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Can Assist
CANCER ASSISTANCE NETWORK

Suite 601, Level 6
22 Market Street
Sydney NSW 2000
**P** 1300 226 277
**E** admin@canassist.org.au
www.canassist.org.au

Cancer Patients' Assistance Society of NSW
ABN 76 000 412 715

**SUPPLEMENTARY QUESTIONS AND ANSWERS –**

**The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural, and regional health**

**Supplementary Question ONE**

Your submission highlights some issues with the Rural Health Workforce Incentive Scheme (pp.3-5). a. What improvements should be made to this scheme? Should additional incentives be introduced?

*We preface our comments by reiterating the fact that we are not health experts and can only share the views and perspectives we have formed through our work as a rural cancer charity.*

Whilst designed to attract staff into rural areas, we believe the nature of the scheme has adversely intensified the competitive behaviour of both employer and employee within the existing rural health network. Since each LHD has equal access to the recruitment bonus, many employers are now resorting to additional measures to create a point of difference for their workplace (e.g. free accommodation) which are too often simply coaxing staff from one rural location to another. Some current rural health care employees have been known to apply for multiple bonus eligible positions and use any job offers to leverage one LHD against another for additional concessions. The current bonus scheme encourages this behaviour and the consequent destabilising results.

The scheme has been less successful than anticipated as a means of recruiting staff from outside regional/rural/remote NSW i.e. from ether overseas or metropolitan areas.

**A. RETENTION BONUS**

**1. Increase the scope of the retention bonus.**

This competitive behaviour would be disincentivised **if the retention bonuses were paid both more widely and more transparently**. Simply put – if more health workers were retained under the retention bonus the prospect of a sign on bonus loses all appeal. Under the current system – many HCP's (health care professionals) with the same job and the same qualifications are somehow made ineligible for the retention bonus. As noted in Can Assist's submission – we believe that NSW Health has determined the qualifying feature to be the cost centre of employment. However, this is a distinction without a difference – one that does not give the appropriate consideration to the actual

nature of the job. Rather than increase the incentives further, Government should first broaden the distribution of the incentives rendering all "same jobs" eligible for the retention bonus.

2. **There must be more transparency on how both the retention bonus is awarded**; **black and white descriptions and terms for all staff to see.**

Too many workplaces have anticipated retention bonuses only to be disappointed in the end. This creates unnecessary resentment and further incentivises resignations. Unnecessary complexity creates confusion and fosters cynicism. Expectations must be managed, and a sense of fairness restored.

3. **Single position jobs need to be given special consideration.**

In smaller and often more remote locations there may be only one head count in a particular "job type". Under the current scheme – these HCP's will never be eligible for a bonus. The current scheme incentivises their resignation to move to a bonus eligible area. Recognise that any such resignation will create unique difficulty (no other staff can pick up the slack) and is more likely to be in a harder to fill location (ie non regional, typically rural, or remote). In these locations, we would suggest a more liberal application of the "same job" eligibility determinant for retention bonus.

**B. RECRUITMENT BONUS**

1. **There must be more transparency on how the recruitment bonus is awarded**; **black and white descriptions and terms for all staff to see.**

Underlining the lack of clarity around eligibility parameters are the frequent reports we hear of rejected recruitment bonus applications. If hospital administrators were clear on the terms this would not be happening.

Why are some eligible workplaces, despite being acutely short of staff not making applications? Do the problems lie solely with the parameters of the scheme or are their additional issues with how the LHD administrators are affecting them? We would suggest an audit by NSW Health to answer these questions.

2. **Reduce the time taken and the red tape associated with recruitment bonus applications.**

Understand the fractional nature of the workplace - if a 0.5 headcount position eligible for the bonus becomes a full headcount – allow automatic eligibility. If a social work position from "medical oncology" is eligible for a recruitment bonus and a position subsequently becomes available in "radiation oncology" the waiting period to establish eligibility should be waved – they are essentially "the same job".

3. **Keep records on where new staff are being recruited from**.

Monitor the effectiveness of any changes made to the scheme by this key benchmark. Has the job been filled by a HCP from within or outside of rural NSW? The answer provides insight regarding the efficacy of both the recruitment and retention bonus.

The government may also consider paying an additional bonus to a hospital budget (as opposed to the worker) should they be successful in recruiting from outside a designated regional, rural or remote location. Existing rural HCP's receive the retention bonus (with the broader applicability), and remain indifferent as to the source of the hire.

**Supplementary Question TWO**

Are there any challenges or opportunities for improving the health workforce that you have identified, particular in relation to oncology and support services for patients receiving cancer treatment?

1. **Offer permanent contracts after a probationary period.**

Whilst not limited to oncology, short term contracts are a substantial barrier to attracting new staff from outside rural areas. The potential applicant pool typically drops to one of two types: the young/inexperienced (who tolerate the uncertainty) or the partnered (where the partner has the security of a permanent contract).

There seems to be no sense to this practice since it is not uncommon for a HCPs to remain on annual contracts for many years (up to 30yrs). In some instances, HCP's have worked for several years without any contract at all.

2. **Specific problems for specific areas.**

Whilst the temptation is to provide blanket solutions – there is much nuance across our rural/regional/remote landscape. Each LHD and each town within that LHD will have priority issues. NSW Health has the breadth and the presence to research, collect the data and understand the most pressing issues district by district, town by town.

In a town like Deniliquin, the lack of GPs is a pressing issue. The available doctors there have not taken on any new patients for four years – how does a HCP relocate their family without the assurances of a local doctor?

To the contrary – A town like Cootamundra has ample GPs but next to no accommodation. With a plethora of local nurses retiring at the local community nursing home there, the home has been forced to reduce the number of available beds from 64 to 42 over the last 6 months. With no accommodation in sight, it is impossible to hire. Despite this situation, a recent application from a local GP there to build two new units and a house on his surplus land was rejected by council.

3. **The young and the mobile.**

Not a new suggestion but incentives aimed at students appeal because it provides the opportunity for staff to establish rural roots early in a career.

Could local health services sponsor students to complete their degrees on the promise of working rurally thereafter for a period of time?

Similarly, the Government may underwrite HECS free university degrees for those that agree to a rural posting upon completion.

Could a qualifying degree be extended by 12 months with a paid rural internship?

Some new staff would remain rural, and for those that don't, a constant stream of rotating workers would remain effective in alleviating some shortages.

4. **Remain flexible.**

Should the combined impact of such changes shift nature of the workforce shift (eg towards younger/less experienced) adapt any bonus scheme accordingly – if necessary, by paying higher bonuses to higher level /more experienced HCPs to provide training and pick up slack. By the time the recently hired (under the bonus scheme) Irish nurse cohort for the Murrumbidgee LHD upskill the younger staff there, any departures there will be more manageable.

Look at the detail of the town/LHD seeking to hire – no amount of bonus will entice an experienced HCP to move there is they cannot find appropriate accommodation.

Yours sincerely,

[redacted]

**Majella Gallagher**
**Advocacy and External Relations**
**Can Assist**

[redacted]

**Emma Phillips**
**Executive Director**
**Can Assist**

**CAN ASSIST Branch Map**