

Building a Rural Physician Workforce Study

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Linda Selvey, Diane Ely, Fran Boyle, Zoe Dettrick,, Remo Ostini, Sarah Strasser







Background

Partnership University of Queensland and RACP – 5 themes

- Observing rural clinicians in practice (MABEL data) Dr Matthew McGrail
- 2. Professional identity of rural physicians A/Prof Peter Hill
- 3. Mapping trainee physician/paediatrician context A/Prof Di Ely
- 4. Understanding supervisors' context, experience and intentions A/Prof Linda Selvey
- 5. Principles for a sustainable regional and rural context Prof Sarah Strasser and Dr Remo Ostini







Perceptions of training experiences

Mixed methods design: multi-perspective account of existing challenges and potential solutions

Focus on contexts and experiences across a range of geographical locations

Overall satisfaction with life and work

Perceptions on career progression and goals

Quality of training experience

Intention to pursue a rural career

Participants

282 survey responses

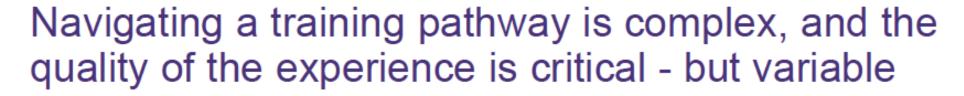
82% in major cities; 12% large regional centres

60% female; median age 32 years

23% rural background

Interview sample from survey: 14 semi-structured interviews (8 male; differing levels of rural practice intent)









Complex and dynamic pathways to rural practice

- Long and broad trajectory to becoming a rural Physician
 - Multiple enablers, barriers and points of intervention

Variable experiences reported throughout.

- Quality of information is key
 - More and consistently presented, structured, and with greater uniformity

Key message: Actively address:

- Real and perceived disadvantages of rural training
- Concerns about future career opportunities
- Mentors provide support and information

Note: Education Renewal Program is likely to address many of these issues.







"Fragile environments"

Characterised by small shifts in work environment = large consequences in rural settings

Risks include:

- Limited numbers and high turnover of personnel
- Unstable work environments
- Feeling unsupported
- Trainees can become vulnerable and pressured

Key Message - Leadership!

Fragile environments require adept leadership







Beware satisfaction

Satisfaction - important contributor to recruitment and retention

Trainees are generally high in work and life satisfaction

Higher is related to: working with colleagues, variety in work and responsibility

Satisfaction can be deceiving – does not always equate to positive intention

Lower is related to: recognition, remuneration, professional development, work hours, work location

Key message: Greater attention to policies that affect people's everyday lives

- Family friendly
- Greater flexibility in training options should be prioritised







Nurture self-efficacy

Strong association with career interest and intent.

Three dimensions of self-efficacy were assessed:

- Have necessary skills to practice in a rural setting
- Have positive feelings and associations with a rural setting
- Identify with other people who are currently rural or taking up rural practice

Greater duration of rural training was associated with a higher level agreement with these dimensions.

Must be POSITIVE training experience over time

Key message: Mentors, role models and leaders are key to nurturing self-efficacy

- From earliest stages of rural training
- Consistent throughout

Further scope to explore 'rural identity'







Perceptions of supervisor experiences

Mixed methods design using quantitative and qualitative methods and three data sources:

- Online survey 577 completed responses (70% from major cities; 16% from regional centres)
- Qualitative interviews subsample of 20 survey respondents from regional, rural, remote locations
- Workforce data National Health Workforce Data (2016) and RACP data
- Focus on contributors to sustainability of training in rural areas:
 - physician characteristics (supply of physicians able to provide quality supervision and who are satisfied with their work and lifestyle);
 - supervisory experiences (ability to recruit suitable trainees and provide high quality supervision); and
 - training site attributes (sites meet accreditation standards and have good leadership)

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Work and life satisfaction is relatively high in all locations, BUT







- A good professional support network matters
- Employment opportunities for partners and school choices for children become issues beyond MMM2
- Rural physicians report high satisfaction despite a "culture of undermining" (attitudes and practices that reflect widely held negative stereotypes of rural life and practice)

Recommendation: Strategies are needed to foster attitudes and practices to reduce the rural/urban divide

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Supervisors require adequate support to provide best possible training

- Supervision is generally a positive experience. Recognition and valuing of time spent supervising and appropriate training matter to supervisors.
- Rural supervisors seek generic and context-specific training interpersonal/professional skills training particularly important as greater individual responsibility for managing difficulties that may arise
- Attracting well-suited trainees can be a challenge

Recommendation: Equipping supervisors through ready access to generic and rural-specific training including clear pathways for obtaining additional support if difficulties arise, and optimising the fit between trainees and their training sites.

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Leadership – to develop a culture that values and promotes best possible training

Leadership is a critical issue regardless of geography – but impact and challenges amplified in small settings.

Perception that some accrediting committees use a metro-centric lens.

At Unit level:

Prioritise training and supervision. Recognise the benefits.

At College level:

Gain understanding of breadth of training opportunities. Recognise the benefits.

Recommendation: Training and support for leadership. Flexibility in accreditation of rural sites.

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