

# Going Rural – living and working as a doctor in the country

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Rural health has had a lot of media attention over the recent years. We all know there's a shortage of doctors in rural Australia, and we hear about the challenges of providing good healthcare in the country right from the start of our medical training.

What doesn't get a lot of publicity are the [amazing opportunities available to doctors who take the plunge and leave the cities](#). Having now lived and worked in rural NSW for the best part of 3 decades, I have been lucky enough to experience the benefits of 'going rural' for myself, and have watched many of my students and colleagues discover this for themselves.

## Consider a career in rural health

I find it interesting hearing how people who aren't from a rural area picture what it would be like to live and work in the country. The common idea seems to be of a one-horse village with a population of 16, vast paddocks, kangaroos, and cows roaming the one street. These places probably exist somewhere, but they aren't representative of rural Australia. The rural centres that offer JMO places are rural cities – they have large populations, modern shopping centres, airports, sporting arenas, music festivals. They are amazing places to live and work, not to mention affordable!

It is always interesting talking to med students and junior doctors about their thoughts on trying a rural placement. The same concerns surface over and over. I'm going to tackle a few of the most common worries that perhaps prevent junior doctors from trying out rural medicine.

## Rural health concern - loneliness

***"..would be lonely. My friends are all in the city. It would be boring, there's not much to do."***

This is a pretty legitimate concern, especially if you don't know anyone at the site you are heading to. What I would say is that a rural placement is where you are going to make friends, often in unexpected places. Most of the rural sites that take students and junior doctors are actually rural cities with a good-sized referral hospital. This means there is a core group of students and JMOs who will be there working together in a fairly tight group, and these people become your surrogate family. It's something my students always find surprising, just how inclusive the medical community in a rural

town is. You are welcomed, supported and looked after in a fashion that doesn't automatically happen in large urban hospitals.

It's also an unexpected bonus that the allied health teams are very much a part of your network, both socially and professionally, again something that many urban trainees don't expect. Most of us get involved in the community in some way, be it through a sporting team (bubble soccer is just taking off in my town!), community groups like dramatic societies, the Country Women's Association, art and craft groups and volunteer groups. There's also a fierce trivia culture in most rural towns, and joining a team is an instant social group.

It honestly gets to the point where you have to start saying no to social events just to have a quiet night at home! The key here is to join in, be brave and try things out, accept invitations and get involved.

## **There's always something happening**

In terms of having things to do, I always found it much harder to find things to do when living in the city! There is always something happening, though granted it may not be right on your doorstep. As a junior doctor my group of newly acquired friends and I would always be planning some kind of adventure, usually a road trip to surrounding towns to take part in festivals, art shows, or just visit a new café that had opened. The best trick is to talk to the locals who can tell you what's going on in the region.

We also made a point of having regular minibreaks out of town, which do require a bit of coordination from a rural town. By the end of our PGY2 year, we had visited every state capital in Australia, usually to see a concert that would not be available in our smaller town. It takes a bit of planning ahead, but I can't say I have ever felt like I was missing out.

## **Rural health concern - a rural term won't benefit your application for training programs**

***"A rural term won't look good when I'm trying to get onto a training program."***

This worry comes up a lot, and it baffles me because it is the opposite of reality in most cases.

It is true that for some subspecialties it is an advantage to train in the hospital you intend to aim for later on. But for the vast majority of junior doctors who are aiming to get into BPT, Emergency and Acute Care, Paediatrics, etc., gaining experience and general skills is advantageous.

In the average urban hospital, the intern is at the bottom of a pile of multiple registrars, advanced trainees, and other seniors vying for facetime with the consultants. It would be rare for the consultant you are trying to impress to even know your name, much less know your interests and career goals. You may be on an impressive team, but your role will usually be limited.

## JMOs on rural teams have more responsibilities & access to take part in more procedures

In most rural training hospitals, the intern is one of perhaps 4 members of a treating team. You will know your consultant personally, and they will know you. If you identify your career interests, they may mentor and support you through your training. They may know you well enough to write references for you to apply for training programs. In addition, you will frequently be asked to actively take part in procedures, surgeries, and patient management (with supervision of course). This is experience your urban colleagues will not have access to, and will not be able to talk about when applying for training positions.

Senior doctors in rural areas tend to have a strong interest in mentoring their juniors, particularly if the junior doctor is enthusiastic and keen to learn. As the JMO on a rural team actually carries quite a bit of responsibility, consultants tend to recognise that it is in their best interest to foster a good learning relationship and help their junior doctors develop into the best possible clinician. Because of the relatively small medical community, it is common for a junior doctor to work with a number of consultants, and it is typical to find at least one or two senior clinicians who will [become your informal mentor](#).

## There are other career paths in rural health than becoming a GP

It is also common belief that you only train in the country to be a rural GP. While many junior doctors will go on to be GPs, it is certainly not the only path to take. Of my group of 12 rural interns, only three of us have gone on to be GPs – the rest are working in emergency, ICU, paediatrics, obstetrics, psychiatry and various physician positions.

If you take the opportunities presented to you as a rural junior doctor, the time spent in the country can be one of the most powerful building blocks on your resume.

## Rural health concern - patient cases won't be interesting

***"There wouldn't be many interesting patients."***

One of the effects of not having good access to healthcare is that patients in rural Australia tend to be sicker by the time they present to a doctor. The signs and symptoms you never see in a well-managed urban patient are fairly commonplace in rural areas. Stoic farmers will not turn up at hospital until they are literally at death's door. Patients who would be managed by a subspecialist in the city are largely managed by their GP in the country because the subspecialist may be a 6-hour drive away.

The upshot of all of this is as a junior doctor you will see an endless procession of complex, fascinating medicine, and because there are not dozens of more advanced trainees ahead of you, you will actually be involved in diagnosis and management of

these conditions. Sick people can come from everywhere – the difference in the country is that you will be involved in their direct care.

At the end of the day, what I would suggest is give it a try. Go on a trip to visit some of the places you are considering working in. Spend a weekend and get a feel for the place. Get in touch with the JMO manager at the local hospital and ask them to link you up with someone who is already there.

When I asked my current group of rural students for their top advice for someone who was thinking about going rural, the overwhelming answer was ‘JUST DO IT’. At the least you will come away with valuable experience. At the best, you may discover an incredible opportunity to shine.

## Related Blogs

- [I love a sunburnt country: lessons from my first term as a rural medical registrar](#)
- [Nothing ventured, nothing gained](#)

## Related Podcasts

- [Indigenous Health in the top end](#)

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