

Factors that influence Australian medical graduates' preferences and rural workplace rotations

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Background: Severe medical workforce shortages in rural Australia has prompted research about factors associated with medical graduates working rurally. The University of Notre Dame Fremantle (NDF) medicine course has a strong rural focus, aiming to meet areas of unmet need, including rural workforce shortages.

Aims: To (i) identify factors influencing whether Australian medical graduates prefer to or actually work in a rural location, and (ii) determine if NDF medical graduates are more likely than graduates of other Australian medical schools to have a preference for or work rurally.

Methods: Longitudinal data from the Medical Schools Outcomes Database (MSOD) were analysed using univariate and multivariate logistic regression, in the setting of twenty Australian medical schools. Participants included Australian or New Zealand citizens and Australian permanent residents who commenced medical school in 2006 and 2007. Outcomes of interest were preferred and actual work locations one (PGY1) and three (PGY3) years post-graduation.

Results: There were 3968 participants, 155 (3.91%) of whom were NDF students. Self-reported preference for rural practice location at medical school commencement was the strongest independent predictor of whether a PGY1 graduate would have a rural location preference (odds ratio [OR], 7.32; 95% CI, 5.44-9.85) or work rurally (OR, 2.14; 95% CI, 1.69-2.71). Students of graduate-entry programs (OR, 0.63; 95% CI, 0.52-0.78) or with dependent children (OR, 0.56; 95% CI, 0.38-0.82) were less likely to have worked rurally during PGY1. Despite being a graduate-entry program with a significantly higher proportion having dependent children, NDF graduates were no more or less likely than graduates of other Australian medical schools to have a preference for or work rurally. PGY3 outcomes will be presented at the NRHC.

Conclusions: The strongest associated factor with rural preferences and work location was students' preferred location of practice at medical school commencement. Although educational opportunities for children are known to influence rural workplace decisions, the negative association between having dependent children, and graduate-entry programs, on rural workplace outcomes have not previously been well documented. NDF medical graduates were equally likely to have a preference for and work rurally during PGY1. Further evaluation is required to assess the influence of rural preference at medical school commencement, having dependent children and graduate-entry programs on rural workplace outcomes beyond PGY1 and PGY3. This emphasises the importance of using future MSOD data to evaluate the effectiveness of, and provide local evidence for, Australian medical school selection policies and rural health curricula.