

Outcome 12

Health Workforce Capacity

Australians have access to an enhanced health workforce

OUTCOME SUMMARY

A fundamental tenet of the Australian Government's health reform agenda is the establishment of a viable health workforce. Outcome 12 supports Australia's health workforce through education and training programs for general practitioners (GPs), other medical specialists, nurses and allied health professionals. The outcome also focuses on the effective distribution of the workforce to meet the health service needs of Indigenous Australians, and those living in remote, rural and outer metropolitan Australia. The Australian Government aims to achieve this outcome by supporting and contributing to a range of targeted national health workforce initiatives.

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

Key Strategic Directions

- Increase the number of nurses working in public and private hospitals, and the aged care sector.
- Improve the supply of all health professions in rural, regional and outer suburban Australia.
- Support, with states, territories and the private sector, the provision of high quality clinical training opportunities for medical students, junior doctors and registrars.
- Implement the National Registration and Accreditation Scheme with the states and territories.

Major Activities

Increasing the Nursing Workforce in our Hospitals and Aged Care Sector By Up to 10,250

The Australian Government will provide support for the re-entry and training of a total of 7,750 nurses and midwives in public and private hospitals, and 1,000 nurses in residential aged care homes (refer to Outcome 4) over five years to help address nurse workforce shortages. Cash bonuses of \$6,000 will be available to individual nurses and midwives who have been out of the nursing/midwifery workforce for more than a year, to return to work in hospitals and residential aged care. This funding will be offered on a pro rata basis to facilitate flexible employment practices. Payments of \$1,000 per nurse/midwife will be made to hospitals to re-train and re-skill them. This program is part of a larger measure through which the Government will provide \$138.9 million over five years across the Health and Education portfolios in support of the recruitment and training of up to a total of

8,750 nurses across public and private hospitals and aged care as well as funding of up to an additional 1,170 university nursing places per year.

In 2008-09, the Australian Government will fund up to 1,000 nurses (as part of the 7,750 nurses and midwives) to re-enter the hospital nursing workforce through the Bringing Nurses Back to the Workforce Initiative. The initiative replaces the Clinical Training for Enrolled Nurses measure, which would have trained only 500 enrolled nurses annually. The Department will work collaboratively with State and Territory governments, and private hospitals, to manage and coordinate nurses and midwives' return to the workforce. In particular, the Department will contribute to the work of the Council of Australian Governments' (COAG) Health and Ageing Working Group.

The Department, on behalf of the Australian Government, will lead the development of targeted recruitment, mentoring and support arrangements for Indigenous Australian nurses. This will be conducted in partnership with the Congress for Aboriginal and Torres Strait Islander Nurses and through consultation with the states and territories, private sector representative organisations and peak nursing bodies. The focus of these activities will be to increase the number of nurses in hospitals to improve the quality of hospital services and deliver better outcomes for the community.

The challenge to achieving this initiative includes the ability to accurately estimate demand for the program in the first year. The Department will manage this challenge through information dissemination and by ongoing review and monitoring of the program, including strategies to reallocate places as required.

Funding for this major activity is sourced from Program 12.1 – Rural Workforce.

The Australian Government will fund the new position of Chief Nurse and Midwifery Officer within the Department of Health and Ageing. This initiative will promote nursing and the nursing practice nationally. The officer will build and strengthen the nursing leadership nationally through developing and maintaining strong working relationships with key stakeholders including State, Territory, and Australian Government departments and agencies, academic institutions, nursing professional organisations and employee associations. The officer will make a key contribution to the strategic development and implementation of nursing and midwifery workforce planning and education issues.

Funding for this major activity is sourced from Program 12.2 – Workforce.

Improved Access to Health Professions in Rural, Regional and Outer Suburban Australia

The Australian Government will provide funding through the Support for Allied Health in Rural Areas – Australian Allied Health Rural and Remote Clinical Placement Scholarship Program to provide rural clinical placement scholarships for allied health students from metropolitan, rural and remote backgrounds. This will assist in meeting reasonable travel and accommodation costs incurred while undertaking clinical placements during their degree. Scholarships will be offered for allied health disciplines such as psychology, occupational therapy, physiotherapy and podiatry, and are proposed to commence in the 2009 academic year.

These scholarships will improve the long-term rural workforce by increasing the capacity of the allied health workforce. Increasing the number of qualified allied health professionals

working in rural areas will also contribute to improving the quality and provision of primary and allied health service provision to these communities.

As part of the \$261 million package aimed at improving health and education outcomes in early childhood for Indigenous children, 30 additional Puggy Hunter Scholarships will be provided. The scholarships will assist Indigenous students to study in child and maternal health over the next three years. Refer to Outcome 8 for further discussion.

In 2008-09, the Australian Government is expected to contract 756 medical students under the Bonded Medical Places and Medical Rural Bonded Scholarship Schemes, bringing the total number of bonded scholarships and places to 3,438 by mid 2009. In addition, more than 60 GPs and specialists will be encouraged to relocate to outer suburban areas under the More Doctors for Outer Metropolitan Areas Initiative.

In addition, the Government is expected to provide 2,000 exemptions to Section 19AB of the *Health Insurance Act 1973* for overseas trained doctors (both GPs and specialists), totalling approximately 5,000 overseas trained doctors with exemptions in place by mid 2009. Overseas trained doctors are required to work in districts of workforce shortage, primarily in rural and remote areas, providing vital medical services to support rural and remote communities. The Department will assess and, where appropriate, approve applications for placements for overseas trained doctors to ensure priority needs are addressed.

The Department will implement the Australian Government's \$17 million capital funding commitment to enhance clinical training facilities at the Sunshine Hospital in Melbourne (\$7 million) and the Flinders Medical Centre in Adelaide (\$10 million). This commitment will result in improved services for people in Melbourne's western suburbs and in Adelaide's southern suburbs.

The Australian Government will fund the Supporting Rural Health – Specialist Obstetrician Locum Scheme to maintain and improve access to quality obstetrician care for rural women by increasing the locum support available to the rural obstetric workforce. Better locum services will encourage the current workforce to maintain services and others to begin a career in rural and regional areas.

In 2008-09, the Department will implement the Australian Government's \$6 million commitment for the continuation and expansion of this program to GP proceduralists. The Department will work in consultation with key stakeholders for the implementation of this expansion and its ongoing management.

Funding for this major activity is sourced from Program 12.1 – Rural Workforce.

Medical Training

The Australian Government is focused on increasing the number of medical trainees and improving the quality of training in the Australian medical workforce. In 2008-09, the Department will, on behalf of the Australian Government, achieve this by working collaboratively with the states and territories and the private sector to enhance the training for medical professionals nationally. This will involve reviewing existing methods of training beyond traditional public hospitals and community settings (which include private practice, and state and territory based health services outside of hospitals) in metropolitan, rural, regional and remote areas.

Furthermore, in the 2009 academic year, the Department will work with medical specialist colleges, healthcare facilities, and the states and territories to increase the number and range of training places in expanded settings across undergraduate, general practice, and other medical specialist disciplines.

As part of the Australian Government's Supporting Rural Health package, the John Flynn Placement Program will double its medical students, from 600 to 1,200 ongoing places, over four years, commencing from 2009. Over four years, students will spend a minimum of two weeks each year in a rural or remote community, with the expectation that many will consider rural placements upon graduation. Students will gain first hand experience of living, and medical practice, in rural Australia. They may undertake a placement in a supervised general practice, hospital, Aboriginal Medical Service or other medical facility that provides primary care. The Department will work closely with the selected management agency and other key stakeholders to ensure that the growth in the number of program participants is sustainable, particularly in relation to the availability of rural doctor mentors for John Flynn students. Rural communities involved in the initiative will benefit in both the short and long term from the increased number of visiting medical students. Students will have the opportunity to build valuable relationships as part of local health care teams and receive positive exposure to rural working lifestyles.

These initiatives will be further complemented by education and training measures within the Department of Education, Employment and Workplace Relations' Portfolio.

Funding for this major activity is sourced from Program 12.1 – Rural Workforce.

National Registration and Accreditation Scheme

On 28 March 2008, COAG signed an Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health workforce to begin in July 2010. The Australian Government and State and Territory governments will work to implement the scheme for health professions to facilitate workforce mobility, enhance patient safety and reduce red tape. The scheme will cover the nine professions currently subject to regulation in every state and territory: medical practitioners; nurses and midwives; dentists (including dental therapists, dental hygienists and dental prosthetists); pharmacists; physiotherapists; psychologists; osteopaths; and chiropractors.

The scheme will replace 72 existing state-based boards with a national board for each of the nine professions, supported by a single administrative agency, and will be a single authoritative source of information on the status of each professional's registration. This means that health professionals will not be required to re-register should they wish to practice in more than one state. This will be of particular benefit in responding to national emergencies where a health workforce needs to be mobilised in a short period of time.

Funding for this major activity is sourced from Program 12.2 – Workforce.

Outcome 12 Resourcing

Table 12.1 shows how the 2008-09 Budget appropriations translate to total resourcing for Outcome 12, including administered expenses, revenue from government (appropriations), revenue from other sources, and the total price of outputs.

Table 12.1: Total Resources for Outcome 12

	2008-09 Total estimate of available resources \$'000	2007-08 Estimated actual \$'000
Outcome 12 Administered and Departmental Output Resources		
Program 12.1: Rural Workforce		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	118,127	169,360
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	4,745	4,662
Revenues from other sources (s.31) for goods and services	100	122
Subtotal for Program 12.1	122,972	174,144
Program 12.2: Workforce		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	75,021	63,512
Annual Appropriation Bill 2 (Other Services)	3,232	100,400
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	11,736	11,530
Revenues from other sources (s.31) for goods and services	248	301
Subtotal for Program 12.2	90,237	175,743
Total Resources for Outcome 12	213,209	349,887
Outcome 12 Resources by Departmental Output Group		
Department of Health and Ageing		
Output Group 1: Policy Advice	8,718	8,607
Output Group 2: Program Management	8,111	8,008
Total Departmental Resources	16,829	16,615
	2008-09	2007-08
Average Staffing Level (Number)	149.6	160.3

Measures Affecting Outcome 12

A summary of measures affecting this outcome is provided at Table 1.3.1, Section 1. Measure descriptions are published in full in *Budget Paper No. 2, Budget Measures 2008-09*, available on the Australian Government website at <<http://www.budget.gov.au>>.

Contribution of Administered Programs

Program 12.1 – Rural Workforce

The Rural Workforce Program funds initiatives to increase the number of rural health professionals and to ensure they are well trained to practise in these areas. This is achieved by supporting existing rural health professionals and encouraging students of health disciplines to consider careers in rural and remote areas. The contribution to this outcome is measured by the number of students undertaking training in rural areas, and the number of new graduates choosing to work in rural and remote areas. It is also measured by the number of existing rural health professionals provided with assistance to remain in those areas.

Program 12.2 – Workforce

The Workforce Program provides funding to increase the supply and retention of health professionals, and to influence their distribution into areas of workforce shortage. This includes short term initiatives through recruitment and retraining programs, as well as long term initiatives to improve the education and training of the health workforce to meet future needs. The contribution to this outcome can be measured by the number and distribution of the health workforce.

Contribution of Departmental Outputs to Outcome 12

The Department describes its core activities in terms of two output groups: policy advice and program management. Outcome 12 reports on both output groups. Refer to Section 2.1 for more information on output groups.

Performance Information for Outcome 12

Performance information for administered programs, individual outputs and output groups relating to Outcome 12 are summarised in Table 12.2.

Table 12.2: Key Performance Information for Outcome 12

Performance Information for Administered Programs

Indicator	2008-09 Reference Point or Target
Program 12.1 – Rural Workforce <ul style="list-style-type: none"> • Administered Items 	
Increased number of nurses re-entering the nursing workforce.	Up to 1,000 in 2008-09.

Indicator	2008-09 Reference Point or Target
Program 12.1 – Rural Workforce	
<ul style="list-style-type: none"> Administered Items 	
Students from metropolitan, rural and remote backgrounds supported to undertake clinical placements in rural and/or remote communities.	Up to 100 scholarships to be awarded by mid 2009.
<ul style="list-style-type: none"> Departmental Outputs¹ 	
Resourcing: \$122.972m	

Indicator	2008-09 Reference Point or Target
Program 12.2 – Workforce	
<ul style="list-style-type: none"> Administered Items 	
Increased support of training for health professionals in expanded settings across undergraduate, general practice, and other medical specialist disciplines.	<p>Up to 150 specialist training positions to be funded in expanded settings by April 2009.</p> <p>Up to 3 new rural clinical schools established in 2008-09.</p> <p>An additional 150 John Flynn Placement Program positions filled for the 2009 academic year.</p>
Increased number of suitably qualified overseas trained doctors in outer metropolitan, rural and remote districts of workforce shortage.	Approximately 5,000 placements located in areas of workforce shortage by mid 2009.
Increased support for rural obstetricians and GP proceduralist placements.	At least 80 obstetrician and general practice proceduralist placements will be supported in rural areas.
<ul style="list-style-type: none"> Departmental Outputs¹ 	
Resourcing: \$90.237m	

¹ The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Performance Information for Departmental Outputs

In relation to the following programs:

- 12.1: Rural Workforce; and
- 12.2: Workforce.

Indicator	2008-09 Reference Point or Target
Output Group 1 – Policy Advice	
Quality, relevant and timely advice for Australian Government decision-making measured by Ministerial satisfaction.	Ministerial satisfaction.
Production of relevant and timely evidence-based policy research.	Relevant evidence-based policy research produced in a timely manner.
Output Group 1 Resourcing: \$8.718m	

Indicator	2008-09 Reference Point or Target
Output Group 2 – Program Management	
Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses measured by comparison of actual expenses against budget.	0.5% variance from budgeted expenses.
Stakeholders participate in program development through a range of avenues such as surveys, conferences and meetings, consultation mechanisms and submissions on departmental discussion papers.	Stakeholders participated in program development.
Output Group 2 Resourcing: \$8.111m	