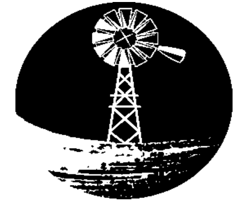

The 21st Century GP: recruitment and retention in rural Australia

Discussion Paper

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Introduction

Rural communities are experiencing difficulties recruiting and retaining general practitioners. This discussion paper, based on contemporary research, invites local government and community service organisations to consider the roles they can play in supporting rural GPs in the provision of health care in rural communities.

Who are the GPs and what are their needs?

Research suggests that more women are becoming GPs and some of them will enter rural practice. Increasingly, Overseas Trained Doctors (OTDs) are available and willing to work in rural areas. In some families, both parents work as doctors and in other instances, doctors are single parents. These are markedly different characteristics to those of GPs over the last century and consequently the needs of GPs, their spouses and families differ today.

It appears that young doctors generally and young female doctors particularly, are not attracted to rural practice. For example, almost two thirds of current GP registrars are female but only a quarter of them are likely to enter rural general practice. These would need to be developed in light of the specific requirements of different GPs and the local communities in which they are employed. A related consideration is that 95 per cent of female GPs have primary responsibility for care of children and the household, whether working full-time or part-time. These family responsibilities result in different needs for rural male and female doctors.

Increasing numbers of OTDs working in Australia may represent an opportunity for rural communities to improve medical services. However, adequate support needs to be provided for these doctors. Their needs tend to include greater support in terms of study leave while they further their qualifications and extend to family support needs as they become more settled in rural practice.

What prevents recruitment and retention?

Research has shown that there is a range of factors contributing to declining recruitment and retention of GPs in rural areas. It is generally agreed that no single issue acts alone to influence a GP's decision to go to a rural area or to leave. Usually a number of factors combine to result in a decision including:

- desire for flexible work hours to meet family commitments,
- part-time work being unavailable,
- unacceptable working hours including after-hours and on-call work,
- potential for time off via reduced hours and access to locums,
- family support needs including childcare and spousal support in the form of education and employment opportunities, among others,
- quality schooling for children,
- social and professional support opportunities, and
- access to continuing professional development opportunities.

Research suggests that young doctors, both male and female are increasingly identifying concerns about combining general practice with family needs. Community and resource factors such as a lack of physical resources and loss of privacy have also been noted as issues.

How to respond?

New services, support strategies and models of general practice are needed. The rest of this paper identifies a number of areas in which there are opportunities for community and local government to be involved in addressing the difficulty in recruiting and retaining GPs in rural areas.

Flexible practice, reduced work hours

Traditionally, rural GPs have worked long hours, often being on call 24 hours per day, seven days per week. The days of the 'super GP' are ending as new graduates and current GPs identify the unsustainability of this mode of practice.

Rural Workforce Agencies, Divisions of General Practice and some private providers offer a variety of locum services. However, there is evidence to show that locum services are insufficient to meet the needs of rural GPs. To address ongoing workload issues, new models of practice have been developed. These include initiatives such as multiple partner-shared practices, virtual amalgamation of smaller community practices, on-call rosters within a region and nurse triage activities among others.

Opportunities

There is potential for a review of general practice needs and opportunities across towns or regionally. In many cases, opportunities arise by taking a combined or collaborative approach to general practice across towns. There may also be opportunity for local government and communities to support GPs by encouraging increased training and support of nursing staff in local hospitals to develop and offer an emergency triage service. Local government and communities can establish links with 'sister' communities in urban areas and establish opportunities for a 'sister practice' approach to locums, whereby a city practice offers a consistent relieving GP to the rural town.

Family support needs

In the past, rural GPs were usually male and supported by a wife who undertook a full time role as household manager, wife and mother as well as

community activities and support of the practice. Increasingly, *all* rural GPs are trying to balance their professional and personal roles and the number of female rural GPs continues to rise. As well, today the spouses of GPs often have professional careers and wish to continue employment within these.

Today in each State and the Northern Territory, Rural Medical Family Networks have been formed and funded to support rural medical families. These Networks, hosted by the Rural Workforce Agencies, offer a range of strategies to meet diverse needs through local get-togethers, telephone networks, e-mail discussion lists, events at existing conferences, spouse-only retreats and newcomer orientation. The key issues of quality schooling and expanded recreational and creative activities for children have also been identified by rural GPs and their families, in keeping with the concerns of rural communities generally. In some areas, innovative programs have been developed collaboratively with community groups to offer expanded holiday activities, to expand recreational activities or to introduce special arts activities for children.

Opportunities

This is a key area for the involvement of local government and community organisations. The provision of childcare (formal and informal arrangements), local employment, enterprise opportunities and employment assistance, increased provision of children's activities and collaborative activity to strengthen educational opportunities within the community or region, are all key areas for action. It is important for local government and communities to recognise that rural GPs require family support and that GP organisations such as local Divisions of General Practice and Rural Workforce Agencies are potential partners in developing suitable responses.

Professional support and development

GPs today have increased obligations on them to maintain their professional skills and expertise. All vocationally registered GPs must undertake an extensive program of professional development in a three-year cycle. GPs who offer procedural services have additional obligations to maintain their credentials. Research shows that rural GPs face barriers of time, cost and distance to access professional development programs. Research also identifies that, lacking close contact with peers, many rural GPs feel professionally isolated. A key issue here is the provision of local professional development programs and the development of local peer support structures.

Divisions of General Practice have played a strong role in making professional development programs accessible to rural GPs (either by offering local programs or satellite access). In South Australia, some particularly innovative strategies have been trialled, including regional support and professional development groups for rural female GPs.

Opportunities

A key element here is the widespread recognition of the time required by GPs to attend professional development and support activities. This requires assistance with locum access and childcare. Additionally, local government and communities can take a regional planning approach to recruiting and supporting a pool of GPs and facilitate local access to professional development and support.

Conclusion

Contrary to ideas that the recruitment and retention of rural GPs is outside local control, communities can actively work to develop regional partnerships across a range of activities like recreation and educational extension programs. In addition to the strategies suggested above, strategies can include localised recruitment, which seeks to better match GPs to community needs, locally owned practices and provision of housing. Local government and the community are important players in this challenging situation.