

## LETTER TO THE EDITOR

# JCU medical graduates' preparedness for remote practice

---

A Chopra

*School of Medicine and Dentistry, James Cook University, Townsville, Queensland, Australia*

*Submitted: 16 July 2014; Revised: 8 June 2015; Accepted: 9 June 2015; Published: 25 October 2015*

Chopra A

**JCU medical graduates' preparedness for remote practice**

*Rural and Remote Health 15: 3202. (Online) 2015*

Available: <http://www.rrh.org.au>

---

## Dear Editor

The James Cook University's (JCU) MBBS program was designed to address the workforce needs of underserved populations in rural and remote northern Australia<sup>1</sup>. As part of our annual evaluation process, the JCU medical school recently surveyed former graduates about their preparedness for remote practice.

A total of 338 JCU medical graduates who had been in the workforce for 4–8 years were contacted via telephone and email; 184 (55%) responded. Graduates were asked whether they had practised at least one rotation (10 weeks) in a remote town. Town locations were then classified according to Australian Standard Geographical Classification – Remoteness Area (RA) categories<sup>2</sup>, and considered remote if RA scores were  $\geq 4$ . Since graduation, 48 (26% of respondents) had practised in a remote setting. Graduates were also asked how well the JCU medical curriculum prepared them for remote practice, with 47% and 42% of respondents, respectively, stating that the JCU medical school prepared them well or very well. While these data are primarily a self-report of confidence, having 90% of JCU medical graduates saying they were well prepared for remote practice suggests our curriculum

and assessment practices align well for encouraging careers in rural and regional areas, as designed<sup>3</sup>.

In addition, other medical academics may be interested in the findings of a content analysis on the open-ended questions: 'Which aspects of the JCU course were most beneficial for remote practice?' and 'Were there any vital aspects of remote practice that you had to learn on the job that should be taught in the course?' Responses were coded into categories and analysed for frequency to build up inferences<sup>4</sup>.

Findings (Table 1) suggest JCU's emphasis on rural, remote, indigenous and tropical medicine, placements in rural or remote localities, and skills appropriate for independent practice were the main reasons why nearly all our graduates felt well prepared for remote environments. Indeed, as 26% of respondents had practised in RA 4–5 within 4–8 years of graduation, JCU medical graduates appear to be making significant workforce impacts in noted underserved areas early in their careers<sup>5</sup>. However, preparation could be enhanced by teaching additional skills in emergency and acute management, retrieval and telemedicine.



**Table 1: Aspects of the James Cook University (JCU) medical curriculum that 48 JCU medical graduates who had spent at least 10 weeks in a remote location (Australian Standard Geographical Classification – Remoteness Area 4 or 5) considered ‘most beneficial for preparation’ and ‘should be taught more’**

Remote locations JCU graduates had practised in			
Alpha, Aramac, Bamaga, Cape York communities, Charleville, Cooktown, Dirranbandi, Doomadge, Injune, Julia Creek, Karumba, Longreach, Mt Isa, Normanton, Palm Island, Quilpie, Richmond, Taroom, Texas, Thursday Island, Weipa, Winton (Queensland), Alice Springs, Arnhem Land, Gunbalanya, Jabiru, Katherine, Tennant Creek, Tiwi Islands (Northern Territory), Broome (Western Australia), Macquarie Island, Greenlandic Ice Sheet			
Most beneficial aspects of the JCU curriculum	Responses	Vital aspects that should be taught more in the JCU curriculum	Responses
Rural and elective placements	44	Emergency and acute management skills, eg airway management, resuscitation	7
Teaching of rural, remote, indigenous and tropical health subjects	16	Resources for clinician support, eg fatigue management, excessive workload, rural lifestyles	6
Latter 3 years of curriculum focused on clinical and practical experience	12	Specific clinical skills, eg neonatal resuscitation, maternal resuscitation, cricothyroidotomy, advanced paediatric life support, mental health crises, ophthalmology	6
Cultural awareness/community engagement skills (experience with Indigenous patients and indigenous health)	10	Communication skills, eg telephone consults	5
Celebration of remote medical practice and its facets (encouraging independence, confidence, flexibility, team work, resource awareness)	10	Logistics of retrieval medicine and scenarios, eg clinical coordination centre	5
Clinical skills proficiency, including emergency skills	9	More clinical skills in earlier years prior to placements	2
Communication skills	6	More practical skills and experience	2
Training for coordinating with referral centres/retrieval services	3	More cultural awareness	1
		Information specific to rural sites and communities, eg local mentors	1

**Anubhav Chopra, MBBS**  
**James Cook University School of Medicine &**  
**Dentistry**  
**Townsville, Queensland, Australia**

2. Australian Government, Department of Health, *Doctor Connect ASGC Remoteness area 2006*. Available: [www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator) (Accessed 5 April 2014).

## References

1. Sen Gupta T, Woolley T, Murray R, Hays R, McCloskey T. Positive impacts on rural and regional workforce from the first seven cohorts of James Cook University medical graduates. *Rural and Remote Health* **14**: 2657. (Online) 2014. Available: [www.rrh.org.au](http://www.rrh.org.au) (Accessed 1 May 2014).

3. Hays RB. A new medical school for regional Australia. *Medical Journal of Australia* 2000; **172(8)**: 362-363.

4. Weber RP (1990). *Basic content analysis*. 2nd edn. Newbury Park, CA: Sage. p. 12.

5. Harding J. General practice medical workforce in Australia: what the data say. In: *Proceedings, AMA Annual Conference*, 1999.