

## GP workforce research in rural and remote NSW Aboriginal Community Controlled Health Services: from adaption to adoption

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Kaylie Harrison and Victoria Jones are the GPET Project Officers for New South Wales. Kaylie is the newest addition to the GPET Project and is based at the AH&MRC office in Surry Hills whilst Victoria has been working on the project for the last two years and is based out at Bourke. Both are proud Aboriginal women who have a passion and dedication for working within the area of Aboriginal health.

The NSW GPET Project is operational out of the AH&MRC which is the peak body for Aboriginal health in NSW.

The AH&MRC provides advice and information to both government and non-government organisations and coordinates health programs for Aboriginal communities within NSW.

An important role of the AH&MRC is to support and assist over 60 member organisations known as Aboriginal Community Controlled Health Services (ACCHSs).

The role of the NSW GPET Project is to promote Indigenous Health Training to GP registrars, provide support, information and assistance to NSW ACCHSs regarding GP Workforce and contribute to the development of recruitment and retention strategies for GP and GP registrars in NSW ACCHSs.

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The difficulties of recruiting general practitioners to rural and remote practice are well documented and there is agreement about the range of initiatives required to address this problem. And yet, despite recent research in NSW that has revealed a GP vacancy rate in Aboriginal Community Controlled Health Services (ACCHS)—the vast majority of which are in rural and remote areas—as twice that experienced in rural and remote NSW, there is an absence of evidence on the reasons why GPs choose, or choose not to, work in Aboriginal medical services.

The research conducted by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) was in response to difficulties experienced by NSW ACCHSs in recruiting and retaining GPs. It also found that overseas-trained doctors (OTDs) are over-represented in rural and remote ACCHSs in NSW (where more than 50% of the GPs are OTDs) highlighting the importance of effective orientation and cross-cultural training programs.

The challenge for the AH&MRC has been to consider the range of evidence-based strategies designed to attract GPs to rural and remote areas and to *adapt* these for *adoption* in the Aboriginal community controlled health context. The General Practice Education and Training Program (GPET) Aboriginal Health GP Training Program has provided the AH&MRC with this opportunity through the provision of funding to promote quality Aboriginal health training to general practice registrars. An effective GPET program must be underpinned by a sustainable general practice workforce in ACCHS and to this end a number of initiatives have been introduced by the AH&MRC to recruit and retain GPs in the sector. These initiatives include an annual GP issues workshop to address GP registrar and GP vacancies, web and print-based promotional resources to advertise ACCHS, development of a state-wide GP registrar, medical workforce cultural education package, the NSW ACCHS Practice Managers Network and a NSW locum program for NSW ACCHSs.

An appraisal of the success to date will be provided in this conference paper and also a recommendation that further research be funded to examine the reasons why GPs choose, or choose not, to work in Aboriginal Community Controlled Health Services. The findings of the research will inform recruitment strategies aimed at attracting GPs to ACCHSs.