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FIVE-POINT PLAN TO BUILD RURAL MEDICAL WORKFORCE

AMA Position Statement - Rural Workforce Initiatives

At least one-third of all new medical students should be from rural backgrounds, and more medical students should be required to do at least one year of training in a rural area to encourage graduates to live and work in regional Australia, the AMA says.

The AMA today released its *Position Statement – Rural Workforce Initiatives*, a comprehensive five-point plan to encourage more doctors to work in rural and remote locations, and improve patient access to care.

The plan proposes initiatives in education and training, rural generalist pathways, work environments, support for doctors and their families, and financial incentives.

"About seven million Australians live in regional, rural, and remote areas, and they often have more difficulty accessing health services than their city cousins," AMA President, Dr Michael Gannon, said today.

"They often have to travel long distances for care, and rural hospital closures and downgrades are seriously affecting the future delivery of health care in rural areas. For example, more than 50 per cent of small rural maternity units have been closed in the past two decades.

"Australia does not need more medical schools or more medical school places. Workforce projections suggest that Australia is heading for an oversupply of doctors.

"Targeted initiatives to increase the size of the rural medical, nursing, and allied health workforce are what is required.

"There has been a considerable increase in the number of medical graduates in recent years, but more than three-quarters of locally trained graduates live in capital cities.

"International medical graduates (IMGs) make up more than 40 per cent of the rural medical workforce and while they do excellent work, we must reduce this reliance and build a more sustainable system."

The AMA Rural Workforce Initiatives plan outlines five key areas where Governments and other stakeholders must focus their policy efforts:

- Encourage students from rural areas to enrol in medical school, and provide medical students with opportunities for positive and continuing exposure to regional/rural medical training;
- Provide a dedicated and quality training pathway with the right skill mix to ensure doctors are adequately trained to work in rural areas;
- Provide a rewarding and sustainable work environment with adequate facilities, professional support and education, and flexible work arrangements, including locum relief;
- Provide family support that includes spousal opportunities/employment, educational opportunities for children's education, subsidies for housing/relocation and/or tax relief; and
- Provide financial incentives to ensure competitive remuneration.

"Rural workforce policy must reflect the evidence. Doctors who come from a rural background, or who spend time training in a rural area, are more likely to take up long-term practice in a rural location," Dr Gannon said.

"Selecting a greater proportion of medical students with a rural background, and giving medical students and graduates an early taste of rural practice, can have a profound effect on medical workforce distribution.

"Our proposals to lift both the targeted intake of rural medical students and the proportion of medical students required to undertake at least one year of clinical training in a rural area from 25 per cent to 33 per cent are built on this approach.

"More Indigenous people must be encouraged to train and work in health care, as there is a strong link between the health of Indigenous people in rural areas and their access to culturally appropriate health services.

"Fixing rural medical workforce shortages requires a holistic approach that takes into account not only the needs of the doctor, but also their immediate family members.

"Many doctors who work in rural areas find the medicine to be very rewarding, but their partner may not be able to find suitable employment, and educational opportunities for their children may be limited.

"The work environment for rural doctors presents unique challenges, and Governments must work collaboratively to attract a sustainable health workforce. This includes rural hospitals having modern facilities and equipment that support doctors in providing the best possible care for patients and maintaining their own skills.

"Finally, more effort must be made to improve internet services in regional and rural areas, given the difficulties of running a practice or practising telehealth with inadequate broadband.

"All Australians deserve equitable access to high-speed broadband, and rural doctors and their families should not miss out on the benefits that the growing use of the internet is bringing."

The AMA *Position Statement - Rural Workforce Initiatives* is available at https://ama.com.au/position-statement/rural-workforce-initiatives-2017

Background:

- Most Australians live in major cities (70 per cent), while 18 per cent live in inner regional areas, 9 per cent in outer regional areas, and 2.4 per cent in both remote and very remote areas.
- Life expectancy is lower for people in regional and remote Australia. Compared with major cities, the life expectancy in regional areas is one to two years lower, and in remote areas is up to seven years lower.
- The age standardised rate of the burden of disease increases with increasing remoteness, with very remote areas experiencing 1.7 times the rate for major cities.
- Coronary heart disease, suicide, COPD, and cancer show a clear trend of greater rates of burden in rural and remote areas.
- The number of medical practitioners, particularly specialists, steadily decreases with increasing rurality. The AIHW reports that while the number of full time workload

equivalent doctors per 100,000 population in major cities is 437, there were 272 in outer regional areas, and only 264 in very remote areas.

- Rural medical practitioners work longer hours than those in major cities. In 2012, GPs in major cities worked 38 hours per week on average, while those in inner regional areas worked 41 hours, and those in remote/very remote areas worked 46 hours.
- The average age of rural doctors in Australia is nearing 55 years, while the average age of remaining rural GP proceduralists – rural GP anaesthetists, rural GP obstetricians and rural GP surgeons – is approaching 60 years.
- International medical graduates (IMGs) now make up over 40 per cent of the medical workforce in rural and remote areas.
- There is a health care deficit of at least $2.1 billion in rural and remote areas, reflecting chronic underspend of Medicare and the Pharmaceutical Benefits Scheme (MBS) and publicly-provided allied health services.

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