

INQUIRY INTO SKILLS SHORTAGES IN RURAL AND REGIONAL NSW

Organisation: Community Relations Commission For a multicultural NSW
Name: Mr Richard Acheson
Position: Director, Community Relations Service
Telephone: 02 8255 6768
Date Received:

Theme:

Summary

Sent by the Community Relations Commission For a multicultural NSW on behalf of
NSW Health

Community Relations Commission

For a multicultural NSW

Your Ref:
Our Ref:
File Ref: 05/0213-01

- 1 NOV 2005

Graeme Elliott
Principal Council Officer
Standing Committee on State Development
NSW Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mr Elliott,

The Community Relation Commission lodged its submission to the NSW Legislative Council Standing Committee on State Development Inquiry into Skills Shortages in Rural and Regional NSW on 12 September 2005.

Please find attached an *addendum* to this submission which incorporates the response of NSW Health.

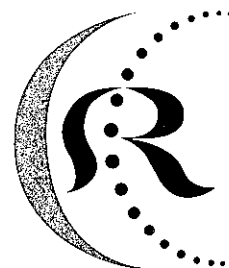
If you have any inquiries, please contact Richard Acheson, Director of Community Relations Services, CRC. Contact telephone: (02) 8255 6786, Email richard.acheson@crc.nsw.gov.au

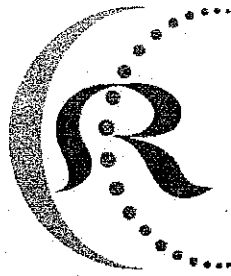
Yours sincerely



Stepan Kerkyasharian AM
Chairperson

Head Office
Level 8, Stockland House
175-183 Castlereagh Street
Sydney NSW 2000
PO Box A2618
Sydney South NSW 1235
Tel: (02) 8255 6767
TTY: (02) 8255 6758
Fax: (02) 8255 6868
Wollongong Office
84 Crown Street
Wollongong NSW 2500
PO Box 363
Wollongong NSW 2520
Tel: (02) 4226 8480
Fax: (02) 4226 8482
Newcastle Office
Government Office Block
117 Bull Street
Newcastle NSW 2300
Tel: (02) 4929 4191
Fax: (02) 4929 7369
Website
www.crc.nsw.gov.au
ABN 79 863 510 875





Community Relations Commission
For a multicultural NSW

Submission to the
Parliament of New South Wales
Legislative Council
Standing Committee on State Development

***Inquiry into skills shortages in rural and
regional NSW***

Addendum incorporating response from NSW Health

October 2005

Table of Contents

1.	Comments on the Terms of Reference	3
2.	General Overview	3
3.1	Quantifying shortages.....	3
3.2	Medical Workforce Shortages	4
3.5	Initiatives to address skill shortages	5
4.1	Rural and Regional NSW	6
4.2	Shortage of educational opportunities	7
4.3	Initiatives to address skill shortages	7
5.	Allied Health.....	8
6.	Capital Programs	9
6.1	Initiatives to address skill levels.....	10

1. Comments on the Terms of Reference

The Terms of Reference of the Standing Committee on State Development appear to be appropriate. However, the scope of the inquiry is very broad. In regard to point (a) of the Terms of Reference, how will the Standing Committee determine the current and future demand for labour, across so many diverse workforce groups and employment types?

There are many factors that impact on the ability to assess future demand at this time. For example the Health Workforce Productivity Commission Issues Paper May 2005 raises issues about job scope and roles. Future models of service delivery will also influence the type of staff needed.

2. General Overview

Major Trends

Over the next 20 years Australia will need to deal with an ageing population and an increasingly mobile workforce. In Australia, the national workforce grows at an annual rate of 170,000 per year. By 2020 this is predicted to be just 12,500 per year¹. During the next 20-30 years the impact of the demographic changes are expected to be highest in NSW and Victoria².

In recent years there has been a significant investment by all Australian governments in a coordinated approach to address workforce shortages and workforce development. In 2004 Council of Australian Governments agreed to commission a study of health workforce issues, including supply and demand pressures over the next 10 years. The paper will take a broad, whole-of-government perspective, including health and education considerations, and will cover the full range of health workforce professionals. In considering these issues, the study will look at the particular health workforce needs of rural areas.

To address workforce issues the NSW Health Department has developed the NSW *Government's Plan for Securing Our Health Workforce, 2005* and the *NSW Rural Health Plan 2002*, which focuses on initiatives to recruit and retain rural health staff.

3. Medical Workforce

It is widely acknowledged that there are chronic shortages of general practitioners and certain medical specialists nationally and within NSW, these shortages are further exacerbated in rural and regional NSW.

3.1 Quantifying shortages

Shortages are not uniform across specialities or geographic areas and are often difficult to quantify for the following reasons.

- There is no international standard identifying the appropriate number of medical specialists or medical practitioners generally or, per head of population. Hence identifying definitive shortages is problematic. Hospital positions for medical specialists will be determined by a number of factors including funding resources available, and

¹ Department of Health and Aged Care 2001

² National Health Workforce Strategic Framework 2004

assessment by the specific department as to the number and type of staff required to meet service needs.

- Advertised vacancies are one indication of shortages. However, the number of advertisements is not an accurate guide of the number of shortages, as employers recognise that advertising is only useful at certain times of the years, especially for medical staff, for example when trainee specialists receive their College Fellowships.

3.2 Medical Workforce Shortages

Nationally and at a state level work has been undertaken to identify areas of shortages and projected future requirements.

It is estimated that in NSW alone there will be a shortfall of between 275 and 410 general practitioners by 2012³.

For the specialist medical and surgical workforce, both nationally and within NSW there are shortages in the following specialities⁴:

- Orthopaedic surgery
- Ear nose and throat surgery
- Obstetrics
- Pathology
- Emergency and critical care medicine
- Radiology
- Oncology
- Psychiatry and clinical psychology
- Geriatric medicine

3.3 Shortages in Rural and Regional NSW

Rural and regional areas experience a chronic shortage of medical practitioners, this includes general practitioners, hospital non-specialists and specialists positions.

As outlined under Section 3.1, quantifying shortages can be problematic for the reasons cited. However, the Area of Need (AON) Program provides information on vacancies in rural and outer metropolitan areas for positions designated under the Program.

The AON Program enables the recruitment of suitably qualified overseas-trained doctors into declared Area of Need positions on a temporary basis, while efforts continue to attract medical practitioners with general registration on a permanent basis.

The table below specifies the allocated AON positions by position and whether currently filled.

³ General Practice Workforce Plan for Rural & Remote NSW 2002-2012, NSW Rural Doctors Network

⁴ National Health Workforce Strategic Framework, April 2004

Area of Need Positions as at 13 September 2005

	Hospital non-specialists			Specialists			General Practitioners		
	Total	F	V	Total	F	V	Total	F	V
Metropolitan	40	19	21	44	20	24	10	4	6
Regional	41	28	13	62	26	36	57	17	40
Rural	55	22	33	99	40	59	159	77	82

F= Position filled
V = position vacant

3.4 Shortage of educational opportunities

One of the principle reasons why nationally and within NSW there are shortages of general practitioners and specialists is the result of the Commonwealth's Government decision in the early to mid 1990's to reduce the number of university places for trainee medical practitioners. The full impact of this decision on the specialist work force will not be felt for another few years. In 1995, university places for medical students decreased to 860, students who began in that year will not enter the specialist workforce until 2007 at the earliest.

Other causes that have contributed to shortages in the medical workforce include:

- The relative unattractiveness of certain medical specialties, especially pathology and obstetrics and gynaecology; and
- The general decrease in the hours worked by doctors generally as a consequence of, an ageing medical workforce, the increase in female participation, and a change in attitude, especially amongst the younger medical practitioners towards working extremely long hours.

3.5 Initiatives to address skill shortages

- **General Practice Procedural Training Program** - Creation of up to 30 general practitioner training posts. Supernumerary training positions are in the following specialties: anaesthetics, emergency medicine, obstetrics, surgery and mental health. Since 2003, 88 GPs and GP Registrars have participated in the program.
- **Rural Anaesthetic Services** - To increase the number of trainee anaesthetic specialists in rural and regional training positions. Up to 13 doctors have been supported each year.
- **Eight Basic Physician Training Networks** (From Jan 05). The networks group together metropolitan, outer metropolitan, regional and rural hospitals with trainees participating in training in all hospitals within the network. Benefits for regional hospitals include:
 - Priority filling of traineeship positions in regional hospitals in each network.
 - \$2000 scholarships for any trainee who completes two full terms in a rural hospital; and

- Provisions to ensure that trainees in regional hospitals are not relocated to fill vacancies in metropolitan hospitals.
- **Networks for Basic Surgical and Psychiatry training.** These networks replicate the successful model that was established for physician trainees, outlined above.
- **NSW Institute of Rural Clinical Services and Teaching (2004).** Provides support for rural clinicians and supports the development of workforce models and models of service delivery appropriate for rural and remote NSW. The Institute has identified a number of priorities including models for specialised stroke services in rural NSW and workforce issues for allied health professionals.

4. **Nursing and Midwifery Shortages**

Internationally there is a shortage of registered nurses, it is not simply an issue for Australia or NSW.

In 2002, the Commonwealth's *'National Review of Nursing Education 2002*, estimated a national shortfall in registered nurses of 40,000 by 2010. Also, in 2002, the Federal Government released the report. *'Australian nurse supply and demand to 2006, A projections model and its application'*, that predicted an ageing population will leave a shortfall of more than 4,000 nursing graduates by 2006, half of these graduates are required in NSW and the ACT to meet future demands. There is no shortfall of reports and policy documents outlining the impending crisis of a shortage of nurses.

In NSW public health system, in January 2002, there were 34,004 permanently employed nurses, both full and part time. In June 2005, this had increased to 39,125, an increase of 5,121 nurses or 15%⁵. However, despite this increase NSW is facing and will continue to have nursing shortages within the foreseeable future.

4.1 **Rural and Regional NSW**

In 2004-05 in rural areas, on average there were 400 Full Time Equivalent (FTE) nursing positions being actively recruited. Eighty percent of these vacancies were for Registered Nurses and 13% for Enrolled Nurses and the remaining 7% were for other nurses.

The majority of positions were for generalist nurses (113). The five top clinical speciality areas being recruited were:

- Midwives
- Mental Health
- Community Health
- Emergency
- Operating Theatres

⁵ *Nursing and Midwifery Office NSW Department of Health*

4.2 Shortage of educational opportunities

The Commonwealth and universities control the number of registered nurses educated. Despite numerous calls to the Commonwealth Government to increase the number of university places the Commonwealth has failed to provide sufficient nursing undergraduate places.

In 2004, there were 2,070 first year nursing places in NSW. Despite advising the Commonwealth of the critical need to increase the number of first year nursing places by a minimum of 1,800, only 457 new places were allocated to NSW.

4.3 Initiatives to address skill shortages

NSW Nursing and Midwifery Scholarships - To encourage people from rural areas to pursue a career in nursing, the NSW Nursing and Midwifery Scholarship Fund provides \$5000 scholarships for first year undergraduate students. In 2005, 39 first year rural undergraduate scholarships were provided at a cost of \$177,500.

In addition, grants were provided in 2004-05 to:

- 702 undergraduate nursing students to cover costs associated with clinical placements in rural NSW;
- 13 students studying at rural NSW universities to assist with travel and accommodation costs associated with clinical placements in Sydney; and

Nursing Re-Connect - In order to attract nurses back to the workforce, Nursing Re-Connect was launched in January 2002 for nurses who have been out of the workforce for some time. The nurses are supported in the clinical area and employed from day one while they refresh their clinical skills. It covers general and specialty areas and is available full time and part time.

To date, Nursing Re-Connect has been successful in attracting 369 nurses back to work in rural areas. Overall, there is a 75% retention rate for "Re-connect" nurses. So, not only are nurses being recruited through this scheme, they are being retained.

Overseas trained nurses - The NSW Department of Health has a Labour Agreement in place to support the recruitment of nurses from overseas and has agreements with three agencies for the active recruitment of nurses from overseas. Twenty-two nurses have been offered employment in rural locations, the majority of these nurses will be on long stay visas. On going recruitment will see more overseas nurses employed in rural areas.

Midwifery Models - The development of primary, secondary and tertiary models of care, including standalone primary maternity service (predominantly midwifery-led) has the potential to reduce workforce shortages due to the appropriate use of skills and expertise.

Caseload midwifery models involve the provision of maternity care by a known midwife across the antenatal, childbirth and postnatal periods and is one strategy to address workforce shortages.

5. Allied Health

NSW Health and the Australian Health Workforce Officials Committee, 2003 identified the following allied health professions as being in short supply

- Physiotherapy
- Podiatry
- Pharmacy
- Occupational therapy
- Speech pathology
- Radiography
- Radiation therapy
- Sonography
- Nuclear medicine

5.1 Initiatives to address skill shortages

NSW Health provides financial assistance to allied health students via the:

NSW Rural Allied Health Scholarships valued at \$5,750 are offered to students from a rural background in their final years of study, 40 Scholarships are available each year. In 2005 the program was expanded to two new disciplines with eligible allied health disciplines including: Aboriginal Health, Audiology, Diagnostic Radiography, Dietetics, Hospital Laboratory Science, Occupational Therapy, Orthoptics, Orthotics/ Prosthetics, Pharmacy, Physiotherapy, Podiatry, Psychiatry, Social Work and Speech Pathology.

NSW Rural Allied Health Clinical Placement Grants are available to assist both rural and urban allied health students with travel and accommodation costs of rural clinical placements, which provide students with the opportunity to experience rural practice and lifestyle in NSW. Grants of up to \$500 (or \$800 for Broken Hill placements) are available in each semester of the academic year.

Other initiatives specifically targeting allied health include:

NSW Rural Allied Health Postgraduate Scholarships valued at \$2,000 each are offered to rural allied health professionals to undertake further study. This Program was an initiative of the *NSW Rural Health Plan* to provide financial assistance to existing allied health staff living and working in rural NSW to undertake a Postgraduate qualification in their chosen field. 13 Postgraduate Scholarships were awarded in 2005 with successful recipients from the disciplines of social work (3), psychology (6), occupational therapy, physiotherapy, pharmacy and speech pathology.

A Chair in Rural Pharmacy established at Charles Sturt University in February 2005. NSW Health will provide funding towards the position over a five-year period. In addition to a teaching role at the University, the Chair will provide support for pharmacy staff in the Greater Southern Area Health Service and will work on the development of models of pharmacy service delivery for rural communities.

NSW Rural Clinical Locum Program provides an additional \$3m enhancement funding to Areas to improve support to rural clinicians to improve retention and hopefully aid and assist recruitment. NSW Health intends to use the funding to promote innovative models of locum support under the program for nurses, allied health and specialist medical services. To date, the majority of funding has been used by Areas to allow increased existing locum cover. In 2004-05 projects included: Obstetrics and Gynaecology Rural Relief Project; Rural Paediatric

Program; Locum Registered Nurse (RN) Replacement for Remote Emergency Department - RNs in the Far West and Rural Dental Officers Locum Program - Justice Health. Areas have been invited to submit proposals against the residual funding for the Program, available in 2005-06.

Radiation Therapists

Short-term initiatives include the following:

- NSW Health commenced an **NSW Overseas Recruitment Program** for radiation therapists from the United Kingdom in April 2001. To date, 12 radiation therapists have returned from overseas under the program and commenced work in NSW.
- Since funding commenced in 2003/04, 11 **Radiation therapist tutor positions** have been established to assist with organisation and clinical supervision of student clinical placements and mentoring graduate radiation therapists undertaking their PDY. Evaluation of these positions will be undertaken in 2005/06.
- A **Radiation Therapist Distance Education Return to Work Program**, with funding contributed by the Australian Government, provides targeted education and current clinical experience for radiation therapists who have been absent from the professional workforce for a number of years, so that they may re-enter the workforce. This Program will be run during 2005 and 2006.

Medical Physicists

- Since 2003/04, \$5.7m has been committed over four years for the establishment of a training program for Radiation Oncology Medical Physicist (ROMPs) and Continuing Professional Development (CPD). The training program commenced in NSW in 2004 with another intake in 2005 with currently 17 trainees in NSW public sector ROTCs. Numbers for 2006 are still under review.
- NSW Health also provides scholarships for Medical Physicists and trainee Medical Physicists to facilitate the development of appropriately trained and qualified medical physicists in radiation oncology within Area, and to enhance retention of existing medical physicists within Area Health Services. Commencing in 2004, 41 scholarships totalling some \$190,000 have been awarded over 2004 and 2005.
- NSW was also successful in obtaining funding from the Australian Government of \$184,000 over two years for a Clinical Placement Coordinator (CPC). The CPC commenced in November 2004 and has been of significant assistance in addressing issues that have arisen which will result in significant improvements in education and training.

6. Capital Programs

Details of labour shortages in rural and regional NSW are not recorded by Health as most of tendering processes for the delivery of NSW Health capital programs/projects are undertaken by the Department of Commerce. The Department of Commerce has advised that they are not aware of skill shortages in the construction industry and no data is collected on the issue of labour shortage.

6.1 Initiatives to address skill levels

The following initiatives have been implemented to address skill shortages and increase skill levels in the construction industry:

- GC21 Contract for Government projects require contractors to include and promote Aboriginal and local participation, employment and training. The Guidelines for the whole of Government training are available electronically at www.cpssc.nsw.gov.au.
- One of the Asset Management Reform Program initiatives addresses the training of Project Directors engaged to deliver capital projects in the metropolitan as well as rural areas. The first two learning skill sets (Health Planning Principles and Verification Audit Program) and are currently being developed for implementation during November 2005.
- On a national platform, NSW Health as part of the Health Capital Asset Management Consortium (members include other jurisdictions and New Zealand) have approved as part of its research proposal, Industry Capability Building program which will include short courses for Asset Managers.