

COMUNICAÇÃO ORAL COORDENADA

Human Resources and Training for Rural Health

Does the rural medical workforce pipeline work in Queensland, Australia?

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Introdução: A rural medical training pipeline concept has been proposed to address workforce shortages in Australia, providing both short term workforce solutions and ultimately, qualified rural generalists remaining in rural practice. An evaluation of these vertically integrated programs has been undertaken at Queensland Rural Medical Education (QRME).

Objetivos: Our objective is to evaluate the efficiencies and efficacy of investment in a pipeline approach at QRME integrating the Longlook program (a longitudinal rural student placements of 1-2 years) and the QRME prevocational rural placement program, leading to the Rural GP vocational training program.

Metodologia ou Descrição da Experiência: Two phases of this research are evaluating the longitudinal outcomes of the Queensland Rural Medical Longlook program in terms of choice of internship location, prevocational placements and vocational training choice; and the longitudinal outcomes of the QRME prevocational rural placement program regarding vocational choice and location of training. Secondly, to evaluate the linkage of these programs for individuals and in promoting rural medicine. Four years of Longlook students (n=70) and 5 years of Prevocational Rural Placement participants (n=204) have been tracked into internship and vocational training; and their opinions sought on benefits of the rural experience.

Resultados: For students undertaking Longlook, no demonstrable academic disadvantage has been found for either the one or two year programs. Students rated the model as highly acceptable especially for internship preparation. Their translation rates to rural internships and generalist vocational training are greater than metropolitan students. A high proportion of Longlook students go onto choose prevocational rural placements. Participants in the prevocational rural placement program had a significantly greater translation rate to both GP training and specifically to Rural Generalist training programs. The term was rated highly in informing career decisions and understanding of rural medicine.

Conclusão ou Hipóteses: Both the Longlook program and QRME prevocational rural placement program are effective, well accepted and reasonably integrated providing a true pipeline enhancing rural medical workforce in the short and long terms.

Palavras-chave: Medical Training Pipeline. Vertical Integration. Rural Medicine.