

Outcome 8

HEALTH WORKFORCE CAPACITY

Improved capacity, quality and mix of the health workforce to meet the requirements of health services, including through training, registration, accreditation and distribution strategies

Outcome Strategy

The Australian Government, through Outcome 8, aims to ensure that Australia has the workforce necessary to meet the needs of a sustainable health system.

In 2015-16, the Government is addressing the most significant workforce challenge, distribution, by better targeting and refocussing our investments in workforce support.

The return on the Commonwealth's ongoing investment in Australia's health workforce will be increased by better integrating programmes to further support the medical training pathway and address identified imbalances. A new classification system will be introduced to provide a more accurate assessment tool for determining eligibility for rural health workforce incentives. The new system will be applied to the redesigned General Practice Rural Incentives Programme to encourage doctors to practice in small rural and remote communities, where they are most needed. It will also be applied to the redesigned Dental Relocation Incentives Support Scheme to better target support for dentists to relocate to rural and remote areas where they are most needed.

The Government will continue to support health workforce training through scholarships. The current range of medical, nursing and allied health scholarships within the Health portfolio will be streamlined to increase consistency and fairness, reduce costs and administrative overheads and improve agility to respond to changes in supply and demand for particular parts of the health workforce.

In 2015-16, the Government will continue to ensure high quality training by working with the GP colleges to streamline accreditation arrangements for GP registrars and supporting 1,500 commencing GP trainees each year under the Australian General Practice Training Program, with at least 50 per cent of all GP training occurring in rural and regional areas. Available places will continue to increase, as the Government works in partnership with business and the medical profession to reduce training costs and red tape.

Outcome 8 is the responsibility of Health Workforce Division.

Programmes Contributing to Outcome 8

Programme 8.1: Workforce and Rural Distribution

Programme 8.2: Workforce Development and Innovation

Outcome 8 Budgeted Expenses and Resources

Table 8.1 provides an overview of the total expenses for Outcome 8 by programme.

Table 8.1: Budgeted Expenses and Resources for Outcome 8

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 8.1: Workforce and Rural Distribution		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	1,181,386	1,101,931
Departmental expenses		
Departmental appropriation ¹	35,158	34,525
Expenses not requiring appropriation in the budget year ²	1,691	833
Total for Programme 8.1	1,218,235	1,137,289
Programme 8.2: Workforce Development and Innovation		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	169,980	216,710
Departmental expenses		
Departmental appropriation ¹	9,006	7,445
Expenses not requiring appropriation in the budget year ²	431	212
Total for Programme 8.2	179,417	224,367
Outcome 8 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	1,351,366	1,318,641
Departmental expenses		
Departmental appropriation ¹	44,164	41,970
Expenses not requiring appropriation in the budget year ²	2,122	1,045
Total expenses for Outcome 8	1,397,652	1,361,656
	2014-15	2015-16
Average staffing level (number)	232	257

1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s74)".

2 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees.

Programme 8.1: Workforce and Rural Distribution

Programme Objectives

Increase the effectiveness of medical training and education

The Australian Government recognises that investment in medical training and education underpins the delivery of sustainable health care services for all Australians.

The Government is maintaining its support of 1,500 commencing GP trainees every year from 2015, an increase of 300 from 2014. The Government is working to increase the effectiveness of this investment by freeing up resources currently supporting unnecessary administration and bureaucracy, and working with employers to develop innovative approaches to grow the future GP workforce. The Government will continue to work with the GP colleges to facilitate a profession-led GP training system which maintains and improves Australia's high standards of GP training.

In 2015, the Commonwealth Medical Internships Programme continues to increase medical training capacity in regional Australia and private hospitals, as well as retaining Australian trained medical graduates to work in Australia. The Department will also contribute to the national independent review of medical internship training commissioned by the COAG Health Council. The review aims to consider potential reforms to support medical graduate transition into practice and further training, ensuring that the workforce continues to be well trained and equipped to meet the health needs of the Australian population.

Funding for training positions in private hospitals will transfer from the Veterans' Affairs portfolio to the Health portfolio. This will provide the potential for greater integration with existing medical training programmes and the ability to link future investment priorities with the work of the National Medical Training Advisory Network.

Redesign the supply of, and support for, health professionals in rural, regional and remote Australia

The Australian Government makes a significant investment in rural health education and training strategies to increase the availability of health services in rural, regional and remote communities.

In 2015-16, the General Practice Rural Incentives Programme will be redeveloped to better support delivery of medical services in rural and remote communities. Financial support will be targeted to doctors practicing in areas that experience the greatest difficulty in attracting and retaining doctors.

From 1 July 2016, a streamlined Health Workforce Scholarship Programme will ensure increased flexibility to meet changes in supply and demand for particular professionals and areas of practice. Priority areas will be reviewed annually, informed by national workforce planning activities, resulting in better targeting of scholarships to those professions and areas of practice most in need, and better supporting a rural and remote workforce.

The Government continues to support the Rural Health Multidisciplinary Training Programme, with its longstanding rural training network made up of 17 rural clinical schools, 11 University Departments of Rural Health and six dental schools that offer rural dental placements. The rural training network will be streamlined and enhanced through a consultation process to reform these initiatives during 2015, with implementation from 2016. Key rural training targets will be retained, but participating universities will have more flexibility to structure their delivery of activities to respond to regional needs, while reducing red tape.

Under the Practice Nurse Incentive Programme, the Government also continues to support an expanded and enhanced role for nurses working in general practice.

Programme 8.1 is linked as follows:

- The Department of Human Services (Services to the Community – Health Programme 1.1) for administering the General Practice Rural Incentives Programme, Practice Nurse Incentive Programme, Rural Procedural Grants Programme, Rural Locum Education Assistance Programme and Scaling of Rural Workforce Programme.
- The Department of Veterans’ Affairs (General Medical Consultations and Services – Programme 2.1) for the Practice Nurse Incentive Programme.

Programme 8.1: Expenses

Table 8.2: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	1,181,386	1,101,931	1,099,155	1,113,286	1,096,979
Programme support	36,849	35,358	32,420	31,498	31,954
Total Programme 8.1 expenses	1,218,235	1,137,289	1,131,575	1,144,784	1,128,933

Programme 8.1: Deliverables

Qualitative Deliverables for Programme 8.1

Redesign the supply of, and support for, health professionals in rural, regional and remote Australia

Qualitative Deliverable	2015-16 Reference Point or Target
Consolidate Health portfolio scholarships into a streamlined Health Workforce Scholarship Programme.	Conduct open tender process to identify a provider to administer the Health Workforce Scholarship Programme, to be completed by 31 March 2016.

Quantitative Deliverables for Programme 8.1**Increase the effectiveness of medical training and education**

Quantitative Deliverables¹	Academic Year 2014 Revised Budget	Academic Year 2015 Target	Academic Year 2016	Academic Year 2017	Academic Year 2018
Number of commencing GP trainees funded through the Australian General Practice Training Program.	1,192	1,500	1,500	1,500	1,500
Number of training positions funded through the Specialist Training Program.	900	900	900	900	900
Number of medical internship positions funded through the Commonwealth Medical Internships Programme.	76	84	≤100	≤100	≤100

Redesign the supply of, and support for, health professionals in rural, regional and remote Australia

Quantitative Deliverables²	Academic Year 2014 Revised Budget	Academic Year 2015 Target	Academic Year 2016	Academic Year 2017	Academic Year 2018
Percentage of medical students participating in the Rural Clinical Training and Support Programme - 1 year rural clinical placement.	≥25%	≥25%	≥25%	≥25%	≥25%
Number of weeks of rural multidisciplinary placements supported through the Rural Health Multidisciplinary Training Programme.	17,250	18,113	19,018	19,969	20,967

¹ Placements are allocated on an academic year basis.

² Placements are allocated on an academic year basis.

Programme 8.1: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 8.1

Redesign the supply of, and support for, health professionals in rural, regional and remote Australia

Quantitative Indicators	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of practices supported through the Practice Nurse Incentive Programme.	4,100	4,100	4,100	4,100	4,100
Number of doctors supported by the General Practice Rural Incentives Programme in rural and remote areas.	6,500	6,500	6,500	6,500	6,500

Programme 8.2: Workforce Development and Innovation

Programme Objectives

Develop the workforce through clinical training

The Australian Government is continuing its investment in developing a more efficient and sustainable workforce to support the delivery of health services for all Australians.

The Department works with key stakeholders to develop and deliver a range of programmes that build a well-qualified workforce to meet the needs of the Australian community. This includes: Clinical Training Funding (CTF); Integrated Regional Clinical Training Networks; Simulated Learning Environments; and Clinical Supervision Support Programmes. The Clinical Training Reform Programme supports the delivery of clinical training; increases clinical training capacity using simulation as an education technique; builds an evidence base to embed simulation into accredited programmes of study; and provides access to clinical training resources and trained educators.

Improve the distribution of the dental workforce

The Australian Government is committed to improving the distribution of dental services for all Australians.

Recently published workforce planning projections indicate that while there is an oversupply of dentists, there continues to be maldistribution of this workforce in non-metropolitan areas. The Government will continue to support the Dental Relocation and Infrastructure Support Scheme which encourages dentists to work in regional and remote communities of Australia, through the provision of relocation and infrastructure grants.

The Government will cease the Voluntary Dental Graduate Year Programme and the Oral Health Therapist Graduate Year Programme at the end of the current placements in December 2015. Graduate placements were intended to be directed towards areas of need, however less than 5 per cent occurred in remote and very remote regions, and the overwhelming majority of placements were in the public sector, duplicating the efforts of State and Territory Governments.

Programme 8.2: Expenses

Table 8.3: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	169,980	216,710	194,169	196,682	199,253
Programme support	9,437	7,657	6,877	6,966	7,082
Total Programme 8.2 expenses	179,417	224,367	201,046	203,648	206,335

Programme 8.2: Deliverables

Qualitative Deliverables for Programme 8.2

Improve the distribution of the dental workforce

Qualitative Deliverable	2015-16 Reference Point or Target
Redesign of the Dental Relocation Infrastructure Support Scheme to better match demand, and align with the new Modified Monash Model classification system. ³	New programme guidelines developed in consultation with stakeholders.

³ The Modified Monash Model is a new classification system that better categorises metropolitan, rural, regional and remote areas according to both geographical remoteness and town size.

Programme 8.2: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 8.2

Develop the workforce through clinical training

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
The number of universities providing students with clinical training placements in priority settings.	38	38	38	38	38

Improve the distribution of the dental workforce

Quantitative Indicators ⁴	Academic Year 2014 Revised Budget	Academic Year 2015 Target	Academic Year 2016	Academic Year 2017	Academic Year 2018
Number of dental graduates participating in the Voluntary Dental Graduate Year Programme.	50	50	N/A ⁵	N/A	N/A
Number of oral health therapist graduates participating in the Oral Health Therapist Graduate Year Programme.	50	50	N/A ⁶	N/A	N/A

⁴ Placements are allocated on an academic year basis.

⁵ Targets for this Key Performance Indicator have been revised to reflect a Government decision to cease the Voluntary Dental Graduate Year Programme at the end of the current placements in December 2015.

⁶ Targets for this Key Performance Indicator have been revised to reflect a Government decision to cease the Oral Health Therapist Graduate Year Programme at the end of the current placements in December 2015.