Submission No 21

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND REGIONAL HEALTH

Organisation: NSW Rural Doctors Network (RDN)

Date Received: 22 September 2023

NSW RURAL DOCTORS NETWORK
CELEBRATING 35 YEARS

22 September 2023

Dr Joe McGirr, MP
Chair, Legislative Assembly Select Committee on Remote, Rural and Regional Health

Dear Dr McGirr

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

Thank you for your correspondence (15 August 2023) and the invitation to provide a submission to the *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 (PC2 Inquiry)*.

Rural Doctors Network (RDN) is an independent not-for-profit, non-government charitable organisation that celebrates its 35th anniversary in 2023. The charity's purpose is to improve access to health and social services for remote, rural, regional and disadvantaged communities.

For disclosure, RDN receives funding from the NSW Government for delivery of programs related to the scope of the Inquiry. The organisation also receives funding the Australian Government and acts as the Australian Government's designated Rural Workforce Agency for health in NSW.

Further, I also acknowledge that in August 2022 I was appointed by Minister Taylor to Chair the Regional Health Ministerial Advisory Panel (RHMAP) through to 31 July 2023. In addition, members of RDN's Board, staff and contracted medical and clinical panel hold positions on various NSW Health committees.

Please see attached the Rural Doctors Network's (RDN) submission. It has been constructed to respond to the Inquiry's terms of reference. To ensure integrity of the submission, we have looked to acknowledge the disclosures above and where RDN has a funding, or other potential vested, interest. I welcome the opportunity to provide further details and evidence where necessary to support the Committee's investigations.

RDN thanks the Parliament of NSW for its continued interest in the welfare of NSW's remote, rural and regional communities.

Yours sincerely,
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Chief Executive Officer

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NSW Rural Doctors Network activities are financially supported by the Australian and NSW governments

Rural Doctors Network's response to the Committee's Terms of Reference

a) any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs

In preparing this submission, Rural Doctors Network (RDN) has identified, and acknowledges, multiple examples of positive progress in terms of the PC2 recommendations. These include -

- Publication of the NSW Regional Health Strategic Plan 2022-32
- Scaling of the Murrumbidgee Single Employer Model (SEM) and engagement with the Australian Government to extend SEM within the NSW context
- Continuation of the NSW Rural Generalist Coordination Program and related initiatives

In addition, since 2022, initiatives beyond RDN's traditional NSW Government engagement that relate to the Committee's terms of reference include -

- Trial to expand the NSW Rural Resident Medical Cadetship Program (delivered in partnership with RDN)
- Rural Healthcare Workforce Wellbeing Initiatives, leveraging RDN's Rural Health Pro
- NSW Rural Health Orientation and Community Awareness, Understanding and Engagement Projects

RDN would be happy to provide details of these initiatives and their progress to the Committee on its request.

In reviewing the Inquiry's terms of reference and related documents including the NSW Regional Health Strategic Plan 2022-32, RDN offers the following observations in response to challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding.

Delineation of remote, rural, regional and outer metro

- Recommendation 38 of the PC2 Inquiry cited that *"rural and remote health systems are fundamentally different to urban and regional city health systems".* The PC2 Inquiry report reinforced the differentiation of health needs, appropriate service models and workforce skills and distribution between remote, rural and regional communities.
- In response, the NSW Regional Health Strategic Plan 2022-32 does identify remote and rural communities alongside regional, however specific call out of policy, initiatives and funding dedicated to remote and rural area service model and workforce solutions may enhance outputs and overall outcomes for those communities.

Build NSW's 2023 – 2040 rural health workforce

- World Health Organisation's *A universal truth: No health without a workforce*[1] appears to be more relevant today than ever before. As this Committee has identified, workforce and workplace related challenges impacting workforce, are fundamental to the current service access and quality challenges and without resolution may intensify the negative health outcomes and safety for remote and rural communities in years.

[1] World Health Organisation. A universal truth: No health without a workforce. 2014. [Internet]. Available from: https://www.who.int/publications/m/item/hrh_universal_truth.

- RDN posits that within a medium-term health plan it may be more advantageous to prioritise investment in building and supporting a generation of rural health professionals than other worthy investment areas such as infrastructure – especially as we have entered an age of alternative team-based and virtual service models.
- Key elements would include genuine partnering with the Australian Government's primary health workforce plans and investments, supporting modern career pathways as suggested in RDN's paper, *Beyond the workforce training pipeline: embracing the meandering stream of "whole of life" and career to strengthen the retention of health professionals rurally*[2], enhancing rural generalist careers, enabling multi-disciplinary team approaches (as promoted by National Rural Health Commissioner's *The Ngayubah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams*[3]), and ensuring internationally trained health professionals are supported and embraced equally to Australian trained graduates.

General Practitioner proceduralists, Visiting Medical Officers and Rural Generalists

- RDN's submission to the PC2 Inquiry (No. 394, 18 December 2020) specifically identified this cohort as a matter of state priority. These medical professionals are highly trained and multiskilled and are often central to the maintenance of public, primary care, aged care and social care (e.g. NDIS) services for remote and rural communities. Such services are known to offer more wholistic care and quality plus reduce hospitalisations.
- In 2020, RDN identified that only 177 remained in practice with just over half of these aged over 50. The NSW Regional Health Strategic Plan 2022-32 identifies the need to increase access to GPs, however issues such as GP VMO / Rural Generalist distribution and availability, workforce pressures following on from COVID-19 and natural disasters, general practice viability concerns, increasing 'out of region' locum payment rates and metro-friendly GP placement policies have likely exacerbated the decline trend beyond the success rates of new programs.

Rural health workforce capability

- In its 2020 submission noted above, RDN introduced the notion of health workforce capability whereby health professionals are at their most capable when they are supported to positively respond and contribute to life in rural communities. This 'whole of life' notion goes beyond enabling just clinical competence to supporting emotional, physical, 'spiritual', social and professional wellbeing.
- In recent years, RDN's research has strengthened evidence supporting the notion of 'capability' by suggesting that the more a rural health professional perceives themselves as being capable, the higher quality of care they deliver, and they will remain in rural practice longer[4].
- Today and into the foreseeable future in acknowledging the impacts of practising during COVID-19 and continuing workplace stress, it is critical that remote, rural and regional health strategies consider, and invest in, the factors that make up the 'whole of person' to enable our rural health professionals' capability.

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[2] Colbran R, Ramsden R, Edwards M, O'Callaghan E, Karlson D. Beyond the workforce training pipeline: embracing the meandering stream of "whole of life" and career to strengthen the retention of health professionals rurally. Journal of Integrated Care 2022; 30(5):83-92. https://doi.org/10.1108/JICA-04-2020-0022.

[3] Office of the National Rural Health Commissioner. The Ngayubah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams. 2023. [Internet]. Available from: https://www.health.gov.au/resources/publications/the-ngayubah-gadan-consensus-statement-rural-and-remote-multidisciplinary-health-teams?language=en.

[4] Martiniuk A, Colbran R, Ramsden R, Edwards M, Barrett E, O'Callaghan E, et al. Capability ... what's in a word? Rural Doctors Network of New South Wales Australia is shifting to focus on the capability of rural health professionals. Rural and Remote Health. 2020 Jul;20(3):5633. https://doi.org/10.22605/RRH5633.

Health and social care organisation viability, performance and accountability

- Notwithstanding the call outs above encouraging escalated investment and support for the rural health workforce, RDN has observed policy attention to health and social care workforce by both State and Federal governments.
- One workforce factor that we believe has been under-represented in deliberations is the role of 'the employer' in enabling the recruitment, retention and capability of NSW's rural health workforce – be they government, private or not-for-profit / charitable organisations.
- There are legislative, regulatory and financial factors that are increasingly impacting the future of viable rural health businesses, which in turn is likely impacting the attractiveness of rural health workplaces.
- As a potentially new perspective, RDN encourages consideration of the role of government, private or not-for-profit / charitable organisations in supporting the viability and sustainability of NSW's health workforce, and mechanisms to support those organisations viability and high performance.

b) staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)

Securing a generation of health workforce through coordinated bi-partisan planning

RDN strongly supports efforts to support the growth and development of the primary health sector in rural, regional and remote areas (Recommendation 8). In fact, as stated in response to ToR Section A – RDN has recommended a bi-partisan generational plan, extending the notion of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy (Recommendation 11). A prerequisite to any health workforce success is the need to work collaboratively with the Australian Government and in alignment with federal plans such as the National Medical Workforce Strategy 2021-31[5] and National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031[6]. For the remote and rural context, RDN recommends more detailed planning for integrated workforces across LHD, primary care, aged care, NDIS and other social care environments.

Single Employer Models (SEM)

The activation of state-wide Single Employer Models (SEM) in partnership with Australian Government is worthy of recognition (Recommendation 9), so too the partners involved in the establishment of the Murrumbidgee SEM. For the purposes of supporting SEM in this context, industry feedback to RDN has been positive and has identified that it is important to recognise that SEM is a general practice training model – not at this point a career employment model, that the Murrumbidgee SEM was designed by local stakeholders in response to local context, and that there are other forms of single-employment (e.g. group general practice). These factors may influence success in future SEMs. Further, understanding, and responding to, the root causes that drove establishment of SEM such as portability of entitlements, viability of general practice, and support of GP VMOs in remote and rural settings, may generate other complementary rural doctor employment models and pathways. RDN also suggests consideration of engagement with Aboriginal Community Controlled Health Organisations in SEM approaches.

The GP VMOs and GP Proceduralist cohort

As noted in ToR Section A, as in 2020, RDN has again highlighted the critical attention necessary to the GP VMOs and GP Proceduralist cohorts (Recommendation 12). In some regions of NSW, this workforce is critical in maintaining access to procedural health services as suggested by the collaborative work undertaken between Murrumbidgee LHD, the University of Notre Dame Rural Clinical School and RDN. On a positive note, NSW's Rural Generalist Program and related initiatives continue to develop positively in partnership with the Australian Government, and RDN posits that this novel training pathway is attractive to contemporary JMOs. Unfortunately, the supply of Rural Generalists does not yet seem to address the net decrease of this proceduralist workforce. Overall, this decline is local and

[5] Australian Government Department of Health. National Medical Workforce Strategy 2021-2031. 2022. [Internet]. Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf.

[6] Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. 2022. [Internet]. Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf.

likely grounded in practice viability concerns, supervision workload overload, and the burgeoning locum market which continues to dilute and disenfranchise this critical workforce.

Trainee doctor remuneration – a foundation for rural careers

In terms of trainee doctor employment arrangements (Recommendation 15), RDN is aware this was supported by the Regional Health Ministerial Advisory Panel (RHMAP) in 2022/23 however we are unsure of the status of change implementation. Remuneration parity for junior doctors in rural settings has been called out for many years as a barrier to rural training and retention. If this matter has been resolved and can be complemented with new workforce incentives, a positive opportunity exists to reinforce the potential for rural practice – not just for NSW residents but potentially those from interstate considering NSW careers.

Remote and rural workforce development requires whole of system support

With respect to nursing, midwifery and other clinical workforce groups (Recommendations 16, 17 and 18), RDN and its broad practitioner network strongly supports enabling multidisciplinary and top-of-scope models in remote and rural settings, such as described in the *Ngayubah Gadan Consensus Statement: Rural and Remote Multidisciplinary Health Teams*[3]. However, we reinforce the evidence that in more remote and rural settings integration between primary, secondary, and tertiary health workforces and service models (including those for aged and disability care) is critical and as such, state-funded recruitment incentives for 'hospital' based staff has potential to dilute and weaken multidisciplinary workforces in those areas.

RDN is working with its network to further strengthen the rural workforce pipeline. With a view to the strengthening non-medical primary care clinician pipeline, RDN and the Australian Primary Health Care Nurses Association (APNA) are designing and implementing a rural primary care nursing placement program within NSW. This is expected to align with the NSW Chief Nursing and Midwifery Officers efforts to increase opportunities for nurse practitioners within rural areas.

Telehealth and new learnings of unintended consequences

RDN is an advocate for technology assisted health services in remote and rural areas (Recommendation 30). While a key feature of RDN's submission to the Rural Health Inquiry in December 2020, we also acknowledged telehealth's limitations and the need for it be used as a complementary to in-person, locally based and locally staffed services models. It is important to highlight that in more recent times we have flagged unintended risks with telehealth when implemented as a service replacement mechanism and subsequent potential to reduce in-community services, capacity of locally based clinicians to maintain viable administrative support and most importantly, dilutes in-rural supervision of future workforce – which in turn appears to be adding further strain on the already stretched rural GP supervisors network.

Clinical trials engaging rural patients, communities and providers

Reference to participation in clinical trials for rural communities and clinicians (Recommendation 30), should also be highlighted. In recent years RDN has contributed to the design and implementation of rural clinical trials and we are aware that NSW Agency for Clinical Innovation is increasingly active in this area. RDN particularly supports the

expansion of facilities in non-metropolitan settings to increase patient recruitment, as well as the initiatives aimed at increasing the capability of rural providers.

Building the Aboriginal and Torres Strait Islander health workforce

RDN acknowledges that the PC2 Inquiry recommendations strongly supported the need to build the Indigenous health workforce (Recommendation 33) and that this intent is reinforced in the NSW Regional Health Strategic Plan 2022-32. As one of the first non-Indigenous organisations nationally to underwrite a dedicated role to supporting the development of Aboriginal Health Workforce, RDN offers its support to any LHD initiatives working to support current, and future, Aboriginal and Torres Strait Islander health professionals.

RDN continues its long-standing partnership with Aboriginal Health and Medical Research Council of NSW (AH&MRC). In line with the integrated nature of remote and rural practice and in recognition of the pivotal role of NSW's Aboriginal Community Controlled Health Organisations (ACCHOs) in both rural and metro settings, RDN recommends consideration of extending NSW Government's financial and in-kind support to ACCHOs. This may also be applicable to non-Indigenous non-government organisations where warranted and where appropriate Aboriginal engagement and cultural responsiveness is demonstrated.

Due to RDN's role in health workforce initiatives, we have been fortunate to be briefed on successful Indigenous health workforce programs. Two that we believe deserve mention in this context are Indigenous Allied Health Australia's Academy program targeting high school student engagement, and University of Newcastle's pre-medical entry pathway Miroma Bunbilla Program for Indigenous students. Both programs may have potential for scaling more broadly within NSW.

We also recommend consideration investing in professional development and career pathways for Indigenous health administrative staff and future executives. This may potentially align to RDN's earlier recommendation regarding support for health and social care organisational capability and performance.

c) staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)

Cross-LHD accreditation and workforce matching services

In recent years the apparent appetite for cross-LHD accreditation for GP VMOs and Proceduralists (and Rural Generalists) has intensified (Recommendation 13). This has been largely driven by the escalating locum market, which was starkly apparent during the natural disaster and COVID-19 emergencies between 2019 and 2022.

During this time RDN was acknowledged for its role in jointly facilitating the Rural NSW Natural Disaster and Emergency Health Stakeholder Group with the Australian Medical Association (NSW). This work included creation of the Surge Workforce and Matching Service (SWARM) which at its peak registered over 1,000 health professionals willing to support remote and rural LHD, Aboriginal community controlled and non-government health services. LHD credentialling and accreditation limited RDN's ability to enable real-time workforce responses and was a key recommendation from that program's evaluation.

In addition to SWARM, RDN has access to a cohort of GP VMOs and Proceduralists willing to support rural community practice if a portable tenure and remuneration mechanism can be developed.

Medical specialist training pathways

In terms of integrating medical specialist training pathways within the new employment and service delivery models (Recommendation 14), RDN has observed some success through its owns programs such as the Health Access Program which delivers over 1,200 specialist outreach services per annum and the five NSW trial sites of the Collaborative Care for Remote and Rural Communities program – both of which are funded by the Australian Government. In both cases, targeted attention to embedding medical specialist training could support achievement of Recommendation 14.

Enabling the whole of rural health through workforce development

As noted earlier, RDN understands and supports efforts to extend recognition and engagement of nursing and midwifery professionals as well as other cohorts such as palliative care teams and paramedics (Recommendations 19, 20, 23 and 29). However, we again highlight that in remote and rural settings remuneration and incentive structures that only empower employees of state facilities can actually have a detrimental impact on whole-of-local system viability and sustainability and are contrary to the integrated commitments of the NSW Regional Health Strategic Plan 2022-32. RDN suggests that the NSW Government can be a significant enabler of primary care services for Rural Generalists with non-proceduralist advanced skills that may be integrated with hospital services such as Palliative Care, Paediatrics and Mental Health.

d) workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41)

At this time, RDN has no specific comments relating to Recommendation 40 and 41. However, as identified earlier, based on our experience over 35-years, we fully support the principle that all organisations working in the health context, be they government or non-government, are contributors to the long-term viability of health employment and ensuring that NSW's health professionals including clinicians and administrators are enabled to thrive personally and professionally.

e) funding for agencies, programs and incentives (including Recommendations 1, 4, 10, 23, 24, 30 and 38), and any funding issues relating to the above recommendations

As noted previously, the NSW Regional Health Strategic Plan 2022-32 has been developed and released to the public (Recommendation 38). RDN recognises that an extensive stakeholder consultation process was conducted by NSW Health in preparation of the Plan. We appreciated that our organisation was invited to contribute to the consultation process, and we felt valued as a stakeholder and that our inputs were considered. We believe the published plan reflects many of the key elements necessary for improvement in health outcomes for NSW's remote and rural communities and that the Plan's construct allows for close monitoring of activities and performance. An aspect we are yet to fully understand is whether NSW Health intends to provide progress updates or reporting against the Plan's priorities and strategic objectives.

Organisational accountability
RDN's Board has committed to continued development of evidence-based practice, and that our operations should be aligned and accountable – not just to our funding stakeholders, but to the communities we serve and to the sector as a whole. This intent is aligned to the observation earlier in this submission relating to *Health and social care organisation viability, performance and accountability* (ToR Section A). We believe similar guiding principles driven and embedded by Boards and executive leaders in all remote and rural health organisations could significantly enhance the sector's impact.

For RDN, this commitment has included investment in reviewing federal and state government policy, and where appropriate to RDN's core service pillars and supported by evidence, ensuring that our own organisation's efforts not only support and contribute to outcomes that deliver health access impact for remote and rural communities, but can demonstrate effectiveness for, or can inform, government policy. In this vein, since the release of the NSW Regional Health Strategic Plan 2022-32, RDN has reviewed the Plan's priorities and strategic objectives and identified areas we believe we can deliver against, using our limited resources, to support the policy and program aims of government. This will ultimately lead to publication of the RDN 2022-25 IMPACT Report aligned to our 2022-25 Strategic Plan cycle. We would be happy to provide further information to the Committee on RDN's evidence-based strategy framework.

Rural NSW Health Access and Workforce intelligence reports
In terms of funding models for LHDs (Recommendation 1), RDN has existing mechanisms that may be useful for local and state-wide service planning and investment decision making. For example, RDN's Rural NSW Health Access and Workforce intelligence reports continue to evolve and provide evidence aggregated from community and service partner sources and various datasets to inform activity design. These reports can be made available for NSW Government and LHD teams to aid local assessment and planning.

Place-based service and workforce model initiatives
Recommendation 10 calls for implementation of place-based initiatives. RDN evidence strongly supports the development and application of place-based service and workforce models.

Place-based methods have been core to RDN since the organisation's inception in 1988. A current example is the Collaborative Care for Remote and Rural Communities Program,

which was initiated in 2020 in collaboration with the Australian Government, NSW Health, Western NSW, Far West NSW and Murrumbidgee LHDs and the Western NSW and Murrumbidgee PHN. This program has tested the adaption of RDN's traditional town-based planning methodology in sub-regional settings. The method has been utilised in five independent rural NSW trial sites. Collaborative Care now forms part of the Australian Government Innovative Models of Care program and is now available for implementation in other regions.

Another example is the Western NSW 2030 Health Workforce Project which was conducted between 2018 and 2020 and was interrupted by COVID-19. Jointly led and funded by Western NSW LHD, Far West NSW LHD, Western NSW PHN and RDN, this project brought together over 50 organisations operating in Western NSW for the design and activation of a coordinated multi-year health workforce 'gain, train, retain' plan using RDN's Conceptual Framework for Health Workforce Planning © (See Attachment A).

We would be pleased to provide further information on these, and other, place-based and community-orientated health service and workforce initiatives currently underway in partnership with NSW's rural stakeholders.

Attachment A – RDN's Conceptual Framework for Health Workforce Planning