Rural and Remote Health



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COMMENT

Reply to Comment on: Medical students on longterm regional and rural placements: what is the financial cost to supervisors?

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Reply to Comment on: Medical students on long-term regional and rural placements: what is the financial cost to supervisors?

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Dear Editor

Thank you to Dr Emery for raising the issue of infrastructure required to host a long-term medical student while offering him/her a valuable learning opportunity¹. To 'parallel consult' the student does indeed need a room fitted for consultation with patients and support from practice staff, as does any doctor working in the practice.

It was difficult to consider every cost to the practice given the complexities of each practice and within the limits of our study, income proved the most effective way to look at the student impact². All the practices participating in the study received a one-off capital grant as part of Rural Clinical School funding from the Commonwealth Government, in

return for a commitment to the project for several years. Capacity to provide a room for independent student consulting is essential to give students access to 'undifferentiated patients' and develop student competency for an authentic contribution to patient care. At least infrastructure funding allows the practice to use the consulting room for other doctors or health professionals when the student is doing other community, hospital or academic work (2-3 days per week).

We agree that the PIP \$100 per session is not sufficient remuneration for practices that are committed to teaching, and in the longitudinal integrated clerkship model, it does not recognise all the additional time that the preceptor and other practice staff dedicate to mentoring and providing feedback to the student. We support your premise¹:

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...to remain viable for the increasing load of learners of all levels being taught in teaching practices, both the costs of the infrastructure and the support services provided to students need to be paid to practices by some equitable system.

Evidence to date suggests community-based clerkships have considerable benefits for learners at different levels in the medical education continuum. With increasing pressure for student, pre-vocational and vocational training in general practice, we believe that increased financial and infrastructure support is required to recruit and sustain academic teaching practices.

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