

Senate Submission: Factors affecting the supply of health services and medical professionals in rural areas

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(signature and date)

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Riverina Region Profile.

The Riverina region covers an extensive area of Southern NSW along the Murray and Murrumbidgee river basins to the South Australia border. The area is one of Australia's prime agricultural regions with the majority of production destined for export markets. The region has numerous smaller industries and a range of service industries of which Health, Aged Care and Home & Community Care Services are of critical importance. Effective strategies to grow and retain services and the Health, Aged Care and Home Care workforce are high priorities for Riverina Shire Councils, regional State and Federal representatives, and educational providers in the region.

Access Economics predicts that over the next five years, of the 8 main occupations in the Riverina, Health and Community Services will experience the fastest growth in 'new jobs'. The majority of these new positions will be in base level jobs such as – Aged Care workers, Home and Community Care workers, Allied Health Assistants, Aboriginal & Torres Strait Islander Primary Health Care workers, Health Administrators, Managers of service provision, Case Managers for service provision in the home, Nurse Assistants and Division 2 Nurses. These are the areas in which Riverina Institute provides education, training and up-skilling.

An area of high importance for the Riverina region is the Council of Australian Government (COAG) Closing the Gap in Indigenous health outcomes policy. In alignment with health education and harm prevention programs, Riverina Institute is committed to increasing the number of Indigenous Health Workers in the region through education, training and up-skilling the Indigenous health practitioner workforce. Commencing July 1, 2012 Aboriginal & Torres Strait Islander Primary Health Care workers will be required to be 'registered practitioners' with specific qualifications under Commonwealth legislation. In addition, NSW HEALTH has set an increased target for the number of Indigenous people employed in general health positions across all disciplines. In response to these developments Riverina Institute is delivering Certificate and Diploma level qualifications in Aboriginal & Torres Strait Islander Primary Health Care and has developed the Waluwin Mayiny (healthy people) program to provide training and employment for Aboriginal Youth in the public health system.

A significant challenge for health care provision in the region is the ageing population. Residential Aged Care facilities and Home and Community Care programs play an increasingly important role in regional health care. Training in Aged Care, Residential Facility Management and Home & Community Care are high priorities for Riverina Institute which offers courses in these specialisations across most of its 20 campuses.

In the area of Allied Health a new service delivery model is developing in response to workforce shortages of Allied Health Professionals and the increasing demands upon health service providers. 'Allied Health Assistants' are being trained to support Allied Health Professionals to provide client follow-up treatments under supervised treatment plans. Riverina Institute in partnership with Murrumbidgee and Southern Local Health Districts is providing certificate level training to Allied Health Assistants. Educational pathways for these health workers to university level Allied Health courses have also been developed.

The Riverina region, comprises approximately 25% of the land area of New South Wales, has understaffed health services and an ageing population. The complexity of client needs associated with people living longer combined with challenges of distance and workforce shortages, means that health workers in the region need to have a much broader range of skills than many of their city counterparts. The re-skilling and up-skilling of the existing rural health workforce is by necessity a major strategy in the provision of health services in regional Australia. Riverina Institute is experiencing a growing number of health workers returning to study higher level qualifications, to up-skill in particular skill sets (e.g. dementia care, palliative care etc.), and to undertake gap training

as a pathway to university studies. The re-education trend in the health sector is a positive development that is offsetting skill shortages at some levels and creating demand for new entrants into the health workforce at basic level positions. These trends reflect our experience that, along with the shortage of health professionals at the top levels (medical practitioners and specialists), in terms of sheer numbers the demand for skilled health staff is at the basic level.

Riverina Institute – Regional Role

Riverina Institute TAFE NSW provides education and training for students and industries in the region to meet current and future demands. Through its network of 20 campuses across 154,000 square kilometres of Southern NSW, Riverina Institute builds relationships with the community, industries and education providers to deliver training that is current and tailored to the learning constraints of students across a large geographical area. In 2010, Riverina Institute provided education and training to 36,090 students of which 11% were in Health and Community Services courses.

Riverina Institute provides communities and enterprises with the skills they need to grow and flourish. This means providing:

- ✓ career pathways to jobs or further education which are accessible to all, including the most marginalised
- ✓ higher level qualifications for those seeking to improve their career prospects
- ✓ skills to support economic growth, providing employers with productivity and workforce development solutions to improve their competitiveness
- ✓ high quality learning experiences tailored to meet the needs of industries and students

Industries in the Riverina are subject to significant workforce shortages due to the aging workforce, the changing nature of industries and the 'brain drain' or population drift of the skilled workforce from the country to the metropolitan cities. In response, the Institute has adopted a purposeful strategy of training local people for local jobs. This strategy is based on the knowledge that training people from the country, in the country, leads to the high likelihood that they will remain in the country.

While incentive programs which encourage health workers and professional to move from the city to the country, and regionally focussed skilled migration programs, have some degree of success in meeting regional workforce shortages, such programs often address immediate needs rather than provide not long term solutions. The 'return to city drift' of people under such schemes is problematic. In view of these limitations, Riverina Institute has a deliberate 'grow your own' approach of investing in training people from regional Australia using flexible learning pedagogies and modern technologies. In this way teachers bring training from the campus to the home or workplace and provide opportunities for people to study on their own terms.

The Institute works closely with private and public health service providers in the region and in 2009 was awarded the Community Services and Health Industry Skills Council National Excellence Award for its partnership with Greater Southern Area Health Service (NSW HEALTH) in the delivery of Allied Health training.

The following health specific courses are offered by Riverina Institute:

- Cert III Aged Care
- Cert III Home and Community Care
- Cert III Health Services Assistance
- Cert III Allied Health Assistance (nurse assistant)
- Cert III Non-Emergency Patient Transport

- Cert III Dental Assisting
- Cert III Health Administration
- Cert III Aboriginal & Torres Strait Islander Primary Health Care worker
- Cert IV Aged Care
- Cert IV Home & Community Care
- Cert IV Leisure & Health
- Cert IV Allied Health Assistance
- Cert IV Dental Assisting
- Cert IV Aboriginal & Torres Strait Islander Primary Health Care worker
- Diploma Community Services Coordination
- Diploma Enrolled Nursing
- Diploma Aboriginal & Torres Strait Islander Primary Health Care worker
- Advanced Diploma Enrolled Nursing (Division 2 Nurse)
- Various Skill Sets in the national health training package HLT07
- A range of TVET offerings which provide high school students with pathways into Health/Aged Care/ Home and Community Care courses.
- Pathways from TAFE qualifications to University degrees

In addition to these health specific courses, Riverina Institute provides training in management, administration and information technology for regional health services.

The main impediments which Riverina Institute faces in supporting the growth and retention of the health workforce in regional Australia are:

1. Availability of clinical placements
2. Funding of clinical placements
3. Secure continuing funding for Diploma Enrolled Nursing (division 2 nurse) training.
4. Secure future funding for training in critical shortage areas
5. A workforce development funding model that addresses the training needs of the health industry.
6. Shared clinical training facilities in regional areas

Challenges in growing the regional health workforce

1. Availability of clinical placements

The number and range of clinical placements available for training health professionals, especially in the acute care hospital setting, is well below the need and demand of educational organisations. In New South Wales clinical placements are handled through the state-wide CPCIS booking system (soon to become the Clinical Connect booking system) in an attempt to provide 'fairness' in the distribution of places. It is however problematic that students in rural and regional areas do not receive preference, over city students, for clinical placements at their local regional hospitals. Regional students already travel considerable distances within their region to undertake studies and the additional impost of having to travel outside the region to more distant locations for clinical training is a clear disincentive for rural students undertaking health studies.

Recommendation:

That regional hospitals provide preference to regional/local students needing clinical placements as part of their health studies being delivered by local educational organisations.

2. Funding of clinical placements

In both public and private hospitals, there is a growing trend for hospitals to levy a cost on student clinical placements. In the VET (Vocational Education and Training) sector, educational providers receive no additional funding to cover clinical placement costs and hence this cost is passed on to the student. From a student perspective this is a clear disincentive in pursuing a career in health. To remove this disincentive, Governments need to either fund hospitals to cover the cost of their staff supervising student clinical placements or fund training providers to cover the clinical placement cost levied by hospitals. Of these options the latter would allow for a flexible and targeted approach. Funding educational organisations to cover this hospital levied cost would allow for a 'per student /per hospital/ per training block' solution to meeting the clinical placement cost at either private or public hospitals.

Recommendation:

That educational providers be allocated pro rata funding for each student to cover the cost of clinical placement training in public and private hospitals.

3. Secure continuing funding for Diploma Enrolled Nursing (division 2 nurse) training.

Under the previous 'in-service' division 2 nurse training model of NSW HEALTH, course funding and clinical placement availability was guaranteed for those undertaking training as enrolled nurses. This training model ensured that NSW Health (the service provider) was intrinsically involved in the training of its future (Division 2) nurse workforce. At the same time this model enabled NSW HEALTH to address workforce shortages and future workforce projections in a purposeful manner. Following the cessation of this model in 2009, there has been no secure stream of funding for training division 2 nurses. Funding for training division 2 nurses has become 'piecemeal' and dependent upon various one-off initiatives. Since the cessation of the 'in service' training model in 2009 Riverina Institute has:

- Received no regular funding for the Diploma of Enrolled Nurse training.
- Relied on one-off tenders and similar programs as a source of funding the Diploma of Enrolled Nursing.
- Experienced an escalation in the numbers of students wanting to undertake Diploma of Enrolled Nursing as there are escalating employment opportunities due to new workforce shortages.
- Been expected by some funding programs to provide the Diploma of Enrolled Nurse training for an amount less than it costs to offer.
- Been expected to provide the Diploma of Enrolled Nursing based on a 'Metropolitan Based' costing model that fails to account for the higher cost of delivery in the country.
- Experienced escalating costs in the delivery of this program as some hospitals now charge for student clinical placements.
- Cross-subsidised the cost of Diploma of Enrolled Nurse training from other sources as an interim arrangement.
- Has only had partial success in meeting industry demand for new entrants.
- Has faced community outrage and ministerial questions about the unavailability of training places in spite of industry needs and the significant number of inquiries from prospective students.

- Has had to introduce a student fee 'full cost recovery model' for those wishing to undertake the Diploma of Enrolled Nursing.

In view of this disarray and the effect it is having on contributing to nurse workforce shortages in the Health and Aged Care systems, the following are recommended.

Recommendations:

- A. That secure and ongoing funding be provided to train the number of Diploma of Enrolled Nursing students needed to fill current and projected division 2 nurse shortages in the regional workforce.
- B. That regional training providers receive an additional financial weighting for delivering the Diploma of Enrolled Nursing in rural Australia.

4. Secure future funding for training in critical shortage areas

Government investment should continue to be aligned to skills shortage areas and to improving workforce productivity. A sliding funding scale with greater government support for areas of high skill demand and high cost delivery is necessary in training health workers and through education addressing health workforce shortages in regional and remote areas.

Through 'fee waivers' and other incentives the Federal Government is achieving success in building a qualified Child Care workforce in Australia. In the trades area, the Federal Government is providing apprentices with a range of incentives as a method of enticing people to commence and complete trades apprenticeships. However there is no parallel program to address the shortage of health workers in regional Australia. With no regular funding to offer the Diploma of Enrolled Nursing, Riverina Institute has been forced to offer the course on a full 'fee for service' basis.

A 'student entitlement funding model' has been implemented in some States to entice people back into study and jobs, yet entitlement models will need refinement to be successful in addressing workforce shortages. The individual driven student entitlement model in operation in Victoria has seen large numbers of students selecting courses of study that match their personal career aspirations rather than industry skill shortages or employment opportunities. An entitlement model focused on the needs of the individual, not strategic in nature and as such is unlikely to address the long term needs of communities and enterprises.

Recommendation:

That a funding model be developed that provides certainty for growing the health workforce in rural Australia so that educational organisations can work with industry in meeting workforce projections and the upskilling of existing workers.

5. A workforce development funding model that addresses the training needs of the health industry.

Riverina Institute works closely with workforce development and training managers of the Murrumbidgee and Southern Local Health Districts. This relationship helps identify the training needs of existing staff, and 'workforce gaps' for the future provision of health services. Funding for workforce education and training is currently provided on a predominantly case-by-case basis through State and Commonwealth grants. NSW Government funding is provided via State Training Services and Commonwealth funding via programs such as the Productivity Places Program (PPP),

Australian Apprenticeship System, National Workforce Development Fund, and to a lesser extent the Workplace English Language and Literacy (WELL) program. These various funding schemes only go part of the way to meeting health workforce education and training needs in the Riverina.

State Training Services (STS): STS funding is provided on a case by case basis in response to specific workforce development applications. The funding model focuses on immediate needs and does not offer a long-term solution to the complex of intertwined educational and workforce development needs of large local health districts.

Productivity Places Program (PPP): Under the Skilling Australia for the Future initiative, the Australian Government has funded the Productivity Places Program to deliver 711,000 training places over 5 years, from 2007 to 2012. PPP has provided a huge injection of funds into training, but as a one-off initiative which is coming to an end, it does not provide the ongoing funding security needed for addressing long-term workforce development planning.

National Workforce Development Fund: This initiative has great limitations for large health services providers, public and private, as the large providers are required to contribute two thirds of the training costs and the Commonwealth one third. The public health providers do not have significant financial reserves and most private sector health service providers also struggle to find the two-thirds contribution requirement.

Aged Care Workforce Vocational Education and Training (ACWVET): This program run by the Commonwealth Department of Health and Ageing replaces the 'Better skills for better care' (BSBC) and 'Support for aged care training' (SACT) programs. ACWVET is targeted at up-skilling the Aged Care and Home & Community Care workforce and Riverina Institute is currently delivering training under this program throughout the region. This program operates on an annual tender basis and only addresses the workforce development needs of the Aged Care and Home Care sectors.

Australian Apprenticeship system. Funding through the apprenticeship system is available for training certain new entrants and/or existing workers, in specified qualifications. This program is however limited to those who do not have prior qualifications and as such excludes many existing health workers.

Workplace English Language and Literacy (WELL): WELL training supports the development of Language, Literacy and Numeracy (LLN) in the workplace and complements existing workplace training programs. The WELL Program, funded by the Department of Education, Employment and Workplace Relations (DEEWR), has application for those less educated. However with respect to most health professionals, who by virtue of their former education already have significant LLN levels, the WELL program has limited application.

It is important to acknowledge that each of these funding sources has a role to play in supporting workforce development. However, none of these schemes provides a basis for long-term workforce development planning as each scheme operates on a case-by-case, submission-by-submission basis.

Recommendation:

That a funding model be developed that provides certainty for health services in addressing both short-term and long term workforce needs based on the complex of factors that affect the provision of health services to communities in regional Australia.

6. Shared clinical training facilities in regional areas

In most cases the construction, maintenance and use of clinical training facilities are developed as organisational facilities rather than regional shared resources. While the construction and running cost of clinical training facilities is funded wholly or partially from the public purse, the ownership and use of the facilities is essentially 'organisationally based'. In some cases this creates duplication of resources and in other cases the situation where one educational organisation has mediocre clinical training facilities and the other 'state of the art' facilities. Within the public sector framework it would seem appropriate that there be a higher level of shared use of existing clinical training facilities as well as the development of regionally based shared facilities.

With respect to sharing existing resources, there is some level of cooperation based on partnership agreements between specific organisations. The next big step in regional communities will be the creation of 'state of the art' regional clinical training facilities for use by both Universities and TAFE in health education. Ideally such facilities would be developed at regional hospital sites in order to develop a close interface between educational providers and service providers.

The creation of shared regional 'clinical training facilities' would:

- Ensure a better use of resources
- Ensure both Universities and TAFE's have access to high cost simulation equipment
- Develop collegiality between health students and the health workforce
- Develop a high level of cooperation between the TAFE and University sectors
- Bridge the reality gap that sometimes exists between the educational and hospital environments.

This proposal is located within the frame work of building regional prosperity through educational cooperation and the closer integration of education (University and TAFE) and service provision (Health industry). This proposal does not negate the need for educational providers to have their own clinical training rooms for basic training, however it does note the need for high level 'state of the art' regionally shared training facilities.

Recommendation:

That governments fund the establishment of shared clinical training facilities in regional areas which are equally accessible to those TAFE's and Universities providing regional health courses of study.

A regional education and engagement model that addresses workforce shortages and skills needs

Feedback from local industries indicates that Riverina Institute's methodology of engaging with local industries and addressing their current and future workforce demands though flexibly delivered programs is a successful one. The provision of regionally based health education aligns with one of the World Health Organisation's recommendations for building and retaining health works in rural and remote areas. Other initiatives for addressing rural health workforce shortages such as 'rural clinical placement exposure' for health students at metropolitan institutions, rurally focused skills immigration programs in health shortage areas, and student/practitioner financial incentive programs, are also important. However incentive programs of this type are arguably more useful in addressing immediate health workforce shortages than providing long terms solutions to health services in regional Australia.

Training people from the country in their local country region is a proven effective approach in addressing regional health workforce shortages. As such, Riverina Institute believes that it is critical to address the 6 listed challenges to overcome major impediments to providing health education in regional Australia.

Riverina Institute is also interested in developing new strategies that further maximise the potential of our 'regional education' strategy in addressing regional health workforce needs. Additional solutions could arise from:

- Partnerships between Riverina Institute and metropolitan universities in providing pathways into university courses not delivered in the Riverina.
- Delivery by Riverina Institute of first stage subjects in health degrees at metropolitan universities that enable regional students to undertake the first part of their degree locally.
- Funding the development, implementation and maintenance of seamless pathways from regional VET to metropolitan Universities.

These possibilities are particularly worthy of consideration now that TAFE NSW Riverina Institute is accredited to deliver degrees and will commence Bachelor level offerings in 2012.

