



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 HR Plus Tasmania by **15 February 2024**.

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 endorsed by the Health Workforce Stakeholder Group.

Instructions for using this template

Overview

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 HR Plus Tasmania by 15 February 2024.

Reporting Period

This Health Workforce Needs Assessment report will cover the period of 1 July 2024 to 30 June 2025 and will be reviewed and updated as needed.

Section 1 – Narrative

This section provides RWAs with the opportunity to provide brief narratives on the process and key issues relating to the Health Workforce Needs Assessment.

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 over 25 years ago 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 core purpose was expanded to include structured workforce planning to identify needs, deliver extensive outreach services for Aboriginal and Torres Strait Islander people and rural populations, and to provide comprehensive workforce services to allied health, nursing and midwifery practitioners practising in rural primary health care (PHC).

In 2023, RDWA launched its new four year Strategic Direction, affirming RDWA's purpose in attracting, supporting and retaining a dynamic and strong primary health care workforce that serves the health and wellbeing of SA's rural and remote communities. The services RDWA provide are outlined below, linking to Strategic Direction key focus areas:

1. Support today's workforce - Recruit and retain

RDWA provides comprehensive GP and RG recruitment services (including international recruitment of offshore medical practitioners) offering personalised case management services, relocation grants, orientation grants and access to education to ensure that doctors have the right skills and can undertake hospital based work as well as private general practice services. Through the MDRAP program, RDWA has provided a supported pathway for doctors to join rural general practice, with customised learning plans, workshops and skills sessions.

RDWA also provides support to expand the allied health and nursing PHC workforce through advertising job vacancies, promoting rural PHC careers and providing relocation grants. The Health Workforce Scholarships Program (HWSP) delivers approximately \$1m funding for upskilling and additional formal qualifications to the PHC workforce in accordance with identified community need every year.

RDWA is contracted by the South Australian regional Local Health Networks to deliver comprehensive rural GP support services including procedural and emergency continuing education, locum services in smaller towns – a major retention activity that supports rural GPs to take planned leave and delivery of the SA Virtual Emergency Service (SAVES) - a rural GP-led virtual emergency department operating every night, from 7pm to 7am, supporting more than 30 smaller hospitals across rural SA.

RDWA Learn, an online learning platform, www.learn.ruraldoc.com.au assists in the development of a quality and sustainable workforce by delivering education content from subject matter experts based on the identified learning needs of the rural PHC workforce.

2. Grow tomorrows workforce – Attract and train

RDWAs attraction strategies span a range of programs and services aimed at positively influencing high school students living in rural SA to consider a health career, and impacting decisions that university medical students and interns make about pursuing rural medicine and GP training as a career of choice. Since 2016 RDWA has continued to develop and deliver the Road to Rural Intern Program, which includes delivering the Commonwealth’s John Flynn Junior Doctor Program for SA for interns, and RDWA is a key member of the Rural Generalist SA Program.

In collaboration with the University of Adelaide, RDWA launched a new initiative in 2023 - the Road to Rural Medicine Ambassador Program, whereby final year medical students on placement in rural SA attended local high schools and shared their personal experience of applying and being accepted into medical school. Medical students were supported by RDWA to deliver information about how to access available supports and resources along the journey to a rural medical career. This included the R2R Medicine website (www.roadtorural.com.au - a major development for the marketing and promotion of rural medicine across the attraction pipeline).

RDWA also supports Bonded Medical Program participants to meet their return of service obligations in rural SA.

3. Deliver outreach services

Outreach services delivered by RDWA for the Department comprise Indigenous programs in chronic disease management, children and youth hearing services, eye health services, services coordination and surgical support; and for the rural population outreach services include cardiology, mental health, women’s health, respiratory health, endocrinology and general chronic disease management.

Occasions of service across these programs are 28,000+ per annum.

4. Partner to increase the Aboriginal and Torres Strait Islander workforce

RDWA and the Aboriginal Health Council of South Australia Limited (AHCHSA Ltd) continue to collaborate to develop and deliver PHC workforce services for the workforce in SA’s rural and remote Aboriginal Community Controlled Health Services (ACCHS). AHCSA Ltd experienced a number of significant challenges in 2023, and activities normally managed between RDWA and AHCSA were suspended during the second half of 2023.

5. Build our planning capacity

RDWA works closely with the rural primary health care workforce to listen to and identify their needs and provide support, often bespoke, to meet these needs. Building a trusted reputation has facilitated engagement with rural general practices and system stakeholders to co-design sustainable workforce models as local circumstances change. For example, considering innovative solutions for remote and very remote locations that have minimal or no teaching and supervision capacity – essential to growing a local rural GP/RG workforce.

Leveraging on this credibility RWDA are enabled to collect data and intelligence to assist with short- and longer-term workforce planning as well as evolving support activities related to workforce attraction, recruitment, retention (including grant programs).

6. Drive our own capability

RDWA's extensive and comprehensive networks and engagement with stakeholders, including local government, practices, universities, non-profit organisations, professional bodies, GP Colleges, and the workforce, along with innovative practise and efficient grants management, enable it to deliver the RHWSA, MDRAP, Outreach and HWSP activities. Fundamental to this process is the collaborations and contributions occurring through the Health Workforce Stakeholder Group, as outlined in this report.

The RWA Network (RWAN) of which RDWA is a member, has established itself as a leader in rural PHC workforce matters nationally and plays a major role in ensuring complementary workforce programs such as the HWSP are nationally consistent, well managed jurisdictionally and effectively marketed to key stakeholders; that the recommendations of the 2020 KPMG RHWSA program review continue to be implemented; and ensures key challenges and opportunities facing the rural PHC workforce are presented in key forums and in response to consultations.

More information is available in RDWAs most recent annual report: [RDWA 2022 23 Annual Report Final.pdf \(ruraldoc.com.au\)](#)

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)

2024 – Jurisdiction – South Australia

In accordance with the national Consortium process, RDWA conducted a range of activities during 2023 to produce the data and evidence for the Health Workforce Needs Assessment report. As required RDWA undertook activities to access or identify relevant and current health workforce data from local and national data sources, health workforce information from consultation with communities, health professionals and stakeholders, including the Health Workforce Stakeholder Group (HWSG).

RDWA presented opportunities for the HWSG to identify key activities that could be delivered in collaboration with other key stakeholders to address needs and issues identified through the HWNA process and asked the HWSG to explore innovative solutions that draw on the various resources, skills and knowledge of all organisations involved.

Environmental Scan

RDWA undertook a review of key national and state legislative change, policy, plans and directions papers across the health industry, primary health care, Aboriginal and Torres Strait Islander health, medical workforce and rural health sectors, as well as the immigration field to update the annual environmental scan. Key workforce supply issues and reduction in the available levers to attract or direct workforce into rural areas included the high levels of PHC workforce shortages in metro and outer metro areas, Distribution Priority Area (DPA) status for all MMM2-7 locations and all but two GP catchments in outer metro, the transition to national delivery of GP training and the new Medical Board of Australia CPD requirements for medical practitioners; and key demand related issues, especially in the state sector such as expanding COAG s19(2) exemptions and salaried medical models, and the trial of single employer medical models in rural hospitals.

RWA Consortium papers developed through the National Coordination Unit provided important specific information on key issues, including the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners (Kruk Review), General Practice Incentive Effectiveness Review, Evaluation of the Psychiatry Workforce Program, Medical Board of Australia – Rural Generalism recognition consultation, and the National Nursing Workforce Strategy. The NCU also facilitated consultations with stakeholders in relation to the: primary care nursing and midwifery strategy; critical shortages in psychology; Single Employer Model trials; Strengthening Medicare, Support for Health, Care and Support Services in Thin Markets consultation; need to attract medical students and junior doctors to general practice; plan for improving access to rural general practice (AMA); Fellowship Support Program (RACGP); Employment White Paper (Department of Finance); and the Move to More initiative (Regional Australia Institute). Additional reviews in the sector include the Independent Review of the National Disability Insurance Scheme, National Health Reform Agreement – mid term review, Working Better for Medicare Review (Improving the uneven spread of doctors and health workers), and Unleashing the Potential of our Health Workforce Scope of Practice Review.

Nationally, several relevant strategies or initiatives are underway, including the Building a stronger Medicare initiative (including increased bulk billing, urgent care clinics and mymedicare programs), National Mental Health Workforce Strategy, National Nursing Workforce Strategy, Nurse Practitioner Strategic Plan, Digitalization of Primary Health Care/ Australian Digital Health Capability Framework, AHPRA Data Strategy and National Health and Climate Strategy. Tangible outcomes from these consultations, reviews and strategies are anticipated in 2024 – with the potential for these to impact some of the current rural primary health care workforce issues.

Of concern for RWAs is replacement of the MDRAP program with the new Pre-Fellowship Program (PFP) in 2024. The PFP expands eligible practice locations to all Distribution Priority Areas, including MMM1 (outer metro) locations. Removal of the ability to prioritise rural placements dilutes the program's effectiveness as a rural workforce distribution lever – diminishing the workforce supply to rural areas.

To capture key South Australian environmental issues, RDWA consulted with the HWSG members and used a survey tool, combined with follow-up discussions to share the outcomes and reflect on the information provided. The feedback is woven through this HWNA report, including: how the increasing costs of living are impacting on the population seeking health care (especially allied health services); how the payroll tax changes are influencing general practice models; the growing regional competition for junior doctors related to the SEM trials in some regions; and the increasing competition for a rural PHC workforce (with workforce shortages in metro/outer metro locations impacting on distribution) and increasing rural NDIS providers.

In 2023 the Referendum for Constitutional alteration to include recognition of the Aboriginal and Torres Strait Islander Voice was not passed. Arguably this has impacted on relationships with Aboriginal and Torres Strait Islander people. However, prior to the referendum, South Australian government enacted legislation to establish the South Australian First Nations Voice to Parliament. The elected Aboriginal and Torres Strait Islander people will represent their communities and provide advice on laws, policies and programs. Elections will be held on 16 March 2024.

The environmental scan provided the key intelligence for the external threats and opportunities which were examined by the HWSG in consideration of the HWNA 2024.

Workforce and other data

Data were sourced and reviewed through the RDWA's operational planning, service delivery and stakeholder engagement activities. For example, the HWSG members provided qualitative data related to key factors impacting on rural PHC workforce access, quality and sustainability. Relevant data was also considered from the ABS 2021 Census, Country SA PHN needs assessment, HeaDSUPP tool, registrar planning data from the Workforce Planning and Prioritisation (WPP) program and the Rural Generalist Program SA.

RDWA's workforce dataset for GPs/RGs and GP Registrars (complete profile of the approximately 640 individuals in rural practice) and the set for allied health professionals, nurses and midwives (contact data for 1200+ service users) continues to be an important source of valid and trusted data that is especially important at the local community / town planning level, as well as the whole of state level. The visiting and outreach workforce data

set for specialists, GPs and allied health professionals brings a completeness to the local community profile, given the very small number of resident specialists in rural SA. The practice dataset is maintained for GP, private and not-for profit allied health practices. Health Direct is referenced from time to time.

Rural SA Health Workforce Stakeholder Group (HWSG)

RDWA has convened regular meetings of the HWSG, comprising senior leaders of key functions or organisations that have a strong stakeholder interest in rural health workforce in SA. In development of the HWNA 2024, membership was expanded to include the medical colleges, a rural allied health and primary care nursing representatives.

The HWSG considered the national and state HWNAs 2023 and the RDWA workforce survey data (see below) before providing their input and perspectives on the anticipated rural primary health care workforce needs in 2024. HWSG members contributed a significant body of knowledge to the current situation and projected need in relation to building and retaining a skilled rural health workforce. The qualitative and quantitative data capturing this information was shared amongst the group in preparation of this report.

Key impacts discussed by the HWSG include: the importance of building and formalising relationships between organisations; building collaborative models of care, supportive training environments and professional networks in rural SA; addressing the poor perception of rural work; the ageing rural GP workforce and preference for part-time employment; maximising the scope of practice of the current rural workforce; a need to build on successful models operating in locations that are overcoming significant workforce challenges; the lack of an Aboriginal and Torres Strait Islander workforce and cultural awareness; generative AI in rural health delivery and access; effectiveness and impacts of remote supervision models; and concerns about climate change impacts and natural disasters on the rural population and workforce.

Health Workforce Information – Consultation with stakeholders

PHC workforce surveys remain an important component of the consultation process. The survey design is based on the workforce survey that has been in use by RWAs since 1998. Responses to the same questions provides opportunity for trend analysis nationally and in SA. RDWA has increased the frequency of surveying the workforce and for the third consecutive year surveyed both the rural GP/RG/Registrar workforce and the rural AHNM workforce.

In 2023 the surveys were staggered, with the GP/RG survey open in August/September and the AHNM survey open in October. The response rate for both surveys remains high and survey completion rates are excellent. Advanced analytic tools have been deployed to enable RDWA to consider the data through multiple lenses. The health workforce planning team continues to focus on data analytics, with expanded capacity to build quality and performance functions and facilitate a more structured approach to the identification and implementation of improvement measures.

Community consultation is an ongoing activity through RDWA's service to deliver local tailored workforce solutions. Information is gathered through the myriad of community and local service provider groups such as the PHN local health clusters and Health Advisory Groups, as well as state-wide special interest committees such as the SA Aboriginal Eye Health Working Group and the Workforce and Cultural Competency Sub-group, the Local Coordination Sub-

group and the Access to Surgery Sub-group, Ear Health Working Group, the SA Medical Research Institute Aboriginal Chronic Disease Consortium.

Identification of collaborative activities

RDWA has always worked with workforce, community, local government, state government and the university sector, and AHCSA Ltd and the PHN (and its predecessors) to design and implement activities. The HWSG expanded membership provides a greater opportunity for the key stakeholders to identify issues on their horizon that may impact the workforce needs in the sector and evolve collaborative activities.

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)

The Departments HeaDS UPP tool continues to evolve, with more data available and expansion of authorised users. However, not all members of the HWSG are authorised users and as a result there is very limited practical use of the data for workforce planning - it cannot be confidentially shared to the level of detail required. This is perhaps more pertinent in rural South Australia due to the small workforce, which is thinly distributed across a large geographic area.

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 an easier to produce integration for the comprehensive SA rural workforce configuration.

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).

These issues will be addressed through the Rural Workforce Agency Consortium processes.

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.

Key issues/needs identified for 2024	Description of evidence
<p>ACCESS</p> <p>Workforce shortages</p> <ul style="list-style-type: none"> • Workforce shortages in metro/outer metro locations increasing competition for a skilled workforce (GPs/Registrars, AH, NM) • Intrastate competition for junior doctors through Single Employer Model (SEM) trials in some regional LHNs and not others. • Ageing GP workforce and generational shift impacting on working hours and lifestyle factors. • Low interest in GP training • Increased workload – fatigue and burnout impacting on retention • Long recruitment lead times for Internationally Qualified Health Professionals (IQHP) • Rural infrastructure and social supports <p>Workforce retention</p> <ul style="list-style-type: none"> • Lack of retention support mechanisms for the experienced allied health, nursing and midwifery workforce is impacting on continuity of access to services. <p>Access to mental health services</p> <ul style="list-style-type: none"> • Lack of funding for the mental health workforce is impacting on the ability of the workforce to address service gaps. • demand for these services continues to increase (cost of living pressures) 	<p>ACCESS</p> <p>Workforce shortages (and retention)</p> <p><u>Rural GP/RG workforce:</u></p> <ul style="list-style-type: none"> • Highlighted in last year’s report but is becoming worse with DPA coverage so widespread in SA (only two outer metro locations do not have DPA status) reducing the capacity to direct workforce into areas of greatest need in country SA. • No incentives to distinguish between MMM2-7 and expect further decline in 2024 with possible outer metro inclusion and subsequent incentive dilution representing a failure of rural workforce distribution levers. • SEM trials underway in RMC LHN only. • Australian and New Zealand Medical Deans dashboard indicates that medical graduate preferences for the GP specialty continues to decline. • <i>RACGP General Practice: Health of the Nation 2023</i> found rural GPs are: poorly recognised by peers – driving false perceptions of rural general practice impacting the future workforce; are ageing and working less; most concerned about managing workload; and not likely to recommend general practice as a career. There is a high level of dissatisfaction with Medicare remuneration for GP services. Job satisfaction has reduced in the past year, a continuation of a downward trend, however job satisfaction is higher in rural locations. • RDWA dataset tracking rural GP/RG workforce demographics, movements and trend analysis, indicates an ageing workforce with a significant cohort approaching retirement age. This is supported by DoHAC five-year trend data (for all of SA) showing a decline in the number of GPs under 39 years of age by

Key issues/needs identified for 2024	Description of evidence
<p>Ongoing need for PHC practices to achieve cultural competency and deliver culturally safe services to meet the health care access needs of Aboriginal and Torres Strait Islander people</p>	<p>3.9%; the GP cohort between 55-64 years has grown by 2.6% and GPs aged 65+ has grown by 2.4%.</p> <ul style="list-style-type: none"> • RDWAs Rural GP/REG and Registrar Workforce Survey 2023 found respondents identified the key factors affecting access to services for their community as the presence of specialists, hospitals and/or allied health services, remuneration and workload. <p><u>Rural allied health, nursing and midwifery workforce:</u></p> <ul style="list-style-type: none"> • Respondents to RDWAs Rural SA AHNM PHC Workforce Survey 2023 directly referred to: increasing competition for AHNM workforce from metro/outer metro locations; growing competition from NDIS providers competing for skilled workers; and a lack of infrastructure to support and attract a rural workforce. The survey also found respondents identified the key factors affecting access to AHNM services for their community as access to GPs, specialists and, hospital services, workforce shortages and availability of transport/travel requirements. • RDWA AH recruitment support team acknowledge good pathways to rural practice from universities, however there is a high turnover of experienced AH professionals in rural areas. <p><u>All rural primary health care workforce groups</u></p> <ul style="list-style-type: none"> • HWSG Members <ul style="list-style-type: none"> - the key factor affecting early career professionals decisions to remain practicing in rural SA was the perception of rural practice (high workload, lack of support and limited career pathways). For mid career professionals it was limited career pathway, job security and financial factors. For late career professionals it was lack of recognition, fatigue and changing personal priorities. - Supporting infrastructure also recognised as a barrier to attracting and retaining rural PHC workforce (eg housing, transport, schools). • The Independent review of overseas health practitioner regulatory settings found growing global health workforce demand and regulatory barriers for

Key issues/needs identified for 2024	Description of evidence
	<p>Internationally Qualified Health Professions (IQHP) in Australia significantly impacting on attracting a workforce to Australia – from both a cost and time perspective.</p> <ul style="list-style-type: none"> • <i>Australia’s Primary Health Care 10 Year Plan 2022-2032</i> acknowledges maldistribution of the workforce with shortages of doctors, nurses and allied health professionals in rural and remote areas and the need to rebalance supply and distribution of the workforce. • <i>CSAPHN Needs Assessment 2022-25</i> indicates health workforce shortages limit delivery of, as subsequent access to, effective care in rural SA. <p>Access to mental health services</p> <ul style="list-style-type: none"> • HWSG Members identified access to mental health services as the priority issue for 2024. • RDWA data indicates a growing demand by health professionals for mental health related CPD scholarships as part of the Health Workforce Scholarships Program (HWSP) (over a 5-year period). This suggests increasing demand for these services in rural SA. • <i>ABS – National Study of Mental Health and Wellbeing</i> (released October 2023) indicates 40% of the SA population have a mental disorder. • <i>CSAPHN Needs Assessment 2022-25</i> states people in rural SA self-report higher psychological distress in comparison with the state average, and access to services is a considerable problem in rural and remote communities. • <i>RACGP General Practice: Health of the Nation 2023</i> – the patient health issue of most concern to GPs for the future was mental health (31%). Psychological issues remain the most commonly reported reason for patient presentations, and this is an annually increasing trend (64% of presentations in 2020; 72% in 2023)). • Cost of living pressures impacting demand for mental health services, with 19.3% of people delaying or not seeing a health professional for their own mental health due to cost (ABS 2023). • <i>A National Mental Health Workforce Strategy</i> priority area is to address the critical shortages in the broader mental health workforce.

Key issues/needs identified for 2024	Description of evidence
<p>QUALITY Aboriginal and Torres Strait Islander workforce - A comprehensive funded workforce strategy is needed to attract, retain and train a high-quality primary health care workforce in ACCHS</p> <p>Ongoing need for mental health CPD</p> <ul style="list-style-type: none"> Lack of support that enables the workforce to undertake CPD that requires time away from the practice impacting on retention of the mental health workforce. Upskilling the GP/RG and AHNM workforce is needed due to increasing mental health presentations rurally. <p>Lack of incentives that support time away from practice to attend rural-based training and professional development opportunities, priority CPD topics: GPs – mental health, cardiology, paediatrics, endocrinology. Note high demand by non-VR doctors for workshops and exam preparation/practise events. AHNM – mental health, Aboriginal Health, interdisciplinary working, diabetes, obesity/nutrition, business management. Support is also needed to facilitate pathways to further education.</p> <p>Current workforce not enabled to work to full scope of practice and there is a need to raise awareness of activities that are within the professionals’ scope of practice. Eg NPs, Aboriginal health practitioners, multi-disciplinary care teams. Clarity related to the level of education/training completed and the resultant credentialed area of practice is needed.</p> <p>Need to support access to supervision for the mental health workforce to meet training requirements (and facilitate retention of a quality workforce) – from both the cost of supervision aspect and the time commitment required.</p>	<p>QUALITY PHC practices to achieve cultural competency and deliver culturally safe services</p> <ul style="list-style-type: none"> HWSG Members recognise the need to deliver culturally safe services to meet the health care access needs of Aboriginal and Torres Strait Islander people. Feedback from RDWA outreach service providers and hosts highlighted the need for all those involved with service delivery to be culturally competent and deliver culturally safe services. AHCSA Ltd State-wide Sector Report, October 2021, and related action plan. Country SA PHN Needs Assessment 2022-25 – access for Aboriginal and Torres Strait Islander people to primary health services is low, resulting in poorer health outcomes, particularly in chronic conditions, contributing to poor life expectancy and reduced quality of life across whole of life. Identified needs: <ul style="list-style-type: none"> Access to culturally appropriate health services ACCHOs are supported to improve the individual and community health experience Improve individual and community health outcomes. Access to low intensity mental health services Access to suicide prevention and services Whole of person care for people with complex mental illness and psychosocial disability. <p>Aboriginal and Torres Strait Islander workforce strategy This remains a key issue as limited progress was achieved in 2023.</p> <ul style="list-style-type: none"> HWSG Members recognise the requirement for: <ul style="list-style-type: none"> innovative service delivery models to support increased engagement of Aboriginal and Torres Strait Islander workforce. Flexible training models and pathways into health careers needed. Delivery of culturally safe and culturally health services. Aboriginal and Torres Strait Islander Health Workers/Practitioners as the priority profession in need of upskilling and/or expanded scope of practice in 2024.

Key issues/needs identified for 2024	Description of evidence
	<ul style="list-style-type: none"> • AHCSA State-wide sector report - four key themes to address in order to grow the workforce: <ul style="list-style-type: none"> - Local cultural awareness – for visiting specialists and all staff working in ACCHOs - Internal career pathways and career pathways with schools - ACCHO Cross Collaboration – AHCSA workforce leadership - Workforce training needs – AHCSA to develop training packages for ACCHOs • In addition, the issues of staff turnover data, workforce shortages and increased competition with other rural health entities for the Aboriginal Health workforce are negatively impacting. • RDWA outreach provider feedback – shortages of skilled staff at ACCHS and varying levels of nursing staff for clinics in remote communities is impacting coordinate and health service provision, including ongoing care for patients with chronic disease. <p>Mental Health CPD</p> <ul style="list-style-type: none"> • <i>National Mental Health Workforce Strategy</i> identified the need: <ul style="list-style-type: none"> - to increase access to and use of CPD across all career stages of the mental health workforce and adopt funding models that drive quality care and promote retention. - for supporting a rural mental health workforce through enabling rural GPs/AHNM to maximise their scope of practice. • RDWA CPD event evaluations – ongoing demand and request for mental health training by rural GPs/AHNMs. • RDWA HWSP data indicates strong demand for mental health training and education. • HWSG Members identified mental health as the greatest community health need that would benefit from a workforce that was upskilling/expanding scope of practice. <p>Lack of incentives for rural-based training and CPD opportunities</p> <ul style="list-style-type: none"> • The HWSG identified the

Key issues/needs identified for 2024	Description of evidence
	<ul style="list-style-type: none"> - priority professions in need of upskilling as Aboriginal and Torres Stratis Islander Health Workers/Practitioners; diabetes educators, psychologists, social workers and dietitians. - Priority skills gaps in the current allied health, nursing or medical workforce (behind mental health) as Aboriginal health, paediatrics, chronic disease management, diabetes management and obesity/nutrition. • RDWA survey data collected from CPD events in 2023, suggest the following priority topics for rural SA PHC workforce: <ul style="list-style-type: none"> - GPs – mental health, cardiology, paediatrics, endocrinology. Note increasing requests by non-VR doctors for workshops and exam preparation/practise events. - AHNM –mental health, Aboriginal Health, interdisciplinary working, diabetes, obesity/nutrition, business management • <i>National Mental Health Workforce Strategy</i> – a priority strategy to address workforce supply in rural and remote areas is to incentivise the use of place-based approaches to training, increase rural placements and recruit people from rural communities. • Current GP Incentives Review may provide additional insight in 2024 to the most effective rural incentives. <p>Current workforce not enabled to work to full scope of practice</p> <ul style="list-style-type: none"> • HWSG Members anticipated the key gaps in scope of practice in 2024 for the rural PHC workforce as: <ul style="list-style-type: none"> - NPs not working to their full scope - Barriers for Aboriginal health practitioners to work to full scope - not working in a model based on multi-disciplinary team care. • <i>Nurse Practitioner Workforce Plan</i> - outlines the need for NPs to work to their full scope of practice to: <ul style="list-style-type: none"> - support workforce capacity to provide services in rural and remote regions. - improve access to health services for consumers.

Key issues/needs identified for 2024	Description of evidence
	<ul style="list-style-type: none"> • <i>National Mental Health Workforce Strategy</i> – an intended goal of the strategy is to address the need, and enable, the workforce to expand and work to the top of their scope.
<p>SUSTAINABILITY Need for investment due to failing/non-viable markets in the small business model of general practice</p> <p>Partnership barriers can impact on the development of sustainable workforce outcomes and there is an increasing importance to build relationships across the sector in thin market situations to support innovative practice models.</p> <p>General practice viability - Payroll tax issues emerging as a major disruptor in terms of potential to impact business</p> <p>AH business models impacted by</p> <ul style="list-style-type: none"> • retention of mid/late career workforce • surge in NDIS providers rurally and the need for small businesses to remain viable • cost of living pressures • increasing workforce competition with metro/outer metro <p>Need for rural wide clearly defined medical, allied health and nursing career pathways for mid/late career professionals.</p>	<p>SUSTAINABILITY Investment in PHC practices due to failing/non-viable markets in the small business model of general practice</p> <ul style="list-style-type: none"> • Commonwealth Government consultation on thin markets and proposed funding of thin market projects - <i>South Australia Strengthening Medicare, Support for Health, Care and Support Services in Thin Markets Consultation</i> • HWSG Members outlined the priority growth strategy for 2024 to build a future rural health workforce as a need to investigate general practice models and viability of rural practice. It was noted that the proportion of aspiring practice owners has halved since 2020 and that the structure of the practise/organisation was a key factor for successfully overcoming significant workforce challenges in a location. • RDWA PHC Workforce Surveys 2023 – key factors influencing rural practice viability: <ul style="list-style-type: none"> - For the GP/RG workforce viability focused on business costs related to remuneration, bulk billing and general running costs. - For the AHNM workforce the focus was on workforce factors related to retention, shortages and recruitment challenges. • <i>NOUS Report</i> – provides strong evidence base for additional investment in rural health in Australia. • <i>RACGP Health of the Nation report 2023</i> – rates of interest in practice ownership declining (in 2023 only 12% of GPs interested), with 81% of practice owners concerned about practice viability (up from 70% in 2022 and 54% in 2021). The main challenges are increasing business costs, business profitability and workforce shortage.

Key issues/needs identified for 2024	Description of evidence
	<p>Partnership barriers and the importance of building relationships</p> <ul style="list-style-type: none"> • HWSG Members – identified the need for strong partnerships and relationship building between organisations in the rural SA health sector to sustain services in thin markets, create career pathways and develop innovative models of practice. <p>General practice viability - Payroll tax issues</p> <ul style="list-style-type: none"> • SA Government amnesty on Payroll tax ending November 2023 with no enforcement concessions so this will need to be accommodated within the business models of general practice. • Rural GP/RG/Registrar Workforce survey 2023 – payroll tax was identified as a factor likely to have the greatest negative impact on rural general practice in the next 5 years (workforce shortages, bureaucracy and remuneration were the top 3 factors). • HWSG Members – identified payroll tax as a barrier to remain in rural practice. • <i>RACGP Health of the Nation report 2023 -see above.</i> <p>AH business models impacted by surge in NDIS providers rurally and cost of living pressures</p> <ul style="list-style-type: none"> • RDWA Rural AHNM Workforce Survey 2023 – cost of living was the third highest factor likely to negatively impact rural practice in the next 5 years (behind reduced financial support and workforce shortages) • HWSG Members acknowledged an increase in competition for the rural AHNM workforce (from metro/outer metro locations and NDIS providers) and affordability of accessing services. Also noted was the uptake of NDIS funded services to support small business viability. • RDWA Rural PHC Business Support Grant evaluation feedback outlined the value of financial assistance and subsequent enhanced service capacity due to grant availability. <p>Need for rural wide clearly defined medical, allied health and nursing career pathways</p> <ul style="list-style-type: none"> • HWSG Members identified the:

Key issues/needs identified for 2024	Description of evidence
	<ul style="list-style-type: none"> - lack of career pathways as a key factor for early and mid-career health professionals to remain practising in rural SA, especially for the AHNM workforce. - need for define pathways to employment for Aboriginal and Torres Strait Islander students. • RDWA – successful future workforce engagement with the Road2Rural career pathway mapping tool for people interested in rural medical careers. • RDWA – feedback from AHPs about the challenges relate to retention of experienced professionals.

Section 3 – Health Workforce Programs – Priority Activities

This section summarises the priorities arising from the Health Workforce Needs Assessment (identified in Section 2) 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.

List 'hot spot' towns in this table that will be managed with 2024-25 Access, Improving Workforce Quality and Building a Sustainable Workforce program funding

Priority / 'Hot Spot' - Town	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
		Access	Quality	Sustainability		
<p>Priority: workforce shortage</p> <p>Priority profession: rural GPs / RGs and registrars</p> <p>Location: all of rural SA</p>	<p>Urgent need for GPs/RGs and GP registrar workforce across all rural SA due to failure of distribution levers, increased intrastate competition and ageing GP/RG workforce.</p> <p>Locations have been prioritised based on specific contextual factors relevant to that region and RDWA intelligence. The following data has also been considered:</p> <ul style="list-style-type: none"> • Remoteness (MMM) • current GP workforce and practice training capacity 	<p>Develop long-term strategies and collaboration among key stakeholders (LHNs, GP Colleges, CSAPHN) to facilitate local solutions.</p> <p>Prioritise supports to maintain procedural skills and local procedural activity for GPs in these locations (LHN)</p> <p>Provide ongoing recruitment, locum, outreach services and support grants.</p>	<p>Workforce development including:</p> <ul style="list-style-type: none"> • Cultural safety • Priority education delivery (<i>see section 2</i>) • Health Workforce Scholarship Program • Support for Non-VR doctors to achieve Fellowship • Emergency, anaesthetics and obstetrics (LHN, Colleges) <p>Respond to GP self-identified knowledge and skills gaps, using this to inform CPD delivery in priority locations.</p>	<p>Work with education providers to increase local training, especially clinical placements (GP Colleges, Uni's, RGCU).</p> <p>Identify and implement IMG retention strategies in these towns.</p> <p>Prioritise business viability and support programs including exploration of alternative business models tailored to these locations.</p> <p>Collaborate with local communities to maximize rural infrastructure and</p>	<p>Maintaining a GP/RG and/or Registrar workforce in priority locations.</p> <p>Retention of a skilled GP workforce.</p>	<p>AGPT</p> <p>MDRAP and new PFP</p> <p>Five Year OTD Scheme</p> <p>WIP – doctor stream</p> <p>Health Workforce Scholarships Program</p> <p>Outreach Services</p> <p>PHN Commissioned services</p> <p>Integrated Rural Training Hubs</p> <p>Regional LHNs workforce strategies</p> <p>Rural Generalist Programs</p>

	<ul style="list-style-type: none"> • population • socioeconomic factors (IRSAD) 			build social supports		
<p>Priority:</p> <p>Retention of the allied health, nursing and midwifery workforce</p>	<p>High turnover of mid/late stage career allied health professionals, nurses and midwives (AHNM) in rural SA</p>	<p>Develop retention strategies targeted at the mid/late career AHNMs in rural SA</p> <p>Prioritise supports to mid/late career AHNMs</p>	<p>Workforce development and upskilling opportunities including CPD support and HWSP</p>	<p>Implement retention strategies targeted at mid/late career AHNMs</p>	<p>Maintaining an experienced and skilled AHNM workforce in rural SA.</p>	<p>Health Workforce Scholarships Program</p> <p>Outreach Services</p> <p>PHN Commissioned services</p> <p>Allied Health Rural Generalist Program</p>
<p>Priority: mental health services</p> <p>Priority locations: whole of rural SA</p> <p>Priority Professions: Mental health workforce - psychologists, social workers, GPs, NPs, other AHPs</p>	<p>Urgent need to address lack of a mental health workforce to deliver mental health services.</p> <p>Locations are selected based on current access to mental health services and presence of other health services in the region.</p> <p>RDWA intelligence related to ongoing unfilled vacancies,</p>	<p>Develop long-term strategies and collaboration among key stakeholders (LHNs, Universities, AHCSA, CSAPHN, GP Colleges, AHCSA Ltd) to facilitate local solutions.</p> <p>Aim to maximise scope of practice for the rural PHC workforce providing mental health services (ie allied health, GPs,</p>	<p>Work with universities to build clinical supervision support for the mental health workforce at these locations.</p> <p>Provide upskilling opportunities in priority locations that address self-identified knowledge and skills gaps related to mental health.</p> <p>Prioritise workforce development in mental health including:</p>	<p>Support high quality rural clinical placement opportunities in priority locations (Unis).</p> <p>Profile clearly defined career pathways, including promotion of training to employment pathways (RGCU, Unis).</p>	<p>Work with key stakeholders to build and sustain a rural mental health workforce in priority locations to meet the needs of the community.</p>	<p>University undergraduate programs and Rural Clinical Schools.</p> <p>AHCSA Ltd programs</p> <p>GP College led programs and initiatives</p> <p>Health Workforce Scholarships Program</p> <p>Outreach Services</p> <p>PHN Commissioned services</p> <p>Allied Health Rural Generalist Program</p> <p>SARRAH programs</p>

	population demographics and specific contextual factors relevant to that region has been considered.	nurses) and provide support to do this. Provide ongoing recruitment and outreach services, as well as support grants.	<ul style="list-style-type: none"> • Priority education delivery (<i>see section 2</i>) • Health Workforce Scholarship Program. • Investigate supervision supports 	Support allied health practices and AHCSA with building retention strategies. Recognise the contribution rural GPs make in the provision of rural mental health services.		
<p>Priority: failing/non-viable small business models of general practice AND rural allied health practices</p> <p>Priority locations: towns with small/solo GP practices and thin markets for allied health services</p>	<p>Increasing evidence of business failure due to thin markets (GP and AH practices).</p> <p>More pronounced as workforce demographics and expectations change.</p> <p>Priority locations identified through RDWA intelligence, practice structure, community profile and population factors, as well as remoteness and regional support.</p>	<p>Provide customised support to fragile practices to maintain GP services to the community. Such as recruitment and retention supports (including locum services to support work-life balance of GPs)</p> <p>Explore use of business grants to support/develop viable models for primary health care practices.</p>	<p>Work with GP Colleges and Uni's to provide/develop business management education for GPs/RGs/Registrars/AH professionals to build skills needed to run a viable practice.</p> <p>Support practice staff to upskill in business management.</p>	<p>Work with GP Colleges and practices to gain AGPT accreditation and explore alternative supervision models.</p> <p>Work with rural AH practices and rurally focused allied health organisations to explore sustainable options.</p> <p>Actively contribute to local consultations and</p>	<p>Explore and support alternative practice models to enhance rural general practice viability.</p> <p>Transfer knowledge gained, where relevant, to support allied health practices in priority locations.</p>	<p>AGPT</p> <p>Health Workforce Scholarships Program</p> <p>University postgraduate programs and Rural Clinical Schools.</p> <p>AHCSA Ltd programs</p> <p>Outreach Services</p> <p>SARRAH programs</p>

				<p>research undertaken on viable models.</p> <p>Advocate for more effective funding models.</p>		
<p>Aboriginal Community Controlled Health Service locations</p>	<p>AHCSA State-wide sector report indicates the urgent need to attract, retain and train a high quality PHC workforce in ACCHS.</p> <p>Low levels of Aboriginal and Torres Strait Islander workforce across locations, particularly male Aboriginal Health Workers.</p>	<p>Collaborate with and support AHCSA, to develop new models for workforce recruitment and incentives.</p> <p>Assist AHCSA to deliver outcomes from the 2021 sector-wide report.</p> <p>Provide Outreach services and, if possible, enable this workforce to assist in upskilling local health providers.</p>	<p>Practical supports to enable the current workforce to take up allied health and nursing education pathways.</p> <p>Health Workforce Scholarship Program.</p> <p>Develop innovative /remote programs that support training, supervision and/or mentoring.</p>	<p>Collaboration by key stakeholders and engagement with rural schools to develop real education and career pathways in ACCHS locations.</p> <p>Initiative to support pathways to medicine and other health professions.</p>	<p>A more sustainable workforce model for ACCHS.</p> <p>Increased uptake of health career pathways by Aboriginal and Torres Strait Islander people.</p>	<p>Outreach Services</p> <p>PHN Commissioned Services</p> <p>PHN support for ACCHS</p> <p>Integrated Rural Training Hubs</p> <p>Rural Clinical Schools</p> <p>Regional LHNs Rural Generalist Programs</p>

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.

These activities are designed to ensure that At Risk practices do not become High Priority practices and currently Stable practices remain so. Without the range of services (refined and evaluated over time for their effectiveness) the list of High Priority towns will grow and HR+ will not have the resources needed to resolve their issues.

Other Health Workforce Access Program Activities			
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Need: 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.
Issue: reduction/uncertainty of Fellowship pathways for Non-VR medical practitioners	Workforce data and analysis Cessation of MDRAP program and limited details regarding its replacement - the Pre-Fellowship Program (for a two year trial).	Non-VR GP Support program to remain practicing while completing Fellowship. Professional development and support program.	Non-VR workforce achieves the Australian standards of professional practice to deliver high quality health care to communities.
Need: PHC practices to achieve cultural competency and deliver culturally safe services	ACHSA State-wide sector report CSAPHN needs assessment	Support PHC practices to achieve cultural competency and deliver culturally safe services.	PHC practices can meet the health care access needs of Aboriginal and Torres Strait Islander people.

Issue: low interest in GP training	AGPT uptake ANZ Medical Deans Dashboard RACGP –Health of the Nation 2023 report	Promote positive rural GP career pathways using Road2Rural Medicine program and career mapping tools. Collaborate with Universities and GP Colleges to explore options to alter perceptions of rural general practice and increase exposure to general practice.	Increased uptake of registrar training in rural SA.
Other Health Workforce Quality Program Activities			
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Need: Face to face regional Continuing Professional Development and networking opportunities	RDWA PHC workforce surveys indicating need for accessible, local CPD opportunities. CPD evaluation feedback collected from events in 2023 indicates an interest in attending more in-person CPD events to also provide local networking opportunities.	Focus on delivery of education services across rural SA locations, supplemented by webinar sessions and on-demand content.	Upskilling of rural PHC workforce in areas of self-identified skills gaps. Facilitate development of local professional networks.
Other Health Workforce Sustainability Program Activities			
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Need: support to build partnerships and relationships between organisations in rural SA	HWSG identified need for strong partnerships to sustain services in think markets, create career opportunities and develop innovative models of practice.	Investigate alternative partnership and/or collaborative arrangements. Leverage relationships established by the HWSG.	Increased collaboration in relation to rural PHC workforce in SA.
Need for rural wide clearly defined allied health and nursing career pathways	HWSG Members identified the lack of career pathways as a key factor for early and mid-career health professionals to remain practising in rural SA, especially for the allied health and nursing workforce.	Involvement with Universities, the Nurse Practitioner Workforce Plan Implementation Advisory Group and SARRAH to identify opportunities to promote career pathways.	Outline/Articulate career pathways for AHNMs and showcase pathways to the future 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 (in alphabetical order):

Audiologists

Dentists and Dental Hygienists

Diabetes Educators

Dietitians and Nutritionists

Exercise Physiologists

GP Practice Nurses

Midwives

Nurses

Occupational Therapists

Optometrists

Pharmacists

Physiotherapists

Podiatrists

Psychologists

Social Workers

Speech Pathologists

Essential supplementary services are provided by PHC practice owners and managers

Section 6 – Health Workforce Stakeholder Group

Membership		
Position	Contact	Organisation
Chair	Ms Lyn Poole	RDWA
Member	Mr Andrew Hayward	RACGP
Member	Professor Claire Drummond	Flinders University
Member	Professor Esther May	University of South Australia
Member	Professor Lucie Walters	University of Adelaide
Member	Ms Julianne O'Connor	Rural Support Service (regional LHNs)
Member	Invited	Aboriginal Health Council of SA Ltd
Member	Ms Emma Young	CSAPHN
Member	Ms Carolyn Sickerdick	AAPM
Member	Ms Gretchen Scinta	RDWA
<i>Secretariat support</i>	<i>Ms Mandy McCulloch</i>	<i>RDWA</i>
<i>Secretariat support</i>	<i>Ms Julianne Fox</i>	<i>RDWA</i>

Terms of Reference

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)

ABS, Patient Experiences 2022-23 financial year, 21 November 2023, see:

<https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release>

ABS, National Study of Mental Health and Wellbeing, 2020-2022, released 1 December 2023, see:

<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

Australian Government, Department of Health and Aged Care, General Practice Workforce providing Primary Care services in Australia updated December 2023, see:

<https://hwd.health.gov.au/resources/data/gp-primarycare.html>

Australian Government, Department of Health and Aged Care, Independent review of overseas health practitioner regulatory settings – Final report, see:

<https://www.regulatoryreform.gov.au/sites/default/files/Final%20Report%20-%20Overseas%20Health%20Practitioner%20Regulatory%20Settings%20Review%202023%20-%20Endorsed%20by%20National%20Cabinet.pdf>

Australian Government, Department of Health and Aged Care Nurse Practitioner Workforce Plan, see:

<https://www.health.gov.au/our-work/nurse-practitioner-workforce-plan>

Australian Government, Department of Health and Aged Care, Strengthening Medicare Policies, see:

<https://www.health.gov.au/resources/publications/summary-of-strengthening-medicare-policies?language=en>

Australian Government, Department of Health and Aged Care, Unleashing the potential of our health workforce – scope of practice review, see: <https://www.health.gov.au/our-work/scope-of-practice-review>

Australian and New Zealand Medical Deans dashboard, see: <https://medicaldeans.org.au/>

National Mental Health Workforce Strategy 2022-32, see:

<https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf>

Nous Report: Evidence base for additional investment in rural health Australia, see:

<https://www.ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/policy-development/evidence-base-additional-investment-rural-health-australia-june-2023.pdf> released 23 June 2023.

RACGP. General Practice: Health of the Nation 2023, see:

<https://www.racgp.org.au/getmedia/122d4119-a779-41c0-bc67-a8914be52561/Health-of-the-Nation-2023.pdf.aspx>

RDWA dataset, workforce surveys and HWSG survey outcomes (*restricted access*)