

# Factors affecting the career decisions of health students—will they go rural? Data from the NRHSN Impact Survey 2009

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## Abstract

This paper presents the results of a survey currently being undertaken to identify the factors that continue to influence the career decisions of current and former health students, particularly focusing on factors that increase the likelihood of a student practicing in a rural or remote area. This research is being undertaken through the National Rural Health Students' Network (NRHSN) and its member rural health clubs (RHCs). The NRHSN has over 8500 members who are currently undertaking health degrees across a range of disciplines and have an interest in rural health, together with an Alumni Association, the members of which were previously involved in their local RHCs and who are now either postgraduates or practicing health professionals.

Understanding the factors that influence students while preparing for the future careers and those that influence recent graduates, enables us to take responsibility for creating the conditions that will draw them into rural and remote areas, and help to keep them there. Through the network of Universities and clinical schools that the NRHSN works with, this study also reaches students who are undertaking health degrees but who are not members of their RHC or NRHSN. This latter group is the control group for the study and enables us to get a broad perspective of the influence of student experiences on career decisions.

We know that our health students are the future health workforce. What we don't know is what will make Australian health graduates become the future Australian rural health workforce. At the moment, we can only speculate that this choice is very likely to be influenced by their experiences as students. This research reflects the scope of the NRHSN's members and helps to fill the current gap in knowledge that exists between the experiences of students and the realities of the health workforce. The results will help to ensure that rural health promotion programs, such as the various scholarship schemes, are more effective and that valuable funding dollars are directed where they will have the greatest impact.

This piece of research feeds into a larger longitudinal study, currently being developed by the NRHSN, designed to track rural health students as they leave University and enter the workforce.

## The National Rural Health Students' Network

The National Rural Health Students' Network (NRHSN) is a multidisciplinary, student lead network funded by the Australian Government Department of Health and Ageing and auspiced by Rural Health Workforce Australia (RHWA). The network was established in 1996 (then NRHN) by a group of medical based rural health clubs and later, in 2003, was provided with funding by the Australian Government to be auspiced by RHWA (then ARRWAG).

This change saw the NRHSN's focus shift to encompass multidisciplinary health care and subsequently, 15 allied health and nursing based rural health clubs have been established across Australia through the NRHSN agreement. These clubs, along with the 14 medical based rural health clubs, form a 29 club network.

The NRHSN now has over 8500 university student members studying various courses in nursing, medicine, and allied health (including pharmacy, dentistry and many other degrees) throughout Australia. Membership has increased by 3000 members from this time last year and by 5000 since 2005.

Overall membership growth has been contributed to by the induction of new clubs into the network, a larger pool of students to draw from as a consequence of Federal government higher education expansion policies, and promotion conducted by the clubs locally.

It is widely accepted that the health of Australians proportionally decreases with distance from major cities and that rural health needs to be a priority, across disciplines, Australia-wide. With an increasing number of rural health professionals due to retire over the next 10 years we need a significant number of health graduates to choose rural and remote practice to replace them.

It is also accepted that rural background students are more likely to return to rural areas to practice following graduation, so it is essential to attract non-rural students to rural practice through rural health clubs, scholarships and clinical placement experiences. While proportion of rural origin recorded in NRHSN reporting is not fully representative, as a number of clubs are not able to report against this, it currently has close to 5500 students from a non-rural background within its total membership, which is indeed very positive.

The NRHSN's aim is to attract students from both *rural* and *urban* backgrounds to the network, to provide them with support and opportunities to experience rural or remote practice during their studies, and hence to further develop their interest and commitment to practice in rural and remote Australia following graduation.

The NRHSN implements numerous activities within the health and education sector with a view to developing and maintaining enthusiasm and commitment to rural and remote careers among health students throughout their studies and beyond. These include:

### **Rural health promotion activities and multidisciplinary networking**

Across the network there are at least 200 events being run nationally per year, involving thousands of student volunteers.

The student activities that are funded by the NRHSN, and carried out by RHCs, include:

- clinical skills sessions in rural locations
- speaker and career evenings
- cultural awareness training
- the national Rural High School Visit (RHSV) program
- the national Indigenous Festivals program
- student attendance and presentations at Conferences of National Significance (CoNS) to rural health through the NRHSN CoNS program
- the NRHSN's annual National University Rural Health Conference (NURHC).

In 2008, close to 400 health students visited 228 rural high schools through the NRHSN's Rural High School Visit program. In addition the NRHSN supported health students to attend 5 different Indigenous Festivals across 13 locations nationally. Visits to rural communities to promote health and health career pathways are very influential to the students involved. Connection to these communities provides a great impetus and motivation and reinforces their commitment to practicing within them upon graduation, and also provides NRHSN members with significant opportunity for further multidisciplinary networking.

Conferences are a key platform for encouraging students to undertake rural placements and gain subsequent experience in rural practice environments, as well as giving students opportunities to network with both professional bodies and other students, assisting them in making decisions about their own career pathways, and providing students with a voice to describe the conditions and resources they believe they will need in the future to support them in their intention to practice rurally after graduation.

The NRHSN is committed to enabling approximately 100 students, across all disciplines and clubs, to experience conferences of national significance per year, in addition to the 300 students who attend the NRHSN's own conference.

### Improving access to incentives and scholarships

The NRHSN acknowledges that rural placements are a critical part of the educational experience for students and that either good or poor experiences can have a major impact upon student interest in working in rural areas.

Due to the fact that scholarships are administered by a varied number of groups, it can be difficult for students to get detailed information. Having the information brought together under the umbrella of the NRHSN is therefore important. Information is disseminated to members through the NRHSN Council, ongoing electronic newsletters and the NRHSN website.

The NRHSN develops position papers, including placement and scholarship papers, and works with Government and scheme administrators, to help provide greater opportunities and support for its members in accessing scholarships and placements and ensuring a high quality experience and outcome.

### Resources

- A bi-annual newsletter: *Cooee!*—approximately 4000 copies are distributed to RHCs and stakeholders (including professional bodies in rural health, as well as University, Government and political contacts) in each 6 month period.
- A *Rural Placements Guide* with tips on how to maximise a placement experience through to cultural awareness and safety issues—a revised edition of the placements guide was printed in 2008 and 7000 copies were distributed to all rural health clubs.
- *When the Cowpat Hits the Windmill*, a Mental Health Guide to prepare students for the realities of a remote lifestyle and help them cope with the often daunting and emotionally challenging experiences, produced in partnership with *beyondblue: the national depression initiative*—this publication was revised in 2008 and approximately 20,000 copies of the publication have been distributed to all rural health clubs, rural clinical schools, University Departments of Rural Health and a wide range of other rural education organisations.

- *Wide Horizons* a DVD documentary promoting rural placements—7000 copies were distributed to all RHCs in 2008, and the documentary is also promoted online and through the Rural Health Education Foundation.
- A number of kits and manuals are distributed to the network and Council to assist students in running their RHCs and events at a local and national level.

### Providing a voice for the future of rural health

The NRHSN gives students a united voice on issues that affect rural health. We have a valuable pool of students across a variety of health disciplines and are able to draw upon the collective ideas of our members and present them as a united front. As the future health workforce of Australia, it is of vital importance that we have a national medium to talk through and the NRHSN achieves this.

The NRHSN is a member body of the National Rural Health Alliance (NRHA) and has representatives on a number of National Advisory Committees as well as working closely with many organisations to promote rural and remote health practice. The NRHSN's own publications, and the submissions it makes to stakeholder publications and journals, are an important medium for the wider health, education and community sectors to know, understand and support the work of the NRHSN.

The NRHSN website ([www.nrhsn.org.au](http://www.nrhsn.org.au)) is a crucial resource for NRHSN members, other health students both nationally and internationally and professional groups. A number of the objectives of the NRHSN are reliant upon the website to provide both reliable and up-to-date information for students on a wide range of issues from scholarships to conferences, as well as a key focal point for promoting rural health student views to the health, education and political sectors.

In addition to providing multidisciplinary networking opportunities and supporting students in gaining rural health experience, the NRHSN's national events and activities also give the NRHSN greater exposure and presence within health, education and community sectors and have become key platforms for the future health professionals of Australia to make decisions about the environments, resources and support they believe they will need in order to continue pursuing a rural career pathway following graduation, and to communicate them.

### Background to the NRHSN Impact Survey 2009

The literature from Australia and overseas acknowledges that some factors are more likely to predict graduates living and working in rural areas than others. While it is acknowledged that no one single factor determines the career choices of students<sup>1</sup>, those factors that have been identified include:

- rural origins of students
- rural placements during their training
- greater rural focus within the curriculum.

### Rural origin students are more likely to practice in a rural or remote area

In Australia, there have been a number of initiatives taken towards increasing the number of students studying health disciplines who come from a rural background. These initiatives range from the establishment of the Rural Clinical Schools through to various scholarships and, at the individual university level, entry schemes for rural students.

A study by Laven and her colleagues of almost 2500 Australian-trained GPs found that initiatives, such as rural health clubs and rural clinical schools, that provide the opportunity for both educational and social experiences may increase the likelihood of future GPs meeting partners from similar backgrounds or with a similar outlook, thereby leading to higher rates of rural practice.

### Positive rural experiences

There is some evidence from overseas to show that “enrichment” programs can play a role in encouraging students to choose rural practice after graduation. In the USA, Lynch and her colleagues evaluated the Rural Health Scholars Program (RHSP)<sup>2</sup> and acknowledge that one of the major benefits of extra-curricular activities is the “development of peer groups with similar professional interests that can be sources of social support for scholars as they progress through medical school.”<sup>3</sup>

In Australia, the rural health clubs are an integral part of the overall experience of rural and remote health for students from across health disciplines. This suggests that a combination of a rural-focused curriculum, rural placements and the other social and educational activities of the NRHSN may have an even greater impact upon students choosing to go rural after graduation.

### Rural placements, rural exposure, peer support and networking

The Australian literature suggests that rural exposure is a critical component in recruiting new graduates to rural practice. However, some research indicates that different types of exposure at different stages of a student’s life may be required.

Eley and her colleagues indicate that while rural origin better prepares new graduates for rural living and practice and allows the establishment of networks of social and professional support, during later years of medical school, other factors such as provision of a rural mentor, membership in rural undergraduate clubs and rotations through rural medical attachments are more powerful predictors of pursuing rural practice.”<sup>4</sup>

For the students involved in the rural health clubs and the NRHSN, rural experiences range from formal placements as part of their courses to the more informal, social and skills-based events organised by the clubs themselves. The social role of the rural health clubs and the NRHSN is a feature commonly remarked upon by students.

I didn’t join so much as to reduce the feeling of isolation, but to be able to meet people from a variety of disciplines (medicine, nursing, paramedics, allied health) who all had the common passion for rural health. It was great to be able to meet people who all had similar passions for rural health and being able to discuss issues with each other. This shared passion between the rural health club members would have to be one of the things that I enjoyed the most about being part of a RHC. —Anonymous

My involvement with my Rural Health Club was the most rewarding part of my time at university. I got to know many other students within my uni and other uni’s who have a vested interest in equal health opportunities for all Australians. Furthermore the staff/students I got to know through SHARP and the NRHSN are all great people to know. Being a volunteer for SHARP/NRHSN as well as doing some community work overseas has been really important in making me see the health issues faced by a large majority of Australians. Being able to interact with youth from these regions was a great motivating factor for me. —Anonymous

Unlike the medical students, nursing and allied health students often have to pay their own way on a rural placement, unless they can get a scholarship to cover part of their costs.

I became aware of the NRHSN when I was given the opportunity to do a university placement in Broken Hill. I was directed to SHARP [Wollongong Rural Health Club]. It is the best \$5 I spent at uni. I was assisted to

access rural/remote placement funding. \$500 to cover the expense of travelling the 3400 km covered. —  
Anonymous

It is this sense that the rural health clubs and the NRHSN do play a critical role in influencing the later career choices of health students that has led other countries to copy the model that is running here in Australia.

## Method

An internet-based questionnaire was developed covering demographic data, rural background, career aspirations, motivations and barriers, rural health club and NRHSN involvement and scholarship and placement experience. A web-link to the questionnaire was then distributed to all current NRHSN members via club representatives and email lists.

A mixture of qualitative or quantitative data was obtained. The quantitative data was subsequently analysed using descriptive statistics.

## Results

565 NRHSN members completed the online survey, corresponding to 6.6% of the overall NRHSN membership. All 29 rural health clubs were represented within the respondents, with the number of respondents from any one rural health club ranging from 1 to 96.

Table 1 summarises the demographic data from survey respondents compared to the demographics of the broader Network.

**Table 1 Survey demographics**

|            |                       | Impact Study 2009 | NRHSN Demographic |
|------------|-----------------------|-------------------|-------------------|
| Discipline | Medicine              | 60%               | 56%               |
|            | Nursing               | 10%               | 10%               |
|            | Allied health         | 30%               | 30%               |
| Gender     | Male                  | 28%               | 44%               |
|            | Female                | 72%               | 56%               |
| Background | Rural                 | 48%               | 37%               |
|            | Non-rural             | 52%               | 63%               |
|            | Indigenous background | 1.2%              | 1.2%              |

The majority of survey respondents were aged 18-24 consistent with undergraduate university students. 27% of respondents are in the first year of their degree.

7% of respondents were of overseas background and of these, 73% are interested in a rural health career in Australia.

Overall, 92% of those surveyed desire working in a rural area. Table 2 shows the spread of desired work locations.

**Table 2 Preferred career destinations**

|                  | Number preferring this location |
|------------------|---------------------------------|
| Capital city     | 28%                             |
| Regional centre  | 35%                             |
| Smaller town     | 24%                             |
| Remote community | 14%                             |

Overall, 53% of survey participants have been involved at some stage with their rural health club's committee.

Table 3 shows the impact of rural health club and National Rural Health Students' Network activities as they influence the decision to undertake a rural health career, compared to the impact of placement experience and teachers on this choice. In terms of reporting placement experience, no distinction was made between compulsory placements undertaken as part of the degree and voluntary placements undertaken by students to broaden their experience, whether facilitated through a scholarship or placement program or individually arranged by the student. Only 13% of respondents reported having undertaken a placement through a University Department for Rural Health facility.

**Table 3 Impact of various factors on the decision to pursue a rural health career**

| Influenced by                | Percentage overall | 1st year students | 2nd and subsequent year students |
|------------------------------|--------------------|-------------------|----------------------------------|
| Rural health club activities | 46%                | 35%               | 50%                              |
| NRHSN activities             | 37%                | 22%               | 43%                              |
| Placement experience         | 61%                | 38%               | 85%                              |
| Teachers                     | 62%                | 59%               | 63%                              |

Tables 4 and 5 summarise the activities conducted by rural health clubs and the NRHSN that are most influential on students in deciding whether to undertake a rural career path.

**Table 4 Influence of rural health club activities**

| Activity                       | Per cent of respondents influenced |
|--------------------------------|------------------------------------|
| Rural trips/visits             | 16%                                |
| Conferences                    | 14%                                |
| Clinical trips                 | 10%                                |
| Information sessions           | 10%                                |
| Networking with other students | 5%                                 |
| Hospital visits                | 5%                                 |

**Table 5 Influence of NRHSN activities**

| Activity  | Per cent of Respondents influenced |
|---|------------------------------------|
| National University Rural Health Conference (NRHSN Annual Conference) | 18%                                |
| Rural high school visits  | 12%                                |
| Indigenous festivals  | 12%                                |
| Conference attendance   | 8%                                 |

45% of survey participants stated they had received a scholarship of some sort during their study. Of these, 63% were medical students, 7% were nursing students and 30% were allied health students. These figures are consistent with the number of respondents from each discipline as outlined above.

However when looking at the discipline groups individually, 48% of medical student participants stated they are on a scholarship and 46% of allied health students also stated they are on a scholarship. However only 32% of nursing students stated they had been awarded a scholarship.

## Discussion

Whilst only 6.6% of the NRHSN's membership completed the online survey, comparison with demographic data from the entire Network which is collected on a 6-monthly basis demonstrates no significant sample bias within our survey participants. As such, we believe that despite the small sample size, the results of the survey can be interpreted as representative of the broader Network.

Within some sections of the survey, data was analysed both including and separating first year students. This approach was necessary as first year students have had less significant contact with their rural health club, the NRHSN or clinical placements.

Data on perceived barriers to rural practice was analysed including all respondents as these will need to be addressed during the course of their study in order to promote rural career options.

48% of responders acknowledged a rural background. Recruitment of rural students into health courses has been shown to be beneficial to the future rural workforce through increased supply of practitioners, but this statistic may indicate that these rural students champion rural health careers during their study and may influence other students toward working in rural areas. This question was not asked by this current survey, but may be an avenue for further investigation in future years.

A very low percentage (1.2%) of responders identified as from Aboriginal or Torres Strait Islander heritage, however this figure is comparable to the broader Network demographic. It is postulated that this is reflective of poor recruitment of Aboriginal and Torres Strait Islander students into health courses. Initiatives that further increase the proportion of indigenous people studying health courses appear likely to not only expand the rural health workforce, but may also impact on the relatively poorer health and welfare of Australian Indigenous people and should be actively pursued.

Approximately 7% of responders identified as being from overseas. Countries included many within South-East Asia as well as Canada, the United States and New Zealand. Of these respondents, 73% indicated a desire to work in rural or remote parts of Australia. It is therefore suggested that involving overseas students in rural health clubs may increase the likelihood of these students wanting to work in rural areas and thus diminish the need for Government to mandate rural placements for these professionals at the start of their careers. This would also justify allowing overseas students access to rural placements on equal footing with Australian students and permit more of a “Carrot” approach to rural health workforce issues rather than the current “Stick”.

92% of survey participants stated they intend to work in a rural or remote environment.

Only 14% of respondents expect to set up practice in a rural community and 24% in a smaller town, against 35% in a large regional town and 28% in a capital city. Of those who said they expect to work in a rural area, 4% plan to have their future practice in a capital city and 36% in a regional centre.

Thus it can be taken that many respondents expect to spend some period of time in a rural area but many do not see this as their long term future. This may suggest a need to focus on providing those attributes which make a temporary rural placement feasible while at the same time seeking to influence those in this situation to stay as long as possible.

Professional development and networking opportunities were the most sought after qualities for a rural career with 91% of survey respondents ranking professional development as “Very Important” or “Important”. In addition, 12% of responders cited a lack of professional development, professional networking opportunities, training opportunities or lack of support as a specific barrier to a rural career. This compares with 23% who cite social isolation or separation from family or friends as being a significant barrier.

Money does not appear to be at all significant in deciding whether to work in a rural area. Only 60% for earnings of respondents ranked financial reward as “Very Important” or “Important”. In fact, the only aspect with less influence than earnings was the cost of setting up a business, which was considered “Important” or “Very Important” by only 44% of respondents. After professional development, the most significant issues were networking (84%), career advancement (82%), education and community facilities (both 79%).

Interestingly, lifestyle is considered an important motivator by some (21%) but others (13%) cite country lifestyle as a barrier to rural careers. Approximately 13% of responders cited a sense of responsibility or obligation to practice in a rural or remote community to increase services and access to health care in these areas.

Many anecdotal reports of an inability to take holidays through a lack of relief locums has been cited in the past as a potential deterrent to rural practice. This was only commented on by one participant in our survey and doesn’t appear to be a major factor in career choice.

The impact of rural health clubs influencing students to undertake rural careers is sizable with 46% of all responders stating that rural health club activities directly influence their choice to pursue a rural

career. However this is likely to be understated, as the survey was conducted quite early in the year and many of the responders were first year students who may not yet have been able to participate in activities with their rural health club. The most useful activities run by rural health clubs in terms of influencing members include rural trips (16%), conferences (14%), clinical sessions (10%) and information seminars (10%). Other influential activities include opportunities for networking with students, career sessions, involvement in rural health club committees, and placements.

A similar pattern is observed for NRHSN activities. Overall 37% of responders indicated that participating in NRHSN activities directly influenced their decision to pursue a rural career. However 43% of 2nd or subsequent year students indicated a positive influence from participating in NRHSN activities. This suggests a larger proportion of rural health club members are able to participate in NRHSN activities in the 2nd or subsequent year of their degree.

A number of responders highlighted NRHSN activities (e.g. NURHC, Indigenous Festivals and Rural High School Visits) as a rural health club event that has influenced their desire to pursue a rural career, suggesting the NRHSN figures may be under-reported. It is likely that members are attributing NRHSN events to their rural health club because of a lack of NRHSN publicity at these events or lack of understanding by members of the role or existence of the NRHSN.

It is noteworthy that the NRHSN events that most influence NRHSN members include NURHC (18%), rural high school visits (12%), indigenous festivals (12%) and conference attendance (8%). These activities are pivotal to the NRHSN and this research provides feedback to demonstrate the positive influence they are having on members who participate in these programs. Access to information, rural experiences, mentoring and networking were also cited as influential NRHSN activities.

Nearly half of responders (45%) stated they are the recipient of some form of scholarship however the vast majority of these are medical students (63%). Only 7% of responders who said they are on a scholarship were nursing students. Of responders from the allied health disciplines, pharmacy, physiotherapy and occupational therapy students were the most likely to have a scholarship, with other disciplines only minimally represented, if at all.

When corrected for the number of responders from each discipline, about half of medical (48%) and allied health (46%) student responders stated they had received a scholarship. This compares to less than a third (32%) of nursing student responders. Whilst it is acknowledged that there are significant differences in numbers between medical and nursing students, there is a clear deficiency of programs designed to attract nursing students into rural careers.

University Departments of Rural Health (UDRH) are an important resource for students who wish to undertake a rural placement, however only 13% of responders had taken advantage of this opportunity. There were also many comments by responders asking what UDRHs are. This could be interpreted in two ways: if UDRHs are being under-utilised, then universities must increase the awareness of the support and facilities the UDRHs can offer; on the other hand, if UDRHs are at capacity, then expansion of the program should be considered.

Expansion of placement opportunities should be energetically supported. Indeed 85% of responders who were in the second or subsequent year of their course stated that their interest in a rural career had been directly influenced by placement experiences. Placements are, therefore, extremely important within the suite of tools that influence health students towards a rural career path.

The impact of teachers on career path selection seems also to be understandably significant. 62% of responders stated that one or more teachers had influenced their decision to pursue a rural career. This is in agreement with Australian literature which suggests that rural exposure is a critical

component in recruiting new graduates to rural practice and that good, or poor, experiences can have a major impact upon students' interest in later working in rural areas. This demonstrates the importance of funding being directed towards ensuring quality training for undergraduate health students.

## Conclusions and recommendations

The vast majority of survey participants anticipate working in a rural or remote environment, although the reality is that we don't know how long they will be in these environments for.

Prominent barriers to rurally focused careers include a perceived lack of important features such as professional development, networking and career development opportunities which may be overcome through further development in the role of information technology as well as regional collaboration of health professionals, development of multidisciplinary teams in smaller communities and role expansion for nursing and allied health practitioners.

In terms of true barriers, social isolation for new professionals moving to a community continues to be an important factor. Community groups for young professionals may lead to a more welcoming environment and allow new practitioners to meet and develop relationships with others in similar situations. There may also be a role for group employment, although the logistics of this would need further investigation.

Large financial outlay on relocation or business establishment assistance, or high wages may be misdirected as these were not considered to be significant barriers to rural practice.

A multimodal approach to educating health students on rural career options seems appropriate and effective.

Experiencing the rural environment through placements and/or rural health club activities appears critical and course designers should make every effort to maximise the opportunity for rural placements. Included within this is the need to optimise and increase usage of UDRH facilities.

Placement experiences need also to be reinforced by teachers, pushing the messages about inequalities in health and the need for more health professionals in rural areas to contribute to high level, multidisciplinary patient care. Educating rural practitioners in the means for providing good quality clinical placements for students and their professional obligation to do so, combined with the financial and academic support allowing them to do this, will also have a direct impact on students considering a rural health career.

There is also a role for the NRHSN. Providing a vehicle for students to collaborate through conferences and coordinating a program aimed at increasing indigenous and rural student enrolment in health courses seems critical for the future rural health workforce.

The next stage of the study will be two-fold. The survey instrument will be further developed, linked to existing research where possible, and administered on a yearly basis. This will allow the NRHSN to quantitatively analyse its ability to influence health students through its programs as well as monitor member awareness of NRHSN and other health and education sector activities.

The study will then be used to track NRHSN members beyond graduation to identify the likelihood of NRHSN members taking up rural careers based on outcome rather than intent.

The support of stakeholders in rural health, not least of which are Government and health professional associations, should actively support and encourage this project, as further research into the movements of young professionals and the reasons behind their career choices, is needed to guide future policy and expenditure in the quest to improve the health of rural and remote Australians.

## Presenters

**Luke Smith** is a final year medical student with the ANU Medical School (at time of presentation). He also has training in medical imaging and paramedicine and special interests in acute medicine and trauma. Luke has undertaken work and a series of placements in rural Victoria and New South Wales over the last nine years, which has helped him to foster a keen interest in the provision of health services to rural areas. He has also been an active member of the National Rural Health Students' Network, including as the senior medical representative to the Network in 2008.

**Amanda Hall** manages the National Rural Health Students' Network (NRHSN) on behalf of Rural Health Workforce Australia and works closely with the NRHSN council to promote rural and remote health careers to university students. Amanda is also a member of the NRHSN Executive and works collaboratively with the NRHSN co-chairs and secretary to advance the goals of the network.

**Fiona Langelaan** is a final year medical student at the University of Notre Dame Australia in Fremantle, WA. Fiona was raised in Warragul, Victoria and completed biomedical sciences at Monash University. Fiona was a member of Monash University's Rural Health Club (RHC) WILDFIRE and then became involved with the Western Australian RHC SPINRPHEX. She furthered her interest in rural health through the National Rural Health Students' Network (NRHSN) and was the NRHSN Secretary in 2008. Fiona holds a John Flynn Placement Program scholarship, undertaking her placements in Cloncurry, Queensland and completed a Rural Clinical School year in Karratha, WA in 2008.

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