness**: trainee and SIMG experiences of the Project and its contribution to perceived rural readiness, including cultural and professional preparedness.
2. **Recruitment**: indications of the Project's influence on interest in, and intentions to pursue, rural training or practice.
3. **Retention**: early signals of longer-term commitment to rural psychiatry, recognising the Project's early stage.
4. **Scalability and sustainability**: insights into the Project's implementation, and its potential for continuation or replication beyond the current funding.
5. **Impact on FATES objectives**: the extent to which the Project aligns with, and contributes to, the objectives of the Flexible Approach to Training in Expanded Settings (FATES) initiative.

These domains reflect the Project's intended contribution to rural workforce development and align with the objectives of the FATES initiative.

3.2 Program logic

Initiatives such as the Project are positioned as part of a broader workforce strategy aimed at improving the distribution, preparedness, and sustainability of the psychiatry workforce. By supporting earlier engagement with rural career pathways and strengthening understanding of training/practice in a rural location, such programs aim to contribute to addressing systemic workforce gaps and improving access to mental health care in underserved communities.

As part of this evaluation, the program logic was developed to articulate the intended relationships between project inputs, activities, and outcomes. It situates the Project within broader psychiatry workforce strategies (see Appendix A).

3.3 Data collection

The evaluation adopted a mixed-methods approach, combining both qualitative and quantitative data sources to examine the delivery and Participant experience of the Project.

The evaluation was undertaken recognising that the Project operated as a pilot program, with aspects of delivery evolving over time. Data collection therefore drew on information gathered during the formal evaluation period, as well as relevant data generated prior to its commencement. Data collection methods used for this evaluation are outlined in the table below:

Table 1: Data collection methods

Method	Data sources	Purpose
Participant post-workshop survey	Psychiatry trainees, SIMGs, (PIF members)	Understand Participant experiences of the Project, perceived value of learning components; and factors influencing engagement with rural psychiatry.
Participant Interviews	Psychiatry trainees, SIMGs	Gain insights into project design and delivery, perceived strengths, barriers and facilitators of participation,
Stakeholder interviews	Workshop presenters, convenors, and Regional Directors of Training (RDOTs).	Provide perspectives on Project design and delivery, including perceived strengths, challenges, and considerations for sustainability and scalability.
Workshop observation	Observation of one workshop by a senior consultant.	Provide contextual insight into workshop delivery, Participant engagement, and interaction between components.
Desktop review of e-learning modules	*Aboriginal and Torres Strait Islander mental health modules*; *Psychiatry in a Rural Location* modules.	Review the content, structure, and intended focus of the online learning components.
Document review	FATES funding documentation; Policy documents; background on workforce needs and strategies (see reference list)	Provide contextual and supplementary information on project design, implementation, and reported Participant feedback.

Data collection tools were refined over the course of the evaluation to reflect the evolving nature of the Project and to improve data quality across sites.

3.3.1 Participant data

Participant data were drawn from multiple sources as outlined below:

Alecto post-workshop surveys and interviews

Participants provided responses of their experience of the Project in the form of online surveys (n=18) and structured interviews (n=3). Of an overall pool of 85 workshop attendees, 25% responded by either survey or by participating in a structured interview. Survey respondents included 13 Psychiatry trainees, one SIMG and four PIF members (Alecto, 2025).

RANZCP post-workshop evaluations

These reports summarised responses from 41 Participants across three workshop locations (RANZCP, 2025):

- **QLD:** All respondents were trainees (100%, n=17), with most Participants in Stage 2 (58.8%, n=10).
- **VIC:** Mixed cohort including trainees (60%, n=6) and SIMGs (40%, n=4), with most Participants in Stage 3 (60%, n=6)
- **NSW:** Primarily trainees (64.3%, n=9), with smaller representation from PIF Participants (14.3%, n=2) and Psychiatrists/speakers (21.4%, n=3). Responses were not differentiated by training stage.

Survey instrument design varied across these jurisdictions, which limited the ability to report or aggregate results across all jurisdictions. In addition, free text responses could not be linked to Participant roles and therefore could not be attributed to specific Participant groups.

3.3.2 Participation observations

Participants included psychiatry trainees, Specialist International Medical Graduates (SIMGs), and some Psychiatry Interest Forum (PIF) members. Participation in evaluation activities was voluntary, with Participants initially engaging through brief post-workshop surveys administered by RANZCP. Response rates to the more detailed online survey (Alecto, 205) were low in the early stages (n=2). To support engagement, a $50 voucher incentive was introduced later in the evaluation (Alecto, 2025), and a further 16 responses were received. This included four respondents from the Psychiatry Interest Forum (PIF), who were not eligible for the incentive.

It is not possible to determine whether this increase can be attributed solely to the introduction of the voucher. The survey did not include a specific question regarding motivations for participation, and four respondents provided contact information required to receive the incentive. In addition, increased promotion by Rural Directors of Training (RDoTs) and further reminders issued by the Alecto Consulting team occurred during this period and are also likely to have contributed to improved response rates.

3.3.2 Stakeholder data

Structured Stakeholder interviews were conducted with four RDoTs and ten workshop presenters. This represented a 33% participation rate of the 43 identified Stakeholders across all workshops. All presenters were Psychiatrists or senior trainees with the exception of one Allied Health professional.

3.4 Approach to analysis

Survey questions were mapped to the evaluation framework domains to support structured analysis and ensure alignment between data collection and reported findings.

Qualitative data from Stakeholder interviews, open-text survey responses, and workshop observation notes were analysed thematically to identify recurring patterns related to Participant experience, program delivery, and perceived contribution to rural preparedness. Survey responses and Stakeholder inputs were de-identified prior to analysis to protect confidentiality, and quotations included in this report are presented anonymously.

Findings were developed through triangulation across multiple sources of evidence. This included:

- Comparison of Participant and Stakeholder perspectives to identify areas of alignment and divergence
- Comparison across data collection methods to assess whether key findings were supported by multiple forms of evidence.

Themes were prioritised where they were consistently supported across data sources. Findings based on more limited evidence are identified and interpreted with appropriate caution.

3.5 Exclusions and limitations

3.5.1 Exclusions

The following areas are outside the scope of this evaluation:

- Assessment of long-term workforce outcomes, including retention, relocation, or changes in workforce distribution. Where retention is examined, it refers to early indicators rather than outcomes.
- Formal pre-post measurement of changes in knowledge, attitudes, or behaviour.
- Attribution of outcomes directly to the Project in the absence of a counterfactual.

3.5.2 Limitations

The following limitations should be considered when interpreting the findings:

- **Timing of evaluation commencement:** Initial workshops delivered before formal evaluation commenced, limiting opportunities to collect baseline data for that cohort. In addition, one planned workshop (Tasmania) did not proceed, reducing the overall dataset.
- **Pre-workshop data:** A pre-workshop survey was trialled, but engagement was limited and resulting data were incomplete and inconsistent. These data were not considered sufficiently reliable for inclusion in the analysis and were discontinued during delivery.
- **Post-workshop data consistency:** Changes to survey instruments during implementation resulted in post-workshop data being collected through multiple tools, limiting comparability across datasets.
- **Use of supplementary data:** RANZCP post-workshop evaluation data were incorporated and were consistent with evaluation findings. However, differences in survey instruments across jurisdictions limited comparability, and anonymous responses could not be attributed to specific Participant groups.
- **Response rates and participation:** Participation in evaluation activities was voluntary, with variable response rates across jurisdictions and cohorts. Earlier workshops had lower response rates, partly due to delays between participation and survey distribution which occurred after commencement of the Alecto evaluation project.
- **Potential response bias:** Participants and Stakeholders who chose to respond may have been more engaged and positively disposed towards the Project. Some Stakeholders may also have had a professional interest in the Project's success.
- **Short evaluation timeframe:** The evaluation timeframe does not support assessment of longer-term outcomes, including sustained workforce participation or retention in rural settings.
- **Variation in delivery context:** Workshops were delivered across six jurisdictions, with differences in local context, timing, and Participant mix. These variations may have influenced delivery approaches, Participant engagement, and reported experiences. Engagement with online and cultural safety modules also varied across Participant cohorts, reflecting differences in awareness and access.

Interpretation of findings

These limitations are partially mitigated using multiple data sources, including Participant surveys, Stakeholder interviews, workshop observation, and document review. Consistent themes observed across these sources provide a reasonable level of confidence in the overall findings, while recognising the exploratory and early-stage nature of the Project.

4. Evaluation Findings by Domain

Building on the evaluation approach and data sources outlined in the preceding sections, this section presents the evaluation findings structured across the five key domains that reflect key elements of the *Rural Psychiatry Roadmap (RANZCP, 2021)* and FATES principles and are outlined as part of the evaluation design:

1. Effectiveness
2. Recruitment
3. Retention
4. Scalability and sustainability
5. Alignment with FATES objectives.

The analysis draws on multiple data sources, including Alecto post-workshop Participant survey data, RANZCP post-workshop evaluation reports, Stakeholder interviews, and workshop observation, with findings developed through triangulation across these sources.

Given the exploratory and time-limited nature of the Project, findings primarily reflect short-term and self-reported outcomes. Conclusions relating to recruitment and retention should be interpreted as indicative of influence on Participant perceptions and intentions, rather than as measures of longer-term workforce outcomes.

Overview of Findings

The findings presented in this section reflect consistent themes observed across Participant and Stakeholder data relating to the Rural Readiness Project. Across the evaluation domains, the Project was perceived as strengthening Participant understanding of rural psychiatry, increasing confidence to train and practise in rural settings, and supporting connection to rural training pathways and professional networks. These findings are supported through triangulation across multiple data sources, including Participant surveys, Stakeholder interviews, and RANZCP evaluation data.

At the same time, findings indicate that the Project's influence is primarily evident in short-term outcomes, including preparedness, confidence, and career consideration, rather than longer-term workforce outcomes such as recruitment or retention. Participation was also concentrated among individuals already exposed to, or interested in, training/practice in a rural location, which shapes the interpretation of findings across domains.

4.1 Effectiveness

This section assesses the effectiveness of the Rural Readiness Project in supporting Participant preparedness for rural psychiatry practice, including improvements in understanding of rural contexts, confidence to train and practice in rural settings, and engagement with the program's staged learning model.

Together these elements assist in answering the question: **did the program achieve its intended immediate outcomes?**

As outlined below, the evaluation findings suggest that the Project was effective in strengthening short-term outcomes associated with rural readiness, particularly in relation to confidence, understanding, and connection to rural training pathways.

4.1.1 Perceived preparedness and confidence for training/practice in a rural location

Participants consistently described a shift in confidence in relation to rural training and practice. This is reflected in Alecto survey responses (Alecto, 2025) that indicate increased confidence to live and train in rural settings and apply for rural roles.

Table 2: Participant-reported increase in confidence (Alecto,2025)

Measure	Neither agree nor disagree	Agree	Strongly agree	
The workshop increased my confidence to live and train in a rural location	1	11	6	Perceived increase in confidence to live and train rurally and pursue rural roles.
The workshop increased my confidence to apply for a rural term or position	1	11	6	

4.1.2 Improved understanding of rural psychiatry context and practice

Findings indicate that the Project supported increased understanding of rural psychiatry practice, including training pathways, service models, and the realities of working in rural and remote settings.

Participants reported gaining clearer visibility of how rural services operate, including referral pathways, models of care, and training structures:

> *"As a student PIF member, I developed a strong understanding of available training pathways*." (PIF member)

> *"It clarified what rural training actually involves."* (Survey respondent – role not specified)

Participants also described gaining a more nuanced understanding of differences between rural and regional practice, as well as contextual factors influencing care:

> *"What I found most relevant was the broader understanding of differences in rural vs regional work, also more nuance to understanding experience of Aboriginal Australians."* (Psychiatry trainee)

Survey data support these findings, with most Participants agreeing or strongly agreeing that the workshop provided practical insights into working in rural settings.

Stakeholder perspectives align with these findings, with respondents describing the Project as broadening Participants' understanding of rural psychiatry and highlighting the diversity of roles and career pathways:

> *"There isn't just one way of doing rural psychiatry… it can be exciting and innovative."* (Presenter/Psychiatrist)

Taken together, these findings indicate that the Project was effective in improving Participants' understanding of rural psychiatry practice and training pathways, particularly through exposure to lived experience and practical insights from clinicians working in rural settings.

4.1.3 Perceived value of program design and delivery

Participants identified relational and experiential elements of the program as central to its value.

Lived experience of rural clinicians

Participants reported that hearing directly from practising clinicians helped them understand the realities of rural work:

"Hearing from a real-life Psychiatrist about what it's actually like… is much more powerful." (Psychiatry trainee)

"Hearing the stories from people who are actually working in those places made a big difference." (Psychiatry trainee)

Networking and connection-building

Alecto survey data indicate strong perceived value of networking opportunities provided over the weekend of the workshop.

Table 3: Participant-reported value of networking opportunities (Alecto, 2025)

Measure	Disagree	Neither agree nor disagree	Agree	Strongly agree	Interpretation
The networking evening helped me build useful peer connections		1	10	7	Strong evidence that networking supported peer connection.
The networking evening helped me to tap into regional mental health networks		2	13	3	Indicates increased visibility of regional systems and contacts.
Overall, I know who to contact next about rural training support and future career opportunities	1	2	8	7	Suggests improved navigation of rural training pathways and support networks.

RANZCP (2025) data support the perceived value of networking:

- **QLD:** 88.2% and **VIC:** 70% were 'very satisfied' with social/team-building opportunities
- **NSW:** 85.7% agreed or **strongly** agreed networking supported connections

Qualitative responses further reinforced these findings, with Participants describing networking as important for understanding pathways and building professional relationships:

"Meeting the Rural Director of Training… helped me understand who to contact." (PIF member)

"It made me feel more comfortable about exploring other rural areas." (SIMG)

These findings indicate that the Project supported the development of peer connections and increased visibility of rural training pathways and professional networks. This included reducing perceived isolation associated with rural training through opportunities for peer interaction and shared experience.

Stakeholders also noted strong Participant interaction and engagement during workshops.

"I was very encouraged by [the] enthusiasm of Participants for working in rural areas and pleasantly surprised by the energy of Participants. There were lots of questions." (Psychiatrist)

Findings indicate that the effectiveness of the Project was strongly influenced by its relational and experiential learning components.

4.1.4 Integration of the staged learning model

The Project was designed as a three-stage learning model comprising cultural safety modules, e-learning modules, and in-person workshops. Findings indicate that where Participants engaged with multiple components, the program was experienced as a connected and coherent learning pathway.

Table 4: Participant perceptions of integration across program components (Alecto,2025)

Measure	Neither agree nor disagree	Agree	Strongly agree	Interpretation
The workshop built on what I had learned in the modules	5	8	5	Indicates perceived continuity between learning stages among those who completed modules.
I can see how the cultural safety, e-learning and workshop all connect	2	8	8	Suggests the program was experienced as a coherent learning pathway by engaged Participants.

Among Participants who completed the e-learning modules (and were invited to do so), there was strong agreement that the workshop was built on prior learning and that the program components functioned as integrated elements of targeted learning for training/practice in a rural location.

> *"The modules helped me to build an understanding of the types of problems I could be confronted with. This made the presentations more meaningful. It helps to get a set of questions in your mind."* (Psychiatry trainee)

While the program was designed as a staged learning model, not all Participant groups were expected or invited to engage with all components. In particular, Stakeholders and Psychiatry Interest Forum (PIF) attendees were not invited to complete the e-learning modules.

4.1.5 Cultural safety and relevance

Cultural safety, including content relating to Aboriginal and Torres Strait Islander mental health, was incorporated into the program through both dedicated modules and workshop discussions.

Participant feedback indicates that this content contributed to improved understanding of culturally informed practice and the context of rural mental health care. Participants reported increased awareness of cultural considerations and the importance of culturally responsive approaches in rural settings.

These findings suggest that cultural safety was appropriately included as a component of the program.

4.1.6 Summary of effectiveness

The evaluation evidence suggests that the Rural Readiness Project was effective in supporting short-term outcomes associated with rural readiness, including increased confidence, improved understanding of rural psychiatry, and strengthened connection to training pathways and professional networks.

Key strengths include:

- Increased Participant confidence to live, train, and practice in rural settings
- Improved understanding of rural psychiatry practice, training pathways, and service contexts
- Strong engagement with relational and experiential learning components
- Evidence of perceived integration across program components among engaged Participants.

Overall, the findings indicate that the Project was effective in supporting Participant preparedness and rural readiness

4.2 Recruitment

While the Rural Readiness Project was not designed as a direct recruitment intervention, this section examines the extent to which participation influenced factors associated with recruitment into rural psychiatry, including Participant interest, confidence, and perceptions of rural training pathways and support structures.

This section is designed to answer the question: **Did the program influence interest in, and movement toward, rural training or careers?**

Findings should be interpreted in the context of the Participant cohort, which included a high proportion of trainees already living or working in rural or regional settings. As such, the Project appears to operate both as an early exposure mechanism for some Participants and as a mechanism for consolidating existing rural interest for others.

4.2.1 Influence on interest and intent to work rurally

Findings indicate that participation in the Project contributed to increased interest in, and consideration of, rural psychiatry pathways.

Participants described increased openness to rural training and practice, with qualitative data indicating that exposure to training pathways, lived experience of clinicians, and clearer understanding of support structures contributed to this shift:

> *"It helped me feel more connected to training/practice in a rural location."* (Psychiatry trainee)

Participants also reported increased consideration of rural training pathways following participation, with exposure to practical information and real-world experiences translating general interest into more concrete career considerations.

Survey data support these findings with high levels of agreement that the workshop increased confidence to live and train in rural locations and to apply for rural roles. While confidence is not a direct measure of recruitment, it is a key precursor to career decision-making and willingness to pursue rural pathways.

Taken together, these findings suggest that the Project contributed to increased interest in rural psychiatry and supported Participants to more actively consider rural career options.

4.2.2 Role of timing and early exposure

Findings indicate that the timing of participation is an important factor in the Project's influence on recruitment-related outcomes. Stakeholder feedback suggests that the Project may be most impactful for Participants at earlier stages of training or career decision-making, including junior doctors and early-stage trainees:

> *"We need to bring in RMOs, interns… to talk about future opportunities and get them enthusiastic about rural psychiatry. Stage 3s, probably no point."* (RDoT)

> *"The earlier in their career the better… identifying trainees with the capacity to move into rural pathways is key."* (Presenter/Psychiatrist)

Participants from the Psychiatry Interest Forum (PIF) cohort reported gaining valuable insight into rural training pathways:

> *"As a junior doctor with limited insight into the new rural training program, this workshop provided valuable insights."* (PIF member)

These findings suggest that earlier exposure to rural psychiatry may play a significant role in shaping career intentions, while later-stage Participants may be less influenced in terms of recruitment. However, this cohort may still benefit in other ways, such as reinforcing existing commitment. While the program was designed to support trainees already engaged in rural training pathways, findings suggest that exposure at earlier stages of career decision-making may further strengthen its influence on recruitment-related outcomes.

This reflects the complementary roles of different stages of engagement, with the current model supporting consolidation of interest and earlier engagement potentially supporting initial career consideration.

4.2.3 Summary of strengths and limitations

The evaluation provides evidence that the Rural Readiness Project influenced factors associated with recruitment into rural psychiatry, particularly through increased interest, improved understanding of pathways, and enhanced confidence in considering rural roles.

Key strengths include:

- Increased consideration of rural training and career pathways
- Improved visibility of support structures, supervision, and career options
- Reduced uncertainty and perceived barriers to training/practice in a rural location
- Strong influence of relational and experiential learning components.

However, several limitations should be noted:

- The Project did not allow for measurement of actual recruitment outcomes or workforce transitions
- The Participant cohort included a high proportion of individuals already interested in, or engaged in, training and or practice in a rural location
- Findings are based on self-reported perceptions and short-term outcomes
- The evaluation timeframe does not support assessment of longer-term recruitment impacts

Overall, the findings suggest that the Project contributes to recruitment indirectly by shaping Participant perceptions, confidence, and decision-making processes, particularly among those at earlier stages of considering rural psychiatry pathways.

4.3 Retention

Given the short duration of the evaluation, retention outcomes cannot be directly assessed. Findings should therefore be interpreted as indicative of short-term shifts in perception and intention rather than evidence of sustained workforce outcomes.

Consequently, the evaluation examines early indicators of retention, including Participant intent to remain in training/practice in a rural location, alignment between expectations and rural training contexts, and elements of the Project that may support ongoing engagement with rural psychiatry pathways.

This section is designed to provide guidance for the question: **To what extent did the Project contribute to early indicators of retention in rural psychiatry, including ongoing engagement and commitment to training/practice in a rural location?**

4.3.1 Early indicators of intent to remain in training/practice in a rural location

Findings suggest that participation in the Project contributed to strengthening Participants' intent to pursue or remain in rural psychiatry pathways

Participant survey data (Alecto, 2025) indicate moderate to high levels of self-reported confidence and commitment to training/practice in a rural location following the workshop.

Table 5: Participant-reported confidence and commitment (0-10 scale, grouped). (Alecto,2025)

Measure	Low (0-4)	Moderate (5-7)	High (8-10)	
After the workshop, how confident do you feel about training in a rural setting?	-	6	12	High to moderate reported confidence to train in a rural setting.
After the workshop, how committed do you feel to a career in rural settings?	1	7	9	High to moderate reported commitment to a rural career.

Qualitative data suggest that this shift reflects not only increased confidence but also reduced uncertainty about training/practice in a rural location. Participants described feeling reassured by greater visibility of support structures, supervision, and training environments:

> *"It significantly increased my interest and commitment to working in rural settings… it removed some of the ambivalence I had about going rural."* (Psychiatry trainee)

Participants also reported greater openness to continuing or further engaging with rural training pathways. Reduced concerns about professional isolation were also noted, with increased awareness of peer networks and support structures contributing to a stronger sense of connection to training/practice in a rural location.

It is noted that the Participant cohort included individuals already living or working in rural settings, which may influence the extent to which findings reflect changes in retention-related outcomes versus reinforcement of existing commitment (see Section 4.2 Recruitment).

These findings suggest that, for most Participants, the Project functioned to deepen or consolidate existing understanding and interest, rather than introducing rural training/practice concepts for the first time.

Taken together, these findings appear to support early indicators associated with retention, including increased confidence, reduced uncertainty, and greater awareness of available support structures and training pathways. Overall, the Project appears to have reinforced Participants' willingness to continue pursuing training/practice in a rural location and for those already in rural settings, strengthened commitment to continuing along a rural pathway.

4.3.2 Alignment between expectations and training/practice in a rural location

Findings indicate that the Project supported Participants to develop a clearer and more realistic understanding of rural psychiatry, contributing to greater alignment between expectations and the realities of training/practice in a rural location.

Participants described gaining insight into service structures, training pathways, and support systems, which helped reduce uncertainty and clarify what working in rural contexts involves. Increased visibility of supervision arrangements, training environments, and professional support was identified as particularly important in shaping expectations.

Qualitative responses suggest this may have helped to encourage Participants to remain in rural areas.

> *"It made me feel more comfortable about exploring other rural areas."* (SIMG)

> *"It was reassuring to see that the training program was well supported"* (PIF member)

By providing practical insights and exposure to lived experience, the Project appears to have supported Participants to form more informed expectations about training/practice in a rural location, which is likely to support longer-term retention.

4.3.3 Program elements supporting ongoing engagement

Findings indicate that relational and experiential components of the Project contributed to factors associated with ongoing engagement in training/practice in a rural location.

Participants consistently reported peer interaction as valuable, particularly in reducing perceived professional isolation and strengthening connection to rural training pathways. Survey data indicate that Participants valued opportunities to build peer connections and engage with rural clinicians and training leaders.

These elements contribute to a stronger sense of professional connection, which is a recognised factor in supporting ongoing engagement in training/practice in a rural location.

Stakeholder perspectives also emphasised the value of connection and shared experience in supporting engagement:

> *"It's sometimes so isolating being a rural trainee… that peer sharing is so valuable."* (RDoT)

These findings suggest that opportunities for connection, mentorship, and peer support may play a role in supporting ongoing engagement with rural pathways, particularly for trainees who may otherwise experience professional or geographic isolation.

4.3.4 Summary of strengths and limitations

The evaluation provides indicative evidence of early signals associated with retention, including increased commitment to training/practice in a rural location, improved alignment between expectations and rural contexts, and strengthened connection to professional networks.

Key strengths include:

- Reinforcement of Participant intent to pursue or remain in rural psychiatry pathways
- Reduced uncertainty and improved understanding of training/practice in a rural location realities
- Strong role of relational and peer-based learning in supporting engagement.

However, several limitations should be noted:

- Retention outcomes cannot be directly assessed within the evaluation timeframe
- Findings are based on short-term, self-reported data
- The Participant cohort includes individuals already engaged in rural contexts
- No longitudinal or system-level data are available to assess sustained participation.

Overall, the findings suggest that the Project contributes to factors associated with retention, particularly through strengthening confidence, connection, and alignment between expectations and training/practice in a rural location, while noting that longer-term outcomes remain untested.

4.4 Scalability and Sustainability

This section examines the potential for the Rural Readiness Project to be scaled and sustained beyond the current funding period, including the transferability of the model, barriers to participation and delivery, and broader system-level considerations.

This section addresses the question: **How effectively can the Project be scaled and sustained beyond the current funding period, and what factors influence its potential for broader implementation?**

Findings draw on Participant survey data, Stakeholder interviews, and program delivery data, with a focus on identifying practical enablers and constraints to ongoing implementation.

4.4.1 Transferability of the model

Findings indicate that the Rural Readiness Project model is broadly transferable across jurisdictions in Australia and suggests that elements of the model may also be applied to address similar workforce priorities in other contexts. Alignment with existing training structures is also likely to support transferability, both across Australia and within New Zealand through the bi-national RANZCP training programs.

Stakeholder feedback suggests strong support for continuation and adaptation of the model:

> *"I hope we continue to run it… I think it's been really valuable."* (RDoT)

> *"It could absolutely be adapted for other specialties… the structure works*." (Presenter/Psychiatrist)

The combination of modular e-learning and in-person workshops was identified as a flexible model that could be adapted to different regional contexts. In particular, the workshop component was consistently identified as highly valuable and central to the program's impact.

These findings indicate that the overall design of the Project is scalable in principle, particularly where core components are retained and adapted to local contexts.

4.4.2 Accessibility and feasibility of program components

Alecto survey data indicate that the workshop and networking components were generally accessible to Participants in terms of timing, location, and travel requirements. Participants also reported that the e-learning modules were accessible to complete, although engagement with these components varied (see Section 4.1.1).

These findings suggest that, for Participants who engaged with the program, the delivery model was broadly feasible across all three components.

Table 6: Participant-reported accessibility and feasibility of program components (Alecto,2025)

Measure	Disagree	Neither	Agree	Strongly agree	Interpretation
It was easy to access and complete the modules	1	6	6	5	Indicates generally accessible online delivery, with some variability
It was easy to attend the networking session	–	3	6	9	Strong evidence of accessibility for most Participants
It was easy to attend the workshop	–	2	6	10	Strong evidence of accessibility for most Participants

Neutral responses were more common among Participants who had not been invited to complete the e-learning modules because they were not part of intended participant cohort.

4.4.3 Integration of program components

Findings indicate that the effectiveness and scalability of the model are influenced by the degree to which program components are experienced as integrated.

Among Participants who engaged with multiple components, there was strong agreement that the workshop built on prior learning and reinforced key concepts. However, inconsistent engagement with e-learning modules limited the extent to which the staged learning model was fully realised.

Stakeholder feedback also indicated that facilitators and presenters did not always have visibility of the full program design or module content, which may have reduced opportunities to explicitly link workshop content to preparatory materials.

These findings suggest that strengthening integration between components, particularly through clearer sequencing, communication, and expectations may enhance both effectiveness and scalability.

4.4.4 System-level enablers and constraints

The scalability and sustainability of the Rural Readiness Project are influenced by broader system-level conditions, particularly those affecting the delivery of the model and its integration within existing training structures.

Stakeholders identified several key enablers supporting implementation. These included strong alignment with rural workforce priorities and training reform agendas, as well as support from Rural Directors of Training (RDoTs), the RANZCP, and local training networks. These factors support the feasibility of delivering the Project across different jurisdictions.

Overall, the findings suggest that the Project model is broadly transferable; however, its scalability is influenced by local implementation conditions, including the availability of stakeholder support and coordination mechanisms required to deliver the workshops effectively across settings.

4.4.5 Barriers to participation

Participant and Stakeholder data identified a range of practical barriers that influenced participation in the program, particularly for the in-person components. Stakeholders highlighted scheduling constraints, travel requirements, and competing clinical demands as key factors affecting attendance.

Reported barriers also included personal commitments, including family and caring responsibilities, with some Participants noting that weekend delivery could present both opportunities and constraints. Service-level factors, including leave approval and workforce coverage, were also identified as influencing participation.

> *"The distances are great, but having the funding for the travel made it easier. One person had to leave early because of young kids." (RDoT)*

> *"Getting there. Travel resources were provided but still is hard to get there. The College were pretty good at reducing barriers by offering financial support and they supported partners and children to come along to the hotel. They didn't have to leave their families." (RDoT)*

While financial support reduced some access barriers, travel distance and time commitments remained a consideration for some Participants across locations. Attendance could also be influenced by the need to obtain approval from employers, and by broader contextual factors such as workload and availability.

These barriers were not experienced uniformly but were identified as factors influencing participation across different locations and Participant groups. Further, the available data do not provide insight into the reasons why some eligible Participants did not express interest in attending the workshops. Overall, while the Project was broadly accessible, participation was shaped by structural, personal, and contextual factors.

4.4.6 Facilitators of participation

Participant and Stakeholder data identified several factors that supported participation in the program, particularly for the in-person components.

Stakeholders consistently noted that funded attendance reduced financial barriers, enabling trainees to participate at no cost and supporting access across locations. This was identified as an important enabler of in-person attendance, particularly for those required to travel.

The structure and delivery of workshops also supported participation. Opportunities for networking and informal interaction were identified as key strengths of the program, contributing to Participant engagement and perceived value. Stakeholders emphasised the value of in-person connection, noting that opportunities to meet face-to-face were particularly important in addressing professional isolation among rural trainees:

> *"It's sometimes so isolating being a rural trainee… That peer sharing [at the workshop] is so valuable… The metro trainees get this a lot more. The rural trainees don't get that but making it more a connected group is really valuable. This could become a hallmark of the training package of being a rural trainee and make it more attractive. It could be a rural recruitment and retention tool.* (RDoT)

The relevance of workshop content to Participants' training and local context (see Section 4.1 Effectiveness) further supported engagement, with Participants more likely to attend and participate where content aligned with their learning needs and practice environment.

4.4.7 Sustainability considerations

Findings provide some indication of factors that may influence the cost-effectiveness of scaling the model. The relatively low-cost and reusable nature of the e-learning components supports broader reach with limited additional resource requirements. In contrast, the workshop component, while consistently identified as central to program value, requires extensive coordination, facilitation, and Participant support, including travel and accommodation.

Participant and Stakeholder data indicate that funded attendance was an important enabler of participation, and that travel, time, and service demands influenced attendance across locations. These findings suggest that delivery approaches which reduce travel and time requirements, including greater use of remote or blended delivery, may support broader participation.

At the same time, findings consistently highlight the value of in-person interaction, networking, and exposure to lived experience as central to Participant engagement and perceived impact, indicating a balance between scalability and program effectiveness.

There is some evidence that the Project has established a structured delivery model and associated implementation learnings, which may support more efficient coordination over time. However, the evaluation does not include sufficient data to assess the extent to which this would offset the resource requirements associated with workshop delivery at scale.

4.4.8 Summary of strengths and limitations

The evaluation provides evidence that the Rural Readiness Project model is transferable and has potential for broader implementation, particularly where aligned with existing training structures and workforce priorities.

Key strengths include:

- A flexible and adaptable program model combining e-learning and in-person delivery
- Strong Stakeholder support for continuation and expansion
- Alignment with rural workforce development priorities
- High perceived value of workshop and relational learning components.

However, several limitations and risks to scalability and sustainability are evident:

- Participation is influenced by time, workload, and service constraints
- Engagement with preparatory components is variable
- Implementation is dependent on local coordination and Stakeholder engagement
- System-level constraints, including supervision capacity and training availability, may limit expansion.

Overall, the findings indicate that the Project is scalable in principle and aligns well with workforce priorities; however, successful expansion will depend on addressing participation barriers, strengthening integration across components, and ensuring alignment with system capacity and workforce planning.

4.5 Alignment with FATES Objectives

This section assesses the alignment of the Rural Readiness Project with the objectives of the Flexible Approach to Training in Expanded Settings (FATES) initiative, including its contribution to rural readiness, training flexibility, workforce distribution, and support for priority cohorts.

In doing so, it addresses the evaluation question: **To what extent does the Rural Readiness Project align with and contribute to the objectives of the Flexible Approach to Training in Expanded Settings (FATES) program, particularly in strengthening specialist training opportunities in regional, rural and non-traditional settings?**

Findings draw on Participant survey data, Stakeholder interviews, and program documentation, and should be interpreted in the context of short-term and self-reported outcomes.

4.5.1 Alignment with training in expanded and rural settings

Findings indicate strong alignment with FATES objectives relating to training in expanded and rural settings, particularly through increased exposure to rural psychiatry practice and improved understanding of training pathways.

Participant data demonstrate high levels of perceived relevance of workshop content to training and rural contexts. These findings indicate that the Project supported Participants to understand how rural training operates in practice and increased visibility of rural pathways, consistent with FATES objectives relating to expanded training settings.

4.5.2 Contribution to workforce distribution objectives

While workforce outcomes cannot be directly assessed within the evaluation scope and timeframe, findings indicate that the Project contributes to factors associated with improved workforce distribution, including increased interest in training/practice in a rural location and enhanced confidence to pursue rural training pathways.

As outlined in previous sections, Participant and Stakeholder data indicate increased awareness of rural opportunities and greater willingness to consider rural career options. The Project provided exposure to training/practice in rural contexts and facilitated connections with clinicians and training leads.

However, participation was targeted towards trainees already living or working in rural contexts, suggesting that the Project may function more strongly as a mechanism for reinforcing existing rural interest than as a primary recruitment pathway. This highlights an opportunity to strengthen engagement with earlier-stage trainees to support longer-term workforce distribution outcomes.

4.5.3 Support for flexible and context-responsive training

Findings demonstrate alignment with FATES objectives relating to flexible and context-responsive training delivery.

The Project's blended delivery model, combining e-learning modules with in-person workshops and networking, provided multiple entry points for participation and supported flexibility in how trainees engaged with program components. For Participants who engaged with multiple components, there was evidence that the staged model supported a coherent learning pathway.

Training content was also responsive to rural and community-specific needs. Participant data indicate strong agreement that workshop content was both relevant to training and reflective of local rural contexts, as summarised below.

Table 7: Participant-reported relevance and local responsiveness of workshop content (Alecto,2025)

Measure	Result	Interpretation
Workshop content was relevant to my training	17 of 18 responses (94%)	Strong evidence of perceived relevance to current training
Workshop content felt locally relevant to my rural rotation in my state/region	18 of 18 responses (100%)	Strong evidence of responsiveness to local rural context

Qualitative feedback supports these findings, with Participants highlighting the value of location-specific insights, including presentations from local clinicians and discussion of regional training pathways and service models.

The e-learning modules were designed to address training/practice in a rural location contexts, including supporting Aboriginal and Torres Strait Islander mental health and psychiatry in rural settings. Among Participants who completed the modules, there was evidence that these components contributed to understanding of training/practice in a rural location and were perceived as connected to the broader program.

Stakeholder feedback also indicated that the program supported inclusive and participatory learning, including opportunities for discussion and exposure to diverse training pathways and practice settings.

Taken together, these findings indicate that the Project incorporates key elements of flexible and context-responsive training, while highlighting the importance of consistent engagement across program components to realise the full benefits of the staged model.

4.5.4 Overall alignment with FATES objectives

Taken together, the findings from this evaluation indicate strong alignment with key objectives of the FATES initiative.

Building sustainable rural training pathways

The Project contributes to FATES objectives relating to sustainable rural training pathways by supporting early exposure to rural psychiatry and reinforcing interest in rural career options. Findings suggest that the program plays a role in strengthening awareness and engagement with rural pathways, while also highlighting an opportunity to extend impact through earlier engagement with trainees at key career decision points.

Embedding flexibility and equity in training delivery

Evaluation findings demonstrate alignment with FATES priorities relating to flexibility and equity in training delivery. The blended model provides multiple modes of engagement; however, participation is influenced by structural factors including service demands, travel requirements, and personal commitments. This highlights the importance of system-level enablers, such as protected training time and local support, in supporting equitable access to training opportunities.

Informing broader workforce development initiatives

The findings provide insight into elements of program design that support engagement with training/practice in a rural location, including relational and experiential learning, integrated delivery models, and targeted exposure to rural contexts. They also identify areas for refinement, including strengthening integration across components and improving access and reach. These insights may inform future workforce development initiatives and ongoing implementation of the Rural Psychiatry Roadmap (RANZCP, 2021) (specifically Actions 17 and 18) and strong alignment with FATES priorities.

5. Recommendations

These recommendations are derived directly from the evaluation findings presented in Section Evaluation Findings by Domain and are intended to inform decisions regarding the future direction and design of the program.

Recommendation 1: Clarify the strategic focus of the program

Findings in Sections 4.2 Recruitment and 4.3 Retention indicate that the Project's influence on career decision-making is strongest among Participants at earlier stages of training. On the other hand, its impact on those already in rural pathways is more likely to reinforce existing interest and commitment.

The evaluation identifies two potential strategic directions for the future of the program:

Option 1: Position the program as an early-stage attraction and pathway initiative

This option would focus on engaging trainees and medical students at earlier stages of career decision-making, where the Project appears to have the greatest influence on perceptions of training/practice in a rural location and openness to rural career pathways.

Under this model, the program would prioritise:

- Medical students and prevocational doctors - especially Psychiatry Interest Forum (PIF) members
- Psychiatry trainees in the early stages of training
- Participants with limited prior exposure to training/practice in a rural location.

Program content would focus on:

- Building understanding of rural psychiatry as a viable and rewarding career pathway
- Supporting informed understanding and addressing uncertainties about training/practice in a rural location
- Increasing visibility of training pathways, supervision, and support structures
- Highlighting flexibility and diversity of rural career options.

This approach aligns strongly with FATES objectives relating to workforce distribution and expanded training pathways, and is supported by evidence indicating that early exposure plays a key role in shaping career intent.

Option 2: Position the program as a retention and professional strengthening initiative

This option would focus on supporting trainees already engaged in, or committed to, rural psychiatry pathways, with an emphasis on strengthening retention, professional identity, and ongoing engagement.

Under this model, the program would prioritise:

- Trainees currently undertaking rural placements
- Specialist International Medical Graduates (SIMGs) working in rural settings
- Participants with established interest or experience of rural practice.

Program content would focus on:

- Supporting transition into rural roles and strengthening preparedness for practice
- Addressing professional isolation and building peer and professional networks
- Supporting long-term career sustainability in rural settings
- Developing leadership capability within rural mental health services.

While findings suggest the Project plays an important role in reinforcing commitment and connection among these groups, there is more limited evidence of impact on longer-term retention outcomes, reflecting the early stage of the program and evaluation timeframe.

Selection between these options should be guided by strategic priorities in relation to workforce attraction, retention, and alignment with future funding opportunities.

Recommendation 2: Align program design and content with the chosen strategic focus

Findings in Section 4.1 Effectiveness and Section 4.4 Scalability and Sustainability indicate that the effectiveness of the program is influenced by how clearly its purpose is articulated and how well program components are aligned with this purpose.

Once a strategic direction is determined, program design and delivery should be refined to ensure alignment between target cohort, content, and delivery approach.

If Option 1 (attraction focus) is adopted:

Program design could:

- Emphasise early exposure to rural psychiatry and career pathways
- Provide clear, accessible information about training pathways, supervision, and support
- Incorporate opportunities for Participants to engage with rural clinicians and hear lived experiences of training/practice in a rural location
- Address perceived barriers to rural training, including concerns about isolation, career progression, and flexibility
- Consider delivery approaches that maximise reach and accessibility, including blended or remote models.

If Option 2 (retention focus) is adopted:

Program design could:

- Focus on supporting ongoing engagement in training/practice in a rural location and strengthening professional identity
- Provide structured opportunities for peer connection, mentoring, and networking
- Address challenges associated with training/practice in a rural location, including professional isolation and service demands
- Support career development, leadership, and long-term workforce sustainability
- Maintain elements of in-person engagement where these contribute to connection and experiential learning.

Across both options, greater clarity in program purpose and improved integration across program components will support a more coherent and effective Participant experience.

Recommendation 3: Strengthen integration and visibility of program components

Findings in Section 4.1 Effectiveness and Section 4.4 Scalability and Sustainability indicate that the Project was not consistently experienced as an integrated three-stage model, with variable engagement in e-learning components and limited visibility of the full program design among both Participants and Stakeholders.

Future delivery should strengthen the visibility, sequencing, and integration of all program components to support a more cohesive Participant experience.

This could be achieved by:

- Clearly communicating the full program structure to Participants and Stakeholders prior to participation
- Providing guidance on when and how to engage with each component (e.g. recommended sequencing of modules and workshops)
- Briefing presenters and facilitators on the full program model to support alignment between workshop delivery and preparatory content
- Explicitly linking workshop discussions back to the online modules during delivery
- Using simple visual or narrative framing (e.g. a "learning journey") to reinforce the staged design.

Strengthening integration would support Participants to better understand how each component contributes to the overall purpose of the Project and improve activation of the program's intended mechanisms of change.

Recommendation 4: Strengthen evaluation design and data collection

As outlined in Section 3.5 Exclusions and limitations, the evaluation was limited by variability in data collection methods, inconsistent survey instruments, and the absence of a structured evaluation framework at program commencement. In addition, the evaluation timeframes and program funding did not allow for longitudinal data collection.

For future delivery, evaluation design should be established prior to program rollout to support consistent and reliable data collection.

This should include a nationally coordinated evaluation that includes:

- A clearly articulated program logic linking activities to intended short, medium and long-term outcomes
- A structured evaluation framework aligned with agreed objectives and funding requirements
- Consistent data collection tools across jurisdictions to enable comparison and aggregation
- Data collection over time (ideally minimum 3 years) to create larger data sets
- Collection of Participant characteristics (e.g. trainees, PIF members, SIMGs) to support more targeted analysis
- Tracking of Project Participants over time to provide data to inform attraction/retention rates based on agreed program design
- Streamlined survey instruments to balance data quality with Participant burden
- Appropriate incentives to compensate respondents for time invested in surveys or interviews.

Establishing a robust evaluation framework from the outset would improve data quality, support stronger conclusions, and enable more meaningful assessment of program impact over time. Ultimately, this data could also contribute to improved system level outcomes for the psychiatry workforce.

Recommendation 5: Continue and strengthen informal, peer-based learning approaches

Findings across Sections 4.1 Effectiveness, 4.3 Retention and 4.4 Scalability and Sustainability consistently identify informal learning, networking and peer interaction as central to Participant engagement, confidence and ongoing connection to rural training pathways.

Future delivery could continue to prioritise these elements as core design features of the program, while strengthening them based on insights from the project pilot.

This could include:

- Maintaining dedicated time for informal networking during and beyond scheduled sessions
- Supporting peer learning through structured discussion and shared experiences
- Expanding structured small-group activities (e.g. case discussions) that bring together Participants at different career stages
- Encouraging interaction between trainees and senior clinicians in accessible, non-hierarchical settings, including culturally safe and inclusive learning environments
- Prioritising facilitators and presenters with recent or relatable practice experience
- Limiting extended lecture-style sessions in favour of interactive and discussion-based formats
- Supporting a variety of informal network opportunities
- Encouraging stronger formal and informal networks between regions and jurisdictions.

Continuing to embed and strengthen these approaches will help maintain the Project's strongest engagement mechanisms while enhancing its overall learning impact.

6. Conclusion

This evaluation indicates that the Rural Readiness Project is a well-designed and valued initiative that contributes to supporting psychiatry trainees to prepare for rural training and practice. The Project's structured, multi-stage model provides a coherent approach to building understanding of rural psychiatry, strengthening confidence, and supporting connection to rural training pathways and professional networks.

Findings suggest that the Project is particularly effective in influencing Participants' perceptions of training/practice in a rural location, reducing uncertainty, and increasing confidence to engage with rural training opportunities. The combination of experiential learning, peer interaction, and exposure to rural clinicians and training environments was consistently identified as central to Participant experience and perceived value.

The Project also appears to support factors associated with both recruitment and retention. It contributes to increased consideration of rural pathways and supports Participants to engage more actively with available training opportunities. For those already undertaking or considering rural training, the Project reinforces existing interest and supports ongoing engagement, particularly through strengthening professional connection and reducing perceived isolation.

The evaluation findings should be interpreted in the context of the Participant cohort and the timeframe of the Project. Outcomes relating to longer-term workforce participation, including sustained recruitment and retention in rural settings, cannot be assessed within the scope of this evaluation. In addition, participation patterns indicate that the Project is experienced by individuals at different stages of training, with varying implications for how its contribution is realised across the workforce pathway.

Within this context, the Project has a clear role within broader rural workforce development efforts. It supports early and ongoing engagement with rural psychiatry, contributes to improved visibility of training pathways and support structures, and demonstrates the value of integrated, experiential learning models. At the same time, findings highlight opportunities to strengthen the alignment between program purpose, target cohorts, and delivery approach to support future impact.

Overall, the Rural Readiness Project represents a meaningful contribution to strengthening rural readiness in psychiatry and provides a foundation for further development within the context of national workforce priorities and future funding arrangements.

7. Reference List

Reference List (External Documents)

Australian Government Department of Health and Aged Care. (2021). *Flexible Approach to Training in Expanded Settings (FATES) – Grant Opportunity Guidelines 2021-22 to 2024-25*. Canberra: Commonwealth of Australia.

Australian Government Department of Health and Aged Care. (2022). *Health Workforce Program: Flexible Approach to Training in Expanded Settings – Round 2: Grant opportunity guidelines (GO5737).*

Australian Government Department of Health, Disability and Ageing (DoHDA), (2025). *Psychiatry supply and demand compendium report (Updated November 2025).* Australian Government. https://hwd.health.gov.au/resources/primary/psychiatry-supply-and-demand-compendium-report-updated-november-2025.pdf (pp 2-11)

Royal Australian and New Zealand College of Psychiatrists (RANZCP). (2021). *Rural Psychiatry Roadmap 2021–2031*. Melbourne: RANZCP.

Department of Health and Aged Care. (2025, July 2). Flexible Approach to Training in Expanded Settings (FATES). Australian Government Department of Health and Aged Care. https://www.health.gov.au/our-work/fates

Australian Government Department of Health and Aged Care (2022). Health Workforce Program: Flexible Approach to Training in Expanded Settings (FATES) – Round 2: Grant opportunity guidelines (GO5737). https://www.grants.gov.au/Go/Show?GoUuid=f5fbd989-9144-4596-93e4-2d5e646a7a12

Reference List (Internal Documents)

RANZCP (2025). Victoria Rural Readiness Workshop Evaluation Report. Internal document.

RANZCP (2025). Queensland Rural Readiness Workshop Evaluation Report. Internal document.

RANZCP (2025). NSW Rural Readiness Workshop Evaluation Report. Internal document.

RANZCP (2025). Post-module evaluation surveys: Psychiatry in a Rural Location (Modules 1–3). Internal document.

Alecto Consulting (2025). Post-workshop Participant survey (Rural Readiness Project). Internal evaluation instrument.

RANZCP (2025). Post-workshop survey instrument (Rural Readiness workshops). Internal evaluation instrument.

RANZCP (2025). *Post-module evaluation surveys: Psychiatry in a Rural Location (Modules 1–3).* Internal project document.

Appendix A: Program logic – Rural Readiness Project

Problem statement: *Uneven distribution of the psychiatry workforce is influenced by limited early exposure to rural training pathways, uncertainty about supervision and support, and perceived professional and social isolation among trainees.*

Program objective: *Support informed decision-making and preparedness for rural psychiatry training by increasing clarity, confidence, and connection, in alignment with FATES objectives and RANZCP Rural Psychiatry Roadmap.*

Mechanisms of change: Navigational clarity → reduced uncertainty about pathways, supervision and support. Relational exposure → increased confidence and reduced perceived professional isolation associated with rural training.

Inputs	Activities	Outputs	Short-term outcomes	Medium-term outcomes	Long-term outcomes
• Funding for coordination and delivery (e.g. FATES or equivalent) • Convening authority and governance (currently provided by RANZCP) • Dedicated coordination capacity • Participants (trainees, SIMGs and early-career doctors) • Engagement of RDOTs, supervisors and clinicians with lived rural experience • Accredited regional and rural training sites • Supporting resources (e-learning, cultural safety) • Administrative support	• Preparatory e-learning and cultural safety resources • In-person (or online) Rural Readiness workshops • Lived experience presentations • Structured and informal networking • Direct interaction with training leaders	• Workshops delivered • Participants engaged (by cohort) • Presenters and Stakeholders with lived experience involved • Networking opportunities delivered • Resources made available • New professional connections formed	• Clearer understanding of rural training pathways • Increased confidence to navigate options • Reduced perceived professional isolation • Stronger professional networks • Reduced uncertainty about training/practice in a rural location and training pathways	• Earlier and more informed consideration of rural career pathways • Increased consideration of rural rotations or training • Strengthened engagement with rural pathways • Consolidation of existing rural interest and exposure	• Contribution to improved workforce distribution over time • Improved sustainability of training in a rural location • Strengthened non-metropolitan training capacity

Assumptions: reduced uncertainty supports informed choice; relational learning is influential; program most immediately benefits those open to rural pathways; workforce decisions are shaped by external factors.

External Factors: availability of training positions; workforce and funding settings; service and supervision capacity; personal and family circumstances.