Personal & professional support for retention
WHO Sept 2010

Professional associations & agencies to support rural & remote health workers

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Professional associations: personal & professional support

Agenda:

• Personal and historical perspective
• Scope for Professional associations/agencies
• Examples from Australia
Professional associations: personal & professional support

“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
Professional associations: personal & professional support

“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
Professional associations: personal & professional support

Australia rural medicine:
1978
   RACGP Country towns, country doctors
1985
   RDAA & RACGP
      & specialty Colleges
Professional associations: personal & professional support

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.
Professional associations: personal & professional support

Late 1990s:

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…….
Professional associations: personal & professional support

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.......RWFA, 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 Australia

Figure 2. RVTS registrar location during training

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 Thursday
Timing is Everything

The Price of Liberty is Eternal Vigilance
Thank you