POLICY DOCUMENT
RURAL CLINICAL SCHOOLS

Background

Rural clinical schools provide an essential teaching opportunity for universities and students. Training in a rural area ensures medical students receive the full scope of rural practice, with support from the local community and with a structured training program and objectives. With an increasing number of medical students, rural areas provide an excellent resource for additional placements. However, a number of issues need to be carefully managed to ensure equity in accessibility, education and support.

Promotion and advertisement of rural clinical school placements should be aimed at all students. Recruitment strategies must highlight the many benefits of rural medicine and lifestyle both as a student and as a practising medical professional. Many students consider rural placements for the high level of clinical training, the exceptional hands-on experience and the one-on-one teaching available. However, students should be encouraged to consider the factors which will lead them towards rural careers. These may include the variety and challenge involved in rural medicine, or the community involvement associated with being a rural doctor.

Universities must make every effort to promote rural placements as attractive options for students. Conscription of students negatively impacts students' opinions of their placement and subsequent efforts to recruit to rural careers are less likely to be successful. AMSA recognises that with expanding student numbers and a fluctuating rural health workforce, many new sites need to be opened and established sites must be expanded. However, there needs to be appropriate facilities for students at each clinical site.

Rural placements remove students from their environmental support structures, often during difficult study periods. Every effort must be made to ensure students on rural placement are not inconvenienced through lack of support. Students on rural placement often must give up their usual occupation in the city. Even if students are able to return to the city on weekends to work, this defeats the purpose of living fulltime in a rural area and hence should be discouraged and alternative arrangements made. In addition to significant mental health issues faced by many medical students, students on rural placements may also experience feelings of isolation, with a move away from regular support structures potentially adding additional stress. Placement at health services within small centres can make it difficult for students to access health services and still maintain privacy. It is important for rural clinical schools to proactively address issues related to student health and support them to maintain wellbeing.

Rural health has a paucity of all health professionals. Additionally many health professionals, particularly emerging health professionals are expressing the desire to work in multi-disciplinary or inter-professional teams. This has been shown to improve patient outcomes and increase collegiate support for professionals. In light of this, it will become necessary for health students to be taught in an environment which will promote an understanding of roles and accurate utilisation of each professions abilities. Sites should investigate their individual feasibility of providing such inter-professional education opportunities with the student representatives of each discipline present at that time. Such teaching needs to highlight the special significance of multi-disciplinary teams in rural areas.

Position Statement
AMSA believes that students need to be supported adequately in rural clinical locations.

Policy
AMSA believes that:

1. universities should positively promote and provide incentives to undertake rural placements aimed at highlighting rural lifestyle and community;
2. universities should only resort to coercive activities when positive promotion is insufficient in attracting the required student numbers to rural clinical schools. Additionally, when such a situation occurs, universities should examine the strategies they employ to attract students to rural clinical schools, and re-evaluate whether additional incentives or supports should be offered to their students;
3. adequate accommodation must be provided free of charge, to students undertaking rural placements;
4. universities should provide equitable education and clinical resources such as library resources and information technology facilities at every rural clinical site, these resources should be free of charge, to students;
5. there is a need for flexibility and consideration of individual requirements when undertaking rural placements;
6. rural clinical schools should assist students to access health services that enable them to maintain their privacy, including services equipped to address mental health issues;
7. information technology facilities must ensure that students have 24-hour access to computers and broadband internet, with timely access to IT assistance from trained professionals;
8. universities should provide financial support to students whilst on rural placement to cover living costs and travel.
9. rural clinical schools should set up programs to assist interested students to find paid employment;
10. universities should provide professional development for rural doctors in teaching methods;
11. practice Incentive Payments should be continued and realistic to the cost of educating students;
12. beyond rural clinical schools medical graduates must have opportunities to access pre-vocational and vocational training rural areas; (6/01)
13. universities should make every effort to ensure that students have the opportunity to undertake examinations at, or as near as possible to, the site of their rural placement;
14. rural clinical schools should support interested students to integrate in the community, including by facilitating participation in local sporting and other community groups; and
15. universities should support students to transition to learn in different rural and urban clinical settings.

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