

Career advancement a strong incentive for medical practitioners to 'go rural'

May 27 2015, by Honor Morton



Rural doctors want opportunity for professional development and good access to communication technologies.

The shortage of medical practitioners in regional rural and remote areas of Australia continues despite government initiatives.

A new report identifies professional advantages stemming from rural practice as a strong motivator for [medical students](#) to 'go rural'.

The report Understanding the decision to relocate rural amongst Australian trained urban medical students and junior doctors, was

written by Associate Professor Maria Zadoroznyj and Professor Bill Martin from The University of Queensland's Institute for *Social Science Research* along with Associate Professor Wendy Brodribb from the university's School of Medicine.

This research is the first qualitative evaluation of the rural experiences of a broad range of urban-based Australian junior doctors.

It was commissioned by Rural Health Workforce Australia, the peak body for the state and territory rural workforce agencies.

The researchers interviewed 25 medical students and 41 junior doctors from Adelaide, Brisbane and Melbourne in an effort to go beyond previous work which focussed on those who had already opted to "go rural".

"In conducting this study, we wanted to focus more on what hindered urban-based students and junior doctors from choosing rural careers, how these decisions are made and what needs to change to encourage their greater participation in rural practice," said Professor Zadoroznyj.

The study identified a range of motivators and barriers to rural practice and showed that their relative importance changed over time.

Rural placements were better regarded when they were linked with good supervision and professional support be it in person, online or telemedicine, as well as if the placement had provided positive learning experience.

"Our interviews also revealed the importance of matching rural placement with interest," Dr Brodribb said.

"Future strategies need to capitalise on this 'ruralmindedness' rather than

forcing junior doctors to work in non-metropolitan hospitals," she said.

Ultimately, students and [junior doctors](#) decided whether to leave metropolitan centres based on whether it fulfilled their career aspirations and was compatible with their personal and family circumstances.

Based on the study's findings on how decisions were made about doing rural work, the report makes a range of recommendations.

It suggest for rural placements, options should be investigated for recurring short placements to the same area, the professional advantages in medical training should be emphasised, students and doctors should have adequate preparation time and mentoring systems should be offered.

For specialisation pathways in rural work, better access is needed to training programs and information about the variety of specialist roles and how they can be combined with rural work.

In information, incentives and infrastructure, information about rural practice should be available early in the training program, providing opportunities for sharing stories of the "go rural" experience.

Provided by University of Queensland

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