

★ 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. Such is the case in rural and remote areas where a shortage of health workers limits access to medical care. Not only is this variation inequitable and unfair, it 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 with a broad range of policies designed to improve the overall supply of rural and remote health workers by boosting recruitment and retention. However, these reforms have not always been informed by evidence, nor always 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 healthcare workers, and analyse their implications for strengthening Australian rural workforce retention policies.

Method

The findings from four quantitative retention studies published since 2011 are synthesized. 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:

1. Primary health care worker retention significantly and substantially decreases as both geographical remoteness increases and population size decreases.
2. Length of service of Allied Health Professionals in small rural and remote locations is short and a lower career grade is significantly associated with shorter retention.
3. For GPs, procedural activity and hospital work are positively associated with longer retention.
4. Increased taking of annual leave contributes to longer GP retention.
5. Retention of international medical graduates in rural areas is less than Australian graduates once periods of obligated service are completed.

Discussion and conclusion

Demonstrating and quantifying significant and substantial differences in rural health worker retention between different groups of health workers helps identify opportunities to better target scarce retention resources to where they are needed most. These findings suggest that:

1. Distribution of Federal government GP retention incentives should be adjusted to take community population size into account, rather than solely relying on geographical remoteness as measured by the Australian Standard Geographical Classification (ASGC).

2. Improved rural career pathways for Allied Health Professionals are needed, enabling Allied Health Professionals to advance their career without necessarily having to leave the rural communities in which they have chosen to live and work.
3. Long term rural GP retention may be strengthened by increasing support for GP procedural and hospital activity, such as by funding GP up-skilling programs, scaling up rural generalist training pathways and maintaining rural hospital infrastructure.
4. Adequately resourcing of rural and remote GP locum support programs may encourage existing rural GPs to take annual leave, and thereby improve rural GP retention.
5. Retention strategies specifically targeting internationally trained health workers, such as through enhanced training and professional support, and promotion of professional and community integration, may enhance rural retention beyond periods of mandated service.

Presenter

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