



Australian Government

National Rural Health Commissioner

Office of the National Rural Health Commissioner
Submission to the Tasmanian Government,
Department of Health on *Our Healthcare Future -
Immediate Actions and Consultation Paper and Health
Workforce 2040*

February 2021

Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) and her Office acknowledges the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises and deeply respects the strength and resilience of Aboriginal and Torres Strait Islander people and their continuing connections and relationships to community, rivers, land and sea.

The Commissioner and her Office pay respect to Elders past, present and emerging and extend that respect to all Traditional Custodians of this land and Aboriginal and Torres Strait Islander people reading this document.

The Office of National Rural Health Commissioner

The *Health Insurance Act 1973* (the Act) provides the legislative basis for the appointment and the functions of the National Rural Health Commissioner (the Commissioner) and the Office of the National Rural Health Commissioner.

In accordance with the Act, the functions of the Commissioner are to provide independent and objective advice in relation to rural health to the Minister responsible for rural health.

This submission was prepared by Adjunct Professor Ruth Stewart, National Rural Health Commissioner.

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Preface

The National Rural Health Commissioner (the Commissioner) acknowledges and recognises the importance of the *Our Healthcare Future Immediate Actions and Consultation Paper* and the *Health Workforce 2040 Strategy* to rural and remote Tasmania. She thanks the Tasmanian Government for the opportunity to contribute to this work. In particular, congratulations to the Tasmanian Government on *Health Workforce 2040* as its first ever comprehensive draft health workforce strategy.

It is the view of the Commissioner that the *Our Healthcare Future Immediate Actions and Consultation Paper*, together with the *Health Workforce 2040 Strategy* provides a comprehensive framework to increase the capacity and bolster the capability of the rural and remote health workforce in Tasmania.

Tasmania like other jurisdictions faces significant challenges to address the maldistribution of its health workforce. Despite a higher prevalence of both ageing populations and chronic conditions per capita in rural areas, there are fewer doctors in these needy areas of Tasmania than in the healthier urban areas. In North/Western Tasmania there is a particularly short supply of doctors. Tasmania is aligned with the rest of the nation in this inequitable distribution of medical workforce and burden of disease; the more remote your residence, the shorter your life span the greater the burden of disease carried by your community and strangely the fewer doctors you have servicing your needs.¹

As noted in the *Our Healthcare Future Immediate Actions and Consultation Paper*, Tasmania's population is ageing at a faster rate per capita than the rest of Australia. It also has a high prevalence of alcohol consumption, tobacco use, chronic conditions and a high proportion of welfare beneficiaries.² Whilst this brings significant challenges for Tasmania's health workforce, there is an enormous amount to be commended in the ongoing effort and resilience of its rural and remote health workforce to care for their communities.

2021 has brought continuing challenges for rural and remote communities in Tasmania. The Commissioner would like to acknowledge the Tasmanian rural and remote health professionals who continue to provide high quality health services to communities, despite the backdrop of drought followed by the challenges created by the COVID-19 pandemic. Tasmanian rural health professionals have continued to work throughout these compounding challenges, in a health system where education, training, recruitment, retention and continuing professional development has been primarily designed for mainland high density metropolitan populations. They have adapted themselves to new ways of delivering care safely, even when border restrictions affected supply of equipment and staff. They deserve to be recognised, thanked, supported and importantly they deserve to be listened to in order to improve the systems of care they work in.

¹ Australian Institute of Health and Welfare. Rural & remote health [Internet]. Canberra: Australian Institute of Health and Welfare, 2019 [cited 2020 Sep. 16]. Available from: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health>

² Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Remoteness Areas (online) 2018. Accessed 9 February 2021, [https://phidu.torrens.edu.au/current/data/sha-aust/remoteness/phidu_data_remoteness_aust.xls]

It is the view of the Commissioner that the *Our Healthcare Future Immediate Actions and Consultation Paper*, and the *Health Workforce 2040 Strategy* include many important actions to support Tasmanian rural and remote health workers to improve access to and quality of care for the communities within which they work. Accordingly, the comments of the Commissioner within this submission are largely by exception.

Summary

The Commissioner's submission focuses primarily on the following items and related consultation questions from *Our Healthcare Future Immediate Actions and Consultation Paper*:

- (a) Reform Initiative 1 regarding Better Community Care: Increase and better target our investment to the right care, place and time to maximise benefits to patients
- (b) Reform Initiative 3b regarding Planning for the Future: Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmania
- (c) Reform Initiative 3c: Strengthen the clinical and consumer voice in health service planning.

It provides comments on the following focus areas and actions from the *Health Workforce 2040 Strategy*:

- (a) Shaping the health workforce – distribution and the role of generalists
- (b) Education and training
- (c) Fostering innovation
- (d) Enhancing culture and wellbeing
- (e) Recruitment and effective working arrangements
- (f) Planning.

Our Healthcare Future Immediate Actions and Consultation Paper

Reform Initiative 1 regarding Better Community Care: Increase and better target our investment to the right care, place and time to maximise benefits to patients

There is much to recognise in this draft consultation paper towards improving the experience of, and outcomes from healthcare for Tasmania's rural and remote communities. In particular:

- Increased investment into primary care and community care to reduce hospital admissions. This is vital for rural populations located far from hospitals. For those communities there are long lasting impacts on families and business of unnecessary travel, admissions and delayed treatment for conditions that could be managed by primary care within community.
- The Community Rapid Response Service (ComRRS) model in the rural North and West to provide multidisciplinary care for people in their homes and communities, together with the Hospital in the Home initiative
- The strategic recognition of the need to build training pathways in regional and rural Tasmania for the medical and allied health workforces and the need to invest in training posts with adequate supervision through the University of Tasmania and other educational institutions and colleges
- Efforts to strengthen the governance of the health system by establishing Clinical leadership through local executive teams and Consumer and Community Engagement Councils.

It is recognised that Tasmania is already implementing a Rural Generalist training pathway for its medical workforce. Given that this is a high level strategic paper, it would be appropriate to make explicit in the introduction that the drive is towards a preventative/ early intervention model delivered by generalists and applying a person centred community based primary care approach rather than a hospital focus, especially in rural North and West. This will be greatly aided by the continued investment in rural generalist training and practice.

The following comments provide collective responses to the Consultation questions posed on page 30 namely: (2) How can we shift the focus from hospital based care to better care in the community?; (3) How can we increase access to primary healthcare?; (7) How can we improve integration across all parts of our health system and its key interfaces?; (12) How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?

- On page 28 the need to strengthen services for people with chronic and complex conditions through dedicated community based multidisciplinary service models, before their conditions worsens and they require hospitalisation is stated. It is worth recognising here that the training and recruitment outcomes of implementation of the roll-out of the Tasmanian rural generalist training pathway will greatly assist this. It would strengthen the discussion about decreasing the numbers of rural patients

requiring admission to hospital if specific reference were made to Rural General practitioners being embedded in community. The way that embedded Rural GPs can manage multi-morbid chronic conditions and contribute to wrap around multidisciplinary preventive care is important in this discourse.

- The Commissioner highlights the co-investment model recommended by the inaugural National Rural Health Commissioner in his report to the Minister of Regional Health, Regional Communications and Local Government. That report *Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia (June, 2020)* describes Service and Learning Consortia within rural and remote communities to improve recruitment and retention of allied health professionals. This would foster multi town and multi sector networks to ensure rural and remote allied health practice and training is better supported and therefore more attractive to practitioners. Such an approach combined with a continued commitment to Rural Generalist practice, could bolster the allied health workforce. People in the North and West with chronic and complex healthcare needs, need strong multidisciplinary teams particularly during early acute exacerbations of chronic conditions.

Reform Initiative 3b regarding Planning for the Future: Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians

The Commissioner's comments on Reform Initiative 1 apply equally to Reform Initiative 3b. The following comments provide collective responses to the Consultation questions for 3b posed on page 39, namely Consultation question (3): What steps can be taken to improve the State's ability to attract and retain health professionals in regional areas, particularly the North West?; and Consultation question (5): How do we support health professionals to work to their full scope of practice?

- The Tasmanian Government's commitment to leverage Brand Tasmania in Health Workforce 2020 (page 13) in order to attract health professionals to work in Tasmania is a constructive move. There is great scope within this aim to promote to the health workforce the benefits of living and working within rural communities. By integrating this approach with the University of Tasmania and rural health workforce training programs, particularly in light of the Rural Generalist training pathway, the strengths of work and lifestyle in rural communities can be promoted to attract and retain rural health workforce.
- In other parts of Australia a focus on the expanded scope of practice (with particular emphasis on procedural skills) rather than the picturesque nature of a place in which that work is undertaken has been found to be more effective in attracting the requisite workforce. Health Care Professionals seek a workplace where they can use their hard earned skills.

- Actions to improve access to CPD for Tasmania’s nursing and midwifery workforce, including creating structured and regular rotational opportunities between regional and urban hospitals will provide the necessary skills and knowledge sharing opportunities to support a full scope of practice. This need is clearly articulated in the Health workforce 2040 companion paper on Nursing and Midwifery and would equally support the work of Rural Generalist doctors.

Reform Initiative 3c: Strengthen the clinical and consumer voice in health service planning

The Commissioner agrees that good clinical governance is essential to providing high quality healthcare across our public health system. Whichever form a State-wide clinical senate and future health leaders forum takes in future governance of Tasmanian health service planning, rural clinical professional and consumer voices must be present and heard. This includes the voices of consumers, Indigenous health workers and practitioners, and peak bodies. The Commissioner recognises the deliberate emphasis on participation rather than leadership and representation of these important voices within the narrative and emphasises the critical value of ensuring equity between the rural/ urban participants at governance level of health service planning.

Health Workforce 2040

Shaping the health workforce – distribution and the role of generalists

It is the Commissioner’s view that overall this strategy provides robust logic and a comprehensive framework to strengthen and improve the rural health workforce in Tasmania.

- It is however surprising that the analysis of 2018 workforce high priorities does not consider Rural Generalist doctors. The Commissioner assumes that this is an oversight as it is at odds with the establishment of and support of the Tasmanian Rural Generalist program. Rural Generalists can work across primary, acute, community and secondary health settings within multidisciplinary teams. Practitioners with the training and confidence to work in rural and remote communities i.e. Rural Generalists are more likely to seek rural appointments and to be retained there once appointed.
- In relation to workforce indicators (page 25) exploration of adding an indicator that maps health workforce distribution to the per capita rates of chronic disease and vulnerable groups including older populations in rural and remote Tasmania is suggested. This would ensure rural populations health and workforce needs would be appropriately captured and reported. It would increase the strength of the overall metric for health workforce by assisting further identification of rural health workforce planning needs. For example, figure 12 (page 25) shows the limited availability of allied health professions training in Tasmania, with only pharmacy and

psychology having training available. Such a metric would support demand based allied health training and workforce development for rural communities.

- In relation to strengthening the role of the generalist (page 35-36), a sub section on the critical value of rural generalism to shifting the emphasis from hospital and acute care to primary health and community care in rural communities could be considered. The Commissioner is in agreement with the corresponding actions on page 36 supporting the rural generalist ethos in medicine and allied health training and employment opportunities.

Education and training

- An added action to support the development of undergraduate curricula that reflects rural health issues, in line with the WHO recommendation for workforce development in rural and remote communities noted earlier, would sit well here.

Fostering innovation

- Access to continuing professional development for all health care professionals in rural and remote practice is vitally important. This is especially important to maximise the use of innovative technologies. Consideration of a corresponding action that links the National Digital Health Strategy to this point within the actions on technology (page 47) is suggested.

Enhancing culture and wellbeing

- The Strategy recognises that actions are required to increase the number of Aboriginal and Torres Strait Islander health professionals in the Tasmanian health workforce in alignment with the *Tasmanian State Service Aboriginal Employment Strategy* and the Cultural Respect Framework (the Framework). It will be important that any corresponding actions from the Framework include investment in the development and growth of the rural Aboriginal and Torres Strait Islander health workforce. For equity investment in training, development and recruitment of rural Aboriginal and Torres Strait Islander health workforce must reflect the proportion of Indigenous people in the community.
- The Commissioner notes that the Tasmanian Government is contributing to the development of a National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031
- She also wishes to highlight that the Report for the Minister of Regional Health, Regional Communications and Local Government on the *Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia (June, 2020)* recommended:
 - Further expansion of the national Aboriginal and Torres Strait Islander Health Academy model in all jurisdictions; and the creation of a Leaders in Indigenous Allied Health Training and Education Network. The report notes that once established, these initiatives will increase pathways for Aboriginal and Torres Strait islander people to enter the allied health

workforce and improve the cultural safety of rural and remote allied health service and training for all Australians.

Recruitment and effective working arrangements

This section appropriately highlights that as in other jurisdictions most of the hardest to fill vacancies are rural and remote. The public sector can work with the private sector and education providers to increase and strengthen the Tasmanian rural health workforce and opportunities for this should be explored and maximised. The actions included in this section (page 59) are appropriate for this. However without emphasis on supporting such activity in rural and remote communities the same advantages will not be extended to rural communities.

Planning

- Whilst the importance of monitoring of the Health Workforce 2040 Strategy is identified, no evaluation framework is indicated. The Commissioner would welcome any future opportunity to contribute to the development of metrics to measure process and impact for rural health workforce and service improvements in Tasmania.
- Please note that Report for the Minister of Regional Health, Regional Communications and Local Government on the *Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia (June, 2020)* includes a recommendation for a national allied health data strategy, to enhance quality re development of a minimum dataset that would incorporate comprehensive allied health workforce data.

Concluding Remarks

Current siloed approaches to funding and service provision in regional, rural and remote communities are failing. Drought and the COVID-19 pandemic have highlighted the importance of local generalist clinicians in rural setting to respond to immediate needs. Integrated multidisciplinary health services across primary and acute care settings, and across subregions will assist continuity of care in management and recovery for people experiencing acute and chronic conditions.

It is the view of the Commissioner that both the *Our Healthcare Future - Immediate Actions and Consultation Paper* and the *Health Workforce 2040 Strategy* show that recognition of and engagement with the Tasmanian rural health workforce has occurred during development. This is reflected in consistent references to, and analysis of rural health workforce and community health demand throughout both papers and in the companion papers on Medical, Allied Health and Nursing and Midwifery. This promises a constructive platform towards the improvement of rural health outcomes in Tasmania.

The Commissioner available for further consultation if deemed necessary and can be contacted by email: nrhc@health.gov.au

