

# Resolving the rural medical workforce crisis - Translating evidence into policy

John Humphreys

*Centre of Research Excellence in Rural and Remote Primary Health Care: Access & Equity*  
Monash University School of Rural Health Bendigo

## 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:

- Buykx P, Humphreys JS, Wakerman J & Pashen D, 2010: A systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy, *Australian Journal of Rural Health*, 18, 102-109.
- Han GS & Humphreys JS, 2005: Overseas Trained Doctors in Australia: Community integration and their intention to stay in a rural community, *Australian Journal of Rural Health*, 13(4): 236-241.
- Humphreys JS, Jones JA, Jones MP, Mildenhall D, Mara PR, Chater B, Rosenthal DR, Maxfield NM & Adena MA, 2003: The influence of geographical location on the complexity of rural general practice activities, *The Medical Journal of Australia*, 179: 416-420.
- Humphreys JS, Jones MP, Jones JA & Mara PR, 2002: Workforce retention in rural and remote Australia: determining the factors that influence length of practice, *The Medical Journal of Australia*, 176(10): 472-476.
- Humphreys JS, McGrail M, Joyce C, Scott A, Kalb G, 2012: Who should receive recruitment and retention incentives? Improved targeting of rural doctors using medical workforce data, *Australian Journal of Rural Health*, 20, 3010.
- Humphreys J, Wakerman J, Wells R, Kuipers P, Entwistle P & Jones J, 2008: 'Beyond workforce': A systematic solution for primary health service provision in small rural and remote communities, *Medical Journal of Australia*, 188(8): S77-S80.
- Jones JA, Humphreys JS & Adena MA, 2004: Rural GPs' ratings of initiatives designed to improve rural medical workforce recruitment and retention, *Rural and Remote Health: The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*, 4(314): 1-10.
- Jones M, Humphreys JS & Prideaux D, 2009: Predicting medical students' intentions to take up practice after graduation, *Medical Education*, 43: 1001-1009.
- Joyce C, Schurer S, Scott A, Humphreys J, Kalb G, 2011: Are doctors satisfied with their work? Results from the MABEL longitudinal survey of doctors. *Medical Journal of Australia*, 194 (1): 30-33.
- McGrail M & Humphreys JS, 2009: Geographical classifications to guide rural health policy in Australia, *Australian and New Zealand Health Policy*, 6:28 (8 Dec 2009) Available at: <http://www.anzhealthpolicy.com/content/pdf/1743-8462-6-28.pdf>
- McGrail M & Humphreys JS, 2009: A new index of access to primary care services in rural areas, *Australian & New Zealand Journal of Public Health*, 33:5, 418-423.
- McGrail M, Humphreys J, Joyce C, Scott A, Kalb G, 2010: Professional satisfaction and general practice: Does it vary by size of community? *Medical Journal of Australia*, 193(2): 94-98.
- McGrail M, Humphreys J, Joyce C, Scott A, Kalb G, 2011: How do rural GP's workload and work activities differ with community size compared with metropolitan practice? *Australian Journal of Primary Health* (in press)
- McGrail MR, Humphreys JS & Joyce CM, 2011: Nature of association between rural background and practice location: A comparison of general practitioners and specialists, *BMC Health Services Research*, 11:63. Available at: <http://www.biomedcentral.com/content/pdf/1472-6963-11-63.pdf>
- McGrail MR, Humphreys JS, Joyce C, Scott A, Kalb G, 2011: Environmental amenity and rural medical workforce shortage: Is there a relationship? *Geographical Research*, 42(2):192-202.
- *Medicine in Australia: Balancing Employment and Life* (MABEL) -The Australian Longitudinal Survey of Doctors. Available at <https://mabel.org.au/>
- Rural Doctors Association of Australia & Monash University School of Rural Health Bendigo. (2003). *Viable Models of Rural and Remote Practice: Stage 1 and Stage 2 Reports*, RDAA, Kingston, ACT. Available at: <http://www.rdaa.com.au/default.cfm?action=media&type=model>
- Smith KB, Humphreys JS, Lenard Y, Jones JA, Prince V & Han GS, 2004: Still the doctor – by a country mile! Preferences for health services in two country towns in north-west New South Wales, *The Medical Journal of Australia*, 181(2): 91-95.