

KEY MESSAGES

'Rurality' and community amenity: How they relate to rural primary care supply and workforce retention

October 2015

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Policy context

More equitable access to health care for all populations and improved workforce retention remain key objectives of both Australian and United States governments, especially for rural populations. Whilst many previous studies have investigated key professional factors relating to recruitment and retention of rural primary health care doctors, less attention has been given to the role of community and place factors on supply, access to and mobility of rural doctors. Doctor's location decisions relate both to meeting their professional needs and interests, and to meeting their non-professional satisfaction through, amongst other aspects, various place-related attributes. Thus, observed rural doctor mobility generally results from factors that both push individuals towards rural, and pull individuals away from rural areas. This study sought to better understand the roles of 'rurality' and community amenity aspects in rural primary health care workforce supply and retention.

Key messages

- > Using 14-years of US primary care data, biyearly turnover of younger rural physicians was around 20%, of which 15% moved to metropolitan practice, compared to 9% and 6% for older rural physicians.
- > Regions containing a hospital, of larger population size and with increased physician supply were the only aspects significantly associated with higher county-level retention and fewer individuals leaving rural practice. That is, rural areas which can least afford to lose physicians are those dealing with difficulties of increased mobility and turnover.
- > Demonstrated using both Australian and US primary care supply data, the rural medical workforce are distributed with bias towards more affluent and educated areas, whilst supply is more problematic in smaller, poorer and more isolated rural towns which are struggling to attract adequate supply of primary care services.
- > Consistent with US mobility data, increased supply is found in regions characterised by larger rural communities and those with a hospital nearby.
- > Future primary care workforce policies need to place a greater focus on rural communities that, for a variety of reasons, may be less amenable to doctors wanting to begin or remain working there.