

Rural Health Workforce Incentives Workshop

Thursday 25 March 2010

Rydges Southbank Hotel, Brisbane



**Health Workforce
Queensland**

**WORKSHOP
OUTCOMES SUMMARY**

WORKSHOP PROGRAM

0815 - 0830	Registration	
08:30	Welcome	Professor Peter Brooks, Australian Health Workforce Institute (AHWI)
8:40	Introductions Objectives of the day	Dr Janie Smith, Facilitator
9:10	What's out there?	Professor John Humphreys, Monash University Mr Robert Wells, Australian National University Dr Danielle Butler, Australian Primary Health Care Research Institute / Australia National University
10:00	Discussion and Q&A	Dr Janie Smith, Facilitator
<i>10:30 – 11:00</i>	<i>Morning Tea</i>	
11:00-11:25	What's working? <ul style="list-style-type: none"> • What are the trade-offs? • What incentives should be provided? • What are the important predictors? 	Professor Anthony Scott, The University of Melbourne
11:25-11:45	What's working on the ground?	Mr Scott Wagner, Services for Australian Rural and Remote Allied Health (SARRAH)
11:45-12:00		Associate Professor Sabina Knight, Associate Professor Remote Health Practice / Previous Commissioner of the National Health and Hospital Reform Commission
12:00-12:15	Reality Check' – so what is missing? <ul style="list-style-type: none"> • Governance • Partnerships • Operational 	Dr Kristine Battye, Kristine Battye Consulting
12:15-12:30	Discussion and Q&A	Dr Janie Smith, Facilitator
<i>12:30 – 13:30</i>	<i>Lunch</i>	
13:30 – 15:00	Panel Discussion <ul style="list-style-type: none"> • Where are the incentives gaps? • What research still needs to be done? • What opportunities exist? • Discussion from the floor 	Group Panel Discussion <ul style="list-style-type: none"> • Mr Mark Cormack, CEO, Health Workforce Australia (HWA) • Professor Peter Brooks, AHWI • Dr Kristine Battye, Kristine Battye Consulting • Mr Christopher Cliffe, President, CRANAplus • Mrs Pattie Hudson, Queensland Health • Professor John Humphreys, Monash University • Mr Scott Wagner, SARRAH • Mr Rodger Coote, GPET
<i>15:00 – 15:30</i>	<i>Afternoon Tea</i>	
15:30 – 16:30	Where to from here? Summary	Mr Chris Mitchell, CEO, Health Workforce Queensland Dr Janie Smith, Facilitator

INTRODUCTION.

This Rural Health Workforce Incentives Workshop was a result of collaboration between the Australian Health Workforce Institute, Queensland Health, and Health Workforce Queensland.

The workshop provided a forum for researchers, scholars, Colleges, practitioners, consumers, Government and non-government personnel to discuss the incentives which are available across health workforce disciplines and other sectors, nationally and internationally.

Delegates were invited to challenge current thinking and consider new ways to attract and retain the rural workforce by:

- Examining whether the current incentive and support arrangements are working
- Considering other incentive options
- Informing government rural health policy and strategies
- Developing research opportunities
- Expanding collaboration opportunities
- Putting policy into practice by providing an assessment of current and potential initiatives

Workshop notes will be published on the Health Workforce Queensland Website:

www.healthworkforce.com.au Notes from some of the speaker presentations will also be available from the site.

WORKSHOP OBJECTIVES

To bring together researchers, scholars, colleges, practitioners, consumers, government and non-government personnel to establish:

1. What incentives exist across health workforces, nationally and internationally?
2. What is working well?
3. Where are the gaps in rural and remote workforce incentives?
4. What more can we do to attract people to rural and remote practice?
5. What research still needs to be done?
6. Where might research opportunities exist?
7. How can we further influence policy and research?

WORKSHOP SUMMARY/OUTCOMES

(i) What do we know?

- The Australian population is ageing
- *By 2051 those over 65yrs will double*
- Increasing the burden of chronic disease
- Worse in rural and particularly remote and Indigenous health
- Nine per cent of Australians are already working in the health sector
- It is the fastest growing employment sector in Australia
- It is predicted that by 2025, 20 per cent of the Australian workforce will need to be engaged in health-related jobs, to deliver the present level of services
- Increased demand for health workers
- Places significant pressures on a workforce already under stress

(ii) What Works?

- Responsive management - making people feeling valued; providing support; leadership
- Appropriate staffing levels; retaining experienced staff and succession planning
- Flexible programs which are tailored around community and professional needs
- Providing opportunities for ongoing education and career support
- Working environments (flexible arrangements; orientation; working hours; on-call arrangements; access to locums and opportunities for refreshment)
- Accommodation and vehicles are often more important than financial incentives
- Local Government and Community engagement - empowering communities to participate in decision making with respect to their health care needs, and in welcoming and supporting health care professionals
- Rural Clinical Schools build capacity and provide a sense of community and continuity
- Rural registrar training programs
- Role of Remote Area Nurses in providing primary health care in remote areas
- Return of Service Obligation models may be effective incentive BUT they may also send a message which undervalues/undermines rural health careers
- Engagement in communities. Local Government and industry and initiatives such as MPHS where communities take responsibility for their health care services and in welcoming health care professionals and making them feel valued and part of the community.
- Registrar incentives are making a contribution to the training that is occurring to training in rural and remote areas (this has doubled in the past 4-5 years) Contributed partly to incentives and partly to obligation (eg OTDS)

(iii) What Doesn't Work – Where are the Gaps?

- Lack of evidence about what works – many programs have existed for a number of years yet there is no real evidence as to how effective they are
- Lack of real data and longitudinal studies to date. We need to develop a base of evidence around the evaluation of incentive programs. This could include the adoption of mapping exercises and data collection and learning from international examples.
- Lack of coordination between funding mechanisms, resulting in inefficiencies and duplication
- Industrial relations and human resource management issues
- Financial incentives are not necessarily the most effective
- Some incentives also have associated disincentives
- Iterant workers are often eligible for incentives not available to the local workforce. We need to 'reward' the existing workforce as well as providing incentives to attract workforce to rural and remote areas

(iv) Challenges

- Lack of policy
- How to measure the effectiveness of incentives programs
- Change management at all levels of the system
- Improving data collection based around unique patient, practitioner, service and setting identifiers
- Developing service models which will improve levels of care, focus on community needs and create positive workplaces
- Transferring research into accessible information which can inform policy
- Achieving effective governance and management structures; cross-agency coordination and communication; service integration and team building
- Integration of primary and hospital care functions and improving on-ground communication and coordination between the public and private sectors
- Training – specifically, how to accommodate increased graduate numbers and encourage them to spend time in rural and remote areas; also how to retain experienced preceptors.
- Linking primary care objectives to incentives programs
- Overcoming the disconnect between policy and on-ground implementation
- Integrating quality and safety into community control models
- Building the capacity of the indigenous health workforce and improving indigenous health
- Indigenous education and addressing the health problems which impact on education outcomes. Early intervention is necessary.
- Achieving structural change so that incentives are not necessary
- Providing health services that are equitable, appropriate, available and determined by the community
- Use of technology to deliver information and access care

(v) Opportunities for Research

- Systematic review of existing incentives and gathering information about what is working
- Data collection, including unique patient, practitioner, service and setting identifiers
- Providing access to data; and translating data into information which can be used to influence policy
- Learning from examples of research and exemplar models both nationally and internationally, and from other professions which have the same workforce issues
- Clarification of terminology and the relationship between incentives; entitlements; and appropriate recognition and remuneration for services needs to be clarified
- Remote areas will need different policies and models to rural areas

How do we leverage this workshop to achieve change?

- There is currently a window of opportunity to influence policy in the context of Federal health reforms.
- Need to act now as opportunities and issues are arising rapidly. Broad political directions may have been set, but not the detail, and there is an opportunity to provide input on design and implementation
- Need to ensure that what we ask for is achievable and credible
- Need to maintain a positive approach so that Governments will want to engage
- Adopt a 'whole of workforce' approach and perspective
- Stakeholders/organisations can use the information to inform their advocacy and policy
- Formation of a small Working Party to develop a position paper which includes a set of principles which can then be transferred to some exemplar models for the delivery of primary health care services.