OPINION ARTICLE

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Boost Postgraduate Training and Doctors will Stay in the Regions

A recent Productivity Commission report reinforced what many in country towns and rural regions already know — it's tough finding a GP or specialist, and the lack of medical services is having an -impact on the health of rural and regional Australians.

People who live in regional and rural Australia are more likely to die of cancer, will die earlier and have higher rates of cardiovascular disease, diabetes and suicide than their city cousins. In a developed country such as Australia this is simply unacceptable.

Will a new medical school lead to more rural doctors? There is -renewed interest in a proposal to create a new medical school with Orange, Wagga Wagga and -Bendigo campuses, called the Murray Darling Medical School Initiative — with the sole aim to train doctors in rural areas on the assumption they will stay there.

This misses the crucial issue behind our rural doctor shortage: it's not more medical schools that are needed, it's more rural and -regional general practice and -specialty training places.

Simply building a rural-based medical school that will train students in locations where there are already rural clinical schools is not the answer.

We are awash in medical schools already. Australia has more than doubled the output of its medical schools over the past 15 years, largely to address the shortage of doctors in the late 1990s and early 2000s. Per capita, we graduate more doctors than almost all OECD countries.

This, combined with a huge increase in the importation of doctors from overseas, means we have what could be considered a high water mark for our medical workforce. It's just that most don't work in the bush.

A lot has already been done to encourage medical graduates to work in regional and rural -Australia. Many universities have rural clinical schools and students can experience placements in country areas. Federal government funding for these universities requires 25 per cent of medical students to be from a rural background, and these are the students more likely to want to practice in a rural area. Since 2003, the number of students from a rural background has increased from 20 per cent of commencing students to nearly 26 per cent.

There are more medical students and internships per capita in regional and rural Australia than in metropolitan Australia.

There is not a lack of willingness or interest among graduates to practise outside cities. Students from the city who undertake a rural placement also report high levels of satisfaction with the -experience. However, the path to becoming a fully fledged doctor is a long one. Four to six years at

medical school, followed by a year of internship and then typically four to 10 years spent training to be a specialist.

Competition for specialist training positions is fierce and even young doctors with the best intentions end up back in our cities to secure a training position.

This also tends to coincide with the time when young people are settling down with families, complicating the issue even further.

The small number of regional specialist training posts available are generally filled by trainees on short-term rotations from the city. It would be much more effective to create self-contained regional training programs, which would reserve these posts for trainees who want a career in rural -medicine.

So what is needed is more general practice and other specialist training opportunities in the bush. As long as young doctors have to return to big metropolitan hospitals to complete their training, we will struggle to address the -inequity in distribution of the medical workforce in Australia.

Understandably the idea of another new medical school that is rurally based appears an attractive option to governments and communities alike, who want to see the problem solved.

The federal government has already outlined a solution to the disconnect in the rural training system.

The regional training hubs and rural junior doctor innovation fund and new rural specialist training places will all provide opportunities for graduates interested in rural careers to stay in rural communities while they complete their postgraduate training.

There is much evidence to suggest doctors who train in remote and rural areas stay there.

These new initiatives recognise that our limited rural health resources and training capacity need to be directed to the training positions that follow medical school, not the medical schools themselves.

Rural communities will be much better served by an investment in regional post-graduate training.

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