

Allied health students' perceptions of metropolitan versus rural clinical rotations

Greg Mundy¹, Jo-anne Chapman¹, Anthony Wall¹

¹ Rural Health Workforce Australia Suite 2, Level 5, 10 Queens Rd Melbourne Victoria 3004 greg.mundy@rhwa.org.au

BACKGROUND

The distribution of the allied health workforce in Australia is maldistributed, falling from 22 allied health professionals per 100,000 people in capital cities to 12 in remote areas and 6 in very remote areas.

There is significant evidence that providing undergraduate students with positive rural experiences can increase intentions to practise rurally. These findings have informed initiatives such as rural training pathways and rural clinical placements. To date however there has been a focus on the medical workforce with more limited opportunities available for allied health students to undertake rural clinical rotations.

AIMS:

To quantify the factors that allied health students consider important when deciding to undertake a clinical rotation, their perceptions of metropolitan versus rural placements and how these attitudes compare with those of nursing and medicine students.

METHODS:

An invitation to complete an anonymous online questionnaire was sent to the approximately 17,000 members of the National Rural Health Student Network (NRHSN) during March 2015. The NRHSN is a multi-disciplinary network of students from 28 Rural Health Clubs at Australian universities. 1,203 surveys were completed, comprising 246 allied health, 195 nursing and 713 medicine students. RHWa administers the NRHSN as well as the Rural Health Professionals Programme, a workforce programme designed to attract allied health professionals to rural practice.

RESULTS:

Rural placements were strongly associated with many issues considered important in considering a placement, such as more autonomy, responsibility and opportunities for hands-on learning. Metropolitan placements were perceived as more prestigious, better for those who want to specialise and having better facilities, infrastructure and exposure to the latest technology. Financial considerations were mentioned by significantly fewer medicine students.

CONCLUSIONS:

While rural placements offer some perceived benefits, more needs to be done to remove perceptions of rural rotations as being of inferior quality to metropolitan ones – particularly in terms of issues such as prestige and poor facilities. Removing some of the financial barriers associated with rural placements for allied health students also represents a priority.