Where to next for rural general practice policy and research in Australia?

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Last 20 years policy activity

GP policies

Education and training
Regulatory
Financial
Supporting general practice

Policies specific to small rural & remote

RVTS
ACRRM/ FARGP
IMG
Practice incentives
Outcomes

Sufficiency of GP supply hard to pin down

• Salaried versus VMO
• On-call versus consulting room hours
• Different types of services – primary and advanced skills
• Locums and overseas-trained doctors
• Burden of work from higher turnover
• Greater population need
• Enough domestic students (30% c.t. 50% in 1980s)
Research capacity

PHCRED: Evidence to inform policy and practice

BEACH: A continuous national study of general practice activity

MSOD: Tracking medical students
Effects of rural undergraduate medical education
+ Rural workforce research
Where to next?

Evidence gaps
- Small rural and remote
- Whole training pathway
- Access and quality
- Sustainable practice models
- Migration

Evidence-informed policies
- More transparent policy discourse – signals!
- Clear policy logic
- Monitoring policy success – end to end
- Quality improvement cycles that use evidence

Applied research
- Co-design (participatory, action with the sector)
- Solution-orientated (common ground)
- Program value / cost savings
- National scalability (designed for uptake)
- Specific to rural contexts!
- Integrated

Small rural & remote communities, services & health practitioners

HOW?
- Teams building next gen
- Data infrastructure, linkage
- Strategic research programs atop RHMT
- Targeted call for research (NHMRC)
- MRFF - Improve lives, build communities?
- Another PHCREd?
- Long-term government research-policy think-tank model
- Loose research collectives
NEXT 20 years activity

Policies specific to small rural & remote GP policies
 Relevant adopted evidence