

EDITORIAL

Supporting the health professional workforce

Much has been published recently about health professional workforce distribution in Australia and New Zealand. Governments, healthcare organisations, educational providers and associated agencies are working to ensure everyone can access the healthcare they need, when they need it.

Workforce distribution is especially problematic in rural areas. In Australia, 28% of the population live in rural and remote areas (AIHW, 2023) and often have poorer health outcomes than those in urban areas. They experience higher rates of hospitalisations, deaths and injury yet have poorer access to primary healthcare (AIHW, 2023). Stewart (2023) highlights that the proportion of full-time equivalent clinicians to population decreases in relation to remoteness, such that “where the health need is greatest, there is the lowest supply of health professionals” (p. S5). Similar issues of health workforce distribution exist in rural areas in Aotearoa New Zealand (Walker et al., 2022).

A range of measures have been proposed to increase and retain health professionals in rural and remote areas. Murray and Craig (2023) advocate expanding the general practice workforce in rural, regional and remote areas through establishing medical programs and general practice training pathways. Aiming to strengthen recruitment and retention of nursing and allied health professionals in rural and remote areas, Cosgrave et al. (2018) highlight the importance of workplace conditions, professional development and opportunities for career advancement, in addition to social and personal factors. A previous *FoHPE* publication by Martin et al. (2021), which focused on physiotherapy graduates in rural and remote areas, identified the critical need for mentorship to support transition to practice. In this issue, McAleer, Hanson and Kenny’s systematic review into transition programs for allied health graduates found a paucity of studies in rural areas.

Other areas of the health professional workforce experiencing shortages include mental health and Indigenous health. Research has been undertaken into influences on health professional students’ career aspirations, including Querido et al. (2016), who found medical students are influenced by matching individual perceptions of specialty characteristics with personal characteristics, values and career needs, and medical school characteristics, such as the curriculum. In this issue, Scarff, Cheshire and Woodward-Kron argue that medical programs, which typically require full-time study, need to allow flexible part-time study to cater for a more diverse range of students who are more representative of the population they will serve. Exploring nursing and allied health students’ interest in working with older adults, Holt, Preston and Guggisberg identify the need for placement experience and mentorship in this area.

Also in this issue

Stewart, Polley and Gray's research into a structured mentoring program for paediatric trainees found that there were benefits for mentees and mentors, leading to program sustainability through mentees becoming mentors. The need for targeted professional development in interprofessional education and practice is highlighted by Martin, Pighills, Sinclair and Argus through their survey research in two rural hospitals, and the value of informal professional development for health professionals is promoted by Kumar, King and Kette in one of two ANZAHPE 50th anniversary papers in this issue. The authors propose a reconceptualised form of learning through everyday work, based on situativity theory. In another ANZAHPE 50th anniversary paper, Lazarus, Garcia Ochoa, Truong and Brand consider health professional education practices in relation to diversity, equity and inclusion, highlighting challenges and potential solutions to ongoing inequities across our region. With a view to optimising learning, McLaughlin, Vaughan, Tripodi and Kelly examine the intrinsic and extrinsic cognitive load involved in teaching a new clinical skill to first-year osteopathy students.

This issue's Focus on Methodology by Høyer and Bearman lays bare the oftentimes tacit logic and structure of qualitative research papers and offers templates for health professional researchers to review their work. Finally, to help authors improve their work, Beckingsale, Ronayne, Robertson-Smith and Anakin suggest four steps for writing constructive comments when reviewing health professional education journal articles.

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