Health Workforce Queensland

'State of the Nation'

- **Budget Announcements**
- **Following on from 2020**
- **New in 2021**
- **Reports**

Health Workforce Queensland

Budget Announcement: Telehealth Extension

Telehealth MBS Items extended until 31 December 2021

Negotiations underway for permanent MBS items for telehealth

The Federal Budget 2021-2022:

$204 mill to extend telehealth arrangements

Requires pre-existing relationship with practitioner

Services included:

- General practice
- Nursing & midwifery
- Allied health
- Allied mental health
- Other specialists

To read more about this report, click the link below –

The Federal Budget

Health Workforce Queensland

Budget Announcement: Rural Bulk Billing Incentive

- $65.8mill – Rural Bulk Billing Incentive for rural and remote doctors
- $12.4mill – John Flynn Prevocational Doctor Training Program +90FTE rotations by 2025
- $300,000 – Streamlined Rural Procedural Grants Program and Practice Incentives Program
- $2.2mill – Additional grants to trial collaborative rural primary care models
- $3.8mill – Upgrade Bonded Return of Service IT system

Budget Boost To Rural Bulk Billing To Benefit The Bush

May 14, 2021 By editor

Appointment of Deputy National Rural Health Commissioners

Adjunct Professor Shelley Nowlan

- Portfolio – Nursing and Midwifery Workforce
- Queensland's Chief Nurse and Midwifery Officer
- Profession: Registered Nurse
- Engaged until 30 June 2022

Associate Professor Faye McMillan

- Portfolio – Allied Health and Indigenous Workforce
- Associate Professor in Aboriginal and Torres Strait Islander Health at UNSW School Population Health
- Profession: Community Pharmacist
- Engaged until 30 June 2022

Following on from 2020:

NRHC Report released June 2020:

Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia

GRANT:

Primary care Rural Innovative Multidisciplinary Models (PRIMM)

$2.4M in grants spread over four years

Develop local, integrated, multidisciplinary models of primary care through a co-design process, which includes engagement with local rural and remote communities, health services and training providers in order to address local health, service and/or workforce needs

Formalise processes/pathways that integrate and enhance service delivery across sub-regions and improve access, appropriateness and availability of local health services

Create innovative models of care that include structured and supported processes for professional development, and service and learning opportunities for students, early career and senior health professionals and staff.

These processes should be designed with local regional training providers and link with health needs and service gaps.

To read more about this report, click the link below –
NRHC Report

Health Workforce Queensland

MBS Review

MBS Review Taskforce Final Report to the Minister for Health

Medicare Benefits Schedule (MBS) Review Taskforce Dec 2020

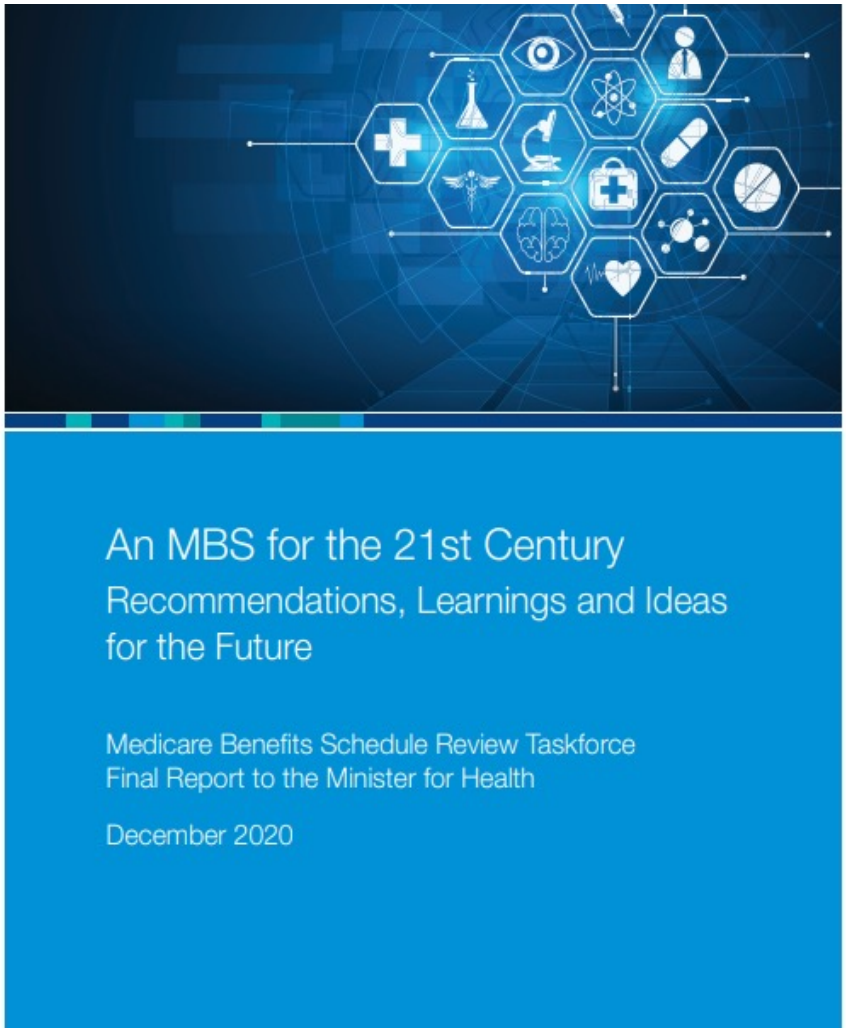
- Financially gearing the MBS for chronic, complex health care
- Financing the MBS to drive better care, not just access to care
- Creating an MBS that meets the needs of consumers
- Improved measurement of healthcare for consumers
- Alternative funding models to support healthcare delivery
- GP stewardship within the healthcare system
- Harnessing (technological) innovation to deliver contemporary care
- Consistency across surgical procedures

Other reports published because of this review:

Taskforce Report from the Specialist and Consultant Physician Consultation Clinical Committee"

Report on Primary Care

Post Consultation Report from the Allied Health Reference Group



To read more about this report, click the link below –
MBS Review Taskforce Final Report to the Minister for Health

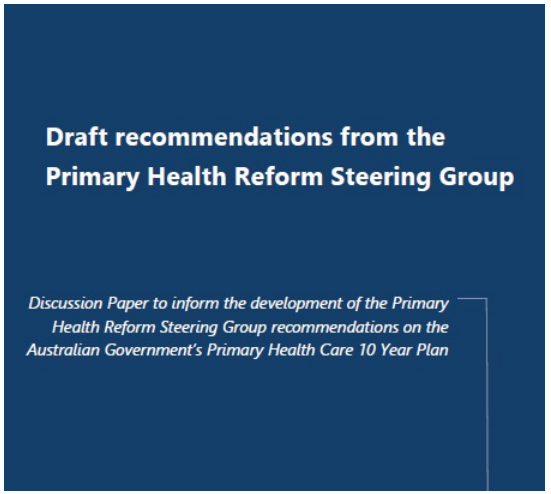
Health Workforce Queensland

Primary Health Care 10-Year Plan

The Australian Government has appointed a team of experts to provide independent advice on the development of the Primary Health Care 10-Year Plan

20 draft recommendations released in June 2021

Recommendations developed through the lens of the *Quadruple Aim*



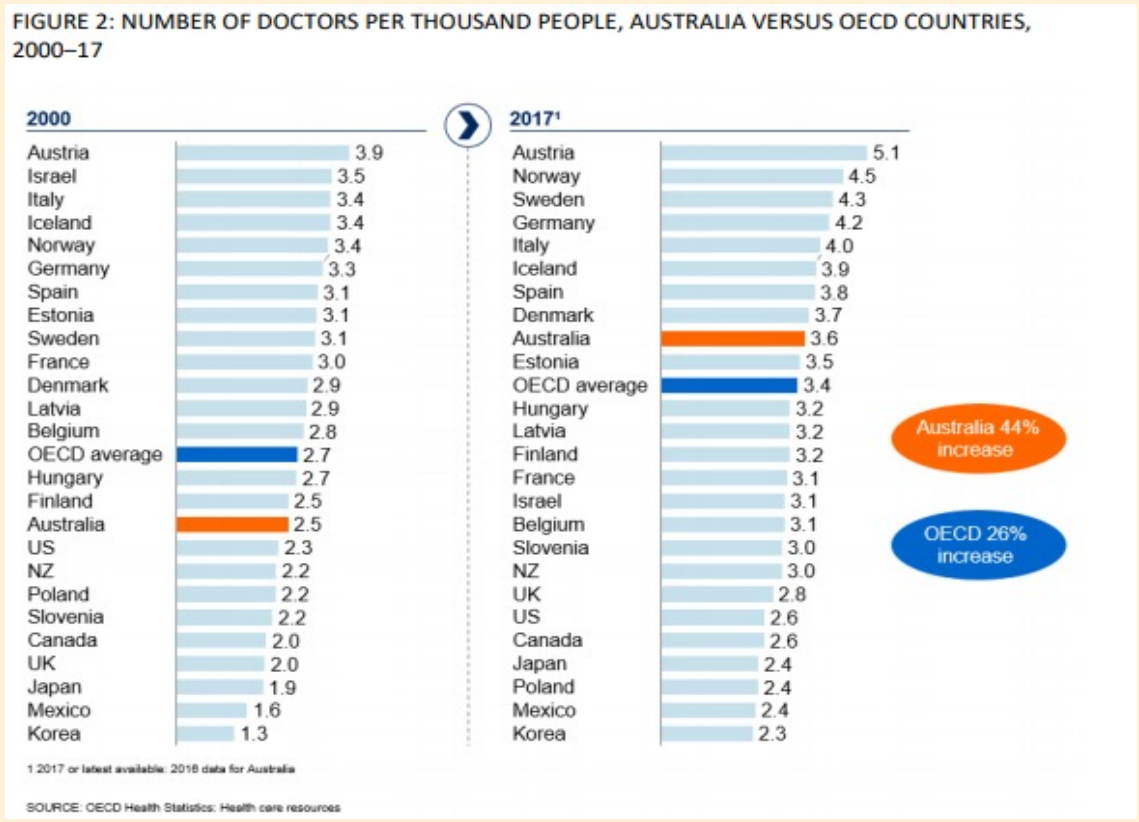
To read more about this report, click the link below –
Draft recommendations from Primary Health Reform Steering Group

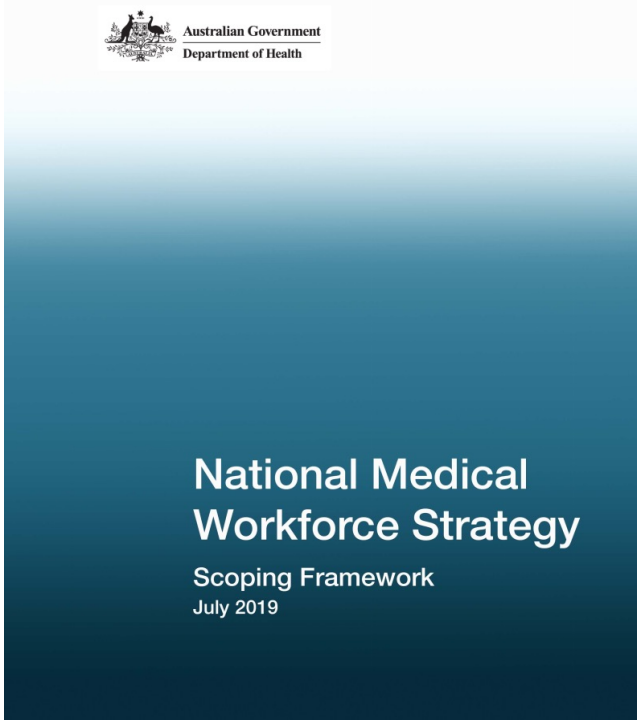
What the 10-Year Plan will try to achieve:

- A primary health care system that delivers care and is organised around consumers and the community.
- A move to an equitable system that proactively invests in the health and wellbeing of all Australians and seeks to overcome population health challenges, including addressing the longstanding gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous Australians.
- Emphasising the health systems focus on prevention and wellness
- Highlighting the importance of Generalism in the foundations of our system to support a holistic approach.
- Future-proofing primary health care and enhancing its fitness for purpose.
- Addressing weaknesses and flaws – access, affordability, equity and continuity – to reorient the health system towards primary health care.
- Improving uptake of innovation opportunities (for example digital health and regional care models) to optimise care safety and quality wherever Australians live.
- Seamless transitions to and from quality secondary care and tertiary care systems.
- A less fragmented, less complex system.

National Medical Workforce Strategy
Scoping Framework

The National Medical Workforce Strategy Scoping Framework was released in July 2019 and the finalised Strategy and implementation plan was expected to be released in late 2020, however it has been delayed due to the Covid-19 pandemic.





To read more about this report, click the link below –
National Medical Workforce Strategy - Scoping Framework

Health Workforce Queensland

RDAA Rural Medical Workforce Plan

To read more about this report, click the link below –
Rural Medical Workforce Plan

RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Rural Medical Workforce Plan

KEY PRINCIPLES

a) Rural Health Services are identified as those located in MMM 3 – 7

b) The career trajectory of a rural doctor is from high school through to post Fellowship.

c) Rural medical practitioners function within a strong multidisciplinary health care team.

d) Rural medical workforce models must respond to community need, and local solutions to support attraction, recruitment, training and retention and that are culturally safe.

e) The funding models must be designed to incentivise the intended outcomes of the programs.

f) Innovative models of rural medical workforce solutions are supported.

g) Models of care are supported to meet the current needs, build capacity for the future, are sustainable and are supported by evidence and needs analysis.

h) The strategy's systems, processes and programs will be streamlined and integrated to achieve the best outcomes for rural and remote communities.

i) This strategy will align with DoH work in process – Stronger Rural Health Strategy, National Medical Workforce Strategy etc.

1. Training

1.1 Act on the recommendations of RHMT review, particular focus on selection processes.
1.2 Expansion of the junior doctor innovation fund program based on MMM 3-7 rotations.
1.3 Full implementation of the National RG Program
1.4 Increasing support & reward for rural training and retention.
1.5 Audit of the Specialist Training Program and redefine objectives.
1.6 Maximise workforce distribution & integration to Fellowship Pathways through consolidation & realignment of Commonwealth Programs.

2. Teaching

2.1 Streamline the training accreditation process for General Practice and other rural accredited sites across all levels of learning.
2.2 Consolidate teaching incentives and subsidies for General Practice and other rural accredited sites.
2.3 Utilise the unique teaching & training opportunities provided by Consultant Specialist Outreach Services.
2.4 Every rural supervisor must be able to demonstrate cultural competency and provide a culturally safe environment for learning.

3. Attraction

3.1 Specialty colleges supported to deliver a rural focused marketing campaign for training and careers.
3.2 Discontinue the Rural Pathway within AGPT – provide Colleges with clearly defined targets and incentives for improved workforce distribution and provision of quality training.
3.3 Encourage and facilitate ground up approach to rural & remote training and career promotion.
3.4 Reduce administration duplication through investment in infrastructure to support national credentialing, streamlining employment, Registration, Medicare and other processes.
3.5 Develop pathways for post rural career options.
3.6 Commitment & investment to support rural medical research.

4. Retention

4.1 Nationalise rural medical programs to maximise the utilisation of the available workforce.
4.2 Consolidation of rural incentive/retention payments to simplify rural General Practice /Rural Generalist remuneration packages
4.3 Reward and recognition process for rural practices demonstrating quality training and ongoing retention of workforce.
4.4 PHNs scope broadened to support rural based consultant specialists.
4.5 Professional development bursaries to be made available to the rural medical workforce.
4.6 Upskill rural medical practitioners in areas of leadership, succession planning and workforce planning.
4.7 Establish Disaster Response register for RGs

Health Workforce Queensland

RACGP GP Training Model Proposal

Elements of the operating model:

Understanding community needs – better use of data supplemented with local knowledge

Integrated Aboriginal and Torres Strait Islander education and support – increasing the number of Aboriginal and Torres Strait Islander registrars through a recruitment and mentoring program

Personalised case management – individualised management of medical students, junior doctors, and general practice and rural generalist registrars through the recruitment and training pipeline

Progressive assessment and flexible entry – flexible entry into the general practice training program and progressive assessment of general practice and rural generalist registrars to optimise their training pathway and flexibility for registrars to move between the general practice and Rural Generalist Pathway.

Tailored support and incentives – tailored registrar support and incentivisation, including bundled funding streams from existing schemes and programs, with particular emphasis on ensuring safe, viable and attractive experiences in areas of workforce need.

RACGP Service – innovative methods of training delivery, including piloting an 'RACGP Service' that leverages the RACGP's membership base to increase supervision capacity and provide services in the most challenging locations.

Distributed delivery – leverages existing relationships and local knowledge to ensure training solutions are pragmatic and contextually relevant, while also benefitting from national consistency and economies of scale. Existing RACGP faculty infrastructure will be used to create additional efficiencies.

To read more about this report, click the link below –
RACGP profession-led community-based training

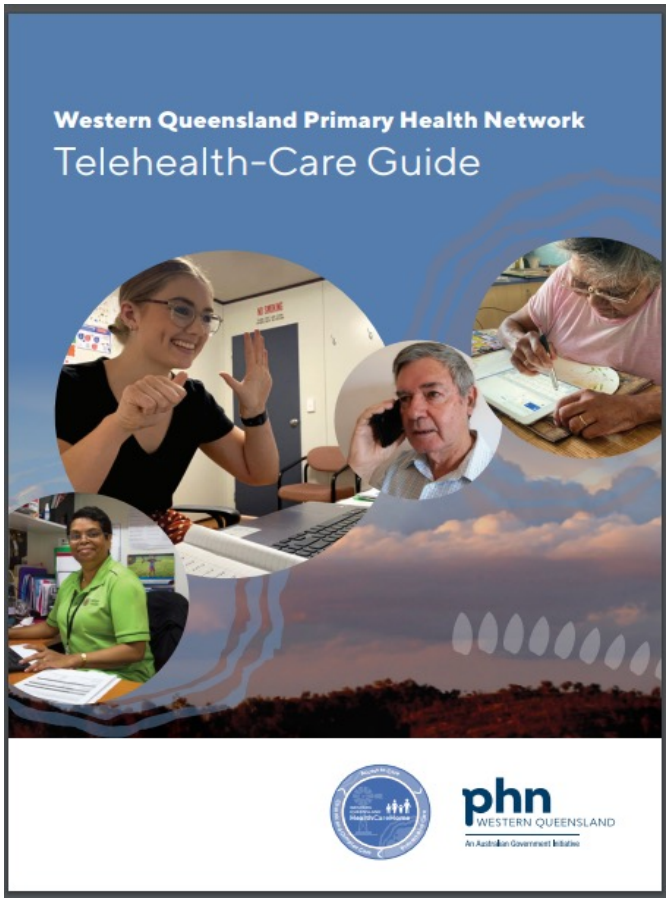
Health Workforce Queensland

Telehealth in Focus

Western Queensland Primary Health Network (PHN)

Telehealth – Care Guide May 2020

- Telehealth-Care in the Western Queensland Health Care Home Model: p4
- Benefits of Telehealth-Care: p6
- Commissioning and Measuring the Benefits of Telehealth-Care: p8
- Supporting the Uptake and Adoption of Telehealth-Care: p10
- Enabling Collaboration and Reform: p12
- Telehealth-Related Guidelines and Standards: p13



To read more about this report, click the link below –
WQ PHN Telehealth - Care Guide

Health Workforce Queensland

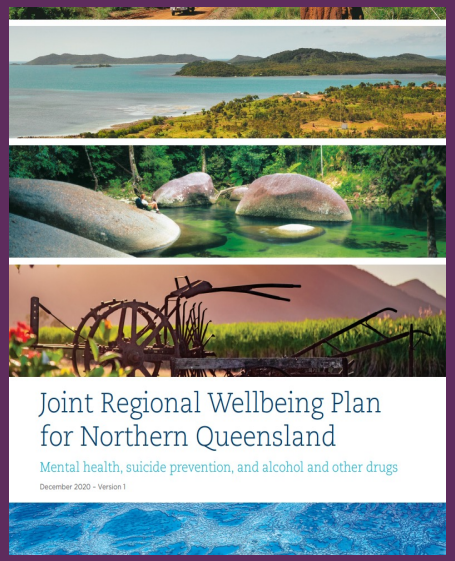
Mental Health in Focus

National Mental Health Workforce Strategy

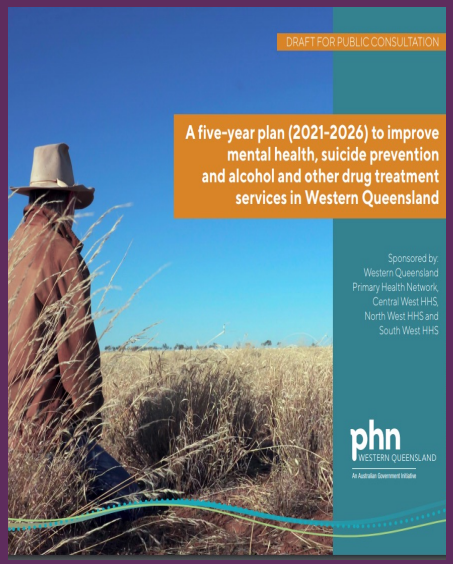
- Considers the quality, supply, distribution and structure of the mental health workforce.
- Identifies practical approaches to be implemented by Australian governments to attract, train and retain the required workforce to meet the demands of the future mental health system
- Initial recommendations delivered to the Australian Government in December 2020
- Final report due June 2021

Remote & Rural PHN Mental Health Collaborative Strategies:

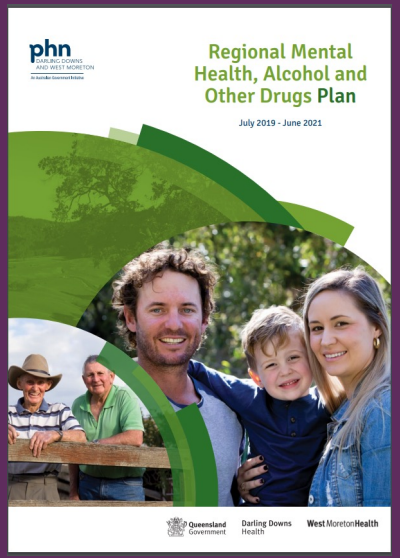
To read more about these reports, click the links below –



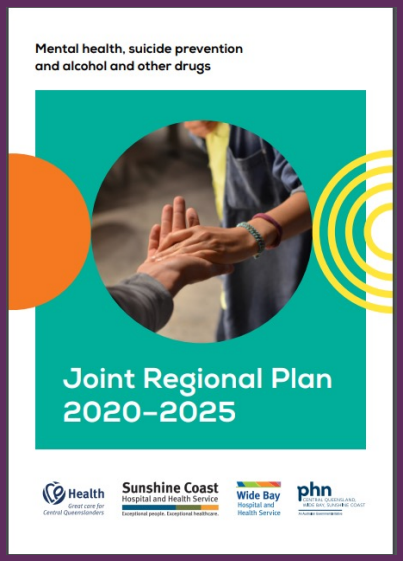
Joint Regional Wellbeing Plan for Northern Queensland



A five-year plan WQ PHN



Regional Mental Health, Alcohol and Other Drugs Plan



Joint Regional Plan

First Nations Health in Focus

Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020-24

Strategy to improve representation of First nations peoples across all workforces in Australia

- **Cultural Integrity**: development of culturally-safe work spaces and services through embedding understanding of Aboriginal and Torres Strait cultures
- **Career Pathways**: diversifying and strengthening career pathways for advancement within Public Sector
- **Career Development and Advancement**: managers to develop individual career development and advancement plans for employees

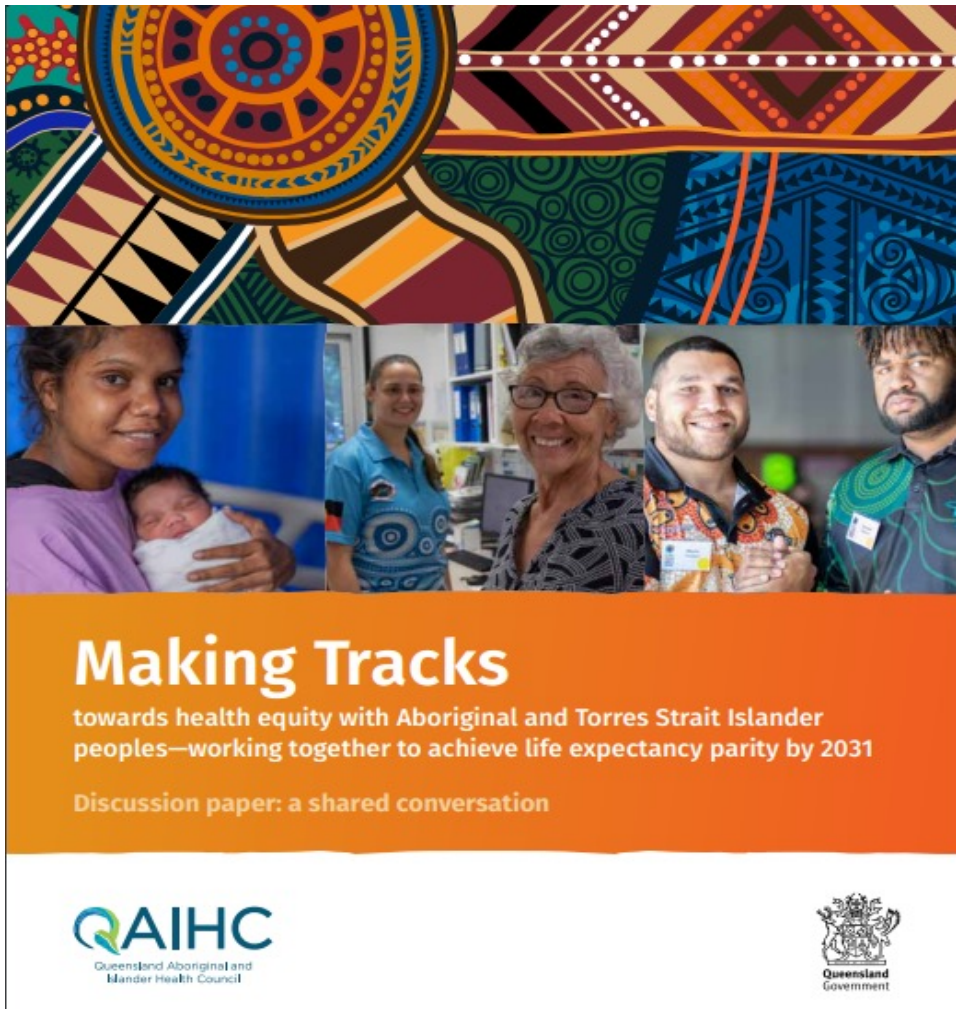
To read more about this report, click the link below –
Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy

Health Workforce Queensland

First Nations cont.

Making Tracks: towards health equity with Aboriginal and Torres Strait Islander peoples – working together to achieve life expectancy parity by 2031: Discussion paper: a shared conversation

- Embedding health equity into local health systems through legislative reforms (e.g. the Health Legislation Amendment Act 2020, requiring all HHS Boards to develop a Health Equity Strategy)
- Consultation for discussion paper now closed (May 2021)
- Final Health Equity Framework released July 2021



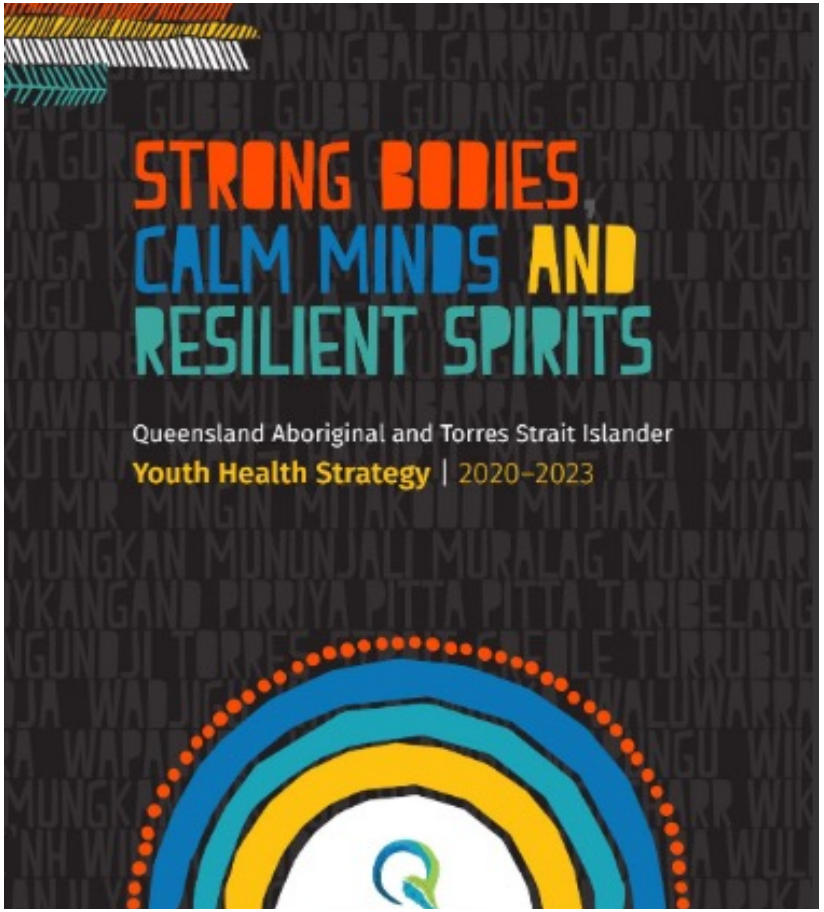
To read more about this report, click the link below –
Making Tracks: towards health equity with Aboriginal and Torres Strait Islander Peoples - working together to achieve life expectancy parity by 2031: Discussion paper: a shared conversation

First Nations cont.

Strong Bodies, Calm Minds and Resilient Spirits: Youth Health Strategy 2020-2023

Strategic Solutions:

1. Leadership: co-design and youth leadership in the health sector
2. Access: youth hub models of care for virtual and physical care
3. Equity: advocate for equity in Queensland for Aboriginal and Torres Strait Islander young people



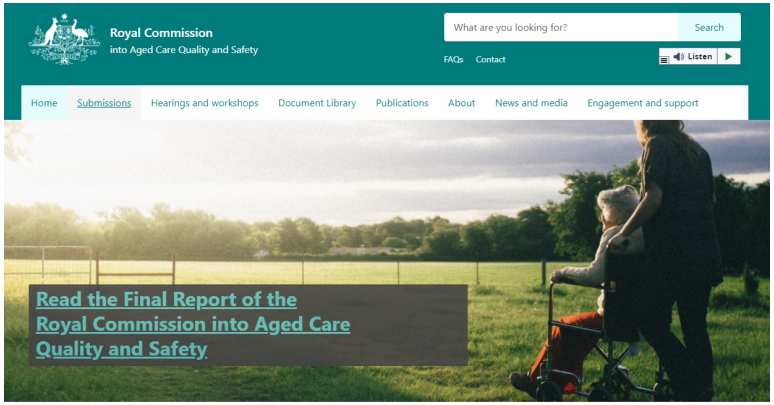
To read more about this report, click the link below – Queensland Aboriginal and Torres Strait Islander Youth Health Strategy

Aged Care in Focus

Royal Commission into Aged Care

Summary Report – March 2021

- Challenges of access
- Substandard care
- Substandard leadership and governance
- Future Changes
- Recommendations:
  - **Person-first:** care and supports which address physical, social, psychological, cultural and spiritual needs, supporting people to function independently for as long as possible
  - **Simplicity:** one aged care program, one set of eligibility criteria and one assessment process
  - **Accessibility**: information that is easy to locate and understand with face-to-face supports
  - **Universal Entitlement:** once entitled to care, guaranteed access to the care and supports assessed as needed
  - **Timeliness:** assessments and reassessments of need occur when required and services commence within one month of assessment
  - **Choice of Settings:** in the home, community and residential care
  - **Inclusiveness:** recognition of a person's diverse characteristics and delivery of culturally safe and trauma-informed care



To read more about this report, click the link below –
Royal Commission into Aged Care Summary Report

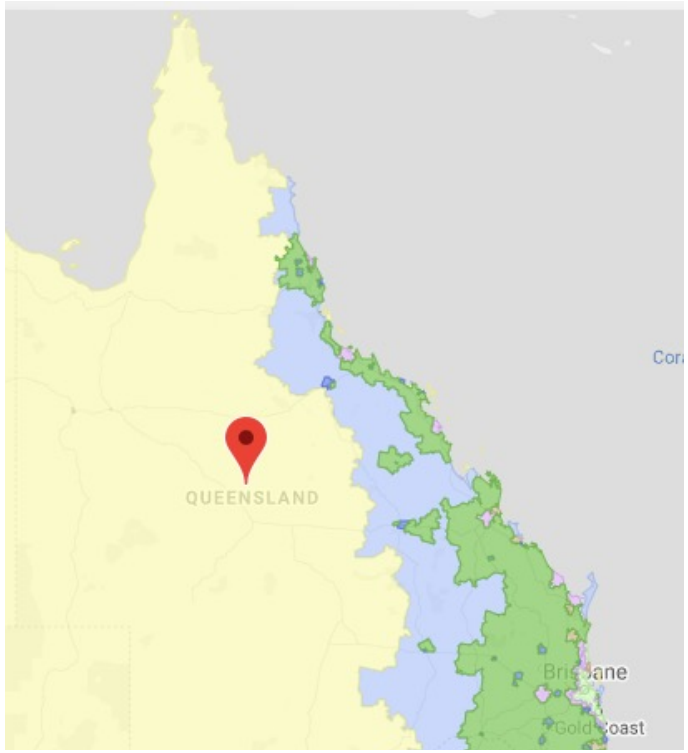
Health Workforce Queensland

DPA in Focus

DPA statuses are reviewed annually

Updated DPAs scheduled to be announced 1 July 2021

You can check whether your town currently has DPA status via the **Health Workforce Locator**

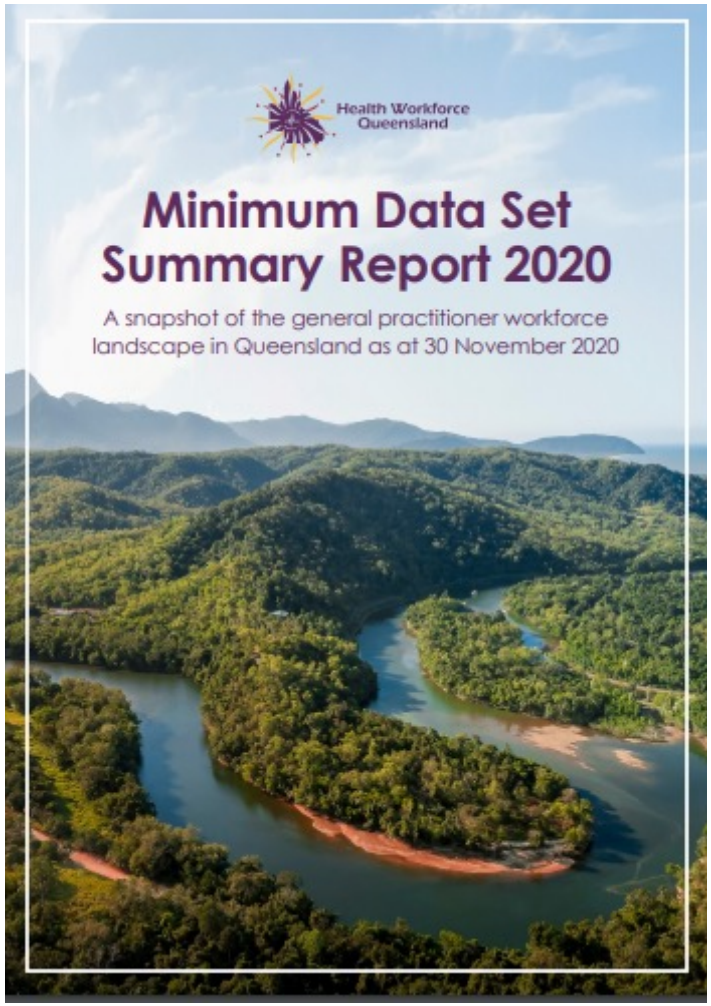


To see whether your town has DPA status, click link below –
Health Workforce Locator

State-wide Needs in Focus

Health Workforce Queensland's Minimum Data Set 2020-2021

- Health Workforce Queensland maintains an up-to-date database of the general practitioner workforce in remote, rural and regional Queensland, informed by an annual survey of General Practices and General Practitioners
- Health Workforce Queensland's annual MDS summary report represents a minimum, specified set of data based on a data snapshot taken on 30 November 2020



To read more about this report, click the link below –
Minimum Data Set Summary Report

Health Workforce Queensland

Minimum Data Set Summary Report 2020 cont...

3 years less

Doctors working in very remote communities have been employed at their current workplace 3 years less than their inner regional counterparts.

On average, female practitioners self-reported working 7.4 hours per week less than male practitioners.

Only 3.4% of medical practitioners self-reported working as a 'Solo' doctor

3.4%

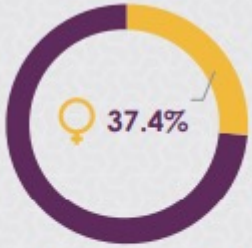
(although another 2.5% described themselves as 'Solo co-located', that is working solo at premises shared with at least one other doctor).

DID YOU KNOW?

The average age of remote, rural, and regional medical practitioners in Queensland was 50.4 years?

Proportion of female practitioners working in remote, rural, and regional locations have increased from 36.7% in 2010 to 45% in 2020.

The proportion of practitioners trained in Australia in QLD in 2020 was just over half at 53.4%.



In very remote communities, female practitioners represented 37.4% of the workforce, up from 32.9% in 2019.

Since 2005, the average self-reported total hours worked by medical practitioners in remote, rural, and regional Queensland has decreased by just over six hours, from 48.9 hours in 2005, to 42.6 hours in 2020.

Health Workforce Queensland