

Meeting Communique - Health Workforce Queensland's Stakeholder Group

Thursday 15 September 2022 | 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 15 September 2022. 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 validate the Health Workforce Needs Assessment (HWNA), the foundation document to inform our priorities, as well as information to be shared through our communications and reports to policy makers.

It was acknowledged that the current health workforce challenges were impacting many remote and rural communities and the need for collaborative solutions at the federal, state and local levels were vital. HWSG members engaged in a reflective session on the barriers to place-based collaboration, noting that despite the willingness of 90% of local stakeholders, a small number of barriers are precluding authentic place-based collaboration. System barriers, organisational turf, professional turf and individual mindset were identified, and potential opportunities to address these barriers were discussed.

HWQ also spoke to their annual [Health Workforce Needs Assessment](#) (HWNA) in addition to associated activities and collaborations that have been undertaken in the past twelve months to address workforce challenges. Key findings from the HWNA included:

- Primary care workforce and service gaps have continued to increase over the past five years
- General practitioner workforce shortages are at crisis levels
- Medicare funding reform, strategies to encourage rural and remote careers, and strategies to improve retention of staff are key factors in improving practice sustainability

HWSG member organisations provided updates on their workforce initiatives including:

- Partnership initiative of Western Queensland Primary Health Network, the Centre for Health System Reform and Integration, The University of Queensland and Mater Research Institute and HWQ on their **Virtual Integrated Practice** (VIP) Model currently being trialled in South West Queensland
- Indigenous Allied Health Australia (IAHA) on their **Leadership Development Program**
- Queensland Health Office of the Chief Nursing and Midwifery Office on their Rural Generalist Nursing program
- Queensland Aboriginal and Islander Health Council (QAIHC) on **Making Tracks Towards Health Equity** with Aboriginal and Torres Strait Islander peoples
- Feedback from Queensland Health on their **Rural and Remote Workforce Forum** held on 7 September 2022

Profession Specific Priorities

Members were given the opportunity to breakout into profession specific groups to discuss current and emerging workforce issues and were asked 'If you were in the elevator with the Health Minister what would be your pitch?'

First Nations Health Workforce

Elevator Pitch to the State Premier (this is because of the need to work across portfolios. We discussed Commonwealth vs State Government too, but landed on State as the amendments to the Queensland Hospital and Health Boards Legislation require jurisdictional reform):

- a) *We cannot tackle First Nation health workforce in isolation. There needs to be a focus on appropriate place-based workforce planning to identify community needs and how organisations can work together to address this need at a national, state and local level.*

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- b) *With the implementation of the Making Tracks Health Equity Framework and health reforms, measures are going to have to be reported back to parliament, yet we are again not on track. If government wants to meet its obligations there needs to be system change, with authority given back to where the biggest impact will be made with the community on the ground. Get people at the centre of health care.*
- c) *We critically need a joined-up approach across portfolios such as housing, justice, child safety and Indigenous affairs, with funds pooled as appropriate. Health equity is one thing but we need it across other government departments.*

Nursing and Midwifery

Elevator Pitch to the Health Minister:

Rural and Remote Primary Health Care Nurses are key providers of health care in small rural and remote areas of Australia and require increased professional recognition and support to enable the delivery of quality care and services to their communities.

Key areas that need to be addressed include:

- a) *Career development pathway for future RPPHC nurses to develop their skills in for and with rural and remote nurses and communities*
- b) *Access for all nurses to Clinical Reflective Supervision and Support to alleviate pressures related to current skill mix and staff shortages [Australian Nursing & Midwifery Federation Position Statement - August 2020](#)*
- c) *Recognition that advanced general practice primary health care nursing can support and deliver effective, quality primary health care within the general practice setting*
- d) *Recognition that advanced practice in nursing is based on skill set and scope of practice not role as defined by Gardner & Gardner and adopted by the Chief Nursing and Midwifery Officers of Australia [Document Link](#)*
- e) *Establishing advanced practice nursing positions in general practice and primary care settings to create pathways from registered nurse to nurse practitioner*
- f) *Recognition that current MBS billing models do not support general practice or primary care nurses working to their full scope of practice*
- g) *Nurse practitioner, practice nursing and GP MBS items require review to ensure the viability of nurse practitioners and advanced practice nursing in primary care, multipurpose services and general practice settings.*

Allied Health

Elevator Pitch to the Health Minister:

Contemporary health care is team-based care. Allied health should be considered critical workforce in this model. Three key areas that need to be addressed include:

- a) *Data – the paucity of allied health data impacts effective workforce planning. Commitment to the same level of investment in the collection, analysis and reporting of pipeline and workforce data at a national level for allied health as other professions is urgently required.*
- b) *Support for allied health training pathways including teaching incentive payments to support private practice similar to those in general practice, and recognition within commissioning models of the resourcing required to develop the workforce pipeline (supervision and early career).*

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- c) *GPs are not the only small businesses in rural communities. Allied health are also small businesses and need the same practice incentives and supports to ensure practice viability, including the ability to attract workforce. For example, HELP debt reduction.*

Medical

Elevator Pitch to the Health Minister:

- a) *AHPRA through the PESCI's is currently restricting solutions to the GP workforce crisis*
- b) *The PESCI needs to be changed from a barrier to enabler*
- c) *Implement a system that encourages all qualified GPs into employment.*
- d) *Getting IMG's up to speed in a structured program / process to lead toward Fellowship more quickly will allow those that are in country to enter or re-enter the GP workforce.*
- e) *Must be underpinned by quality and safety.*

Multi-disciplinary

Elevator Pitch to the Health Minister

In recognition of the fact that strengthening primary healthcare is everyone's responsibility, we propose an innovative decentralised funding model that puts communities front and centre for spending control. Key features will be:

- a) *Reclaim 10% of the budget of all government funded agencies involved in rural and remote primary healthcare and put those funds back into the hands of rural and remote communities.*
- b) *Communities can then determine if they want to put the funds towards infrastructure such as housing or clinical facilities; or human resourcing for local planning and collaboration or incentives to attract and retain workforce in that particular community.*

Closing remarks reinforced that while there is a lot of activity in the form of workforce summits and strategies at both the national and state level, the importance of a consistent approach from the collective to address local workforce challenges is paramount.

HWQ thanks all members for taking the time to contribute to the annual Health Workforce Stakeholder meeting for 2022.

Attendee Member Organisations

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