



## **RAMUS evaluation questionnaire for scholars 2007**

### **Report May 2008**

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#### **Summary**

The 2007-08 Funding Agreement for the administration of RAMUS required the National Rural Health Alliance (NRHA) to report to the Department on RAMUS scholarship holders' perceptions of RAMUS and on scholars' intentions to practise rurally.

To fulfil this requirement, the NRHA developed a web-based evaluation questionnaire. All 2007 RAMUS scholars were asked to complete the questionnaire as part of the 2007 end-of-year acquittal process.

There were 405 valid responses to the questionnaire; a response rate of 72 per cent. Scholarship holders in all years of study and from all universities at which RAMUS scholars are enrolled were well-represented among the respondents.

Overall, respondents demonstrated strong support for RAMUS and a high level of commitment to and interest in training and working in rural and remote areas.

The results show a very positive perception of RAMUS, with 92 per cent of respondents agreeing or strongly agreeing that RAMUS had increased their intention and commitment to practise rurally, and 99 per cent agreeing or strongly agreeing that the level of scholarship payments was contributing significantly to their capacity to complete their studies. There was also a high level of approval for the RAMUS mentoring program and the administration and support provided by the NRHA.

Respondents appeared to have a strong commitment to training and working in rural areas. Only three respondents said that they did not intend to complete any postgraduate training in a rural area and only one said they did not intend to work in a rural area. Sixty-nine per cent of respondents intended to complete some postgraduate training in a rural area while 77 per cent intended to work rurally. The remaining respondents were unsure.

Rural general practice was the most popular career/training preference; 38 per cent of respondents nominated this area as one of their top three preferences.

Respondents who completed their studies in 2007 will be taking up their internships in every State and Territory. Thirty per cent of these internships are in RRMA 3 – 6 locations.

Among the factors cited by completing scholars as having influenced their career intentions were:

- experiences of clinical placements and electives;
- mentoring and exposure to role models;
- schemes such as RAMUS and the John Flynn Placement Program which had augmented experiences of standard clinical placements;
- attending conferences; and
- changes in personal circumstances, such as needing to take into account a partner's needs and preferences and/or opportunities for children.

This feedback from current RAMUS scholars builds on the findings of the RAMUS Tracking Project <sup>1</sup> which provided evidence that former RAMUS scholars and RAMUS mentors had a high level of approval for RAMUS and that the Scheme had increased scholars' intentions to practise medicine in rural and remote Australia.

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<sup>1</sup> RAMUS Tracking Project 2006-07 Final Report, October 2007, presented to the Department of Health and Ageing, October 2007. The Tracking Project aimed to research RAMUS graduates' career pathways and to help determine the effectiveness of the Scheme. RAMUS scholars who had completed their medical qualifications since the Scheme began up to the end of 2006 were surveyed on their perceptions of the scheme and their future career intentions, including workforce experience. RAMUS mentors active in 2006 were also surveyed.

## **Background**

The 2007-08 Funding Agreement for the administration of RAMUS included new requirements to obtain feedback from scholarship holders and to provide a statistical report to the Department on scholars' intentions to practise rurally and on scholars' and mentors' perceptions of the Scheme (see Project plan Items 1.6, 6.5 and 8.8).

As outlined in the Alliance's letter to the Department of 2 October 2007 about the annual reporting and acquittal requirements for RAMUS, to fulfil this requirement the Alliance developed an online questionnaire to be completed by scholars. The questionnaire was to be completed by scholars as part of the 2007 end-of-year scholarship acquittal process.

## **Method**

A web-based questionnaire was made available in late November 2007.

The questionnaire asked for demographic information including name, date of birth, university attended and year of study. Questions relating to perceptions of RAMUS and career/training preferences were modelled on the RAMUS Tracking Project survey questions. Completing scholars were asked for information on the location of their internship and to comment on whether their career intentions had changed since they commenced medical studies. The questionnaire text is available at *Appendix 1*.

All 541 current scholars (as at November 2007) plus 20 whose scholarships were deferred or who were repeating in 2007 were directed by email to the URL for the web-based questionnaire. An initial email was sent to scholars on 26 November 2007. Follow-up emails were sent on 24 December 2007 and 8 February 2008. The questionnaire was also promoted in the November 2007 issue of the RAMUS *Gone fishin'* newsletter.

Responses were automatically loaded into a database separate from the administration database for scholarship holders. Scholars were informed that their responses were confidential and would be used only for de-identified statistical reporting.

## **Results**

After duplicate and invalid responses were removed there were 405 useable responses. This represents an overall response rate of 72 per cent.

## Universities

Responses were received from scholars from all universities at which RAMUS scholars are enrolled. The lowest response rate was from scholars enrolled at University of Melbourne (55 per cent).

### University attended

University	Number of responses	Percentage of total responses	Total scholars 2007 *	Response rate (%)
Australian National University	15	3.7%	17	88.2%
<b>ACT total</b>	<b>15</b>	<b>3.7%</b>	<b>17</b>	<b>88.2%</b>
University of New South Wales	64	15.8%	97	66.0%
University of Newcastle	14	3.5%	19	73.7%
University of Sydney	15	3.7%	15	100.0%
University of Western Sydney	1	0.2%	1	100.0%
University of Wollongong	4	1.0%	4	100.0%
<b>NSW total</b>	<b>98</b>	<b>24.2%</b>	<b>136</b>	<b>72.1%</b>
Bond University	0	0.0%	0	
Griffith University	2	0.5%	2	100.0%
James Cook University	46	11.4%	61	75.4%
University of Queensland	34	8.4%	52	65.4%
<b>QLD total</b>	<b>82</b>	<b>20.2%</b>	<b>115</b>	<b>71.3%</b>
Flinders University	16	4.0%	21	76.2%
University of Adelaide	16	4.0%	18	88.9%
<b>SA total</b>	<b>32</b>	<b>7.9%</b>	<b>39</b>	<b>82.1%</b>
University of Tasmania	15	3.7%	19	78.9%
<b>TAS total</b>	<b>15</b>	<b>3.7%</b>	<b>19</b>	<b>78.9%</b>
Monash University	56	13.8%	71	78.9%
University of Melbourne	26	6.4%	47	55.3%
<b>VIC total</b>	<b>82</b>	<b>20.2%</b>	<b>118</b>	<b>69.5%</b>
University of Notre Dame, Fremantle	8	2.0%	11	72.7%
University of Western Australia	60	14.8%	86	69.8%
<b>WA total</b>	<b>68</b>	<b>16.8%</b>	<b>97</b>	<b>70.1%</b>
Deferred, repeat	13	3.2%	20	65.0%
<b>Total</b>	<b>405</b>	<b>100.0%</b>	<b>561</b>	<b>72.2%</b>

\* Total active, deferred and repeating scholars as at 31 December 2007

### Year of study

The response rate ranged from 95 per cent of scholars in 1<sup>st</sup> year to 61 per cent of scholars in 6<sup>th</sup> year.

#### Year of study

Year	Number of responses	Percentage of total responses	Total scholars 2007 *	Response rate (%)
1	59	14.6%	62	95.2%
2	75	18.5%	104	72.1%
3	62	15.3%	89	69.7%
4	97	24.0%	125	77.6%
5	57	14.1%	92	62.0%
6	42	10.4%	69	60.9%
deferred, repeat	13	3.2%	20	65.0%
<b>Total</b>	<b>405</b>	<b>100.0%</b>	<b>561</b>	<b>72.2%</b>

\* Total active, deferred and repeating scholars as at 31 December 2007

### Perceptions of RAMUS

Scholars were asked to respond to eight statements about key elements of the RAMUS Scheme. Responses were recorded across a five point Likert scale. This question was based on that asked in the RAMUS Tracking Project.

Overall, respondents had a very positive perception of RAMUS.

#### Aims and design of RAMUS

- 92 per cent agreed or strongly agreed that RAMUS has increased their intention and commitment to practise rurally;
- 99 per cent agreed or strongly agreed that the level of scholarship payments was contributing significantly to their capacity to complete their studies; and
- 98 percent expressed support for the absence of bonding.

#### Mentoring

- 88 percent agreed or strongly agreed that mentoring support through RAMUS extends their understanding of rural practice; and
- 93 per cent find their contact with their mentor to be friendly and helpful.

#### Administration

- 92 per cent agreed or strongly agreed that dealing with the administrative requirements of the scheme was easy; and
- 99 per cent found the RAMUS staff to be friendly and helpful.

### Annual Learning Plan

- 29 per cent were not sure about the usefulness of the annual Learning Plan and a further 21 per cent disagreed or disagreed strongly that it was a useful tool. This is in line with the results of the Tracking Project. From 2008, the Learning Plan has been simplified and renamed as the Annual Scholar-Mentor Plan.

### Question #5 Based on your experience as a RAMUS scholar please rate the following statements about RAMUS:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Total
The level of scholarship payments is contributing significantly to my capacity to complete my studies.	324	76	2	2	1	405
	80.0%	18.8%	0.5%	0.5%	0.2%	100.0%
Mentoring support available under the Scheme extends my understanding of rural practice.	152	203	40	9	1	405
	37.5%	50.1%	9.9%	2.2%	0.2%	100.0%
In general I find contact with my mentor to be friendly and helpful.	208	170	17	9	1	405
	51.4%	42.0%	4.2%	2.2%	0.2%	100.0%
The annual learning plan is a useful tool to help me focus on study/career objectives.	35	168	117	72	13	405
	8.6%	41.5%	28.9%	17.8%	3.2%	100.0%
The absence of bonding requirements is a positive.	341	57	5	2	0	405
	84.2%	14.1%	1.2%	0.5%	0.0%	100.0%
Dealing with the administrative requirements of the scheme is easy.	185	186	19	15	0	405
	45.7%	45.9%	4.7%	3.7%	0.0%	100.0%
In general, I find RAMUS staff to be friendly and helpful.	327	74	4	0	0	405
	80.7%	18.3%	1.0%	0.0%	0.0%	100.0%
Participation in the RAMUS Scheme has increased my intention/commitment to practise medicine in rural/remote Australia.	188	183	28	5	1	405
	46.4%	45.2%	6.9%	1.2%	0.2%	100.0%

### Training intentions

The questionnaire asked respondents whether they intended to complete any of their post-graduate training in a rural area.

Sixty-nine per cent of respondents answered 'Yes', while 30 per cent were unsure. Three (1 per cent) respondents answered 'No'.

### **Career intentions**

Scholars were asked if they intended to work in a rural area.

Seventy-seven per cent of respondents answered 'Yes' and 23 per cent were unsure. Only one respondent (0.2 per cent) answered 'No'.

### **Career/training preferences**

Scholars were asked to nominate up to three current training/career preferences from a list of professional areas. The professional areas listed follow those used in the RAMUS Tracking Project. This was based on the list used by the Medical Schools Outcomes Database project undertaken by Medical Deans Australia and New Zealand, with the addition of *Rural General Practice*.

The top six ranked preferences, for which more than 25 per cent of respondents expressed a preference, were:

- Rural General Practice
- Emergency Medicine
- Paediatrics and Child Health
- General Practice
- Surgery

#### **Question #8 What are your current training/career preferences? (Please select up to three preferences)**

<b>Practice area</b>	<b>Total</b>	<b>% of respondents</b>
Rural General Practice	153	37.8%
Emergency Medicine	126	31.1%
Paediatrics & Child Health	118	29.1%
General Practice	115	28.4%
Obstetrics & Gynaecology	112	27.7%
Surgery	106	26.2%
Procedural General Practice	56	13.8%
Anaesthesia	51	12.6%
Adult Medicine	40	9.9%
Medical Officer (Hospital Practice)	27	6.7%
Intensive Care Medicine	23	5.7%
Psychiatry	22	5.4%
Public Health Medicine	19	4.7%
Radiology	14	3.5%
Pathology	12	3.0%
Ophthalmology	9	2.2%
Dermatology	8	2.0%
Rehabilitation Medicine	3	0.7%
Medical Administration	1	0.2%
Occupational Medicine	0	0.0%
Don't know/Undecided	29	7.2%

Respondents also nominated a wide range of other areas of interest:

<b>Other (please specify)</b>	
Alternative therapy integration	1
ATSI health as rural generalist	1
Cardiology	3
Endocrinology	3
ENT	1
Gastroenterology	2
General Physician	1
General Physician- hospital	1
I will certainly spend a considerable amount of time in rural practice, especially if I choose GP	1
Indigenous Health	1
Indigenous Medicine	1
Infectious disease	2
Infectious Disease, endocrinology	1
Medical Education / Teaching	1
Medical Law/Ethics	1
Neuro	1
Neurology	2
Oncology/Palliative care	1
Oncology	4
Orthopaedics	4
Physician -General Physician	1
Plastics	1
Procedural Physician eg Cardiologist or Gastroenterologist	1
Rheumatology	1
Rural General Specialist (hospital based rather than rural GP)	1
Rural Generalist	1
Sports Medicine	1
Sports Medicine / Orthopaedics	1
Sub speciality in geriatrics	1
Trauma Medicine	1
Tropical Medicine	1
Vascular surgery	1

### Completed scholars – location of internship

Scholars who were completing their medical studies (and thus their scholarship) in 2007 were asked to nominate the location, state and postcode of their internship. There were 70 responses to this question, representing 61 per cent of 2007 completing scholars.

#### State/Territory

Respondents will be undertaking internships in all States and Territories. The majority are undertaking internships in the state in which they attended university.

Location of internship - State/Territory	Number	%	Location of university attended – State/Territory	Number	%
ACT	1	1.4%	ACT	6	8.6%
NSW	11	15.7%	NSW	10	14.3%
NT	3	4.3%	NT	0	0.0%
QLD	21	30.0%	QLD	19	27.1%
SA	9	12.9%	SA	10	14.3%
TAS	2	2.9%	TAS	2	2.9%
VIC	16	22.9%	VIC	16	22.9%
WA	7	10.0%	WA	7	10.0%
<b>Total</b>	<b>70</b>	<b>100.0%</b>	<b>Total</b>	<b>70</b>	<b>100.0%</b>

#### RRMA

Thirty per cent of internships are in RRMA 3-6 locations.

Location of internship – RRMA	Number	%
1	41	57.7%
2	9	12.7%
3	16	22.5%
4	1	1.4%
5	2	2.8%
6	2	2.8%
7	0	0.0%
<b>Total</b>	<b>71*</b>	<b>100.0%</b>

\* One respondent nominated two locations (RRMA1 and RRMA 3) within Victoria.

The full list of locations where respondents are undertaking their internships is included in *Appendix 2*.

### **Completing scholars – influences on career intentions**

Completing scholars were asked whether their career intentions had changed since they commenced their medical studies and to comment on the factors that had influenced their career intentions.

Two-thirds of completing scholars said that their career intentions had changed.

Among the factors that had influenced those whose career intentions had changed were:

- Electives or clinical placements in particular areas of specialty
- Changes to lifestyle and personal circumstances (eg. the need to consider a partner's career or preferences or the needs of and opportunities for children in the future)
- Meeting GPs and observing the balance between career and family in their lives
- Exposure to role models, such as rural doctors and GPs in clinical rotations, through mentoring programs such as RAMUS and rural health club activities
- Electives or clinical placements in rural areas
- Experiences in rural programs
- RAMUS contact
- Attending rural conferences, supported by the RAMUS conference placement program
- John Flynn Placement Program placements
- Rural mentors
- Personal relationships
- Experiences through rural clinical school
- Schemes such as JFPP and RAMUS have augmented the experience of normal clinical placements

Those who said that their career intentions had not changed commented that experiences through the RAMUS scholarship, rural clinical placements, role models such as RAMUS mentors, rural health clubs and the John Flynn Placement Program had strengthened their intention to practise in rural areas.

Some continuing scholars also commented on their career intentions and on their experience of RAMUS.

A complete list of comments is included in *Appendix 3*.

## Conclusions

Respondents to the 2007 Evaluation Questionnaire for Scholars show strong support for the aims and purpose of the RAMUS Scheme. They have a high level of approval for the scholarship remuneration, the mentoring component of RAMUS and the administration and support provided by the NRHA. They also demonstrate a high level of interest in and commitment to training and working in rural areas. Some completing scholars will be commencing their intern years in rural hospitals. Experiences and opportunities gained through participating in the RAMUS Scheme are among the factors cited by completing scholars as having influenced their career intentions.

The results of this questionnaire build on the findings of the RAMUS Tracking Project (2006-07), which surveyed former RAMUS scholars and RAMUS mentors. The Tracking Project provided evidence that former RAMUS scholars and RAMUS mentors had a high level of approval for RAMUS and that the Scheme had increased scholars' intentions to practise medicine in rural and remote Australia.

The 2007 evaluation questionnaire provides a base for future regular surveying of RAMUS scholars. We suggest that in future, rather than surveying all current scholars each year, an annual evaluation questionnaire targets completing scholars and scholars at the end of their first year of having the scholarship. Consideration could also be given to covering scholars' awareness of and attitudes to selected components and services of the Scheme, such as the website, newsletter, Conference Placement Program and access to the *Australian Journal of Rural Health*.

## Appendix 1

### Text of questionnaire

#### RAMUS Annual evaluation questionnaire for scholars 2007

All scholars must complete the annual evaluation questionnaire and submit it by 31 December 2007.

If you have completed your studies in 2007 please answer Questions 1 – 10.

If you will be continuing your studies in 2008, please answer Questions 1 – 8 only.

Your response will be treated as confidential and will be used only for de-identified statistical reporting.

If you have any questions please contact the RAMUS Team (free call 1800 460 440, email [ramus@ruralhealth.org.au](mailto:ramus@ruralhealth.org.au))

- Question 1    Name
- Question 2    Date of birth
- Question 3    Year of study in 2007
- Question 4    University in which you were enrolled in 2007
- Question 5    Based on your experience as a RAMUS scholar please rate the following statements about RAMUS:  
(Five-point scale: Strongly agree; Agree; Not sure; Disagree; Strongly disagree)
1. The level of scholarship payments is contributing significantly to my capacity to complete my studies.
  2. Mentoring support available under the Scheme extends my understanding of rural practice.
  3. In general I find contact with my mentor to be friendly and helpful.
  4. The annual Learning Plan is a useful tool to help me focus on study / career objectives.
  5. The absence of bonding requirements is a positive.
  6. Dealing with the administrative requirements of the scheme is easy.
  7. In general, I find RAMUS staff to be friendly and helpful.
  8. Participation in the RAMUS Scheme has increased my intention /commitment to practise medicine in rural /remote Australia.

Question 6 Do you intend to complete any of your postgraduate training in a rural area?

Yes; Unsure; No

Question 7 Do you intend to work in a rural area?

Yes; Unsure; No

Question 8 What are your current training/career preferences? (Please tick up to three preferences)

Adult Medicine	Paediatrics & Child Health
Anaesthesia	Pathology
Dermatology	Procedural General Practice
Emergency Medicine	Psychiatry
General Practice	Public Health Medicine
Intensive Care Medicine	Radiology
Medical Administration	Rehabilitation Medicine
Medical Officer (Hospital Practice)	Rural General Practice
Obstetrics & Gynaecology	Surgery
Occupational Medicine	Don't know / Undecided
Ophthalmology	Other (please specify below)

**For completing scholars only**

**Please answer Questions 9-10 if you completed your medical course in 2007.**

Question 9 What is the location of your internship?

Name of city or town; Postcode; State/Territory

Question 10 Have your career intentions changed since you commenced your medical studies?

Yes; No

Please comment on your career intentions and what has influenced them. (eg. personal or family circumstances, professional opportunities, income opportunities, role model such as a mentor, experiences through clinical placements or other training, opportunities through RAMUS, JFSS or other scholarships)

## Appendix 2

### Question 9 - Completing scholars: locations of internships

Name of city or town	Postcode	RRMA
<b>ACT</b>		
Canberra	2606	1
<b>NSW</b>		
Gosford	2260	1
Penrith	2770	1
Sydney	2065	1
Newcastle	2300	2
Newcastle		2
Wollongong	2500	2
Orange	2800	3
Port Macquarie	2444	3
Tamworth	2340	3
Tamworth	2340	3
Wagga Wagga		3
<b>NT</b>		
Darwin		1
Alice Springs	870	6
Alice Springs	870	6
<b>QLD</b>		
Brisbane		1
Brisbane	4000	1
Brisbane	4001	1
Brisbane	4029	1
Brisbane	4068	1
Brisbane	4075	1
Ipswich	4305	1
Redcliffe	4020	1
Gold Coast	4215	2
Gold Coast	4226	2
Gold Coast		2
Townsville	4811	2
Cairns	4870	3
Mackay	4740	3
Mackay		3
Nambour	4556	3
Nambour	4560	3
Nambour General Hospital	4560	3
Toowoomba	4350	3
Toowoomba	4350	3

Toowoomba	4350	3
<b>SA</b>		
Adelaide		1
Adelaide	5000	1
Adelaide	5011	1
Adelaide	5046	1
Adelaide	5112	1
Flinders	5045	1
Woodville	5011	1
Riverland	5343	5
Riverland Berri/Barmera	5343	5
<b>TAS</b>		
Hobart	7000	1
Hobart	7000	1
<b>VIC</b>		
Box Hill (Eastern Health)	3128	1
Clayton	3169	1
Clayton	3812	1
Fitzroy	3000	1
Footscray		1
Footscray (Melbourne)		1
Frankston	3199	1
Heidelberg	3084	1
Melbourne	3050	1
Melbourne	3052	1
Melbourne	3128	1
Geelong	3550	2
Geelong		2
Ballarat	3350	3
Mildura	?	4
Melbourne/Bendigo	3182/3550	1 and 3
<b>WA</b>		
Fremantle (Perth)	6160	1
Fremantle Hospital	6160	1
Nedlands, Perth	6009	1
Perth	6000	1
Perth	6000	1
Perth	6009	1
Perth	6010	1

## Appendix 3

### Question 10 – Text of responses

**Please comment on your career intentions and what has influenced them. (eg. personal or family circumstances, professional opportunities, income opportunities, role model such as a mentor, experiences through clinical placements or other training, opportunities through RAMUS, JFSS or other scholarships)**

#### Competing scholars – Yes, career intentions have changed

<p>I'm tossing up between general and a specialist surgery, and general practise. I'll decide once I start working. My experiences have certainly shaped this, and although lifestyle factors are a second to professional fulfilment, I'm hoping not to be tied to major cities and expect to do some time in rural Australia.</p>
<p>My current career intention is to become an obstetrician/gynaecologist. My influence for this choice has come through my electives in this area, as well as the field having areas of medicine that I enjoy working in such as surgery, continuing care with antenatal patients, minor procedure, some general medicine and psychological medicine.</p>
<p>Experiences through clinical placements have probably been the biggest factor, when you answer these questions at the start of medical school it's hard to know much about any specialty Also, my career choices are now influenced by lifestyle choices, and careers where I could work rurally but still enjoy some time off</p>
<p>I initially wanted to be a paediatrician. But due to family priorities I have decided to do General Practice. Also seeing over-worked specialists at the hospital I trained in has put me off specialising because I don't want my life to turn out like theirs. I have met a lot of GPs through placements organised by my university and many of them have very good balance in their lives between their career, family and other interests. Also, being a female, it is very difficult to have children and spend large amounts of time with them if you want to specialise - many of the specialising programs claim to be family friendly, but in practise they are not very accommodating.</p>
<p>I now feel much more positive about training and practicing in a rural area. Contact with my mentor was a crucial factor in deciding to do my internship in a regional area.</p>
<p>My major interests at the moment are in paediatrics, emergency medicine, public health and physician 'medicine'. I plan to spend some time working in the area of 'developing world medicine' with an NGO in my junior years and then possibly in public health later on. This would hopefully be both internationally and locally, in indigenous rural health. I am looking forward to working in the public health system, and am planning to work in the public system throughout my career. There have been several factors that have influenced these intentions. These include the exposure to some wonderful role models in my clinical rotations, including my mentor; my rural health placement to the Tiwi Islands; 'Developing world medicine' education opportunities organized through my rural health club and by attending the 2006 AMSA Developing World Conference and finally my elective to the Solomon Islands. I would like to have a transportable skill that I can take rurally and internationally.</p>
<p>Rural placements, clinical placements</p>
<p>When entering medical school I believed I would like to undertake a career in emergency medicine. However after undertaking placements in medical school in paediatrics I thoroughly enjoyed this specialty. Undertaking my clinical elective in this area in a rural area has also strengthened my desire to undertake a career in this specialty.</p>

<p>My ideas of what I might like to do in the future have definitely been influenced by the types of doctors I have met during my studies. Eg, many of the surgeons I have worked with have been very enthusiastic about their jobs and this has probably helped peak my interest in this area. Similarly, the quality of the people we worked with on our rural rotation has made me think that I would like to work for some period of time in the country - although I haven't thought further about when I would want to do this. Meeting colleagues and others such as mentors through RAMUS has also helped add psychological support to this idea- it is something I would never have considered enjoying before I had these experiences.</p>
<p>I have lived rurally for the majority of my life and was feeling some resentment towards rurality and being encouraged to work rurally at the beginning of my degree. However in my clinical years, the more rural placement I did the more I got my passion back. I am in the Gold Coast transiently for a look at the 'big smoke' before I settle down rurally</p>
<p>Experience on clinical placements</p>
<p>Didn't consider returning to the country to practise when I first started medical school - just wanted to move to the city. But through my experiences in the rural program and mainly RAMUS contact, my mind was changed and I am now strongly considering rural general practice as a career choice. Also my fiancé is happy to live in a rural area.</p>
<p>Professional opportunities, rural experiences, John Flynn placement</p>
<p>JFSS experience in FNQ has revealed a passion for more remote, tropical medicine. My anaesthetic and rural GP placements have influenced my future career intentions. The opportunity to attend rural conferences has also increased a passion.</p>
<p>Personal circumstances mostly. Experiences have also played a part - both positive and negative...</p>
<p>Experiences through clinical placements have been the pervading influence upon my consideration of future career options. For example, I used to really want to be a Psychiatrist but then I did my Psych placement and discovered it really wasn't for me. At this stage it is impossible to way what my future holds as I have an interest in a broad range of areas.</p>
<p>Spending 1 year in Rural South Australia studying general practice.</p>
<p>Opportunities through RAMUS and JFSS have influenced me to pursue rural general practice. Clinical placements for the last two years of our course has influenced my decision to pursue anaesthetics and has ruled out a number of specialities including ophthalmology, which going into medical school I had intended to do.</p>
<p>Experiences through clinical placements, especially rural clinical placements, and through networking and role models such as my RAMUS mentors.</p>
<p>The rural rotation with RAMUS has increased my desire to spend at least some time in a rural/remote location. In the long term, accessibility to services and amenities with continue to be a major deciding factor when considering work in the country, especially with a partner who may not be accustomed to living in a rural area.</p>
<p>Experiences in the hospital with different physicians.</p>
<p>Initially I intended to go into GP but my undergraduate training, plus an elective in Dublin, gave me an interest in O&amp;G. I like the rhythm of hospital life and would prefer to base most of my practice in hospital rather than in a community setting.</p>
<p>I have turned away from wanting to specialise narrowly in the future after meeting rural doctors while on RAMUS contact and while participating in activities run by the rural health club. I have come to respect the ability of many of these docs to manage all types of conditions in varying states of urgency. This includes recognising when a patient is sick enough to warrant retrieval. I am now interested in 'general' medicine, be that general surgery, emergency medicine or rural general practice. I would work anywhere in Australia but am hesitant to work in smaller towns due to lack of employment opportunities for my partner.</p>

<p>Rural attachments through the UWA Rural Clinical School and the 4-week 6th year Rural General Practice attachment have been helpful in giving me a positive experience of rural medical practice. The Rural Clinical School Annual Scientific Meeting I attended through the RAMUS conference placement scheme was also a very positive exposure to the rural health scene and it made networking with possible future employers/partners possible. I plan to take some years off to study in a non-medical area, and I like the idea of working part-time in medical work during that time - eg GP locum work. GP training is shorter than many of the alternatives, which is a positive. I want to work part-time when I have kids, so a suitable specialty is one that makes this possible.</p>
<p>When I first started medical studies, I was quite interested in surgery as a career path. I am less interested in surgery these days as I realise the enormous amounts of stress involved in training and the impact that it has on family members. I am also more interested in rural general practice because I realise that it is far more diverse than general practice in urban centres, with the potential for procedural medicine.</p>
<p>Professional opportunities, lifestyle, experiences of a rural placement, experience in general practice</p>
<p>I have thoroughly enjoyed my opportunities through RAMUS and JFSS, and have decided that large regional centres are my most preferred working environment, particularly in the areas of critical and emergency care.</p>
<p>Personal circumstances (partners job etc), experiences through overseas placement, lifestyle decisions</p>
<p>I have come full circle. Originally, I thought I would become a rural GP. Then I wanted to quit medicine! Then I had a great psychiatry term and thought I would do that. I also had some fantastic JFSS placements, and lastly an awesome rural GP placement just prior to graduating. This last placement in particular has influenced me to strongly consider rural GP practice. This was due to friendliness of country people, a great mentor and hands on experience. The major obstacle in taking this path would be having a partner who did not want to go rural. Currently I am single, but I would prefer to have a partner before I moved to the country. At this stage I am happy to stay in the city for a few more years, but definitely see my future in the country!</p>
<p>I entered medicine interested in rural GP and this is still one of the 3 areas I am interested in. However I have also found great enjoyment in the areas of O&amp;G and emergency medicine and am considering further training in these as well. Being married and wanting to start a family sooner rather than later will definitely influence what I ultimately choose, as choices will need to be made regarding where as a family we want to live (country or city) and where my husband prefers to work. I think ultimately we will end up spending time in both the city and country! The 2 mentors I have had have certainly made rural/semi-rural GP appealing and I am grateful to them for the opportunities they provided in rural medicine and these will definitely be taken into account over the next few years as I decide on my future training.</p>
<p>My research AMS year, a different mentor at my university, travel overseas and to remote areas, JFSS</p>
<p>Acute medicine - numerous people along the way, mainly Registrar and fellow peers, but mainly due to the work itself</p>
<p>Personal relationships, exposure to the reality (vs perception) of different specialties, increased value placed on time and quality of personal life.</p>
<p>RAMUS has influenced me a lot - particularly through my relationship with my mentor and opportunity to work in country hospitals</p>
<p>The most significant factor influencing my career choice will be my partner and family. My partner will need to be in the city for many years to come and so I will stay with him. Despite having been educated in a rural place myself, I would be very reluctant to have my children educated in a rural place. I don't feel that it offers the same opportunities as in Perth. This is the main factor.</p>

At the moment I am considering intern year in Sydney or Orange. I would like to work in Orange for some time too. Influences: experiences through clinical placements, personal and family circumstances, opportunities through
Experiences through clinical placements has influenced my career preferences
Personal circumstances, RAMUS, JFSS and involvement in the NRHA
I came from a rural background and didn't really know much about what professions were out there, and what they really did. I think I would like to do emergency and maybe end up a GP after more experience.
I was never really aware of the multitude of medical fields available to work in. I always thought I'd be a GP or a physician but now think about locum possibilities or anaesthetics. I still don't know for sure which field i will go into but am having fun sorting though those I like and don't like.
I am now looking to do possibly anaesthetics or radiology. I was keen to do surgery however, the profession is run extremely poorly (as is most of medicine) and has no regard for people who want a personal life. This is not my idea of an ideal occupation. In fact, I may even move out of medicine because of this fact.
Experiencing a range of different types of medical practice in a number of locations has helped me to formulate a more solid understanding of what I would like to get out of a career in medicine. Being able to sit in on rural practitioners and also rural ED had helped me see the type of work and community feel that would be possible in a rural career. I have found that the experiences undertaken due to the RAMUS scholarship have helped encourage me interest in rural medicine and also helped me build relationships with mentors in rural areas. Having the RAMUS scholarship has also help to support me financially - thus allowing me to take the opportunity to go away for 6 week rural placements as I was not tied down to work commitments.
Experience through clinical placement, rural clinical school
Personal and professional exposures and experiences, particularly my time spent in Cooma NSW
Didn't really have any idea when I started medicine what I was interested in. Areas of interest have been influenced by clinical rotations, RAMUS and talking to role models such as mentor and clinical supervisors.

### **Completing scholars – No, career intentions have not changed**

Spent most of my life in rural and remote centres and therefore have a strong attraction to living and working in these areas. GP work in rural/remote setting allows for great diversity and allows me to apply old skills (eg physio)
Role models, lifestyle, capacity to genuinely help struggling patients
My career intentions are at present still very vague, but experience through schemes such as John Flynn scholarships and RAMUS has certainly helped to augment the experience of normal clinical placements. I think at this stage that lifestyle factors will be an important element in my choice of career.

<p>My experiences in TROHPIQ (UQ rural health club) have been very positive and created more interest in rural medicine. I had very positive experiences doing my elective in Byron Bay and Newcastle and these experiences reinforced my desire to practise in a rural area once I am fully qualified. I had some challenging experiences spending a full year in Bundaberg and doing my rural rotation in Alice Springs, these experiences have resulted in me wishing to do my training in centres with maximum support which will probably be in major centres. Having a RAMUS scholarship definitely made me seek out more rural opportunities than I probably would have of otherwise and it also meant I was more financially secure and enabled me to go on weekends away to get these experiences. Ultimately, I have very strong connections to where I grew up and was probably always going to return to that area, I think all that has changed is probably the timing of my return.</p>
<p>I now have a partner and need to consider his career as well as my own. I now base my decisions on lifestyle rather than money or career status.</p>
<p>Still undecided. I plan to work rurally but I'm not sure when.</p>
<p>Growing up in rural area, personal afflictions from lack of rural doctors, community support in home town, experience with mentor (through John Flynn program as well).</p>
<p>Professional opportunities, income opportunities, experiences through clinical placements</p>
<p>Clinical placements</p>
<p>When I started medicine I had always intended to practise in a rural area, so involvement with RAMUS has strengthened that desire. Current career selection is based in my husbands work, my family and flexibility of where I can work and if I can work part time when we have a family. My RAMUS mentor has been a wonderful role model for me as I see her balancing work in general practice with a family and two young children.</p>
<p>Growing up in a rural area I have always intended to return!! I love it, good community.</p>
<p>Previous work experiences and experiences through training. Personal and family circumstances also.</p>
<p>They haven't really changed. I guess 4 years ago beginning medicine I was a bit naive about what you could do with a medical career. So now feel as though I have many options, and still time to decide where I want to go and what I want to do.</p>
<p>I want to be involved in hospital care of adults, I want to be in a specialty where I can develop a rapport with my patients and see the benefits of my care.</p>
<p>Adult medicine, oncology, geriatrics and rehabilitation were areas of medicine that I was interested in prior to commencing my studies, and my interest in these areas has continued to develop due to placements I have undertaken over the past 5 years. In particular my rotations in general medicine at Tamworth Base Hospital were very enjoyable and motivating.</p>

### Continuing scholars' comments

<p>Having originally grown up in the country, there is no doubt that I would like to return to provide health services for country people. Despite this, I do have career aspirations that may not be possible in the country. Therefore, my current intention is to at practise part time in the country and part time in tertiary metropolitan hospitals. RAMUS has definitely provided more help than I can express in words, and would be more than happy to be involved in rural health in future.</p>
<p>These have been influenced, not only by my current circumstances, but also by the environment where I learn. And I am sure my goals and ambitions will change with the progression of my course.</p>
<p>Family, placement, role models</p>

I have always lived in a rural area, other than to study, and it has always been my goal to head back to a rural area once I have completed my studies. RAMUS is a huge help towards covering the costs of living away from my family.
I am interested in a career that will keep me on the move. I want a job that will be dynamic and won't involve sitting behind a desk everyday. I believe this is due to my current lifestyle, I like to keep active and if I can do this in my profession, then I am sure that I will find it all the more rewarding.
Rural because of my childhood in a rural area. Neuro due to research in the area of spinal injury and brain function. Radiology cause my Dad's one. Public health because I care about improving the lives of the poor and destitute
I'm doing RCS next year which will have significant influence – I'm treating this as a trial-run for my potential future to practise in a rural area. Also RAMUS requirements such as spending time in the rural setting and being a member of the rural health club play a significant role in improving knowledge about rural medicine as a career.
Career intentions influenced by the nature of the medical course at Monash
Clinical placements involved in the course have given me exposure to different elements of medicine which has helped develop my interest in other areas
Role model - mentor and doctors I met on elective.
I have found my clinical years and time with my mentor to be very helpful in exposing me to different areas of medicine. I find rural GP fascinating, and always look forward to spending time with my mentor.
I intend to focus my career on O&G and/or paediatrics. I am hoping to be able to complete a registrar term in a rural centre and at some other time in the future after gaining experience or fulfilling a speciality in these areas. I will definitely end up working in a rural setting for part of my career and hopefully in the end will settle down in a rural area. My decisions have been reached through time spent in rural areas as a requirement for my course (e.g. Mt Isa) and having grown up in a rural setting myself (Mareeba).
The more clinical placements you are exposed to, you realise that there is a vast area of specialties and training which you can become involved in.
Life experience in rural area, opportunities through RAMUS & JFPP, personal values, lifestyle
I've been really lucky to have a brilliant mentor who has continued to encourage a positive outlook on rural medicine for me. There are numerous factors however that I can now see influencing my decision to practise rurally i.e. relationships, family, training opportunities
Placements, family, personal.
family opportunities, clinical placements
I intend to work in a rural setting because I have grown up in the country and that is what I like. So I will return to an area of the same attributes when I am a doctor.
Prior experience as a remote area nurse, growing up in a rural area. Mentor is an inspiration and I feel is one of the most accomplished general practitioners in the country.
After completing placements in large tertiary hospitals I am inclined to a career which does not involve full time work in such hospitals. I am leaning more towards general practice in rural areas or work in rural hospitals after a year of placements in metropolitan hospitals. My decision has been influenced by my general experience of the patient-doctor contact in metro hospitals, and I realise I value continuity of patient-doctor contact, something you don't get much of in large hospitals.

<p>The experiences that I've had in rural areas have strongly influenced my intentions to work and/or complete some of my post-grad training in a rural area. I've found that compared with metro hospitals and GP practices, there are more opportunities for teaching and getting 'hands-on' experience. Another positive aspect has been the effect of the environment on my levels of stress throughout study, and how being in a serene country area is a much more relaxing place to study, or unwind after a busy day.</p>
<p>Talking with my mentor and the experiences have gained during my time with him have really helped my to define my interests and understand how I can go about getting what I want out of a career in Medicine.</p>
<p>Having met a lot of medical practitioners, I have gained an idea of the demands in being a doctor. I consider lifestyle and family a very important part of life and these have influenced my career decision. I have friends who have positively influenced me to undertake a career in general practice, although I am yet to decide if I will pursue this path.</p>
<p>I always assumed I would be working in a hospital in a stereotypical doctor role my whole life, but I have come to appreciate other avenues of medicine such as public health and administration. The thought of becoming a GP is enticing because I would really enjoy the variety of medicine put into practice and the different avenues you have to gain specialist skills without losing primary care contact.</p>
<p>My career intentions have changed since I started medicine and there are a number of reasons for this. Firstly I now better understand the lifestyle adjustments that need to be made for certain specialities, and I have reviewed what I want out of life, and have adjusted my career choices to suite this</p>
<p>I want to do paediatrics because I want to help children. Nothing has influenced this - it is just the way I feel.</p>
<p>Mentors and role models. Discussing with clinicians their pathway and what they love about what they do. The enthusiasm of rural teachers is vital in attracting young doctors to the bush. It has also encouraged me to become a medical educator.</p>
<p>Lifestyle, clinical experience</p>
<p>This is an incredibly useful scheme and has helped me tremendously deal with the financial pressures of living away from home. I think that there should be some sort of placement scheme involved with the RAMUS scholarship, which would help students gain a better understanding of working in rural Australia. I also think that the current RAMUS and RAHUS schemes should be enlarged with the growth in medicine and allied health university places.</p>
<p>I still am committed and wish to practise in the country when I graduate. This is my major goal and my decision to become a GP/obs is almost entirely based on the desire to work in a rural area (will be of more use as a GP). Also I want to have children and a family so working around my partner has also influenced my choices. RAMUS and my Country Medical Foundation scholarship have continued my connection to the country and kept me interested in practicing in a rural area when I graduate.</p>
<p>Family circumstances, growing up in a rural area, the fact that rural medicine is totally different. I would NEVER consider being an urban GP.</p>
<p>Although I currently enjoy living in the city, it is not something I plan to do for the rest of my life. I want to settle in a rural region so that should I have children one day, they will get to experience a life growing like I did, away from the hustle and bustle of the city. My intentions were initially to go into a field like orthopaedic surgery but I think that the lifestyle I want to lead post graduating would be greater suited to following a path in general practice. The time I have spent with my mentor has also added to the appeal of doing so.</p>
<p>Originating from a rural area has certainly influenced where I will practise in the long term. I have always been interested in RURAL general practice, as I believe it is completely different medicine to that of an urban GP with opportunities to practise a variety of other specialities, i.e. Obstetrics.</p>

Grew up in country... plan to go back at this stage... unless something else takes my fancy

My mentor has been fantastic in providing opportunities and educated discussions about possible career avenues. The interactions throughout my course with various medical practitioners have also honed my interest in particular aspects of the medical profession.

Having only had one year of medical experience, I am still unsure about more future intentions. I would like to gain some experience and knowledge in potential fields before making a final decision. However, I have always been particularly interested in the area of General Practice and I think that the constant contact I have had this year with my mentor, who is also a GP, has further increased my interest in the area.