Legislative Assembly Select Committee on Remote, Rural and Regional Health Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Supplementary Questions: Rural Doctors Network (20/12/2023)

RDN is pleased to provide responses to the Supplementary Questions below. Following a review of submissions to the Committee and the public hearing statements we would also like to raise attention to an issue that has potentially not yet received the attention it fully deserves – retention of existing NSW rural health workforce.

RDN recommends a focus on retention efforts. Attraction of new workforce is often the focus of solutions, to the detriment of retention of the current workforce. Ongoing whole-of-person support for this workforce and acknowledgement of their extensive expertise and value to the system (in addition to the communities they serve) are essential to maintaining the rural workforce we are lucky enough to have. Whole-of-person support, which includes their professional, social and emotional wellbeing, must be considered if looking to optimise and maintain capability of a rural health staff.

In 2022/23 the NSW Government, through the Regional Health Division, provided RDN funding to commence professional wellbeing initiatives for NSW Health workforce. We commend the NSW Government for its leadership in this area. Global evidence is growing that the professional wellbeing factor is key in the retention of health workforce staff post-COVID and systems that have under-estimated this factor appear to be facing further workforce challenges. RDN recommends continuation of this initiative. Further details of this initiative can be provided on request.

1. How many rural general practices do you estimate to be sustainable and likely to continue for the next five years? How has this number changed in the past 5-10 years?

The viability of remote and rural health businesses, such as general practices, allied health and dental practices, charities and government-funded agencies; is currently a key focus for RDN. High performing and well governed health businesses have direct positive impact on the factors that influence access, quality and sustainability of rural and remote health systems. Evidence suggests the reverse is also true. Sustainability of these businesses is multifactorial, and environmentally and situationally dependent. Some factors involved in sustainability are: location, size (both staff and patient cohorts), billing model, ownership model, service models, involvement in training, and staff mix.

Attention should be given to supporting and enabling health businesses that fully engage in whole-of-sector initiatives (such as student immersion, registrar training, hospital rosters and social care responsibilities). Particular focus should be paid to those businesses that employ, and actively support, the professional development and career pathways of trainee clinical professionals needed within the service location.

The impact of funding systems on the viability and sustainability of remote and rural health business and workforce should also not be underestimated. For example, organisations have limited ability to secure health workforce on part-time and short-term (less than one year) contracts offered by state or federal governments. Viability is further compromised if corporate administration allocations within government contracts are not commensurate with contemporary governance requirements such as cyber security.

2. Can you outline any improvements or challenges in relation to attracting and credentialling VMOs?

As mentioned by Dr Tom Douch, RDN Board Chair, during the 24 November 2024 hearing with the Select Committee in relation to this Inquiry, in the current market it is incumbent on rural health employers to ensure they are meeting the needs of the scarce employees, rather than the opposite. RDN suggests that focusing on provision of supportive and flexible workplaces would go a long way to attracting and retaining VMOs within rural LHD services.

This must include: maintenance of a positive, supportive workplace culture; appropriate and commensurate employee benefits (conditions, contracts, incentives, on-call responsibilities); flexibility to maintain a patient-centred focus; increased flexibility in credentialling processes; and employee support, including training and supervision, and adequate service staffing. In addition to LHD workplace specifics, concerted recruitment activities focussing on positive stories of rural work and locations would also be of benefit.

In situations of natural disaster or emergency, enabling credentialling processes for rapid deployment is certainly a key learning from recent years and the Rural NSW Natural Disaster and Emergency Health Stakeholder Group (NDE Group). The NDE Group commenced in 2020 in response to the bush fires and is facilitated by AMA (NSW) and RDN and includes NSW Health and the Australian Department of Health and Aged Care plus over 30 federal and state government agencies, peak bodies and industry groups. The Group centres efforts on the aim of reducing confusion and duplication by coordinating health and social care business and workforce support. Further details can be provided if required.

3. Your submission highlights two programs that could be scaled up: the Indigenous Allied Health Australia's Academy program and University of Newcastle's Miroma Bunbilla program (p.7).

a. Could you elaborate on the benefits of these programs, and what might be needed to expand these programs?

RDN suggests that these organisations deserve appropriate recognition for their positive contributions. It would be most appropriate that the organisations responsible for these programs provides this information.

For the Indigenous Allied Health Australia's Academy, please contact:

[redacted]

For the University of Newcastle's Miroma Bunbilla program, please contact:

[redacted]

4. Can you provide an update on the progress and effectiveness of your Collaborative Care Program for medical specialist training (p.8)?

The impact of the Collaborative Care program is primarily on the intersections between primary, community and hospital care as opposed to medical specialists. RDN acknowledges the significant role played by each partner in these trials including the NSW Local Health Districts. The Collaborative Care Program uses a place-based approach to co-design and implement innovative service and workforce models to address unique primary healthcare challenges in five rural NSW sites. Each trial blended a policy lever, with a service delivery approach and local leadership. For example:

- The Wentworth site solution is an exemplar of collaborative local social leadership whereby a mainstream GP clinic was set up and run by the local Aboriginal Community Controlled Health Organisation (Coomealla Health Aboriginal Corporation), in collaboration with the Wentworth Shire Council, to address significant needs in the region regardless of the patients' Indigenous status.
- The 4Ts solution is a Western NSW LHD led model that blends a 19(2) exemption from the Health Insurance Act with a single-employment model for GP provision to four small rural towns, as well as a centralised practice management approach.
- In contrast with LHD- or ACCHO-led models, the Canola Fields site is a GP-led model in a small practice, where the GP combines practice work with VMO activities at two hospitals. It engages a vast local health workforce network and uses a "Deliberate Team-Based Care" approach to manage patients with a high-risk of health decline.
- The Snowy Valleys needs are much different. This site first engaged with Collaborative Care by developing local health workforce literacy. Subsequently, this community has started testing a shared medical appointment model.
- Finally, the Lachlan Valley site is focused on developing a health workforce plan across the region and has identified opportunities to coordinate shared services.

In terms of medical specialty training and medical specialists rural career pathways, RDN has experience and engagement at different levels. Further details and observations can be provided if necessary. RDN engages with, and contributes to, many medical colleges to support rural pathways. Further, a percentage of the Rural NSW Health Outreach Services, administered by RDN, relates to medical specialist engagement and service continuity. The Rural NSW Health Outreach Services are delivered through 1,200 clinics annually to over 250 towns by over 800 clinicians and in 2023 celebrated its 2-millionth occasion of service. These services, and clinicians, are a vital component of the health access mix for NSW's remote and rural communities.

5. Your submission states that there appears to be a net decrease of rural generalists despite efforts such as the NSW's Rural Generalist program (p 6). How could this be addressed?

Overall the rural health workforce is decreasing however this is not specifically related to the NSW Rural Generalist program.

In the rural GP context, there are a number of traditional phrases that refer to GPs with advanced skills and a wide scope of practice (for example, GP Proceduralist, GP VMO). It is these cohorts RDN has referred to in recent years, and the trend of their reduction in availability has been exacerbated by increased workloads and many now preparing for retirement.

Implementation of the National Rural Generalist Pathway within NSW aims to turn this current trend around. This program is based on best available evidence, and is being implemented

incrementally by each jurisdiction. Time is needed for this program to be fully embedded and refined, and for the impact of the program to be realised. Thanks to MoH funding, RDN supports the RG pathway by engaging with LHDs to identify the location of proceduralist RGs currently employed in NSW LHDs and mapping the areas for future needs. Similar work will start in 2024 to support the future of non-proceduralist RGs.

A critical part of this pathway, formal recognition of Rural Generalism as a sub-specialty of General Practice, is currently being assessed by the Medical Board of Australia. As our clinical professions become increasingly specialised, it is becoming increasingly important to recognise and differentiate those rural GPs with advanced skills and wide scope of practice from other GPs that may practice in more clinically supported environments.

In order to maximise the benefits of the National Rural Generalist Pathway in NSW, RDN would suggest creation of a governance group, consisting of all rural LHDs, NSW Health Ministry of Health (MoH), and other Pathway stakeholders, to establish and commit to plans for an RG workforce in each LHD. This would have the potential for the following flow-on benefits: establishment of a network of RG trainees; share learnings, resources, and trainee placements across LHDs; identify, and action, common areas for improvement; all with support of the MoH.

6. How can the health system better equip international medical graduates to work in remote and rural areas (p 3)?

The International Medical Graduate (IMG) workforce (and other clinical cohorts trained overseas) is critical to rural healthcare and therefore deserves significant attention.

Over the past two-decades, RDN has enabled the recruitment and placement of IMGs from over 60 different countries. Our experience and evidence reinforces the need for consistent whole of person support and guidance across the entire IMG pathway. Whole of person support includes partners and family, beyond vocational support to achieve medical registration and employment in Australia. Further supports, including orientation to Australian society and culture; familial employment, schooling and child care; travel and accommodation supports; employee entitlements and regulations; and employer support and education; would enhance the level of engagement and IMG retention. In this vein, RDN's national partners have previously proposed consideration of tailored concierge support service for in-coming internationally trained clinicians. This service would act as a consistent guide and support, not just as a referrer to government services, for the IMG and their family across the entire IMG pathway. Within NSW, RDN has the capacity, experience and partnership network to fulfil such a role.

Our experience aligns with the Kruk Review recommendations aimed at streamlining of regulatory processes and improving workforce planning. RDN sees these recommendations as essential to best meeting both the needs of the IMG and the Australian populations they serve.

Finally, RDN strongly believes that the empowerment and success of the health workforce is 'everyone's business'. All agencies and providers involved (and funded) in health should have obligations and commitment to ensuring safe and productive environments so that all health professionals – whether Australian or internationally trained, can thrive. The inclusion of performance metrics relating to organisational performance in health workforce capability and career pathways could be considered.