Meeting Communique - Health Workforce Queensland's Stakeholder Group

Thursday 16 September 2021 | Novotel Brisbane South Bank & Zoom Video Conference
9:00am to 3:00pm

The Health Workforce Stakeholders Group (HWSG) hosted by Health Workforce Queensland (HWQ) met on Thursday 16 September 2021. The HWSG meets annually and offers the opportunity for strategic discussion around current and emerging issues impacting remote and rural health workforce. It also provides collective feedback to HWQ to inform our priorities, and information to be shared through our communications and reports to policy makers.

At the commencement of the meeting, HWQ provided an update on new member organisations and new attendees in 2021. Chris Mitchell, CEO also provided 'a year in review' for the rural health workforce in Queensland noting opportunities and challenges, national and state reports and reviews and workforce program and policy updates. HWSG members engaged in discussions around the broader issues for the rural health workforce in Queensland and spoke to the importance of capturing and acknowledging the successes that are also occurring in the landscape.

HWQ also spoke to their annual Health Workforce Needs Assessment and associated activities and collaborations that have been undertaken in the past twelve months to address workforce challenges. HWSG member organisations were invited to present on their own workforce initiatives and this year we heard updates from:

- Southern Queensland Rural Health on their current collaborations including the South West Allied Health Workforce Collaborative, a grant collaboration with Goondir for a Student-led Health and Wellbeing Clinic in St George and the USQ end-to end Nursing program in Charleville;
- Australian Primary Health Care Nurses Association (APNA) on their Transition to Practice Program to support the foundational experience of nurses commencing work in the primary health care setting;
- Rural Doctor Association of Queensland on their Reflective Practice Peer Support Program to improve self-care through increased reflection-in-action & reflection-on-action and engagement in a supportive peer network;
- Queensland Aboriginal and Islander Health Council on Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples; and
- Future-Proofing Our Rural-Workforce CollaborativE (FORCE) Chair, Dr Ewen McPhee spoke to the work that their Collaborative is doing to address the progressive decline of effective primary health care, largely based on traditional models of general practice, in rural and remote Queensland.

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Profession Specific Priorities

Members were also given the opportunity to breakout into profession specific groups to discuss current and emerging workforce issues and were asked 'What are the top three priorities for your profession regarding workforce in the next 12 months?'

Aboriginal and Torres Strait Islander Health Workforce

1) Leadership Development
    a) Required at all levels including Boards, Executives, Management and Operational Teams
    b) Identify and support existing staff to become leaders
    c) Identify supports e.g. IAHA leadership program for students and graduates
    d) Sharing knowledge and role modelling
2) Retention
    a) Management of the turnover in staff
    b) Lack of qualified staff
    c) Lack of funding to train and support staff
    d) Increased cultural competencies and awareness for services and organisations
3) Scope of practice
    a) Reform the funding models to enable the funding to flow where it is needed
    b) Enable practices to access funding for all scopes of practice

Nursing and Midwifery

1) Impacts of COVID-19
    a) Burnout / fatigue
    b) Deployment of regular staff to other areas
    c) Lack of access to agency / international staff
2) Distribution of workforce
    a) Move from South East Queensland to regional and remote
    b) Distribution of workforce across specialty areas e.g. mental health, aged care
    c) Ongoing challenges with backfill and workforce churn
3) Pipeline
    a) Undergraduate curriculum lacks rural focus and primary care focus
    b) Misconception about training / skills support in rural
    c) Target students at undergraduate with an interest in rural health and support transition
    d) Enable nurses to work to top of scope

Allied Health

1) Funding models in rural & remote
    a) Private sector -viability and sustainability challenges
    b) MBS arrangements
    c) Wage equity (public vs private)
2) Maximising workforce capacity and capability

a) Addressing workforce demand for primary care vs NDIS and aged care – how to create shared workforce diversity in a competitive environment -> in particular occupational therapy
b) Working to top of scope complemented by a delegated workforce

3) Recruitment challenges
   a) Grow your own strategies – allied health assistant, other roles
   b) Longer student placement locally
   c) Models of supervision - flexible
   d) Support for private allied health placements
   e) Accommodation housing and personal/family considerations

Medical

1) Transition of GP training
   a) Maintain stability for registrars
   b) Risk losing momentum and direction with lack of clarity
   c) Not losing existing expertise in current RTOs
   d) Not enough interest in general practice
2) A need to do something now
   a) Funding reform important
   b) Rural practices are in trouble now
   c) Integrate medical workforce and infrastructure with regional development organisations at community level
   d) Collaboration is important
   e) Recognising value add of health to economy – have local government at the table and get them to invest (regional development)
3) COVID-19 – impact on workforce
   a) Mental health of doctors – everyone is really tired.
   b) Utilise resources already in place e.g., local government, economic development – untie existing funding to integrate, join and connect.
   c) Big shift to telehealth – use evidence from current experience to translate into new opportunities
   d) Look at other sectors

Summary of Workforce Challenges and Opportunities from Discussions

Further discussions on the shortages and/or maldistribution of GP, nursing, allied health, and Aboriginal and Torres Strait Islander health worker/practitioner workforce occurred. HWSG sentiment suggests that this is attributable to a limited pipeline of locally trained health workforce and high turnover of workforce in rural and remote areas.

HWSG attendees reported a lack of access to training places for people living in MM3-7 locations, misalignment between education providers and health service delivery, systemic barriers to shared

workforces, inappropriate funding models, poorly defined career pathways, and fragmented workforce support programs as some of the factors impacting workforce shortages and turnover.

More rural and remote based training pathways

Strategies geared at addressing workforce shortages involve improving opportunities for rural origin students to undertake undergraduate and post graduate studies in regional areas. Funding of additional training places must be in regional areas as the 'trickle out' of health practitioners trained in large urban centres does not address workforce maldistribution.

UDRH models are positively contributing to the pipeline of remote and rural workforce with many pursuing regional and remote employment. Furthermore, it was discussed that evidence suggests investment into rural and remote education boasts the return of seven dollars for every one dollar spent[1].

It was agreed further work is required to develop career pathways commencing with rural and remote high school students studying health related VET courses; leading to local employment and/or progression into flexibly offered undergraduate or postgraduate studies in a health discipline. Local traineeships and scholarships supporting education, combined with opportunities for part time employment whilst studying and local employment upon graduation were all considered of value.

Strengthen Support for Existing Workforce

Retention of the existing workforce through strengthening opportunities to access mentoring, supervision, decision support, peer support, professional development including opportunities for leadership development, and realigning workforce models to allow practitioners to work at top of scope, were identified across the health disciplines represented at the meeting.

It was acknowledged that there were a number of programs to address the issues highlighted, however activity was occurring within disciplines and on an ad-hoc basis. The need for expansion of successful programs such as the APNA Transition to Practice mentoring program and the Inter-Agency Allied Health Rural Generalist models across disciplines, as well as the identification of gaps in support, was required in order to create connected and supported rural and remote career pathways.

Address Systemic Barriers to Workforce Effectiveness

The HWSG recognised the importance of integrated workforce and service planning to better utilise existing workforces and address systemic barriers such as siloed service delivery models, cumbersome credentialing processes, and workforce support programs that preclude either the public or private workforces. The need for engagement of local government to help address barriers such as access to

[1] Woolley T, Sen Gupta T, Stewart RA, Hollins A, 2021, *A return-on-investment analysis of impacts on James Cook University medical students and rural workforce resulting from participation in extended rural placements*, Rural and Remote Health

accommodation and childcare were also highlighted. Solutions proposed include consideration of a 'rural and remote health practitioner journey' using a similar methodology to a patient journey.

Next Steps

The HWSG noted a number of priorities and opportunities that could be considered as a collective to address primary care workforce challenges in Queensland including:

- The importance of a redistributed workforce strategy with training 'in and for' remote and rural regions;
- Joining up of workforce strategies and activities across the sector (public and private) to support a maximum return on investment;
- Addressing the 'three-legged stool' for workforce sustainability including availability of infrastructure (residential and clinical), clinical work and people to teach;
- Opportunities and funding to support formal leadership development to be further explored in the primary health care setting;
- The acknowledgement that much has been achieved in remote and rural health and to look at opportunities to showcase (stream/theme/document) successful solutions; and
- Coming together at times when there is a common purpose to address a system, location or policy piece that needs addressing.

HWQ thanks all members for taking the time to contribute to the annual Health Workforce Stakeholder meeting for 2021.

Attendee Member Organisations

- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Primary Health Care Nurses Association (APNA)
- Central Queensland Wide Bay Sunshine Coast PHN
- CheckUP Australia
- CRANAplus
- Darling Downs West Moreton PHN
- Indigenous Allied Health Australia (IAHA)
- James Cook University
- Murtupuni Centre for Rural & Remote Health, James Cook University
- Northern Queensland PHN
- Office of Rural and Remote Health
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Queensland Department of Health
- Queensland Rural Medical Services
- RACGP
- Remote Vocational Training Scheme (RVTS)
- Royal Flying Doctor Service Qld Section
- Rural Doctors Association Queensland
- Services for Australian Rural and Remote Allied Health (SARRAH)
- Southern Queensland Rural Health (SQRH)
- The University of Queensland, Rural Clinical School
- Western Queensland PHN