# Medical Education and Well-being Registrar for Regional Medical Pathway

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## **Summary**

The Medical Education and Well-being Registrar is a pioneering role designed to improve medical well-being, enhance workforce nurturing and support the implementation of the Regional Medical

Pathway (RMP). In response to workforce shortages in Wide Bay and the growing recognition of burnout and well-being challenges among medical professionals, this RMP initiative aims to create a supportive environment for doctors in training, whilst growing a sustainable, locally grown workforce. By integrating well-being as a priority and providing targeted support for staff and students, the role seeks to foster a culture of resilience, empathy and holistic care to ultimately facilitate improved attraction and retention of doctors in regional hospitals. This project is a community supported, end-to-end pathway for the education and training of future regional, rural and remote doctors.

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#### Aim

The role was implemented to enhance the well-being of doctors in Wide Bay and medical students in the Regional Medical Pathway, along with improved attraction and maintenance of medical officers. By addressing the often-overlooked aspect well-being, we strived to cultivate a more supportive and sustainable environment for our medical workforce. Moreover, the role also aimed to improve the attraction and retention of doctors in Wide Bay, as a health service which faces challenges with regular turnover of medical officers.

#### **Benefits**

Medical workforce shortages at Bundaberg Hospital improved significantly from the 2022 to 2023 clinical year. The attraction of interns increased profoundly, with a 10-fold increase in applications in 2023, while the retention of interns and resident medical officers increased by 43% during this 12-month period. Other benefits included: Efficient work practices, comprehensive orientation, career guidance and the creation of a clinician well-being culture.

## **Background**

Systemic challenges pose a barrier in medical workforce attraction and retention and clinician burnout is an occupational risk. In addition, staffing shortages are a particular concern for regional hospitals.

## **Solutions Implemented**

To achieve our objectives, we implemented a multifaceted approach:

- 1. well-being education program tailored to both pre-vocational doctors and medical students
- 2. expanded pastoral care including:
  - Mid-term and mid-year check in meetings with interns and RMOs
  - Confidential point of escalation for workplace issues including rosters, staffing, overtime, excessive workload, team dynamics
- 3. personalised career counselling and guidance to support progression of pre-vocational

doctors onto specialty training pathways

- 4. collaborative rotational preferencing and allocations process
  - Rostering improvements for efficiency and fatigue mitigation
  - Streamlined leave processes
- 5. clinical examination preparation workshops to support international medical graduates obtain general registration

#### **Evaluation and Results**

We employed a mixed-methods evaluation approach, including:

- HHS-wide medical well-being survey based on the Stanford Professional Fulfilment Index (PFI) to ascertain a clinical verified measure of burnout, professional fulfilment and workplace well-being drivers.
- exit interviews to gather qualitative feedback on the reasons why pre-vocational doctors choose to leave regional hospitals and welcome interviews to understand what draws doctors to the HHS.
- quantitative analysis of retention rates including identification of statistically significant trends. Results:

A HHS-wide medical well-being survey (n=124) was conducted 6 months after the implementation of the Medical Education and Well-being Registrar role was commenced in Wide Bay. Results showed a strong, positive correlation between the well-being strategies implemented at Bundaberg Hospital and perceived well-being of participants. Findings revealed the prevalence of burnout was 13% and professional fulfilment was 25%, compared to a median of 37% and 24% across the literature, respectively.

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