





RURAL WORKFORCE

Katherine Power

A/g Assistant Secretary

Rural Access Branch, Health Workforce Division

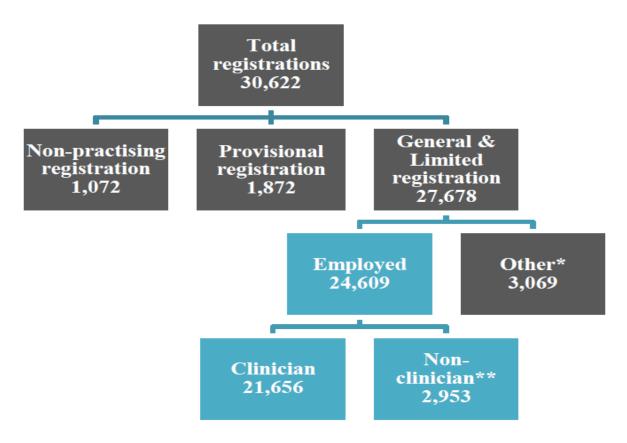
Department of Health







Pharmacy workforce



^{*&#}x27;Other' includes: working but on long leave, working outside the profession, looking for work, overseas, and retired.

^{**&#}x27;Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.







Pharmacy workforce

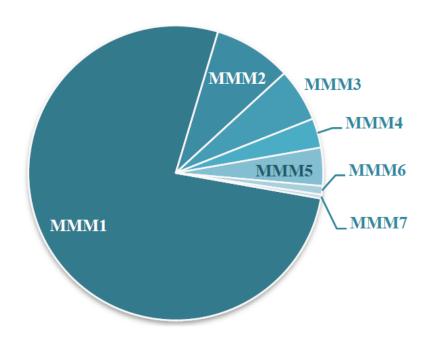
39.3	Average age
35.7	Average weekly hours
61.2	% female
56.3	% born in Australia
0.3	% Aboriginal and/or Torres Strait Islander
84.9	% with Australian qualifications
77.4	% in major cities







Pharmacy workforce



• 76.9% of FTE pharmacists were located in a major city or MM1 location in 2017

For more information on pharmacy workforce please see the **Department of Health** website.







Commonwealth strategies

- Stronger Rural Health Strategy
 - Commonwealth workforce measures targeting rural and remote communities
- National Medical Workforce Strategy
 - > Collaborative long-term plan for structuring the future medical workforce.
- Ten Year Primary Care Plan
 - ➤ Reorient the health system towards patient-centred value-based health care







The Stronger Rural Health Strategy aims to build a sustainable, high quality health workforce that is distributed across the country according to community need particularly in rural and remote communities.



The Strategy includes a range of incentives, targeted funding and bonding arrangements and will give doctors more opportunities to train and practice in rural and remote Australia, to meet the challenge of redistributing the workforce. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of primary health care.



Murray Darling

Network and

Rural Health

Medical Schools

Multidisciplinary Training Program



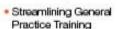












- Junior Doctor Training Program
- Support for Aboriginal and Torres Strait Islander Health Professional Organisations





- Reformed Bonded Programs.
- Royal Flying Doctor Service
- Educating the Nurse of the Future
- Improved Targeting of Bulk Billing
- Improved Workforce Planning (HeaDs UPP) Tool
- Strengthening the role of the Nursing Workforce
- Overseas Trained Doctors in areas of doctor shortage



Reformed Bonded



Murray Darling Medical Schools Network/RHMT Five rural medical school programs will be established in the Murray-Darling region students to stay in their mmunities while they study. Expansion of the PHMT program will dishver more turn placements for health

Streamlining **GP Training** GP training arrangements will be streamlined to provide two clear pathways for doctors to achieve Fallowship of aither PACGP or ACREM.

Junior Doctor Training Program Junior doctors will be able to train and work in rural and remote areas, and receive salary support to work in private hospitals.

Recognising GP Skill and Expertise Changes to how GPs

are funded through Medicare will better racognise their level of expertise, GPs who have achieved vocational recognition/ continue to claim the full Medicare item white non-vocationally recognited doctors will be supported to reach Fellowship status.

Support for Abortginal and Torres Strait islander Health Professional Organisations Support for Aborigina and Tomes Straft Islander Health Professional Organisations that play a keyrole in increasing the number of Abortainal and Torres Straff Islander people in the health workforce and increase outural competency

of the hyparter health

workforce

Programs
The Program will better support students and doctors through their training and to fulfil thair return of service obligation, Programs most evamilia individual contractual arrangements to a legislated regulatory

model, and a consistent

three-year bonding

period.

Incentive Program incentives for domines to work in rural locations. and support for general practices to employ nurses, Abortginal and Torres Strait Islander health professionals, professionals, including non-dispensing phermaciats.

Workforce

Role of the Nursing Workforce Supporting nurses to work in primary

Strengthening the

health care and raising swareness of the role of Nurse Practitioners. Educating the

Nurse of the Future A HOMEW OF dra.bargrab.us preparation for nurses n Australia will explore improvements to the system and factors effecting nurses entering the workforce

Royal Flying Doctor Service Supposed to digitive outreach services including dental, mental health and emergency agromedical services to rural and remote communities.

improved Targeting of Bulk Billing Incentives Changes to bulk billing payments will ensure incentives are directed to doctors working in tural areas.

Improved Work force Planning (HealDs UPP) Tool mormation on health workforce and services will be combined to create a single, integrated and quality source of data. This data will better determine areas of need and assist in workdorge planning

Stronger

Rural

Health

Overseas Trained Doctors in areas of doctor shortage The growth of the medical workforce will be better managed by regulating the number of overseas trained doctors entering Australia and directing them to work in primary health care preparet need in rural and remote locations la complementary Department of Home Affairs measurel.

health.gov.au







Geographic classification updates

- Distribution Priority Areas (DPA) replaced District of Workforce Shortage (DWS) in July
- Modified Monash Model (MMM) will be updated 1 January 2020







Supporting the rural workforce

Rural Health Outreach Fund

- Supports delivery of medical specialist, GP, nursing, allied and other health services in rural, regional and remote Australia
- Reducing prescription opioid use through better access to pain management services







Rural Health Multidisciplinary Training Program

Background

- Rural Health Multidisciplinary Training (RHMT) program
 - The Government's main platform in working with the higher education sector to influence health workforce distribution.
- This year the RHMT program will support a network of:
 - 18 Rural Clinical Schools;
 - 16 University Departments of Rural Health;
 - o 6 dental schools offering extended rural placements; and
 - 26 regional training hubs.







RHMT Universities

University of Adelaide

Charles Sturt University

Flinders University SA

Griffith University

La Trobe University

University of Melbourne

University of New South Wales

University of Queensland

University of Sydney

University of Western Australia

University of Wollongong

Australian National University

Deakin University

Flinders University NT

James Cook University

Monash University

University of Newcastle

University of Notre Dame Australia

University of South Australia

University of Tasmania

Western Sydney University







University Departments of Rural Health

Three new UDRHs established in 2017:

- Wagga Wagga and Orange CSU
- Broome University of Notre Dame Australia
- Toowoomba University of Queensland
- In 2019, La Trobe University joined the RHMT program.







Supporting the rural workforce

Health Workforce Scholarship Program (HWSP)

• Scholarships and bursaries to existing health professionals committed to rural service







Why develop a National Medical Workforce Strategy?

Address shared medical workforce issues across Australia:

- Supply of doctors
- Inequities in workforce distribution
- Doctor wellbeing

Ensure investment in education and training leads to the services needed by communities