

**Submission to the Senate Community Affairs committee: The factors affecting the Supply of Health services and medical professionals in rural areas**

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Submission from: Western District Health Service (WDHS) , Victoria 3300

Contact details: Mr Jim Fletcher, Chief Executive Officer

(Insert details of the service)

- (a) The factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan areas

WDHS has made a lengthy submission to Health Workforce Australia (HWA) on many of the issues raised by this committee. Below is a summary of the points pertinent to this enquiry.

**ATTRACTION AND RETENTION**

Key lessons from the literature:

- Sustain the benefits of exposure to rural practice during training programs
- Provide culturally appropriate training (not just ethnically culturally appropriate but rural culture as well) and continuing professional development for the whole health workforce
- Adequately prepare students and staff for working in regional, rural and remote areas
- Develop curricula, teaching approaches and articulated programs throughout the continuum of education that build and develop generalist skills in all disciplines
- Implement inter professional learning throughout the continuum of education
- Retain and support workplace supervisors and mentors
- Improve access to continuing professional development for all health roles
- Use technologies, such as simulation and distance technologies, for training and up-skilling
- Build capacity for rural health research

Other comments

- *Too much focus on specialised health workforce. Australia cannot continue to afford such a specialised health workforce. Innovative workforce design and reform activities can increase the utilisation of the current rural workforce in clever ways and look at opportunities for effectively sustaining workforce*
- *Lack of dual health professional roles operating across professional boundaries such as dual OT/ Physio role- especially suitable for rural locations where it is difficult to attract 2 people in part-time roles. Dual cert 3 in agricultural health/ allied health assistance enabling graduates to work across in rural communities with a focus on agricultural health to increase cultural competence*
- *Lack of availability of re-entry courses or assistant roles available for health professional staff (especially allied health professionals) wanting to re-enter the profession in rural areas.*

- *Need to correct balance between part time and fulltime workforce - Australia cannot economically afford to keep encouraging qualified health professionals to work part-time, there needs to be increasing focus on developing and supporting an emergent full time work force with the limited number of health professionals we have to utilise –this also provides a continuum of care.*
- *Ineffective use of the grey and greying workforce, not just in mentoring roles but in project work and casual positions.*
- *Rigid interdisciplinary industrial barriers which need to be removed to provide economies of scale and flexibility for both employer and employee.*
- *Although increasing online education opportunities makes it easier for rurally located people to consider careers in health, most health professional education is solely on campus. A combination of online and residential programs improves access. Some courses such as Health Information management should be more freely available online*
- *Lack of access to rural colleges of health education. WDHS note the recent closure of the Hamilton Nursing school based at RMIT-Hamilton which allowed access to excellent mature-aged students choosing health careers in later life*
- *Lack of exposure to rural communities through undergraduate studies*
- *Lack of spousal employment options*
- *Perceptions, which are not always accurate, of poorer educational opportunities for children.*
- *New AHPRA requirements re CPD can be difficult for some professions to meet, especially those with smaller numbers, such as podiatrists or OTs. Subregional approaches to professional development and support are extremely effective, and need to be absolutely support and nurtured.*
- *Stress related to sole practitioner roles which is compounded by some sole practitioners providing a visiting service to small communities, where there is little or no collegiate support*
- *A critical issue for rural health services is the slowness of the medical colleges and other professional registration boards in processing applications for registration. In one instance an application has sat with the College of Physicians for over 2.5 years waiting on a decision although her qualifications had been previously accepted in the United Kingdom. The podiatry council initially refused the application for registration of a UK trained podiatrist as she had not completed CPR training in her base qualification. These type of delays and barriers make recruiting in a very tight market almost impossible.*

(b) The effect of the introduction of Medicare locals on the provision of medical services in rural areas

(c) Current incentive programs for the recruitment and retention of doctors and dentists particularly in smaller rural communities, including:

- I. Their role, structure and effectiveness,
- II. The appropriateness of the delivery model and
- III. Whether the application of the current Australian Standard Geographical Classification- remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes; and



- Incentive programs need to provide for equity across all health professions
- Effective incentive program for IMG and overseas and interstate health professionals- but same support is not available for overseas nursing staff
- Remote allowance for Dentists and dental therapists is very generous and certainly assists with retention, but questionable whether it provides an attraction incentive.

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(d) Any other related matters

- Lack of acknowledgment of the cultural issues involved with working in rural communities

- *HMF701 Agricultural Health and Medicine is offered by National centre for Farmer Health(NCFH) in partnership with Deakin University School of Medicine. It aims to develop the next generations of rural and agriculture health leaders to improve the health, safety and wellbeing of rural and remote Australians. It has received strong support and rural practitioners are finding it beneficial in addressing the rural knowledge gaps.*

- *The National Centre for Farmer Health based at Western District Health Service and in partnership with Deakin University School of Medicine delivers the HMF701 Agricultural Health and Medicine, improving health provision, research, policy and literacy in rural and remote communities. This is Australia's only Agricultural health and medicine subject—which commenced in 2010 and has now been undertaken by over 50 students across Australia.*

- *The National Centre for Farmer Health (NCFH) is the only organisation delivering specialised multidisciplinary, integrated and transferable models of agricultural health and medical services, training and education direct to "hard to reach" farmers, rural health and agricultural professionals across Australia's diverse and challenging landscape.*

- *NCFH has Victoria's only regional placement in Victoria of the Australasian Faculty of Public Health Medicine's (AFPHM) Specialist Training Program and is helping drive the future of rural health and wellbeing.*