

Need for organised human involvement to produce rural physicians

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Dear Editor,

In the review recently published by Asghari *et al.*,¹ the factors influencing the recruitment and retention of rural physicians were divided into three categories: personal background, medical training and practical conditions. These factors were also each divided into an additional three categories: pre-medical school, medical school and post-medical school stages.¹ Our University, Jichi Medical University (JMU), Japan, was established in 1972 to improve the health and well-being among medically underserved areas. JMU has produced rural physicians and dispatched them nation-wide.^{2,3} While the students who enter JMU take out medical school loans to cover their studies, they are exempt from repaying the loans provided they work for public medical institutions, including those in rural/remote areas, in their home prefectures for 9 years (the period required for repayment). Almost all physicians (approximately 97% of 3203 physicians) graduating from JMU fulfil their obligatory work assignment during the required period.

The factors categorised by Asghari *et al.*¹ are felt to be well arrayed, and

indeed, JMU follows most of the categorised factors of medical training in medical school and post-medical school stages, as well as parts of the categorised factors, regarding the practical conditions (i.e. generalism, work and community environment and loan payment).

We would like to add our comments concerning a potentially important factor of the medical and post-medical school stages in our experience, as the factor was not much described in the review (as one of the practical conditions).¹ According to the unique system of JMU, a few students enter the school's program from their home prefecture and return to the prefecture after graduating as a physician.² In the medical school stage, all students live in dormitories. In the residential organisation, students not only form a network of comrades but also have associations between junior and senior students in the same home prefecture. At the post-medical school stage, they work with those associations in the same prefecture. Moreover, they systematically discuss their carrier paths and receive mentoring from administrative officers of their home prefecture governments, as well as from tutorial teachers of

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JMU assigned to each prefecture. The officers and tutorial teachers occasionally hold meetings with the prefecture and JMU. Based on JMU's history, the efforts of not only individuals, but also various types of organised human involvement, can be used as a factor to increase the number of students/physicians working in medically underserved areas.

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REFERENCES

1. Asghari S, Kirkland MC, Blackmore J, Boyd S, Farrell A, Rourke J, *et al.* A systematic review of reviews: Recruitment and retention of rural family physicians. *Can J Rural Med* 2020;25:20-30.
2. Matsumoto M, Inoue K, Kajii E. Long-term effect of the home prefecture recruiting scheme of Jichi Medical University, Japan. *Rural Remote Health* 2008;8:930.
3. World Health Organization. Increasing Access to Health Workers in Remote and Rural areas through Improved Retention; Global Policy Recommendation. World Health Organization; 2010. p. 27.

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