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Arvier, Peter (2007). The Training and Education Needs of Emergency Medicine Doctors working in Rural and Regional Australia. University Of Tasmania. Thesis. <https://doi.org/10.25959/23210897.v1>

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The Training and Education Needs of Emergency Medicine Doctors working in Rural and Regional Australia

Dr Peter Arvier BSc, MB BS, FACRRM

**Submitted in fulfilment of the requirements
for the Degree of Master of Medical Science**

**University of Tasmania
June 2007**

DECLARATION

I declare that this thesis does not contain material which has been accepted for the award of any other degree or diploma in any university; nor does it contain material previously published or written by any other person, except where due reference is made in the text of the thesis.

Dr Peter Arvier

26 June 2007

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Dr Peter Arvier

26 June 2007

Acknowledgements

My thanks to my supervisors, Prof Judi Walker, Dr Tom McDonagh and Dr Phil Hungerford for their enthusiasm, guidance and support during the duration of this project. The ready availability of my supervisors, in particular the efforts they went to in maintaining contact with me in Canada, has contributed enormously to the completion of my study.

I am also most grateful to the University of Tasmania Department of Rural Health and the staff of the Rural Clinical School for providing the necessary facilities and infrastructure. I also acknowledge the generous assistance of the Rural Clinical School, Dr Tom McDonagh and the Australian College of Rural and Remote Medicine that has enabled me to attend and present this material at various conferences in Australia and Canada.

Importantly, this project could not have succeeded without the many doctors and other health professionals, educators and administrators who gave their time, knowledge and information on what they saw as the important issues. I sincerely hope that that this project will contribute to an improvement in the delivery of emergency medicine services to rural and regional Australia.

Lastly, thanks to my sister Robyn, author and linguist, for her patience in proof reading this thesis for consistency of spelling and grammar.

Abstract

For professional and lifestyle reasons, most specialist doctors (including emergency medicine specialists) choose to live and work in major metropolitan centres. In rural and regional hospitals, emergency presentations are generally dealt with by 'non-specialist' doctors, often with limited peer support and minimal specialist backup. Recruitment of suitably trained medical staff for rural and regional hospitals is increasingly difficult. The doctors working in the emergency departments of these smaller hospitals are a mix of junior medical staff, Career Medical Officers, short term locums, and part time General Practitioners - with a high reliance on overseas trained doctors from widely varying backgrounds.

While undergraduate and general practice training in rural areas has been extensively studied, there has been relatively little attention given to postgraduate specialty training and few studies on adverse events and health outcomes in rural areas.

The purpose of the study was to undertake an investigation of the knowledge, skills and future directions of the workforce providing emergency medicine services in rural and regional hospitals.

The study examined advertisements to fill vacant rural and regional emergency medicine positions and found that employers were often willing to

accept even minimally trained doctors to fill service gaps. There were no agreed educational standards or qualifications for such positions.

A survey of 230 doctors working in 57 rural and regional emergency departments across Australia revealed that the ‘variety of clinical work’ and ‘colleagues/co-workers’ were rated as the most important positive aspects of the job. However, many felt overworked, unsupported, and lacking educational opportunities or a career structure. There appeared to be considerable instability in the workforce with the majority planning to leave their current position or reduce their clinical involvement. At the same time, many of these doctors expressed a desire to undertake further emergency medicine training.

Interviews with employers, educators and administrators revealed widely varying views as to how and where emergency medicine doctors should be trained. There was scepticism that increased numbers of undergraduate places would match the rate of attrition from the workforce.

The study concluded that there is need in Australia to offer a specific postgraduate qualification for doctors wishing to practise emergency medicine outside major city hospitals. To be accessible and relevant, such a course would need to be largely taught in rural and regional hospitals and contain additional elements relevant to rural context. Emergency medicine training that exists in New Zealand and Canada may be useful models for Australia.

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