

Letter to the Editor



Wednesday 9 March

The Editor, 6 Minutes

Re: Rural training terms for registrars

I read with interest your article on rural training terms for registrars, and GPRA's concerns that registrars need better support while on placement in the bush.

The research quoted was based on only 15 participants from one region in NSW, so to extrapolate too much from it would be dangerous.

Notwithstanding this, it paints a fairly balanced view and largely confirms what we already know. That is:

- some registrars (particularly from rural backgrounds) are more likely to want to practise in the bush
- most registrars find their rural terms stimulating, see that the skills base needed in rural practice is incredibly broad, and relish the opportunity in a rural term to undertake more 'hands on' training than that available in an urban setting
- others find the term challenging, both professionally and personally

In many cases, a rural term nowadays doesn't mean driving hours along a dusty road to the Back of Beyond. It means flying to a major regional centre like Coffs Harbour, Tamworth, Albury or Townsville, or towns within coo-ee of a major centre.

Anecdotal evidence gathered by RDAA in talking with registrars also suggests that most find their rural term to be very positive, with a good number giving a career in rural practice serious thought as a result. Many registrars and their families are taken under the wing of their host rural practice and community, making the experience immensely productive and enjoyable.

Of course, not every registrar will have this experience...and we are the first to argue for additional supports. This is particularly so for overseas-trained registrars.

That there are concerns amongst some registrars highlights that there is a difference between rural and urban practice. Young doctors need to see this difference reflected through a national advanced rural training pathway, improved professional supports and infrastructure, and increased financial compensation that recognises the advanced skills required of doctors working in the bush.

We know there is a primary care deficit in rural areas of at least \$2 billion annually, and MABEL has shown that income is a factor in enticing doctors to rural practice.

Until this is recognised, rural communities will continue to struggle to have their healthcare needs met.

Dr Paul Mara
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