

Australian College of Rural and Remote Medicine Limited

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Accreditation Committee, Ahpra, Medical Board of Australia Email: AC_consultation@ahpra.gov.au.

Re: Feedback to Draft Guidance on embedding good practice in student health practitioner education

Thank you for the opportunity to provide feedback on the draft document: Guidance on embedding good practice in clinical placements, simulation-based learning ad virtual care in initial student health practitioner education.

The College writes with a specific focus on clinical placements that occur in remote and rural settings which have important implications for the development of a strong training pathway to fellowship and practice as rural General Practitioner and Rural Generalist.

It is of utmost import to our college that medical schools provide opportunities for strong rural clinical experiences. There is extensive experience to demonstrate that extended periods of rural clinical placement during medical training strongly correlate with attracting and retaining rural doctors. The annual findings of MDANZ Medical Schools Outcomes Database reports have continuously shown that placements of six months or longer positively correlated to medical graduates indicating an interest in rural careers, with the strength of the correlation increasing with length of placement. 12 Similarly there is considerable evidence demonstrating a positive association between positive rural clinical placement experiences and positive rural workforce outcomes, importantly there is also a negative relationship between workforce outcomes and negative experiences.3

ACRRM Future Generalists Committee represents our early career members comprising medical students and junior doctors interested in pursuing rural careers. Our committee members, based on their experience and that of their peers, report that rural clinical placements create problems for the part-time jobs that students maintain to support themselves through their studies, they also often interfere with parental and family responsibilities and impose considerable financial and personal costs in this regard. These issues were also issues of concern to our Community Reference Group members who are anxious that their communities were able to support strong placement experiences.

For these reasons we support the wording in the document which highlights the importance that clinical placements along with providing meaningly learning opportunities, also ensure that students are well supported personally and professionally. These include the references to robust

^{10&#}x27;Sullivan BG, McGrail MR. Effective dimensions of rural undergraduate training and the value of training policies for encouraging rural work. Med Educ. 2020; 54: 364-



student preparation and orientation, cultural safety, strong supervisor feedback and personal support, and provision for personal needs such as childcare.

Essential financial security is a precondition for quality learning experiences. This is especially salient in the context of rural clinical placements which typically involve relocation. We would like therefore to see the guidance include specific reference to the need to ensure that students on clinical placements are sufficiently financially supported that lack of funding does not prevent their capacity to learn during the clinical placements. Further we would like to see reference to ensuring that financial considerations are not creating a barrier to potentially excellent rural doctors undertaking training in rural locations.

With reference to sections 2 and 3, the College supports the recognition of the growing importance of virtual care and simulation-based learning to undergraduate medical education. These are especially important for those medical students that will go on to have careers in remote and rural practice. The Medical Board is commended for providing guidance to support high quality education in this space.

Thank you for your consideration of these issues.

Yours sincerely

Chief Executive Officer