

# FRAME 2023 (Hervey Bay)

Session: Supporting PGY 1-3 rural intention  
JMOs to pursue rural medicine

A/Prof Matthew McGrail, UQ Rural Clinical School

# Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.

*The Brisbane River* pattern from *A Guidance Through Time*  
by Casey Coolwell and Kyra Mancktelow.



# This session: overview

Part 1: Evidence from research / data – producing rural doctors (*A/Prof Matthew McGrail, UQ RCS*)

- Drawn from last 10+ years of published findings
- Emphasis on emerging data specific to junior doctors

Part 2: Personal experiences / stories around pursuing rural pathways (*Dr Sam Goulter, PHO, Hervey Bay Hosp*)

- What are the system (professional & personal) enablers?
- What are the system (professional & personal) barriers?

Part 3: Facilitated discussion...what are you (RTHs & RCSs) focusing on? (*A/Prof Pene Prasad, UQ RTH Wide Bay*)

- Successes, best 'bang for your buck'
- Fatal flaws (holding success back)

# The evidence – medical students

Widely published that...

- Increased selection of rural origin
- Increased numbers in rural training
- Increased immersion time in rural training

...are key factors associated with increased medical graduates working in rural locations

Additionally, general practice placements, LICs and immersions in smaller rural communities...

...are associated with increased GP / rural generalist uptake.

**BUT** workforce maldistribution broadly persists...

# Career decisions: new junior doctors

Reality is that at graduation most new doctors...

- Don't confidently know what specialty they are likely to choose
- Won't lock in their location 'preference' until their specialty is confirmed

As per previous slide, many factors contribute to increased 'propensity' or 'interest' for new junior doctors to becoming a rural and/or generalist doctor...

...but many *new* factors after medical school may redirect their decisions away from these.

Australia's system largely encourages 'try before you buy' re choosing a specialty, but...

does this align with JMO rural/regional training pathways?



# Attracting junior doctors to rural pathways

The simple solution:

- ❖ Emphasise / demonstrate the benefits of rural work & training
  - ✓ Rural (vs metro) junior doctors are overall similarly satisfied (both prof & non-prof)
  - ✓ Better work-life balance, cost of living, good job opportunities [most specialties]
  - ✓ Increased opportunities (exposures) to quickly gain skills – does missing ‘unicorn cases’ matter?
  
- ❖ Mitigate / address the perceived weaknesses of rural work & training
  - ✓ Metro offers a better ‘network’ of doctors (career support, peers)
  - ✓ ‘Risk’ concerns – rural understaffed, professionally uncomfortable
  - ✓ Metro offering more opportunities for family
  - ✓ Rural has fewer pathways into & through specialty training, selection prejudice

# Rural internship / rural JMO: a key step

*Combined impact of (1) rural origin; (2) rural U/G immersion; (3) rural internship*

Rural Pathway	Rural Origin	1-2 yrs at RCS	Rural Internship	Outcome: Rural Work
<b>Type 1</b>	Yes	No	No	<b>11%</b>
<b>Type 2</b>	No	No	No	<b>12%</b>
<b>Type 3</b>	No	Yes	No	<b>16%</b>
<b>Type 4</b>	Yes	Yes	No	<b>22%</b>
<b>Type 5</b>	No	No	Yes	<b>32%</b>
<b>Type 6</b>	No	Yes	Yes	<b>42%</b>
<b>Type 7</b>	Yes	No	Yes	<b>56%</b>
<b>Type 8</b>	Yes	Yes	Yes	<b>69%</b>

*National data (MABEL) shows similar patterns:*

- *Strong link between rural JMO time and subsequent rural work*
- *Similar association for those becoming GPs or other specialists*

*Source: UQ graduate outcomes in 2022, merged with QH internship data 2014-21 (i.e. 2013-20 medical school graduates)*

# Other factors that matter

## Factors working against improved distribution:

- Rural JMOs are similarly seeking research opportunities...but, less available in rural
- GP placements can be critical to confirming specialty decision...but, opportunities are limited for JMOs
- Less career guidance in rural (lack of critical mass, college leaders, trained supervisors)
- Under-resourcing in rural...deficit model, fear of being ‘trapped’ [wellbeing concerns]

## Creating new rural training paths can be hard...

- RTHs are having some success (collaborative effort), but environment / model can be fragile
- Needs local champions & extra [unpaid] effort to drive, but clinicians are ‘time-poor’
- Anecdotally, colleges are risk-averse to ‘flexible’ rural models



# Specialty selection: a kink in the rural path?

Desktop review (2020) – specialty college selection policies (14 were reviewed)

Key findings included...

- 8 of 14 used an ‘employer-led’ process [college largely ‘hands-off’ role]
- 6 of 14 had any rural-focused selection criteria
  - ACRRM applied a ‘suitability assessment’ for rural practice
  - Other 5 used rural origin & rural work experience, up to 5-20% of their CV score
- 4 of 14 included a ‘socially accountable’ mission (*meet the community’s health needs*)
  - Remainder focused mostly on ‘quality’ of training and clinical care
- AMC accreditation does not require reporting of selection outcomes
  - Hence...minimal accountability to meeting community needs, supporting rural growth

*Anecdotally, removing current geographical prejudice involved in specialty training entry / selection would facilitate more uptake of rural prevocational work and a strengthened rural workforce.*

# Summary framework (key next steps): Principles for a sustainable rural specialist physician workforce

## Foundation principles to guide the development of a sustainable rural physician workforce (8 principles)

1. Grow your own “connected to” place
2. Select trainees invested in rural practice
3. Ground training in community need
4. Rural immersion — not exposure
5. Optimise and invest in general medicine
6. Include service and academic learning components
7. Join up the steps in rural training
8. Plan sustainable specialist roles



*Arguably, these principles are generalisable to most specialty colleges*

# References

1. Lennon (2019). "Attracting junior doctors to rural centres: A national study of work-life conditions and satisfaction." [AJRH](#)
2. McGrail (2019). "Importance of publishing research varies by doctors' career stage, specialty and location of work." [PMJ](#)
3. McGrail (2021). "Exploring doctors' emerging commitment to rural and general practice roles over their early career." [IJERPH](#)
4. McGrail (2021). "A critical review of the policies colleges use to select doctors for specialty training: a kink in the rural pathway." [AJRH](#)
5. McGrail (2023). "The value of extended short-term medical training placements in smaller rural and remote locations on future work location: a cohort study." [BMJ Open](#)
6. McGrail (2023). "Evaluation of rural general practice experiences for pre-vocational medical graduates." [RRH](#)
7. McGrail (2023). "Rural medical workforce pathways: Exploring the importance of postgraduation rural training time." [Hum Res H](#)
8. McGrail (2023, in press). "A pathway to more rural doctors: the role of universities." [MJA](#)
9. O'Sullivan (2018). "Duration and setting of rural immersion during the medical degree relates to rural work outcomes." [Med Educ](#)
10. O'Sullivan (2020). "A realist evaluation of theory about triggers for doctors choosing a generalist or specialist medical career." [IJERPH](#)
11. O'Sullivan (2020). "Effective dimensions of rural undergraduate training and the value of training policies for encouraging rural work." [Med Educ](#)
12. O'Sullivan (2021). "Selection, training and employment to encourage early-career doctors to pursue a rural postgraduate training pathway." [AJRH](#)
13. Ostini (2021). "Building a sustainable rural physician workforce." [MJA supplement](#)
14. Seal (2022). "Influence of rural clinical school experience and rural origin on practising in rural communities five and eight years after graduation." [MJA](#)

# Thankyou

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