

Important new empirical evidence to guide rural health workforce retention policies

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Background: Tudor-Hart's 'Inverse Care Law' states that 'the availability of good medical care tends to vary inversely with the need for it in the population served.' Not only is this inequitable and unfair, it also costs rural and remote Australians good health and longevity!

Over the past 25 years the Australian government has responded to the geographical mal-distribution of health workers by instituting a broad range of policies aiming to improve the overall supply of health workers, as well as boost recruitment and retention of health workers in rural and remote Australia. However, these reforms have not always been informed by evidence, and have not invariably led to improvements in health workforce distribution.

Aim: To synthesise new empirical knowledge of the factors associated with the retention of rural and remote primary health care workers, and analyse their implications for strengthening Australian rural workforce retention policies.

Method: The findings from four separate but related quantitative retention studies published since 2011 are synthesised. These studies comprised analyses of longitudinal and cross-sectional data from both national and State/Territory, primary and secondary, rural and remote health workforce datasets. Kaplan Meier survival analyses and multiple linear regression analyses were undertaken across a range of health worker disciplines: GPs, nurses, Aboriginal health workers, and seven different allied health professions.

Results: These studies reveal important new empirical evidence:

- Primary health care worker retention varies significantly with both remoteness and population size.
- Length of service of Allied Health Professionals in small rural and remote locations is as short as doctors, and career grade is a significant factor.
- For GPs, procedural work and hospital work are associated with longer retention.
- Increased taking of annual leave contributes to longer GP retention.

- International medical graduate rural retention is less than for Australian graduates once periods of obligated service are taken into account.

Discussion and conclusion: These findings suggest that rural health policies be modified, including:

- Federal government GP retention incentives take community population size into account.
- Improved rural career pathways for Allied Health Professionals are needed.
- Contrary to current policies, GP up-skilling, scaling up rural generalist training pathways and maintaining rural hospital infrastructure may strengthen health worker retention.
- Strengthening GP locum support programs may improve GP retention.
- Retention strategies should specifically target internationally trained health workers, for example through training and support, to promote professional and community integration.