The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.

Strategies in Rural Medical Education

A report from the 6th World Rural Health Conference, Santiago de Compostela, Spain, September 2003

One of the main foci at the Sixth World Rural Health Conference was Medical Education and the particular strategies needed in order to improve the education of health professionals for work in rural areas.

There were discussions around the idea of a "pipeline", a concept related to sequential rural training experiences developed by Professors Norris and Rosenblatt of the University of Washington School of Medicine, Seattle, USA. They have been very involved in the WWAMI programme which was started in 1975 to train doctors for five largely rural states, namely Washington, Wyoming, Alaska, Minnesota and Idaho. They made the point that it takes time to bear fruit; they feel they are now seeing some results from what they have been doing over many years. It is clear that isolated strategies to address preparation of physicians for rural generalist practice are insufficient; there needs to be a sequential set of strategies combined together - the concept of a pipeline.

The sequence of strategies should include:

- working with students at secondary school level to ensure that they have appropriate training, especially in the sciences, to enable them to qualify for health professional training;
- admissions policies at medical schools which allow students from rural areas to gain admission, especially because they often come from an educationally disadvantaged background;
- ensuring that, during the process of training at medical school, there is an ongoing focus on experiences in rural areas, on community based clerkships, and on contact with rural hospitals and practitioners;
- mentoring by rural practitioners and linking of students to rural practices or hospitals, which can contribute to this;
- establishing mechanisms to place physicians, after graduation, in rural practice and to support them there, especially when they are relatively junior, such as the situation would be here with the community service programme; and
- developing approaches to retain practicing doctors and other health professionals in rural areas, which, at an educational level, might include continuing education and support programmes.

The resources available for this pipeline of strategies will differ around the world and the needs vary, but this approach provides clear principles for those trying to work for improvement in the provision of rural health care.

It was also fascinating to hear presentations from a number of leaders from medical schools which have a specific regional mandate; i.e. these faculties focus on developing doctors and other health professionals for particular regions, usually with a rural orientation. Examples of these include the University of Tromso in Northern Norway, the James Cook University in Northern Queensland and the new Northern Ontario Medical School being established in Canada. These medical schools face one set of challenges, especially that of being accepted by other medical schools, and of maintaining their vision, as the tendency is to conform to the norm. To quote Richard Hays, foundation dean of James Cook University's medical school in Townsville, who chaired a workshop on the subject, "you can't be an Oxford and a University of North Dakota. You have to decide." However, they have achieved much success; the University of Tromso, in northern Norway, for instance, has qualified 1000 doctors of whom 700-800 are working in the North – their experience is that 80% of those who come from the North stay there versus 35% of those from the South. It is interesting to note that in meetings as part of the process of establishing the Northern Ontario Medical School, under the leadership of Professor Roger Strasser, stakeholders have expressed the need for three key features in the physicians that will be trained, which are a passion for the region, cultural sensitivity and an ability to function as team members.

These are different challenges from those faced by established urban based medical schools which are seeking to introduce some focus on rural health or on community based medical education. It seems that the difficulty that hospital based specialists have in understanding the needs of generalist doctors, who are community based, especially in rural areas, is something that is common throughout the world. The problems resulting from medical schools that are built and focused around tertiary centres is a phenomenon that was described by participants from many different countries. It seems this model is a very difficult one for medical academics to move away from, yet needs to be challenged if the education of rural medical practitioners is to be addressed in any meaningful way.

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