

Experiences of JCU MBBS graduates in remote northern Australian towns: Preliminary findings

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Background

Over 65% of all James Cook University (JCU) medical graduates practise outside of major cities (compared to 20% of all Australian clinicians), including 5% who choose to practice in remote northern Australian towns such as Mount Isa, Darwin, and Palm and Thursday Islands. Many remote towns have high proportional Aboriginal and Torres Strait Islander populations. Little is known about the challenges and pressures for Australian doctors practising in remote locations; including community expectations around advocacy and leadership roles for graduates from Aboriginal or Torres Strait Islander cultures.

Aims

Qualitatively explore the the experiences of Indigenous and non-Indigenous JCU medical graduates who chose to work in a remote northern Australian town, with respect to the challenges associated with remote practice and patient encounters.

Method

Six X 30-40 minute, in-depth telephone interviews with JCU medical graduates who have practised in a remote north Australian community (8 more to follow). Analysis involved using Grounded Theory to develop concepts out of data collected in interviews, then following phenomenological research to provide rigour, validity & reliability.

Findings

... about practising in a remote town

- * Benefits include adventure and outdoors experiences (camping, fishing), and increased confidence and competencies through working independently to manage emergencies and long-term patients across a range of conditions.
- * Challenges include fatigue (short-term), burn-out (long-term) & lack of opportunities for professional development if insufficient doctors in the area. Lack of doctors could be overcome by providing and better advertising financial rewards for some doctors ("Only when I was here did I know of all the incentives"; "some want good money for 3 years to get ahead").
- * More recent programs are proving successful in getting doctors out to remote areas - the PG-PPP program which rotates residents to remote towns for 3-month stints ("gives them a taste and removes their perceptions about remote lifestyle, and if they have a positive experience, they will want to come back"), and the ACRRM Rural Generalist program for longer periods.
- * If going remote with a partner and/or children, the partner must have employment and establish their own social networks, but having less than high school-aged children is usually no problem and often leads to socializing from day-care connections.
- * JCU graduates were positive about the future of remote practice because of improvements in the Rural Generalist training program (now they can sit exams in the community, and training now involves less moving around to new communities), increasing numbers of new doctors from the JCU medical school, and the success of the PG-PPP program.

... about caring for Aboriginal & Torres Strait Islander patients

- * All graduates reported many rewarding experiences, though many non-Indigenous graduates reported difficulties in getting Indigenous patients to leave their community for specialist care.
- * All thought good outcomes primarily resulted from building doctor-patient trust and rapport, with the longer the doctor worked in that town, the better became the trust and rapport. Other suggestions included involving Aboriginal health workers as much as possible, using a down-to-earth approach and simple language in consultations, making sure to liaise with all the important family members, and getting out of the clinic and into people homes to understand their situation.
- * Indigenous doctors regularly provide after-hours advocacy: sitting on reference groups, assisting patients and relatives with issues around housing, employment, Centre-link payments, etc. While personally rewarding ("I think this has a bigger impact on their health than the consultations"), it was also very demanding ("It's difficult to find a balance. You organize things yourself, do lots of home visits – not sustainable delivery that you can keep up, but at the time, you're not thinking of ramifications. Not sure I handled that aspect particularly well – it's why I moved. If I had my time again, I would set better boundaries.")

Conclusions

A good work-life balance is achievable in remote areas if adequate numbers of doctors are present and boundaries maintained around patient advocacy. Graduates will always leave remote practice because of reasons associated with children reaching high school, specialist training, burn-out, partner's health or career, etc; but most will likely return. JCU graduates are positive about the future of remote northern Australia medical practice due to a more appropriately designed Rural Generalist pathway, the PG-PPP program to rotate resident doctors to remote areas, and a pipeline of well-trained graduates from the JCU program.