



Future workforce:
Building the pipeline

Pathways to Progress: Healthcare Access in Rural Victoria

Abstract title: Rural Origin Definitions for Medical School Entry and Measuring Outcomes

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Objective:

This scoping study aims to ascertain the varying definitions utilised by Australian medical schools in screening applicants with regards to 'rural origin'. It also explores how 'rural origin' is defined in the literature, especially pertaining to the relationship between 'rural origin' and intended/actual rural practice for medical graduates, and whether these definitions align with those used by Australian medical schools.

Background:

Australia's regions are lacking in permanent medical workforce compared to its metropolitan areas; hence, there have been efforts to increase the number of graduating doctors choosing to work rurally. One policy is to recruit 'rural origin' students to Australian medical schools, with the expectation that 'rural origin' graduates are more likely to practice rurally. However, it remains unclear if the identification and preference of rural applicants by medical schools has been optimised to produce best possible results.

Methods:

A search was performed of Australian medical school websites and information regarding each of their rural entry schemes was compiled, including whether one existed and applicant eligibility criteria. A search of the literature was then performed to identify studies relating to 'rural origin' and its relationship to intended or actual rural medical practice. The general findings and chosen 'rural origin'/'rural practice' definitions were extracted from 78 included studies.

Results:

Definitions of 'rural origin' were relatively consistent across Australian medical schools, with only a few universities altering the federal government's definition. In the literature which investigates 'rural origin' as a predictor of rural work for medical practitioners – intention or actual – definitions are largely incomplete, or otherwise absent, and vary greatly. Overwhelmingly, available research suggests a positive relationship between 'rural origin' and 'rural practice'.

Discussion:

Though there is evidence in the literature to support current medical school definitions of 'rural origin', research which stratifies rurality by remoteness or length of residence, as well as state specific research, is lacking. It is clear that further research is needed to build a detailed evidence base for the creation of more nuanced definitions of 'rural origin' to target the unique rural workforce issues of each Australian state."