Title: How do we know we’re making a difference to the future rural and remote GP workforce?

Background: James Cook University’s general practice training program, Generalist Medical Training (GMT), is an innovative, regionally distributed program with the aim of improving ‘health for regional Queensland communities through excellent General Practice training’. JCU has implemented an evaluation framework to monitor, improve and evaluate training outcomes.

Aim: To undertake a longitudinal study of JCU GP registrars and evaluate the impact of the program on the rural and remote GP workforce.

Method: Cross-sectional registrar surveys have been developed for administration at entry, during training and at exit to explore intentions to practice in rural, remote and Indigenous health, training experiences and self-assessment of ‘work-readiness’. Actual practice location of Fellows is being tracked to determine distribution and retention over the longer term. Additional factors and registrar characteristics are being explored as potential predictors of rural and remote practice. Registrar attitudes around patient-centred care and transformative learning experiences during training are also being examined. 38 rural and remote registrars and supervisors participated in semi-structured interviews to explore their perceptions of the influences, attractions and barriers to staying in rural practice during and after training.

Results: The 2016 cohort of registrars who are currently completing their training, is the first full cohort to be monitored and preliminary results will be presented. Predictors of rural/remote and Indigenous practice will be presented in addition to key transformative learning experiences and the impact that registrars are having on their communities.

Conclusion: The evaluation framework is identifying key graduate characteristics, their career intentions and the impact of the JCU GP training program. These findings have broader implications as evidence that socially accountable health professional institutions can produce graduates with the ability and commitment to work in medically-underserved areas. Given the world-wide difficulties attracting and retaining a health workforce in rural areas this study may inform strategies to reduce the maldistribution of doctors.