

Australian study finds rural background or rural training key to retention of country doctors

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Medical graduates from a rural background or those who spend an extended time in a rural clinical placement are more likely to become country doctors, according to new research.

Published in the *Medical Journal of Australia* today, the study looked at

graduate outcomes for [medical students](#) eight years on. The researchers found students who were of rural origin or any student who had undertaken an extended rural clinical school placement were more likely than other students to move to or remain in rural practice.

The collaborative research was conducted by the rural clinical schools of the University of Sydney, The University of Notre Dame Australia, University of Western Australia, University of Queensland, Deakin University, The University of Tasmania, University of Newcastle, University of Melbourne, Australian National University, University of Wollongong and Monash University.

"The Australian Government has invested heavily in programs that encourage students to train in rural and remote areas, and to incentivize doctors to practice in these areas," said senior author Associate Professor Georgina Luscombe from the University of Sydney's School of Rural Health in the Sydney Medical School.

"This study confirms what previous research had suggested—that we can potentially grow the rural medical [workforce](#) by increasing the proportion of rural origin students admitted to medical schools. But also, by increasing opportunities for students originating from metropolitan areas to have those extended placement opportunities in clinical schools in places like Dubbo, Orange and Broome."

Lead author Dr. Alexa Seal from The University of Notre Dame Australia said it was important to follow graduates over time to try and identify whether their early intentions about where they would like to practice were later realized.

"Factors such as inadequate levels of workforce in [rural areas](#), limited training opportunities, fears of social and professional isolation, and restricted employment opportunities for partners can often influence

junior doctors when they are making decisions about where to train and practice," said Dr. Seal, Research Fellow in the School of Medicine Sydney.

"Studies such as this and further research is needed to understand the barriers and opportunities that are shaping medical students' decision making, and how we can effectively grow and sustain a rural medical workforce to meet the needs of our communities," she added.

How was the study conducted?

The researchers assessed associations between the geographic origin and extended rural clinical school experience of domestic medical students graduating in 2011 from 10 Australian medical schools with student practice locations eight years after graduation.

They also assessed changes in practice location between postgraduate years five and eight.

What did they find?

They found that eight years after graduation rural origin graduates with extended rural clinical school experience were more likely than metropolitan origin graduates without this experience to practice in regional or rural communities.

For those in metropolitan practice five years after graduation (1136 graduates), 93 percent remained there eight years after graduation. For those in regional and rural, the proportion of students remaining in such locations was 26 percent (of 85) and 73 percent (of 100) respectively.

Metropolitan origin graduates with extended rural clinical school

experience were also more likely than metropolitan origin graduates without that experience to remain in rural practice or to move to rural practice.

Another key finding was the overall increase in the proportion of 2011 graduates practicing in rural areas, from 7.6 percent at five years to 9.4 percent eight years after graduation.

The authors write that this suggests some graduates who trained in metropolitan or regional areas moved to rural communities after completing training that could not be undertaken there.

They conclude, "Our findings reinforce the importance of developing and maintaining longitudinal rural and regional training pathways, and of the rural clinical schools, regional training hubs, and the rural generalist training program in coordinating these initiatives."

More information: Alexa N Seal et al, Influence of rural clinical school experience and rural origin on practising in rural communities five and eight years after graduation, *Medical Journal of Australia* (2022). [DOI: 10.5694/mja2.51476](https://doi.org/10.5694/mja2.51476)

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