

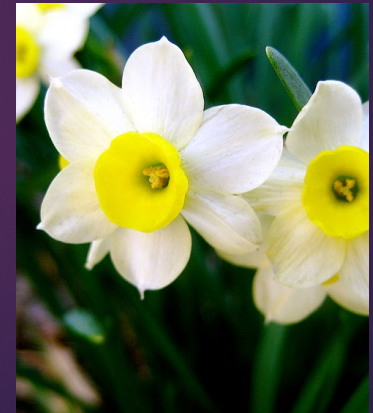
Geographical Narcissism – The Rural Nemesis?

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Acknowledgement of Country

- ▶ I acknowledge the Traditional Owners, the Butchulla people.
- ▶ I pay my respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.
- ▶ I recognise their valuable contributions to Australian and global society.

Geographical Narcissism (GN) Definition

GN is the subtle, often unconscious, devaluation of non-urban knowledge and expertise due to the belief that urban knowledge and expertise is the norm or even superior.

GN propagates the stigma of a minority, in this case rural medicine.

Why GN?

Current rural medical workforce strategies are not enough.

There are well understood factors contributing to medical workforce location.

Are there poorly understood factors contributing?

GN is real.

Is GN the missing link?

GN in medical education and training has not been explored. A systemic exploration of GN is warranted.

Metronormativity of Professional Preparation enables GN and inhibits recruitment & retention of rural workforce

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COMMENTARY - ISSUE PAPER



WILEY

‘Re-placing’ professional practice

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Research Design



Qualitative



Semi-structure interviews
via Zoom

Medical Students

- Year 3 & 4 at UQ

PVJD

- RBWH, Bundaberg Hospital & Hervey Bay Hospital



Reflexive Thematic Analysis

Participants

15 Medical Students &
14 Pre-Vocational Junior
Doctors (PVJD)

12 females
17 males

Ages: 23– 40

Childhood Location –
11 Rural/Regional &
18 Metropolitan

Medical Students (UQ) –
7 Year 3 & 8 Year 4;
10 Rural only; 2 Metro only;
3 Both Rural & Metro

PVJD – 6 PGY1,
6 PGY2, 1 PGY3,
1 PGY5 ; 2 IMGs

PVJD Workplace Locations:
6 Metro;
5 Regional/Rural;
3 both Metro & Regional/Rural

Why Prevocational Junior Doctors?

1

This is a crucial time in career planning

2

Little research focused on PVJD in the rural medical workforce pathway

Findings so far.....

GN exists – overtly and covertly

GN occurs throughout the continuum of medical education and training

GN was experienced by all participants

GN was not recognised by all participants

GN does influence medical learners but does not affect them all the same

GN does not occur overtly frequently

Passive experience of GN - Quotes

"I'd rather just stay in the city where it's easy."

"General vibe of GN in the tutorials"

"Everyone experiences it consciously or unconsciously"

"Not disparaging but more dismissive of rural"

"Overall attitude is that rural medicine is inferior"

"It's better to be in the city"

"Not widespread but definitely the impression you get from some Doctors"

How has GN been experienced?

From Whom

- ▶ Peers
- ▶ Educators
- ▶ Consultants
- ▶ Registrars
- ▶ Patients
- ▶ Participant
- ▶ Family & Friends

In what context

- ▶ Peer Groups
- ▶ Medical School tutorials & lectures
- ▶ Medical School & Healthcare Policies
- ▶ Hospitals
 - ▶ Rural
 - ▶ Regional
 - ▶ Metropolitan

GN experiences in Hospitals

Rural/Regional

- ▶ Training Registrars 'just doing time'
 - ▶ "only here because I have to"
- ▶ High Staff Turnover
- ▶ High number of IMGs
- ▶ Patient Transfer processes

Metropolitan

- ▶ Career interest
- ▶ Career advice
- ▶ Complex rural patients
- ▶ Critical of rural medical practice
- ▶ Tertiary hospitals are the best

GN Themes with Career Advice

- ▶ Going rural means learning bad habits
- ▶ Going rural means risking getting stuck in rural
- ▶ Low bar for a Rural Medical Career - "they accept anyone in Rural"
- ▶ Questioning decision to be Rural GP or Rural Generalist
- ▶ Surprised responses re Rural Education or Work Choice
- ▶ You have to slum it in rural to get your training points
- ▶ Not making contacts with metro consultants is career suicide
- ▶ Your training is always better in metro

Health System demonstrates GN

▶ **Structure of how medical services are distributed and delivered**

- ▶ Resources concentrated in metropolitan facilities
- ▶ Not matching resources to the needs of communities
- ▶ Regional specialists cannot work to full scope of practice
- ▶ The expectation for patients to travel to cities for healthcare
- ▶ The inadequacy of the Patient Travel Scheme funding
- ▶ Registrars rotate out from Metro to Regional
- ▶ IMG Moratorium

Key GN Themes

Allocation of more resources infers
greatest expertise & superior care

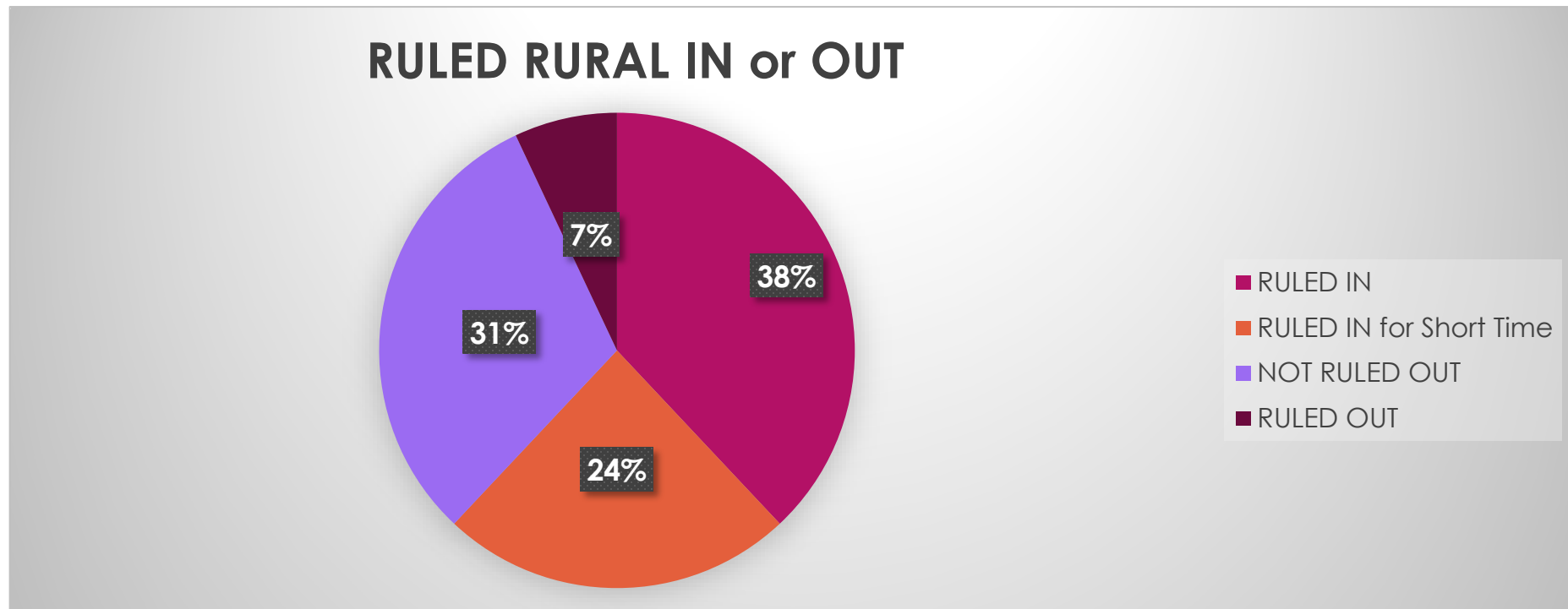
Greater accomplishment & status
if work in Metro

Rural only good for medical
student or early junior doctor years

Going rural will disadvantage
career progression

Can only learn from the best in
metro

Who has Ruled in or Ruled out rural practice?



GN is likely to be one factor involved

Why are some more or less affected by GN?

$$C + M = O$$



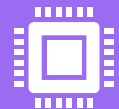
Context: where & when along the medical education and training journey and in what circumstances;



Mechanism: how and why geographical narcissism impacts the different kinds of learners and trainees;



Outcome: to what degree has geographical narcissism influenced intent and decision around future or current work locations and has it ruled in or out rural practice.



Ref: Pawson and Tilley 1997; Wong, Greenhalgh et al. 2012

A GN Framework

Will illustrate GN's role
in rural versus
metropolitan medical
career development
& workforce

Provide valuable
insights into an under-
recognised barrier to
rural medical careers

Potentially informing
medical workforce
policy and medical
education and
training frameworks.

Summary

GN is real

GN is often subtle and pervasive

GN is perpetuated by the education and health system structure

GN is likely to be a contributing factor of rural medical workforce shortages

The CMO evaluation will help inform a framework to address GN

Questions?

