MEMBER BULLETIN

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Victorian Healthcare Association

Review of Australian Government Health Workforce Programs

On 24 May 2013, Federal Minister for Health, Tanya Plibersek, released the final report of an independent review into the Australian Government's health workforce programs.

The *Mason Review of Australian Government Health Programs* (the Review) makes 87 recommendations on programs that are currently funded and administered through the Department of Health and Ageing (DoHA). These programs target the medical, dental, allied health, nursing and midwifery, and Aboriginal and Torres Strait Islander (ATSI) health workforces. The Review also evaluates the role and function of Health Workforce Australia.

The Review acknowledges that without the cooperative of the other states and territories in addressing the issues facing Australia's health workforce and comprehensive data from the private sector and NGOs together with industry policy, immigration and the wider tertiary sector, current initiatives will continue to be fragmented.

Overall, the report and recommendations are organised thematically to focus on strategies that aim to:

- **Ensure a capable and qualified workforce** through registration, accreditation, training and development;
- **Increase the supply of workers in all health professions** and facilitate a more even distribution of workforce in terms of geography and of the types of services provided;
- **Support the Indigenous health workforce** through activities that promote an increase in the ATSI health workforce and increase the capacity of the broader health workforce to address the needs of Indigenous people, and;
- **Address health workforce shortages in regional, rural and remote Australia** through, for example, rural workforce programs and better targeting of workforce incentives.

Specifically, the two broad recommendations emerging from the Review relate to the reform of the:

Rural training pathway:

The Review recommends the necessity to create a coherent pathway for rural and regional education and training, particularly for medical and generalist training, and over time this should generate more resources to support nursing, allied health and dentistry.

Training doctors in rural areas has proved to be a vital strategy to ensure a measurable increase in the supply of health services to that community. The Review recognises the value in exploring investments in networked intern places that involve a combination of acute care and primary care training within a range of settings in a particular region (e.g. private, community or Aboriginal Medical Service). This potential model of delivering an integrated pathway for medical graduates places a significant emphasis on the need to foster regional partnerships and ensure greater collaboration between the various programs to ensure sustainability and better clarity on options for students. In many cases, such a model provides better reflection of how graduates will work once they finish their training and may equally persuade urban students to equally choose a rural career.

Rural classification system:

One of the crucial recommendations made by the Review is the need to reform and update the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system, which classifies rural locations and areas of workforce need to determine eligibility for incentives and funding through many Commonwealth workforce programs.

The issues with the current system revolve around the large area of the country classified as RA2 or RA3, which contain a diverse mix of large and small towns and therefore face different

workforce challenges. While there is general agreement that the core of the ASGC-RA system should be retained, there was recognition that the system could be customised to provide a more advance system of classifying rural locations. A model proposed by Monash University acknowledges that smaller communities (with a population less than 15,000) are more vulnerable to workforce pressures and have a greater need for financial incentives. However, using population size as a determinant of need has its limitations and there is still merit to considering remoteness as a factor in funding and program eligibility decisions. The revised system should therefore consider providing an extra layer of discrimination between large and small towns in ASGC-RA bands 2 and 3, while retaining the current RA4 and 5 areas.

To guide the implementation of the improved classification system, Minister Plibersek has since announced the formation of the Rural Classification Technical Working Group. The Working Group will be tasked in ensuring that the reformed system delivers a fairer and more sustainable method of determining support for the health workforce in each community.

The VHA welcomes the Review and its recommendations as the current, or potential, workforce shortage is a pressing issue facing our rural health service members.

The VHA will monitor the progress of the Working Group and will continue to advocate for Government to address the current barriers that affect the supply of health professionals in rural areas. This includes a flexible and up-to-date classification system that takes into account the important issues that impact upon a doctor's decision to live and work in an area. This could include remoteness, population density, existing services and health burden, local amenities and socioeconomic status.

The Review, in its entirety, is available online.

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