



Building a rural physician workforce study

The evidence for a sustainable physician and paediatrician workforce for rural areas



OVERVIEW

Maldistribution of the medical workforce, including physicians and paediatricians, continues to be a major concern in Australia. Despite having one of the world's highest *per capita* numbers of medical practitioners, chronic shortages of doctors in regional, rural and remote areas continue (collectively defined as 'rural') with an oversupply in major cities ('metropolitan'). With 30% of the population residing in rural areas but around 15% of specialists undertaking training in rural areas, areas for improvement need to be identified. Meeting the needs of the medical workforce to enable increased rural uptake is a critical component to addressing the challenges of maldistribution.

This Study was conducted through a research collaboration between The University of Queensland (UQ), Queensland Rural Medical Service (QRMS) and the Royal Australian College of Physicians (RACP). It was funded by the Australian Government Department of Health under the Rural Health Multidisciplinary Training (RHMT) program. The collaboration studied factors contributing to building a rural physician and paediatrician workforce.

This study builds on UQ's previous research (completed in 2014) in partnership with the RACP and the Queensland Government, which had shown that rural trainees were more likely to work in rural areas compared to metropolitan trainees (30% vs 11%).

With consent to invite RACP member participation, 859 trainees and fellows from all jurisdictions and settings completed a survey during 2018. Focusing on rural and metropolitan comparisons, the surveys provided data on matters about attraction to the profession, professional satisfaction, rural intention and career pathways, and their experiences of trainees or supervisors. Concurrently, this Study ran a number of inter-related research themes examining whether different aspects supported building of rural training pathways (ie studying longitudinal datasets, interviewing key informants and also trainees and fellows).

This current national Study, being completed in 2019, has resulted in new evidence to improve understanding of the rural clinical training environment upon which an improved rural pathway and sustainable rural physician workforce can be envisioned.

PROFESSIONAL IDENTITY OF RURAL PHYSICIANS

The lack of a professional identity among general physicians and paediatricians working in regional, rural and remote Australia may be problematic. Having an identity could improve the retention of this workforce in rural areas, as well as for attracting new trainees wishing to be part of this workforce. Defining this identity has proved challenging for policy-makers and programmers, not to mention rural physicians themselves, some of whom struggle with whether their identity is grounded in its rural or modal aspect.

Rural physicians often demonstrate a degree of correspondence with rural-relevant psychological profiles involving personality traits such as caring, compassion, social warmth and empathy, traits which overlap with those implied in popular stereotypes of rural physicians ('bush' doctors) as missionaries. Other personality traits deemed favourable to doctors working in rural areas, including resilience, persistence, self-determination, decisiveness, tolerance of ambiguity and the ability to improvise in conditions of uncertainty, were common among the participating Rural Physicians in the study cohort.

Interviewees said....

I'm a general physician in [remote Australia] and I love my job and I have the best life.

What we're looking for is rural generalist specialists... We're looking for medical specialists who work in rural hospitals and across a network within a rural setting who have a generalist skill set, which is what all the evidence shows us those communities need.





OBSERVING RURAL PHYSICIANS IN PRACTICE

SATISFACTION OF RURAL CONSULTANTS

Evidence from the Study demonstrates that rural physician specialists (consultants) are as satisfied as other rural specialists and their metropolitan (physician) counterparts. Notably, increased support to minimise feelings of isolation from peers and fellow workers among rural physicians could help further attract a regional workforce. Targeted support to ensure rural physicians in less populated regions are able to take time off when they want to will likely improve their satisfaction and hence retention. This study confirms the influence of rural background on doctor's uptake of rural work and practice. In contrast, this may link to higher turnover with being female, overseas-trained and having more than 5 years of rural background in the all rural specialist group and being female in the rural physician cohort have significant and negative impact on retention in rural hospitals where future research efforts could be focussed.

SATISFACTION OF JUNIOR RURAL DOCTORS

Junior rural physicians are as satisfied as their metropolitan counterparts after taking into consideration key aspects of their work. Though small in numbers, those training rural mostly have a positive experience. Results of this study suggest pre-enrolled and enrolled rural physician junior doctors might benefit from better support from consultants and improvement of doctor network in rural areas to attract more and sustain for longer junior physicians to rural training and practice. Furthermore, addressing issues of long work hours and more on-call might potentially attract more junior physician consultants to work rurally.

CONTEXTS AND EXPERIENCES FOR TRAINEE PHYSICIANS AND PAEDIATRICIANS

Pathways to rural practice are complex and dynamic. Multiple enablers and barriers – and hence, multiple points of intervention – exist on the trajectory to becoming a rural physician.

By capturing a large cross-section of trainees, this study found overall, trainee physicians are generally satisfied – *but there is room for improvement regarding some aspects of work and career progression.*

Three dimensions of self-efficacy of trainees were explored by asking trainees questions to what degree they felt they:

- Have necessary skills to practice in a rural setting
- Have positive feelings and associations with working in a rural setting
- Identify with other people who are currently rural or taking up rural practice

It was found that greater duration of rural training was associated with higher level of agreement with each self-efficacy dimension. This is encouraging because it reinforces the advantage of a positive and quality rural training experience over time.

The process for navigating a training pathway and the quality of the training experience once they get there is critical, but highly variable. There is a need for *more information, structure, and uniformity, that also addresses concerns about future career opportunities.*

Provision of support and leadership is needed to facilitate trainee decision making and nurture self-efficacy from the earliest stages of rural training. This includes prioritising family friendly and generally more flexible training options. The key message is that trainees should be nurtured through a supportive rural training environment with strong role models, adept strong leadership and a confident culture of worth and recognition.

Addressing training in its entirety and longitudinally, from the earliest stages and throughout training and career transitions, has the potential to sustain the next generation of rural Physicians.

INSIGHTS OF FELLOW AND SUPERVISORS' CONTEXT, EXPERIENCE AND RURAL INTENTIONS

The Study found that the supervisory experience was variable within all geographical settings, often depending on the trainee and on the work environment (eg in local hospital setting, the support for training, as opposed to just service provision is important).

While on the surface the metropolitan and rural physician workforces appear to be relatively similar in terms of overall job satisfaction and career intentions, it is apparent that it is the details that matter. Multi-level strategies are needed to foster attitudes and practices to reduce the rural/

urban divide. Ensuring that rural physicians have a strong voice on accreditation and other policy committees and formalising relationships between metropolitan and rural areas through training networks are examples of actions that could be taken.

- Supervisors require adequate support to provide best possible training. This includes: making the decision to take-up rural training placements an “easy choice” for trainees, providing all supervisors with ready access to both generic and rural-specific training including clear support pathways and optimising the fit between trainees and their training sites.
- High quality training sites depend on good leadership, including recognition of supervision and mentorship as core business, which can promote culture allowing clinical and training environments to flourish.
- Flexibility in the accreditation of sites is needed to enable high quality training in diverse settings that are responsive to population needs.

Many interviewees were highly committed to finding solutions and new approaches to building the rural physician workforce and drew on their own observations and experiences to offer specific suggestions. For example, “we need to do more to integrate regional and metropolitan medicine, not isolate it”

Active efforts to promote and enhance the appeal of rural practice and rural locations, were considered important:

One of the issues that I think is needed is ... we need to be able to have people based in rural locations ... we need to flip the model so the hub's out in the country and we rotate into the city.

PRINCIPLES FOR A SUSTAINABLE REGIONAL AND RURAL PHYSICIAN WORKFORCE

NEXT STEPS

An aggregation of the whole-of-study findings across the four concurrent research activities is leading to the development of Foundational Principles for building a sustainable regional and rural physician workforce in consultation with the Study's lead investigators, researchers, RACP and other industry stakeholders. These principles will underpin a Vision for:

Well supported trainees; well-supported supervisors; leading to well-supported communities.

Exceptionally-trained rural general physicians and paediatricians in flourishing practices, with the resources they require, who meet the needs of the local community, 24 hours a day, seven days a week.

An attractive career for both the future and current physicians and paediatricians.

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For more information or for a copy of the full report (when available) – Please contact the Director of Research, Rural Clinical School, The University of Queensland (rcsrc@uq.edu.au).