Australian Government

Department of Health

Rural Workforce Agency (RWA)

Health Workforce Needs Assessment Reporting Template

This template must be used to submit the RWA, Health Workforce Needs Assessment report to the Department of Health (the department) by **28 February 2021**.

RDWA, South Australia

When submitting this Health Workforce Needs Assessment Report to the Department of Health, the RWA must ensure that all internal clearances have been obtained and the Report has been supported by the Health Workforce Stakeholder Group.

Instructions for using this template

Overview

The Rural Health Workforce Support Activity (the Program) will run over four years from 1 July 2017 to 30 June 2021. The objective of the Rural Health Workforce Support Activity is to contribute to addressing health workforce shortages and maldistribution in regional, rural and remote Australia. The expected outcomes of the program are on meeting current and future community health workforce needs through workforce planning. This is done by:

- Identification of needs and undertaking activities in three priority areas:
    - **Access** – improving access and continuity of access to essential primary health care;
    - **Quality of access** – building health workforce capability; and
    - **Future planning** – growing the sustainability of the health workforce.
- Collaboration with relevant stakeholders such as Primary Health Networks and Aboriginal and Torres Strait Islander peak bodies, through establishing formal jurisdictional Health Workforce Stakeholder Groups (HWSG).
- Delivery of programs, including the Rural Locum Relief Program and Five Year Overseas Trained Doctors Scheme.
- National representation of rural workforce agencies and their interested, administered through sub-contracting arrangements to Rural Health Workforce Australia.

This template is provided to assist Rural Workforce Agencies (RWAs) to fulfil their reporting requirements for the Health Workforce Needs Assessment (HWNA).

It is a requirement that the HWNA is approved by the appropriate delegate of the RWA and endorsed by the HWSG prior to being submitted to the department.

The information provided by RWAs in this report may be used by the department to inform program and policy development.

Reporting

The Needs Assessment report template consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the Health Workforce Needs Assessment

Section 3 – Health Workforce Programs – Priority Activities

Section 4 – Health Workforce Programs – Other Activities

Section 5 – Eligible Health Professions

Section 6 – Health Workforce Stakeholder Group

Section 7 – Endorsement

Section 8 – Checklist

RWA reports must be in a Word document and provide the information as specified in Sections 1-8.

Limited supplementary information may be provided in separate attachments if necessary. Attachments should not be used as a substitute for completing the necessary information as required in Sections 1-8.

Submission Process

The Health Workforce Needs Assessment report must be lodged to the Department via email: HealthWorkforceGrants@health.gov.au on or before **28 February 2021**.

Reporting Period

This Health Workforce Needs Assessment report will cover the period of 31 March 2020 to 28 February 2021 and will be reviewed and updated as needed.

Section 1 – Narrative

Rural Workforce Agency (500-1000 words):

– in this section the RWA can provide background on the organisation, services provided, communities assisted etc

Rural Doctors Workforce Agency Inc (RDWA) is a not-for-profit organisation funded to provide a range of services and programs for the rural primary health care workforce and rural communities in South Australia (SA).

RDWA was established in 1998 to deliver services to resident rural general practitioners (GPs), improve the sustainability of rural medical services and work with government and community stakeholders to improve health in rural and remote SA. The organisation's activity has expanded to identify need, plan and deliver extensive outreach services for Aboriginal and Torres Strait Islander people and rural populations, and to provide workforce services to allied health, nursing and midwifery practitioners practising in rural primary health care (PHC).

RDWA is one of seven Rural Workforce Agencies (RWAs) operating in all States and the Northern Territory. RWAs established and collaborate through the Rural Workforce Agency Network (RWAN), sub-contract Rural Health Workforce Australia to support the RWAN agenda and operate in a consortium model to deliver a range of national programs including the Health Workforce Scholarship Program (HWSP), the John Flynn Placements Program and the More Doctors for Rural Australia Program (MDRAP) Support Program.

RDWA has major contracts to deliver a range of support and workforce planning services with the Regional Local Health Networks, as well as the SA Virtual Emergency Service.

The Australian Government Department of Health (the Department) Rural Health Workforce Support Activity (the Program) delivered by RWAs contributes to addressing health workforce shortages and maldistribution in regional, rural and remote Australia.

As referenced in the Overview (page 2), the expected Program focuses on meeting current and future community health workforce needs through workforce planning.

There are three priority areas:

- **Access** – improving access and continuity of access to essential primary health care;
- **Quality**– building health workforce capability; and
- **Sustainability** – growing the sustainability of the health workforce.

The Program replaced a number of former workforce programs funded by the Department and commenced in 2017-18. During the Program's fourth year of operation (2020-21), KPMG completed a Program review in line with the Department's requirements for new programs.

The review involved extensive stakeholder consultation, including members of RDWA's rural Health Workforce Stakeholder Group (HWSG). The review findings acknowledged the significant transition required to establish the new program in context of two decades predominantly focusing services on recruiting and retaining a rural and remote general practice workforce and findings were generally positive.

Recommendations included increasing the focus toward the sustainability element of the Program and more local planning to anticipate future workforce needs. The Department has provided advice to the Minister regarding the continuation of the program and the review's recommendations.

These types of recommendations provide a supportive context for the future direction for the Program and align well with RDWA's approach to workforce planning and pragmatic workforce solution design locally.

The HWSG is a key function of the Program, and membership comprises senior leaders who lead key functions, organisations or sectors that have a strong stakeholder interest in rural health workforce in SA.

The HWSG resumed its meeting schedule in August 2020 and began defining a program of work that could capitalise on opportunities within the pandemic-disrupted environment in which services for Aboriginal and Torres Strait Islander people, PHC, education and workforce was operating.

Primary to this agenda is sustainability, future workforce and collaboration.

RDWA identified Program funds to support HWSG collaboration projects which will be implemented in 2021. Projects under consideration include activities in the areas of Aboriginal and Torres Strait Islander and mental health workforces, as well as seeking the evidence addressing perceived barriers to rural medical, nursing and midwifery, and allied health careers for the future workforce.

Despite the pervasive impact of the pandemic in 2020, in general, the SA rural primary health care workforce has maintained high levels of service to rural communities, but this is in contrast to the Aboriginal community controlled health sector.

Aboriginal Community Controlled Health Services (ACCHS) in remote SA were continuously disrupted by the emergency and bio-security restrictions placed on people living in those communities. This disruption persisted well into 2021 and has had profound impacts on the local workforce that will require additional activity to recover. Stakeholder consultation activities with the ACCHS are revealing common themes that include how local staff have been affected through the pandemic, impacting on their attendance at work (for example due to fear of contracting COVID from clients) and on their mental health.

Many of the priority locations identified in last year's needs assessment have improved with solid recruitment efforts, and it will be important to continue to focus efforts into those places to build on the work to date.

MDRAP has provided a significant supply pipeline for doctors taking up work in rural locations, and SA has been aggressively marketed and has attracted relocations from interstate for medical, nursing and allied health disciplines. There have also been advances in workforce support for the accredited mental health care workforce. There has been an ongoing frailty in several of the larger towns, and a move away from GPs continuing to provide emergency and inpatient care in the State's rural hospitals in several locations. Some of the smaller (2,000-5,000 population) towns have operated on reduced health workforce levels, placing additional strain on those resident practitioners who remain. The Rural Generalist (medical) and Rural Generalist Allied Health models are progressing with funding to State to advance the hospitalist models.

Needs Assessment process and issues (500-1000 words)

– in this section the RWA can provide a summary of the process undertaken; expand on any issues that may not be fully captured in the reporting tables; and identify areas where further developmental work may be required (expand this field as necessary)

In delivering on the key activities of the Program, RDWA is required to identify needs and provide a range of agreed activities in the three priority areas – access, quality and sustainability. Needs are updated annually and incorporated into the annual work plan, both of which are approved by the Department.

The Department also requires that the Program's needs assessment establishes the basis for priorities for the HWSP. The HSWP provides scholarships and bursaries to privately employed health professionals in rural and remote Australia to enable the retention and enhancement of workforce skills, capacity and scope of practice in the fields of medicine, nursing and allied health.

In the annual update of the needs assessment, RDWA acknowledges that the past 12 months have been like no other in living memory, with the pandemic disrupting all aspects of rural health workforce in some way throughout the year. This in turn has interrupted some of the usual components associated with the review of need, and this has been addressed as follows:

- Aspects involving direct contact with the workforce have been deferred to a later part of the cycle, in recognition of the huge load frontline health workers had in 2020
- The HWSG will be consulted on the needs assessment later than usual;
- Further analysis of the workforce and stakeholder input will continue after the needs assessment submission date; and
- the 2021 needs assessment may be updated through the year once new material has been able to be properly considered.

Health Workforce Stakeholder Group

During the process of defining the collaborative HWSG program, members contributed a significant body of knowledge to the current situation and need in rural and remote SA. Members have provided data to assist in updating the workforce situation, acknowledging that the full extent of the change brought about by the pandemic is not yet visible.

General Practitioner Workforce

The data associated with the needs assessment for GPs is drawn from a number of sources. RDWA maintains comprehensive workforce data on the general practice workforce gathered through administrative methods and surveys, and these outcomes are included in the needs assessment.

The 2021 General Practitioner Workforce Survey was completed by more than 200 GPs and GP registrars and the preliminary findings have been incorporated into the needs assessment outcomes, with further analysis to be completed in the first half of 2021.

The Department's Headsupp workforce demand modelling tool has continued to grow in terms of the data and analysis and the range of users. RWAs have had access to the data for at least two years and this informs aspects of the needs assessment, although no direct reference can be made to any data used (under current Deeds in place with the Department).

GPEx provide data to assist in numbers by location, however GPEx advise its consent structure prevents a level of detail that would be preferable for workforce supply and demand analysis.

It is planned that data sharing agreements will enable greater input of data to future needs assessments.

State health has been funded for developing the Rural Generalist program mainly within the hospital environment, with some limited reach into general practice for junior medical officers and at this stage it is difficult to see how this will impact rural generalist workforce in primary care.

Aboriginal Health Workforce

During the second half of 2020, AHCSA in a partnership with RDWA undertook the first of a series of initiatives with the ACCHS to identify the Aboriginal and Torres Strait Islander workforce in ACCHS from a rural wide and local ACCHS perspective, to identify the gaps in workforce levels and disciplines, and the perceived barriers to ongoing education and upskilling for the workforce.

This work is incorporated in its infancy into the needs assessment outcomes, however there are more discussions required regarding the causes of the workforce shortage, for example is it due to services funding not being available, or the inability to attract the future workforce, retain the current workforce, or a combination of these.

Some findings are outside the remit of the Program; however, it is considered useful to include these matters to retain a broad perspective in the ATSI workforce development work. The total ATSI workforce (headcount) in eight ACCHS is approximately 330, including health, aged care and providers delivering services funded through the national disability insurance scheme.

Allied Health Nursing and Midwifery Workforce

There are about 400 nurses and midwives (headcount) working in rural general practice, and the data on this cohort is largely limited to deidentified numbers at this stage. The private allied health sector is estimated around 600-1000 headcount based on a reasonably narrow set of parameters. Country SA Primary Health Network (CSAPHN) commissioned mental health services comprise a large proportion of primary mental health care outside the general practice environment.

Resourcing the ongoing capture of this information is a consideration for the coming years. At this time, data is maintained on the workforce that is in receipt of services provided by RDWA, as well as capture of the business entity information.

AHNM workforce has contributed to the needs assessment through their responses to the AHNM workforce survey, and through documenting of local needs when applying for grants.

The Allied Health Rural Generalist report was released in late June 2020 by the now former Rural Health Commissioner, and the four pillars for AH rural generalism provide a good scaffolding for considering development work in this area.

Outreach Provider Workforce

There are about 180 individual outreach providers delivering services for the range of Australian Government outreach programs, for which RDWA is the SA fundholder. Initial themes emerging from the workforce survey include the need for ongoing cultural safety within local services, the issues of finance and distance affecting community access to services, high staff turnover in some local services affecting continuity of care, and the impact of COVID on personal levels of stress.

Relevant local and national data

Population data including socio-economic status, advantage and disadvantage indices form the basis for the national methodology for the Program's needs assessment.

The CSAPHN's Needs Assessment continues to identify the key issues from a population and service delivery perspective and provides a major source of local partnership between CSAPHN and RDWA.

At the State level, the Rural Health Workforce Strategy has continued to produce consultation plans and the key outcome areas being examined align to some degree with this Program's access, quality and sustainability structure; and regional Local Health Networks are implementing local workforce plans. The findings have been incorporated into the needs assessment where there are opportunities or barriers in relation to PHC workforce.

Nationally, the Medical Workforce Strategy, the Evaluation of the Rural Health Multidisciplinary Training Program, Rural Generalist initiatives, the Stronger Rural Health Strategy and changes to medical Colleges programs continue to sit within the context, with the potential to alter the direction and level of resourcing, but there are no firm outcomes evident within SA rural primary health care sector as yet.

Additional Data Needs and Gaps (approximately 400 words)

– in this section the RWA can outline any issues experienced in obtaining and using data for the needs assessment. In particular, the RWA can outline any gaps in the data available, and identify any additional data required. (Expand field as necessary)

As reported in past HWNA there are limitations in providing a total picture of the rural PHC workforce because we are forced to rely on individual contact and the building up of workforce profiles through resource intensive person-to-person contact to create the picture and ensure the information remains up to date. This arises because RWAs are not able to access national data held on the total PHC workforce in rural and remote SA.

As previously stated, it would be beneficial if RDWA could access the Australian Health Practitioner Regulation Agency (AHPRA) health labour force survey data for rural SA, even if it was at the aggregated geographical bands of Modified Monash Model (MMM) 2-7 level, but preferably at the Statistical Areas SA2 level.

The Department's Headsupp workforce demand modelling tool has continued to grow in terms of the data and analysis and the range of users. RWAs have had access to the data for at least two years but cannot use the data to populate any needs assessment processes. One of the key value additions this data would bring is the relative levels of access to services by catchments of population. With SA rural and remote locations almost all below the middle quintile of the various socio-economic and disadvantage scales, it will remain important that any comparisons possible in the future do not compare levels of low access with levels of lower access and conclude various SA's rural communities are doing well.

It is acknowledged that the Department intends creating Trusted Networks of Users, which should provide the ability for behind-the-scenes data discussions, even if we cannot report publicly regarding access to GP services, catchment self-sufficiency and other key measures of access.

As reported last year, we are assessing the resource implication of establishing a complete database of identified nurses in general practice; as well as the private sector AHNM practitioners. This is a significant investment alongside what has been a major investment in the commencement of a deidentified workforce profile for the ACCHS sector.

National data that might be available through AHPRA for the Aboriginal and Torres Strait Islander health workforce surveys would be of benefit.

RDWA is continuing the development of data structures that will enable the integration of outreach and other visiting workforce data with the resident workforce data, with the aim of providing a more comprehensive picture of the workforce serving rural communities, particularly in the ACCHS sector and in general practice.

Additional comments or feedback (approximately 500 words)

– in this section the RWA can provide any other comments or feedback on the needs assessment process, including any suggestions that may improve the Health Workforce Needs Assessment process, outputs, or outcomes in future (expand field as necessary).

This needs assessment report is an update on the previous reports, all of which have been informed by relevant data at the time. COVID impacted heavily in every area of life in 2020 and continues to do so into 2021. The unknowns of living within a vaccinated community will start to be revealed in 2021. Despite these uncertainties, 2020 showed the capacity and resilience of the health workforce throughout Australia (and the world) and SA's rural workforce is not different.

Things that seemed impossible, became possible, such as access to services for community through technology; and the opportunity now exists to increase the sustainability of the workforce through more flexible and adaptive work arrangements. Nationally Australia is seeing a migration of population toward rural towns, as the prospect of working from home is becoming a normality. This has the potential to impact hugely in SA if rural towns start to grow.

Section 2 – Outcomes of the Health Workforce Needs Assessment

This section summarises the findings of the Health Workforce Needs Assessment (HWNA) in the table below.

Additional rows may be added as required.

Outcomes of the Health Workforce Needs Assessment		
Priority Area / Identified Need	Key Issue	Description of Evidence
Priority Area: Access - – improving access and continuity of access to essential primary health care	*Rural populations have poorer access to GP and AHNM workforce*	County SA Primary Health Care Network Needs Assessment 2019 • Rates of GP, pharmacists and dentists are below state averages in nearly all CSAPHN regions. • Rates of podiatrists, psychologists, registered nurses, optometrists and physiotherapists are below state averages in all CSAPH regions. • There are long wait times to see practitioners. Aboriginal Health Council of SA Inc Workforce Survey 2021 • High demand for qualified Aboriginal Health Practitioners to meet community need. • Overwhelming need for environmental, youth, alcohol and other drugs, mental health and suicide prevention services and workforce • Six Aboriginal Community Controlled Health Services report needing more GP services. • High demand health professions include registered nurses, social and emotional wellbeing workforce and mental health workforce. RDWA Workforce surveys 2021 • Key theme that there are insufficient GPs to meet community need (GP Workforce Survey) • Key theme there are insufficient GPs (AHNM Workforce Survey) • Key theme that country SA's communities cannot afford to pay for health services (AHNM workforce survey)

Outcomes of the Health Workforce Needs Assessment		
		• Fatigue and the effects of managing change in COVID are putting increased demands and constraints on staff and work culture is suffering (Outreach Aboriginal Community Controlled Health Service [ACCHS] Survey) • High turnover of staff is affecting continuity and clinical working relationships (Outreach Survey) SA Rural Medical Workforce Plan (2019) • Maldistribution of pre-vocational training places • Vacancies in rural general practice training pathway • Lack of GP stability in smaller communities • Withdrawal of GPs from hospital services in larger towns causing a reliance on locums. GPEx (2020) • 28% decrease in rural pathway positions filled 2016-2019 • Overall decline in the number of applicants for the Australian General Practice Training Program Regional Local Health Networks Medical Workforce Profiles – – not published. • General themes include support for solo medical practices; difficulty recruiting and retaining medical practitioners, unsustainable emergency workforce models, gaps in specialist skill; recruitment to towns without a GP. SA Rural Nursing and Midwifery Workforce Plan (Consultation Draft) 2021 • Ageing nursing and midwifery workforce • Recruitment and retention challenges • Less access to clinicians compared with metro to support treatment regimes. • Care often has to be provided over long distances. SA Rural Health Allied Health Workforce Plan (Consultation Draft) 2021 • Complex clinical and diverse client presentations • Working in isolation and servicing large geographical areas • Ongoing recruitment and retention • Limited clinical support • Finite career development and career progression opportunities

Outcomes of the Health Workforce Needs Assessment		
	Poor or limited access to culturally appropriate services for Aboriginal and Torres Strait Islander populations	AHCSA Ltd Workforce Survey 2021 • High demand for qualified Aboriginal Health Practitioners to meet community need. • Overwhelming need for environmental, youth, alcohol and other drugs, mental health and suicide prevention services and workforce • Six Aboriginal Community Controlled Health Services report needing more GP services. • High demand health professions include registered nurses, social and emotional wellbeing workforce and mental health workforce. CSAPHN • Burden of disease is a leading issue in the priority matrix • Sexually transmissible infections are consistently higher in Aboriginal and Torres Strait Islander populations • Preventable diseases and conditions of the eyes are significantly higher in remote areas. • Ear and hearing problems are at a much higher rate than other States and Territories. • Vaccination for people who are a high risk of influenza, pneumococcal disease, and HPV are low. • General lack of access to services for Aboriginal and Torres Strait Islander people • Lack of culturally appropriate service provision in Riverland, Mid North, Lower North or Yorke Peninsula; areas with sizable Aboriginal and Torres Strait populations • Capacity issues affecting ACCHS including clinic infrastructure and telecommunications. • Lack of available Aboriginal Health Professionals • Low recruitment, development and retention of the workforce • Barriers in accessing MBS items affecting sustainability. • Current GP, pharmacy and mainstream services require access to cultural competency training. • Low numbers of Aboriginal and Torres Strait Islander health professionals in the CSAPHN region. RDWA Workforce surveys 2021 • Cultural safety training for aged care providers is needed • Fatigue and the effects of managing change in COVID creating additional demands on staff • Increasing chronic disease presentations are not met with an increase in services. • Lack of availability of allied health services. • significant transport issues for remote communities to be able to access services. Insufficient local resources within ACCHS to provide assisted transport (ACCHS consultation).

Outcomes of the Health Workforce Needs Assessment		
	Access to mental health care is poorer in rural and remote areas	CSAPHN Mental health conditions are self-reported in high proportions across the CSAPHN region, generally increasing in prevalence with increasing remoteness. There are significant service gaps across the spectrum of primary mental health service, and significant issues evident with regard to access to service, cost of services and service waiting periods. The following areas of primary mental health are cited as leading issues in the CSAPHN priority matrix, and a key area of concern in stakeholder consultation and feedback, as well as documented in a range of data / statistical reports (CSAPHN 2019) • Mental health and substance use disorders accounted for 19% of the total burden of disease for Aboriginal and Torres Strait Islander people • Low intensity services • Psycho-social health • Child 0-11 years mental health • Youth 12-24 years mental health • Psychological therapies • Mental health related hospital separations • Mental health and psychological distress • Diagnosed v undiagnosed mental illness • MBS Psychiatry, clinical psychology. RDWA workforce and outreach services information (not published) • Limited and very poor access to state-funded community mental health services is consistently reported in numerous areas by outreach providers • There are multiple barriers to recruitment of accredited mental health professionals. In most areas, resident workforce is limited, and recruitment activity must extend beyond the local area making the costs of relocation a significant issue for working in rural areas. Limited access to supervision, and the costs of supervision for employers create further barriers to attracting and retain a qualified mental health workforce. • Workforce shortage in the area of psychologists and clinical psychologists • Cost of services prohibits access

Outcomes of the Health Workforce Needs Assessment		
Priority Area 2: Quality	Aboriginal health workforce has significant barriers to their workforce development	AHCSA Ltd Workforce Survey 2021 The key issues identified in supporting workforce development are: • Training affordability • Funding limitations for trainees • Away from base training access (support for distance learning, time away from home and family) • Availability of appropriate / required training • Staff availability; and • Backfilling capacity • Part- time employment limiting CSAPHN • Difficulties in recruitment, development and retention of workforce • Support in how to maximise the use of MBS 715 health assessment • Support for non-clinical roles to access education RDWA (Health Workforce Scholarship Program) Identified training and development for Aboriginal health workforce • Mental Health / Social and Emotional Wellbeing • Women's Health • Pain Management • Chronic Disease and Diabetes AHCSA and RDWA – Back on Country Collaboration • Capacity for competency acquisition through local practice needs to be supported • ACCHS capacity to support the number of training places is a key to success Outreach Provider survey • High rates of turnover in local ACCHS disrupt continuity of care that is necessary for the outreach visits to be successful

Outcomes of the Health Workforce Needs Assessment		
	Mental health education, training and upskilling is a high need	CSAPHN • Education and upskilling for low intensity, children and youth, severe and complex conditions, psycho-social support for the primary mental health workforce • Need for more accredited mental health workforce • Need for more clinical supervision and qualified supervisors • Support for mental health workforce to be connected to general practice RDWA (Health Workforce Scholarship Program) • Mental Health upskilling, professional development and formal education is the highest need area for the current rural PHC workforce RDWA Workforce Surveys (2021) • Mental health upskilling is a key theme Rural Nursing and Midwifery Workforce Plan • Increase mental health qualifications for the nursing workforce
	Priority upskilling and education	RDWA (Health Workforce Scholarship Program) After Mental Health the four highest need areas for upskilling, professional development and formal education are: • women's health • chronic disease management • pain treatment: and • skin cancer CSAPHN After mental health, priority issues for workforce development are: • chronic conditions • cultural competency • alcohol and other drugs upskilling

Outcomes of the Health Workforce Needs Assessment		
		• support for leadership development in ACCHS
	Education and support for non-vocationally recognised workforce	RDWA workforce surveys (2021) • Ongoing need to support the medical workforce to achieve Fellowship • Key retention strategy RDWA workforce data • Supported education provided to non-vocationally recognised medical workforce increases success rates • Key retention strategy RDWA HWSP • Programs to support intern psychologists to achieve General Registration • Programs to support psychologists to achieve Clinical Psychology qualifications
	Specialist skills for GPs	Regional LHN Medical profiles • Emergency, anaesthetics and obstetrics RDWA service data GP identified need for education and credentialling support for • Emergency, anaesthetics and obstetrics
Priority Area 3: Sustainability	Medical, allied health and nursing career pathways Attracting the future workforce	UniSA • Number and location of rural clinical placements • Opportunities in rural campus sites to increase local participation with pathways to employment (building on Whyalla model) • Solid Start pathways for Aboriginal students into allied health careers • Student assistance and clinical placements within ACCHS Flinders University • Identify how to align community need Adelaide University • Professional support and development for Aboriginal health workforce

Outcomes of the Health Workforce Needs Assessment		
		AHCSA • Support remote area nursing development, including clinical placement • Supervision strategy for ACCHS to take on more clinical placements and support training. GPEX • Understand why and how doctors are choosing their medical specialty and location of future practice RDWA workforce survey (2021) • Support for rural placements in private practice • Need for remuneration of time in supporting clinical placement / supervision Rural Nursing and Midwifery Workforce Plan (Consultation Draft) • Collaboration with VET and university sector to have improved rural content in curriculum • New models of rural clinical placement to support rural pathways • Incentive programs to mitigate costs to students on placement.
	Business viability	RDWA workforce surveys (2021) • The overwhelming issue for GPs in terms of sustainability was remuneration – especially Medicare and the contrast in payment to locums • Patients are unable to afford gap payments for psychology • Patients are unable to afford attending private allied health for example physiotherapy. • Short term contracts are significantly impacting viability CSAPHN • Recognises ACCHS have a viability issues RDWA Information from rural employers is increasingly indicating the need for programs aimed at supporting health practices to be viable and to be able to create opportunities for the future workforce.
	Socio demographic disadvantage of SA's rural communities	Country SA PHN Affordable health care is an issue of concern • SA's rural communities have high rates of single parent families • Poorly understood and recognised issues of homelessness

Outcomes of the Health Workforce Needs Assessment		
		• Health literacy is an issue across the whole region. RDWA Workforce Surveys • Patients / client inability to pay for care is impacting viability models of general practice (in some areas) and significantly affecting allied health and nursing private business models • The issue of patients being able to pay is one of the strongest themes in the Allied Health and Nursing Survey.

SECTION 3 – Health Workforce Programs – Priority Activities

List 'hot spot' towns in this table that will be managed with 2021-22 Access, Improving Workforce Quality and Building a Sustainable Workforce program funding						
		Strategy/Activity				
Priority / 'Hot Spot' - Town	Reason/Evidence	Access	Quality	Sustainability	Desired Outcome	Synergies with other Programs
Priority 1 and priority 2 locations	Towns with identified fragility, or potential to become fragile, due to low access to GP, allied health and nursing services	Develop long-term strategies and collaboration among key stakeholders to facilitate local solutions. Supports to maintain procedural skills and local procedural activity (GPs) Provide ongoing recruitment, locum, outreach services and support grants. Develop innovative /remote programs that support training, supervision or mentoring	Workforce development including: - Cultural safety - Health Workforce Scholarships - Support for Non-VR doctors to achieve Fellowship - Emergency, anaesthetics and obstetrics Clinical supervision support across allied health and nursing	Increase local training, especially clinical placements Viability and business support programs Develop education-to-employment models Identify opportunities within the emerging Rural Generalist programs	Tailored support models that recognise the unique issues in maintaining health service access for remote and very remote communities	AGPT / RVTS More Doctors for Rural Australia Program Five Year OTD Scheme WIP Health Workforce Scholarships Program Outreach Services PHN Commissioned services Integrated Rural Training Hubs Rural Clinical Schools Regional LHNs Rural Generalist Programs

List 'hot spot' towns in this table that will be managed with 2021-22 Access, Improving Workforce Quality and Building a Sustainable Workforce program funding						
		Strategy/Activity				
Priority / 'Hot Spot' - Town	Reason/Evidence	Access	Quality	Sustainability	Desired Outcome	Synergies with other Programs
Priority 3 locations	Retaining the workforce in Priority 3 locations to ensure access to essential primary care services	Ongoing recruitment services Ongoing outreach services	Workforce development including: - Cultural safety - Health Workforce Scholarships - Support for Non-VR doctors to achieve Fellowship - Emergency, anaesthetics and obstetrics - Clinical supervision support	Increase local training, especially clinical placements Viability and business support programs Develop education-to-employment models Identify opportunities within the emerging Rural Generalist programs	High population areas have access to a stable and qualified workforce operating in viable business models	AGPT / RVTS MDRAP Five Year OTD Scheme WIP Health Workforce Scholarships Program Outreach Services PHN Commissioned services PHN practice support and viability PHN support for ACCHS Integrated Rural Training Hubs Rural Clinical Schools Regional LHNs Rural Generalist Programs
Aboriginal Community Controlled Health Services	Low levels of Aboriginal and Torres Strait Islander Workforce Need for recruitment, development and retention of the workforce Identified barriers to workforce development	Collaboration to develop new models for recruitment and incentives Recruitment services Grants	Practical supports to enable the current workforce to take up allied health and nursing education pathways Health Workforce Scholarship Program	Collaboration by key stakeholders and engagement with rural schools to develop real education and career pathways	A more sustainable workforce model for ACCHS	Outreach Services PHN Commissioned Services PHN support for ACCHS Integrated Rural Training Hubs Rural Clinical Schools Regional LHNs Rural Generalist Programs

List 'hot spot' towns in this table that will be managed with 2021-22 Access, Improving Workforce Quality and Building a Sustainable Workforce program funding						
		Strategy/Activity				
Priority / 'Hot Spot' - Town	Reason/Evidence	Access	Quality	Sustainability	Desired Outcome	Synergies with other Programs
				Support pathways to medicine initiatives.		
Non-VR medical practitioners on pathway to Fellowship	Quality indicator for general practice / rural medicine	Non-VR GP Support program to remain practising while completing Fellowship	Professional development and support program, eg Fellowship Strategy Health Workforce Scholarships Program	Five Year OTD scheme	Non-VR workforce achieves the Australian standards of professional practice to deliver high quality health care to communities.	MDRAP Support Package Royal Australian College of General Practitioners Australian College of Rural and Remote Medicine
Mental health workforce	High demand for qualified mental health workforce	Collaboration to develop increased supervision options Recruitment and incentives	Health Workforce Scholarships Programs	Identify how to address the community inability to pay for mental health services	Increase in the qualified workforce in mental health distributed across rural and remote SA	PHN Program Outreach Services General Practice

Section 4 – Health Workforce Programs – Other Activities

This section summarises the other activities arising from the Health Workforce Needs Assessment (identified in Section 2 and 3) and options for how they will be addressed. This includes options and priorities that:

- *Should be considered in the development of the Activity Work Plan, and supported by RWA grants funding;*
- *may be undertaken using RWA program-specific funding; and*
- *may be led or undertaken by another agency.*

Additional rows may be added as required.

		Other Health Workforce Access Program Activities	
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Expanding the workforce data for the Aboriginal health workforce	Access to comprehensive data will assist in identifying workforce planning priorities and strategies	Partnership with Aboriginal Health Council of SA Ltd– workforce planning	Rural SA wide data set for Aboriginal health workforce
		Other Health Workforce Quality Program Activities	
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Expanding the workforce data for the primary health care health workforce	Access to comprehensive data will assist in identifying workforce planning priorities and strategies	Partnership with key service providers and workforce partners - ongoing	Rural SA wide data set for PHC health workforce

Section 5 – Eligible Health Professions

This section lists eligible health professions for support under the program (as approved by the Health Workforce Stakeholder Group).

Priority health professions have been identified in the Section Health Workforce Programs – Priority Activities.

- General practitioners
- Aboriginal Health Workers and Aboriginal Health Practitioners
- Accredited Mental Health professionals

Eligible professions (working in primary care) in addition to the priority professions are (alphabetical order):

Audiologists
Dentists and Dental Hygienists
Diabetes Educators
Dietetics
Exercise Physiology
GP Practice Nurses
Midwives
Nurses
Occupational Therapists
Optometrists
Pharmacists
Physiotherapists
Podiatrists
Psychologists
Social Workers
Speech Pathologists

Section 6 – Health Workforce Stakeholder Group

Membership		
Position	Contact	Organisation
Chair	Ms Lyn Poole	RDWA
Member	Ms Stephanie Clota	GPEx
Member	Assoc Prof Alison Jones	Flinders University
Member	Mr Kim Hosking	Country SA PHN
Member	Professor Esther May	University of South Australia
Member	A/Prof Lucie Walters	University of Adelaide
Member	Mr Shane Mohor	AHCSA Ltd
Member	Dr Hendrika Meyer	Regional LHNs
Member	Ms Gretchen Scinta	RDWA Outreach Services

Section 7 – Endorsement

Health Workforce Stakeholder Group support of the Health Workforce Needs Assessment.

The report is submitted prior to receiving the support of the Health Workforce Stakeholder Group. Once the HWSG has had the opportunity to provide comment, the support will be forwarded to the Department.

Lyn Poole, HWSG Chair and CEO RDWA

26 February 2021

Section 8 - Checklist

This checklist confirms that the key elements of the needs assessment process have been undertaken. RWAs must be prepared, if required by the Department, to provide further details regarding any of the requirements listed below.

Requirement	✓
Governance structures have been put in place to oversee and lead the needs assessment process.	✓
Opportunities for collaboration and partnership in the development of the needs assessment have been identified.	✓
The availability of key information has been verified.	✓
Stakeholders have been defined and identified (including members of the Health Workforce Stakeholder Group); and Consultation processes are effective.	✓
Formal processes and timeframes (including a Project Plan) are in place for undertaking the needs assessment.	✓
All parties are clear about the purpose of the needs assessment, its use in informing the development of the RWA Activity Work Plan and for the department to use for programme planning and policy development.	✓
The RWA is able to provide further evidence to the department if requested to demonstrate how it has addressed each of the steps in the needs assessment.	✓
Quality assurance of data to be used and statistical methods has been undertaken.	✓
Identification of service types is consistent with broader use – for example, definition of allied health professions.	✓
The results of the Health Workforce Needs Assessment have been communicated to participants and key stakeholders throughout the process, and there is a process for seeking confirmation or registering and acknowledging dissenting views.	✓
There are mechanisms for evaluation (for example, methodology, governance, replicability, experience of participants, and approach to prioritisation).	✓

References

(in addition to statistics made available to RWAs or publicly accessible)

Appendix 1:

MMM	Town
PRIORITY 1	
MMM 7	Wudinna
MMM 6	Kimba
MMM 6	Cummins
MMM 6	Lameroo
MMM 6	Pinnaroo
MMM 6	Streaky Bay
MMM 4	Port Augusta
MMM 7	Coober Pedy
MMM 7	Ceduna
MMM 7	Elliston
MMM 7	Kingscote
MMM 7	APY Lands
MMM 6	Cowell
MMM 6	Roxby Downs
MMM 6	Yorketown
MMM 6	Cleve
MMM 6	Tumby Bay
MMM 6	Port Lincoln
MMM 5	Waikerie
MMM 4	Port Pirie
MMM 5	Kadina
MMM 5	Booleroo Centre
MMM 5	Ardrossan
MMM 5	Maitland
MMM 5	Minlaton
MMM 5	Moonta
MMM 5	Wallaroo
PRIORITY 2	
MMM 5	Bordertown
MMM 5	Meningie
MMM 5	Berri
MMM 5	Crystal Brook
MMM 5	Gladstone
MMM 5	Laura
MMM 5	Hawker
MMM 5	Kapunda
MMM 5	Eudunda
MMM 3	Whyalla
MMM 5	Beachport
MMM 5	Kingston Se
MMM 5	Robe

MMM	Town
PRIORITY 3	
MMM 5	Orroroo
MMM 5	Quorn
MMM 5	Tailem Bend
MMM 5	Keith
MMM 5	Penola
MMM 5	Peterborough
MMM 5	Jamestown
MMM 5	Naracoorte
MMM 5	Barmera
MMM 5	Karoonda
MMM 5	Loxton
MMM 5	Mannum
MMM 5	Renmark
MMM 5	Burra
MMM 5	Port Broughton
MMM 5	Riverton
MMM 5	Balaklava
MMM 5	Clare
MMM 5	Hamley Bridge
MMM 5	Snowtown
MMM 5	Strathalbyn
MMM 5	Yankalilla
MMM 5	Angaston
MMM 5	Mount Pleasant
MMM 5	Nuriootpa
MMM 5	Tanunda
MMM 3	Millicent
MMM 3	Mount Gambier
MMM 3	Murray Bridge
MMM 3	Littlehampton
MMM 3	Mount Barker
MMM 3	Nairne
MMM 3	Goolwa
MMM 3	Middleton
MMM 3	Victor Harbor
MMM 2	Gumeracha
MMM 2	Hahndorf
MMM 2	Lobethal
MMM 2	Woodside
MMM 2	Mount Compass
MMM 2	Williamstown