



## Position summary

The RACGP National Rural Faculty **strongly advocates** for policies that provide supportive structures across the full training continuum, without compulsion, in order to recruit the next generation of rural GPs. The expansion of the training system to facilitate access to high quality training and supervision in rural and remote areas is vital to ensure positive early exposure to rural general practice. Federal and state cooperation is required, as is a long-term plan in order to ensure training places across the full training continuum and provide employment certainty to locally trained medical graduates.

To secure a strong general practice workforce for the future more needs to be done to ensure locally trained graduates are retained for the local workforce. Local graduates, our future generation of doctors, must be made the first priority in meeting local workforce need through guaranteed placements across the full training continuum. Other means, such as supplementation through skilled migration, international medical graduates (IMGs) should be considered only when local options (without compulsion) have been exhausted.

## Our role

The NRF supports students in their journey through medical training and into rural general practice through advocacy, research, education and policy development, as well as opportunities to access resources, networking opportunities and professional development. The 2500 student and registrar members of the NRF will go on to play a vital role in shaping the future rural general practice workforce, however there is a need for advocacy, encouragement, mentoring and support to enable the students and registrars to attain this goal. By engaging with other key stakeholders, the NRF can ensure contemporary knowledge and approaches to addressing student issues. Students and registrars are represented on the NRF Board.

## Policy input

The NRF facilitates and participates in various student initiatives in order to engage with students and identify issues that are important for them. Policy forums and member consultation activities also provided the basis for the development of this paper.

## Negatives

Coercive strategies and policies with compulsion are not supported by the NRF. These strategies lock students into the rural pathway too early and their effectiveness in increasing the number of graduates who go on to work in rural communities is yet to be demonstrated. Suggestions have been made (in the Mason review<sup>1</sup>) for the redirection of this funding towards more targeted rural scholarship schemes. The emphasis needs to be on providing a broad and varied training experience, allowing for flexibility and choice, along with targeted incentives supporting rural intention and students seeking rural exposure. Early rural exposure may inform career pathway decisions or contribute to broad experience for the well-rounded doctor, who has an understanding of the rural context that will influence their approach to healthcare throughout their career. In recruiting the next generation of rural GPs, policies without compulsion are essential. The NRF supports the revision of such strategies and reallocation of associated funding to support non-compulsory early exposure policies.

## Positive early exposure

The quality of a rural placement has a lasting impact on perceptions of rural general practice, and the rural experiences of a medical student play an important role in their career decision-making process. Early exposure strategies which enable quality rural experiences require **flexibility** and choice for the learner without compulsion, to ensure students are equipped with the tools necessary to make informed career decisions. Resource allocation should be focused on allowing sufficient rural exposure for those with rural intention or seeking rural exposure.

Placements need to be in selected locations with strong local communities, both professionally and socially, in which students have multiple opportunities for community involvement. A critical mass of students (medical and allied health disciplines) placed in the rural communities is believed to enhance the rural experience in terms of multidisciplinary education and social and professional support. Creation of this critical mass through functional, sustainable **vertically and horizontally integrated learning hubs** will enable longer duration and more effective rural placements; providing an understanding of the importance of delivering primary care in multi-disciplinary teams.

This approach also encourages a **team approach to teaching and supervision** within the broader health community, addressing the lower numbers of general practice supervisors in rural general practice and helping to reduce the risk of burnout. The hub serves to bring the university and its resources to rural communities, engage rural GPs in teaching our future rural workforce and bring a rural health perspective to training across the continuum. Support for the local approaches to training, particularly vertically and horizontally integrated teaching and supervision, is required. Each hub will aim to embed **primary care into medical training** and increase exposure of students and interns to multidisciplinary learning and teaching

The value of **mentoring** has been highlighted consistently by students, registrars, IMGs and practicing GPs as it provides support both professionally and socially for those navigating the medical training system, and facilitates community connection for those undertaking placements in rural communities.<sup>2,3,4</sup> Most mentoring is currently being provided in an ad hoc fashion and is rarely formalised – the exception being the John Flynn Placement Program which is heavily oversubscribed, highlighting the huge demand for supported placement opportunities. The NRF advocates for the establishment of a network of rural mentors and a sustainable, effective program linking them to students requiring guidance and support.

1 Mason, R. (2013) Review of Australian Government Health Workforce Programs. Retrieved from: [www.health.gov.au/internet/main/publishing.nsf/Content/review-australian-government-health-workforce-programs](http://www.health.gov.au/internet/main/publishing.nsf/Content/review-australian-government-health-workforce-programs)

2 Royal Australian College of General Practitioners (2013). Briefing note – 2013 National Rural Faculty Student and Policy Forums. Accessible at [www.racgp.org.au/yourracgp/faculties/rural/advocacy/forums/](http://www.racgp.org.au/yourracgp/faculties/rural/advocacy/forums/) (accessed 26.2.2014)

3 Taherian K & Shekarchian M. (2008) Mentoring for doctors. Do its benefits outweigh its disadvantages? *Medical Teacher*; 30, 95–99.

4 The Royal Australian College of General Practitioners (2014). New approaches to integrated rural training for medical practitioners – final report. The Royal Australian College of General Practitioners (RACGP); Melbourne. Available at: [www.racgp.org.au/yourracgp/faculties/rural/projects/doh/](http://www.racgp.org.au/yourracgp/faculties/rural/projects/doh/)

## Existing barriers

In order to support the future rural workforce there is an urgent need to address the factors currently limiting rural GP training capacity; including remuneration for supervisors, lack of space in the practice and time for the supervisor to provide supervision and teaching, business viability of private general practice, reasonably priced safe appropriate accommodation for registrars, and professional recognition of supervisors.

Supportive structures, through the full training continuum, are required in order to ensure access to high quality, rurally-based education and training equivalent to that offered and available in metropolitan areas.

The shortage of **intern places** across Australia needs to be addressed urgently as well as employment continuity for junior doctors to gain necessary experience prior to entry to vocational training programs. Recent state-level austerity measures and associated debate over **intern placement shortfalls** have brought to focus the real risk to anticipated workforce gains which were initiated through the federal measures to increase medical student intake. More effort is required to ensure policy objectives at the federal level (such as increased university placements) are secured and not undermined at the state level (through reduced or inadequate intern and junior doctor places).

## Supporting the next generation

To secure the future generation of doctors required for the delivery of comprehensive, holistic healthcare in the rural and remote context, there needs to be a strong commitment to improving the policies, programs and infrastructure that support those learning, living, teaching and working in these communities. The National Rural Faculty of the RACGP advocates for strategies that are based on reward and recognition, not compulsion, which acknowledge the need for expanded financial and professional support for the next generation of rural doctors.

With over 11,200 members, the National Rural Faculty (NRF) supports and advocates for students, registrars and general practitioners living, learning and working in rural and remote Australia. Enquiries: [rural@racgp.org.au](mailto:rural@racgp.org.au) or phone 1800 636 764.