

## **Increasing the amount of training time in rural areas increased the odds that GPs work rurally**

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New research which links the amount of training time spent in rural areas with the odds of General Practitioners working in rural and remote areas has today been published in the *American Journal of Graduate Medical Education*.

The study addresses an urgent need to understand how to increase the likelihood of junior doctors choosing to practice as GPs in rural or remote areas.

The paper titled: *Family Medicine Residencies: How Rural Training Exposure in GME Is Associated With Subsequent Rural Practice*, shows that when junior doctors do their GP training in rural and remote areas they are more likely to subsequently decide to work in rural areas.

While other research has previously identified associations between rural training – particularly as a medical student – and subsequent rural practice, this study showed that as the amount of rural GP training of junior doctors increased, so did their likelihood of rural practice.

Lead author, Menzies Senior Research Fellow Dr Deborah Russell, said that in the US, where this study was undertaken, almost all (91%) junior doctors training to be GPs have no rural training, leaving enormous scope for government policy to increase rural training opportunities for junior doctors.

The findings of this US study are relevant for ensuring that enough Australian GPs choose to work in rural and remote areas of Australia.

Currently, Australian government policy mandates that about half of the doctors training to be GPs do their training in rural areas, which is a much greater proportion than in the US.

However, training pathways for junior doctors are slightly different in Australia compared to the US. In Australia, junior doctors don't enter specialty training pathways (such as GP training) for at least two years after graduating.

This creates a gap in their training whereby Australian junior doctors remain in hospitals, largely in metropolitan areas, and seldom have exposures to rural and remote general practice.

“The findings suggest that greater investment in rural training programs – especially investments that target current gaps in rural primary care training such as during the prevocational period – could help address forecast shortages in the rural primary care workforce, which in turn could lead to more equitable health outcomes for rural populations,” Dr Russell said.

The published paper is available [here](#).

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**Menzies School of Health Research**

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