



Building a Rural Physician Workforce Study

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Background

Partnership University of Queensland and RACP – 5 themes

1. 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)

Navigating a training pathway is complex, and the quality of the experience is critical - but variable

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)

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

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.

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.