



## **RURAL DOCTORS: SOLVING MALDISTRIBUTION COMPLEX BUT DOABLE WITH COOPERATION**

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SUPPORTING physicians to practise rurally is complex and should be part of a multifaceted strategy to provide more health care in the bush, according to the authors of a Supplement and accompanying editorial published by the *Medical Journal of Australia* today.

*Building a sustainable rural workforce* is a four-chapter Supplement focusing on physicians who work in regional towns and cities and provide outreach and services to smaller communities.

The first chapter - "Characterising Australia's rural specialist physician workforce: the professional profile and professional satisfaction of junior doctors and consultants" - by Associate Professor Matthew McGrail, Head of Regional Training Hub Research at The University of Queensland Rural Clinical School, and colleagues, reports that physicians who choose to remain rural have similarly high rates of professional satisfaction to their urban colleagues.

The second chapter - "General physicians and paediatricians in rural Australia: the social construction of professional identity" - by Associate Professor Peter Hill, from The University of Queensland's School of Public Health, and colleagues, describes the "detrimental effects of rigid accreditation processes and the role of a pervasive culture of undermining of rural practice and generalism, rather than them being valued within college structures and by health service employers".

The third chapter - "Sustainable rural physician training: leadership in a fragile environment" - by Associate Professor Linda Selvey, from The University of Queensland's School of Public Health, and colleagues, discusses the importance of the fundamental role of leadership in showcasing and championing positive rural practice.

The fourth chapter - "Principles to guide training and professional support for a sustainable rural specialist physician workforce" - by Dr Remo Ostini, an Adjunct Senior Research Fellow at UQ Rural Clinical School, and colleagues, outlines eight foundational principles that should be used to guide policy.

In an accompanying editorial in the *MJA* itself, Professor Jennifer May, Director of the Department of Rural Health at the University of Newcastle, and Professor Anthony Scott, a Professorial Fellow at the Melbourne Institute, wrote that the realities of "professional isolation and poor support networks" were common themes throughout the Supplement.

"Clear short-term policy solutions do not exist, and long-term solutions rely on fundamental changes to the way doctors are recruited, trained and supported, which require a high level



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of coordination between the many stakeholders involved in medical training," May and Scott wrote.

"The doubling of medical graduates in the early 2000s has not solved rural maldistribution of the medical workforce.

"Physicians, like GPs, work alongside other health professionals and providers who should together be more integrated into rural models of care," they wrote.

"Ensuring that rural patients in need receive an appropriate range of health care will require a number of broad solutions and innovations based on a clear understanding of population need and a more effective distribution of human and other resources," May and Scott concluded.

"Rural physicians are important travellers on this road ahead and, with support and a clear path, many more will reach the destination."

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