Submission to the

Evaluation of the Rural Health Multidisciplinary Training Program

29 August 2019

Introduction

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide this submission to the *Evaluation of the Rural Health Multidisciplinary Training Program*.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

AHHA has developed a plan to transition the Australian healthcare system to a patient centred, outcomes focused and value-based healthcare system. *Health people, healthy* systems[1] identifies four domains of reform that are critical to achieving this goal. These include reforms to governance structures, performance information and reporting that is fit for purpose, health workforce and funding arrangements. The plan is underpinned by key concepts that include universal health care, quality health outcomes, a holistic view of health and wellbeing, coordinated and integrated care, long-term sustainable funding, innovation in response to need, and equity in health.

Addressing inequities in health status for people residing in rural, remote and regional Australia requires action across all of these domains. Providing an academic network and infrastructure to train rural medical and health professionals with the long term aim of addressing the maldistribution of the health workforce is an important strategy.

This context underpins our responses to the questions posed in the evaluation.

[1] Australian Healthcare and Hospitals Association. 2017. Healthy people, healthy systems. Available at https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_2017_0.pdf.

1. What has been your organisation's engagement and/or experience with the RHMT program to date? Please consider your experience with relevant streams of the program including RCS, UDRH, rural dental training programs and regional training hubs.
AHHA does not directly engage with or experience the RHMT program. However, as Australia's national peak body for public hospitals and healthcare providers, AHHA's interest in the success of the program relates to our guiding principles that healthcare in Australia should be effective, accessible, equitable, sustainable and outcomes-focused.
2. What is the value/benefit of the RHMT program to your profession or stakeholder group?
AHHA recognises that the health advantages of living away from Australia's major cities can be outweighed by higher levels of social disadvantage, inferior access to health services, higher occupational injury risks and higher health behaviour risks. These factors are associated with poor health and shorter life expectancy for many rural people. Access to healthcare in rural and remote areas can be reduced because of shortages of health professionals. This effect worsens with increased remoteness. Attraction and retention of health professionals in rural and remote areas continues to be inefficient and ineffective. Building a sustainable rural health workforce with a systems-focus is needed to ameliorate barriers to healthcare access. The education and training pathways supported by the RHMT program are an important enabler of this.
3. In relation to your engagement with the program, what aspects could be improved?
The objectives of the program have been identified as: • To provide rural training experiences for health students; • To develop an evidence base for the efficacy of rural training strategies in delivering rural health workforce outcomes; • To provide support to rural health professionals to improve Aboriginal and Torres Strait Islander health; • To increase the number of rural origin medical, nursing, allied health and dental students; • To maintain well-supported academic networks to enhance the delivery of training to students, junior doctors and specialist trainees.

It is recommended that the objectives of the program be expanded to reflect a role and responsibility in:

1. **Data and performance reporting**. Consistent, coordinated and timely public reporting that is fit-for-purpose would better support workforce needs analyses. Student demographics (including origin), training experiences and flows at a regional level (i.e. Primary Health Network and Local Hospital Network, or equivalent) would contribute to workforce planning that goes beyond the numbers and distribution of the workforce as it currently exists, and support consideration of innovative models of care to meet public need.

   The evidence for outcomes resulting from the RHMT program should also be collected and reported, e.g. the extent to which there is increased representation of Aboriginal and Torres Strait Islander people in the health workforce.

2. **Facilitating cross-sector placements and experiences.** Health professionals in rural and remote areas frequently operate across multiple sectors, including hospital, community, disability and aged care, as well as both the public and private sectors. Placements and experiences should reflect regional cross-sector priorities for service delivery.

3. **Supporting rural training and career pathways for allied health professionals.** Structured career pathways are maturing for allied health rural generalists.[2] These support development of allied health professionals, post-registration or following attainment of entry-level qualifications in their chosen profession. The RHMT Program should support the education and training component, but also be integrated with the other components of the pathway, including workforce/employment structures (including supervision and clinical governance) and service delivery strategies and models.

4. What opportunities are there to strengthen the transition from training in rural locations to working rurally for your profession/ stakeholder group?

Learnings through the development of the Allied Health Rural Generalist Pathway[3] identified three components being critical to addressing the challenges of small workforces delivering services to widely dispersed populations (e.g. professional isolation; difficulty accessing supervision and peer learning; problems sourcing training of adequate breadth to meet the needs of generalists with a wide scope of practice; and professional recognition and career pathways that are not aligned to generalist practice). The essential components necessary for addressing these challenges are service delivery strategies and models; workforce employment structures; and education and training.

Strengthening the transition from training to working requires integration of the RHMT program with:

[2] For more information about the Allied Health Rural Generalist Pathway, see https://www.health.qld.gov.au/ahwac/html/rural-remote

[3] ibid

- regional service delivery strategies and models (including telehealth, delegation, extended scopes of practice and partnerships between providers); and
- workforce/employment structures (including supervision).

Further, a key barrier to retention of health staff in rural and remote areas is community and social connection requiring appropriate local strategies.

Governance mechanisms at a regional level should be established (e.g. with Primary Health Network and Local Hospital Network, or equivalent, and the aged and disability sectors, but also to activate a local community response for community and social connection), with a pooling of resources/funding to strengthen transitions consistent with regional needs and transparent reporting for accountability.

5. In considering the appropriateness of the RHMT program as a continuing response to addressing rural health workforce shortages and improving workforce distribution:

a) To what extent is the development and maintenance of academic capacity and training infrastructure in rural and remote areas the right approach to improving workforce outcomes for your profession/ stakeholder group? What else is required?

As noted in the responses to previous questions, education and training must be integrated with regional cross-sector priorities; service delivery strategies and models; and workforce/employment structures.

Establishing governance mechanisms, data collection and transparent reporting will enable a nationally coordinated and regionally responsive approach to addressing rural health workforce shortages and distribution, but also contribute to consideration of innovative models of care to meet public need.

b) To what extent is selection of health students on rural origin or interest, and training in rural locations, the right approach to contribute to rural service provision after graduation for your profession/ stakeholder group? What else is required?

(No additional comments beyond what has been provided for previous questions.)

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