

## Outcome 12

# 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 12, aims to ensure that Australia has the workforce necessary to address its current and future health needs. The Government will continue to introduce policies and incentives aimed at making best use of the skills and capacity of the available health workforce, addressing health workforce shortages and maintaining appropriate standards for health practitioners.

The Government will address health workforce shortages by recruiting, retaining and training more doctors, nurses, dentists and allied health workers in areas and disciplines where they are needed. To achieve this, the Government will expand training programs for general practitioners (GPs) and specialists, and provide locum support to doctors, rural nurses and allied health professionals. As part of a new dental reform package, the Government will introduce measures to encourage and support dental professionals to work in the public sector and rural and remote areas where they are most needed. The Government will continue to deliver training and incentive packages to attract doctors to practice in regional and remote areas.

Since 2007, the Government has made significant investments in GP and specialist training. The number of available GP training places has increased from 600 in 2007, to 1,000 in 2012, and will increase to 1,200 by 2014. A total of 600 Specialist Training Program positions will be funded in 2012, an increase of 82 from 2011, with a further increase to 750 places in 2013.

The Australian Government will continue to provide scholarships for nurses in clinical settings. In 2012-13, at least 1,100 new scholarships will be offered; as well as 420 scholarships for nurses in emergency departments and 100 in Aboriginal medical services.

The Australian Government will continue to work with states and territories and organisations such as Health Workforce Australia (HWA)<sup>1</sup> and the Australian Health Practitioner Regulation Agency to improve future workforce planning, deliver increases to the quality and diversity of clinical training, and address structural and financial barriers faced by individual health professionals in providing the highest quality care.

<sup>1</sup> For further information on the activities of HWA, refer to the HWA chapter in these Portfolio Budget Statements.

Outcome 12 is the responsibility of Health Workforce Division and Mental Health and Drug Treatment Division.

### Programs Contributing to Outcome 12

**Program 12.1: Workforce and rural distribution**

**Program 12.2: Workforce development and innovation**

### Outcome 12 Budgeted Expenses and Resources

Table 12.1 provides an overview of the total expenses for Outcome 12 by Program.

**Table 12.1: Budgeted Expenses and Resources for Outcome 12**

	<b>2011-12</b>	<b>2012-13</b>
	<b>Estimated actual</b>	<b>Estimated expenses</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Program 12.1: Workforce and rural distribution<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	780,563	1,021,361
Departmental expenses		
Departmental appropriation <sup>2</sup>	18,911	16,158
Expenses not requiring appropriation in the budget year <sup>3</sup>	850	593
<b>Total for Program 12.1</b>	<b>800,324</b>	<b>1,038,112</b>
<b>Program 12.2: Workforce development and innovation</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	329,390	299,020
Departmental expenses		
Departmental appropriation <sup>2</sup>	6,868	6,766
Expenses not requiring appropriation in the budget year <sup>3</sup>	334	237
<b>Subtotal for Program 12.2</b>	<b>336,592</b>	<b>306,023</b>
<b>Outcome 12 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	1,109,953	1,320,381
Departmental expenses		
Departmental appropriation <sup>2</sup>	25,779	22,924
Expenses not requiring appropriation in the budget year <sup>3</sup>	1,184	830
<b>Total expenses for Outcome 12</b>	<b>1,136,916</b>	<b>1,344,135</b>
	<b>2011-12</b>	<b>2012-13</b>
<b>Average staffing level (number)</b>	<b>185</b>	<b>174</b>

<sup>1</sup> This program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

<sup>2</sup> Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".

<sup>3</sup> "Expenses not requiring appropriation in the budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees. This estimate also includes approved operating losses - please refer to the departmental financial statements in section 3 for further information.

## **Program 12.1: Workforce and rural distribution**

### **Program Objectives**

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

In 2012-13, the Australian Government will continue to deliver a range of programs designed to increase the number of health professionals in regional, rural and remote Australia. The Practice Nurse Incentive Program (PNIP) provides incentive payments to accredited general practices and Aboriginal Community Controlled Health Services to allow practice nurses and Aboriginal and Torres Strait Islander Health Workers to continue providing services previously billed through MBS items (covering immunisation, wound care and cervical screening) and additional services not previously recognised under the MBS. The Government's support for practice nurses will increase access to health services, reduce pressure on GPs and lower costs for services that can be delivered by nurses.

To increase access to GPs and specialists in rural and remote communities, over half of the training on the Australian General Practice Training Program (AGPT Program) will occur in regional, rural and remote areas, and approximately half the positions on the Specialist Training Program (STP) will have a regional, rural or remote component.

The Government will provide financial and non-financial incentives to encourage and support health professionals to remain in, or relocate to, regional, rural and remote Australia, including through the General Practice Rural Incentives Program. The Government will also continue to fund activities to increase the Aboriginal and Torres Strait Islander health workforce and the capacity of the broader health workforce to address the needs of Indigenous people.

*Increased investment in medical training and education*

In 2012-13, the Department will deliver a range of innovative training tools to assist health practitioners delivering telehealth services.

The Australian Government will continue to support a network of 17 rural clinical schools, 11 university departments of rural health and six dental schools that offer rural dental placements. The rural training network provides positive rural training opportunities to health and medical students and assists to reduce professional isolation for health professionals working in rural and remote areas.

The Government will increase emergency medicine training capacity in 2012-13. Through the More Doctors and Nurses for Emergency Departments Program, 44 emergency medicine registrar training positions will receive funding in the 2012 academic year, increasing to 66 registrars in 2013. Additionally, 11 new clinical coordinator positions have been established in private sector emergency departments nationally to increase the private sector's teaching and training capacity. This program is also building the capacity of emergency department nurses and non-clinical support staff through the provision of scholarships.

*Increase access to medical services through overseas recruitment*

The Australian Government will continue to provide support to recruit overseas trained doctors and promote the development of an appropriately skilled medical workforce in outer metropolitan, regional, rural and remote locations of Australia.

Program 12.1 is linked as follows:

- The Department of Human Services (Medicare Australia – Program 1.1) to administer the General Practice Rural Incentives Program, HECS Reimbursement Scheme, Practice Nurse Incentive Program, Nurse Practitioner Program, Rural Procedural Grants Program, Rural Locum Education Assistance Program and Scaling of Rural Workforce Programs.
- The Department of Veterans’ Affairs (Program 2.1) contributes to the implementation of the Practice Nurse Incentive Program.

**Program 12.1 Expenses**

**Table 12.2: Program Expenses**

	<b>2011-12 Estimated actual \$'000</b>	<b>2012-13 Budget \$'000</b>	<b>2013-14 Forward year 1 \$'000</b>	<b>2014-15 Forward year 2 \$'000</b>	<b>2015-16 Forward year 3 \$'000</b>
Annual administered expenses					
Ordinary annual services	780,563	1,021,361	1,069,309	1,136,320	1,167,800
Program support	19,761	16,751	16,558	16,312	16,449
<b>Total Program 12.1 expenses</b>	<b>800,324</b>	<b>1,038,112</b>	<b>1,085,867</b>	<b>1,152,632</b>	<b>1,184,249</b>

**Program 12.1: Deliverables<sup>2</sup>**

**Table 12.3: Qualitative Deliverables for Program 12.1**

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Increase the supply of health professionals in regional, rural and remote Australia</b>	
Support general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services across Australia to employ practice nurses and Aboriginal and Torres Strait Islander Health Workers	Incentive payments paid quarterly to all participating practices

**Table 12.4: Quantitative Deliverables for Program 12.1**

Quantitative Deliverables	Academic Year 2011 Revised	Academic Year 2012 Target	Academic Year 2013	Academic Year 2014	Academic Year 2015
<b>Increase the supply of health professionals in regional, rural and remote Australia</b>					
Number of training positions funded through the Specialist Training Program <sup>3</sup>	518	600	750	900	900
Number of rural placements by university departments of rural health	3,300	3,500	3,500	3,500	3,500

<sup>2</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

<sup>3</sup> Specialist Training Program places are allocated on a calendar/academic year basis.

**Program 12.1: Key Performance Indicators****Table 12.5: Quantitative Key Performance Indicators for Program 12.1**

<b>Quantitative Indicators</b>	<b>2011-12 Revised Budget</b>	<b>2012-13 Budget Target</b>	<b>2013-14 Forward Year 1</b>	<b>2014-15 Forward Year 2</b>	<b>2015-16 Forward Year 3</b>
<b>Increase the supply of health professionals in regional, rural and remote Australia</b>					
Number of doctors relocating to rural or remote locations under the General Practice Rural Incentives Program payments	70	70	70	70	70
Number of practices supported through the Practice Nurse Incentive Program	3,900	4,000	4,400	4,700	4,700
<b>Increase access to medical services through overseas recruitment</b>					
Number of suitably qualified overseas-trained doctors recruited under the International Recruitment Strategy	108	114	119	125	131
<b>Increased investment in medical training and education</b>					
Percentage of medical students participating in the Rural Clinical Schools Program	≥25%	≥25%	≥25%	≥25%	≥25%
Number of additional emergency medicine specialist trainee positions delivered in private settings	44	66	88	110	110

## Program 12.2: Workforce development and innovation

### Program Objectives

#### *Mental health nurses*

The Mental Health Nurse Incentive Program (MHNIP) provides access to coordinated clinical care for patients with severe and persistent mental health disorders in the primary care setting. In 2012-13, funding will be maintained for existing community based general practices, private psychiatry practices and other similar organisations to continue existing arrangements with mental health nurses to provide coordinated clinical care. The program provides patients with support during periods of significant disability to reduce hospitalisation rates and assist in maintaining long term health protective behaviours. A comprehensive evaluation of the program will be completed in 2012-13.

#### *Increased investment in the dental workforce*

Increasing Australia's dental workforce capacity is an essential element of the Government's dental reform package. As part of the package, the Voluntary Dental Graduate Year Program will be expanded, providing enhanced practice experience and professional development opportunities to more new graduates, while increasing dental workforce capacity and access to services in the public sector and other areas of need. A graduate year program will also be introduced for oral health therapists to provide 50 placements a year from 2014.

Dental workforce capacity and access to services in regional, rural and remote areas will also be enhanced through relocation and infrastructure grants. These grants will encourage and support dentists to relocate and practice in more remote areas.

Program 12.2 is linked as follows:

- This program includes a National Partnership Payment for:
  - *Northern Territory medical school - funding contribution.*This Partnership Payment is paid to the Northern Territory Government by the Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury's Portfolio Budget Statements.
- The Department of Human Services (Medicare Australia – Program 1.1) is funded to administer the Mental Health Nurse Incentive Program.

## Program 12.2 Expenses

Table 12.6: Program Expenses

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	329,390	299,020	324,270	312,341	314,405
Program support	7,202	7,003	7,176	7,114	6,964
<b>Total Program 12.2 expenses</b>	<b>336,592</b>	<b>306,023</b>	<b>331,446</b>	<b>319,455</b>	<b>321,369</b>

## Program 12.2: Deliverables<sup>4</sup>

Table 12.7: Qualitative Deliverables for Program 12.2

Qualitative Deliverables	2012-13 Reference Point or Target
<b>Mental health nurses</b>	
Evaluation of the Mental Health Nurse Incentive Program	Evaluation completed before the end of 2012-13

## Program 12.2: Key Performance Indicators

Table 12.8: Quantitative Key Performance Indicators for Program 12.2

Quantitative Indicator	Academic Year 2012 Revised	Academic Year 2013 Target	Academic Year 2014	Academic Year 2015	Academic Year 2016
<b>Increased investment in the dental workforce</b>					
Number of dental graduates participating in the Voluntary Dental Graduate Year Program	N/A <sup>5</sup>	50	50	75	100

<sup>4</sup> In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

<sup>5</sup> Program commences in 2013.