

Developing doctors for rural and regional communities

University of Wollongong: Generalist Model

Aim: The school consciously builds a generalist focus within their students – whether general practice, rural generalism, or a combination of these specialties with emergency medicine.

Context: The university is headquartered in the coastal city of Wollongong in the Illawarra-Shoalhaven district in southern NSW (estimated population of 404,000). Its Graduate School of Medicine (GSM) was established in 2007, in close consultation with the communities of the region, and continues this foundational focus on developing doctors with the generalist medical skills needed to care for rural and regional communities.

Outcome of generalist approach: The program takes an integrated approach, from selection through to graduation, to developing doctors with the generalist focus needed by communities in non-metropolitan regions.

Research undertaken by the university shows that at ten years or more post-graduation, UOW graduates are 51% more likely to work in regional or rural areas (29% of UOW graduates), and 57% more likely to specialise in general practice (43% of UOW graduates) when compared with all Australian medical graduates.

KEY CONTACT

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“We don’t preference general practice per se; we want students to become the best doctors they can be and do what they want to do, but we do highlight the advantages of working in a rural area and provide that longitudinal clinical experience in primary care.”

Dr Andrew Bonney

Admissions: The university selects a high proportion of rural students and does not prescribe the type of undergraduate degree needed to apply.



Photo: University of Wollongong medical program alumni now staff at Shoalhaven Hospital, including GP and non-GP specialists.

Medical program: Four-year post-graduate entry course, with learning and assessment spread across primary care and hospital-based care.

- **Phase One (18 months):** An integrated, spiralled curriculum covering the relevant medical science subjects. Exam questions and case-based learning scenarios (CBLs) are just as likely to be set in general practice as hospital-based care, establishing Wollongong's ethos of treating both as equally important facets of medicine.
- **Phase Two (12 months):** Clinical training situated entirely in hospitals, in paediatrics, medicine, obstetrics/gynaecology, surgery and psychiatry.
- **Phase Three (12 months):** A longitudinal integrated clerkship giving students an understanding of the whole health system within a particular area. About 20% of students are based in Wollongong (MM1) for the year and the remaining 80% are based in one of ten rural/regional areas (MM2 to MM7) as far west as Broken Hill, south to Milton, south-west to Griffith and north to Lismore/Ballina.

Each area has a regional academic lead and a placement facilitator. The student week comprises:

- two days in general practice
 - two days in a mix of emergency and general medicine, depending on the local area
 - one regional academic day (CBL and simulated patient scenarios, typically run by local GPs)
- **Phase Four (six months):** Preparation for internship and selective/elective streams.

At the completion of the course, students have spent up to 25% of their 2.5 years of clinical learning in general practice.

Benefits of longitudinal integrated clerkship:

The year-long integrated clerkship in Phase 3 is embraced by the school, although it is time consuming and resource intensive, because data indicates that students really become part of the team in the second six months and start to provide a net benefit to the medical workforce.


Spending the year with a GP preceptor also seems to address any 'hidden curriculum' that discounts the value of general practice compared to other specialties. A diversity of males and females amongst GP preceptors, and proceduralists and non-proceduralists, provides scope for a range of students to think about what a career in generalism might look like. Student feedback at the end of their longitudinal placement is typically very positive about the GP preceptors.

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Challenges to the model: Securing placements in primary care is an ongoing challenge, dependent on the goodwill of GPs, particularly rural GPs. The GSM leaders suggest that the most effective way to address this risk would be for state health authorities to make strategic investments in primary care in areas of market failure for private practice. This would provide stability of primary care for under-served communities, as well as a sustainable training environment for students, junior doctors and registrars in general practice and rural generalist training pathways.



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