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**Rural Regional Roundtable Report**

# **Responding to workforce pressures in rural and regional Victoria**

**April 2022**

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# Where should policy makers focus their attention?

## Introduction

On 15 February 2022, the VHA hosted the Rural Regional Roundtable (RRR). Over 50 board directors, executives and senior leaders from regional and rural health services gathered to discuss workforce challenges across the sector. With a focus on regional and rural services, this report will explore the complex challenges of workforce by drawing on both academic evidence and insights shared at the RRR. Case studies highlight policy ideas that offer opportunities to stimulate workforce capacity and capability.

## About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public and community health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

## Executive summary

This report outlines chronic workforce challenges that have been accelerated by the COVID-19 pandemic. The sector faced critical workforce shortages as the Omicron outbreak peaked and the multi-site Code Brown was implemented.

This report has been developed following the February 2022 Rural Regional Roundtable and draws on the collective insights of over 50 senior leaders from across health services in rural and regional Victoria.

Rural and regional health services face unique workforce challenges that are exacerbated by geographical location and scale of service. Challenges include housing availability, flexible workforce models, and competitive remuneration which create added complexity to recruitment and retention.

Policy ideas can be gleaned from case studies that highlight innovations that seek to both stimulate workforce pathways and protect the current pool of staff. Case studies include:

- localised training pathways
- international recruitment
- flexible rural workforce model.

Insights gathered at the RRR are being used to inform the VHA's broader agenda-setting activities and support the development of the VHA's advocacy plan for 2022 and beyond.

The VHA would like to warmly thank its members for their support in attending the RRR and sharing their rich insights from across regional and rural Victoria.

### Background

The public health workforce is vital to the health and wellbeing of all Victorians. It is the foundation of Victoria's public healthcare system and essential to the delivery of quality care and positive patient outcomes. Victoria's public and community health system employs over 135,000 people across 135 public hospital sites, 81 registered and integrated community health services and 178 public sector residential aged care services.<sup>1</sup>

Victorians' healthcare needs are evolving – an ageing population coupled with changes in disease patterns have led to sustained and escalated demand for services, even prior to the pandemic. In 2019, 40 per cent of Australians aged over 45 years had two or more chronic diseases.<sup>2</sup> This long-term and increasingly complex management of disease places an unsustainable demand on healthcare systems and exceeds the capacity of the current model of workforce.

Furthermore, the National Skills Commission has highlighted significant growth in the health and social sector that will require an increase of 250,000 skilled workers nationally in the next five years.<sup>3</sup>

### How the pandemic has impacted the health workforce

The impact of the pandemic on health workers internationally, as well as in Victoria, is well documented. One study in Victoria, based at Western Health, found that 23 per cent of nurses, midwives, doctors and allied health staff reported mild to severe symptoms of depression during the pandemic in 2020.<sup>4</sup> Another national study found that over 70 per cent of participants demonstrated symptoms of severe burnout.<sup>5</sup> Throughout the pandemic the sector has repeatedly commented on how exhausted the workforce is and the unprecedented number of resignations the sector has seen. One service commented that it has felt 'like a revolving door [of workforce]'.

During the peak of omicron cases, and as the multi-site Code Brown was implemented, services reported critical staff shortages across the state. Regional services faced added complexity as holiday destinations swelled with tourists and small services struggled to meet the demand of the increased population. High levels of community transmission and exposure significantly impacted the workforce, with rural services reporting up to 20 per cent of their staff furloughed at any one time.

Feedback from extensive engagement with the sector by the VHA confirms workforce is a shared challenge and priority across the health system. State-led workforce surge policy and the clinical reserve programs have not been able to meet the demands of regional services.

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<sup>1</sup> Victorian Department of Health. (2021). Knowledge Bank: Victoria's Health and Human Services Workforce Information Portal. Retrieved from <https://vicknowledgebank.net.au/>: <https://vicknowledgebank.net.au/current-workforce/public-health-workforce/>

<sup>2</sup> Broerse, J, Maple, J-L, Klepac Pogrmilovic, B, Macklin, S, Calder, R. (2021). *Australia's Health Tracker by Socioeconomic Status 2021*. Retrieved from <https://www.vu.edu.au/mitchell-institute/australian-health-tracker-series/australia-s-health-tracker-by-socioeconomic-status-2021>

<sup>3</sup> National Skills Commission (2021) *The State of Australia's Skills (2021); now and into the future*. Retrieved from <https://www.nationalskillscommission.gov.au/sites/default/files/2021-12/2021%20State%20of%20Australia%27s%20Skills.pdf>

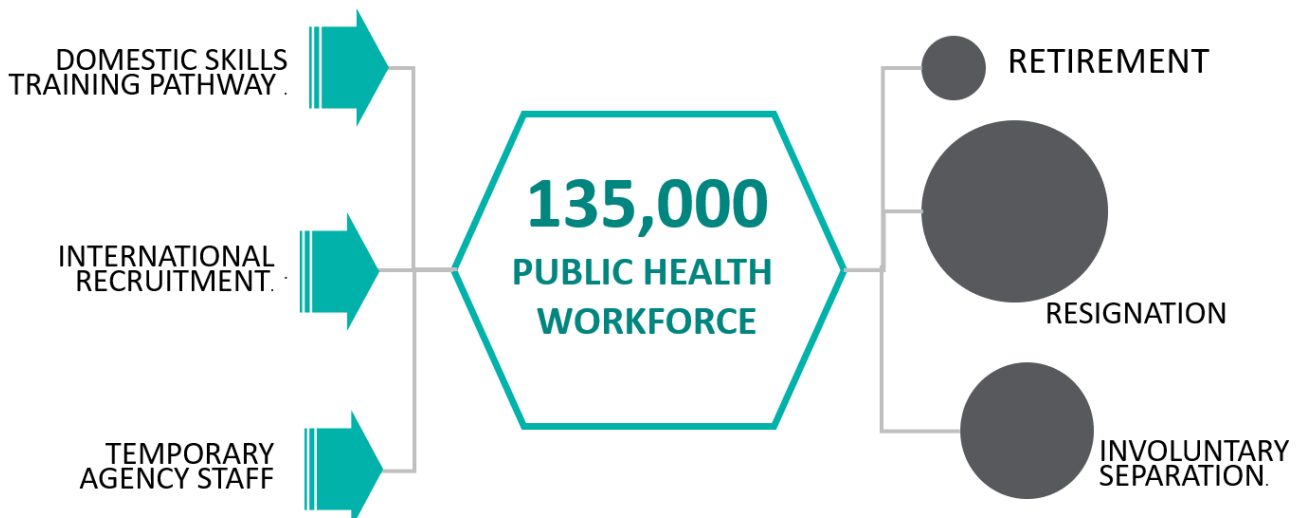
<sup>4</sup> Adelson P, F. J. (2021). COVID-19 and workforce wellbeing: A survey of the Australian nursing, midwifery and care worker workforce. A report prepared for the Australian Nursing and Midwifery Federation. University of South Australia. Retrieved from [https://unisa.edu.au/contentassets/0429d3a6ea70464b80a0b37aa664aa0c/covid-19-and-workforcewellbeing-survey\\_report\\_final.pdf](https://unisa.edu.au/contentassets/0429d3a6ea70464b80a0b37aa664aa0c/covid-19-and-workforcewellbeing-survey_report_final.pdf)

<sup>5</sup> Holton Sara, W. K. (2021). Immediate impact of the COVID-19 pandemic on the work and personal lives of Australian hospital clinical staff. *Australian Health Review*. Retrieved from <https://www.publish.csiro.au/ah/ExportCitation/AH21014>

### The public health workforce

The figure below captures the main entry and exit pathways of the public health workforce. The latest publicly available data from the Victorian Government from 2020 indicate:<sup>6</sup>

- a pool of **135,000 employees** equivalent to **100,500 FTE** in the public health workforce<sup>3</sup>
- a total of **14,000 people left** the public health workforce in **2020** with 9,000 resignations, 4,000 involuntary separations and 600 retirements
- **55,000** or **approximately 40 per cent** of the total workforce are employed outside of metropolitan hospitals.



<sup>6</sup> Victorian Department of Health. (2021). Knowledge Bank: Victoria's Health and Human Services Workforce Information Portal. Retrieved from <https://vicknowledgebank.net.au/>: <https://vicknowledgebank.net.au/current-workforce/public-health-workforce/>

## Regional workforce retention challenges

Pandemic aside, there continues to be considerable growth in demand for Victoria's regional health sector, with the health and social assistance industry recognised as one of the biggest employers in regional communities.<sup>7</sup> Workforce modelling for regional Victoria projects a 12.7 per cent increase in health and social workforce to fill an additional 14,600 jobs by 2025. Job growth demand is driven by a combination of changing demographics and disease patterns, the development of new workforces to respond to health service reform and filling workforce turnover gaps.

Outside of metropolitan Melbourne, public health services face unique challenges when attracting and retaining workforce.

Participants at the RRR highlighted three key challenges:

### Housing



Members reported demand for both rental and owner-occupied housing consistently outstripped availability. An overwhelming 72 per cent of members at the RRR identified housing as a workforce policy priority.

Rental vacancy rates in regional Victoria are 1.3 per cent, which is considerably lower than metropolitan Melbourne at 5.3 per cent. Regional property prices have also significantly increased, with the median price in regional Victoria growing nearly \$150,000 in the past two years.<sup>8</sup>

RRR participants gave examples where workers were forced to live in regional hubs and drive up to an hour to work due to the lack of locally available housing. In such instances, members saw a high turnover of staff due to the unsustainable nature of the commute.

Services are left to find creative solutions to house their workforce. One service attempted to purchase a property to attract and retain workforce, while another worked with local government to extend camping limits on private property to allow for an extended workforce over summer.

### Flexible workforce models



System-wide workforce models do not support the rural and regional service environment. While needing consistency for quality healthcare across the system, regulatory alignment must consider the service scale and context.

Members reported the challenges faced when recruiting the correct 'mix' of workforce to meet regulatory standards, which also often prevented staff from working across their scope of practice.

### Competitive remuneration



Members reported their frustration at being unable to provide competitive salaries to attract staff, with services consistently seeing a loss of skilled workforce to private providers who were able to offer higher remuneration under competitive funding models (such as the National Disability Insurance Scheme).

Attraction and retention of non-clinical roles was also reported as a challenge in a changing job market with other employers increasingly offering greater flexibility and availability of alternative models of work than are provided by the public sector.

<sup>7</sup> Regional Australia Institute. (2019). *The future of regional jobs*. Retrieved from [http://www.regionalaustralia.org.au/home/wp-content/uploads/2019/04/RAI\\_SIP-2018-2-1-2\\_FutureRegionalJobs\\_Booklet\\_Print\\_3.pdf](http://www.regionalaustralia.org.au/home/wp-content/uploads/2019/04/RAI_SIP-2018-2-1-2_FutureRegionalJobs_Booklet_Print_3.pdf)

<sup>8</sup> The Real Estate Institute of Victoria. (2022). *Market Snapshot – Regional Victoria*. Retrieved from <https://reiv.com.au/market-insights/victorian-insights#regional>

## Existing innovations to address regional workforce shortages

Sustainable policy solutions are needed across the system that simultaneously stimulate entry pathways and support the current pool of workers. The public health workforce must be examined as a whole, with priority given to the collective workforce. For rural and regional health services, policy solutions must address the unique setting of services and consider social and environmental barriers to securing workforce.

Policy ideas can be drawn from case studies that highlight innovations within the system. These examples provide an opportunity to explore and build on existing and successful workforce models to address the broader system challenges.



### Domestic training pathways

Opportunities to create, accelerate and incentivise localised training pathways

The public health workforce has long lead times for skill development and therefore it is imperative action is taken to create a pipeline of skilled workers to meet current and anticipated workforce needs as early as possible. Scalable and targeted opportunities are needed to attract potential workforce into skill development pathways building on established pathways and partnerships.

### Case study: Alpine Institute

#### Creating pathways for localised workforce

Alpine Health is a multi-purpose service with three rural sites across Alpine Shire. In addition to acute care, community health and residential aged care, Alpine Health has become a Registered Training Organisation.

Through education, Alpine Health provides training pathways to the local community to develop and sustain a local public health workforce pipeline. The training organisation, [Alpine Institute](#), provides training pathways focused strongly on creating direct links to meet local workforce demands within the health and community sector. Courses include Certificates 3 and 4, Nursing Diploma, and Nation Outcome Based Assessment (NOBA) for internationally qualified nurses. Alpine Institute had over 400 graduates in 2021 with many linked to further employment opportunities within Alpine Health.<sup>9</sup>

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<sup>9</sup> Alpine Health. (2021). *Alpine Health annual report 2020- 2021*. Retrieved from [https://www.alpinehealth.org.au/Portals/0/Alpine-Health/Documents/Annual%20Reports/FINAL Alpine Health 2020-21 Annual Report Website.pdf](https://www.alpinehealth.org.au/Portals/0/Alpine-Health/Documents/Annual%20Reports/FINAL%20Alpine%20Health%2020-21%20Annual%20Report%20Website.pdf)



## International recruitment

### Streamlining pathways for international recruitment and ensuring regional and rural placements

Nationally there are 160,000 places for skilled migration for the 2021-22 intake period. Historically Victoria has received between 20,000 and 30,000 of the national pool, across a number of prioritised skill areas. It is unclear how many of the pool are healthcare workers; however, the Victorian Department of Health cited a 40 per cent drop in migrants joining Victoria's health workforce since the pandemic began.

Australia's skilled migration process is arduous with 90 per cent of applications taking more than 12 months to process. Members at the RRR reported challenges in navigating the visa process when recruiting internationally, with many securing candidates but experiencing significant delays in migration due to the complex visa process.

Further challenges were reported to be faced on arrival with a lack of available support for skill development and pathways to permanent residency.

### Case study: UK Health and Care Worker Visa

#### A dedicated visa class to 'fast track' international workers to the NHS

To address workforce pressure, the UK has created a new visa class for health and care workers. This visa fast tracks qualified medical professionals to eligible jobs within the National Health Service (NHS).

The Health and Care Worker Visa enables qualified doctors, nurses, and social care workers and their families to settle in the UK for a period of five years (with extension available and pathways to permanent residency).

Under the scheme, approved employers directly recruit employees from overseas with visa application decisions made within three weeks. Employees are paid in line with or above a minimum salary which varies depending on occupation and location but are aligned to the NHS pay band.

The UK visa model demonstrates a direct international visa pathway that prioritises the public health workforce. A similar model would simplify the challenges faced by rural and regional services when recruiting internationally.<sup>10</sup>

<sup>10</sup> United Kingdom Government. *Health and Care Worker Visa*. Retrieved from <https://www.gov.uk/health-care-worker-visa/your-job>



## Flexible workforce models

Optimising the existing workforce and providing opportunities to work across scope of practice

To support the current pool of workers, tailored models can be explored to enable greater flexibility across the service. Rural and regional settings present unique opportunities to support clinical staff to work more flexibly and across their scope of practice.

### Case study: Rural and Isolated Practice Registered Nurse

#### Workforce models designed for the needs of rural service delivery

The Rural and Isolated Practice Registered Nurse (RIPRN) model is a successful flexible workforce model that was designed to reflect the unique needs of rural and remote services. RIPRNs are experienced nurses that undertake additional training including pharmacology and clinical assessment. Evaluation of the RIPRN model has found service-wide benefits with:

- increased skill and confidence of the endorsed nurses
- better work-life balance for participating general practitioners (GPs) and improved collegial relationships between GPs and nurses working in urgent care centres
- broad acceptance of the model by the community.<sup>11</sup>

The public health workforce is continually undergoing increased specialisation. There is often a disconnect between regulatory alignment and the scale or size of services. The RIPRN model is a successful example of how dedicated rural workforce models allow for greater workforce capacity across smaller-scale services while continuing to deliver quality care. The RIPRN model is used across Victoria but further investment is needed to scale the program and make it more available and accessible for services.

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<sup>11</sup> Merrily Sneddon Project Services. (2014). *RIPRN evaluation*. Retrieved from <https://www.health.vic.gov.au/rural-health/rip-rn-roles-governance-and-accreditation>



## Conclusion

There is no ‘silver bullet’ to address the mounting workforce pressures facing the public healthcare sector. The pandemic has laid bare the cracks in the current workforce structure, with health services navigating the complexities of locally sustaining and growing a skilled workforce to meet service demand.

Rural and regional services face layered complexities as they work to attract and retain skilled staff to locations outside of metropolitan Melbourne. The lack of housing, coupled with the inability to have flexibility across their service, leaves many regional services under-resourced.

The themes explored in this report will act as the foundation for the VHA’s policy development for 2022 and beyond. VHA’s policy and advocacy team look forward to continuing to work with VHA members and extend an invitation to key stakeholders and external researchers to support the policy development process and welcome further ideas and insights.



### For further information contact

Keera Weise  
Policy and Advocacy Advisor  
[vha@vha.org.au](mailto:vha@vha.org.au)  
03 9094 7777