

POLICY DOCUMENT

RURAL BACKGROUND ENTRY

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for Australia's medical students. AMSA's key mandate is to connect, inform and represent medical students. There is a large body of literature to suggest that rural students face considerable barriers in their application to medicine. These may include, but are not limited to:

- increased geographical distance and isolation^{i,ii}
- financial cost of application processes^{iii,iv,v,vi}
- dislocation from family and friends^{vii}
- perceived lower level of academic achievement^{viii}
- support (or lack of) for tertiary education from students, parents, careers advisors and teachers in rural communities^{ix,x}
- under-representation of rural students in Australian tertiary institutions^{xi}
- lack of access to information on medical courses and careers^{xii, xiii, xiv}

Much research has been done to show that medical and other health students who grow up in rural areas are more likely to return to those areas upon graduation^{xv}.

Position Statement

AMSA believe that every effort should be made to ensure rural students are given equitable chance to enter medical school.

Policy

AMSA believes that:

1. support should be provided to rural high school students to enable them to prepare for the medical admissions processes as they choose, subject to AMSA's UMAT training course policy.
2. universities should provide easily-accessible and accurate information to all careers advisors through hardcopy and softcopy formats.
3. universities should make a deliberate effort to advertise programs and scholarships available to rural students.
4. careers advisors should be appropriately informed as to the support and entry schemes available to rural students.
5. universities and tertiary entry allocation systems should provide additional points to students from rural schools to overcome educational disadvantage.
6. rural high schools in similar geographical areas should provide networks of students wishing to enter medical school, and be supported in this by city-based organisations such as rural health clubs, rural health organisations, universities and local health networks.
7. rural-background entry schemes should be available at all universities.

8. financial support should be provided to rural students in order to attend interviews in multiple locations, or pending this, students and rural high schools should be able to make use of video- or teleconferencing facilities to conduct interviews.
9. scholarships such as Rural Australian Medical Undergraduate Scholarships are essential schemes.
10. the RAMUS scheme should be expanded to accommodate for increases in medical student numbers and increased rural student entry.
11. the performance of medical education providers against rural background entry targets be reported in the public domain.

AMSA calls medical education providers to:

1. ensure that at least 25% of Commonwealth-Supported Placement students commencing medical school originate from a rural background;
2. acknowledge that educational opportunities decrease as geographical remoteness increases, and should consider recruitment strategies accordingly; and
3. ensure medical school staff with a background in rural medicine contribute to the selection process.

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References

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- ^{viii} Heaney S. *Ibid* 1998
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- ^{xi} Nelson B. *Higher Education Report for the 2004 to 2006 triennium.* Canberra, ACT: Australian Government Department of Education, Science and Training, 2004.
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- ^{xv} Laven G, Wilkinson D. Rural doctors and rural backgrounds: how strong is the evidence? A systematic review. *Australian Journal of Rural Health* 2003; **11**: 277-284.