

# A sense of community for the curriculum

**Undergraduate medical education is a critical part of the solution to the medical workforce crisis in rural and remote locations, writes Robert Scully**

I WAS DELIGHTED to join the team (Liam Glynn, Jerry Cowley, Teresa Cowley and Peter Hayes) in Albuquerque in October 2019 to assist with the ultimately successful bid to host the World Rural Health Conference in Limerick in June 2022.

I immediately started to think about how this conference might work for educationalists and students interested in rural health. I subsequently joined the main organising committee and am co-chairing (with Patrick O'Donnell) the student sub-committee.

Undergraduate medical education is a critical part of the solution to the medical workforce crisis in rural and remote locations. This conference should make a lasting impact on rural medical education, with the ultimate goal of strengthening rural medical workforces in Ireland and beyond.

We all recognise that the rural workforce crisis demands effective and authentic engagement with our student colleagues. If this global conference is to realise its potential, it has to ensure students have the position they deserve on the “main stage”, with the required support and encouragement to do so.

The main organising committee, together with the international advisory board, are wholeheartedly behind this effort and are working hard to deliver on the recommendations of the student sub-committee. In real terms this will involve a highly subsidised student rate for the conference, with appropriate non-traditional presentation platforms. It will require the student agenda to be incorporated into the main conference proceedings. It will challenge us to think laterally about how students can be fully included (in-person or virtually) and develop belief in their ability to be powerful agents of change.

This should not be a big ask! The pandemic has changed student experience massively, and those who value rural education are feeling more isolated than ever. As practitioners and teachers, privileged student interactions remain energising, challenging and affirming. They are therefore critical to the success of this conference and any legacy it might have. The student sub-committee would therefore encourage any students interested in rural health to attend the conference if they can, and any healthcare professionals to engage with the student agenda at this conference – it might just be the tonic you are after!

With respect to rural education, if we step back for a moment and consider why we deliver medical education in the way that we do, we need look no further than Abraham Flexner.<sup>1</sup> Over a century ago he recommended configuring clinical education around academic teaching hospitals. This seminal report remains influential to this day, and funda-



WONCA World Rural Health Conference 2022



mentally disadvantages the delivery of medical education in rural and remote locations.

When I worked as a ‘rural emergency physician’ on the Isle of Skye, I was proud of the learning experience we provided to elective students in our small rural hospital (and community), and was surprised that we had no formal relationship with a medical school or postgraduate training body. Despite this, medical students from around the world often commented that they had learnt more with us than on any other placement, given the breadth of clinical presentations, and the close and continuous supervision of a senior clinical decision maker.

More recently, educationalists have been challenging the status quo, and asking why medical education necessarily requires co-location with a university teaching hospital. With the majority of diseases existing in the community, should we not also locate the majority of medical education in the community? It would seem this would make sense from ethical and practical perspectives.

### Social accountability

Medical schools (if in receipt of public money) are ethically obliged to ensure their graduates are adequately prepared to meet the healthcare needs of the populations they will serve. With a significant proportion of the Irish population living and working in rural areas, it is important that medical schools ensure their curricula are proportionally orientated towards rural generalism.

This approach, defined as “social accountability”, is well described in the literature<sup>2</sup> and represents a new dawn when compared against the Flexnerian approach. This ethical imperative becomes more critical given the poorer health status and lower life expectancy of rural and remote populations when compared to urban counterparts.<sup>3</sup>

Delivering medical education in community settings has various practical advantages also. Two decades ago Green and colleagues revisited “The ecology of medical care” and reminded us that in a random sample of 1,000 people, 800 will experience symptoms during a one-month period. Of these, 113 will visit their primary care physician’s office, and

(thankfully) less than one will be hospitalised in an academic medical centre.<sup>4</sup>

Learning in highly specialised centres has a role in undergraduate curricula, but with most illness occurring outside such centres we need to question the validity of any undergraduate curriculum where the majority of clinical learning occurs outside the community setting. With regard to rural medical education, we know (mainly from Australian studies) that the quality of rural placements compares positively with urban placements.<sup>5,6</sup>

Merging these ethical and practical approaches is possible, and has yielded impressive results. The Northern Ontario School of Medicine adopted this approach and subsequently catalysed a change in approach to health professionals' education in that region and beyond.<sup>7</sup> In 2016 the Scottish Government, recognising the rural and remote medical workforce crisis, invited bids from universities for new undergraduate medical school places, and outlined that they would prioritise bids that addressed the workforce crisis in Scotland.

St Andrews and Dundee Universities collaborated on the successful bid to deliver the first graduate-entry programme in Scotland (ScotGEM), which is commissioned to address the rural workforce crisis. An appropriate admissions policy was adopted, and a curriculum orientated around generalism (with a heavy reliance on rural placements) was designed. Various other novel educational approaches were adopted to ensure a successful commission.

For example, 54% of all clinical placements are delivered in the community, and many of these are in rural and remote locations. The first graduation will occur in June 2022, and formal evaluations will follow, but initial data remains positive and suggests this model represents a positive "upstream" approach to addressing the rural medical workforce crisis in Scotland.

#### World Rural Health Conference 2022

At the World Rural Health Conference 2022 we have ensured appropriate themes are available to facilitate further consideration of these issues:

- Strengthening community systems and effecting change
- Community-engaged health professional education and innovations in medical education
- Indigenous, migrant and refugee healthcare needs and social accountability
- Roles of educational institutes in community health and empowerment.

In addition, we have invited globally recognised experts to discuss these areas and share their expertise so that we can develop this agenda in Ireland and beyond, and create a mutually beneficial legacy from Limerick 2022.

The WONCA World Rural Health Conference will be held in the University of Limerick from June 17-20 under the theme of "Improving Health, Empowering Communities". So come and have your say and share ideas with friends and colleagues from around the country and around the world.

Please email [registrationWRHC2022@ul.ie](mailto:registrationWRHC2022@ul.ie) with any queries or go to this link to access the conference website [www.woncarhc2022.com](http://www.woncarhc2022.com) 

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#### References

1. Flexner A. Medical education in the United States and Canada. *Science* 1910; 32(810): 41-50
2. Woollard B, Boelen C. Seeking impact of medical schools on health: meeting the challenges of social accountability. *Medical education* 2012; 46(1): 21-27
3. Strasser R. Rural health around the world: challenges and solutions. *Family practice* 2003; 20(4): 457-463
4. Green LA et al. The ecology of medical care revisited. *Mass Medical Soc* 2001; 344: 2021-2025
5. Eley D et al. Developing a rural workforce through medical education: lessons from down under. *Teaching and Learning in Medicine* 2008; 20(1): 53-61
6. O'Sullivan BG et al. A review of characteristics and outcomes of Australia's undergraduate medical education rural immersion programs. *Human Resources for Health* 2018; 16(1): 1-10
7. Strasser R et al. Transforming health professional education through social accountability: Canada's Northern Ontario School of Medicine. *Medical Teacher* 2013; 35(6): 490-496