

# Rural Health Workforce Retention

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# Objectives

- Describe the rural health workforce context
- Outline the *Remote Rural Workforce Stability Framework* - Plan, Recruit, Retain
- Identify the key contributors to successful rural workforce retention



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# Rural Health Around the World

access is the rural health issue

- resources concentrated in cities
- communication  
and transport difficulties
- rural health workforce shortages



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# Rural Practitioners

“Extended Generalists”

- wide range of services
- high level of clinical responsibility
- relative professional isolation
- specific community health role



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# Rural Health Care

- different from cities
- local services preferred
- not assume patients will travel
- specialists' support role
- partnership not putdown
- consultant support local service



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# Interprofessional Teamwork

- Much talked about in the cities
- Actually happens more  
in rural communities

- workforce shortages
- community relationship
- responding to community need



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# Sustainable Rural Health Services

## “Three Legged Stool”

- requires strength in all three legs:

- health service authority/agency
- health care providers
- community participation



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# Recruitment and Retention Strategies

- education and training
- regulatory initiatives
- financial incentives & rewards
- personal & professional support
- sustainable service models
- community engagement



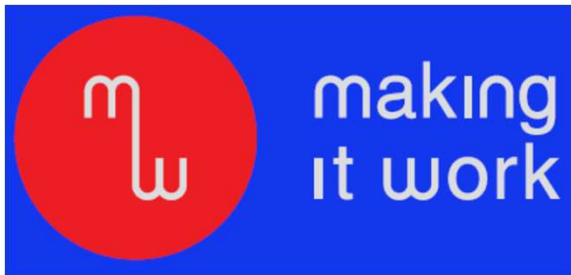
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# Remote Rural Workforce Stability Framework



# Underpinnings of the Framework

- Taking the long view is essential
- Strike a balance urgent vs long view
  - inter-sectoral investment in training and career promotion
  - create a desirable workplace
  - transient workers to make a longer-term  
commitment to your region



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# Plan

- **Assess Population Service Needs** - specific health needs vary from community to community and over time
- **Align the Service Model with Population Needs** - model designed in and for community, not imported from city
- **Develop a Profile of Target Recruits** - identify required mix and skills of providers for the service model



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# Recruit

- **Emphasize Information Sharing** - all about the professional, personal/family and social aspects of the work
- **Community Engagement** - active community participation is essential to successful recruitment
- **Supporting Spouses / Families** - the whole family has to feel welcome and at home in the community



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# Retain

- Supporting Team Cohesion - friendly, supportive work environment with accessible specialist support
- Relevant Professional Development - local team learning, on-line and funded travel to keep up-to-date
- Training Future Professionals - learning in remote rural settings improves retention and provides future recruits



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# Conditions for Success

- Recognition of unique rural and remote issues
- Inclusion of remote rural engagement & perspectives
- Adequate investment
- An annual cycle of activities
- Monitoring and evaluation



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# Social Accountability

“building accountability that relies on civic engagement, in which citizens participate directly or indirectly in demanding accountability from service providers and public officials”

World Bank, 2009

“Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve”

WHO, 1995

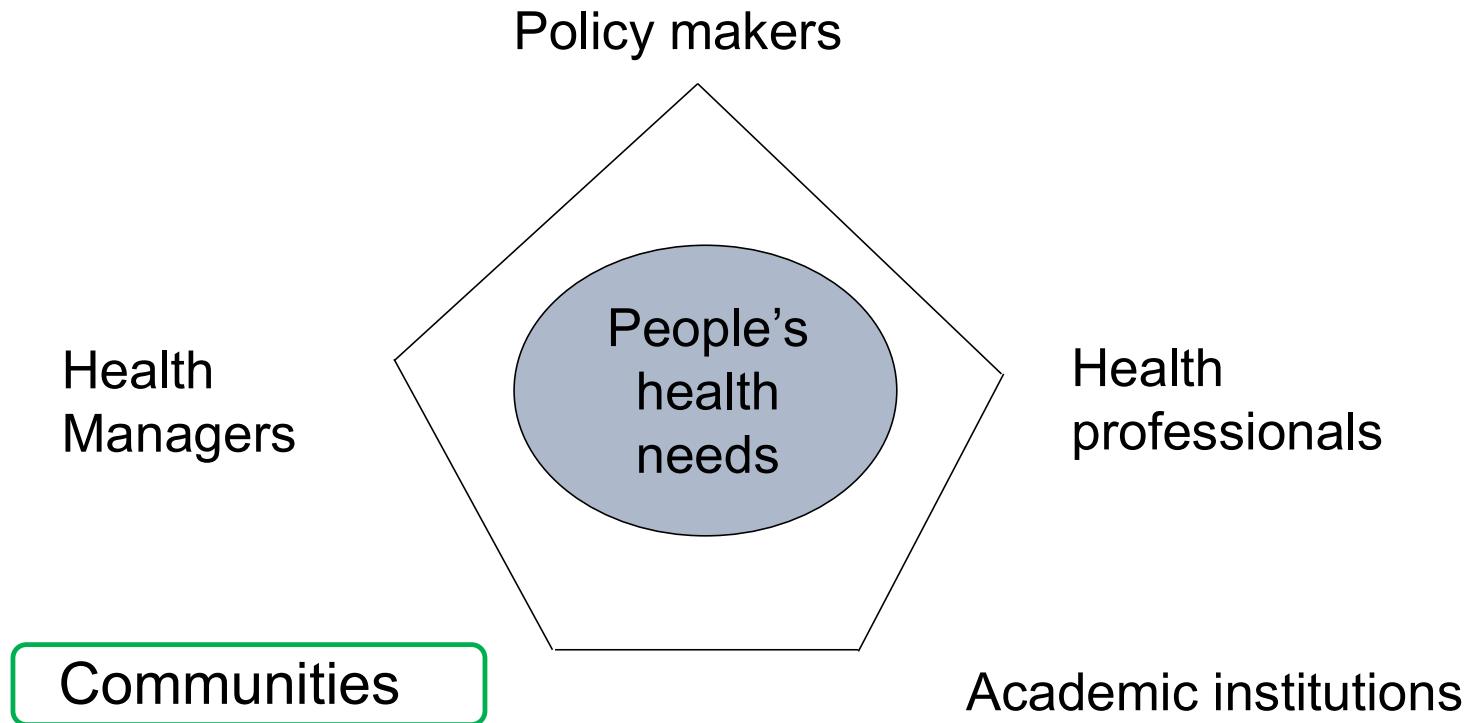


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# Partnership Pentagram





# Conclusion

- **Commonalities** - remote rural communities have much in common even across international boundaries
- **Transience** - recruit workers who make a longer-term commitment to your region to assure continuity and quality
- **Education and Training** - training of local remote rural people, in remote rural locations, for remote rural jobs leads to successful recruitment and stability of remote rural services
- **Community Engagement** - active community participation is essential to successful stable remote rural health services



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