

The New Zealand Rural Hospital Medicine training program at 10 years: locality and career choice of the first graduate cohort.

Introduction

The critical role of targeted rural postgraduate training pathways in recruitment and retention of a rural workforce is internationally well recognised.^{1,2} Country-specific approaches to vocational rural medical training have emerged.²

In New Zealand (NZ), Rural Hospital Medicine (RHM) was recognised by the Medical Council of New Zealand (MCNZ) as a vocational scope of practice in 2008. The scope was established in response to serious rural hospital workforce shortages and lack of any recognised training pathway.³

The RHM scope is defined by its rural hospital context and is orientated to secondary care. The RHM professional body, the Division of Rural Hospital Medicine, sits within the Royal NZ College of General Practitioners (RNZCGP).³ The national RHM training program (RHMTTP) is NZ's only rural-specific vocational pathway, trainees graduating with a Fellowship of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ).

The history of the RHMTTP's development, association with a university qualification and its integration with General Practice (GP) training, are described elsewhere.³ The combined RHM-GP pathway is similar to Australian rural generalist pathways.

The analysis presented here is part of a larger study of the RHMTTP's first decade outcomes. The aim of this paper is to present the findings of graduates' early career workplace and specialty choice.

Participants, Methods, Results

A mixed method descriptive study, with data collected from databases (MCNZ Register of Doctors; RNZCGP; University of Otago student enrolment records) and via an electronic survey. Data was sought on all RHMTTP graduates, through to 1 August 2019.

All graduates were invited to participate in the survey, generated using Qualtrics (*TM Prova, Utah, USA*). Participants were emailed a unique link giving immediate survey access. The

survey, open for 10 weeks, included questions about current position/s; scope of practice and locality.

Database and survey data was separately collated and entered into respective Excel (*Microsoft Corporation, Redmond, WA, USA*) spread sheets. Simple descriptive statistics were used to summarise relevant demographic and personal characteristics, including: current practicing status, vocational qualifications; work location.

No definition of rural was provided to survey participants. The definition of a rural hospital is well understood in NZ. (3)

Ethics approval was obtained from the University of Otago Human Ethics Committee, Reference D19/194.

Results

Databases: In total, 29 trainees had graduated (the first in 2012), of these three were not currently practicing. Over half (17/29, 59%) of graduates had completed dual training with General Practice. Graduate characteristics are summarised in [Table 1](#).

Survey: response rate was 97% (28/29). **Locality:** Of those respondents currently practicing, 24/26 (92%) were working in rural settings and 2/26 in urban settings. Two respondents (2/28) were taking a break from practice for family reasons. Of those respondents working in a rural hospital (22), 8 were North Island, and 14 South Island-based. **Practice speciality:** Of the 24 respondents currently practicing rurally, 22/24 were working in RHM, frequently (11/22, 50%) in combination with other scopes: General Practice (8/11) or Emergency Medicine (4/11). Two were working solely in rural General Practice.

Comment

In its first decade, the RHMTTP has created a cohort of highly qualified doctors who are working in rural hospitals and rural general practice across NZ. This study provides the first real evidence on actual postgraduate practice location, as compared to 'intent to practice' for rural career choice for NZ medical practitioners.

The findings add to international evidence that dedicated rural postgraduate training is strongly associated with entering rural practice.²⁻⁵ Study findings compare favourably with rural workforce outcomes of other postgraduate rural programs.^{4,5} Further analysis of study

data being undertaken will consider the effectiveness of the RHMTTP in meeting the needs of NZs diverse rural communities. Ongoing studies will be needed to assess the retention of RHM graduates in their later career.

References

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