Doctors in remote Queensland: they don't stay, do they?

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Background: Health Workforce Queensland, as one of the seven national rural health workforce agencies, collects and publishes a minimum data set (MDS) annually related to the medical workforce serving remote, rural and regional Queensland communities (ASGC RA 2-5). The MDS provides a snapshot of the situation at 30 November each year. Published findings suggest considerable workforce 'churn', especially in remote (RA4) and very remote (RA5) locations. In 2013, the number of practitioners commencing work at remote locations accounted for more than 58% of the total remote medical workforce (n = 134). However, what has not previously been looked at is the rural and remote work history of medical practitioners commencing at remote practices.

Method: Retrospective secondary analyses of MDS data were undertaken on all medical practitioners that had practice commencements at remote and very remote Queensland medical practices in 2003 and 2004. Four separate cohort analyses were undertaken: 2003 remote; 2003 very remote; 2004 remote, and; 2004 very remote. All MDS entries for each identified practitioner were extracted for analyses.

Results: There were 114 practice commencements which represented commencements by 93 medical practitioners. Preliminary results for the 2003 RA5 cohort indicated that 21 practitioners commenced work at 22 very remote practices. Average length of stay was 1.3 years. One-third of the practitioners did not have another rural remote commencement in the MDS, suggesting that this was their only rural/remote service. The remaining two-thirds had between 2-6 other MDS practice commencements listed. Overall, the 2003 RA5 cohort had 128 years of practice covered in the MDS database from their first entry until Aug 2014. Ninety-three per cent of those years (119 years) were spent serving in rural and remote Queensland.

Discussion: Implications and interpretation of high churn rates of medical practitioners in remote settings will be discussed. Results suggest that high rotation rates in remote settings may not be to the detriment of health in rural/remote communities generally. A short period in remote settings may form just one part of a career spent serving rural and remote communities. However, there is a concern for the impact of high churn for people in remote communities. Lack of long-term relationships with medical staff may interfere with the development of trusting health relationships and contribute to the generally poorer health outcomes for remote community members.