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MEDIA RELEASE

GPs TRAINED RURALLY COME BACK TO THE BUSH TO PRACTICE

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GENERAL practitioners with rural backgrounds or rural experience during their undergraduate or postgraduate medical training are more likely to practise in rural areas, according to the authors of a systematic review published online today by the *Medical Journal of Australia*.

More than 7 million Australians (29% of the population) live in regional and remote areas.

Despite recent increases in the number of GPs in these communities, differences in service delivery models and higher levels of service demand in some rural areas contribute to a shortage of GPs in rural areas. In very remote areas, the number of GP services per capita is about half that of major cities.

Rural Australians have higher rates of health risk behaviours (including smoking, excessive alcohol consumption, physical inactivity, overweight and obesity) and mortality (predominantly from heart disease and diabetes).

Researchers from General Practice Training Queensland, and the Rural Clinical Schools of the University of Queensland in Hervey Bay and Toowoomba, reviewed 27 studies on the effects of rural pipeline factors (rural background; rural clinical and education experience during undergraduate and postgraduate/vocational training) on likelihood of later general practice in rural areas.

“[The likelihood of] GPs practising in rural communities was significantly associated with having a rural background and with rural clinical experience during undergraduate and postgraduate training,” they found.

“The effects of multiple rural pipeline factors may be cumulative, and the duration of an experience influences the likelihood of a GP commencing and remaining in rural general practice.

“Most studies also found a relationship between clinical experience during medical school and later rural practice, particularly the longer rural experience provided by rural longitudinal integrated clerkships, rural rotations of longer than 3 months, and programs with specialised rural curricula,” the authors concluded.

“These interventions may facilitate positive experience of rural practice by increasing the sense of integration into rural communities and their contact with supervisors committed to rural practice.

“Providing medical undergraduates with rural training opportunities may assist skills development and knowledge acquisition as well as encouraging future rural practice.

“Our findings support the Stronger Rural Health Strategy recently announced by the Australian government, which includes a range of incentives and targeted funding that promote rural training for medical students and doctors, including the Rural Junior Doctor Training Innovation Fund and the Murray–Darling Medical Schools Network.”

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