



Case studies of change

Addressing family support needs of rural GPs

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The National Rural Faculty of The Royal Australian College of General Practitioners received commonwealth funding between 2000–2002 to develop a rural medical family support project. There were three elements to this project:

- a counselling and communication skills or 'mentoring' workshop for rural GP spouses in each state
- the development of a resource kit of existing rural medical family support strategies, and
- the piloting of a range of strategies designed to address family support needs in collaboration with rural GPs, registrars and their families.

This article focusses on the last of these three elements.

The National Rural Faculty of the RACGP worked with the Institute for Sustainable Futures to pilot innovative responses to the family support needs of rural general practitioners. To do this, the project team selected a small cohort of rural GPs and registrars and trialled family support strategies that were seen by GPs and their families as being important to their longer term retention in rural areas.

Process

The project focussed on two specific cohorts, a registrar cohort from a single training provider (selected for the variety of locations of rural registrars) and a group of rural women GPs (selected on the basis of demographic data which identified a significant cohort of women GPs within the one rural region). Members of the cohorts were contacted and invited to participate.

The project team worked with participating GPs and spouses to identify core issues using a community development methodol-

ogy.¹ The project team included social researchers and community development practitioners and was guided by a steering committee comprised of rural GPs, partners of rural GPs, and researchers. The project team negotiated directly with GPs or spouses of GPs to identify needs (these were volunteered rather than assumed or predetermined needs).

Research participants were asked: 'What would make a difference to how long you stay in a rural community, in terms of your family support needs?' This encouraged people to select their own priorities and did not constrain them by definitions of 'family', 'needs' or 'support', or by excluding areas that comprised the responsibility of other sectors of government such as education or childcare. Strategies were developed and implemented by a collaborative approach between the project team, GPs, families, community members and service providers. During the study, ongoing communication by phone, fax, letters, email and face-to-face

meetings took place.

The project was evaluated at its conclusion by interviewing participants using a range of evaluative criteria. The project budget included intervention costs comprised of project team activity, evaluation, and direct costs of implementation. These latter costs were budgeted at around \$5000 per case study and represent funds spent 'on the ground' in each community setting. In most cases, project participants and their communities also made financial or 'in kind' contributions.

Case studies

Issue – spouse employment

T is a rural GP spouse who assists with the management of her husband's practice. The couple have a young family and T feels isolated, particularly from her family. T adopted the role of managing her husband's solo practice informally, and without formal qualifications. Despite having a professional background, she felt unsure if she was man-

aging practice tasks in the most efficient manner.

A strategy to improve T's formal education in practice management was developed. T undertook a session with a practice management consultant to identify her own and the practice's needs. She then chose to undertake a certificate level course for 1 week.

Following this, a practice review was undertaken to identify areas of improvement. T reported finding the intervention beneficial. She anticipated that secondary education would become a future retention issue for this family.

Issue – spouse employment

J lives in a town with a population of 1000 people and her husband runs a solo practice. She cares for a small child at home and feels isolated from her extended family. Before moving to a rural area, J pursued an active career and enjoyed city life. The major issue for J was lack of work opportunity, boredom and isolation.

The strategy centred on exploring 'work from home' opportunities as a means of gaining local employment which fit in with child rearing responsibilities. It involved collecting data from medical service agencies about the opportunities and barriers to working from home and their policies regarding employment of rural medical spouses. A discussion paper was produced and circulated among relevant agencies to prompt further discussion.

This intervention is ongoing, and as such it was difficult to evaluate its level of success.

Issue – family time

S lives in a town with a population of 3500 and undertakes much of the practice management. She is concerned about the little amount of time her child spends with the father owing to the practice workload. She recounted problems in accessing locums and felt this mechanism was unable to meet the need for increased family time.

The strategy focussed on developing a discussion paper explaining and assessing

the locum system, and presented alternative practice models that might allow GPs more 'flexible' or family time. The strategy involved circulating this paper to medical service agencies, divisions of general practice and the health department.

S felt the paper helped her understand the situation better, and that it could help her engage with her partner about the family time issue in a more productive manner. As such, the intervention was successful as a first stage response to the identified issue.

Issue – social interaction

B is a GP currently working in a shared practice. B's main support needs are based around her social activities within the community. It is important for her to meet members of the community in a context other than in a professional capacity. Social interaction at a local recreation club constitutes one of B's activities, however, it appeared the club might relocate to another town and she would be unable to commute there due to on-call duties.

The strategy focussed on accessing funding to assist the club's upgrade thereby increasing its long term viability in the community. Children of other GP and allied health families are members of the club and benefited also. The strategy was judged to be successful by this participant.

Issue – children's activities

O is a GP located in a small rural town with her GP spouse. They have several children. The major issue for O was her concern that her children lacked opportunities to be involved in adequate sporting and cultural activities. As a result she spent school holidays accessing these activities in the capital city. This was disruptive to family life as her spouse had to remain behind to work.

Two strategies were developed including one supporting a local recreation club to provide additional coaching activities, and a second in which a 2 day musical theatre workshop was developed for school holidays. O felt the theatre workshop benefited her children enormously. Having the workshop

run locally meant less disruption to family life with no travel or overnight accommodation required. Her children enjoyed the activity even more because they were able to do it with friends.

This strategy was judged to be successful and to have positive impact on the GP's decision to remain in the rural area. It was judged that such interventions would need to be sustained to greatly influence retention decisions.

Issue – spouse employment and family time

F lives in a capital city with her children while her spouse works as a rural GP and commutes to their city home regularly. She was concerned about her spouse's high workload that reduced their family time and felt that even on days off he needed to spend time on practice related work, leaving little time for family activities. In order to reduce her spouse's workload, F had taken over some of these responsibilities without formal training. A related issue was accessing locums to allow for days off.

A strategy to assist F with her practice management responsibilities was implemented which included an MYOB course. The second issue about family time was addressed through preparation of a discussion paper about locum issues and flexible practice.

As a result of strategy one, F feels better equipped to handle some of the practice management activities including the accounts and purchasing supplies. She also felt the second strategy was beneficial. Not only did she feel 'heard' in regard to her dissatisfaction, she felt relieved to know that the problem of inadequate access to locums was part of a widespread problem. The different ideas for flexible practice models provided possible alternatives.

Issue – children's activities and personal recreation

C is a married GP with two children. She had a particular interest in addressing the needs of the town in attracting professionals, and to this end was involved in local council efforts

to develop a strategic plan. The plan would address concerns about the provision of recreational facilities for adults and children. In particular, the local pool was only open for 5 months of the year, was unheated, and too small to meet local demand. As a result, C travels 220 km to attend swimming lessons and swimming carnivals with her children.

The strategy focussed on supporting council to undertake a feasibility study into building a new swimming pool. C found the intervention to be beneficial.

Issue – policy and attitude change

D is a GP living in a remote rural area and is married to a member of the community. She had concerns about attracting young GPs to rural areas and suggested that the 'public needs to be educated' on issues concerning rural general practice. D noted that women GPs practise in different ways to their male counterparts with different aspects of rural practice important to them. This was seen as an important political issue. D's focus on the need for public attitudes to change was developed into a strategy. This involved research about the changing nature of the general practice workforce and the preparation of a discussion paper, 'The 21st century GP'. The distribution of this paper targeted local government and community service organisations as a mechanism for increased awareness.

As this intervention is ongoing its impact was unable to be quantified, however, the GP participant was satisfied with it as a response to the identified issue.

Conclusion

These case studies confirm other research findings about the factors that cause rural GPs to leave rural practice. These include GP partner dissatisfaction (particularly regarding employment), children's educational, creative and recreational opportunities, isolation issues, and lack of family time.² The case studies describe attempts by committed individuals to address concerns. In most cases, participants connected their own individual issues with those of other rural GP families

and members of their community and wished to trial strategies that would benefit all those involved.

While the case studies may seem individualistic and localised, they point the way for ongoing action across a much wider front. What is needed is broad policy and support for action to address what we know as core recruitment and retention factors. This necessitates a cross departmental approach, as it is as much about the viability and richness of rural communities, their recreation, childcare, employment opportunities, cultural life and education as it is about health provision. It requires an expansion of the way the government conceptualise their support of rural GPs.

Conflict of interest: none declared.

References

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