Abstract

INTRODUCTION: This study is based on the metaphor of the ‘rural pipeline’ into medical practice. The four stages of the rural pipeline are: (1) contact between rural secondary schools and the medical profession; (2) selection of rural students into medical programs; (3) rural exposure during medical training; and (4) measures to address retention of the rural medical workforce.

METHODS: Using the rural pipeline template we conducted a literature review, analysed the selection methods of Australian graduate entry medical schools and interviewed 17 interns about their medical career aspirations.

RESULTS: Literature review: The literature was reviewed to assess the effectiveness of selection practices to predict successful gradation and the impact of rural pipeline components on eventual rural practice. Undergraduate academic performance is the strongest predictor of medical course academic performance. The predictive power of interviews is modest. There are limited data on the predictive power of other measures of non-cognitive performance or the content of the undergraduate degree. Prior rural residence is the strongest predictor of choice of a rural career but extended rural exposure during medical training also has a significant impact. The most significant influencing factors are: professional support at national, state and local levels; career pathway opportunities; contentedness of the practitioner’s spouse in rural communities; preparedness to adopt a rural lifestyle; educational opportunities for children; and proximity to extended family and social circle. Analysis of selection methods: Staff involved in student selection into 9 Australian graduate entry medical schools were interviewed. Four themes were identified: (1) rurality as a factor in student selection; (2) rurality as a factor in student selection interviews; (3) rural representation on student selection interview panels; (4) rural experience during the medical course. Interns’ career intentions: Three themes were identified: (1) the efficacy of the rural pipeline; (2) community connectedness through the rural pipeline; (3) impediments to the effect of the rural pipeline, the most significant being a partner who was not committed to rural life.
CONCLUSION: Based on the literature review and interviews, 11 strategies are suggested to increase the number of graduates choosing a career in rural medicine, and one strategy for maintaining practitioners in rural health settings after graduation.


What evidence-based undergraduate interventions promote rural health?

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Abstract

AIMS: This article identifies published reports of medical undergraduate rural programmes from international medical schools and investigates the features making these programmes successful in recruiting and retaining rural physicians.

METHOD: Literature review.

RESULTS: Ten successful programmes were identified. Common features included selective admission, curricular focus on primary care/family medicine, community-based teaching, and community/rural preceptorship. A strong association exists between rural background of the student and choice of both a rural career and a career in primary care. Medical students of rural origin with an initial interest in a generalist career are significantly more likely to enter rural practice. Community preceptorship with its high staff:student ratio has been effective in influencing students' career choices.

CONCLUSIONS: The effectiveness of a medical undergraduate rural programme in preparing and recruiting physicians for rural practice does not occur with one isolated strategy but with a chronological sequence of interventions. The most effective programmes consider both pre-medical school and medical school educational factors. Medical schools would need to implement a combination of these strategies when designing a programme to maximise success.