

# WHO WORKS RURALLY AFTER TRAINING?

Results of GP Graduate Tracking Study –  
South Australia and Western Australia (2010 - 2016)

## Sample



# 762

South  
Australian and  
Western  
Australian  
AGPT  
Graduates

# 98%

of AGPT  
Graduates in  
SA and WA  
included in  
sample

Data based on AHPRA records  
from 30th September 2016

## AGPT Factors

### AGPT Rural Training Weeks

For every 10 week increase in AGPT rural training weeks, graduates are **21%** more likely to practise rurally

### Advanced Skills Training

Graduates who had undertaken advanced skills training were 2.6 times more likely to practise rurally than those who had not

2.6x



### Rural Pathway Graduates

Rural pathway graduates were 2.3 times more likely to practise rurally than general pathway graduates

2.3x



## Other Factors

### Rural Bonded Graduates

Rural-bonded graduates were 6.9 times more likely to practise rurally than non-bonded graduates

6.9x



### Australian Medical Graduates

Australian medical graduates were 2.9 times more likely to practise rurally than international medical graduates

2.9x



### Australian Born Medical Graduates

Australian-born medical graduates were 1.7 times more likely to practise rurally than graduates not born in Australia

1.7x



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### Background

The most persistent workforce challenge in Australia has been geographic maldistribution of the medical workforce, with shortages of doctors, mainly general practitioners (GPs), in rural and remote areas of Australia. Over the years, several strategies and programs have been implemented to address this problem. These have either focused on improving recruitment through education and training, financial incentives, regulatory such as the 10-year moratorium or support, such as locum support.

Research has shown that these strategies have been somewhat successful in influencing a rural practice location, but there is a dearth of evidence on the influence of strategies implemented during GP vocational training on subsequent practice location.

The aim of this study was to examine the effectiveness of the AGPT program in addressing geographic maldistribution by determining the current practice location of GPs who graduated from the AGPT Program in the last six years (2010-2016).

### Methods

Data on graduates was obtained from the WAGPET and GPEX databases. Current practice location as at 30 September 2016 was obtained from the AHPRA database.

Bivariate and univariate analysis was undertaken, and a multivariable logistic regression model was used to determine predictors of practice location.

762 graduates were included the analysis of current practice location, accounting for 98% of AGPT graduates in SA and WA.

### Key Findings

#### Current practice location of graduates and influences and predictors of current location

When all factors were taken into consideration in a multivariate analysis, the following emerged as predictors for graduates most likely to be practising in a rural location:

### AGPT Factors:

- Rural training weeks: For every 10 week increase in AGPT rural training weeks, graduates are 21% more likely to be practising in a rural location
- Undertaken AST skill training: 2.6 times more than graduates who did not (OR 2.6, 95% CIs 1.48-4.41)
- Rural pathway graduates: 2.3 times more than general pathway graduates (OR 2.3, 95% CIs 1.24-4.22)

### Other Factors:

- Rural bonded graduates: 6.9 times more than non-bonded graduate (OR 6.9, 95% CIs 1.62-24.96)
- Australian medical graduates: 2.9 times more than IMG graduates (OR 2.9, 95% CIs 1.61-5.04)
- Australian born: 1.7 times more than graduates not born in Australia (OR 1.7, 95% CIs 1.03-2.70)

### Summary

We found several factors to be important predictors for practising in a rural location after graduation. The study provides evidence that rural placements within GP vocational training, advanced rural skills training and the AGPT rural training pathway are important predictors of a GP graduate working in a rural practice location

**GP Training organisations, such as GPEX and WAGPET are contributing to the supply and retention of our rural GP workforce.**

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