

# Stories of Change

## End-to-End Program at Monash University

### Action Plan Themes Identified



Theme 1



Theme 2



Theme 3



Theme 4



MONASH University's End-to-End Program was designed to identify and support a cohort of students who have a desire to practice in a rural area to complete the requirements of the university's Medical Degree (MD) entirely at its rural medical school sites.

By increasing the time that medical students train in regional areas, the program represents one part of efforts to increase the number of doctors who live and work locally to service the health needs of regional and rural Australia.

In developments to the program at the Churchill campus, the local End-to-End cohort will be joined next year by a contingent from the Monash direct entry program known as the Extended Rural Cohort, a group of students who have committed to spending their clinical years in rural or regional locations like Gippsland.

"Predominantly these (Extended Rural Cohort) students have spent their time in the north-west of the state," Monash Rural Health Head of School Professor Shane Bullock said.

"The Extended Rural Cohort will change now, so that those students who have predominantly gone to the north-west will have the opportunity to come into the Gippsland region, so rather than having the north-west predominantly direct entry medical students and the Gippsland region being graduate entry medical students, we'll actually have a mix of direct entry and graduate entry doing their extended rural program across our whole footprint.

"30 students are in the graduate entry End-to-End Program and there are 30 in the Extended Rural Cohort, so we're effectively doubling the cohort who have committed at admission to doing most of their training rurally. We're hoping that exposure will really make it more likely they'll want to stay and practice in regional Victoria after graduating.

Prof Bullock said a focus of the End-to-End Program was encouraging students to consider general practice as a specialisation.

"We promote very much that general practice is a specialisation. When we talk about the other specialties, we say they're the non-GP specialties, so we're creating a language that general practice is a speciality in its own right," he said.

"We're getting really quality graduates coming out into our communities, and I think that really gives me great hope, and we hope a number of these students will take up the rural generalist pathway as well."

One student with their eyes on general practice as a potential career path is Year A student Sophie Fontaine. Ms Fontaine, who has just completed her first semester as part of the End-to-End Rural cohort at Churchill, is a Latrobe Valley native and said the prospect of studying and training close to home was a huge drawcard.

After completing a Bachelor of Biomedical Science and Engineering, she was offered entry into post-graduate medical studies at Flinders University in Adelaide and into the Monash End-to-End Program.

"It was a hectic time figuring out what I wanted to do and where I wanted to go but I ultimately ended up choosing Monash because it was based in Churchill and I had the support of my family," Ms Fontaine said.

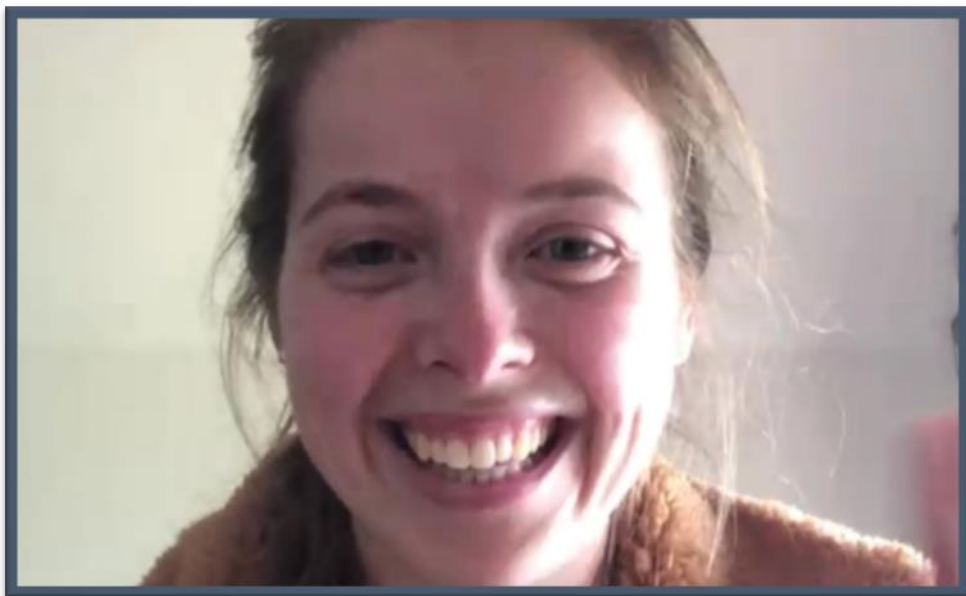
Ms Fontaine is on fortnightly placements at Warragul hospital and is hoping to be based locally for her second year. "First of all, having a more closely knit community is really helpful for my type of learning, so I really benefit from working with a much smaller group of people and we've got really strong workplace culture," she said.



"People are willing to set aside time to teach you and show you the ropes, and as a medical student you're not just another number to them. They're really passionate about you learning and having a good experience so that ultimately you will stay.

"I really love living rurally and I think for me it's a massive advantage in that although you're not rubbing shoulders with the big wigs, you're living in a nice environment and that's really important.

Ms Fontaine said she "100 per cent" wants to stay in Gippsland when she graduates.



"I'm really hoping that I might be placed somewhere nearby so I can build up a bit of a network, and ultimately I'm hoping to become a general practitioner. General practice appeals to me because it's a very varied job, and they're always in high demand as we know," she said.

"A big part of why some of my colleagues for example are most likely going to return to the city is because of family. Some sort of incentive where they can

support the training doctor to be able to bring their partner and integrate them into the community so that they feel a part of it as well (would be good).

"I think in general making medical students aware of all the good things there are to do in the area, and highlighting the strong community support that rural towns often do have over cities would be a great way to start enticing trainee doctors to stay."

But Prof Bullock said the issue of recruitment and retention was not rooted in the medical school experience.

"Students who are embedded in our rural placements love it. They love getting closer to the bedside and interacting more with patients than the metro-based students," he said.

"They form much better mentor relationships with senior consultants who know them by name, which rarely happens in the metro space, but what happens in the post-graduate space is often the challenging thing.

"That's a time when they're forming life partnerships, they're doing their post-graduate college-based speciality training, and that speciality training often pulls them out of the rural space, sends them back to Melbourne, they meet their life partners there and they don't want to come back to rural.

"One of the challenges for us, which we're really embarking on in our regional training hubs, is to try and flip that post-graduate training experience so that trainees get to do more of their training in rural and less time in metro, again hoping that staying there at the time when they form long-term relationships, that becomes part of the decision-making process that they'll stay longer."

Prof Bullock also suggested a shift in focus toward "pre-vocational" recruitment.

"Pre-vocationally we need to support school-aged kids who think they have a career in health but maybe feel because they're going to a regional or rural school that their opportunity to get into uni and study medicine or nursing or allied health ... that they can't compete against those metro kids. It's a lot about perception I think," he said.