



Legislative Assembly Select Committee on Remote, Rural and Regional Health Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Questions on Notice: Rural Doctors Network

RDN is pleased to provide a response below to the questions on notice taken at the public hearing on Friday 24 November 2023.

1. Please provide additional information on the Western NSW 2030 Health Workforce Project and any evaluation of its current success.

RDN's 'Place of Choice' workforce projects are evidence-based approaches to attraction, recruitment and retention of health and social care workforce. They form part of RDN's suite of workforce solutions services.

The Western NSW 2030 Health Workforce Planning Framework Project (the Western 2030 Project) was established to deliver a coordinated, grassroots, regional approach to health workforce planning in Western NSW. Initially co-funded by Western and Far Western NSW Local Health Districts, Western NSW PHN and RDN, with governance support from Bila Muuji Aboriginal Corporation Health Service, the Western 2030 Project demonstrated genuine collaborative effort by also incorporating over 40 health and social care organisations operating in the region.

Initiated in 2018, the project was delivered in three waves. Wave 1 (2018/19) delivered the Western NSW Primary Health Workforce Planning Framework (Appendix A) and a number of priority actions. Wave 2 (2019/20) saw the delivery of a second group of priority actions, focused on attraction, recruitment and retention of workforce. Wave 3 (intended from 2020, impacted by COVID) started with a review of priorities based on latest information, and a subsequent suite of priority actions currently being delivered by the collaborative. The project enabled a broad suite of workforce related activities including coordinated advertising campaigns, welcome packs and concierge services to support health workers and their families and enable health employers offer attractive and competitive job opportunities, including of joint employment models.

The success of the Western 2030 Project led to the project methodology being subsequently applied by RDN in the Murrumbidgee region for a collaborative Murrumbidgee Workforce project, delivered over the 2020 to 2022 period.

These projects demonstrate the importance of concepts central to RDN's approach to improving rural health workforce, namely place-based approaches, collaborative partnerships, trust, organisational and leadership commitment and governance¹.

RDN commends the 'Place of Choice' workforce collaboration projects. Ideally, they should be implemented at regional, sub-regional and community levels, under a state-wide strategy and

¹ Ramsden R, Colbran R, Linehan T, et al. Partnering to address rural health workforce challenges in Western NSW. *Journal of Integrated Care*. 2020;28(2):145-160. <https://doi.org/10.1108/JICA-06-2019-0026>

using a state-wide consistent approach. A state-wide approach, with a view to both national and international workforce pressures, is important in this space to ensure we don't create adverse competition for workforce within the state. This requires coordination between the various health and social care systems, organisations and government policies. RDN welcomes the opportunity to support the design and implementation of such an approach in the post-COVID environment.

2. Please provide examples of other innovative workforce initiatives that are getting good outcomes and that could potentially be scaled up.

RDN is pleased to provide the below summaries of some of our current workforce programs that are achieving good outcomes and have opportunities to scale up.

In addition to the current programs described below, RDN has a number of proposals for new workforce initiatives to meet current gaps in the rural health workforce space, including telehealth initiatives, assistant workforces, recruitment and retention of Indigenous workforce, innovative training and employment models, and engagement of local governments. We would be happy to expand on these, and the below programs further, with the Inquiry in person.

NSW Rural Resident Medical Officer Cadetship Program

The NSW Rural Resident Medical Officer Cadetship Program is a flagship rural workforce program for NSW. It has been funded by the MoH and delivered by RDN for the past 34 years. It has demonstrated high levels of longitudinal success in creation and retention of rural medical workforce within NSW, and is currently the only pre-vocational, extended placement program nationally.

The program aims to encourage doctors to work in rural NSW hospitals by way of a four (or five for Indigenous students) year scholarship and vocational support program. Students are recruited into the program in their penultimate year of undergraduate medical education. Over these final two (or three years) they are provided with scholarship funds, numerous rural engagement and networking events, and tailored mentorship, guidance and support. In return, they are required to complete two of their first three postgraduate years in a rural hospital.

Since inception 373 cadets, including 34 Indigenous cadets, have participated in the program. RDN will be releasing a 35-year longitudinal evaluation of the program in 2024. This data is embargoed until release, however, for the purposes of informing the Committee, RDN can advise that over 60% of cadet alumni are currently practicing in rural locations. Significantly, this evaluation will also indicate that 43% of urban-origin cadets are also practicing rurally.

The program has been designed to fit seamlessly into RDN's talent management² pipeline approach, whereby we aim to engage with clinicians that could be, or are, part of the rural workforce throughout their career. Within this pipeline perspective, RDN's engagements with (future) rural workforce start at the high school level and continue throughout the rural clinician's career until after retirement. This approach focuses on the complementary concepts of talent management, tailored concierge, and facilitation of collegiate and clinical supports.

The Medical Cadetship Program is an integral part of RDN's pipeline approach to workforce recruitment and retention, and a demonstration of the correlation between repeated or sustained

² Mitosis KD, Lamnisos D, Talias MA. Talent Management in Healthcare: A Systematic Qualitative Review. *Sustainability*. 2021;13(8):4469. <https://doi.org/10.3390/su13084469>

exposure during medical training and working in rural practice^{3,4}. As a result of this program cadets are able to focus on their studies and career planning due to the financial scholarship support; develop friendships with other cadets (their future colleagues); build connections with rural doctors and training providers; and ultimately start a fulfilling career within rural NSW.

Recently, the NSW Government temporarily funded an expansion of the program from 12 to 48 placements per year. RDN would welcome the opportunity to discuss opportunities for ongoing, and further expansion of the program in relation to medical professions and other high-need rural health workforce cohorts.

New Rural GP Orientation Program

The New Rural GP Orientation Program (NRGPO) has been an initiative of RDN since 2015. It was initially funded by NSW Government, however in recent years RDN has resourced its delivery because of its proven value in preparing clinicians for rural practice.

The NRGPO Program is for GPs who are new to rural NSW practice or new to the Australian healthcare system. The two-day, face to face introduction to rural general practice is valuable preparation for the transition into rural NSW medical practice and supports GPs in delivering high-quality medical services to rural NSW communities.

These sessions are a valuable introduction and preparation to rural practice and essential preparation for transition into rural NSW practice. Content includes:

- Professional orientation - an overview of rural practice in NSW, credentialing, navigating Medicare, Pharmaceutical Benefits Scheme, cultural awareness, accessing GP support, pathways to General Practice fellowship, professional and ethical responsibilities.
- Clinical orientation - introduction to Indigenous health to identify and work with Aboriginal people in a culturally safe and appropriate way, introduction to sexual health/family planning, introduction to mental health, managing workplace illness or injury cases.
- Social orientation – settling into a rural community, making connections in a rural community, and developing personal and professional boundaries for personal wellbeing.

Since its inception, NRGPO has delivered the face-to-face program to over 330 GPs from all areas of rural NSW. The program is designed to support a smooth transition to rural practice. Outcomes include a higher level of professional and clinical satisfaction and longer tenure in rural general practice. Feedback from participants is constantly positive, indicating that the course is highly valuable to them in relation to both professional and personal aspects, including in building their professional networks.

RDN has identified that there is a lot of information encouraging workforce (including health workforce) to “go rural”, but not as much information on preparing for this move once the decision has been made. In response to this gap, and on the back of the success of the face-to-face course, the NSW Ministry of Health recently funded RDN to develop a digital version of the generally applicable concepts from the face-to-face course. This has been completed and is available as a

³ May J, Brown L, Burrows J. In-Place Training: Optimizing Rural Health Workforce Outcomes through Rural-Based Education in Australia. *Education Sciences*. 2018; 8(1):20. <https://doi.org/10.3390/educsci8010020>

⁴ Russell D, Mathew S, Fitts M, et al. Interventions for health workforce retention in rural and remote areas: a systematic review. *Hum Resour Health*. 2021;19:103. <https://doi.org/10.1186/s12960-021-00643-7>

suite of purpose-built digital resources, hosted on RDN's Rural Health Pro (RHP) platform⁵, that health professionals new to Australian rural practice can access at their own pace.

There are opportunities to build on the success of the program in several ways. Due to RDN underwriting this program, it is currently limited in how often it is run, where it is offered, and how many participants it can accept. There is scope to increase the number of times and areas in which the program is run. There is also opportunity to expand, and reshape, the program beyond GPs, to include other medical professionals, nursing and midwifery professionals, allied health professionals and health administrators. There is also opportunity for the program to be tailored to suit Local Health District needs.

The potential to co-locate the face-to-face program with other RDN rural conferences is an exciting one. This would enable new rural professionals to develop a much-wider network of rural colleagues for professional and personal support.

Although face-to-face delivery is most beneficial to this new rural cohort, there is scope for these digital resources to be further developed and maintained into the future.

There is also the opportunity to blend the face-to-face and digital modalities by offering digital alumni groups and a mentoring program to new rural workforce who have completed the face-to-face course.

Outreach Programs

RDN acknowledges, and thanks, the Australian Department of Health and Aged Care for entrusting RDN to administer the federally funded health Outreach programs in NSW and the ACT since 2003. The Outreach programs aim to achieve health equity and equality by reducing the health access barriers faced by rural and Aboriginal people.

Since 2003, RDN has collaborated with more than 60 partners and local organisations, to deliver these programs. Over 850 health practitioners, including specialists, nurses, midwives, allied health professionals and Aboriginal health practitioners are supported under the programs to travel to more than 200 towns and Aboriginal communities to deliver health services these populations would otherwise have to travel a long distance to access. Critically, two-thirds of these clinicians are rurally based and many have decades of commitment to rural practice, a demonstration of the impact of this program in relation to rural workforce retention.

These programs are highly successful due in large part to community-driven nature of how the programs have been set up by RDN. Needs assessment, service design and service integration are place-based and community-driven, in consort with associated data and expertise. This enables the programs' services to be sustainable, as well as being flexible enough to respond to changing community needs. This design also means the programs are easily scalable.

In addition to the program outputs, RDN has designed this program to align with its concept of "meandering streams"⁶, part of which is engaging health workforce in commitment to ongoing rural practice, rather than commitment to one job, or one town. The Outreach programs are not designed to provide permanent service solutions, so development of service models that engage and retain workforce in rural areas, is a key success of RDN's design and administration of the

⁵ <https://www.ruralhealthpro.org/s/new-to-rural-health>

⁶ Colbran R, Ramsden R, Edwards M, et al. Beyond the workforce training pipeline: embracing the meandering stream of "whole of life" and career to strengthen the retention of health professionals rurally. *Journal of Integrated Care*. 2022;30:5. <https://doi.org/10.1108/JICA-04-2020-0022>

program. RDN considers that this program enables rurally-practicing clinicians to enhance their skills and capabilities, which has a flow-on benefit to service access in their rural communities.

Although federally funded, these programs are delivered in association with both primary and state-managed service partners. This is an example of the necessity of health systems in rural areas to integrate and work together.

The current federally funded programs have been fully committed for a number of years and there are continual unmet needs that we are currently unable to meet due to finite funding. RDN would welcome the opportunity to discuss expansion options appropriate for NSW Government to consider in connection with the current Outreach programs.

Natural Disaster, Emergency and Crisis Response

RDN has a long history in crisis management, in which rural and remote communities face unanticipated loss of general practice and hospital care access.

The framing of this capability as a crisis response began during 2018 and 2019 due to the critical and state-wide impacts on health workforce well-being and service model viability resulting from the long-standing NSW drought.

This capability further developed when, in response to the NSW bushfire crisis in early 2020, RDN, in partnership with AMA (NSW), launched an industry-wide campaign to integrate government and non-government health service responses to disaster-impacted rural and remote communities.

This led to the formation of the *Rural NSW Natural Disaster and Emergency Health Stakeholder Group* (NDE Group), which comprises over 35 state and federal government agencies, peak bodies, and relevant support agencies working together to share information, identify community needs, and coordinate delivery and investment to rural and remote communities dealing with emergencies.

The NDE Group aims to complement and support the government emergency agencies responsibilities. It aims to provide a link between government agencies and non-government and community organisations, in relation to communication on situation updates, communities needs and government response activities and plans. It aims to enable and support the handover of responsibilities back to affected communities, critical for a community to move from the response to recovery phase.

Following the success of the NDE Group's efforts in response to bushfires, it reconvened in response to the COVID-19 pandemic, and again to support the northern NSW floods in 2022.

The stakeholders are now considering the advantage of keeping the NDE Group permanently active to enable more coordinated and real time response activation.

Some of the key initiatives and impact of the NDE Group includes:

- Resilience, Recharge and Recovery ([RRR](#)) Program
- [#RuralHealthTogether](#)
- Practice recovery and clinician welfare grants
- Surge workforce and matching service (SWARM)

RDN's workforce capabilities allowed for the creation of SWARM – RDN's surge workforce and matching service. Over past emergency response periods in NSW, RDN has developed a process for sourcing and holding a current database of clinicians, health administrators and other support

personnel available and trained to support emergency responses. Key elements of this process include: assessing personnels' levels of cultural-safety training and experience; matching of available personnel, their skill and experience levels, with areas of need; and coordinating the logistics of placements.

Currently, the facilitation of the NDE Group is funded by RDN as a contribution to the sector. It would be significant for the sector if this work as underwritten by the NSW Government as it would enable work in the preparation and prevention space, as well as continuity of engagement, thus reducing the costs associated with re-activation at every emergency.

Rural Workforce Fatigue and Wellbeing Initiative

Retention of existing remote and rural health and social care professionals is one of the critical factors facing health systems post-COVID. RDN's international networks are presenting significant, and growing, data that suggest failure to retain existing workforce will undermine efforts to secure future rural workforce through enhanced rural training and recruitment initiatives.

There are many factors that contribute to health professionals leaving health employment or a health region. How those factors integrate and play out is often unique to the individual, however certain themes are identifiable. Post-COVID, it appears factors relating to fatigue and general wellbeing are increasingly prevalent. Due to their nature (and somewhat understandably) wellbeing-related interventions are not traditionally pursued by governments in retention campaigns. In recent years, RDN's applied research in health workforce capability has demonstrated the importance of health professional wellbeing as part of integrated campaigns to retain rural health workforce in rural practice.

RDN's research into health workforce capability indicates that rural health professionals are more effective, engaged, and resilient in their work when they are their most capable and that capability is an outcome of whole-of-person wellbeing – emotional, physical and spiritual/cultural/social – and not just technical competency⁷. Further, the more capable a rural health professional perceives themselves, the longer they are retained in rural practice. This expertise (in relation to the concept of capability) has been integrated into RDN workforce support activities, including the development of Rural Health Pro (RHP), a digital platform designed to deliver capability support for rural health workforce.

In response to the 2022 NSW Rural Health Inquiry findings, NSW Ministry of Health sought RDN to design and implement a rural staff fatigue-response and wellbeing program to support retention of their rural clinical workforce. RDN's health workforce capability logic has informed the development of this program, the Rural Workforce Fatigue and Wellbeing Initiative.

In partnership with the NSW Ministry of Health, and participating Local Health Districts, the Rural Workforce Fatigue and Wellbeing Initiative is being delivered under the banner "Grow. Connect. Thrive. Be Inspired". The initiative is currently delivering a suite of workforce-level, and tailored activities, utilising both digital (via RHP) and face to face delivery. These activities include:

- Face to face leadership and connection forums for medical students, JMOs, and senior medical staff, tailored to each LHD;

⁷ Martiniuk AL, Colbran R, Ramsden R, Edwards M, et al. Capability ... what's in a word? Rural Doctors Network of New South Wales Australia is shifting to focus on the capability of rural health professionals. *Rural and Remote Health*. 2020;20:5633. <https://doi.org/10.22605/RRH5633>

- A Healthy Exchange podcast;
- access to a digital wellbeing toolkit and resource library;
- access to facilitated digital collegiate support networks;
- hosting of digital wellbeing events (e.g. LHD Awards);
- development of a digital cultural responsiveness and safety series; and
- a multidisciplinary webinar series.

Funding for a 12-month establishment of this initiative, to June 2024, has been provided by NSW Ministry of Health. Initial feedback from participants has been positive. An evaluation plan is also being fulfilled, with initial data demonstrating positive engagement and important learnings in relation to mechanisms to effectively engage Local Health District managers and staff.

Workforce retention must be preserved as a workforce priority in the coming years, particularly as learnings develop of what is most important in the post-COVID era. RDN strongly commends this NSW Government Rural Workforce Fatigue and Wellbeing Initiative and seeks its continued support beyond 2024.

Nurse Student Rural Placement Program

Nurses make up the largest sector in the health workforce, with around 350,000 practicing in Australia (compared with just over 100,000 medical practitioners nationally) in 2022⁸. They therefore have an integral role in health care accessibility, particularly within rural and remote communities. There is a persistent lack of opportunities and support for nursing placements outside the hospital setting. This is further compounded for rural communities by lack of these placement opportunities in rural areas.

In order to address a number of these rural health access barriers, RDN has partnered with the Australian Primary Health Care Nurses Association (APNA) to design and implement the Nurse Student Rural Placement (NSRP) Program⁹. This program aims to address current and future nurse workforce shortages by creating a pipeline of next generation primary health care nurses, equipped and committed to serve our rural and remote communities.

The program utilises the complementary strengths and experience of the two organisations, building on APNA's already-established metropolitan placement program for nurses, and RDN's rural network and experience in coordination of rural placement programs.

The NSRP Program supports nursing students to positively discover and assess the possibilities of rural primary health care nursing careers by providing the opportunity to undertake high quality rural clinical placements in general practices, Aboriginal Community-Controlled Health Services, residential aged-care facilities, and schools. Placements are between two to eight weeks in length and are supervised by a registered nurse or nurse practitioner. Students, source universities, and host organisations are supported by RDN and APNA in relation to marketing, matching, placement logistics, student and supervisor supports, and student social and community connections (outside of their professional placement).

⁸ Australian Government Department of Health and Aged Care. Nurses & Midwives Detailed Factsheet. Updated Jan 17, 2024. Accessed Jan 22, 2024.

<https://public.tableau.com/app/profile/healthworkforcedata/viz/FactsheetsProd/NursingMidwives?FieldLink=All&Factsheet=Employed&ProfgroupLink=NursesMidwives>

⁹ <https://www.nswrdn.com.au/site/index.cfm?display=1861771>



Although the program is new, with its first student placements starting in May 2023, it has already supported approximately 500 nursing student placement days. The program has already signed agreements with 13 universities and TAFE nursing education providers and has over 70 organisations interested in hosting students.

This program has been developed by APNA and RDN. It's development, and initial implementation and evaluation, is being underwritten by APNA and RDN in order to evaluate the concept on behalf of the sector. The work thus far indicates that there is great scope to build on the early successes of the program. Ongoing funding would enable the program to: increase its marketing, partner with additional universities, offer placements in additional rural communities, and offer additional student support (including for accommodation and transport). There is also the opportunity to expand the program to also cover placements for allied health professionals.

Non-medical professions must be supported in the same ways as we support the medical profession in order to achieve multidisciplinary, team-based care in rural communities in a fiscally sustainable manner.

The pilot phase of this program is coming to a close with positive evaluation data. APNA and RDN welcome the opportunity to present the program to NSW Government for consideration of inclusion in workforce strategies responding to the Rural Health Inquiry.

THE CONCEPTUAL FRAMEWORK FOR WESTERN NSW PRIMARY HEALTH WORKFORCE PLANNING

VISION
 Western NSW will have an integrated, long-term approach to workforce planning to increase access to high quality primary health care in a timely and affordable manner – no matter where people live.




CHANGE DRIVERS

ENABLERS

- A commitment to long-term co-operation for the benefit of community
- Clear understanding of the capabilities required
- Service and business model reform
- Greater use of technology to increase access
- Strong leadership
- Good National, State and Regional policy

QUALITY IMPROVEMENT

- Capturing and dissemination successes and lessons learnt
- Translation of new and emerging evidence and innovation
- Assessing where to adapt strategies
- Responding to new issues and evidence as they arise.
- Data capture
- Reporting

ORGANISATIONAL AND FINANCIAL CONSIDERATIONS

- Differences in strategy and purpose
- Contractual obligations
- Individual stakeholder obligations
- Infrastructure considerations