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# Doctors in rural areas – make the most of the opportunities presented

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EDITORIAL

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## **Better planning and the restructuring of medical studies and specialist training can help in the recruitment of general practitioners to rural areas.**

How are healthcare personnel recruited to jobs in rural areas? We know that healthcare professionals with a rural affiliation and who have had positive experiences from general practice and rural exposure during their studies and clinical placements are more likely to settle outside the cities [\(1\)](#). The Norwegian Centre for Rural Medicine has participated in a seven-year international collaboration with Sweden, Iceland, Canada and Scotland on a strategic model for how to plan, recruit and retain healthcare personnel in rural areas [\(2–4\)](#). The model requires everyone involved to think long term and work systematically.

Investing in people who already have an affiliation with a rural community may be a smart idea, but measures are also needed to recruit healthcare personnel from other backgrounds. Employers must evaluate the need for health services in their rural community and plan accordingly. Local conditions must be satisfactory for the healthcare personnel who are recruited and their families, and opportunities for professional development need to be established. The model also indicates that employers should focus on educating future

professionals in their community by recruiting locally. Employers must also consider the needs of students who are in clinical placements there, and should develop attractive learning activities locally that appeal to everyone.

This edition of the Journal of the Norwegian Medical Association includes an article by Westlie et al. about their experiences from the so-called Bodø model, which provides information on how the recruitment of newly qualified doctors to the region and to the field of general practice has been strengthened through the introduction of a decentralised programme of medical studies (5). According to the authors, the Bodø model was established in 2009 due to a lack of capacity for practical clinical learning at the University Hospital of North Norway, Tromsø. In the decentralised programme, medical students at UiT, the Arctic University of Norway, in Tromsø undertake the last two years of their medical studies in Bodø and the surrounding area. The students gain work experience at a local hospital and in municipal healthcare services locally or regionally.

*«A decentralised programme will enhance the sense of belonging to a local area, including for those who are not familiar with life in a rural community»*

A total of 146 doctors were trained under the Bodø model in the period 2010–18. One of the main findings in the survey was that the likelihood of subsequently working in a rural area was greater if the doctor had grown up in a rural community. In addition, Westlie et al. show that the Nordland Hospital in Bodø has retained more of the doctors who completed their medical studies and part 1 of their specialist training than those who originally had a local affiliation, and that the Bodø model has had a positive effect on recruitment in general practice in Bodø and the surrounding area and the county of Nordland in general.

Knowledge of what leads to the successful recruitment of healthcare personnel in rural areas opens up opportunities to identify the parts of medical studies and specialist training where efforts should be optimised. Medical studies are an early and important arena for students to experience general practice and work in rural areas. A decentralised programme will enhance the sense of belonging to a local area, including for those who are not familiar with life in a rural community. In part 1 of the specialist training, all specialty registrars work in municipal health and care services for six months (6). Follow-up research in the ALIS-Vest project indicates that high-quality supervision and guidance, secure terms of employment and positive working environments can have a stabilising effect on those who have started specialist training in general practice (7).

Westlie et al. argue in their article that medical students' specialty preferences should be examined when they are admitted to a decentralised programme of medical studies if this education is to be used as a recruitment arena for future rural careers and for careers in general practice. Many students may not know what specialty they want to pursue during their time in medical school. People tend to thrive when they feel a sense of belonging, and when they meet

employers and colleagues who are interested in them, proficient at teaching and looking to build lasting relationships. The chain of exposure to work in rural areas and to general practice during medical studies and clinical placements should therefore be well planned and optimised. The results from the study by Westlie et al. confirm that recruitment to rural areas is a long and complex process, where everyone involved should plan for the long term and make the most of the opportunities that present themselves.

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