

# Three years of registrar rural exemptions

## *A review of a novel approach*

Andrew Knight, MBBS, MMedSci(ClinEpid), DipRACOG, FRACGP, is a general practitioner, and Director of Education, WentWest, Sydney, NSW.

Rosa Canalese, MBBS, DipPaed, FRACGP, is a general practitioner, and Senior Lecturer, Institute for General Practice Education, Sydney, NSW.

### BACKGROUND

The Australian General Practice Training Program (AGPT) requires all registrars to undertake at least 6 months of training in rural areas. This can cause significant stress for general pathway registrars. Central to a fair, safe process for application of this policy is an equitable and humane rural exemption process.

### OBJECTIVE

WentWest's independent exemption assessment committee, consisting of an urban medical educator from another provider, a rural registrar liaison officer from another provider, and a lawyer, is described.

### OUTCOMES

The committee provides an independent, transparent and equitable process which protects the mentoring relationship between educators and registrars. Strict application of the AGPT criteria sometimes lacks compassion, suggesting the need for review of the criteria and some changes to committee function.

### DISCUSSION

The independent external committee may provide a model for decision making in other contentious areas of general practice training, such as remediation. The mandatory rural training policy requires reassessment 4 years after regionalisation, regarding its impact on workforce, learning and registrar wellbeing.

All general pathway general practice registrars in the Australian General Practice Training (AGPT) program are required to complete at least 6 months of rural training. This mandatory rural commitment is a cause of significant stress among Australian general practice registrars.<sup>1,2</sup> Some registrars have experienced serious psychiatric illness related to the stress of general practice training.<sup>2</sup> It is likely that this unacceptable concomitant of general practice training could be reduced if an at risk group of registrars could be exempted from mandatory rural training. At the heart of a fair, safe process for applying the rural policy is a transparent, equitable and humane rural exemption process.

General practice training in Australia is overseen by General Practice Education and Training (GPET). The policies of GPET allow regional training providers (RTPs) to provide exemptions if a rural placement will cause unreasonable hardship due to circumstances arising after acceptance of an offered training place.<sup>3</sup> There are no guidelines for how an exemption process should be administered. Anecdotally, rural exemptions have been handled directly by medical educators and administrators of the various RTPs. There may be conflicts of interest as staff balance their roles as mentors, educators and advocates with the rural training requirements of GPET. Interpersonal factors such as registrar

persistence, insistence and ability to influence the training system, perceived cooperativeness of the registrar, strength of RTP staff's relationships with the registrar, and counter transference may also influence exemptions. An ad hoc system may be vulnerable to favouritism, discrimination and procedural unfairness. Given the serious impact of the rural term on registrar wellbeing, regional training providers must give careful attention to their rural exemption process.

In an attempt to address these issues, the RTP WentWest set up an external rural exemptions committee in 2002.

### Structure and function of the WentWest rural exemptions committee

A committee consisting of a lawyer, a rural registrar liaison officer (RLO) and a medical educator from another RTP meets by teleconference when required. Registrars are informed how to apply for rural exemption at orientation, at training advice contacts with medical educators, and in supporting documentation. Written applications are addressed to the chief executive officer of the RTP. Criteria taken from GPET policies and procedures are as follows:

- has the registrar's situation changed significantly since being accepted for general practice training?
- will rural placement cause undue hardship?

Exemption may be recommended if a registrar's situation meets one or both criteria.

The committee found what constitutes 'significant' change to be debatable. It decided that any situation present or foreseeable when the registrar accepted a training position did not constitute a significant change. Spousal employment and children's schooling were regarded as foreseeable. The committee also decided that, given the life stage of the applicants, pregnancy is foreseeable and to an extent, able to planned. It felt the onus is on the registrar to show that the hardship flowing from these issues warranted exemption.

'Undue hardship' was also found to be difficult to measure. Documentary evidence was often required in assessing this criterion, and sometimes further evidence was requested. The committee considered whether there would be any benefit gained from insisting the registrar undertake a rural placement if it was likely that their situation would be exacerbated by doing so.

The diverse membership of the committee was thought to be helpful. The medical educator provided a policy and educational perspective. The rural RLO provided a registrar perspective and a rural point of view. The lawyer provided an external perspective, as well as views on evidence, fairness and reasonableness. The

fact that committee members had neither personal relationships with registrars nor an employee relationship with the RTP was felt to decrease potential conflicts of interest.

## Outcomes

Eleven applications for exemption were received between January 2002 and July 2005, constituting 10% of the 111 registrars associated with WentWest during that period. Four were recommended for exemption. Decision was deferred in one case pending submission of further information. Three of the applicants were male and eight were female. Of the four successful applications, two were deemed to meet both criteria. One met only the first criterion, and one met only the second.

*Table 1* provides a summary of the reasons provided by applicants as to why they would be unable to undertake a rural general practice term. Usually applicants provided more than one reason, hence the combined total of responses is more than 100% of applicants.

Changes in the health of the general practice registrar, or the registrar's spouse or their child, proved to be the only reasons for which exemption was recommended. For temporary problems the committee at times recommended delay of rural service rather than exemption.

## Registrar evaluation of the committee

All registrars who applied for rural exemption were sent a questionnaire asking for feedback on the process. Of the 11 questionnaires sent, six had responded at the time of writing. The three respondents who received exemptions agreed or strongly agreed that the process was equitable and compassionate.

Of those who did not receive exemptions, two were undecided and one agreed that the process was equitable. One was undecided and two strongly disagreed that the process was compassionate. Comments from this group were that the process was "fair but rigid" and "so objective it is dispassionate". One registrar commented that the variation between RTPs in the administration of rural exemptions was unfair.

Registrars who did not receive exemptions reported difficulty in completing their terms. Two of the three disagreed with statements that the rural experience did not adversely affect their wellbeing or their families. The other was undecided with regard to both statements. Issues included finding child care in rural areas, finding jobs for spouses, late allocation of terms, problems with frequent long distance commuting (including loss of driving licence), problems with families in their absence, and difficulties with conditions of employment in their rural term. Ameliorating factors were the presence of supportive family members.

One registrar who received an exemption reported lack of awareness of the criteria and process of exemption. One registrar felt that the RTPs communication in writing about the exemption process was relatively "hostile and intimidating".

## Discussion

WentWest has identified rural exemptions as an issue of importance to all parties involved in training.

The committee process has been seen by registrars and staff to be generally

**Table 1. Reasons given by WentWest registrars in applying for rural exemption 2002–2005**

Reason cited	By % of applicants
Employment prospects for spouse in a rural area/spouse unable to leave current job, therefore would have to remain in Sydney	36
Significant illness in spouse	18
Significant illness in child/worsening of a pre-existing significant illness	18
School age children, unable to leave current school to travel with parent to the country	18
New baby/pregnancy	18
Pregnancy complications	9
Significant illness in general practice registrar/worsening of a pre-existing significant illness	9
Recent divorce from spouse, creating difficult childcare situation	9

equitable. It has removed the conflicts educators experienced when advocating for their registrars, as well as arbitrating on their rural exemption. Using external people from different backgrounds has increased objectivity. The committee approach has ensured compliance with GPET guidelines. There have been very few applications and even fewer exemptions granted, which may be positive from a funder's perspective, but negative from registrars' point of view. Also, the rural RLO has a conflict between advocating for both rural training in general as well as the registrar perspective. It may be that a change to an urban registrar representative may strengthen the registrar voice.

The registrars who did not receive exemptions felt the committee process was not very compassionate. The guidelines have been applied fairly, but at times resulted in decisions which seemed harsh. To ignore the committee's recommendations would once again see the decision subject to influence by the relationship between RTP staff and registrars.

It is clear that a number of registrars have been sent to complete a rural term greatly against their will. This is a very difficult starting point for a working relationship and a learning experience. A small move towards fairly applied leniency, however, would mean a large proportion of the registrar group would be eligible for exemptions. For example, accepting that exemption should be available to everyone who has a new baby, or children in school, or a spouse with an urban dependent job, would exempt many.

It seems reasonable to expect some workforce service in exchange for the tax payers' generous support of a registrar's general practice training, and there are unique educational benefits in rural experience. However, we find it difficult to support policies that effectively enforce separation of partners and between parents and children. This is particularly so in the light of evidence of mental illness being exacerbated by the policy.

There is no information available about variations in administration of the policy across the country. An evaluation of the impact of the rural policy on rural workforce, registrar learning and registrar wellbeing during the 4 years since regionalisation of Australian general practice training is warranted. A re-examination of the policy may target it more precisely to the desired outcomes, and should provide national uniformity in its application. WentWest has learnt from evaluating this initiative that there is a need for more transparency in informing registrars of the process, and communicating clearly and kindly about progress and outcome of applications.

## Conclusion

An external committee to decide rural exemptions has shown some advantages in providing equity, but the approach requires refinement. It may provide a useful model for similar contentious areas of training that have a big impact on registrar wellbeing, such as remediation. The mandatory rural service policy needs re-evaluation and improvement if registrars are to receive the same compassionate care they are expected to offer to patients.

Conflict of interest: none declared.

## References

1. Larkins SL, Spillman M, Vanlint JW, Hays RB. Stress, personal and educational problems in vocational training: a prospective cohort study. *Aust Fam Physician* 2003;32:473–5,480.
2. Larkins SL, Spillman M, Parison J, Hays RB, Vanlint J, Veitch C. Isolation, flexibility and change in vocational training for general practice: personal and educational problems experienced by general practice registrars in Australia. *Fam Pract* 2004;21:559–66.
3. The Australian General Practice Training Program. Policies and guidelines. Canberra, 2005.

AFP

## Correspondence

Email: [afp@racgp.org.au](mailto:afp@racgp.org.au)