

Resolving the rural medical workforce crisis - Translating evidence into policy

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Key assumptions:

- Good health is a right for all Australians regardless of where they live
- Access, equity, safety and quality are key planks of the government reform agenda

What research evidence shows about the rural medical workforce problem:

- *Demand is greater:*
 - Health outcomes for rural and remote Australians remain worse than city residents
 - Access to medical care is much poorer for rural and remote Australians
 - Rural medical workforce shortage and mal-distribution problem is getting worse
 - Ageing population & growing chronic disease burden increase demand for care
- *Recruitment is more difficult*
 - Locations vary considerably in their attractiveness as places of employment
 - Australian graduates do not see rural general practice as the most attractive option
 - Rural Australia depends heavily on International Medical Graduates
- *The job is harder*
 - Rural and remote practice is more complex
 - Rural doctors work longer hours and do more on-call/after-hours
 - Rural doctors exhibit a high level of professional satisfaction

What research evidence tells us about the rural medical workforce solution:

- Recruiting rural origin medical students increases the likelihood of take-up of rural practice
- Educational and training initiatives alone won't guarantee an adequate workforce
- 'Bundling' workforce incentives and support can improve length of stay
- Workforce issues diminish in importance in well-resourced health services
- Increasing earnings and procedural work increases the attractiveness of rural practice
- Doctors want financial compensation to work in areas of need

No evidence:

- that current Government policies are sufficient to address the workforce crisis
- that retention incentives are targeting the problem effectively
- that alternative health care providers are any more likely to go and stay 'in the bush'

Where should we go from here?

- **Target policies based on evidence** – focus on the needs of rural and remote doctors working in certain size communities and locations.
- **Increase the attractiveness of rural and remote practice** - resource rural and remote doctors properly with appropriate recognition and remuneration.
- **Bundle programs** to address all professional, personal & community requirements.
- **Resource the bush equitably**. Health is an investment. The health of Australia's population and economy depends on thriving and healthy country towns and remote settlements.
- **Stop the 'silo' mentality** - good primary health care depends on addressing all the upstream determinants of health – eg: housing, employment, transport, and education

Further reading:

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