# Medical students' and GP registrars' accommodation needs in the rural community: insight from a Victorian study

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## Abstract

*Medical education in Australia is currently entering a new era, including support for the significant extension of medical students and general practitioner (GP) registrars' training programs in rural communities. This commitment to rural medical student and general practitioner recruitment and retention has made the provision of accommodation in rural communities a vital issue. This study has found that approximately half of all medical students on placement with rural GPs are currently accommodated with their GP supervisor or with other practice staff. This is a burden for many GPs and when the anticipated increase in the frequency and length of rural placements occurs what is currently a burden will become unsustainable. The changing gender and cultural demographics of medical students and rural general practitioners will also contribute to stresses on this accommodation system. It is important to have a systematic approach towards more appropriate and sustainable models of accommodation for both medical students and GP registrars.*

Similar to medical schools in other states, Victoria's Monash University and The University of Melbourne medical schools are increasingly placing more emphasis on rural placements. More students will undertake rural GP placements for longer periods. Presently, medical students from both universities complete a minimum of eight weeks on rural placements during their course. The Australian Federal Government's recent plan to create and/or upgrade accommodation for GP registrars and medical students in Rural, Remote and Metropolitan Areas Classifications (RRMAs) 4 to 7 is an important policy initiative that needs to be supported by accurate, current and appropriate research data. The Monash University School of Rural Health was selected to undertake this research and guide the Rural Workforce Agency, Victoria (RWAV) towards a systematic approach that delivers more appropriate and sustainable models of accommodation.

This survey was carried out during February 2001. Data was collected using Computer Assisted Telephone Interview (CATI) surveys, focus group discussions, telephone interviews and electronic mail questionnaires. The details of the study methods and findings are presented and the paper concludes with brief discussion of the findings and outlines suggestions for policy implications.

## Literature review

Changes to medical education and training in recent times have seen an ever-increasing number of students and registrars attached to rural general practice for longer and longer periods. Curriculum issues and the importance of providing students with positive rural experiences have been stressed in numerous research papers (Petersdorf 1975; Pittman and Barr 1977; Kaufman et al. 1982; Strasser 1992; Crandall and Coggan 1994; Rolfe et al. 1995; Mennin et al. 1996; Barritt et al 1997; Grant et al. 1997; Mazwai 1997; Stearns and Stearns 2000; Rourke 2000; Worley et al. 2000; Ramsey et al. 2001). However, there has been very little focused research into, or analysis of, student accommodation options and the impact that they have on student experiences of rural attachments.

Traditionally students have been accommodated in practitioners' houses. However, as attachment times extend and student and registrar numbers increase the accommodation issues will become more important and crucial to recruitment and retention policy and practice. This paper attempts to fill a gap in medical education recruitment and retention research and make some recommendations on accommodation options and expenditures.

## Methods

### *Data collection techniques and timeframe*

The data was collected using both quantitative and qualitative research methods. This included Computer Assisted Telephone Interviews (CATIs), focus group and telephone interviews and electronic mail questionnaire. Data collection was undertaken between Monday 5th to Friday 16th February 2001 by a team of researchers from the Monash University School of Rural Health.

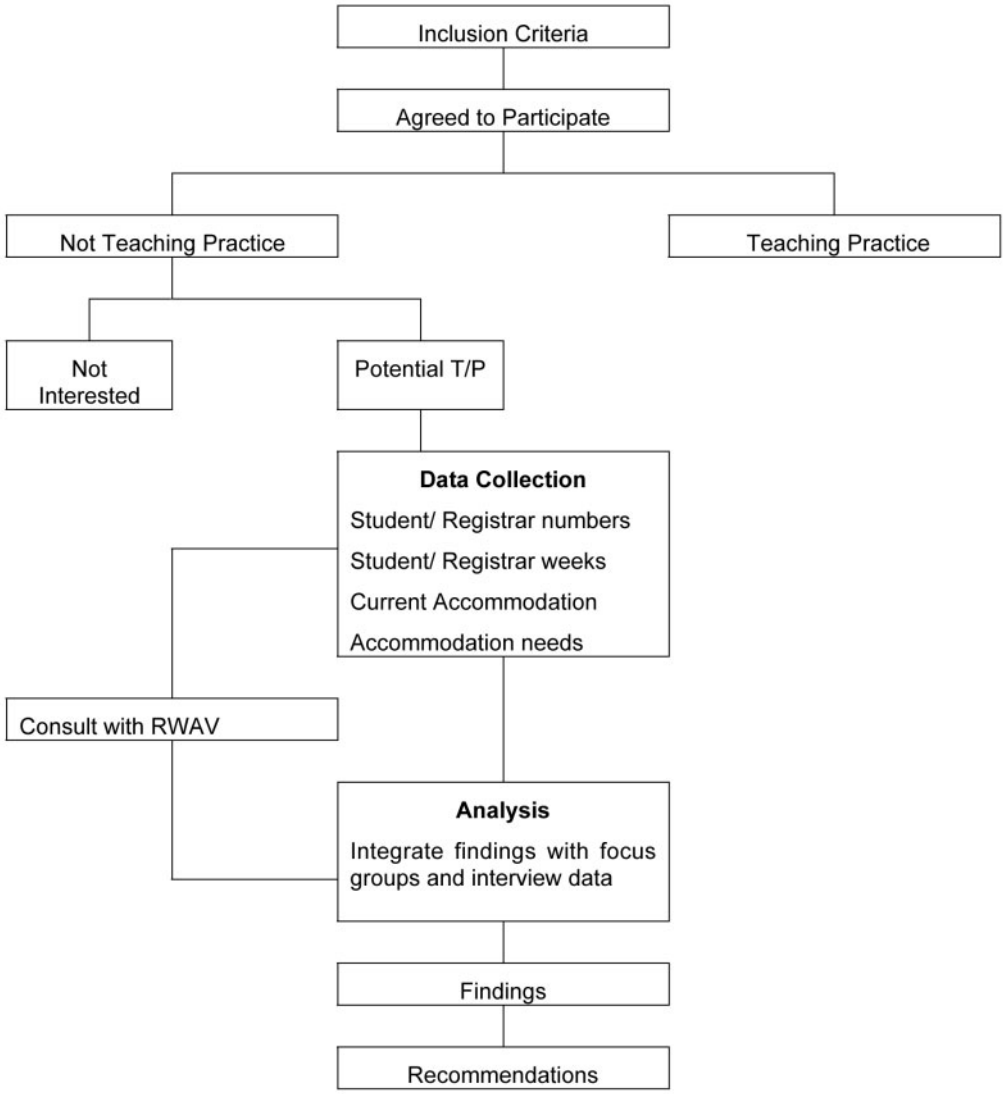
### *Computer Assisted Telephone Interview (CATI) survey*

A feature of this survey was the use of Computer Assisted Telephone Interview (CATI) technique to collect data from 276 general practice managers. The use of an Access database developed by the researchers allowed the specifically designed questionnaire to be used in the 276 existing practices within the Rural, Remote and Metropolitan Areas Classification (RRMAs) 4 to 7.

The evaluation design focused on obtaining answers to a number of key questions related to the accommodation needs of medical students and GP registrars. These questions varied, depending upon whether the practice was an existing teaching practice or was a potential teaching practice. The research process is summarised in Figure 1. The CATI system had the capacity to book callback times to practices that were unable to participate at the time of the initial call.

The survey questions aimed to find out the capacity of practices to adequately accommodate students and registrars now and in the future. Recognising the different needs of medical students and GP registrars, we separated the questions into two sections asking about the possible numbers of both groups who could be hosted and the duration of their placements. Practice managers were also asked to describe the nature of current accommodation provided and make suggestions about future needs.

**Figure 1: Process of CATI survey**




Those practices that identified themselves as potential teaching practices were asked whether accommodation had been the major barrier to their participation in medical teaching programs. At the conclusion of the structured questions, all respondents were given the opportunity to provide additional comments about the accommodation of medical students and GP registrars.

### *Focus group interviews*

Focus group interviews were conducted with groups of medical students, GP registrars and GP trainers. These focus group discussions were undertaken either face to face or via teleconference. Nine GP trainers were recruited from existing teaching practices in the Latrobe region and northwest Victorian country region. In two separate interviews, four and five trainers respectively joined in discussion of the accommodation issues for

approximately forty minutes. Ten GP registrars were also recruited from teaching practices in the Latrobe region and northwest Victorian country region. In two separate interviews, five participants from each region participated for approximately forty-five minutes on each occasion.

Recent Monash University medical graduates (i.e., interns) and University of Melbourne final (sixth) year students were asked to participate. These students and graduates have experienced a number of rural GP placements, their most extensive placement undertaken last year in their final year and fifth year respectively. A number of these participants also participated in or have completed the John Flynn Scholarship Scheme.

Face to face focus group discussions were conducted at the Monash School of Rural Health with five medical interns. A teleconference was held with two University of Melbourne final year students who were also members of the rural medical club 'Outlook.' Three other Melbourne students, including the president of 'Outlook', responded to questions forwarded to them by email. Human ethics proposal was approved by Monash University.

# Findings

The findings from the CATI survey and each focus discussion group are presented separately. This allows readers to access a variety of perspectives on the accommodation issue. However, we note a considerable degree of unity in views and perspectives.

### *CATI survey*

In Victoria, there are 276 general practices within RRMAs 4 to 7 localities. One hundred and fifty one of those are teaching practices taking medical students and/or GP registrars. One hundred and eleven of them (74 per cent) consented to participate in the CATI survey. Nearly all of them (n: 106) take medical students and more than one half (n: 55) take GP registrars (see Table 1). Figure 2 maps out this distribution by town in more detail.

**Table 1: Teaching practices - summary of respondents (n: 111)**

| | Yes | No |
|---|---|---|
| Teach medical students | 106 | 5 |
| Teach registrars | 55 | 56 |

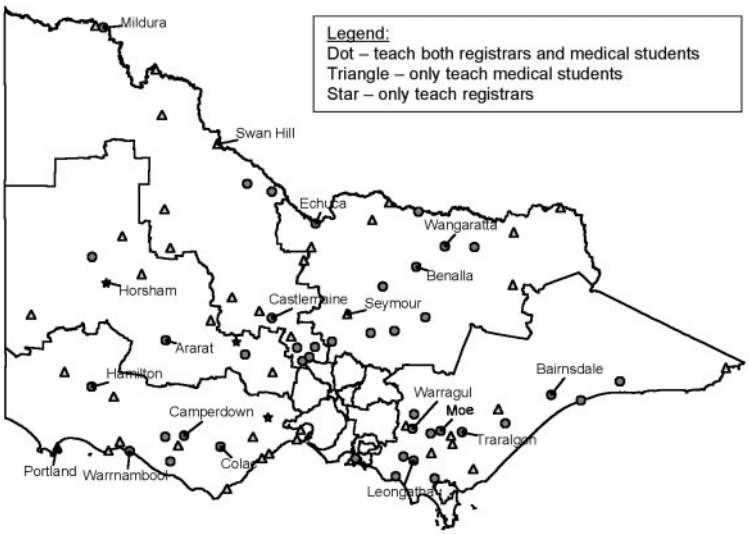
Of the 125 potential (currently non-teaching) teaching practices 22 of them or 18 per cent chose to participate in the survey (see Table 2).

**Table 2: Practice participation rates (n: 276)**

| | Yes | No | Participation rate (%) |
|---|---|---|---|
| Teaching | 111 | 40 | 74 |
| Potential teaching | 22 | 103 | 18 |

Four of the 22 potential teaching practices reported that accommodation was the major obstacle preventing them from involvement in teaching. The failure to obtain RACGP accreditation and the lack of understanding about accreditation eligibility were more common reasons.

**Figure 2: Distribution of towns with existing teaching practices (RRMAs 4-7) that participated in the survey**

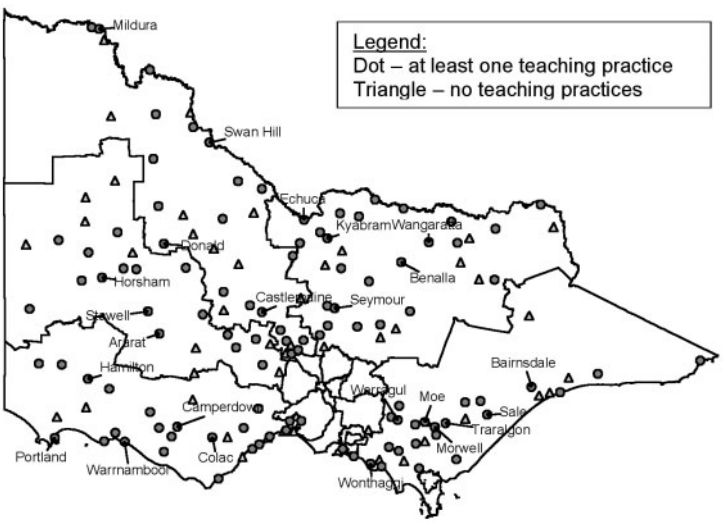



About one half of practices within each RRMA region (4, 5 & 7) in Victoria are teaching practices (see Table 3). This is reflected in Figure 3, which maps the distribution of towns with teaching and non-teaching practices.

**Table 3: Number of teaching and non-teaching practices within RRMAs 4 - 7 in Victoria (n: 276)**

| RRMA | No. of teaching practices | No. of potential teaching practices |
|---|---|---|
| 4 | 39 | 35 |
| 5 | 110 | 88 |
| 7 | 2 | 2 |

**Figure 3: Distribution of towns with teaching and non-teaching practices (RRMAs 4-7)**



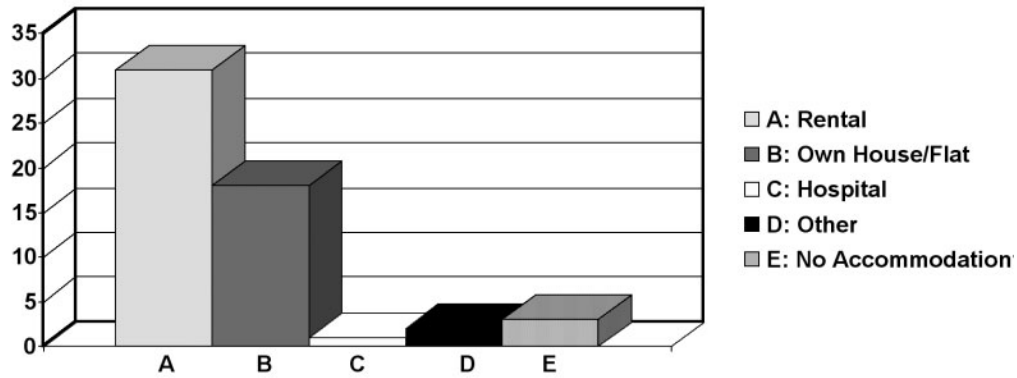
Most teaching practices that admit GP registrars (n: 55) take one or two each year (see Table 4).

**Table 4: Registrar teaching summary (number/year) (n: 55)**

| No. of registrars per year | 1 | 2 | 3+ |
|---|---|---|---|
| No. of practices | 20 | 31 | 4 |

Most GP registrars are currently accommodated in either properties leased to the practice or properties owned by the practice (see Figure 4).

**Figure 4: Summary of accommodation currently provided for GP registrars (n: 55)**



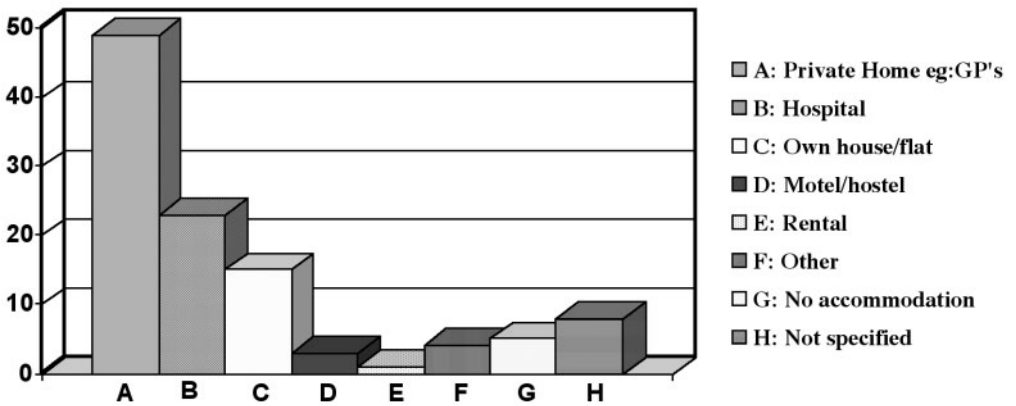

Compared with GP registrars, a varying number of medical students (i.e., one to ten or more) are attached to each practice for their rural placements during a given year (see Table 5).

**Table 5: Medical student teaching summary (number/year) (n: 106)**

| No. of medical students per year | 1 | 2 | 3-4 | 5-9 | 10+ |
|---|---|---|---|---|---|
| No. of practices | 13 | 36 | 33 | 17 | 7 |

Almost half of all medical students are currently accommodated with a GP or their colleagues on rural GP placements. Accommodation attached to the hospital was also frequently used (see Figure 5).

**Figure 5: Summary of accommodation currently provided for medical students (n:106)**



CATI respondents commented on further requirements to accommodate GP registrars and medical students. These included: that medical students are typically single and aged in their early twenties; some upgrading or renovation of existing accommodation; improving study and IT facilities; further rental assistance; and purchase of house/unit.

Only 9 out of the 55 GP registrar teaching practices and 10 out of the 106 medical student teaching practices thought that current accommodation arrangements were adequate. Nearly a third of the medical student teaching practices saw purchase of a house/unit as a solution to projected accommodation needs.

### *Medical students' views*

## Desired comfort and facilities:

Medical students have differing needs and desires regarding accommodation, but all agreed on some essential aspects of accommodation. These include: accommodation should be completely subsidised; privacy; security including a well lit route home or escort home; suitable study environment, e.g., desk and lamp; clean bathroom and shower facilities; cooking/laundry facilities; proximity to placement, shops and transport; phone and access to the internet; and access to library. These requirements are echoed in the recommendations on the accommodation at the 4th National Undergraduate Rural Health Conference: 'Bringing it all Together', held in Toowoomba during September 2000.

## Location:

Medical students want their accommodation to be relatively close to the general practice to which they are attached. While some students are happy to stay in the accommodation attached to the hospital or in the GP's home, others appreciated accommodation distant from the medical setting.

> *It is nice to stay with the GP because the hospital accommodation is sometimes quite lonely and the family can make you feel really welcome. It is also good because you get a really good idea of the lifestyle of that particular doctor with after hours calls etc. and you get to meet members of the community ... However, as the medical student is often on country placements, ... it can be good to have a little privacy and space and to stay in the hospital accommodation. ... When you don't know the family that well, you can feel a bit of an imposition as they are cooking for you and having to keep you entertained etc. It can be nice to just visit for dinner and leave again. (Email correspondence, Melbourne final year student)*

> *I stayed with a GP ... I was able to see different aspects of medical practice. After hours, just seeing what was involved in staying with the family. It gets a little constraining, like say if you want to go out socially and they've got expectations, so there are pros and cons either way. (Monash intern)*

> *I've never stayed with a GP, ... I prefer to stay on my own, but that's probably just my personal preference. It makes it easier if you want to have your own space and relax in the quiet ... then you don't have to worry about the family or the GP. But if I had to stay really far away and I had to travel 15-20 minutes to get there, then I'd probably stay with a GP for a short period of time. (Monash intern)*

Although not all the medical students in rural placements could be accommodated in GPs' homes, the students valued the personal and social interactions with the GPs as well as the professional context.

> *I actually stayed at the hospital. My GP during the day would go home for lunch and I would go home with him and then he would invite me over to his place for dinner that night so I'd go over a couple of times for dinner with his family. But it was good that I could go back to my place so that I could, some nights, have my own time and my own space, whereas some nights I could socialise with them ... (Monash intern)*

Most students welcome the opportunity to become involved in activities in the community outside of their medical training. The location of the students' accommodation weighs heavily on their ability to do this.

> *I've had lots of opportunities to get involved in the community, which has been really important. That's come with the accommodation that I've had. (Melbourne final year student)*

> *But most of the time I was living by myself, I found it really hard to get involved with what anyone was doing. (Monash intern)*

*I would have much preferred to stay with the GP, or at least someone, like one of the nurses or anyone in the community, because I was just sort of out the back every night and wasn't really involved in anything. (Melbourne final year student)*

## Changing demographics:

With the introduction of postgraduate medical training in Victoria and the re-training of overseas medical graduates, it can be assumed that some of them are married with children.

*With the changing into graduate courses there's going to be a huge number of medical students facing those responsibilities such as kids and family. ... [There is] a lot of overseas doctors that are retraining and they all have family and they've actually been getting exemptions from going to the country because it's just too difficult for them. (Melbourne final year student)*

## Co-accommodation:

The concept of being co-accommodated with nursing and other health students is well accepted amongst medical students. While most agree there are limits to the number of students that can be accommodated together, this arrangement has social and professional benefits and facilitates a wider perspective about rural health care.

*It gives you the opportunity to meet new people and learn about other aspects of health care in that particular community. ... They had various people from the hospital staying there and it gave us a chance to meet lots of others when they had their friends over. (Melbourne final year student, Email correspondence)*

It is important, however, that the co-accommodation environment caters for both the social and study agendas of students. Students at different stages of their courses have different priorities. Some final year students have found their placements stressful because the accommodation has not been conducive for study for imminent exams.

*Especially in final years, personal space is important ... Often there are those in party mode, and you haven't got your own space. You can get caught up in the party, and sometimes all you wish to do is study. (Monash intern)*

*I was sharing a house with four 4th year students and the walls were paper thin, and ... it was quite stressful, because it was 2 weeks before the final exams. The room was nice but just hearing them running up and down the corridor, talking away and turning on the TV, was just annoying. (Monash intern)*

## Broader issues:

While undertaking rural placements medical students spend most of their time observing the GP/patient consultation. Some students, however, appreciated the opportunity of seeing patients on their own before the GP consultation. This was possible in practices with vacant consulting rooms or rooms set aside for this purpose. The provision of teaching and learning spaces, consultation rooms, computers and the like are a vital part of the accommodation question.

## Accommodation, quality of placement and future practice:

The final year medical students and interns who participated in this study agreed that the quality of accommodation significantly influences their perception of rural life and medical practice in rural communities. This implies that the experience of staying in appropriate and comfortable accommodation will ultimately impact on whether or not a medical student is likely to consider rural practice as a future career.

*In fourth year when we do a term in a rural area, some of the people said that they didn't enjoy the placement simply because the accommodation is kind of crappy, which it is. So it really does affect it. (Melbourne final year student)*

*When I was doing an elective in the Accident and Emergency Department they had awesome accommodation - it definitely made me want to go back. (Melbourne final year student, Email survey)*

*During winter we had a freezing little house and that's not fun to come back to when you've been working all day and you have to come back and study and it's damp, cold and horrible. That actually does make a difference to how much you enjoy your rotation. (Monash intern)*

### *GP registrars' views*

## Desired comfort and facilities:

GP registrars' basic needs are similar to those of medical students. They include: home furnishings, e.g., fridge, washing machine, lounge suite, coffee table, air-conditioning; study space with desk and lamp; telephone and IT connection; privacy; security, e.g., door locks and street lighting; and lock-up garage. Some GP registrars preferred to furnish their accommodation with their own furniture.

## Location:

Participants in this study pointed out that accommodation within, rather than distant from, the community in which they are working is desirable. Accessibility to the practice is preferable for practical purposes. However, their accommodation should not be too close to the practice or hospital as this may interfere with personal time and space. There needs to be an opportunity to pursue individual hobbies and interests beyond the medical exposure.

> *It is just so important that we have a life outside medicine and that it's extremely difficult to do if you are attached to the hospital. (GP registrar)*

> *I think one of the most important things about learning to survive as country GPs is learning to have a life outside of medicine and if you are living in the hospital or next to the hospital you really can't do that. It sort of breeds that ongoing, you know, medicine is my life and that's all I do and that's all I can do. I think it would be awful, I can't imagine many people would be happy and I think it also creates a situation where people can be taken advantage of because they are there all the time. (GP registrar)*

## Flexibility:

As can be expected, there are more diverse accommodation needs for GP registrars than those of medical students. They often have their partners, children and pets. GP registrars commented that they also need space to be able to host guests and friends. This demands flexible accommodation facilities to meet the diverse needs of each individual registrar.

> *If you are with your spouse and children the type of home that you are going to be comfortable in is going to be totally different from what a single person may be comfortable with. (GP registrar)*

It was pointed out that the organisation of suitable accommodation in advance (e.g., 3-6 months) would eliminate unnecessary anxiety of GP registrars and GP trainers.

## Involvement in the community:

GP registrars considered their involvement in the community as an essential part of their rural training. They highly value this rural opportunity.

> *It is a matter of making a home in a new town and you want to be part of the community. (GP registrar)*

A close involvement in community activities and living in the community offer GP registrars the opportunity to understand the social and cultural context in which local people live.

> *I think living in the town in which I am working is very good because it provides some idea of the general population. (GP registrar)*

## Co-accommodation:

GP registrars thought that the co-accommodation of medical students, GP registrars and other health students is desirable and offers them the opportunity to interact. They argued, however, that their different stages of professional and lifestyle development do not suit sharing.

> *It is a space priority for some people but ... if you're going to be somewhere for 6 or 12 months you want to be able to have your own space and be able to be alone or with your family and not have other people who are coming and going. (GP registrar)*

### *GP trainers' views*

## Location:

GP trainers feel that the length of student or registrar placement is a factor that should be considered when choosing the location of accommodation. It should be relatively close to the practice and/or hospital, especially if the students do not have their own transport. A balance needs to be maintained between medical training, community involvement, and personal needs.

> *I think there are certainly merits in having a student in the GP's home ... They can get a bit of an understanding of how we live, but I think it is just as important that they sort of mix in with the community and get a sense of what it's like to be part of that community ... So I personally think that they're probably better off staying in some quality accommodation close by because then we can get them engaged in some of our after hours activity and also Accident and Emergency cases if they like. I think that's all positive but they need somewhere that is a quiet place they can go to with some of the comforts they would have at home. (GP trainer)*

GP trainers were concerned that a centralised accommodation space within a rural region, although very practical, may not positively contribute to the purpose of regional training.

> *I think we need to avoid the mistake of actually having centralised accommodation. I think it's really important that for all these medical students or allied health students, if they're going to come to the country and do a term, they really need to be located in the community in which they are working. If they're going to commute from say the larger towns out to the smaller ones that's not a positive thing. It sends the wrong messages I think about rural health services. (GP trainer)*

## Burdens:

GP trainers agreed that it is highly valuable for a medical student to stay at a GP's home for a week at some time during their course because it offers students the opportunity to observe a doctor's life, family life and their life outside medicine. It also appeared to have a positive and influential effect on medical training. This practice of staying with a doctor needs to continue unless it becomes an excessive burden. The changing demographics of the medical student will impact on this tradition.

> *One of the fundamental benefits of having medical students has been the sense of housing them in your home because it gives them the chance to sort of window-shop on your lifestyle and what sort of a life you can make at being a GP. ... I also personally recognise the stress it puts on my family unit and that's why I limit my exposure. (GP trainer)*
>
> *The accommodation arrangement should allow medical students a degree of autonomy and also allows you a degree of autonomy. (GP trainer)*

The ability of some GPs to accommodate medical students in their home depends on personal and family dynamics. Moreover, personality and culture or gender clashes can adversely affect the GPs, their families, the medical students, and the quality and experience of medical training in rural communities. In fact, some GP trainers were 'burnt out' with the burden of caring for medical students, a problem exacerbated by lengthy placements.

GP trainers have also acknowledged that the changing demographics of the medical student, with postgraduate entry and the retraining of overseas doctors, makes it even harder to accommodate them in their homes during their placements. The medical students may have a lifestyle that resembles more that of a GP registrar.

GP trainers in communities without a hospital face further difficulties in arranging accommodation for medical students. They do not have the option of placing the students in an accommodation facility attached to the hospital, which creates pressures on the GP. In many cases, the number of students a practice can cope with is entirely dependant on the number of doctors in the practice who can provide the student with accommodation in their homes.

The intermittent placement of medical students often poses more accommodation problems for the GP trainer than GP registrars who have placements for longer periods.

*I think one of the things that can help is actually to have them either come in blocks or to have them come on a regular basis so that it does facilitate having some ongoing accommodation provided for them. If it's only coming intermittently then I think it tends to fall back towards having to try and accommodate them amongst your own family or the families of other people working at the medical centre and I think that there are advantages in terms of being able to have a permanent residence set aside, and I do emphasise ... that it can be a little more difficult to acquire that as well in towns that don't have a hospital and access to potential accommodation in or around that. (GP trainer)*

Many GP trainers are concerned about the time and responsibility they have been investing in finding accommodation suitable for the diverse requirements of GP registrars. For example, one GP trainer was personally responsible for removing furniture that was owned by the practice for the purpose of inspection before the premise was rented out to the next GP registrar who was about to arrive. It becomes more difficult if, as happened to some GP trainers, the registrar is not happy with the accommodation provided.

For most GP practices there is a gap between the RACGP rental subsidy ($75 per week) and the rent payments for a property appropriate for a GP registrar. GP trainers are seriously concerned about this financial responsibility that they carry during the basic and advanced term of the RACGP training program. This becomes even more problematic when there is a lengthy period of vacancy at the rented property because when the property is vacant the GP can no longer claim the rental subsidy.

## Community ownership:

GP trainers generally agreed that community ownership of accommodation is not only important for the stability of medical training but also for the purpose of the revitalisation of small rural communities.

*Well, from a personal perspective in a small town, I think some community involvement and perhaps community ownership would be good. ... I think the more people from the community we involve in that the better. It's good for small towns, you know to see perhaps a bit of money being spent and good for them to see that their part of the hospital which was perhaps a bit neglected is being upgraded and there's some Federal money coming to do it. I think that's all very positive, but obviously the bigger the community, there may not be as obvious project like that to take on. The difficulty of individual doctors owning it would be if they ceased to take students or registrars, so then what happens to the accommodation? (GP trainer)*

GP trainers also agreed that there needs to be an equitable policy to support accommodation provision in different communities. Community ownership and maintenance becomes more complex and can create unnecessary tensions when there is more than one practice in a community. There is concern amongst most GP trainers, however, that providing accommodation for medical students and GP registrars may develop as financial impetus for local commercial organisations that seek involvement (e.g., advertising).

## Teaching space:

The GP trainers pointed out that there is a need for adequate space at practices to facilitate the teaching and learning process. This includes the opportunity for medical students to see patients independently. This issue needs to be taken into consideration as part of the broader plan of regional training of medical students and GP registrars.

*I think we need to look beyond just the living accommodation. Because one of the problems in some rural communities is that there isn't physically enough room in the practice to accommodate medical students effectively so that you can teach them. They ideally need another room and may be a study within the practice building as well. I think we need to look and address that issue. (GP trainer)*

*If you had another consulting room, a medical student's consulting room as we have a registrar's consulting room, then we could actually set up the practice in a way where the students are going to get more active engagement with patients and perhaps create a positive result for the workforce of the practice. (GP trainer)*

There was an indication that adequate support for regional training (e.g., an adequate teaching space, accommodation, equipment) will provide trainers with the encouragement to join and remain in the training program.

*If the support for teaching were forthcoming the dropout rate of teachers would be a lot less than it is now. (GP trainer)*

### Possible future directions/other issues:

GP trainers with experience of providing accommodation suggested that there be financial support for communities with existing buildings that are currently being used for accommodation. Funding could be effectively used to refurbish or maintain such buildings, which would be more feasible and practical than commencing new capital works.

#### *RACGP's current rural placements*

At present, RACGP is not able to predict the number of GP registrars to be trained in RRMAs 4-7. However, its current rural placements are shown in Tables 6 and 7.

**Table 6: Number of GP registrars' rural placements, RRMAs 3, 4, 5 & 7 in Victoria for the period, February - August 2001**

| RRMAs | 3 | 4 | 5 | 7 |
|---|---|---|---|---|
| 1st Year Hospital (12 months) | 7 | 0.5 | 7.5 | |
| Basic (6 months) | 5 | 20 | 32 | 1 |
| Advanced (6 months) | 4 | 4 | 12.5 | |
| Subsequent GP Experience (12 months) | 2 | 4 | 15 | |
| Special Skills Training | 4 | 0.5 | | |
| Advanced Rural Skills Post | | 2 | | |

**Table 7: Number of GP registrars' rural placements, RRMAs 3, 4, 5 & 7 in Victoria for the period, August 2001 - February 2002**

| RRMAs | 3 | 4 | 5 | 7 |
|---|---|---|---|---|
| 1st Year Hospital (12 months) | 4.5 | 0.5 | 7 | |
| Basic (6 months) | 3 | 3 | 13 | |
| Advanced (6 months) | 4 | 10 | 30 | 1 |
| Subsequent GP Experience (12 months) | 2 | 5 | 12 | |
| Special Skills Training | | | 1 | |
| Advanced Rural Skills Post | | 2 | | |

## Discussion and policy implications

Considering the limited amount of grant money currently available, we believe that it is not feasible to fund an extensive number of accommodation projects that require new capital works. Therefore, consideration may be given to the purchase and/or renovation or refurbishment of existing appropriate premises rather than undertaking new capital works.

Some practices have already made a significant investment in their accommodation. Some of these premises are suitable, particularly for medical students, but need maintenance. Therefore, although in principle we support the concept of community involvement, responsibility and ownership, in the interest of cost-effective service delivery, consideration should be given to refurbishing existing premises owned by practices to accommodate medical students and/or GP registrars.

The needs of GP registrars are so diverse that the attempt to meet their requirements is neither practical nor satisfactory. Their lifestyle and professional development demands flexibility, not rigidity induced by any one particular accommodation model. It is expected that the private rental market will meet most needs of GP registrars. Therefore, priority may not be given for the purchase or building of premises to accommodate GP registrars. However, there are some communities with reduced options due to limited availability of rental properties and high cost of renting, e.g., tourist regions, where special consideration needs to be given.

It is essential that the location of accommodation facilitates medical training, meets personal and practical needs and encourages involvement in the community. The latter particularly applies to GP registrars. Therefore, accommodation for both medical students and GP registrars may be located near the practice and within the local community.

Positive experiences of accommodation do influence medical students and GP registrars' perception of rural medical practice and rural life and impacts on their decision to take up rural practice. Therefore, there should be a set minimum standard of accommodation in terms of facilities, comfort and teaching space that acknowledges the broader needs of students and GP registrars; and future accommodation projects should reflect an awareness of the changing demographics of medical students.

The current arrangement of accommodating medical students at GPs' homes is unsustainable. Community involvements in accommodation helps address this issue and may positively contribute to revitalising the community. Therefore, consideration should be given to projects that propose community involvement, responsibility and ownership of accommodation. It is desirable for non-profit community organisations to sponsor and support accommodation projects.

Co-accommodation of students from a diverse range of disciplines during the time of training is likely to foster productive working relationships in the future. It is not only the health professionals who will benefit, but also the health sector will benefit from economies of scale associated with reduced periods of accommodation vacancy. However, an awareness of the different social and academic agendas, associated with different stages of training, is essential for projects that plan to co-accommodate medical students and nursing and allied health students. Therefore, there should be serious consideration given to support the co-accommodation of medical students and nursing/allied health students.

However, co-accommodating GP registrars with medical, nursing and allied health students is problematic and likely to fail because of different lifestyle, family needs and professional development schedules. Therefore, there may be no financial support for projects attempting to co-accommodate GP registrars with undergraduate health students.

At present, different communities and practices take a varying number of medical students. The resources are not always available in each community to comfortably cope with accommodation requests. Some communities and practices need more immediate support than others. Establishing priorities for accommodation support requires balancing general practitioner ratios, relative need and rurality as defined by RRMA ratings. For example, general practitioner ratios and relative need may be highest in RRMA categories 6 & 7. However, it is unlikely that there will be many sustainable teaching practices established in these areas. However, if a request for accommodation support were submitted by a sustainable RRMA 6 or 7 teaching practice with demonstrated community involvement, responsibility and ownership, that request would clearly be accorded a very high priority. Therefore, consideration may be given to supporting communities/practices that currently take a large number of medical students, without adequate or designated non-commercial accommodation; consideration may also be given to communities/practices that currently take a smaller number of medical students if they have plans to co-accommodate a significant number of nursing and allied health students; consideration may be given to appropriate accommodation projects that demonstrate collaboration between individual practices within a community; and consideration may also be given to accommodation projects in communities that do not have appropriate existing hospital accommodation or alternative accommodation other than residence with GPs.

In brief, we suggest that there should be refurbishment of existing premises rather than new capital works, and that while different accommodation needs of medical students and GP registrars need to be recognised, accommodation for both groups be located near the practice and within the local community. It should be also kept in mind that a set minimum standard of accommodation will impact upon whether or not the students and registrars will have positive experience in the rural community and that co-accommodation of medical students and nursing/allied health students may pave the way for further cooperation amongst health professionals in the future.

## Acknowledgement

This is a research project conducted on behalf of the Rural Workforce Agency, Victoria Ltd (RWAV), to support the implementation of a Department of Health and Ageing accommodation program. The assistance of the RWAV Accommodation Steering Committee and Ms Winsome Coutts is gratefully acknowledged.

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