

The role of national policies to address rural allied health, nursing and dentistry workforce maldistribution

Maldistribution of the health workforce between rural, remote and metropolitan communities contributes to longstanding health inequalities. Many developed countries have implemented policies to encourage health care professionals to work in rural and remote communities. These policies were reviewed in this paper.

Studies covered

Education strategies (n = 27)

Regulatory change (n = 11)

Financial incentives (n = 6)

Personal and professional support (n = 4)

Approaches with multiple components (n = 3)



Education strategies

Successful approaches included:

- End-to-end training, including flexible delivery of nursing programs for people living and working in a rural community
- Academic programs that support community-based education
- Widespread access to rural and remote clinical placements for students from metropolitan areas



Regulatory change

Largely involves scope of practice and new roles (e.g. allied health assistants) to deal with rural workforce shortages. Successful strategies included training, certification and legislation; and development of models of care.

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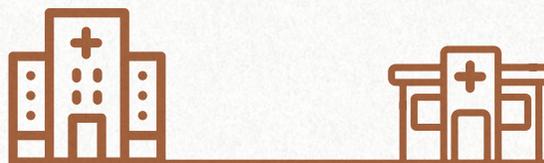
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Financial incentives

Financial incentives had a positive impact on recruitment in the short term and retention in the longer term.

However, over time, other factors (such as location of the rural community, practising a fuller scope of practice, and family adjustments to the community) may reduce the impact of financial incentives.



Personal and professional support

Successful strategies included:

- An exchange program between metropolitan and rural hospitals
- Support for health practitioners transitioning to rural practice, including:
 - New graduate support programs to attract nurses to rural practice
 - Case management for new allied health professionals



Limitations/conclusions

It is difficult to provide a robust comparison of different approaches, due to variable quality of outcome evaluation, limited timeframes and differences in study designs.

It is unclear whether workforce maldistribution in more remote areas can be addressed by using these policies.

A multifaceted approach to addressing the problem is required alongside longitudinal evaluation of policy outcomes. Further work is required to determine the combination of strategies needed to positively and sustainably impact health workforce maldistribution.

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