

Title: Barriers for Junior Doctors to Specialize in Rural Generalism – A Medical Student Experience

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Discussion Points:

- There are shortages of doctors in rural and remote regions of Australia.
- Facilitators and barriers exist in training and recruiting rural generalists.
- Recognition of these barriers will help change and develop strategies for equitable healthcare across Australia.

Key Words: Family medicine, general practitioner, rural health

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THE EXPERIENCE

Australia is an exceptional country, with the majority of its population living on the Eastern Seaboard in highly urbanized, developed capital cities such as Sydney, Melbourne, and Brisbane. However, more than seven million Australian's live inland in some of the flattest, driest, and inhabitable regions on Earth.¹ This provides unique challenges to Australia's regional country towns, as they battle issues such as isolation, substandard health resources and poor welfare. Despite Australia's world class healthcare system, unfortunately individual's living in regional Australia, have health comparable to that of low and middle income countries.² Government strategies have aimed to improve this through lackluster funding, empty promises, and ill-considered pathway strategies.^{3,4}

The Australian Government are desperate to train more rural generalists. Through a reflection of my time, experiences and observations on placement in the small regional town of Deniliquin, I discuss the facilitators and barriers preventing junior doctors from entering this highly needed career pathway. Through recognition of these challenges, perhaps it will promote change in how we implement healthcare strategies for regional Australians.

To contextualize, Deniliquin is a small regional town of 8000 people in New South Wales (Figure 1), with a dozen primary care physicians and a single 41-bed hospital facility which includes general medical, day surgery and maternity beds, as well as a 24-hour Emergency Department.

FACILITATORS TO SPECIALIZE IN RURAL GENERALISM

Through a medical student experience of rural generalism I have been enlightened on numerous facilitators to enter a rural generalist career pathway. Firstly, working as a rural generalist enables experiences in interesting and diverse medical cases which present to both clinic and emergency departments in a rural centre. For many junior doctors this is a very attractive component of the job, and has the ability to persuade an individual to initiate a career in rural generalism. The rural generalist career is also adaptable to any stage of life, allowing even doctors mid-way through their career to easily change into this medical pathway. Another strong facilitator for a career in rural healthcare is the high demand for doctors 'out bush', which enables easy employment in any location desired.

During my own experience in Deniliquin it was obvious to see how the rural Australian landscape is a strong motive for many junior doctors to move from the busy urbanized cities to the lush green expanses of the bush. The perfect tranquil scenes I experienced in Deniliquin was mesmerizing to wake up to. Dozens of kangaroos would sit outside my window as I at breakfast, the Edward river flowed adjacent to my drive to work and the tall scribbly gumtrees would tower over me during my walk to the clinic (Figure 2). Importantly, the charisma of every rural community is unique and vivacious. During my stay in Deniliquin, I attended street fairs, the country show, and even a salami festival. At every event everyone in town attended, and knew each other. It was a

1 humbling and wonderful experience to be a part of. The strong community spirit of small country towns is a
2 reason many junior doctors endeavor to work in rural healthcare.

5 **BARRIERS TO SPECIALIZE IN RURAL GENERALISM**

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7 Despite the desperate need to employ more doctors in a rural healthcare setting, there are significant drawbacks
8 preventing junior doctors from committing to a career in rural generalism. Despite the many marketing strategies
9 promoting rural generalism as a highly accommodating and adaptable career, during my placement I came to
10 discover in reality this is not the case. As described above, rural generalist days are long with most days being
11 double and triple booked. You may read this and think to yourself, most doctors have this issue. However, '*out
12 in the sticks*', if you are not in clinic, you are either rounding on hospital patients, assessing patients in
13 emergency, or on call for emergency obstetrics and trauma. Rural generalists do more than work overtime, they
14 work a dangerous amount. With days, weeks, and months like these, I have learnt that for rural generalists
15 planning a personal life outside of work is almost impossible – no matter your seniority. Rural generalist doctors
16 moving out to our regional communities must give up any personal time due to high levels of workload and
17 uncertainty of working hours. These doctors take up a great responsibility, placing the healthcare of the
18 community above their own lives and their own families. From my experience, work life balance in rural
19 generalism does not exist and is becoming increasingly more obvious.

20
21 Packing your bags and starting your new life in a beautiful town like Deniliquin may sound ideal, however, these
22 beautiful landscapes come at a great cost. This cost is the isolation faced from living hundreds-to-thousands of
23 kilometers away from family, friends, transportation and healthcare resources. Each individual considering a
24 career path in rural generalism must consider if all these barriers and costs are suitable to their current lifestyle.
25 Of significance, the chief consideration a junior doctors must consider upon deciding a career in rural healthcare
26 is the health and wellbeing of yourself and you household dependents.

27
28 As described earlier, small country towns are tight knit with a strong sense of community, however, this comes
29 with the crucial issue of a lack of privacy. This is exceptionally challenging working as a healthcare professional.
30 The predominant issue is separating a privately bound patient-doctor relationships from personal friendships.
31 This is extraordinarily difficult in small country towns and leads to many clinicians in these regions exhausted
32 and lonely. Hence, another barrier preventing junior doctors from entering a rural generalist career.

35 **CONCLUSION**

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37 My placement in Deniliquin has opened my eyes to the rural generalist pathway. It is one of the most rewarding,
38 yet challenging careers available, and unlike any other specialty in medicine. Through a medical student
39 experience, I was able to appreciate the facilitators and barriers for junior doctors choosing to specialize in rural
40 generalism. Strategies to overcome these barriers include greater support for interested doctors through flexible
41 rotations, structured training schemes, housing packages, monetary bonuses, and improved healthcare

1 infrastructure in these regions. Using management frameworks similar to overseas expatriate modelling, may
2 make rural generalism more desirable, and encourage many junior doctors to begin a career path in rural
3 medicine.

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Accepted, in-press

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1 **SUMMARY - ACCELERATING TRANSLATION**

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3 Australia is one of the largest countries in the world, with many of its residents living in regional and remote
4 towns. Healthcare services and resources across most of Australia are phenomenal due to well thought out
5 government led funding. However, there is difficulty accessing these services in rural towns. There is a critical
6 need to provide more healthcare staff rurally, this includes a type of doctor called a rural generalist. A specialized
7 career in rural generalism is one that includes family medicine with added skills to care for regional and remote
8 communities. Unfortunately, there are enormous barriers that prevent many junior doctors from deciding to
9 continue a career in rural medicine. Through my experience in a small country town called Deniliquin, I discuss
10 the facilitators and barriers including work life balance, isolation and privacy. This reflective article exposes the
11 need to improve Australian rural healthcare networks and provide solutions to overcome these barriers to
12 encourage more doctors to specialize in rural healthcare.

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1 **FIGURES AND TABLES.**

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3 **Figure 1.** Map of Australia depicting the location of Deniliquin in relation to the large metropolitan capital cities.

4 *Legend:* Source, Google Maps ©

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1 **Figure 2.** Deniliquin – the dirt road I took each day from my accommodation to the hospital.

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