

## AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

SCHOOL OF RURAL HEALTH – MONASH UNIVERSITY  
CENTRE FOR REMOTE HEALTH – FLINDERS UNIVERSITY &  
CHARLES DARWIN UNIVERSITY

# IMPROVING PRIMARY HEALTH CARE WORKFORCE RETENTION IN SMALL RURAL AND REMOTE COMMUNITIES – HOW IMPORTANT IS ONGOING EDUCATION AND TRAINING?

Humphreys J, Wakerman J, Wells R, Kuipers P,  
Jones J, Enwistle P, Harvey, P

---

## POLICY CONTEXT

More than 3.5 million Australians reside in rural and remote communities with fewer than 5,000 residents. Many of these small communities experience a shortage of health workers, high levels of health staff turnover, and significant problems in recruiting new health workers. In order to provide residents of these geographically dispersed communities with appropriate, accessible primary health care services, the need to recruit and retain competent and confident health workers locally is particularly important.

Increasingly, retention of health workers has become a workforce planning priority. With an ageing population, entry into the workforce is declining while the need for more health workers grows. Excessive turnover of rural and remote health workers also results in the loss of significant skills, expertise, knowledge and understanding of rural and remote issues. Measures which retain existing health workers by slowing turnover and attracting back some who have left the health workforce provide an important opportunity to increase workforce numbers.

Some reports suggest that Continuing Professional Development/Education (CPD/CPE) can increase workplace attractiveness, professional satisfaction and retention in small rural and remote health services. At the same time, anecdotal evidence suggests that rural and remote health workers receive less professional support from service providers, while increasing service delivery demands reduce the time available for CPD/CPE.

This study examines the role and contribution of ongoing education and training programs in improving retention of primary health workers in small rural and remote communities, the best way of providing effective education and training to rural and remote primary health care workers, and the costs and benefits associated with providing such education and training.

The key to maximising workforce retention is to understand the determinants and assess which aspects lie within the control of organisation management and hence are modifiable through workplace incentives and workforce strategies.

## KEY FINDINGS

- CPD/CPE contributes to the workplace in many ways. Effective continuing professional education can increase workplace attractiveness, professional satisfaction and workforce retention
- Despite partial overlap, factors affecting recruitment and retention are different. The decision to take up rural practice occurs largely from outside that setting, while the decision to remain takes place from within the practice setting
- Although there is only limited evidence showing CPD/CPE to be a significant factor contributing directly to workforce retention in small rural and remote communities, it is very important indirectly in affecting the propensity of employees to leave or stay through its effect on job satisfaction
- CPD/CPE is not as important as other [professional, personal and environmental factors](#) impacting on workforce retention
- CPD/CPE is an integral component of organisational employment to improve quality of care and patient safety, and to maintain and develop the competence of health care professionals. Retaining a skilled, credentialed, professionally supported and satisfied workforce is impossible without effective CPD/CPE
- The needs, aspirations and expectations of primary health care professionals vary through career stages and professions. The different needs and aspirations of doctors, nurses, allied health professionals, managers, and indigenous health workers should be specifically targeted when seeking to provide CPD/CPE and other enticements to maintain primary health care workers in rural and remote communities.
- Geographic isolation impacts significantly on the way health professionals prefer to engage in CPD/CPE. Face-to-face interaction is preferred over internet-based education by non-metropolitan health professionals despite the ability of various telehealth modalities to transcend the 'tyranny of distance'. Moreover, the importance of professional networking and contact with peers should not be under-estimated. Rural and remote health workers also generally prefer opportunities to have CPD/CPE offered locally or regionally.
- A strategic '[package](#)' of retention interventions is required. Components should target the specific needs of the workforce based on a sound understanding of the determinants of turnover and where interventions are most likely to improve retention. Because the impact of workforce retention measures will vary according to the career stage, there is no 'one coat for all' solution to excessive turnover or poor workforce retention.
- There is a paucity of quality literature pertaining to evaluation of rural and remote retention initiatives, especially given the funding and importance attributed to medical workforce retention in Australia
- There is an urgent need to collect better national data on retention of different health professional groups as the basis for developing a minimum set of indicators for the development of relevant workforce retention benchmarks and monitoring the effectiveness of workplace retention measures

- A strategic approach is required to facilitate workforce retention and minimise avoidable turnover as a variety of stakeholders assume responsibility for workplace support and CPD/CPE relevant to the needs of primary health care workers in small rural and remote communities

## **POLICY OPTIONS**

Any 'package' of measures to improve workforce retention must be multi-faceted.

### **CATER CPD/CPE DELIVERY TO SPECIFIC NEEDS**

A critical policy consideration underpinning such measures is the need to take account of specific contextual needs associated with rural and remote practice. For example, given their isolation and infrastructure limitations, CPD/CPE should be provided in different modalities appropriate to the needs and preferences of primary health workers practising in different rural and remote settings. Where travel and backfill/locum support is required, employers should commit to support travel, accommodation and work rostering to enable attendance.

### **OFFER A RANGE OF SUPPORTS**

A wide range of non-professional supports may be equally, if not more influential, in increasing the satisfaction of health workers and their families and their likelihood of staying longer in these communities. Housing support, access to secondary education, locum relief and transport support to enable regular visits to families and larger centres are significant factors that should be incorporated into any comprehensive workforce retention strategy.

### **CPD/CPE IS IMPORTANT**

Workforce policies should include adequate support for CPD/CPE regardless of their impact on retention, so workers stay abreast of advances in best practice, new technologies, and the impact of economic and social changes on the provision of health care and health services. Costs associated with CPD/CPE provision should be matched against the high recruitment costs resulting from unnecessary loss of valuable employees due to failure to meet their professional needs. Organisations can benefit significantly from monitoring their level of workforce retention and rates of staff turnover in relation to retention measures including CPD/CPE.

## **METHODS**

The evidence was drawn from a systematic review of Australian and international literature. From a total of 3881 unique citations from the 'black' literature, only 21 papers addressed or explored some relationship between CPD/CPE and retention specifically in relation to a rural or remote primary health setting. This was supplemented by 'grey' literature sourced through hand searches of relevant journals, relevant material known to the researchers, and the assistance of an expert reference group.

For more details, please go to the [full report](#)

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.