Personal & professional support for retention WHO Sept 2010

Professional associations & agencies to support rural & remote health workers

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Agenda:

- Personal and historical perspective
- Scope for Professional associations/agencies
- Examples from Australia

"the rural decline has been going on for hundreds of years..... it won't just go away......it has to be managed"

> Rural Stocktake on GP training RACGP Training Program 1997

"The experience for men and women is different....[glass ceiling/sticky floor].... what we learn from women will improve the situation for everyone"

K. Ellersley, WWAMI

Australia rural medicine:

1978 RACGP Country towns, country doctors 1985 RDAA & RACGP

& specialty Colleges

Reasons to join:

- No one there like me
- Provide new learning opportunities
- Meaningful task advocacy and change for the better: strengthen rural training & benefits for rural members.

RDAA RACGP ACRRM RWFAs AHREHN NRHA RHSET FRAME NRHN ARRHI RCSs UDRHS CRANA NRHU SARRAH SBOS RTPS FRAME RUSC FRAME RHEF RMFN RHSET RRAMA ARIA RDRN IMGS OTDS JCC AMWAC GPTas GetGP NTGPE Divisions RVTS.....

Address issues for:

- Individual and collective....EMST; politics
- Inter & intra- professional...RVTS How:
- Direct & indirect (Local EMST courses; politicians)
- Levels of focus
  - Local .....Divisions
  - Regional.....RCS, UDRH
  - State/provincial.....RWFAs, RMFN
  - National.....Professional Colleges
  - International.....Wonca Working Party Rural Practice
- Real time (rapid), asynchronous and ongoing = extension of pipeline (continuity, life cycle & future)

## Personal & professional support multi-pronged approach:

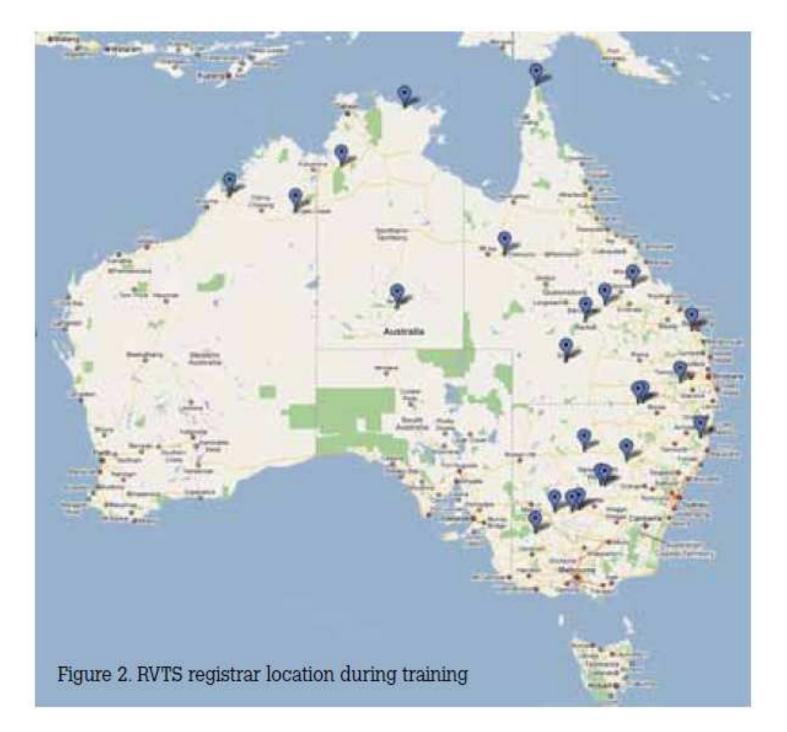
#### 1. Why go in the first place = identity

- a. Recognition & acknowledgement
  > Voice at the table (rural lens/reality check)
- b. 2 way communication
- c. Standards
- d. Inform city colleagues what rural HW do
- e. Forum for community of practice & networks
- f. Role models, mentors & heroes

## Personal & professional support multi-pronged approach:

How the Health System responds: Education – Remote Vocational TS RACGP and ACRRM

Solo doctors in rural/remote towns Distributed medical education Supervision at a distance Enhanced training (aligned to needs)



Where are they now?

Career pathways of RVTS registrars

**81%** still in rural and remote Auastralia

S. Wearne, AFP vol 34, No.1/2 jan/feb 2010

# Personal & professional support multi-pronged approach:

Why go in the first place = identity How the Health System responds: Education - RVTS **Regulations - IMGs** Financial – differential rural rebate Personal & professional support: Management-get urban to rural/remote - recruit & return

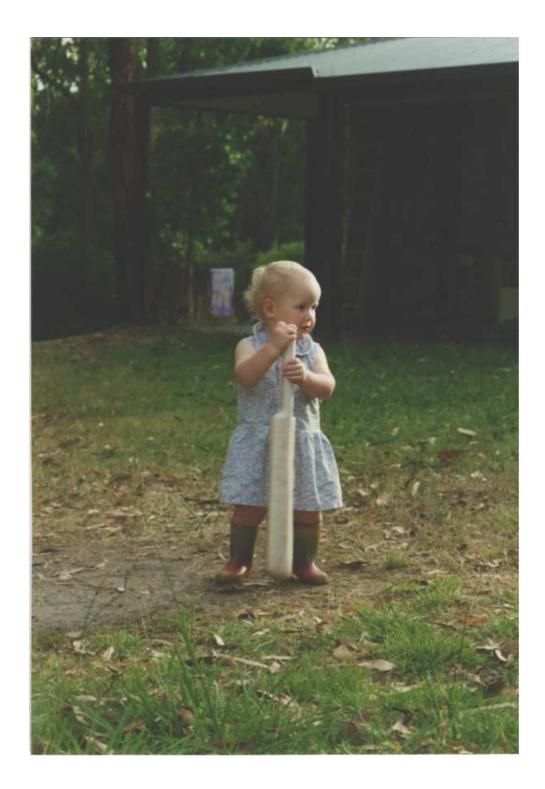
### Managing people remotely



### Professional & personal support

- Better living conditions
- Safe and supportive working environment
- Outreach support
- Career development programs
- Professional networks
  - Social networks
- Public recognition measures
  - Special appeals

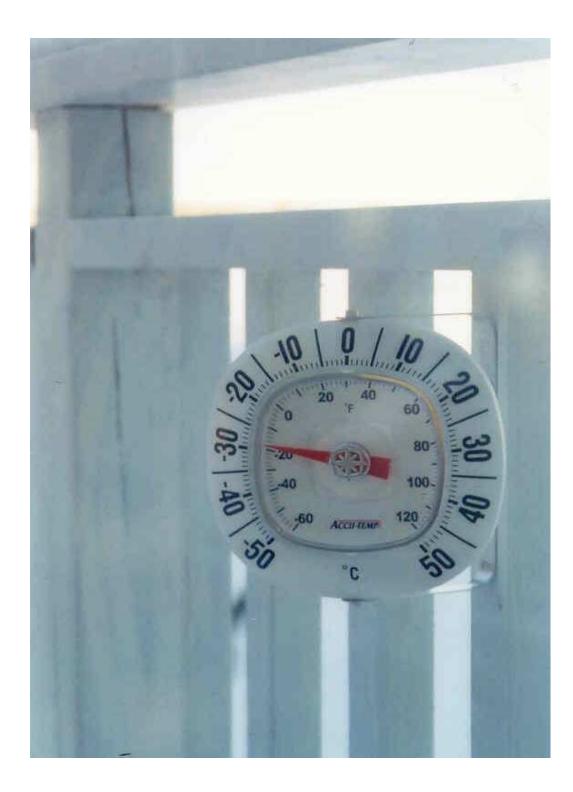




### Northern Territory Not Today Not Tomorrow Not Tuesday Not Tuesday

### Timing is Everything

## The Price of Liberty is Eternal Vigilance







### Thank you







