accountable to an independent panel comprising the area’s state and federal politicians along with community and health-discipline representatives (such a system would be far more responsive to local difficulties and more in tune with concepts of accountability and quality); and

- increasing the proportion of bipartisan local, state or federal politicians serving on area health boards, along with limited-tenure members selected for professional prowess rather than political patronage.

But change and innovation alone will not allay a real anxiety about whether the Cam affair was an isolated incident or is destined to be replayed elsewhere. The unstoppable demand for hospital services during a medical and nursing workforce crisis, compounded by inadequate hospital funding,11 suggests that the latter is more likely. The community, through its politicians, has a confronting choice: either reinvigorate our hospital services by increasing the number of doctors and nurses and attend to our hospitals’ waning capacity and infrastructure through adequate funding, or await the next Cam affair.

Ironically, the Macarthur Health Service’s quality policy statement throughout this affair outlined a commitment to the principles of customer focus, strong leadership, striving improving.12 But the Cam affair illustrates that, for our hospitals, there is more to quality than rhetoric.

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Were those who worked in regional Ballarat a self-selected group, already with an interest in life outside the city? Only a prospective study can explore why choices were made, and what aspect of the internship promoted the choice of a career in rural medicine. Was it the social network the doctor made? or the content of medicine in rural areas, with common acute presentations to hospital rather than rare conditions (providing confidence in diagnosis and reducing the “fear” factor of on-call in comparative isolation)? or was it the context, with close relationships with a community making the doctor feel involved and included?

There has always been a tension in postgraduate medical education between providing workforce and furthering the education of doctors in training. Studies have shown that sending general practice registrars to areas of workforce need does not always guarantee a good learning experience, and may generate a desire to rush back to the city at the earliest opportunity. A study in central Australia suggests that, without adequate supervision, the significant learning opportunities available in rural areas are not fully utilised. Moreover, the National Female Rural General Practitioners Research Project noted that, while increasing numbers of women are choosing rural general practice, many female general practice registrars in rural areas planned to return to metropolitan areas once they had completed their training.

To solve the rural and remote workforce shortages, we need to provide appropriate, high-quality training in rural areas and specifically for rural areas. The absolute numbers of medical students with a rural background are still low, so any mechanisms that encourage students from urban backgrounds to work in rural and remote areas are important. However, the intern year needs to provide, in a protected environment, the practical knowledge and skills necessary for a safe standard of medical practice. We need to be sure that regional areas can provide this environment — accredited education, support, assessment, and suitable working conditions.

Do we need further evaluative research, as suggested by Peach et al? Yes, we need a prospective cohort study, taking into account the planned Committee of Deans of Australian Medical Schools (CDAMS) Rural Programs Evaluation Project, to examine the impact of both undergraduate and postgraduate rural initiatives on career directions. Should we wait for another 5 or 10 years for the results of this research? No, Australians in rural and remote areas cannot wait. We now have sufficient evidence to be confident that rural and remote training has an impact on subsequent choice of rural practice, and we know what constitutes an effective training post. Armed with these two pieces of information, we can proceed with increasing the numbers of regional internships. The distribution of internships should better reflect the health needs across Australia.

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