



AMACDT and Medical College Trainee Representatives discuss College Initiatives to Support Trainees to Live and Work in Rural Areas

20 October 2022

The fourth AMA Trainee Forum of the year was held on 20 October 2022. AMA Council of Doctors in Training (AMACDT) Chair, Dr Hannah Szewczyk, facilitated a discussion on *college initiatives to support trainees to live and work in rural areas* with trainee representatives and trainee chairs from Specialist Medical Colleges attending. The AMACDT thanks the Rural Doctors Association of Australia (RDAA) for their contributions to this Trainee Forum's discussion questions.

Reflections and Discussion

Overall, trainees agreed that incentives and improved support for rural training is more effective than mandatory rural placements/bonding to attract and retain trainees and reduce the stigma of rural training. Suggested incentives/supports included improved pastoral care and mentorship, increased financial incentives for rural training, increased research support, decentralisation of exams and courses, and financial incentives for supervisors to ensure they are supported for non-clinical time. It was agreed that ensuring trainees had positive experiences when on rural rotations is critical for retention of trainees, and thus the sustainability of the rural medical workforce.

Professional isolation was identified as a major issue for rural trainees, with a lack of networking opportunities, and few daily interactions with colleagues negatively impacting doctor wellbeing and career progression. A lack of exposure to rural training in medical school and during prevocational training was highlighted as an area that could use significant improvement to enhance perceptions of living and working in rural areas.

Trainee committee chairs/representatives identified several incentives that could improve the attractiveness of living and training in rural areas.

Financial incentives: financial incentives were considered the most powerful lever to attract and retain trainees to live and work rurally. Financial incentives include:

- Direct payments to trainees in the form of salary, bridging payments, or allowances
- Training fee discounts for trainees in MMM2-7 locations
- Examination fee discounts for trainees in MMM2-7 locations
- Decentralised examinations for rural trainees (reduces travel costs)
- Post-fellowship opportunities to support retention

Specific rural training pathways and/or networks: options to support end-to-end training were welcomed by trainees, as living and working in rural areas for the duration of training means doctors are more likely to remain in these communities after obtaining fellowship. Alternatively, trainees supported the creation of rural training networks, where all rotations over the course of training would be within a single network, thus removing uncertainty around placement location.

Reduce professional isolation: professional isolation could be improved through mentoring, and through regular and coordinated networking opportunities with peers as well as senior clinicians.

Support for families: trainees that are already established or with families prior to rural training would benefit from broader support for spousal work, schooling, community engagement, and accommodation.

Research support: some colleges have compulsory research components, but research support for rural trainees is lacking. Research support for rural trainees could include access to centralised facilities and expertise, such as statisticians or support with study design.

Reducing stigma of rural training: ensuring that trainees are having positive and frequent rural training experiences as prevocational doctors and during specialty training is crucial for reducing the stigma around long-term rural work. Trainee committee chairs/representatives also supported recognition of continuous rural work as a prevocational doctor as advantageous for entering a specialty training pathway.

Other incentives included:

- Teaching support
- Improved infrastructure and equipment
- Improved processes for the accreditation of training sites
- Flexible training options
- Representation of rural and remote trainees within college committees/boards

Trainee committee chairs/representatives outlined a variety of supports offered by the colleges to trainees on rural rotations. The level of support varied between colleges, from very little support for rural trainees by colleges without strong rural programs, to emerging rural support programs, to more comprehensive supports for accommodation, education, and infrastructure.

During COVID-19, colleges pivoted quickly to provide examinations online, which reduced barriers and costs of examinations for rural trainees. Trainee committee chairs/representatives supported the continuation of online examinations even as restrictions on travel and gatherings are being removed to improve access for rural trainees.

Other notable supports for rural trainees include:

- A pilot study to reduce professional isolation through monthly zoom networking events. These have been well received by rural trainees
- Access to training and mentors (peer support)
- Interest free loans and fee waivers (where a trainee can prove they need it)
- Additional STP funding used to maintain accreditation surveillance of rural training sites (which can support rural trainees to have safe training environments)
- Provision of IT, such as an iPad and online accounts (Microsoft teams) to support online education
- Access to a centralised education program targeting regional and rural trainees to provide specific examination support

The following Medical College Trainee Committee Chairs/Representatives attended the Forum:

- Australian Medical Association Council of Doctors in Training
- Australian and New Zealand College of Anaesthetists
- Australasian College for Dermatologists
- Australasian College of Sport and Exercise Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Royal Australasian College of Physicians
- Royal College of Pathologists of Australasia
- Royal Australasian College of Medical Administrators

Apologies:

- Australian Indigenous Doctors' Association
- Australian College of Rural and Remote Medicine
- Australasian College for Emergency Medicine
- College of Intensive Care Medicine
- Royal Australasian College of Dental Surgeons
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Radiologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The next meeting will be held in 2023.

Previous AMA Trainee Forum communiques:

- [COVID-19 and its Impact on Specialty Training 1 June 2020](#)
- [Examination Processes 11 Aug 2020](#)
- [Contingency Planning for Exam Technical Failures 19 October 2020](#)
- [Best Practice in Trainee Representation, Engagement and Communication 28 Jan 2021](#)
- [College Assessment April 2021](#)
- [Costs of Training July 2021](#)
- [Processes for selection into training 26 October 2021](#)
- [Training through the pandemic—lessons learnt and the way forward in 2022 7 February 2022](#)
- [Supporting Aboriginal and Torres Strait Islander Trainees Progress Through Training to Fellowship 28 April 2022](#)
- [College Initiatives to Support Trainee Wellbeing 11 August](#)

The AMACDT Trainee Forum is designed to increase collaboration between Specialist Medical College Trainee Committees and enhance cross specialty communication. If you have any feedback or questions, please contact us at cdt.chair@ama.com.au