13th National Prevocational Medical Education Forum, Hobart TAS, 9-12 November 2008

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Alison Moffatt

13th National Prevocational Medical Education Forum  
(9th - 12th November 2008)

Dr. Alison Moffatt  
Psychiatry Registrar  
RAMUS Alumnus

With the assistance of the RAMUS Conference Placement Program, I was able to attend the 13th National Prevocational Medical Education Forum, hosted by the Postgraduate Medical Institute of Tasmania. Around four hundred delegates attended the four day conference in Hobart, including many key stakeholders in prevocational medical education, to discuss the training of doctors in their first two to three years following graduation from university.

The major theme addressed at the conference, “Riding the wave”, referred to the massive expansion of undergraduate medical training, and how the greatly increased number of medical graduates entering the workforce will be optimally managed. This issue has particular implications for rural areas, as it is likely that rural communities may stand to benefit from this expansion of the medical workforce, as further training sites outside the traditional urban tertiary hospital settings are sought.

The conference commenced an opening address from Li Cunxin, author of the international best selling autobiography, “Mao’s Last Dancer.” Before the presentation, I was quite curious as to the link between the arts and medical education that I expected to be explored during the speech. It turned out to be an amazing experience, and what I suspect may have been one of the most emotionally charged audiences at a medical conference. Li’s outstanding address focused on aspects of his unique life story that can be effectively incorporated into challenges facing any individual or group. In particular, the way in which determination and passion lead to human achievement, and how we can ultimately rise up against any challenges that can transpire. While this is particularly relevant to medical education, the parallels with the difficulties in delivering health care to rural Australia struck a chord with me: the need to foster commitment, set goals and achieve them against what often seem impossible obstacles.

The conference program was quite extensive, and the many concurrent sessions made it possible to hear only some of the interesting presentations on offer. I was surprised to find myself increasingly drawn to the presentations of smaller rural groups involved in medical education and training, over the key note speakers and plenary sessions in the large venues.

There were a few presentations that particularly interested me. The first was titled “Support for supervisors and mentors of junior doctors in rural teaching settings: promotion of high quality educational outcomes”, the work of Anna Nichols and Marita

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Cowie from the Australian College of Rural and Remote Medicine. The aim of the study was to clarify the support mechanisms for rural supervisors and teachers, and to develop a greater understanding of the contributors to excellence in rural teaching. Their findings supported fostering a well-informed and enthusiastic junior doctor cohort, and expanding options for rural exposure across levels of training. This especially interested me as a specialist trainee endeavoring to complete a large proportion of my postgraduate training in rural Australia. They clearly articulated the ongoing challenge of addressing the perceptions of metropolitan students, health professionals and policy makers in regards to rural training opportunities, and also addressed the perennial difficulties of competing clinical, administrative and teaching roles of rural clinicians.

Vivienne Duggin’s “Rural Generalist Pathway – WA” addressed the serious shortage of rural generalist practitioners in Western Australia, and the high turnover of doctors in remote areas. The Rural Generalist Pathway is a proposed strategy to ensure a sustainable, locally trained workforce for rural Western Australia. Strongly supported by the existing rural doctors and rural communities, a priority is to ensure a more coordinated and collaborative model of training and support to junior doctors.

I also appreciated the study by Alison Marrinan of “Interns facilitating a specialist service via videophone technology in rural general practice.” My early postgraduate years in rural Australia involved a significant amount of training and patient management by videoconferencing, and I was interested to hear the details of the South Australian region in which this technology has worked particularly well and received high rates of patient and practitioner satisfaction.

In addition to enjoying the various informative sessions on offer and the exciting range of entertainment options accompanying the conference, the other major focus of the conference for me was the somewhat anxiety-provoking experience of presenting the results of a study that my colleague Dr Stephanie Arnold and I have been working on for the past few years. We were pleased to have been accepted to present the findings of our study “Recruiting and Retaining Prevocational Trainees to Rural NSW Hospitals”. The largest study to date of rural-based pre-vocational trainees in Australia, we researched the factors that affect the recruitment, experience, retention and career progression of junior doctors working in rural hospitals in NSW. This presentation was particularly timely and relevant to the theme of the conference, given the increasing numbers of medical graduates and the need for more hospital positions throughout the country. Our presentation was received very well, and we were particularly pleased to be approached by both rural educators and a representative from the Commonwealth Department of Health and Ageing about our findings and suggestions for future research.

I believe that through my attendance at the above conference, I addressed a number of the RAMUS Conference Placement Program’s aims. As a medical practitioner with a keen interest in medical education who intends to remain in rural Australia, the conference assisted me in continuing to broaden my knowledge of the issues facing new
graduates as they begin their careers, many of whom may be in the country. It also enabled me to establish contacts which may help me in supporting those graduating doctors who do choose to work in the country. Having lived and worked in a rural community for the first three years after my graduation from medical school, I was particularly pleased to be able to use my experiences there to assist me in undertaking research and then presenting the results at a National Forum. I hope that by sharing some of the results of our research, we provided food for thought for those driving medical recruitment and training policies, particularly in rural areas.

I am particularly grateful to the National Rural Health Alliance for the opportunity to have attended the conference as part of the RAMUS Alumni program, and I would certainly recommend future National Prevocational Medical Education Conferences to both rurally based junior doctors and those who support them.