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City-based specialist training the stumbling block for supply of more rural doctors

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Richard Murray is president of Medical Deans Australia and New Zealand. An Australian doctor, he suggests New Zealand should learn from Australia's mixed success in producing doctors for regional and rural areas It is no coincidence that Australia and New Zealand are debating proposals for new medical schools as one way of getting more doctors to practise in rural areas. In both countries, people living outside the major cities have less access to general practitioners and specialists, and have poorer health outcomes. Put simply, living in a rural area is not good for your health and that is not good enough.

Establishing a new medical school with the aim of training doctors in regional areas on the assumption that they will stay has some appeal. In New Zealand, this has been proposed by Waikato University. The alternative proposal from established medical schools at Auckland and Otago universities would see a different solution: the creation of a national School of Rural Health. This would share rural training infrastructure, coordinate rural placements, join medical school education to further training and also support rural training for nursing and other health professions.

Clearly, all three universities recognise the importance of increasing the number of graduates choosing rural medical careers and the number of Maori and Pacific graduates.

There are positive signs of success in New Zealand.

Otago and Auckland medical schools already provide community-based teaching, and sizeable student cohorts spend significant time in rural and regional settings and on GP placements.

The Rural and Regional Admissions Scheme recruits students from a rural background, and recent evidence indicates 50 per cent of those students have returned to work in regional and rural areas.

The success of the Maori and Pacific Admissions Scheme is the envy of Australian medical schools. Otago and Auckland universities now preferentially enrol young Maori at demographic equity, with 90 per cent of those entering the scheme completing the training. This is a result of years of building up the infrastructure, knowledge and skills to support Maori students.

However, the gap in access to health services for people living in rural New Zealand remains.

Training a doctor takes a long time: from nine to 15 years. This includes the basic medical degree, the period of a year or two after graduation (called "prevocational training") and further training to gain a qualification as a GP or in another medical specialty. What happens all along this training "pipeline" will influence the geographical location in which a doctor ultimately lives and practises.

Internationally, the strongest predictors of working as a rural doctor are having grown up in a rural area, undertaking medical education in a regional setting and being able to further train in a regional location after graduation.
So, though the location and rural orientation of basic medical education does matter, it is also vital to connect medical schools with training after graduation in order to produce a practising rural doctor.

And therein lies the problem. At present, most specialist training is conducted in big city hospitals. This forces many junior doctors who might wish to work in rural and regional communities to return to the city for specialist training. Currently in New Zealand, as in Australia, there is fierce competition among graduate doctors for the city hospital jobs they need to complete for their training. There is also a shortage of GP training places nationwide.

The problems with this are when doctors move back to the city to train they might prefer it and stay, and also the very real consequences of the time of life when doctors undertake specialist training. It's a time when they are likely to meet a life partner, have a child, buy a house and start to think about their children's education.

Funnelling more graduates from any medical school into this city-based specialist system will not fix the maldistribution of the medical workforce in New Zealand.

New Zealand has the advantage of being able to learn from Australia's mixed success in producing doctors for regional and rural areas. What is clear is that ramping up medical graduate numbers may just lead to even more sub-specialist doctors stacking up in major cities.

Australia is seeing the impact of what happens when you double the number of medical schools and almost triple the number of graduates without giving thought as to what comes next.

Belatedly, Australia is now paying attention to how specialist training after graduation should be structured in order to train doctors where they are most needed. In New Zealand, much of the growth in medical student enrolments is still coming through the two existing medical schools, so there is still time to act.

What is needed are programmes that allow doctors to complete further training while living and working in a regional location - with a city "rotation" if required. These regional training programmes should have a particular focus on the generalist specialties that are needed in regional rural areas, such as general practice, rural hospital medicine, general medicine and general surgery.

Rural and regional programmes need to provide improved "vertical integration" across the three stages of doctor training to better serve rural communities.

The pressures on health budgets are immense and every health dollar must be used wisely. New medical schools do not come cheaply. The costs include physical facilities on campuses and in hospitals and other healthcare settings, setting up supervised clinical placements, development of a research base and recruiting medical academics from a limited pool.

Rural communities are entitled to feel confident that any new investment in the medical workforce will actually deliver the goods. There's a good argument that the most urgent priority is to invest in regionally joined-up training after medical school graduation.
These debates are, of course, not unique to New Zealand or Australia. Countries across the world are challenged by rural health workforce issues. Medical Deans Australia and New Zealand has long been a vocal advocate for rural health reform. We believe people should get the health services they need irrespective of where they live.

Providing specialist and GP training in regional areas to allow those doctors who want to practise in a regional area the opportunity to do so, has to be part of the solution.

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