INVESTIGATING STRATEGIES TO PREPARE EARLY POSTGRADUATE DOCTORS FOR PRACTICE IN RURAL AND REMOTE COMMUNITIES

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LIST OF ACRONYMS

ACRRM	Australian College of Rural and Remote Medicine
ALSO	Advanced Life Support in Obstetrics
AMC	Australian Medical Council Incorporated
APLS	Advanced Paediatric Life Support
ARP	Academic Rural Practitioner
CD	Compact Disk
CPMEC	Confederation of Postgraduate Medical Education Councils
DCT	Director of Clinical Training
ED	Emergency Department
ELS	Emergency Life Support
EMST	Early Management of Severe Trauma
HECS	Higher Education Contribution Scheme
HMO	House Medical Officer or junior doctor
JCU	James Cook University
JD	Junior Doctor
JFSS	John Flynn Scholarship Scheme
MA	Medical Administrator
MEO	Medical Education Officer
MSRPP	Medical Superintendent with Right to Private Practice
MTRP	Medical Training Review Panel
PGPPP	Postgraduate General Practice Placements Program
PGY1	Postgraduate year one or internship
PGY2	Postgraduate year two or junior house officer
PGY3	Postgraduate year three
PHTLS	Pre-Hospital Trauma Life Support
PMC	Postgraduate Medical Council
PMEFQ	Postgraduate Medical Education Foundation of Queensland
QHRSS	Queensland Health Rural Scholarship Scheme
QMEC	Queensland Medical Education Committee
QRMSA	Queensland Rural Medical Support Agency
RAMUS	Remote Area Medical Undergraduate Student
RFDS	Royal Flying Doctors Service
RP	Rural Practitioner
RRAPP	Rural and Remote Area Placement Program
RRMA	Rural, Remote, Metropolitan Area Classification System

SUMMARY

In Queensland, workforce shortages have resulted in early postgraduate doctors, or junior doctors, being required to work in rural and remote communities including in solo doctor practices. These junior doctors faced a range of barriers and difficulties. The workforce issues were unlikely to be solved in the short term. This situation prompted this research which investigated what strategies would prepare early postgraduate doctors effectively for practice in rural and remote communities.

The study was conducted in three phases. Phase one was exploratory and data collected were used to explore the issues that were impacting currently upon junior doctors practising in rural and remote practice. Core competencies and strategies through which to pursue these issues were also identified.

In phase two the *Supporting Junior Doctors Going Bush* Program was developed. The program aimed to assist junior doctors in their preparation for practice in rural and remote communities and to minimise the difficulties faced. Four strategies were devised. The strategies were to:

1. facilitate appropriate term allocations (where possible);
2. provide ongoing education activities;
3. promote attendance at courses; and
4. provide orientation for those undertaking rural practice.

Phase three was the trial of the program. Kirkpatrick's model was used to guide evaluation. Case study methodology was appropriate to investigate and evaluate the feasibility and impact of the program in four teaching hospitals. Two of these hospitals were located in rural areas, one in a remote area and one in a semi-metropolitan area.

The strategies were able to be implemented to a reasonable degree at the four sites. Process evaluation revealed that most aspects of the strategies were feasible. There were some barriers that influenced feasibility, in particular the

strategies focusing on education and course participation. The barriers were related to workforce issues. Lack of a full complement in staffing at the senior and junior levels impacted on the complete implementation. The orientation strategy was not well implemented in any of the three hospitals where junior doctors were required to undertake rural practice, although junior doctors reported they did not need any further orientation.

Junior doctors from the two rural hospitals and the remote hospital perceived they were prepared for practice in rural and remote communities. Fewer of the doctors in the semi-metropolitan facility felt confident. The strategy that was most effective in preparing junior doctors for rural and remote practice was exposure to a broad range of clinical experiences. These experiences were able to be facilitated best at the two rural hospitals. While junior doctors from one rural facility had been required to undertake rural practice in their second postgraduate year, doctors from the other had been able to spend this year solely on preparation for future practice. Participation in skills and procedural courses complemented clinical practice and enabled participants to gain hands on experience and practise procedural skills. Courses facilitated the improvement of participants' confidence and those addressing the development of emergency skills were noted as the most beneficial.

The *Supporting Junior Doctors Going Bush* Program raised the profile of rural practice and provided direction for hospital educators to assist their junior doctors with relevant preparatory activities. The program itself did not have any significant influence on rural recruitment or retention. However, rural experiences in the second postgraduate year were impacting on intentions to fulfill obligations of the rural scholarship scheme which was held by junior doctors in the study. The State Health Department, which is responsible for workforce training and retention, needs to ensure training is made a priority within hospitals and provide sufficient funding and resources to support activities. A model was outlined that could assist future junior doctors in their preparation. Any future rural programs need to be better promoted and resourced.

DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university;

and to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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