RURAL TRAINING EXPERIENCES

PATHWAYS TO THE FUTURE

Encouraging more Australian university health graduates to practise in regional, rural and remote communities is critical to improving access to a skilled and sustainable workforce.

Growing evidence indicates that providing rural exposure to students can increase their intent of pursuing a rural career.\(^1,2\) In fact, new research suggests that rural exposure can be as strong a predictor of future rural practice as rural origin.

A study analysing data from the Medical Schools Outcome Database\(^3\) found that students who had undertaken an extended rural placement were more than three times as likely as those with a rural background to express a first preference for a rural internship.\(^4\)

Another study found a similar proportion of Rural Clinical School graduates from urban backgrounds practising rurally following a one year rural placement than those from rural backgrounds who had not undertaken a rural placement.\(^5\)

These findings are important in the context of a finite pool of students of rural origin and the fact that even amongst this group, the proportion who go on to rural practice is relatively low (less than 1 in 5 in the above study).\(^5\)

So, how are rural clinical placements viewed by students and how can we ensure they provide high quality, positive experiences?

WHAT DO STUDENTS THINK OF RURAL TRAINING?

Rural Health Workforce Australia surveyed the membership of the National Rural Health Student Network (NRHSN) to gauge their attitudes towards clinical placements.\(^6\) Responses were received from over 1000 medical, nursing and allied health students at Australian universities.

Students strongly associate rural placements with working in smaller teams, opportunities for hands-on learning and greater attention from supervisors. Metropolitan placements in contrast are seen as more prestigious, better for those who want to specialise and as being more favourably viewed by specialist colleges and professional associations.

Clearly, more work needs to be done to remove some of the stigma attached to rural training and placements.

STUDENT PERCEPTIONS OF RURAL VS METRO PLACEMENTS

Key associations with...

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<thead>
<tr>
<th>RURAL placements</th>
<th>METRO placements</th>
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<tbody>
<tr>
<td>Work in smaller teams</td>
<td>Exposure to latest technology</td>
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<tr>
<td>Opportunities for hands-on learning</td>
<td>Better facilities and infrastructure</td>
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<td>More responsibility</td>
<td>More prestigious</td>
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<td>More attention from supervisors</td>
<td>Exposure to more rare / unusual cases</td>
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<td>More autonomy</td>
<td>Exposure to more complex cases</td>
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<td>Greater continuity of care</td>
<td>Viewed more favourably by specialist colleges</td>
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<td>Broader scope of practice</td>
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MEDICAL STUDENTS AND JUNIOR DOCTORS’ VIEWS

In 2014, RHWA commissioned the University of Queensland’s Institute for Social Science Research to investigate the decision-making process to relocate rural amongst Australian trained urban medical students and junior doctors.\(^7\)

In-depth interviews were conducted with 25 medical students and 41 junior doctors from Melbourne, Brisbane and Adelaide. Participants were studying at, or graduates of, Australian metropolitan universities.

The report found that while a number of factors contribute to the decision to relocate rural such as individual characteristics and personal and family considerations, the quality and duration of rural exposure experiences was a critical modifiable factor.
HOW CAN WE IMPROVE RURAL TRAINING EXPERIENCES?

Our research suggests a number of ways in which rural training experiences can be enhanced:

ADMINISTRATIVE
• Longer and more rural placements should be matched with students’ ‘rural-mindedness’
• Students should be provided with comprehensive information about both the community and the practice
• Students must be provided with adequate time to prepare for the placement
• Offers students the option to undertake placements with friends where possible

CLINICAL
• Rural placements must offer – and be promoted as offering – professional advantages not available in metropolitan rotations (for example through offering more hands-on learning experiences)
• Students must not be – nor perceive that they will be – academically disadvantaged
• Teaching, supervision and professional support must be of a high standard

SOCIAL
• Maximise social support at the placement
• Ensure staff at the placement practice are well informed about and prepared for students’ arrivals
• Ensure university or local staff are available to orient students to their accommodation and practice
• Provide students with contacts in the placement community for social activities

FINANCIAL
• Adequate financial incentives that help to make the experience cost-neutral are imperative
• Other incentives such as subsidised travel back to student’s home city are important for longer placements

REFERENCES
1 World Health Organization 2010. Increasing access to health workers in remote and rural areas through retention: global policy recommendations. NLN Classification WA390; Geneva: CH.
3 Humphreys JS, Prideaux D, Beilby JJ & Glasgow NJ 2009. From medical school to medical practice: an national tracking system to underpin planning for a sustainable medical workforce in Australasia. The Medical Journal of Australia; 191: 244-245.