Australia's first rural medical school prepares to graduate first MDs

In 2005, the year that students at Northern Ontario's new rural medical school are supposed to finish their first year, James Cook University in Queensland, Australia, will graduate its first class.

The schools are groundbreakers in their respective medical communities — both are the first stand-alone medical schools launched in several decades and both are the first to concentrate primarily on rural medicine. North Queensland, like Northern Ontario, is a huge, sparsely populated area with a large Aboriginal population. The main difference is that Queensland boasts a tropical climate.

Most of Australia's 11 medical schools already operate rural campuses, but the James Cook School of Medicine is the only fully independent rural medical school. Dean Richard Hays says it was finally created in Townsville, a city with 140 000 residents, "after about 30 years of community and professional pressure."

Australia takes a new tack in seeking physicians for the outback

The proposal was enthusiastically supported by rural doctors, their communities and the Australian College of Rural and Remote Medicine. "We remain impressed by the school's continued commitment to affirmative action and its rural health roots," says Marita Cowie, the college's CEO.

But not everyone was happy when plans for the school were announced. "We were initially received with cynicism and resentment from the other schools," says Hays. It didn't help that the government took resources from existing schools to build the new one.

Initially, detractors told Hays that he would be unable to attract either faculty or a full complement of students, but the faculty includes both academic and rural clinicians and more than 700 students applied for admission when the school opened in 2000; the original 64 places have increased to 80. "We recruit nationally, yet over 50% of our students are from designated rural areas and 10% are indigenous — well over the 25% rural quota imposed on all medical schools and the 5 places the school originally set aside for indigenous students."

Hays says the 6-year curriculum is similar to that in the country's other schools, but James Cook places more emphasis on indigenous, rural/remote and tropical health issues. There is a mandatory course in rural, remote and indigenous medicine in year 2, and year 4 concludes with an 8-week rural attachment. Students are assigned a rural physician mentor, and a large network of clinical preceptors provides rural placements for core clinical rotations. Hays believes that a large percentage of his graduates will choose to practise in rural areas because of their training.

That won't be known for 3 more years, but the school (**www.jcu.edu.au/school/medicine/**) says it will have been successful if it produces graduates with "a special focus" on the issues most relevant to people in rural and remote parts of northern Australia. It also wants its graduates to look beyond Australia to consider the health concerns of people throughout the wider Asia–Pacific region. — *Jennifer Crump*, Smooth Rock Falls, Ont.

Sorry, no new patients

Nearly 80% of family doctors in New Brunswick and 78% in Nova Scotia are no longer routinely accepting new patients, the 2001 National Family Physician Workforce Survey indicates. Both figures, the highest in the country, are more than 10 percentage points higher than the national average. The survey, which had a response rate of 51% (14 319 respondents), was conducted by the College of Family Physicians of Canada.

Dr. Les Allaby, president of the New Brunswick Medical Society, isn't surprised by the results. He says New Brunswick has always had one of Canada's highest patient-to-physician ratios, and provincial legislation that limited billing numbers for several years has discouraged new doctors from setting up practices. "New Brunswick has a reputation as being closed [to doctors]," he said.

The province is trying to change that image by hiring a provincial recruiter, something Nova Scotia did several years ago, and it has also set its sights on future graduates by increasing the number of French-language medical seats it funds at the University of Sherbrooke in Quebec from 20 to 25. Thirty seats are already sponsored at English-speaking medical schools. Allaby says the province needs to fund at least 10 more seats in both French and English medical schools.

In Nova Scotia, meanwhile, efforts to increase the number of medical students have failed. Dalhousie University had proposed increase from 82 to 90 first-year students, but the province rejected the recommendation. — *Donalee Moulton*, Halifax

UK research fraud clampdown

UK scientists and researchers want a new body to monitor research and ensure that fiddling with facts doesn't undermine science's reputation.

Almost 140 cases of possible breaches in publication ethics have been submitted to the UK Committee on Publication Ethics (COPE) in the past 3 years. The physicians, editors, researchers and others who comprise COPE (**www.publicationethics.org.uk/**) want a national panel for research integrity to consider such breaches under a new national code of conduct. Breaches of the code would result in disciplinary action and the withdrawal of research funding. The panel would answer to a House of Commons committee.

Canadian editors recently launched their own group to combat scientific misconduct (**www.cma.ca/cmaj/publicationethics/index.asp**). — *CMAJ*