



AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

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ATTRACTING HEALTH PROFESSIONALS INTO PRIMARY HEALTH CARE: STRATEGIES FOR RECRUITMENT

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POLICY CONTEXT

Workforce projections from developed countries predict a fall in the number of full-time equivalent general practitioners during the next decade unless more doctors choose general practice/family medicine as a career. Australia is already experiencing a shortage of GPs and the crisis in the medical workforce is more pronounced in rural and remote areas. Moreover, there is not only a shortage of doctors in community, and especially rural and remote areas, but also a shortage of other health care professionals, including nurses.

This paper explores the factors that affect the career and practice location choices of medical students and junior doctors and other health professional students to a lesser extent.

KEY FINDINGS

There is a shortage of general practitioners (GPs) working within the Australian health care system and this mirrors similar shortages in health services of other developed countries. Shortages are due to many factors including general practice becoming less popular as a career choice, the demographics and lifestyle aspirations of many medical students and junior doctors, and the increase in the primary health care needs of the population. The new generation of doctors is looking for flexibility in training and work practice. In particular female doctors want and need to combine family commitments with patient care giving

- A shortage of GPs and other community-based health professionals will have profound effects on health service delivery and health services at a time when the prevalence of chronic disease is rising

- There are many interrelated factors that affect choice of career for doctors and other health professionals. Some of these may be influenced and others are more difficult to change
- To influence the career choices of future medical graduates interventions, and thus policies, need to be implemented before, during and after medical school
- Australian medical schools tend to see their mission as graduating high quality doctors able to work as interns, but not focused on a particular career pathway – though many medical schools, and especially newer medical schools, do have a specific remit to be cognisant of the needs of the communities they serve
- The attractions of general practice, and other aspects of community and rural medical practice need to be promoted by all relevant organisations and enhanced by policy changes
- While some of these policy changes need to be financial to encourage students into general practice, others are related to vocational training and the flexibility of training and service delivery

POLICY OPTIONS

MEDICAL & HEALTH PROFESSIONAL SCHOOL SELECTION PROCESSES

- Consideration should be given to providing additional incentives to those medical schools that choose to ensure an agreed percentage of their graduates enter general practice and/or practice in rural communities. We acknowledge that not all schools have similar objectives in respect of their graduates and that negotiations will be necessary with the Deans of faculties to discuss their commitment and action in respect of workforce needs.
- Because students from rural backgrounds are more likely to practise there, consideration could also be given to funding more support for entry by students from rural backgrounds to all health professional programs. This is likely to increase numbers of health professionals choosing to work in rural areas following graduation. This support could take the form of scholarships.

UNIVERSITY PROCESSES THROUGH NURTURE

- Policy makers should make additional targeted funds available at the time of reaccreditation of all medical schools through the Australian Medical Council, so that medical schools provide counseling on career choices including in general practice and other aspects of community and rural medical practice.
- Medical schools should be encouraged to increase the number of GP teachers/academics involved in teaching their medical students. Such people act as positive role models and should be encouraged to mentor students and junior doctors during training.

FUNDING MODELS FOR CLINICAL PLACEMENTS

- Enhanced government funding is required to provide longer and better supported placements in general practice and rural practice for all medical students.
- Increased funding resources and supports should be provided to develop teaching general practices. This will attract more GP role models and recruit more practices to train students.

- Additional resources should be provided to encourage GPs to host junior doctors through the postgraduate general practice placement program (PGPPP) – a general practice attachment should be mandatory and available for all junior doctors in either PGY1 or PGY2.
- Australian government funding of new community clinical schools in each medical school, as recommended by the Australian General Practice summit and along similar lines to funding provided for rural clinical schools, would provide a substantial increase in the quality and quantity of general practice exposure provided to medical students and junior doctors and will have an impact on their ability to make informed choices about their future careers.

GENERAL PRACTICE AS A CAREER CHOICE – ENHANCING THE FACTORS THAT MAKE GENERAL PRACTICE ATTRACTIVE

- General practice as a career should offer flexible training opportunities and flexible working hours.
- The Medicare payment structure should be altered to allow properly educated and supported general practice nurses greater autonomy to see and treat patients, with a general practice nurse career development pathway and a national payment structure

TEAMWORK, PRIMARY CARE & INTER- PROFESSIONAL PRACTICE

- More research is required into the effects of teamwork in general practice/primary care in Australia. Teamwork enhances the attractions of work in general practice/primary care for many health professionals.

METHODS

We used a two stage approach: Stage one involved a narrative and synthesis approach to papers identified through the main appropriate bibliographic databases and grey literature found through national/international contacts. The literature search was based on the four research questions and was mainly restricted to comparator countries (the UK, New Zealand, Canada and USA) as well as relevant studies from countries with similar workforce issues. Overall 198 documents were reviewed and classified into four categories using a system from a major Canadian literature review. The documents included 57 Australian publications, of which 36 were research papers. Stage two was the qualitative arm of the project and involved interviews of stakeholders, including medical students, junior doctors and general practitioners. Data was analysed and grouped into themes. We also conducted interviews with representatives from relevant agencies.

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

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