

15 January 2025

Dr Joe McGirr, MP
Chair, Legislative Assembly Select Committee
on Remote, Rural and Regional Health
Via email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr McGirr

Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

I am writing to you today in your capacity as the Chair of the Legislative Assembly Select Committee on Remote, Rural and Regional Health.

As you will recall, Rural Doctors Network's (RDN) representatives, including myself, attended the 12 December 2024 hearings for the Committee's *Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW (SC Inquiry 3)*.

I would like to take this opportunity to respond to the question on notice that the Committee posed to RDN during this hearing and to provide additional information on a few of the topics touched on during this hearing.

Question on Notice - "...question on notice to you to expand on what you would recommend in terms of retention..."

Workforce retention is a key component of the 'attraction, recruitment and retention' principles of health workforce strategies. Indeed, rural workforce mobility and shortage has been shown to profoundly affect the implementation of integrated care¹².

RDN is strongly of the opinion that health workforce strategies should start with retention to recognise and value the contributions of those already in place, and to allow tailored strength-based approaches to health service access to be built from workforce and systems already in existence within a community.

RDN takes a broad definition of retention as involving commitment to working in rural health, not just in one location or organisation. RDN champions this 'commitment to rural' philosophy and applies this approach to our retention strategies. This approach, detailed in our "Meandering Streams" paper³, calls for an understanding and acceptance of modern

¹ Busetto L, Luijckx K, Calciolari S, Ortiz LGG, Vrijhoef HJM. Barriers and Facilitators to Workforce Changes in Integrated Care. *Int J Integr Care*. 2018;18(2):17. doi:10.5334/ijic.3587

² Fitzpatrick SJ, et al. Coordinating Mental and Physical Health Care in Rural Australia: An Integrated Model for Primary Care Settings. *Int J Integr Care*. 2018;18(2):19. doi:10.5334/ijic.3943

³ Colbran R, Ramsden R, Edwards M, O'Callaghan E, Karlson D. 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*. 2020; 30(5):83-92. <https://doi.org/10.1108/JICA-04-2020-0022>

career pathways and celebrates career commitment to serving rural communities. It asserts that the building and retaining of a capable rural health workforce must be driven by a holistic approach to life cycle and workforce level needs.

Whilst retention is understood as a key element to a sustainable rural workforce, retention strategies often focus narrowly on a standard suite of education and professional supports. RDN's takes the evidence-based approach of applying a suite of strategies that target social and professional factors that are tailored to the individual, in order to build a sustained high capability workforce.

This concept of a highly capable workforce is another key element to a sustainable rural workforce. RDN's approach to 'capability' takes a broader lens than traditional 'competency'⁴. Whilst competency is static and the responsibility of the practitioner, capability is fluid, multidimensional, and the responsibility of the practitioner, community and system. It enables a person to work effectively in varying and unfamiliar contexts, essential in rural health practice. RDN work in this area suggests that when a rural health professional perceives themselves with high whole of life capability they deliver higher quality care and they stay longer in rural practice.

These concepts have shaped RDN's suite of career long programs and activities, with the aim of delivering tailored supports to each practitioner in order to enhance their individual rural health professional capability. These programs and activities include:

- early engagement activities, i.e. high school and undergraduate students
- positive, and extended, exposure to rural practice for selected student cohorts (not all students will be interested, but those that are, this interest will be identified and supported), e.g. GoRural trips, Cadetship program, National Rural Health Student Network (NRHSN)
- creation and maintenance of professional support networks, e.g. Rural Health Month, conferences, Rural Health Pro virtual networks, education/training scholarships and bursaries, recruitment support services
- professional recognition and value, e.g. Rural Health Awards, annual conference awards and recognition, individual supports for clinicians as appropriate and requested
- engagement with governments to represent these aspects, where and as appropriate, and aligned with RDN's remit, e.g. participation in inquiries such as this one.

RDN has appreciated funding support for retention orientated programs in the post-COVID years, however the continuity of these programs beyond short term are likely to be important considerations in the years ahead. RDN welcome the opportunity to demonstrate these programs to the Committee and will continue to seek NSW Government for their continuation.

The Committee also expressed interest in RDN's Collaborative Care for Remote and Rural Communities Program (Collaborative Care). With regard to cross-jurisdictional health reform and, more specifically, integration of health system and services to achieve better patient care, Collaborative Care has been demonstrated through independent evaluation to be highly valued and to have significant potential to aid such integration⁵.

⁴ Martiniuk AL 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>

⁵ The Sax Institute. *Collaborative Care & Place-based Planning Approaches: A Scalability Assessment by the Sax Institute for the Regional Health Division of the New South Wales Ministry of Health*. Sydney. 2023.

The Collaborative Care Program aims to address the increasingly complex healthcare landscape in rural areas. The Program serves as a proven method for facilitating fit-for-purpose integrated care solutions, particularly in rural and remote communities, rather than providing a set model of care. Its primary focus is on strengthening local governance, building community capability, coordinating healthcare resources, and ensuring effective partnerships within and outside the health sector.

Key features of the program include:

- Community-centred: Led and managed by community, with extensive stakeholder involvement.
- Scalable: It has tested and evaluated, showing feasibility and adaptability to different regions and situations^{5,6}.
- Engagement: involves all stakeholders, creates commitment, ownership and strong, ongoing governance from stakeholders
- Strength-based: Builds on, and connects, the strengths that already exist within a community

The program's success relies on local, community-driven responses rather than top-down approaches. It has been independently evaluated as a feasible, acceptable, sustainable, and cost-effective approach to rural health access^{5,6}, and these results have enabled NSW Health to apply the Collaborative Care Program as part of their response to Recommendation 10 of the *NSW Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*.

Similarly to Collaborative Care, RDN's Health Access Services Program is an example of community-led integrated healthcare solutions in rural areas. The Health Access Services Program includes the Australian Department of Health and Aged Care (DoHAC)-funded Outreach Programs.

This Program supports more than 1,000 services annually that are provided by hundreds of multi-disciplinary health practitioners who support rural and Aboriginal communities across NSW and the ACT. These community designed services are integrated with local primary and public health teams — and are designed with sustainability and long term continuity of care in mind and are delivered and governed in partnership with local community health organisations including ACCHSs, not-for-profit organisations, Local Health Districts, GP practices and Primary Health Networks.

Program evaluations indicate permanent hub and spoke, local expansion and visiting health services that are integrated with local health practitioners and delivered in partnership with communities increase access to quality care, achieve high patient satisfaction, high retention of the health workforce, local workforce upskilling and deliver good value-for-money. The Program celebrated its two-millionth patient occasion of service in 2024⁷, with 93 per cent of patients satisfied with the service they received⁸. Similarly, 92 per cent of visiting health practitioners reported satisfaction⁹ and survey feedback indicates 82 per cent of visiting health practitioners intend to continue the service for three-plus years, whilst 57 per cent expect to stay for another five or more. This is consistent with actual workforce retention: visiting practitioners are often some of the longest-serving clinicians in their communities, with some practicing consistently for more than 10, up to 20, years in the same communities.

⁶ DoHAC commissioned evaluations of each of the five [IMoC-funded](#) Collaborative Care trials in NSW.

⁷ [RDN's Outreach Program celebrate two million patient consultation](#)

⁸ Islam MI, et al. Patient-Reported Experiences and Satisfaction with Rural Outreach Clinics in New South Wales, Australia: A Cross-Sectional Study. *Healthcare*. 2022; 10(8):1391. <https://doi.org/10.3390/healthcare10081391>

⁹ Islam MI, et al. Job Satisfaction of Health Practitioners Providing Outreach Health Services during COVID-19 in Rural New South Wales (NSW) and the Australian Capital Territory (ACT), Australia. *Healthcare*. 2023; 11(1):3. <https://doi.org/10.3390/healthcare11010003>



RDN is able to create and deliver successful programs, on behalf of governments and in line with government priorities, due to the organisation's continued local-level engagement and experience over 35+ years of operation.

To support our program design, RDN also maintains a continual review of national and state health policy and applies a science-based methodology to all our program design. This ensures our programs are effective and aligned with policy directions.

RDN have recently briefed the NSW Ministry of Health's Regional Division and Workforce Division on policy directions in health in Australia and I would like to offer the Select Committee on Remote, Rural and Regional Health this same opportunity. Please let me know if you would like to take us up on this offer, and I will coordinate with your staff to arrange a suitable time.

Once again, thank you for the opportunity to present to this Committee, and for your ongoing commitment to rural health access.

Yours sincerely,



Richard Colbran PhD
Chief Executive Officer