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# GUEST EDITORIAL

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## Rural Practice

There is now said to be an excess of general practitioners in the major metropolitan areas of this country which equals and even betters the doctor population ratio in some of the more developed Western Countries. 40% of the country's doctors reside in Johannesburg and Cape Town where only 11% of the population live.<sup>1</sup> The latter has a ratio of one doctor to every 400 people.<sup>2</sup>

In the rural areas, however, there continues to be a significant shortage of doctors including specialists and general practitioners. Only 5,5% of doctors serve in rural areas where more than 50% of our population lives. This has resulted in doctor population ratios that vary from one in 10 000 to one in 32 000.<sup>3</sup> On an average between 2 to 3% of the specialists live and work in the rural areas.<sup>4</sup>

A review of the literature reveals that a similar discrepancy exists between rural and urban doctor/population ratios in the United States of America, Canada and Australia.<sup>5</sup> In these countries a number of studies was undertaken which identified factors which influenced the choice of rural practice. Subsequently programmes were designed and implemented to improve the recruitment, training and retention of rural practitioners. Several of these programmes have been evaluated.<sup>4,6</sup>

Two key factors were associated with medical graduates entering rural practice: a rural upbringing and substantial exposure to rural practice as part of undergraduate education and post graduate training.<sup>6</sup>

Over the past twenty years in North America, various programmes which combine these two features and

various structural supports have been introduced and subsequently shown to improve numbers and distribution of doctors in rural and other underserved areas.<sup>4</sup> In Australia specific programmes have been implemented recently with substantial government support resulting in the development of the National Rural Health Strategy.<sup>6</sup>

To address the problem of maldistribution of doctors in South Africa, serious attention should be given to selection of medical students, training and exposure of medical students to rural areas, development of rural education centres, appropriate rural vocational training programmes and an equitable, easily accessible and affordable health care system. More specifically, strategies will have to be developed to:

- i) counteract the negative perceptions of rural practice in medical schools;
- ii) overcome the disadvantages of rural practice;
- iii) promote the positive aspects of rural practice including major professional and social satisfactions;
- iv) to create incentives in the form of financial and material support for doctors in isolated rural areas.
- v) address specific programmes to overcome the difficulties faced by spouses and families of rural practitioners.
- vi) provide appropriate continuing medical education programmes supported by a locum relief scheme.
- vii) address the problem of recruiting and retaining doctors in rural areas.<sup>6</sup>

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Doctors who live and work in the rural areas of South Africa are in a unique position, because of their rich experience, to contribute to specific issues relating to Rural Practice as a discipline. They are capable of mobilising various resources to develop Rural Vocational Training Programmes which I believe could result in the development of a National Policy for Rural Health in South Africa.

During the recent 8th Family Practitioner's Congress at Sun City, the findings of a Rural Practice Workshop held in the Natal Midland Region were presented. Arising from this, a decision was taken to form a Rural Practice Task Force to investigate various aspects of Rural Practice and make recommendations to the South African Academy of Family Practice for their action. An ADHOC Committee has been formed to undertake this task. All rural doctors including specialists are invited to make their contribution to ensure that Rural Practice as a discipline receives the special attention it deserves<sup>8</sup> if we are to move towards an equitable health care system in this country.

The problem of rural practice was also highlighted at the recent 13th World Organisation of Family Doctors (WONCA) Conference held in Vancouver, Canada. The WONCA Executive has accepted a proposal to establish a Working Party on Training for Rural Practice.<sup>10</sup> A report is presently being prepared for presentation to the June 1993 meeting of the WONCA Executive.

Rural practitioners are requested to write to the Convenor at the address below for further information regarding the Action Plans of the

Rural Practice Task Force of the South African Academy of Family Practice.

**Dr N Naidoo**

PO Box 7

New Hanover

3340

Telephone: (033) 501-1110

Fax: (033) 501-1335

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