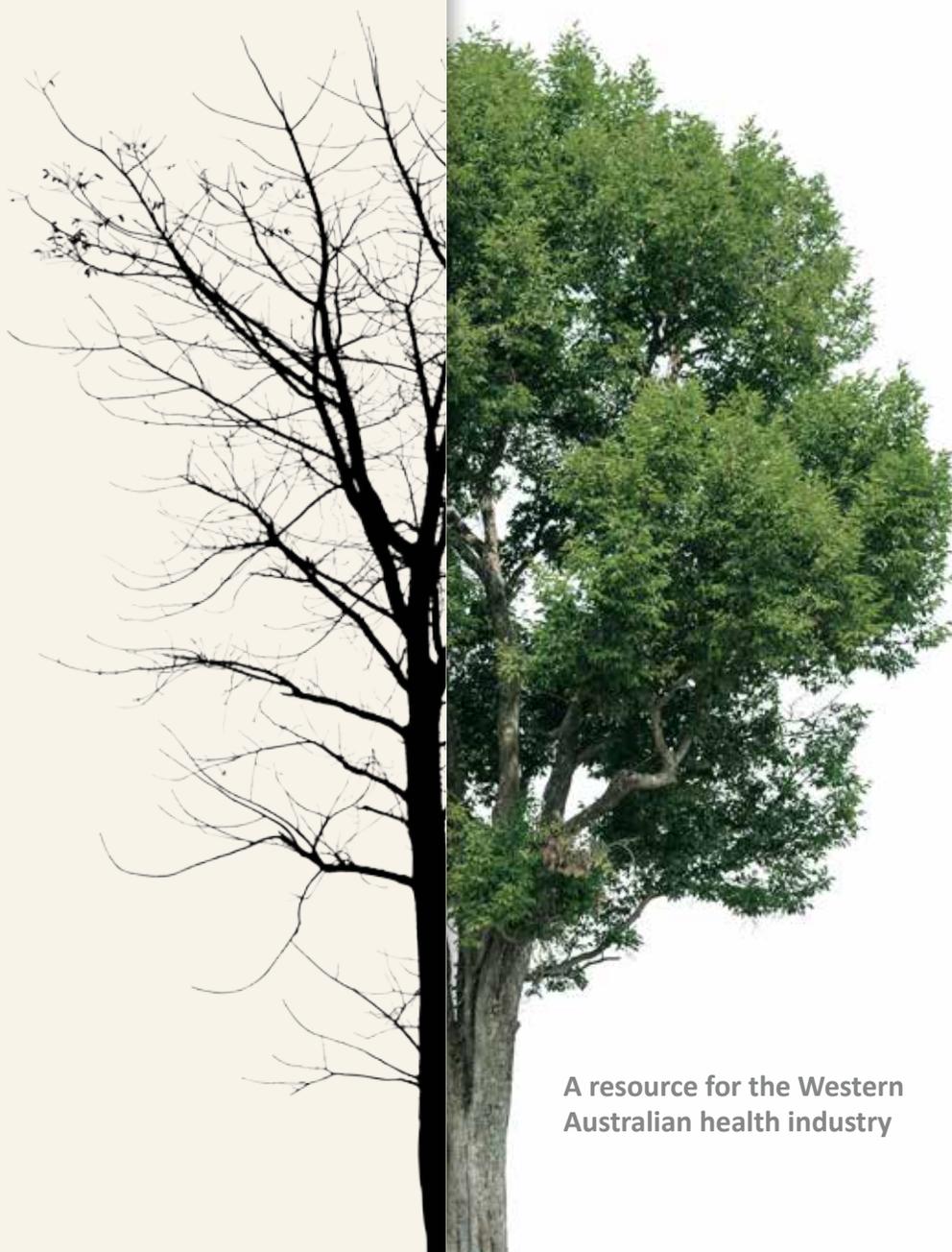


FINDING MY PLACE

Factors Influencing the Attraction and Retention of Doctors in Rural Western Australia

Volume One:
Feedback from Rural Doctors



A resource for the Western
Australian health industry

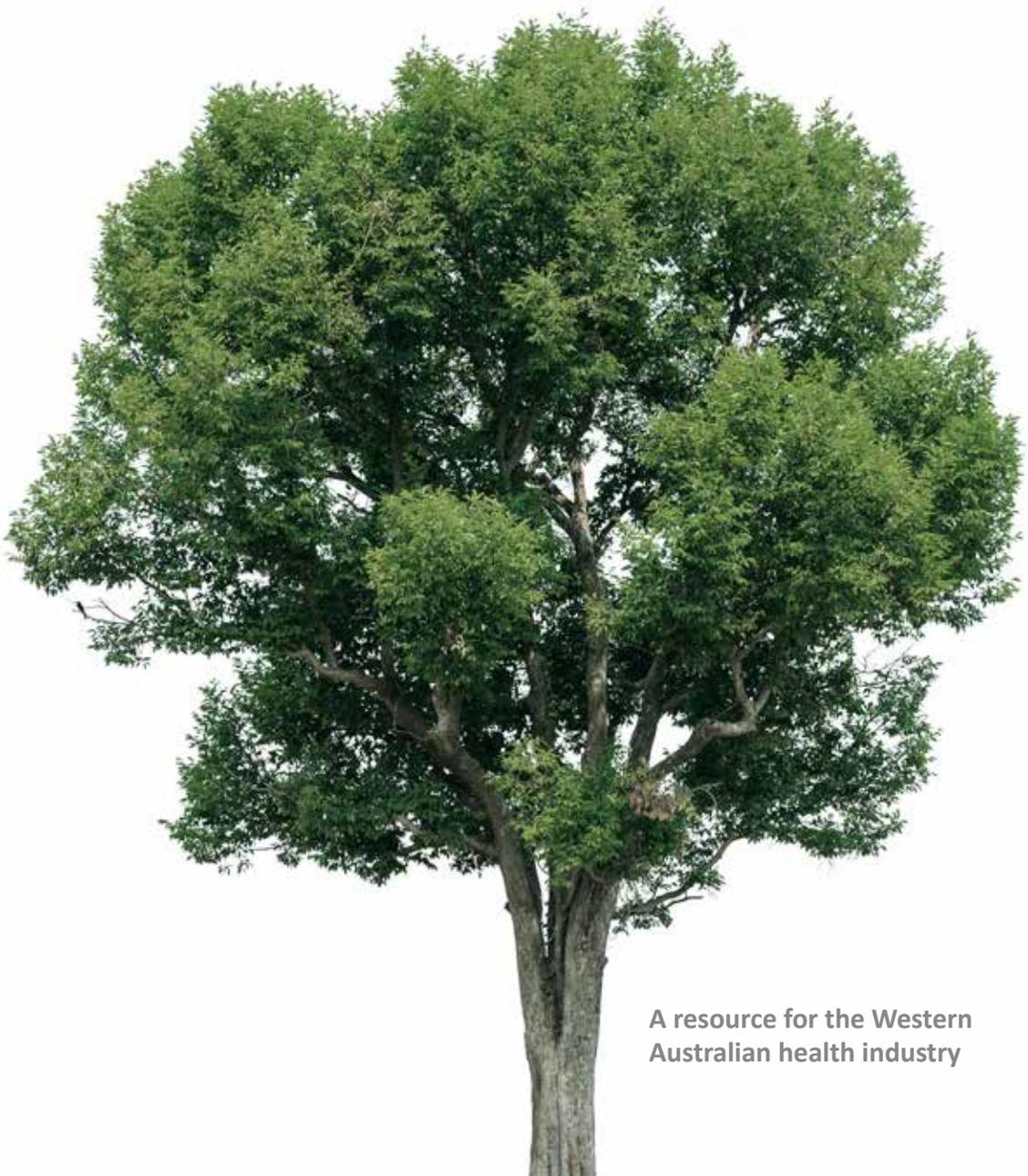
“

Finding My Place aims to provide realistic, pragmatic and achievable solutions for contemporary problems

Factors Influencing the Attraction and Retention of Doctors in Rural Western Australia

Volume One:
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”



A resource for the Western Australian health industry

ACKNOWLEDGEMENTS



Photo courtesy of Dr Tonia Sebbes

Rural Health West would like to express its appreciation to all the people involved in the *Finding My Place* project who, without exception, generously committed their time and experience to the project. Of special note are:

Members of the *Finding My Place* Rural Health Agency Reference Group

- Dr Marianne Wood, Public Health Medical Officer, Aboriginal Health Council of Western Australia;
- Ms Terri Jones, Assistant Director Regional Services Grants, Australian Government Department of Health, Western Australian State Office;
- Mrs Noelle Jones, Director Health and Community Services, Australian Medical Association (WA);
- Mr Grahame Marshall, Chief Executive Officer, RFDS Western Operations;
- Ms Kate Clarke, Chief Executive Officer, South West WA Medicare Local;
- Dr Tony Robins, Director Medical Services, WA Country Health Service;
- Ms Renae Poot, Medical Workforce Consultant, WA Country Health Service;
- Dr Janice Bell, Chief Executive Officer, Western Australian General Practice Education and Training Limited; and
- Ms Allison Hailes, Executive Manager Planning and Community Development, Western Australian Local Government Association.

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- Dr Peter Smith;
- Dr Scott Teasdale; and
- Dr Olga Ward.

Doctors who attended the rural doctors meetings, one-on-one interviews, completed the Rural Doctors Survey and/or provided their thoughts in writing.

Rural Health West staff who provided invaluable administrative support throughout, especially in organising the rural doctors meetings and completing the analysis of feedback received from the Rural Doctors Survey.

My deepest appreciation to you all.

Belinda Bailey
Chief Executive Officer
Rural Health West
March 2015



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1. INTRODUCTION



People living in Australia’s rural areas generally experience poorer health than their metropolitan based counterparts. This difference is most vividly demonstrated in the significantly higher rates of mortality and serious chronic disease in rural people.¹

People living in many parts of rural Western Australia have poorer access to health services than those in the Perth metropolitan area, which contributes to the difference in health status.

The difference in health status between metropolitan and rural Western Australians is amplified in our Indigenous population², which is heavily weighted to rural parts of our State.

Like all Australian states and territories, Western Australia has specific challenges assuring the availability and quality of medical services in its rural areas.

The most critical factor determining success in meeting these challenges is the supply and distribution of qualified and experienced medical practitioners willing to live and work in rural locations.

The long-term shortage of medical practitioners in rural Western Australia is well documented and an ongoing area of focus for government and non-government health agencies seeking to improve access to health care in rural areas.

¹ Australian Institute of Health and Welfare 2008. *Rural, regional and remote health: indicators of health status and determinants of health*. Rural Health Series no. 9. Cat. No. PHE 97. Canberra: AIHW

² Australian Indigenous Health InfoNet. *Overview of the health of indigenous people in Western Australia 2013*. Retrieved March 2015 from http://www.healthinonet.ecu.edu.au/wa_overview_2013.pdf

Health Workforce Australia’s *Health Workforce 2025*³ report released in 2012 highlighted that a ‘business as usual’ approach to Australia’s health workforce shortages will not effectively address the problem and that serious reforms by government and non-government health agencies, health professions themselves and the higher education and training sector are required to achieve sustainable change. This message has been heard and the rural doctor shortage is being tackled by many different organisations involved at various points in the pipeline that trains, recruits and supports rural doctors.

While there is solid evidence that these strategies have been successful in improving the supply of doctors eligible and willing to work in rural Western Australia as well as stemming the turnover of doctors in these areas, further work is needed if we are to capitalise on this effort and achieve a genuine net increase in the number and distribution of medical practitioners and a resultant improvement in access to primary health care services for rural people.

The *Finding My Place* project aims to make an important contribution to the way the rural health system in Western Australia approaches the challenge of improving doctor attraction and retention.



***Finding My Place* builds upon the huge body of work done by academic, rural health and medical workforce agencies over the past five years but most importantly is heavily informed by information provided by rural doctors themselves.**



Whilst feedback was received on a very wide range of issues, a focus by the rural health industry in the following areas has the most potential to positively influence the attraction and retention of doctors in rural Western Australia:

- a. Strategies to ensure positive engagement between private general practice and the rural public hospital system;
- b. Systems to provide stronger day-to-day professional support for solo general practitioners;

³ Health Workforce Australia 2012: *Health Workforce 2015 – Doctors, Nurses and Midwives – Volume 1*



Ms Belinda Bailey, Chief Executive Officer, Rural Health West;
Mr Tim Shackleton, Independent Project Facilitator, Virtual Health.

-
- c. Initiatives to establish a universal shared patient information record which enables the integration and coordination of patient care between agencies and clinicians working in different parts of the health system; and
 - d. Initiatives to reduce the burden of administrative processes in both the private practice and hospital settings required by the Australian and Western Australian Governments.

The ***Finding My Place*** project will be published in two separate, but closely linked documents:

- Volume One (this document) provides: project purpose, methodology and a summary of rural doctor feedback;
- Volume Two will provide: strategies aimed at enhancing the attraction and retention of rural doctors which have been developed collaboratively by rural health agencies themselves. It is anticipated that Volume Two will be published in the second half of 2015.

“
Finally, it is heartening to reflect that many of the rural doctors who contributed to this project expressed the sentiment that ‘I feel like I have found my place’. This reflects the overall positive experience of many rural doctors and this theme comes through strongly in this report.”

Tim Shackleton
Independent Project Facilitator
Virtual Health
March 2015

2. PROJECT PURPOSE

The purpose of the *Finding My Place* project is to contribute positively to the efforts of the health industry to attract and retain doctors in rural Western Australia by:

- a. Providing an authentic report of doctor's views about the current issues impacting, both positively and negatively, on the attraction and retention of rural doctors (Volume One);
- b. Providing rural health agencies with information to support the collaborative development of strategies to enhance the attraction and retention of rural doctors (Volume Two); and
- c. Supporting rural health agencies to implement strategies that enhance the attraction and retention of rural doctors in a coordinated and collaborative way.



3. PROJECT METHODOLOGY

3.1 Project Population

To ensure the data gathered for this report was truly reflective of the views and experiences of Western Australia's current and future rural medical workforce, the occupational groups identified for consultation included doctors engaged in all rural work settings. They comprised:

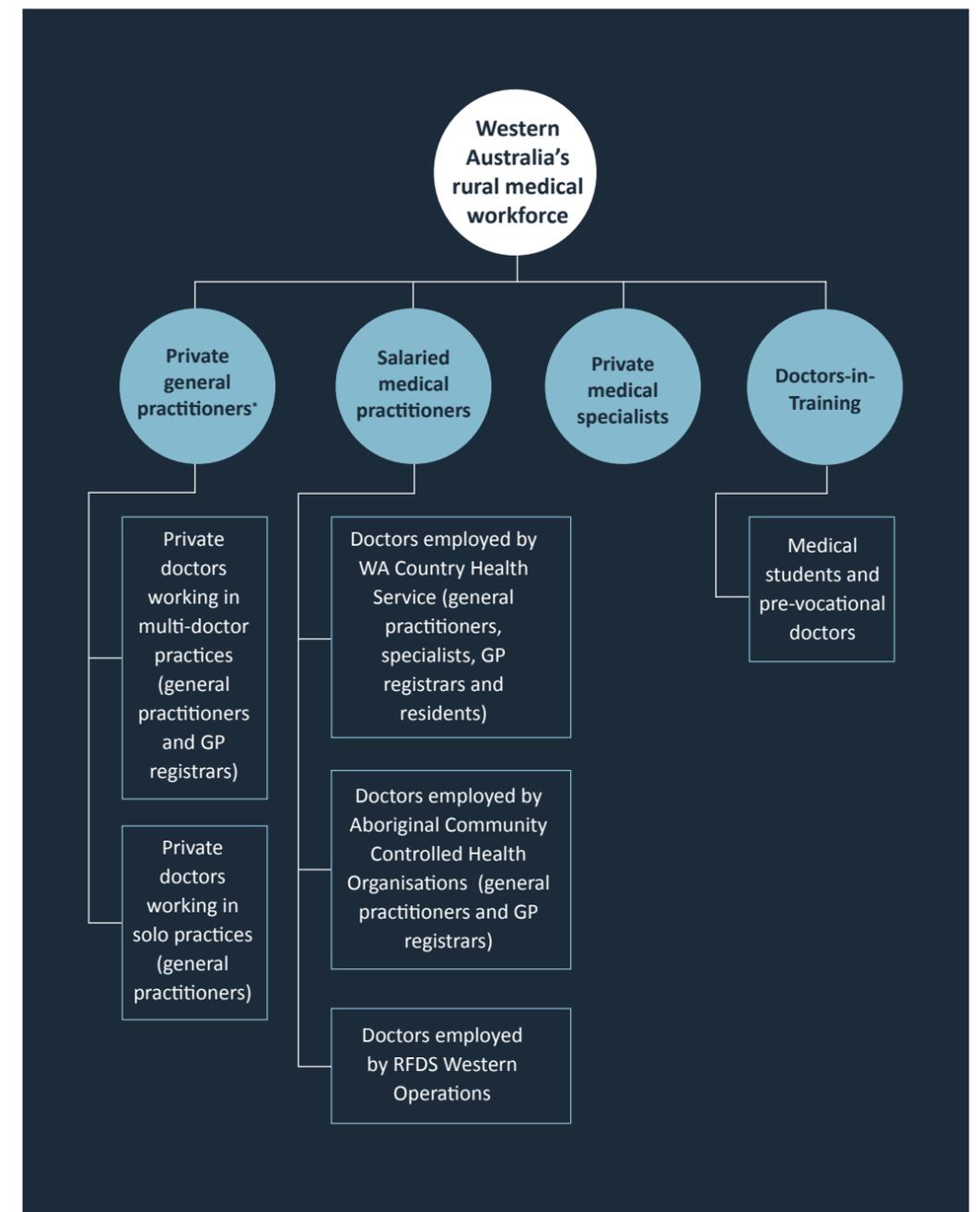


Figure 1: Occupational groups consulted

*Includes private general practitioners providing medical services to rural hospitals under contract to WA Country Health Service.

3.2 Data Collection

The methodology used to gather feedback from rural doctors about the issues impacting on their attraction and retention consisted of three discrete elements:

- a) Rural doctor's meetings;
- b) One-on-one interviews; and
- c) Rural Doctor's Online Survey.

To ensure a consistent approach to gathering feedback from rural doctors, a standard suite of questions was developed for both the rural doctor's meetings and the one-on-one interviews. These were used to guide discussion throughout all group meetings and interviews (refer Appendix A). The standard suite of questions were also used as the basis for a larger number of more specific questions which formed the Rural Doctor's Online Survey.

There was a high degree of consistency in the information received from rural doctors via the three elements of data collection. There was particularly strong alignment in relation to the major factors identified as impacting on attraction and retention of rural doctors.

Rural doctor's meetings

In total, 18 meetings were held in 17 rural and one metropolitan location. A summary of the meetings and the project populations who attended is outlined in Table 1.

| 2014 | Location | Private GP | GP Registrar | WACHS | RFDS | ACCHO | Private Specialist | Doctors In Training | Total doctors | Other* |
|--------------|----------------|------------|--------------|-----------|----------|----------|--------------------|---------------------|---------------|-----------|
| 3 Sept | Narrogin | 4 | | | | | | | 4 | 1 |
| 4 Sept | Northam | 8 | 1 | | | | 1 | | 10 | 2 |
| 15 Sept | Carnarvon | 2 | 1 | 3 | | 2 | | | 8 | 1 |
| 25 Sept | Merredin | 2 | | 1 | | | | | 3 | |
| 1 Oct | Broome | 3 | 3 | 1 | | | | | 7 | 1 |
| 2 Oct | Derby | | 1 | | 1 | 1 | | | 3 | |
| 3 Oct | Kununurra | 1 | 1 | 4 | | 4 | | | 10 | 1 |
| 13 Oct | Perth | | | | | | | 8 | 8 | 1 |
| 16 Oct | Geraldton | 4 | 1 | 3 | | | | | 8 | 1 |
| 20 Oct | Albany | 4 | | 3 | | | 1 | | 8 | |
| 21 Oct | Mt Barker | 5 | | | | | | | 5 | |
| 29 Oct | Margaret River | 3 | | | | | | | 3 | |
| 30 Oct | Busselton | 5 | | | | | 1 | | 6 | 1 |
| 3 Nov | Karratha | 4 | | 2 | | | | | 6 | |
| 4 Nov | Port Hedland | 4 | | 4 | 1 | 1 | | | 10 | |
| 11 Nov | Kalgoorlie | 4 | 1 | 1 | | 1 | | | 7 | 1 |
| 24 Nov | Esperance | 2 | | | | | | | 2 | |
| 27 Nov | Exmouth | | | 3 | | | | | 3 | |
| Total | | 55 | 9 | 25 | 2 | 9 | 3 | 8 | 111 | 11 |

Table 1: Summary of rural doctor's meetings

* Other includes doctor's spouse, practice nurse, practice manager or practice receptionist

Written invitations were sent by Rural Health West approximately three weeks before each meeting and these were followed up by phone and email where responses had not been received. Invitations were sent to rural doctors based in and around each meeting location so that feedback could be received from doctors working in a variety of settings across the district.

Each meeting was held in the evening between 6pm and 8pm with the exception of the meeting in Mount Barker which was held in the middle of the day. All meetings were led by the Independent Project Facilitator and notes were recorded by a Rural Health West staff member. Doctors were assured of the confidentiality of their responses at the beginning of each meeting and no doctor has been identified personally in the meeting notes.

One-on-one Interviews

During the course of the project, some doctors expressed disappointment at not being able to attend a group meeting either due to difficulties travelling to the meeting location or if they had other commitments on the evening identified. All of these doctors were offered the opportunity to meet with the Independent Project Facilitator via telephone as an alternative, and 16 rural doctors accepted this invitation.

Each one-on-one interview was typically 45 to 60 minutes in duration and the questions developed for the rural doctor's meetings were used as a guide to discussion. Detailed notes from each interview were taken and added to the data gathered from the rural doctor's meetings and the Rural Doctor's Online Survey.

Rural Doctor's Online Survey

The Rural Doctor's Online Survey was designed by Rural Health West's Research and Evaluation Unit in conjunction with the Independent Project Facilitator. The standard suite of questions used in the rural doctor's meetings and the one-on-one interviews were expanded to enable more specific information to be provided. A total of 21 questions made up the online survey, a copy of which is at Appendix B to this report.

The Online Survey was distributed to 913 rural doctors in early November 2014 and closed off on 28 November 2014. A total of 152 (16.7%) responses were received. Of these, the majority reported that they worked in private general practice (58.8%) and country hospital (44.4%) settings, with Aboriginal Medical Services (14.4%), Royal Flying Doctor Service (8.5%) and specialist practice (6.5%) also reported as rural workplace settings.

A summary of the data received via the Online Survey was completed by Rural Health West's Research and Evaluation Unit in early December 2014.

A summary of the results of the Online Survey can be accessed at Rural Health West's website at www.ruralhealthwest.com.au

3.3 Data Analysis

Thematic Content Analysis

Given the qualitative nature of the data received from rural doctors, the most appropriate data analysis technique for this project was identified as Thematic Content Analysis (TCA). TCA is commonly used in qualitative research and focuses on examining trends within data and identifying "patterns".

A TCA was conducted by the Independent Project Facilitator for the feedback received from rural doctors via each of the data collection methods. Patterns of specific factors influencing rural doctor attraction and retention were identified and these were then grouped into themes adapted from Humphreys et al, 2009⁴ and varied to suit the scope of this project.

The theming of specific factors provided the basis for the degree of influence ranking and weightings applied to each theme across the broader rural Western Australian medical workforce and specific project populations.

The results of the above data analysis are presented in sections four and five of this report.

Definition of Themes

Because of the large volume of information received from rural doctors and the tendency for this information to have been related in the form of personal experiences, it has been necessary to categorise the feedback about specific factors impacting on the attraction and retention of rural doctors into six themes adapted from Humphreys' et al, 2009⁴, and described in Table 2.

⁴ Humphreys J, Wakerman J, Pashen D, Buykx P. *Retention strategies & incentives for health workers in rural & remote areas: what works?* Canberra: Australian Primary Health Care Research Institute, 2009.

| Theme | Definition | | | | |
|--------------|---|--|---|--|---|
| Professional | Factors relating to the doctor's day-to-day experience as a clinician and provider of health care | <ul style="list-style-type: none"> ◇ Aspiration to practise interesting, varied and challenging medicine ◇ Opportunity to practise procedural medicine ◇ Opportunity to provide true primary care, including continuity of care for individuals and families ◇ Opportunity to practise with relative autonomy ◇ Opportunity to work in two or more medical roles ◇ Strong professional support from medical and other clinical services ◇ Personal values align with those of employer ◇ Interesting varied and challenging medicine | <ul style="list-style-type: none"> ◇ Concern that skills and experience are not broad enough for rural practise ◇ Concern about limited access to professional development activities ◇ Perception that rural general practice is less professionally respected than metro general practice or specialist practice ◇ Professional isolation, lack of readily available collegial support ◇ Level of targeted professional support from health system ◇ Frustration at restrictive medical registration requirements ◇ Concerns about having to manage a major trauma on own ◇ Challenge of managing patients with complex care needs without readily available or reliable clinical support services, particularly in remote areas ◇ Frustration with non-compliant patients and lack of health improvement achieved ◇ Challenge of working within a strong organisational hierarchy ◇ Challenge of working in an organisation where leadership changes frequently | | |
| | | Organisational | Factors relating to the quality of the doctor's experience as a practice owner, employee or contractor in the rural health system | <ul style="list-style-type: none"> ◇ Flexible working arrangements ◇ Positive collegial relationships ◇ High level of administrative support for doctors ◇ Autonomy in clinical and business practice ◇ Hospital is a great place to work | <ul style="list-style-type: none"> ◇ Heavy workload across private and hospital settings ◇ Difficulty providing effective patient care in a health system suffering from entrenched fragmentation ◇ Difficulties and risks managing patients with complex care needs without a shared patient record ◇ Limited administrative support for doctors ◇ Increasing red tape and bureaucratic processes ◇ Uncertainty about State Department of Health's long term commitment to utilising private general practitioners to deliver medical services to rural hospitals ◇ Difficulties managing local relationships ◇ Difficulty getting locum cover at reasonable rates ◇ Perception of inequitable hospital on-call rates from town to town ◇ Perceptions that organisational culture is not supportive of doctors ◇ Difficult relationship between private general practitioners and country hospitals ◇ Difficulties balancing the demands of private practice and hospital work |

Definition of themes continued

| Theme | Definition | | |
|-------------|--|--|---|
| Locational | Factors relating specifically to the doctor's experience arising from being based in a specific rural location | <ul style="list-style-type: none"> ◇ Opportunities for rural type recreational activities ◇ Attractive natural environment | <ul style="list-style-type: none"> ◇ Concern about limited access to goods and services ◇ Concern about harsh natural environment ◇ Concerns about children's education ◇ High cost of living |
| | | Financial | Factors relating to financial and economic conditions |
| Educational | Factors relating to career guidance, medical training and access to continuing professional development | | |

Table 2: Definition of themes

“

There is growing optimism amongst rural doctors that current initiatives to improve the attractiveness of rural medicine have, and will continue to have, a positive impact.

”

3.4 Industry Guidance

To ensure the *Finding My Place* project was able to benefit from the experience of organisations involved in rural doctor recruitment and retention, a Rural Health Agency Reference Group (RHARG) was established. The RHARG met three times during the development of *Finding My Place* Volume One for the purposes of providing ongoing advice and guidance and to be kept up-to-date on progress, including the broad themes of the feedback being received from rural doctors.

Members of the RHARG include:

- Aboriginal Health Council of Western Australia;
- Australian Government Department of Health, Western Australian State Office;
- Australian Medical Association (WA);
- RFDS Western Operations;
- South West WA Medicare Local;
- WA Country Health Service;
- Western Australian General Practice Education and Training Limited; and
- Western Australian Local Government Association.

It is anticipated that the RHARG will continue to meet throughout the development of *Finding My Place* Volume Two.

4. SUMMARY OF FEEDBACK RELATING TO THE BROADER WESTERN AUSTRALIAN RURAL MEDICAL WORKFORCE

Finding My Place Volume One has drawn information from previous work on the attraction and retention of rural doctors undertaken within Western Australia and nationally and feedback received from current and potential future rural Western Australian doctors themselves. These sources have provided a large volume of information, covering a very broad range of issues.

The following findings are based predominantly on feedback from rural doctors, although advice from the rural health industry via the RHARG, has in places been used to develop and contextualise issues described by rural doctors.

There has been significant improvement in rural doctor attraction and retention in the past five years.

4.1 The efforts rural health workforce agencies, government health services and medical organisations have made to address doctor shortages in rural Western Australia in the past five years have made a positive difference. This evidence is supported by detailed survival analysis of rural doctors undertaken by Rural Health West which will be described in *Finding My Place* Volume Two.

Notwithstanding these efforts, there continues to be long-standing vacancies and high doctor turnover in parts of rural Western Australia. A summary of initiatives implemented by organisations involved at various points in the pipeline that trains, recruits and supports rural doctors is outlined in Table 3.

| Australia | Rural Western Australia |
|--|--|
| <ul style="list-style-type: none"> ◇ Increases in the number of undergraduate university medical training places ◇ Increases in pre and post vocational medical training programs ◇ Introduction of General Practice Rural Incentives Program payments ◇ Introduction of rural locum relief programs | <ul style="list-style-type: none"> ◇ Improvements in industrial conditions for WA Country Health Service salaried medical officers particularly related to remuneration levels, safe working hours and flexible employment arrangements ◇ Improvement in cost of living equalisation benefits for Western Australian Government employees (including salaried medical officers) in remote areas (District Allowance) ◇ Subsidised home rental for Western Australian Government employees (including salaried medical officers) in remote areas |
| Western Australia | |
| <ul style="list-style-type: none"> ◇ Increases in the number of undergraduate university medical training places ◇ Increases in pre and post vocational medical training programs, especially in general practitioner (GP) registrar places ◇ Development of a Rural Generalist Practice Pathway | <ul style="list-style-type: none"> ◇ Airfare subsidies for Western Australian government employees (including salaried medical officers) in remote areas ◇ WA Country Health Service Southern Inland Health Initiative incentives for private practitioners ◇ Significant upgrades to Western Australian Government hospital and health facilities ◇ Significant additional Western Australian Government funded clinical services supporting medical practice e.g. Emergency Telehealth Service and mental health services ◇ Rural Health West locum relief program ◇ Rural Health West spouse and family support program ◇ Rural Health West professional development subsidies ◇ Enhanced clinical supervision and mentoring programs ◇ Significant increases in the level of financial, educational and professional support for rural GP Registrars and supervisors provided by Western Australian Education and Training Limited, including accommodation/rent subsidies, travel/relocation subsidies and education allowances ◇ Medical Equalisation Subsidy Scheme in the City of Karratha ◇ Local government initiatives to offset the cost of establishing and operating a private general practice and to underwrite minimum income limits |

Table 3: Strategies to improve the attraction and retention of rural doctors

There is optimism about the future of rural practice provided entrenched systemic issues are addressed

4.2 There is growing optimism amongst rural doctors that current initiatives to improve the attractiveness of rural medicine have, and will continue to have, a positive impact. Financial incentives programs such as the WA Country Health Service Southern Inland Health Initiative, strategies to provide more undergraduate and postgraduate training posts in Western Australia and the ongoing work of non-government agencies Rural Health West, Western Australian General Practice Education and Training Limited and The Rural Clinical School of Western Australia, have and will continue to improve the supply and distribution of doctors willing to practise in rural areas. Notwithstanding this positive outlook, the majority of rural doctors reported that rural practice presents significant personal and professional challenges which must be addressed if the future of rural practice is to be strengthened and a genuine and sustainable net increase in doctor numbers and distribution is to be realised.

4.3 For the improved supply of doctors to have an impact in rural areas, the needs of younger doctors must be understood and responded to. Rural doctors and Doctors-in-Training who contributed to this project believe that more professional support, better work/life balance, flexible work practices, family support, improved training opportunities and attractive remuneration are the highest priorities for young doctors considering working in rural Western Australia in the future.

Most rural doctors feel they have a challenging and rewarding career

4.4 The majority of rural doctors who contributed to this project feel that their rural practice experience meets or exceeds their expectations overall. Many doctors said that rural practice is the ‘only’ career for them and they couldn’t imagine doing anything else.

4.5 The majority of doctors who contributed to this project feel that they are appropriately remunerated and that their overall remuneration is on par with or slightly better than metropolitan-based doctors with similar experience and qualifications.

4.6 Those doctors who supervise medical students and GP registrars reported that it is a stimulating and rewarding experience.

Many individual factors influence a doctor's decision to practice rural medicine

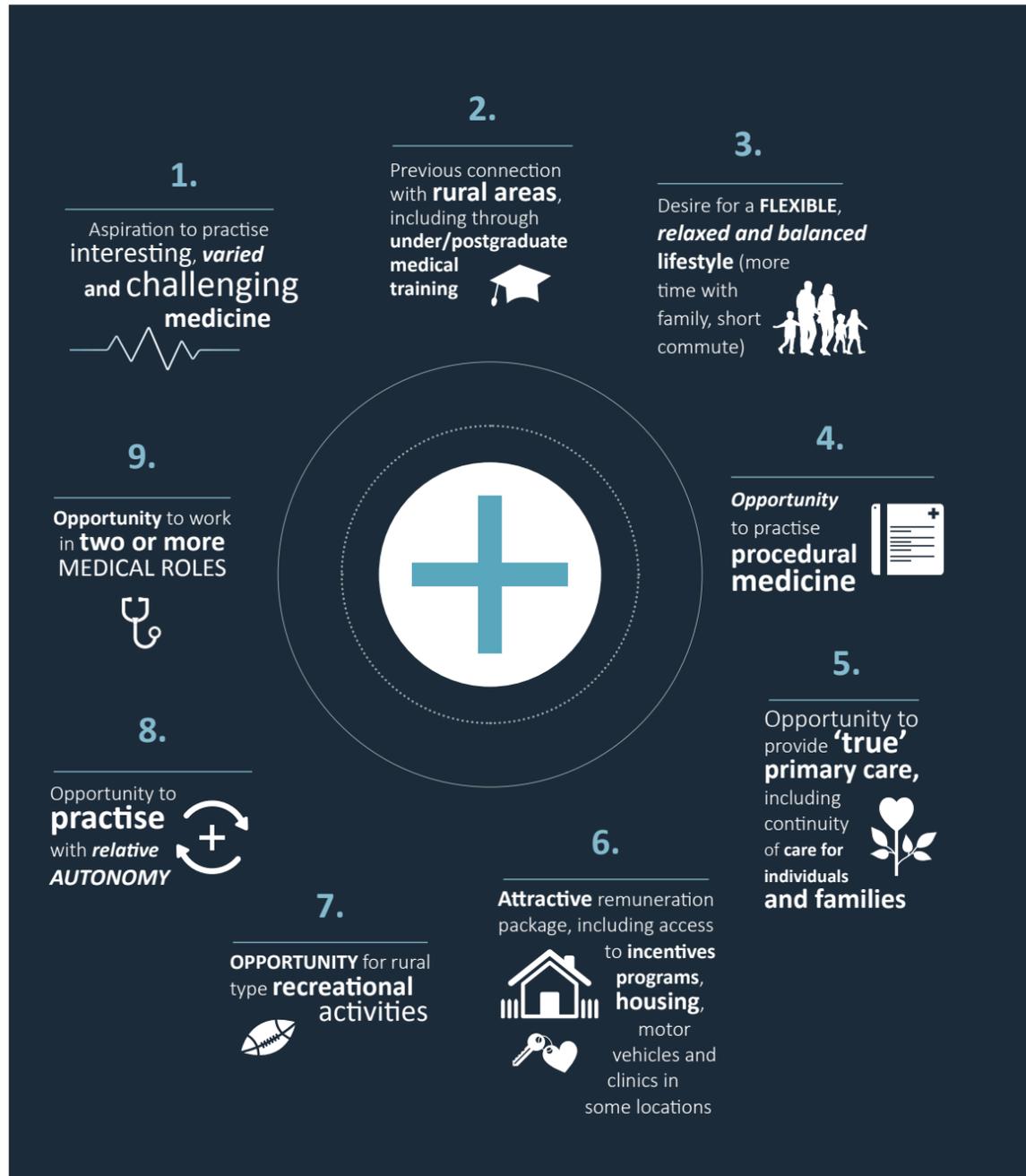
4.7 Many individual personal and professional factors influence a doctor's decision to commence medical practice in rural Western Australia.

For doctors who have a choice between metropolitan and rural practice (unrestricted registration), the main specific factors positively influencing the decision to practice in rural Western Australia are summarised and ranked for importance in figure 2. In figure 3, these factors have also been grouped by theme and ranked and weighted for importance.



Photo courtesy Dr Georgie Fernandez

Figure 2: Specific factors positively influencing doctor's decision to 'go rural' (all project populations)



POSITIVE FACTORS INFLUENCING THE DECISION TO GO RURAL

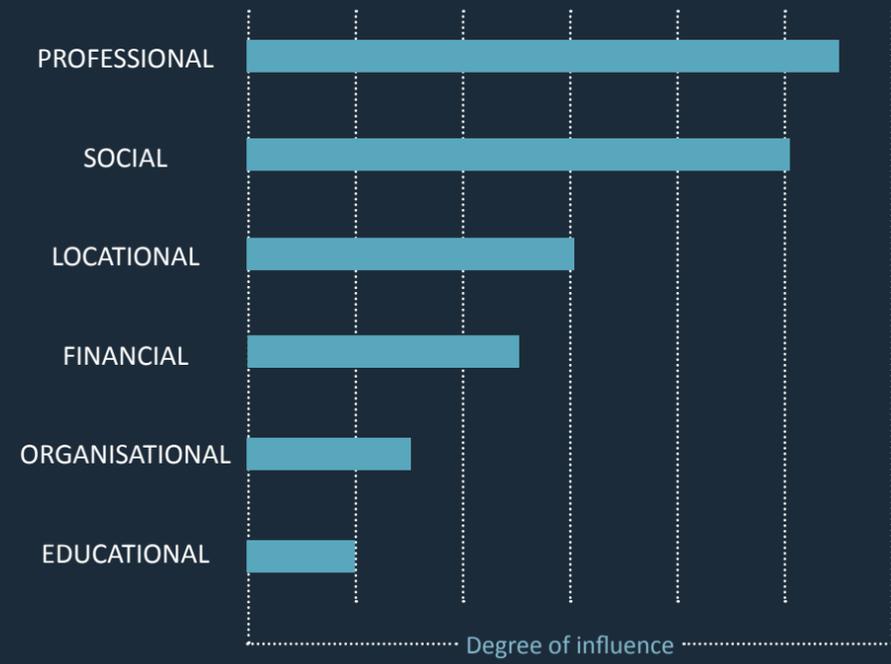


Figure 3: Ranking and weighting of themes positively influencing doctors' decision to 'go rural' (all project populations)



“

For the improved supply of doctors to have an impact in rural areas, the needs of younger doctors must be understood and responded to.

”

4.8 For doctors who have a choice between metropolitan and rural practice (unrestricted registration), the main specific factors negatively influencing the decision to practise in rural Western Australia are summarised and ranked for importance in figure 4. In figure 5, these factors have also been grouped by theme and ranked and weighted for importance.

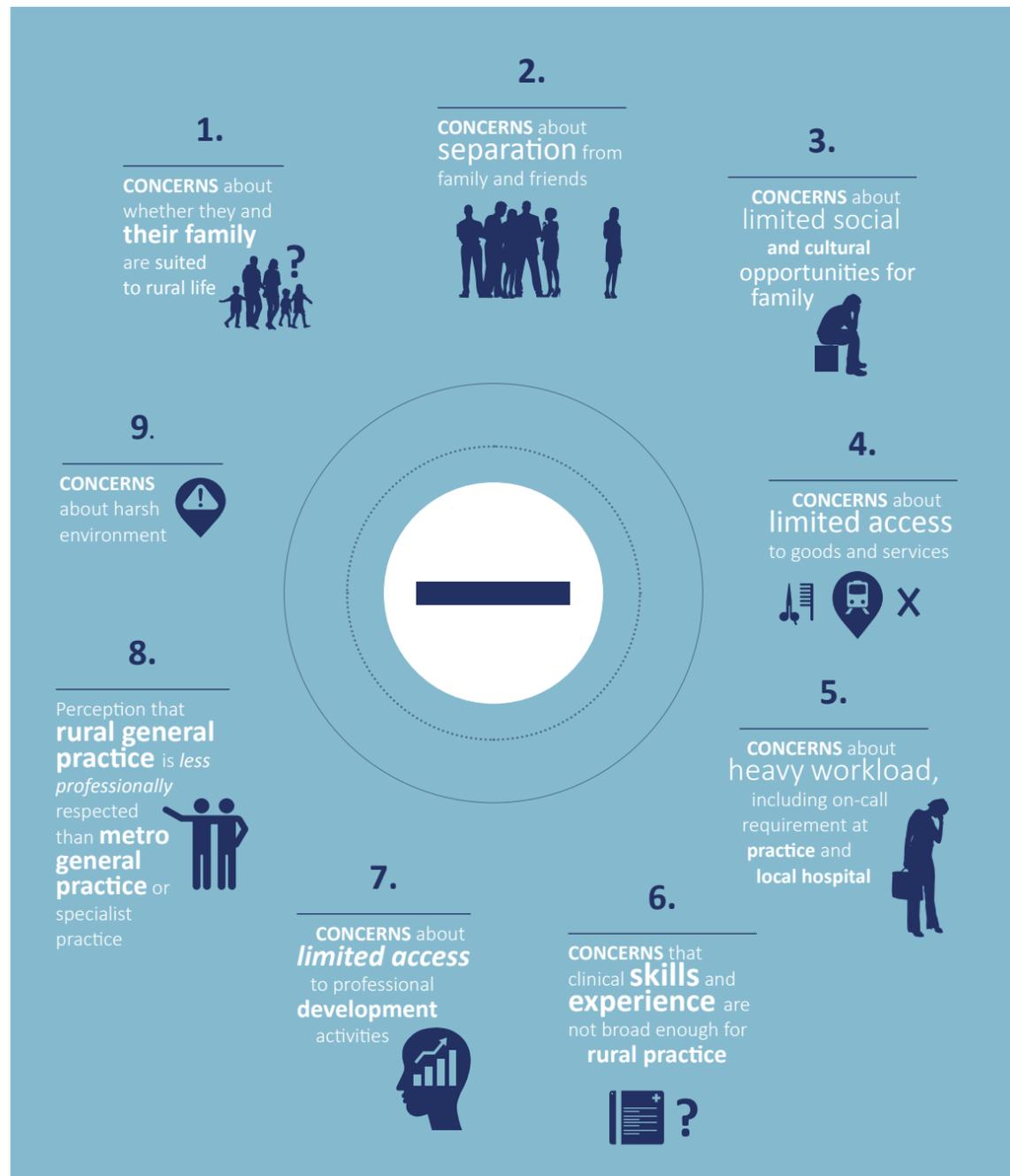


Figure 4: Specific factors negatively influencing doctor’s decision to ‘go rural’ (all project populations)



Figure 5: Ranking and weighting of themes negatively influencing doctor’s decision to ‘go rural’ (all project populations)

Many individual factors influence a doctor's decision to continue in rural practice

4.9 Although rural doctors share a common profession, there are profound differences in their personal and professional experiences in rural practice. These differences are primarily determined by the doctor's location, work setting, availability of collegial support, quality of local relationships, family situation, 'fit' with their host rural community.



Figure 6: Specific factors positively influencing doctor's decision to 'stay rural' (all project populations)

4.10 For doctors who have established a practice in a rural location and who have the option to relocate to the metropolitan area, the main factors positively influencing the decision to make a long-term or permanent commitment to rural practice are summarised and ranked for importance in figure 6. In figure 7 factors have also been grouped by theme and ranked and weighted for importance.

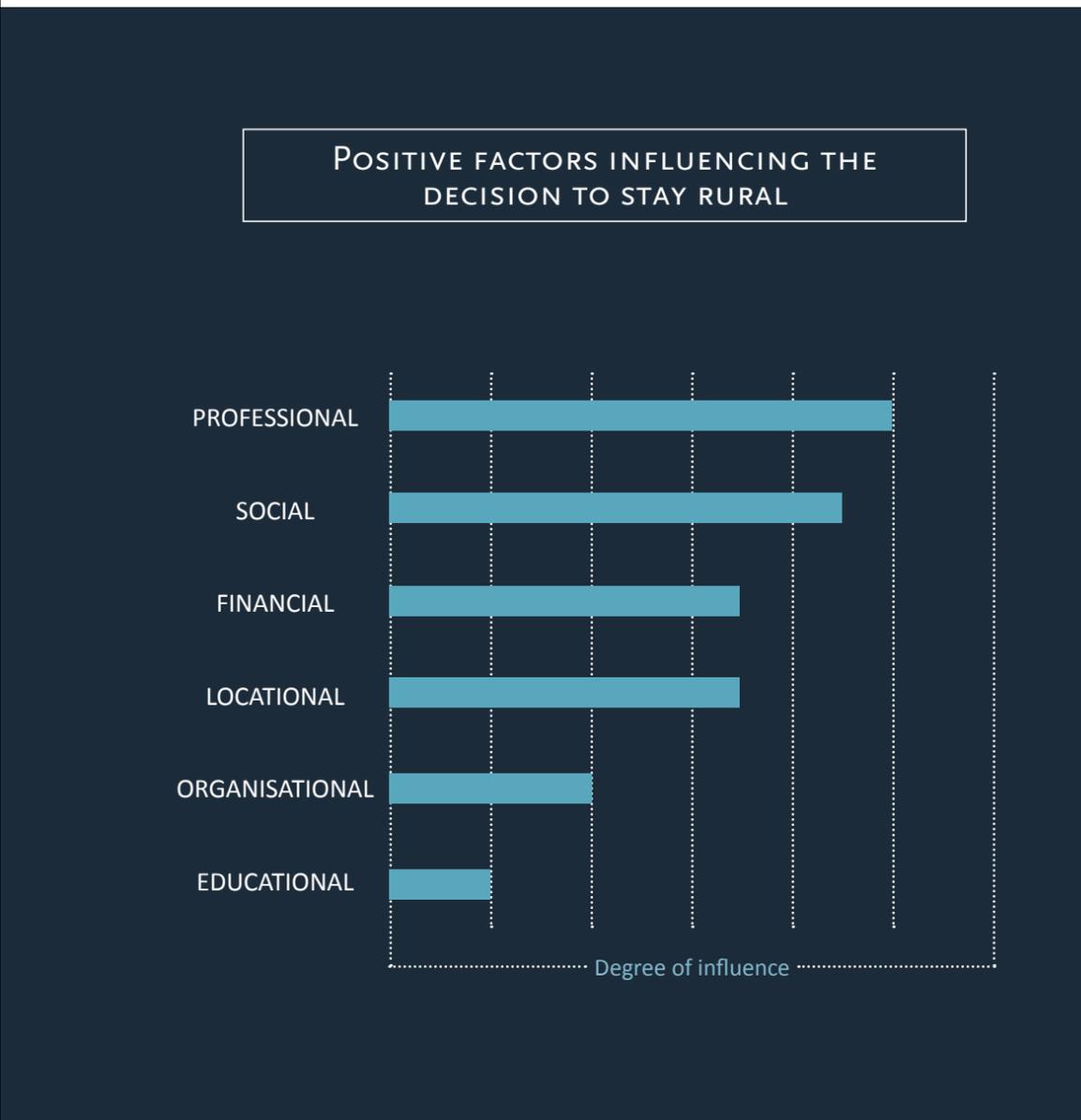


Figure 7: Ranking and weighting of themes positively influencing doctor's decision to 'stay rural' (all project populations)

4.11

For doctors who have established a practice in a rural location and who have the option to relocate to the metropolitan area, the main personal and professional factors negatively influencing the decision to make a long-term or permanent commitment to rural practice are summarised and ranked in figure 8. In figure 9, these factors have also been grouped by theme and ranked and weighted for importance.

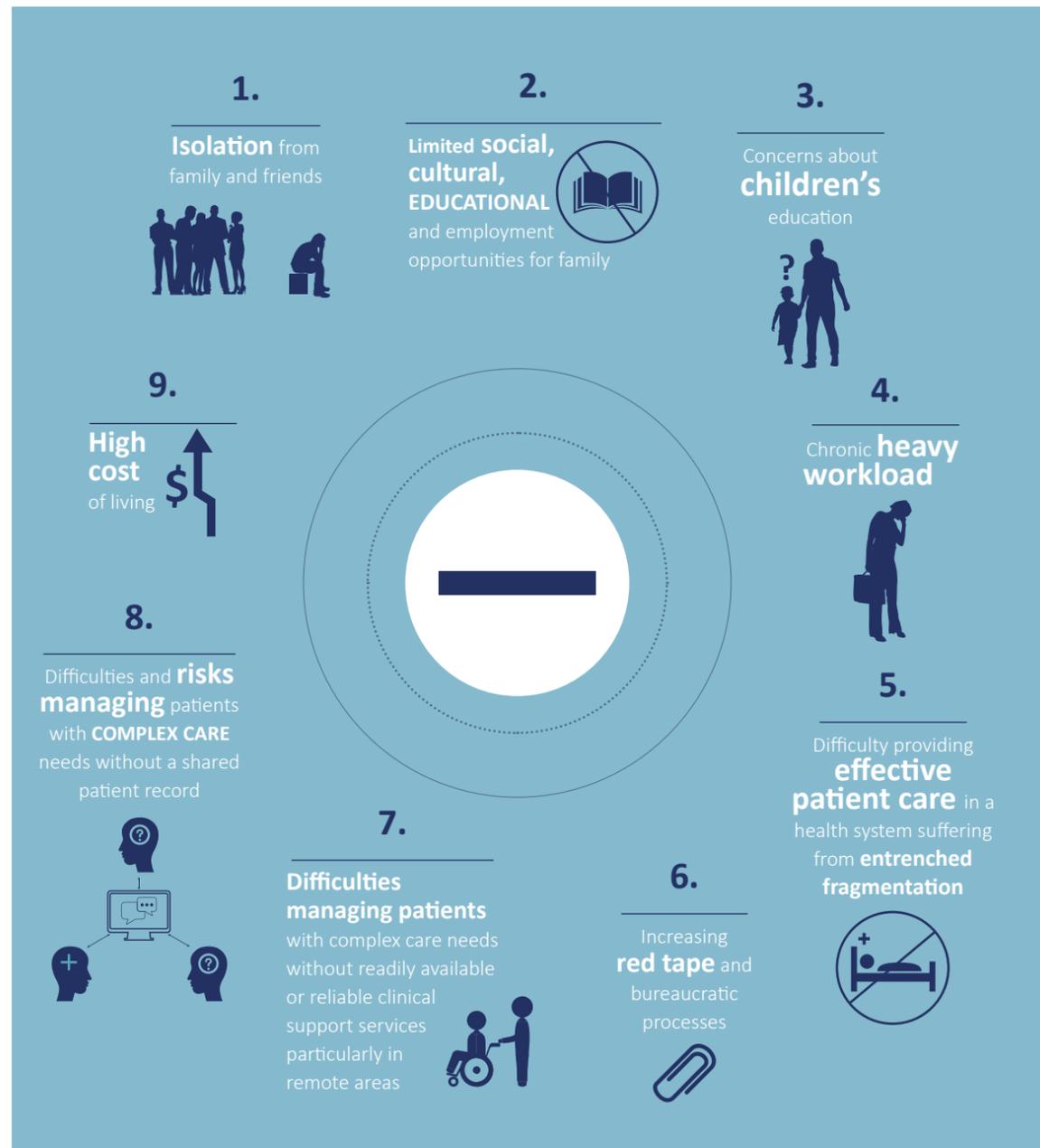
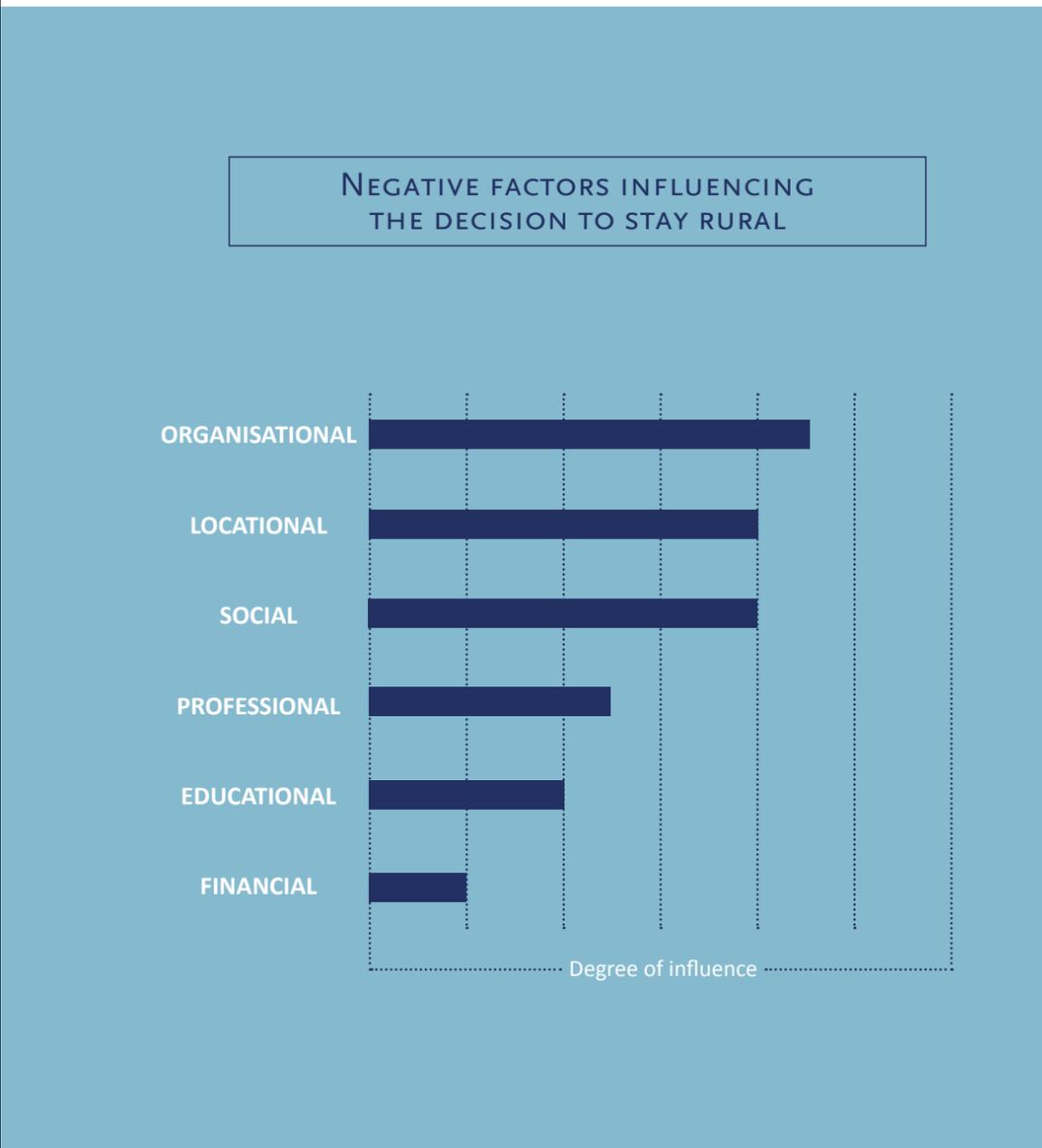


Figure 8: Specific factors negatively influencing doctor's decision to 'stay rural' (all project populations)

Figure 9: Ranking and weighting of themes negatively influencing doctor's decision to 'stay rural' (all project populations)



An effective rural generalist practice pathway is required in Western Australia

4.12 As the number of doctors graduating from Australian universities increases, access to training places is becoming more competitive. In this environment, it is important that doctors who are likely to join the rural medical workforce are identified early, and where possible, given access to training programs. Rural doctors who contributed to this project believe that a clear and unambiguous pathway to becoming a rural doctor is essential and that this will help mitigate the 'pull' of metropolitan and/or specialist practice on doctors who may otherwise be inclined toward a career in rural Western Australia.

The progress made by various rural health agencies in identifying a clear rural generalist pathway over the past five years or so was acknowledged by rural doctors. However, they also reported lack of awareness as to when and how the rural generalist practice pathway will be implemented.

International Medical Graduates continue to face significant difficulties gaining registration to practise in Western Australia

4.13 International Medical Graduates who contributed to this project consistently reported enormous difficulties negotiating their way through Australia's medical registration system and that this is a strong disincentive to future workforce attraction and retention.

Despite detailed examination of the issues undertaken by various bodies, including the Australian House of Representatives' Standing Committee on Health and Ageing in its *Lost in the Labyrinth 2012*⁵ report, there appears to have been little recognisable streamlining of administrative processes required for International Medical Graduates to gain registration to practise in rural Western Australia.

Postgraduate medical training programs provide adequate preparation for rural practice

4.14 The majority of doctors who contributed to this project believe that their postgraduate medical training prepared them adequately for rural practice.

4.15 With the exception of private general practitioners in solo practice, who face specific challenges finding short term locum cover to free up their time, the majority of doctors who contributed to this project believe their access to professional development activities is adequate to maintain the necessary skills for rural practice.

⁵ House of Representatives Standing Committee on Health and Ageing, *Lost in the Labyrinth: Report on the inquiry into registration process and support for overseas trained doctors*, The Parliament of the Commonwealth of Australia, March 2012

Entrenched systemic issues make working in the rural Western Australian health system challenging

4.16 Whilst the majority of doctors feel that rural medicine is a rewarding career, they also reported significant difficulties working in the rural health system which negatively impact on the attractiveness of rural practice and believe these must be addressed for current and future rural practice to be an attractive career choice. In broad terms, the majority of difficulties arise from a lack of appreciation between the sectors which make up the rural health system of the important role other sectors play and the pressures they manage on a daily basis to fulfill those roles.

Rural doctors felt that the practice support and networking role previously played by Divisions of General Practice and more latterly by Medicare Locals was an important role that has diminished in recent years, to the detriment of rural practice. The need for an organisation such as the new Primary Health Networks to build the cohesiveness of the rural health system through specific strategies was recognised.



5. SUMMARY OF FEEDBACK RELATING TO SPECIFIC PROJECT POPULATIONS

Private general practitioners

Private general practitioners working in multi-doctor practices

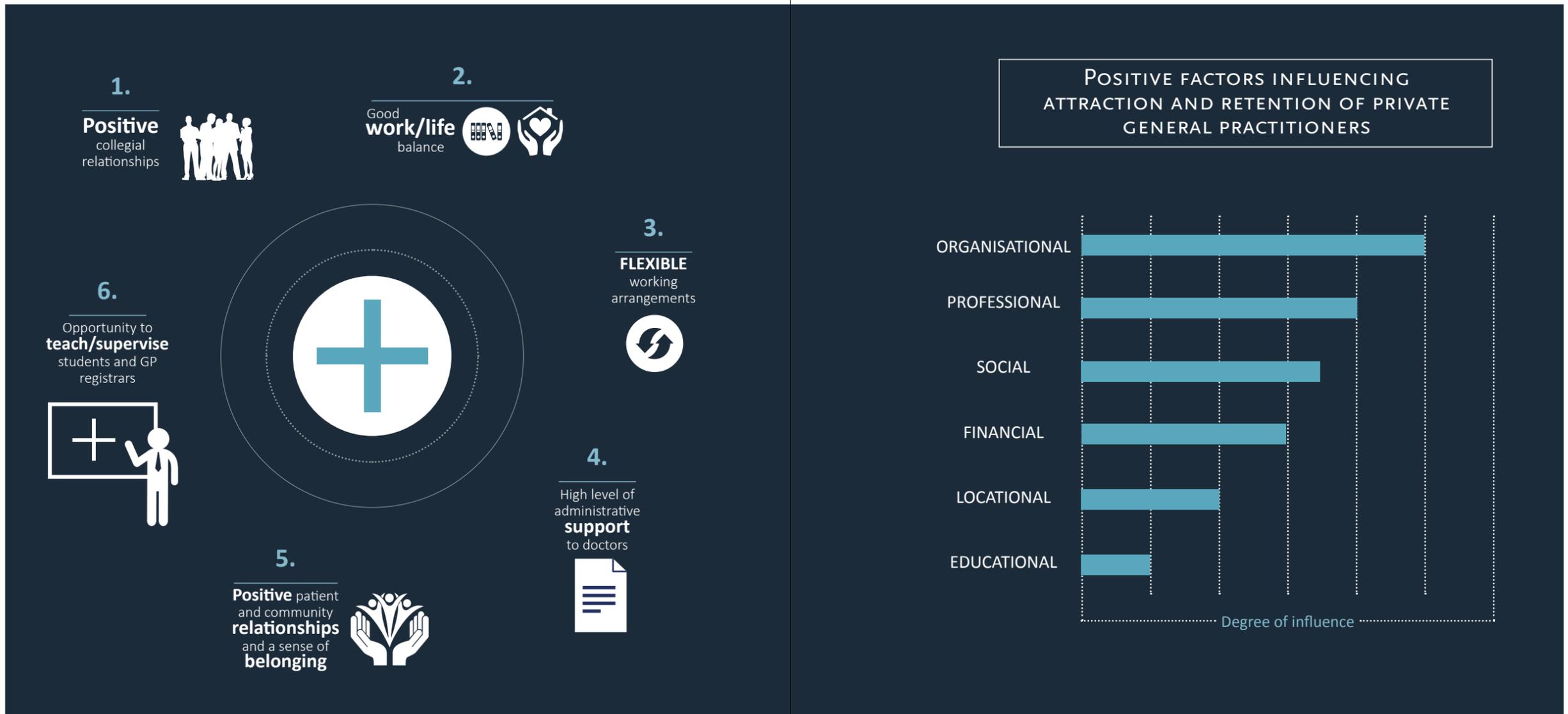


Figure 10: Specific factors positively influencing the attraction and retention of private general practitioners in multi-doctor practices

5.1 In addition to the key findings relating to the broader Western Australian rural medical workforce, positive and negative factors specifically influencing the attraction and retention of private general practitioners in multi-doctor practices are summarised and ranked for importance in figures 10 and 12. In figures 11 and 13, these factors have also been grouped by theme and ranked and weighted for importance.

POSITIVE FACTORS INFLUENCING ATTRACTION AND RETENTION OF PRIVATE GENERAL PRACTITIONERS

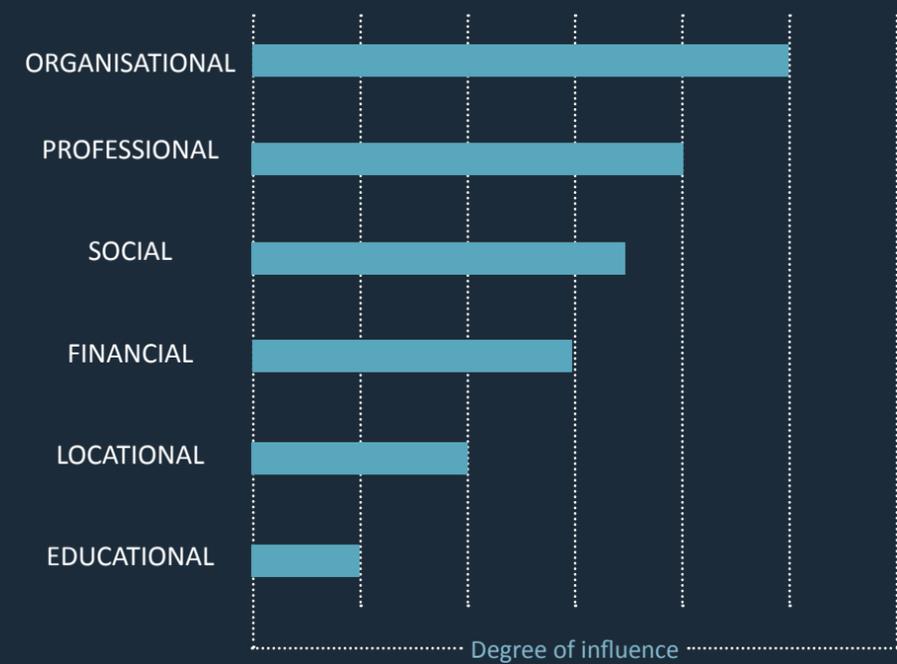
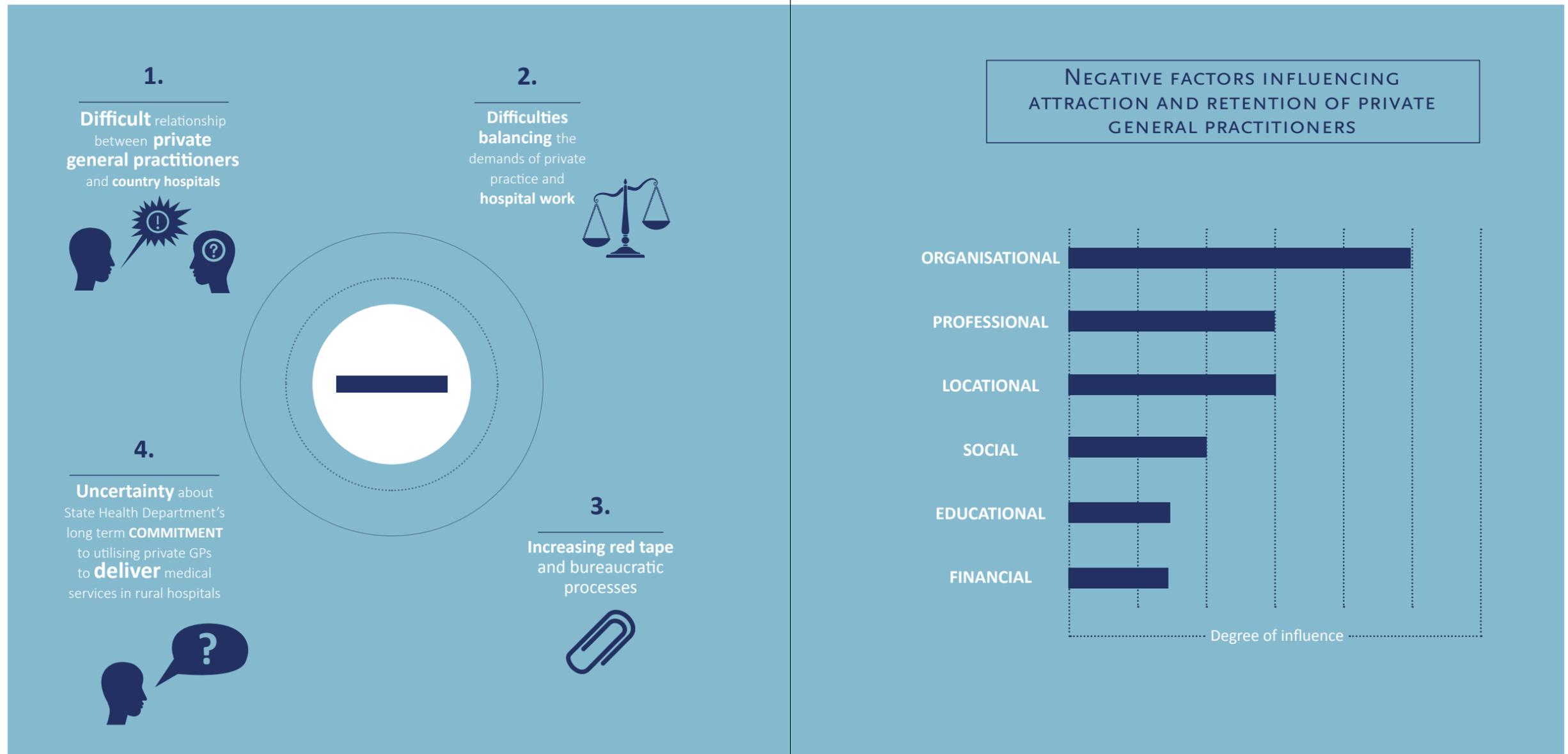


Figure 11: Ranking and weighting of themes positively influencing the attraction and retention of private general practitioners in multi-doctor practices

Figure 12: Specific factors negatively influencing the attraction and retention of private general practitioners in multi-doctor practices



NEGATIVE FACTORS INFLUENCING ATTRACTION AND RETENTION OF PRIVATE GENERAL PRACTITIONERS

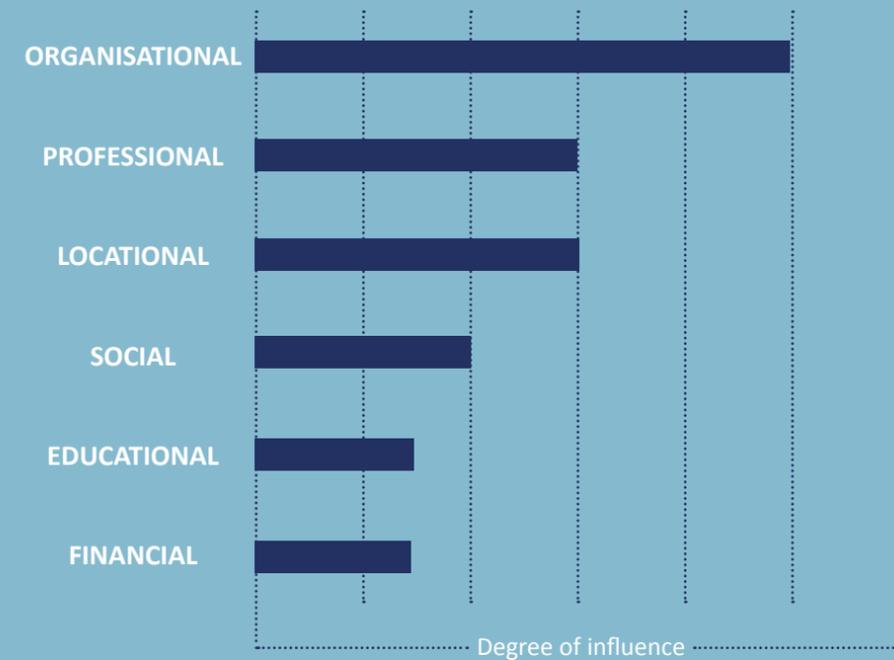


Figure 13: Ranking and weighting of general themes negatively influencing the attraction and retention of private general practitioners in multi-doctor practices

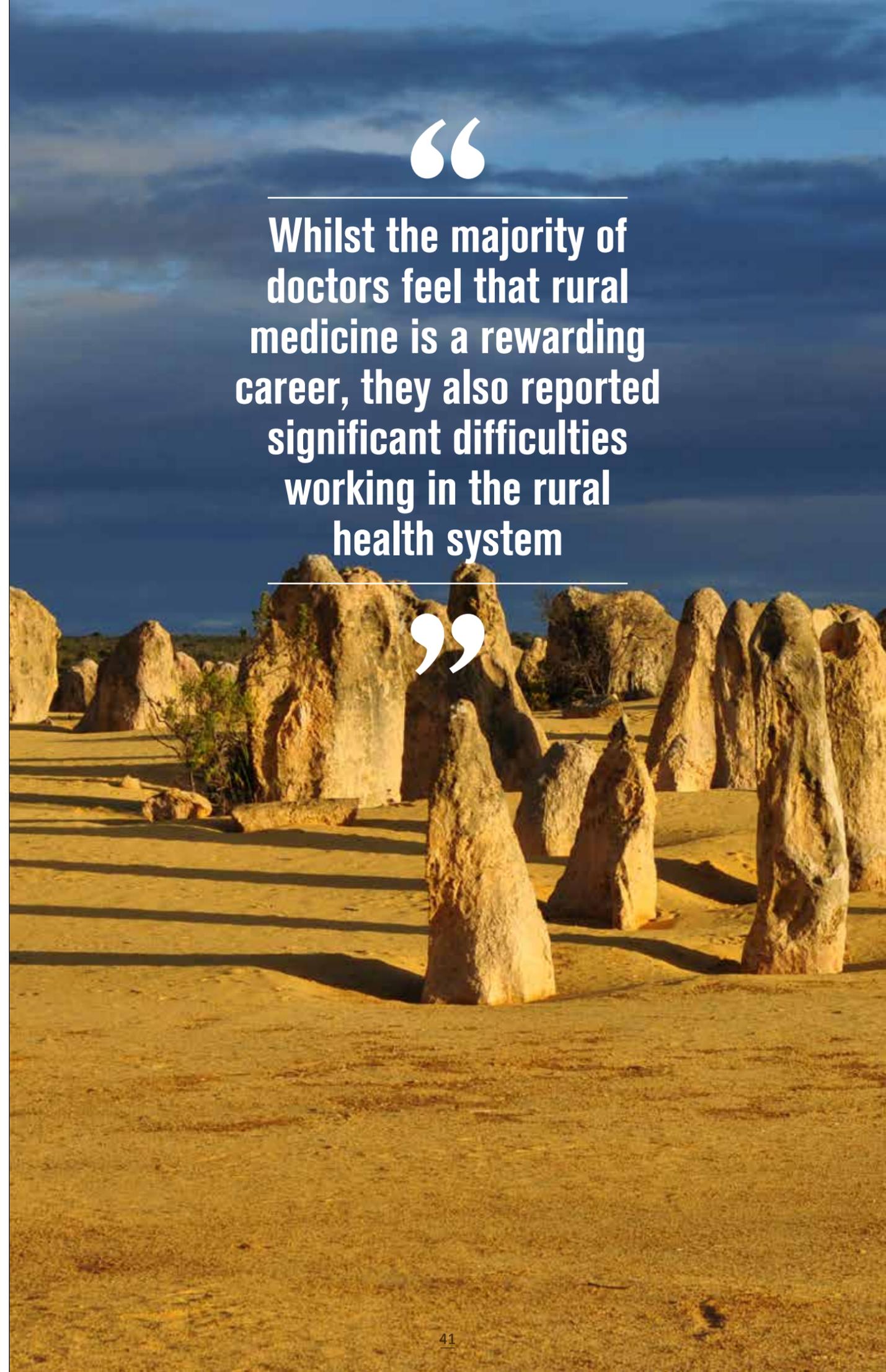
Private general practitioners working in solo doctor practices

Solo general practices need more help if they are to continue as a viable medical workforce model.

5.2 Many of the factors which negatively influence the attraction and retention of rural doctors in Western Australia are amplified in solo general practice, making it the least stable and most 'at risk' medical workforce model in rural Western Australia.

5.3 Solo general practitioners who attended the rural doctor's meetings and participated in one-on-one interviews reported higher levels of work related stress, greater difficulties functioning effectively within and navigating through the health system, physical and mental fatigue and less commitment to stay long-term in their communities than other doctors. They also reported that vital collegial support, which is so readily available to doctors in multi-doctor practices and the hospital setting, is the key missing ingredient in the life of the solo general practitioner. It is clear that without strong collegial and professional support, solo general practitioners are far less likely to be successful.

5.4 The placement of International Medical Graduates with restricted registration into solo general practices in difficult to staff locations is not conducive to sustainable medical service delivery as it overlooks any meaningful assessment of personal 'fit' between the doctor and his/her family and the community in which they live and work. The system which places International Medical Graduates with restricted registration into Districts of Workforce Shortage with limited personal or professional support is fundamentally flawed and only serves to reinforce the negative experiences for many solo general practitioners and their host communities.



“

Whilst the majority of doctors feel that rural medicine is a rewarding career, they also reported significant difficulties working in the rural health system

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5.5 In addition to the key findings relating to the broader Western Australian rural medical workforce, positive and negative factors specifically influencing the attraction and retention of private general practitioners in solo doctor practices are summarised and ranked for importance in figures 14 and 16. In figures 15 and 17, these factors have also been grouped by theme and ranked and weighted for importance.

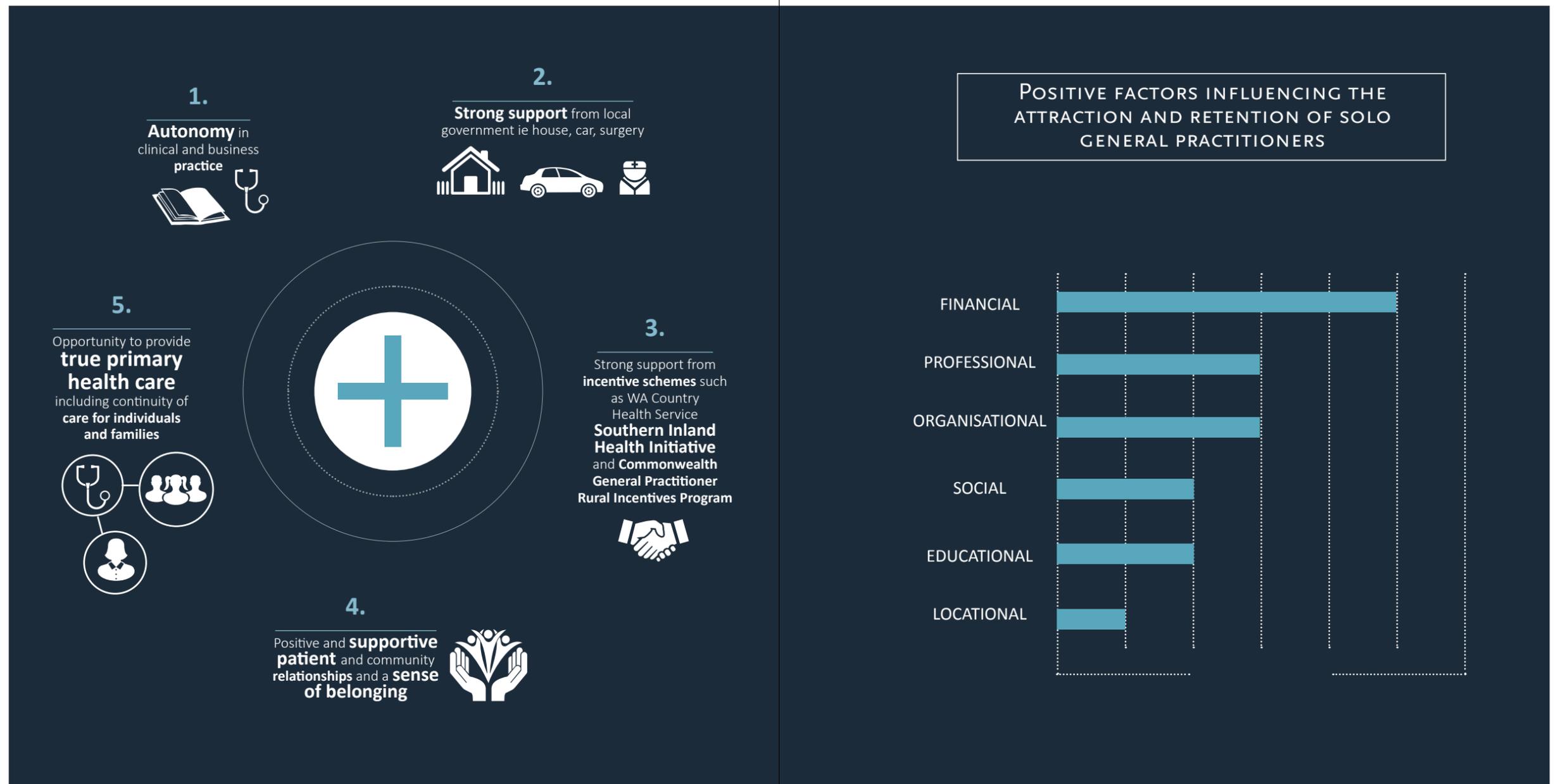
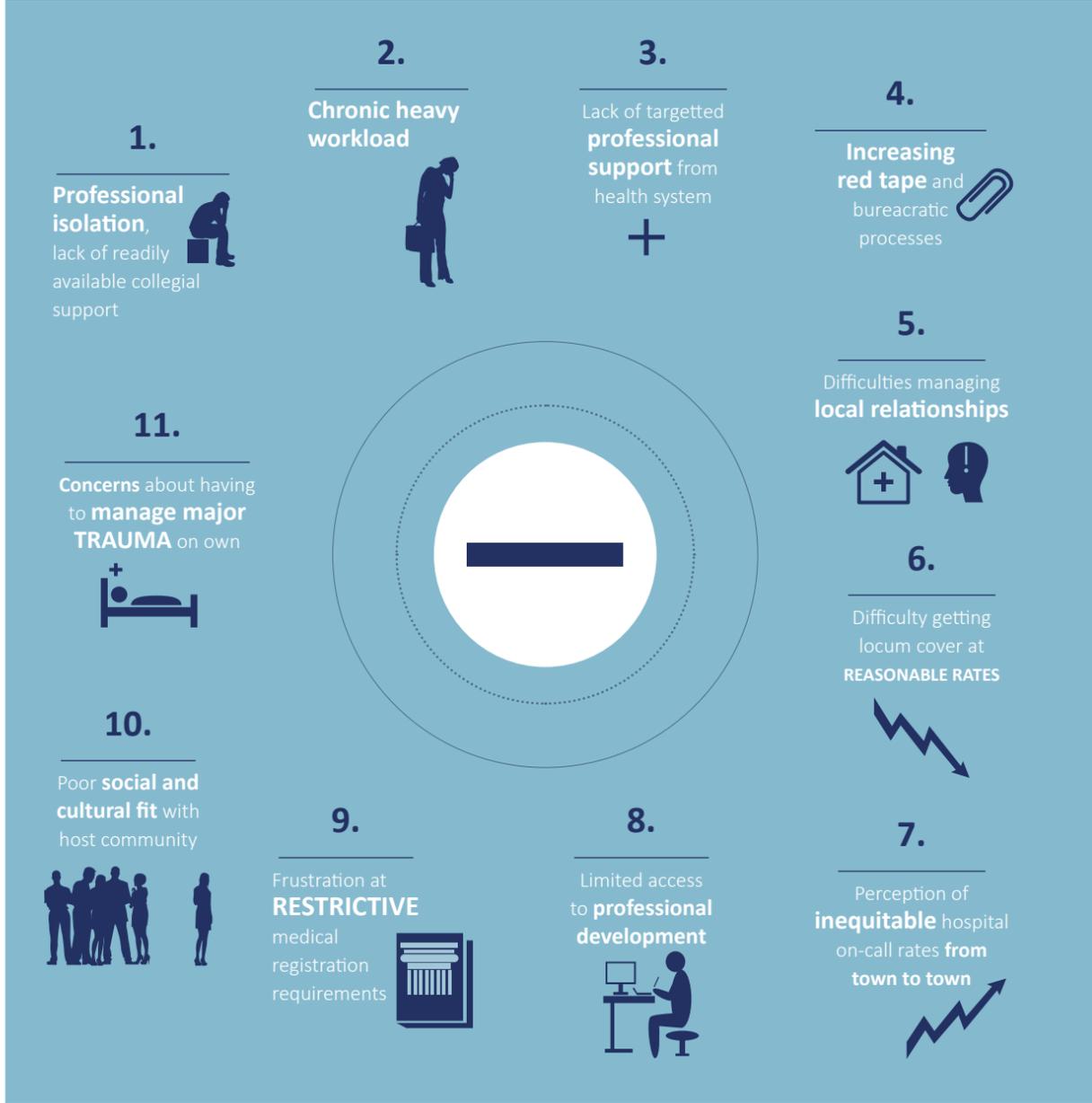


Figure 14: Specific factors positively influencing the attraction and retention of private general practitioners in solo practice

Figure 15: Ranking and weighting of themes positively influencing the attraction and retention of private general practitioners in solo practice

Figure 16: Specific factors negatively influencing the attraction and retention of private general practitioners in solo practice



NEGATIVE FACTORS AFFECTING THE ATTRACTION AND RETENTION OF SOLO GENERAL PRACTITIONERS

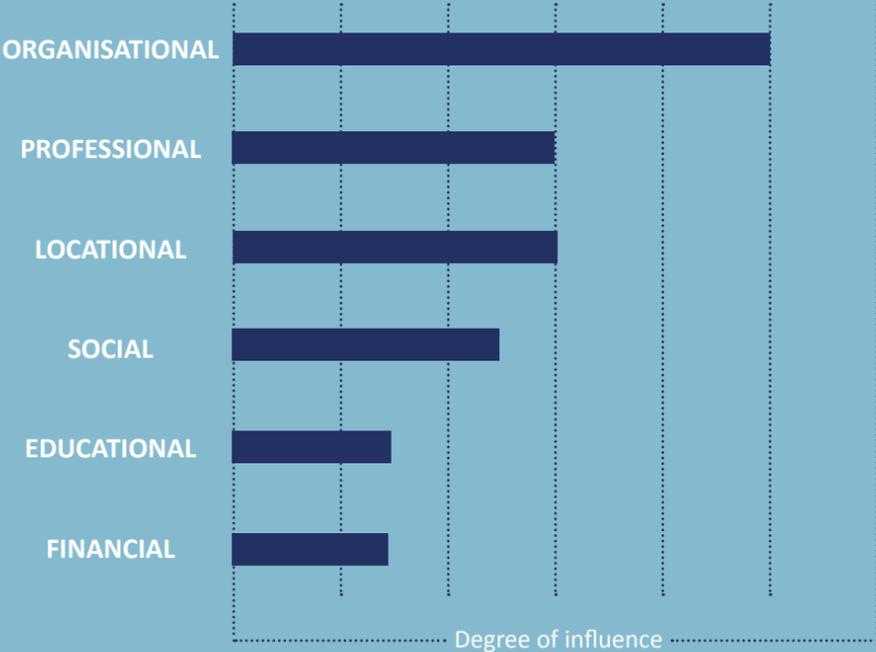


Figure 17: General themes negatively influencing the attraction and retention of private general practitioners in solo practice

Findings related specifically to salaried medical officers

Doctors employed by WA Country Health Service

5.6 In addition to the key findings relating to the broader Western Australian rural medical workforce, positive and negative factors specifically influencing the attraction and retention of doctors employed by WA Country Health Service are summarised and ranked for importance in figures 18 and 20. In figures 19 and 21, these factors have also been grouped by theme and ranked and weighted for importance.

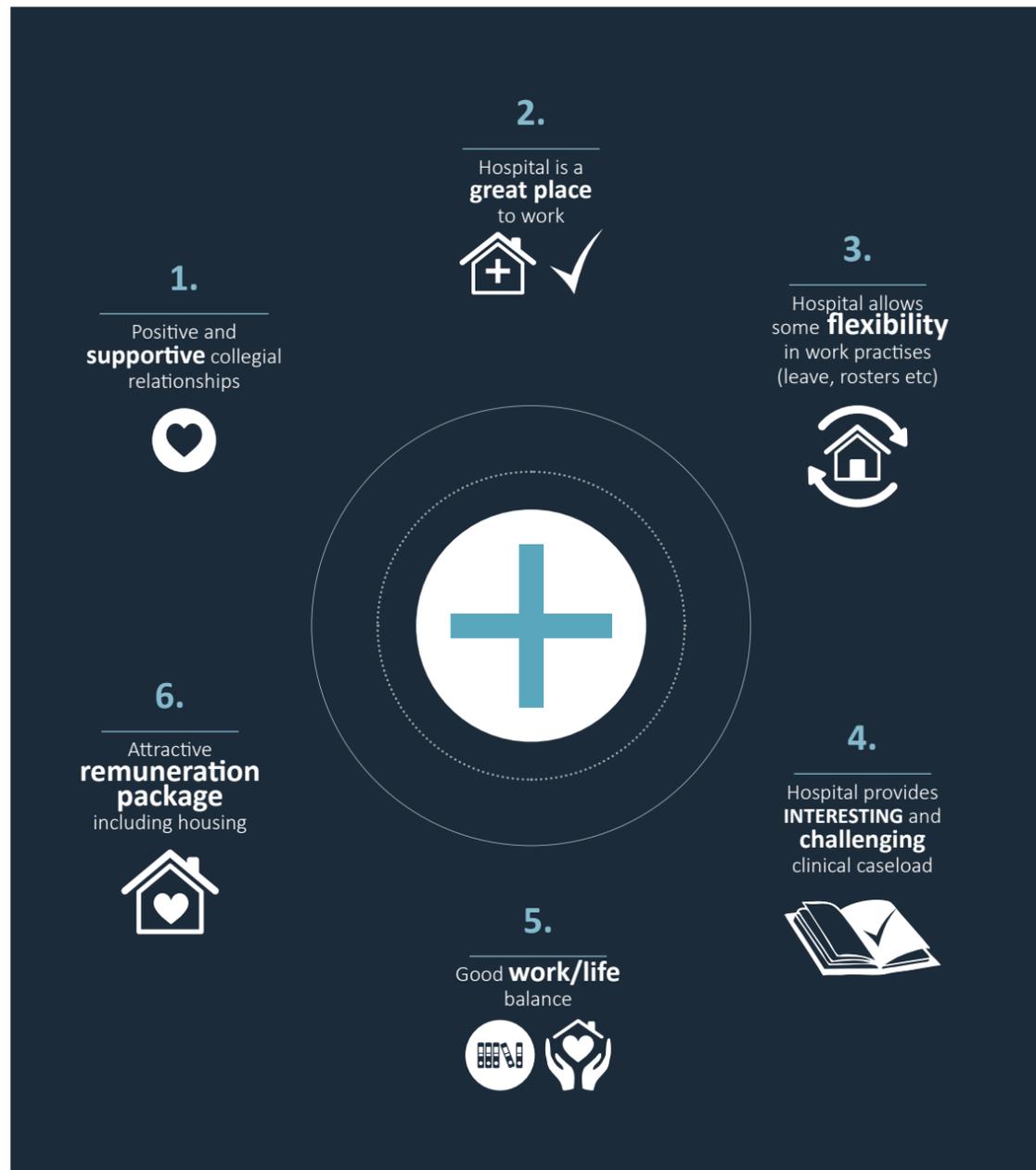


Figure 18: Specific factors positively influencing the attraction and retention of doctors employed by WA Country Health Service

Figure 19: Ranking and weighting of themes positively influencing the attraction and retention of doctors employed by WA Country Health Service

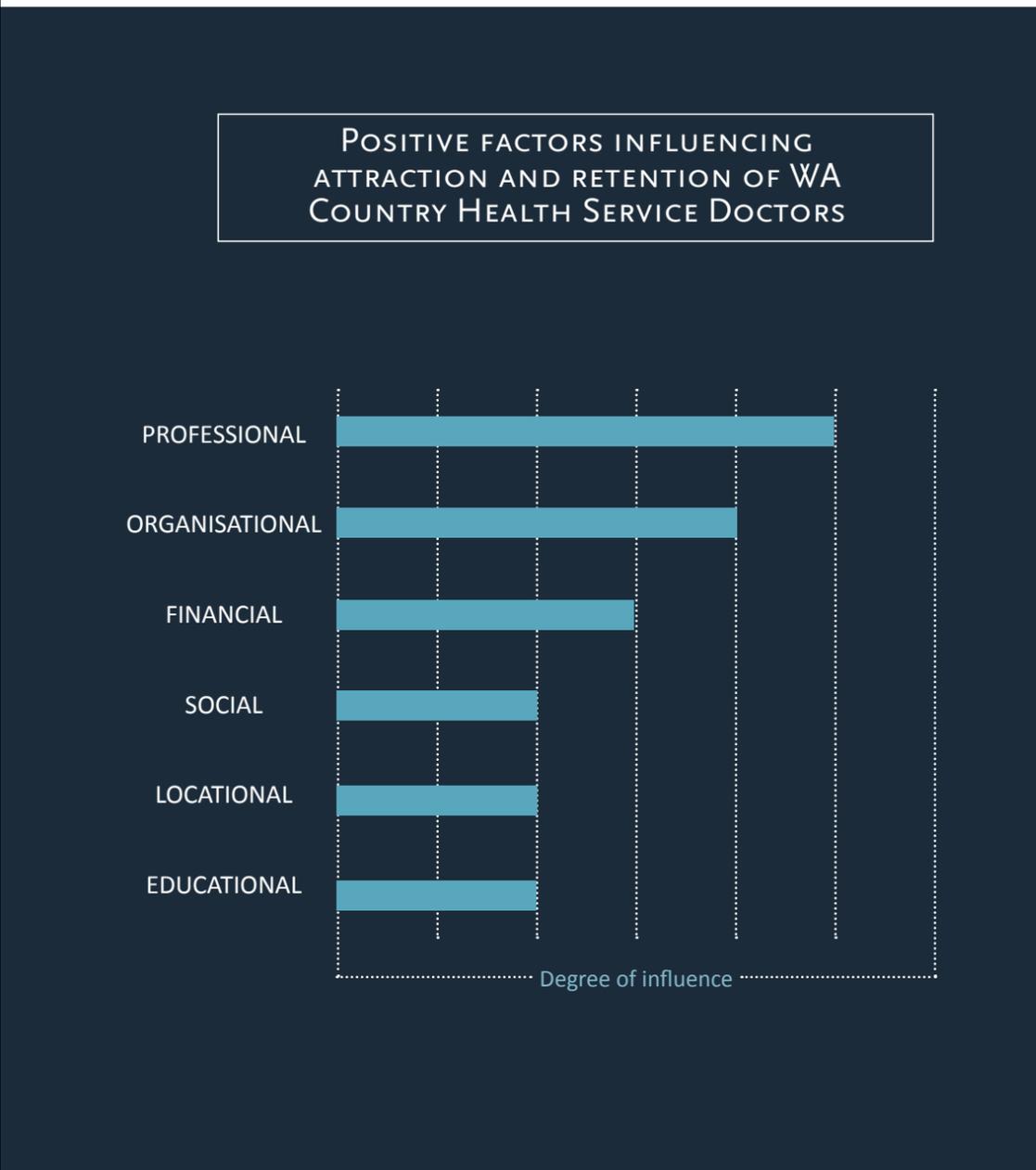
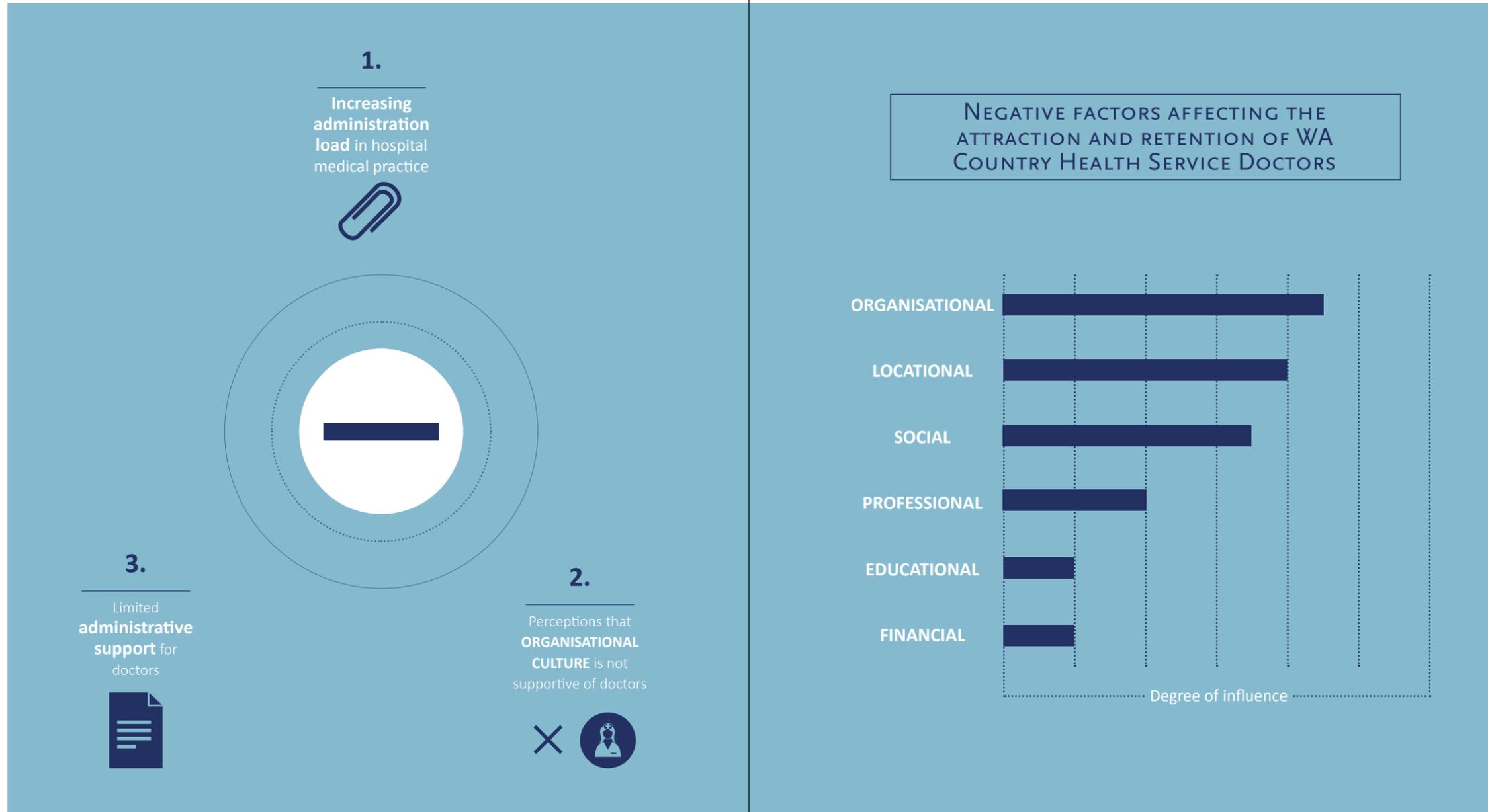


Figure 20: Specific factors negatively influencing the attraction and retention of doctors employed by WA Country Health Service



NEGATIVE FACTORS AFFECTING THE ATTRACTION AND RETENTION OF WA COUNTRY HEALTH SERVICE DOCTORS



Figure 21: Ranking and weighting of themes negatively influencing the attraction and retention of doctors employed by WA Country Health Service

Doctors employed by Aboriginal Community Controlled Health Organisations

5.7 In addition to the key findings relating to the broader Western Australian rural medical workforce, positive and negative factors specifically influencing the attraction and retention of doctors employed by Aboriginal Community Controlled Health Organisations are summarised and ranked for importance in figures 22 and 24. In figures 23 and 25, these factors have also been grouped by theme and ranked and weighted for importance.

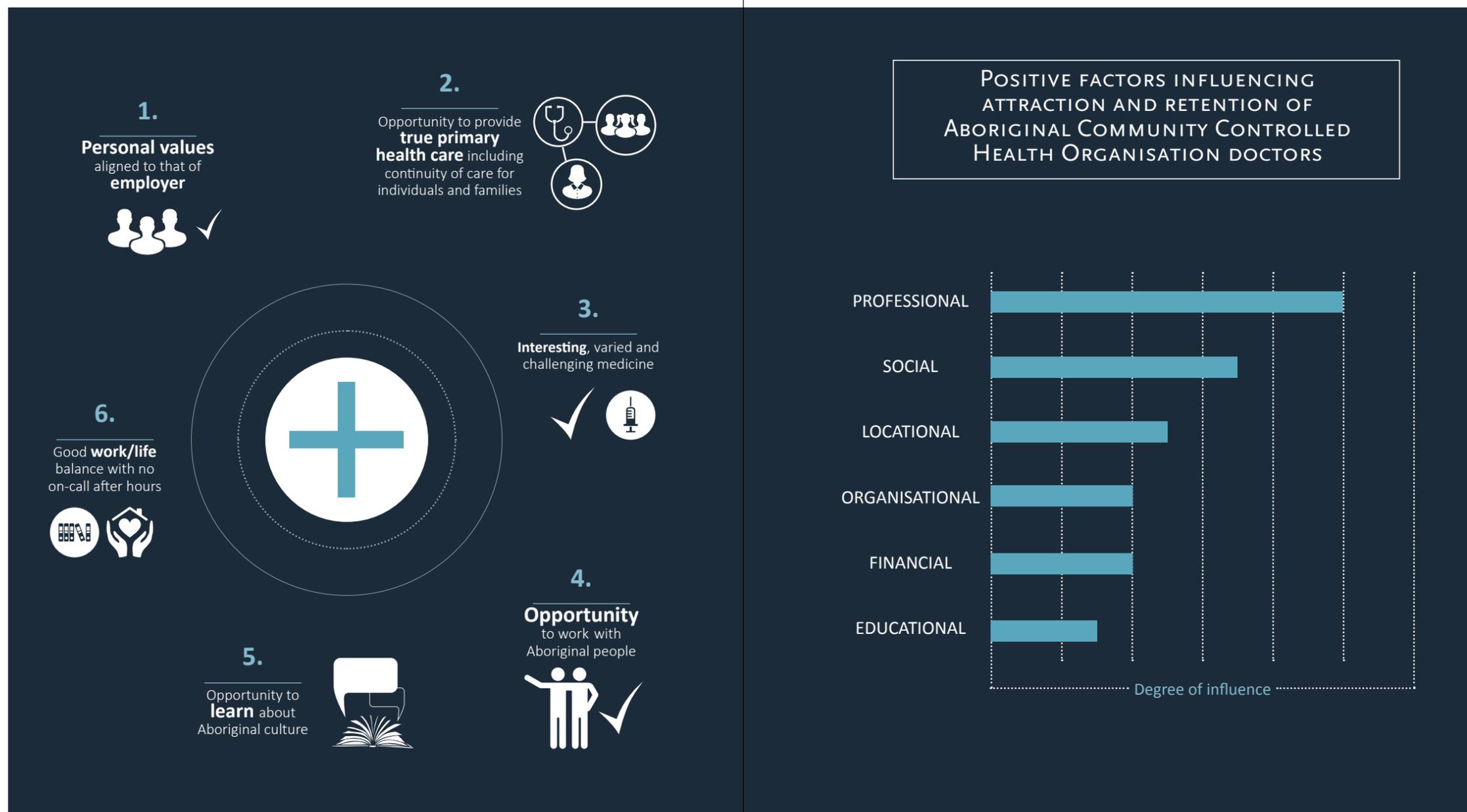


Figure 22: Specific factors positively influencing the attraction and retention of doctors employed by Aboriginal Community Controlled Health Organisations

Figure 23: Ranking and weighting of themes positively influencing the attraction and retention of doctors employed by Aboriginal Community Controlled Health Organisations

Figure 24: Specific factors negatively influencing the attraction and retention of doctors employed by Aboriginal Community Controlled Health Organisations



NEGATIVE FACTORS INFLUENCING ATTRACTION AND RETENTION OF ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION DOCTORS

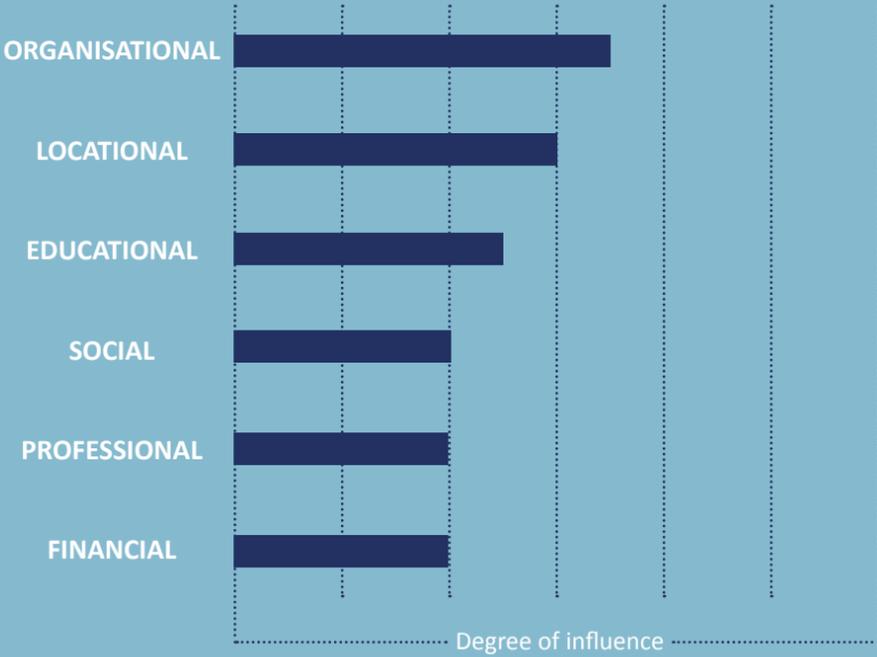


Figure 25: Ranking and weighting of themes negatively influencing the attraction and retention of doctors employed by Aboriginal Community Controlled Health Organisations

“

Although rural doctors share a common profession, there are profound differences in their personal and professional experiences in rural practice. These differences are primarily determined by the doctor's location, work setting, availability of collegial support, quality of local relationships, family situation, 'fit' with their host rural community, interpersonal skills and personal resilience.

”

Doctors employed by RFDS Western Operations

5.8 The low number of RFDS Western Operations medical officers who attended the regional meetings (two) and who contributed to the Rural Doctors Survey (13) make it difficult to report with confidence about specific issues impacting on their attraction and retention. Notwithstanding, the challenges of achieving a sustainable work/life balance in a 24/7 emergency aeromedical environment associated with unpredictable shift finish times emerged as a strong negative influence, while the professional satisfaction of working in a unique organisation and the opportunity to practise both acute medicine and primary care emerged as strong positive influences.

It is safe to assume that the key findings relating to the broader Western Australian rural medical workforce reported earlier are generic and therefore apply overall to RFDS Western Operations medical officers.

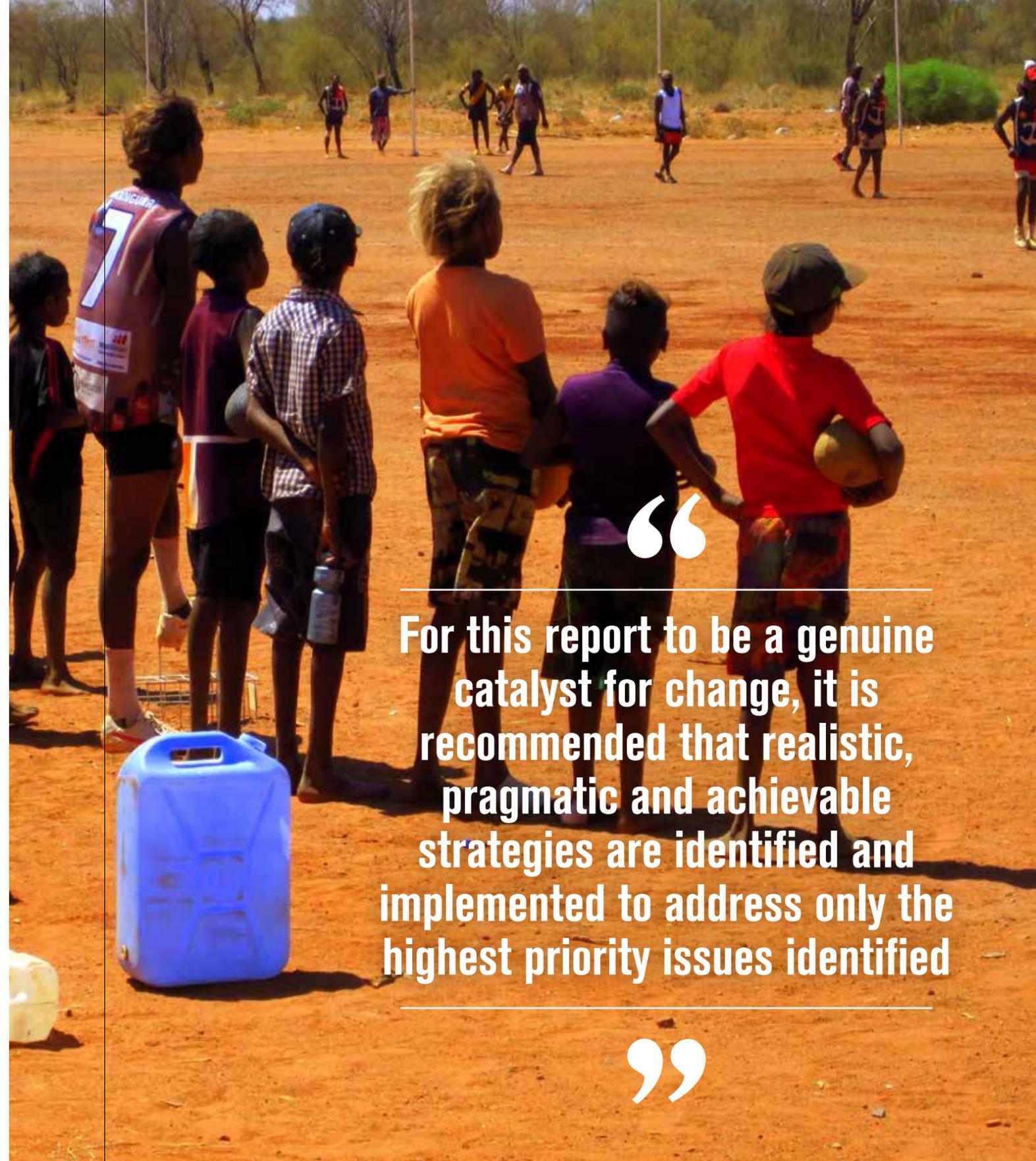
Private specialists

5.9 The low number of private specialists who attended the regional meetings (three) and who contributed to the Rural Doctors Survey (10) make it difficult to report with confidence about specific issues impacting on their attraction and retention. It is safe to assume though, that the key findings relating to the broader Western Australian rural medical workforce reported earlier, are generic and therefore apply overall to private specialists.

Doctors-in-Training

5.10 Positive and negative factors specifically influencing the attraction and retention of students and new medical graduates to rural practice were reported by the Doctors-in-Training to be similar to that reported by rural doctors themselves. More professional support, better work/life balance, flexible work practices, family support, improved training opportunities and attractive remuneration were all reported by Doctors-in-Training as the highest priorities for young doctors considering working in rural Western Australia in the future.

In addition, Doctors-in-Training heavily emphasised the attractions of city life for their age group, as being a very strong influence against a decision to live and practise in rural Western Australia. They also advised that the current trend for medical students to graduate later, due to more mature age university medical places being available, makes a decision to move to a rural location less attractive as older graduates were more likely to be already settled in metropolitan Perth with family and financial commitments.



“
For this report to be a genuine catalyst for change, it is recommended that realistic, pragmatic and achievable strategies are identified and implemented to address only the highest priority issues identified
”

Photo courtesy Dr Susan Downes

6. THE WAY FORWARD



***Finding My Place* Volume One provides a summary of issues impacting both positively and negatively on the attraction and retention of rural doctors and is effectively a report on the views of rural doctors themselves about these issues.**

For the ***Finding My Place*** project to be a genuine catalyst for change, this information must be utilised to develop realistic and achievable strategies which address the highest priority issues negatively impacting the attraction and retention of rural doctors.

Collaboration between rural health agencies in both the development and implementation of strategies to enhance the attraction and retention of rural doctors is the most effective way to bring meaningful change to the issues identified.

Rural Health West and rural health agencies who have contributed to the project via the RHARG have expressed a desire to continue to work together to identify and implement strategies and these will be described in ***Finding My Place*** Volume Two to be published in the second half of 2015.

7. APPENDICES

- A. Rural doctor's meetings – copy of standard questions
- B. Rural Doctor's Survey – copy of online survey



Photo courtesy Dr Moyayad al Kaptan



Photo courtesy Dr Georgie Fernandez



Photo courtesy Dr John Stokes



Photo courtesy Dr John Stokes



Community
 fit rural
 health life
HOME
 attraction challenge
 opportunity
 workforce
 retention
 youth evidence

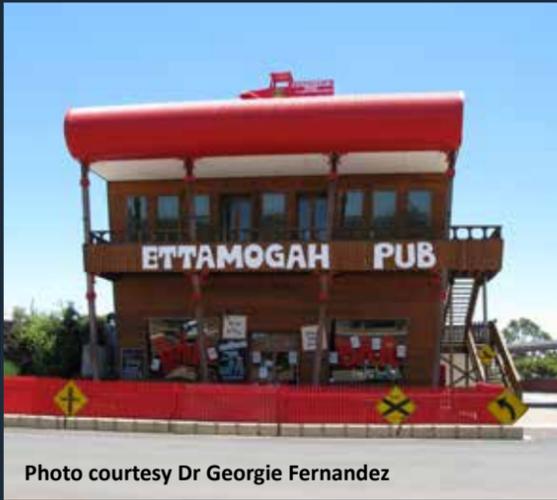


Photo courtesy Dr Georgie Fernandez



Photo courtesy Dr Yen Teon



Photo courtesy Dr Tony Tropiano



Photo courtesy Pippa Reid



Photo courtesy Dr John Stokes



APPENDIX A

Rural Doctor's meetings – copy of standard questions

STANDARD QUESTIONS FOR RURAL DOCTOR'S MEETINGS

- 1** What originally attracted you to rural practice?
- 2** What aspects of your training specifically assisted you to prepare for rural practice?
- 3** Do you feel the things that attracted you to rural practice are similar to the things that will attract future doctors to rural practice?
- 4** What factors do you experience in your typical day that positively influence you to continue living and working in rural Western Australia?
- 5** What factors do you experience in your typical day that make you feel like you may wish to leave your current home and place of work?
- 6** What factors would you like to see changed or improved to better support you in rural practice?
- 7** Where should the health industry focus its investment in order to get the most improvement in patient outcomes over the next 5-10 years i.e. where is the 'biggest bang for buck?'

APPENDIX B

Rural Doctor's Survey – copy of online survey

ATTRACTING AND RETAINING RURAL DOCTORS SURVEY

Attracting and Retaining Rural Doctors Survey

The Attracting and Retaining Rural Doctors Project has completed 15 regional visits in the last 2 months. Thank you to all those that were able to participate. If you were not able to join us, we invite you to complete this survey so you can contribute your thoughts and comments on issues that are currently affecting the attraction and retention of rural doctors.

Rural Health West regards this as an important project, which will assist in developing the future direction of health reform for Western Australia.

Thank you for participating.

Demographic Information

1 What is the postcode where you spend the majority of your working time in WA?

Postcode:

2 Where did you graduate from medical school?

- Australia
- Other

3 In which rural setting/s do you work?

If you work in more than one setting please tick all that are applicable

- Private general practice
- Country hospital
- Royal Flying Doctor Service
- Aboriginal Medical Service Specialist practice
- Other (please specify)

4 What factors originally attracted you to rural practice?

Please tick all that are applicable

- From a rural background
- Relaxed lifestyle
- Opportunity for interesting/enhanced clinical practice/
procedural medicine Attractive remuneration
- Medical registration requirements
- Followed my spouse/partner
- Other (please specify)

Educational factors

5 Do you feel that your postgraduate medical training adequately prepared you for rural practice?

- Yes
- No
- Somewhat
- Not applicable

Please comment on your answer (optional)

6 Where did you receive the majority of your training to prepare you for rural practice?

- Western Australia
- Other Australian city
- Overseas

7 Is your access to professional development satisfactory to maintain the necessary skills for your rural practice?

- yes
- No

Please comment on your answer (optional)

Financial and economic factors

8 Do you consider that you are remunerated appropriately for the work you do?

- Yes
- No

Please comment on your answer (optional)

9 Was remuneration an important consideration for you in your decision to practice in rural WA?

- Yes
- No

Please comment on your answer (optional)

10 Does your employer provide access to affordable housing?

- Yes
- No

11 If you answered yes to question 10, was this an important consideration in your decision to practice in rural WA?

- Yes
- No

Professional and organisational factors

12 What are the professional and organisational factors that you experience in a typical day that make you feel positive about your work?

When considering your response, please think of things related to your work experience such as; interesting clinical practice, positive relationships with work colleagues and patients, good remuneration, support from other clinical services.

Please list the top factors below.

1.
2.
3.
4.

13 What are the professional and organisational factors you experience in a typical day that make you feel negative about your work?

When considering your response, please think of things like; workload, red tape, IT systems, organisational culture.

Please list the top factors below.

1.
2.
3.
4.

Social factors

14 What are the social factors that you experience in a typical day that make you feel positive about your work location?

When considering your response, please think of things like; relaxed lifestyle, community involvement, access to schools, sense of belonging, new friendships.

Please list the top factors below.

- 1.
- 2.
- 3.
- 4.

15 What are the social factors that you experience in a typical day that make you feel negative about your work location?

When considering your response, please think of things like; social and cultural opportunities, educational opportunities for family, cost of living, isolation from family and friends.

Please list the top factors below.

- 1.
- 2.
- 3.
- 4.

External factors

16 What regional factors do you experience in a typical day that make you feel positive about living in rural WA?

When considering your response, please consider things like; natural environment, lack of traffic.

Please list the top factors below.

- 1.
- 2.
- 3.
- 4.

17 What regional factors do you experience in a typical day that make you feel negative about living in rural WA?

When considering your response, please think of things like; higher cost of living, limited shopping, access to cultural and social opportunities.

Please list the top factors below.

- 1.
- 2.
- 3.
- 4.

Health improvement

18 If you were speaking to the Federal or State Minister for Health and he/she asked you for the top three areas funds should be invested to get the greatest improvement in the health of your community, what would you say?

1.
2.
3.

Future Workforce

19 What do you consider to be the top three factors required to attract the next generation of rural doctors?

1.
2.
3.

Overall experience

20 Has your experience of rural practice generally met your expectations?

- Yes
 No

Do you have any other comments or feedback?

Thank you for completing this survey.

“

The efforts rural health workforce agencies, government health services and medical organisations have made to address doctor shortages in rural Western Australia in the past five years have made a positive difference.

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