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

MAJOR ACHIEVEMENTS

• Increased medical workforce in regional and rural areas by establishing 76 internship places in seven private hospitals. Of these interns, 26 trained entirely in regional and rural areas, while the other interns completed at least one rotation in a regional or rural area during their training.

• Increased the number of medical students who trained and worked in a rural or remote location. Of the Commonwealth-supported medical students who graduated from universities participating in the Rural Clinical Training and Support Program, 33% completed at least one full year of clinical training in a rural or remote location. This significantly exceeds the minimum 25% target.

• Increased the size of regional and rural Australia’s dental and oral health workforce by supporting 50 dental graduates and 50 oral health graduates placed in early career training placements. Of these graduates, 50 were placed in regional and rural communities, increasing the dental workforce and service delivery capacity, including in the public sector.

• Bolstered rural Australia’s health workforce capacity by funding the Rural Workforce Agency network to recruit 631 doctors, nurses and allied health professionals. The network also: provided assistance for 1,540 rural families; supported 1,782 doctors to undertake professional development services; facilitated visits for 454 rural health club members to 186 rural high schools; supported 258 doctors to obtain Fellowship qualifications; and hosted seven Go Rural events for 143 students and early career doctors.

CHALLENGES

• Reimbursement for the General Practice Rural Incentive Program (GPRIP) and HECS reimbursement scheme is demand driven. These health workforce programmes continue to exceed expectation, leading to over-expenditure.

LOOKING AHEAD

In 2014-15, the Department will take on the functions of Health Workforce Australia and General Practice Education and Training Ltd; implement reforms to GP training; and respond to the evaluation of the Practice Nurse Incentive Programme.

PROGRAMMES CONTRIBUTING TO OUTCOME 12

Programme 12.1: Workforce and rural distribution

Programme 12.2: Workforce development and innovation

DIVISIONS CONTRIBUTING TO OUTCOME 12

In 2013-14, Outcome 12 was the responsibility of Health Workforce Division.
Outcome 12 aims to ensure that Australia has the workforce necessary to address its current and future health needs. In 2013-14, the Department worked to achieve this Outcome by managing initiatives under the programmes outlined below.

Programme 12.1: Workforce and rural distribution

Programme 12.1 aims to increase the number of health professionals in regional, rural and remote Australia; increase investment in health workforce training; and increase access to health services through overseas recruitment.

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

The Department recognises the challenges faced by rural, regional and remote communities in accessing health care. It continues to tackle this through delivering programmes aimed at increasing the number of health professionals who train, work, and live in these areas.

Australian General Practice Training Program

The Australian General Practice Training (AGPT) program offers postgraduate vocational training placements for medical graduates wanting to pursue a career in general practice in Australia. At least 50 per cent of all AGPT training is undertaken in rural, regional and remote locations to encourage health professionals to work in these areas. In 2014, the number of training places increased from 1,108 to 1,192. In 2015, 1,500 places have been allocated. It is expected that all places will be filled.

Prevocational General Practice Placements Program

The Prevocational General Practice Placements Program (PGPPP) supports junior doctors to complete 12 week training placements in GP practices.

At least 50 per cent of all PGPPP training is undertaken in rural, regional and remote locations. In 2013, the target of 961 placements was met. The PGPPP will cease on 31 December 2014. The PGPPP funding will be redirected to significantly expand the AGPT from 1 January 2015.

Specialist Training Program

In 2013-14, the Department continued to support specialist training by funding posts outside of the traditional public hospital training environment, including in private hospitals, community and regional and rural settings. The Department will provide funding for these posts through 12 specialist medical colleges, with funding committed to 2015.

The Department continued to work with stakeholders to ensure the allocation of new places met the needs of communities, including in rural and regional areas. An additional 150 posts received support for the 2014 academic (calendar) year, bringing the total to 900 posts supported in that year.

The Department has funded additional specialist training places and clinical supervisors in Tasmania’s public hospitals from 2014.

<table>
<thead>
<tr>
<th>Quantitative Deliverable</th>
<th>Number of training positions funded through the Specialist Training Program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Academic Year Target</td>
<td>750</td>
<td></td>
</tr>
<tr>
<td>2013 Academic Year Actual</td>
<td>750</td>
<td></td>
</tr>
</tbody>
</table>

**Result:** Met

In the 2013 academic (calendar) year, 750 places were funded through the programme, and 900 places were funded in 2014.

---

54 Specialist Training Program places are allocated on a calendar/academic year basis.
Remote Vocational and Procedural Training

In 2014, the Department increased access to maternity services for women living in rural and remote communities by awarding 41 training grants under the General Practice Procedural Training and Support Program. This includes 26 obstetric training grants and 15 anaesthetic training grants, enabling GPs in rural areas to attain procedural skills.

In addition, the Remote Vocational Training Scheme, which allows GP registrars to remain working in rural and remote areas while training through distance education, filled all the 22 new places available in the 2014 training year. During 2014, an additional 10 places were made available for registrars training in Aboriginal Community Controlled Health Services.

Practice Nursing Incentive Program

In 2013-14, the Practice Nurse Incentive Program (PNIP) continued to provide incentive payments to accredited general practices, and to Aboriginal Community Controlled Health Services that employed practice nurses, Aboriginal and Torres Strait Islander Health Workers and other allied health workers to provide services such as immunisations, wound care and cervical screening. This support enabled more effective use of practice nurses within their health care team and provided Australians with access to more coordinated and comprehensive primary care and better chronic disease management.

Qualitative Deliverable | Support general practices and Aboriginal Medical Services across Australia to employ practice nurses and Aboriginal and Torres Strait Islander Health Workers
---|---
2013-14 Reference Point | Incentive payments paid quarterly to all participating practices
Result | Met
Incentive payments were paid to all participating practices.

Quantitative KPI | Number of practices supported through the Practice Nurse Incentive Program
---|---
2013-14 Target | 4,400
2013-14 Actual | 4,236
Result | Substantially met
At 1 June 2014, 4,236 practices were supported through the Practice Nurse Incentives Program, compared to 3,978 practices in 2012-13.

General Practice Rural Incentives

In 2013-14, the Department continued delivery of the General Practice Rural Incentives Programme (GPRIP), providing financial incentives to encourage doctors to move to or remain in a rural, regional or remote area. Since its introduction, the retention component of the programme has exceeded expectation and is currently supporting more than 13,000 doctors per year, which has led to continued over-expenditure. Up-take for the relocation component has been lower than expected.

Quantitative KPI | Number of doctors relocating to rural or remote locations under the General Practice Rural Incentives Program
---|---
2013-14 Target | 70
2013-14 Actual | 26
Result | Not met
The future of the programme will be considered in the context of broader reforms to GPRIP.
Increase access to medical services through recruitment support

The Department continued to support the recruitment of overseas trained doctors (OTDs) through the International Recruitment Strategy (IRS). International medical graduates recruited to Australia receive case managed support from Rural Health Workforce Australia (RHWA) and the Rural Workforce Agency (RWA) network to ensure their recruitment translates into longer term service in regional, rural or remote communities.

The Government announced in the 2014-15 Budget that the IRS programme will be merged with the International Health Professional Programme (IHPP) supporting the recruitment of nurses and allied health practitioners to regional and rural areas. The future focus of the streamlined programme will be to support recruitment of Australian, as well as overseas, health professionals to regional and rural areas. This recognises the large increase in Australian trained doctors since 2006.

<table>
<thead>
<tr>
<th>Quantitative KPI</th>
<th>Number of suitably qualified overseas trained doctors recruited under the International Recruitment Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14 Target</td>
<td>119</td>
</tr>
<tr>
<td>2013-14 Actual</td>
<td>125</td>
</tr>
</tbody>
</table>

\[\text{Result: Met\]}

19AB(3) exemptions for overseas trained doctors

Overseas trained doctors (OTDs) require an exemption under Section 19AB (3) of the Health Insurance Act 1973 to obtain a Medicare provider number. The Department assesses exemption applications as part of the Medicare provider number application process, and exemptions are generally granted if the applicant doctor is seeking Medicare access in a district of workforce shortage\(^5\) for their medical speciality.

The Department received 11,215 applications in 2013-14 and processed each case within the statutory timeframe (28 days). This compares to 11,466 applications in 2012-13 and 9,988 applications in 2011-12, with 100% processed within the statutory timeframe.

Increased investment in medical training and education

The Department delivered a range of innovative training and education programmes to improve workforce capacity.

Rural Clinical Support

In 2013-14, the Department supported a network of 17 rural clinical schools, 11 university departments of rural health and six dental schools offering rural dental placements. The rural training network provides positive rural training opportunities to health students, establishes a university presence in rural communities, and encourages the recruitment and retention of rural and remote health professionals.

<table>
<thead>
<tr>
<th>Quantitative Deliverable</th>
<th>Number of rural placements by university departments of rural health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Academic Year Target</td>
<td>3,700</td>
</tr>
<tr>
<td>2013 Academic Year Actual</td>
<td>4,871</td>
</tr>
</tbody>
</table>

\[\text{Result: Met\]}

In the 2013 academic year, the university departments of rural health facilitated 4,871 multidisciplinary rural clinical training undergraduate placements of two or more weeks duration.

\(^5\) A district of workforce shortage is defined as an area that has less access to medical services when compared to the national average.
PART 2 PERFORMANCE REPORTING
OUTCOME 12 HEALTH WORKFORCE CAPACITY

2.1

Building Emergency Department Workforce Capacity

Through the More Doctors and Nurses for Emergency Department Programme, the Department continued to fund the Australasian College of Emergency Medicine (ACEM) to deliver an additional 22 emergency medicine specialist trainees each year, to a total of up to 110 by 2015. These specialist trainees provide an immediate boost to the delivery of emergency medicine services. The Department also funded 10 private hospitals to provide postgraduate training for registrars in the emergency departments of their hospitals. These private sector positions are critical in building the capacity to train more doctors in new settings, complementing investments in public sector clinical training.

Quantitative KPI  Number of additional emergency medicine specialist trainee positions delivered in emergency departments

| 2013 Target | 66 |
| 2013 Actual | 66 |

Result  Met

In the 2013 academic year, 66 places were funded through the programme, with 88 places funded in the 2014 academic year. This compares to 44 places in 2012.

Commonwealth Medical Internships (CMI)

In 2014, the Commonwealth Medical Internship (CMI) initiative saw an additional 76 junior doctors start work as medical interns in Australia, with priority given to positions and rotations that bolstered the medical workforce in rural and regional areas. As State and Territory Governments guarantee internships for domestic students, the places were only available to eligible international full-fee paying students. The Department worked closely with State and Territory Governments, private hospital operators, accreditation bodies, the Medical Deans of Australia and New Zealand and the Australian Medical Student’s Association to implement the CMI in 2014.

In the programme’s first year of operation, it has:

- increased medical training capacity in regional Australia and private hospitals;
- retained Australian trained medical graduates in Australia by offering them an internship;
- developed innovative ways to address national medical workforce shortages; and
- alleviated the pressure that State and Territory Governments are experiencing in providing sufficient internship places in their hospitals.
Programme 12.2: Workforce development and innovation

Programme 12.2 aims to increase health workforce capacity.

Increased investment in the dental workforce

Increasing Australia’s dental workforce capacity is essential to providing high quality dental care.

Voluntary Dental Graduate Year Program (VDGYP)

The Voluntary Dental Graduate Year Program (VDGYP) provides dental graduates with a structured programme for enhanced practice experience and professional development opportunities, increasing dental workforce and service delivery capacity, particularly in the public sector.

<table>
<thead>
<tr>
<th>Quantitative KPI</th>
<th>Number of dental graduates participating in the Voluntary Dental Graduate Year Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Academic Year Target</td>
<td>50</td>
</tr>
<tr>
<td>2013 Academic Year Actual</td>
<td>50</td>
</tr>
</tbody>
</table>

Result

In 2014, 50 graduates commenced participation in the VDGYP. Twenty-eight placements were undertaken in metropolitan areas, with 16.5 placements in regional areas, 4.5 placements in remote areas, and one placement which crossed remoteness areas.

Oral Health Therapist Graduate Year Program (OHTGYP)

The first cohort of 50 graduates commenced in the Oral Health Therapist Graduate Year Program (OHTGYP) in 2014. The OHTGYP provides oral health therapist graduates with enhanced practice experience and professional development opportunities, thereby increasing dental workforce and service delivery capacity, particularly in the public sector.

<table>
<thead>
<tr>
<th>Qualitative Deliverable</th>
<th>Provide a program specific curriculum to newly graduated OHTs taking part in the Oral Health Therapist Graduate Year Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14 Reference Point</td>
<td>Delivery of the final curriculum</td>
</tr>
</tbody>
</table>

Result

The final OHTGYP curriculum, which aims to maximise educational and professional experience, was delivered to the Department by developers in 2013. This specifically designed curriculum, which includes theoretical and practical components, was implemented in 2014 with the first cohort of 50 graduates commencing in the program.

<table>
<thead>
<tr>
<th>Quantitative KPI</th>
<th>Number of OHT graduates participating in the Oral Health Therapist Graduate Year Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Academic Year Target</td>
<td>50</td>
</tr>
<tr>
<td>2013 Academic Year Actual</td>
<td>50</td>
</tr>
</tbody>
</table>

Result

In 2014, 50 graduates commenced participation in the OHTGYP; with 22 placements in metropolitan areas, 20.5 placements in regional areas, 1.5 placements in remote areas and 6 placements which cross remoteness areas.
**Dental Relocation and Infrastructure Support Scheme (DRISS)**

To address the uneven distribution of dentists, the Dental Relocation and Infrastructure Support Scheme (DRISS) provides incentives to encourage dentists to relocate to areas where there is a shortage of dental services. The DRISS provides grants to support dentists to relocate to and practise in regional and remote communities. In addition to the relocation grant, dentists can also receive an infrastructure grant to contribute to the establishment of new practices, or the expansion of existing practices. In 2013-14, 68 dentists were supported through the DRISS.

**OUTCOME 12 – FINANCIAL RESOURCE SUMMARY**

<table>
<thead>
<tr>
<th></th>
<th>(A) Budget Estimate</th>
<th>(B) Actual</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013-14</td>
<td>2013-14</td>
<td>(Column B minus Column A)</td>
</tr>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td><strong>Programme 12.1: Workforce and Rural Distribution</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary Annual Services (Annual Appropriation Bill 1)</td>
<td>1,105,164</td>
<td>1,034,300</td>
<td>(70,864)</td>
</tr>
<tr>
<td>Departmental Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Appropriation</td>
<td>19,663</td>
<td>20,105</td>
<td>442</td>
</tr>
<tr>
<td>Expenses not requiring appropriation in the current year</td>
<td>973</td>
<td>969</td>
<td>(4)</td>
</tr>
<tr>
<td><strong>Total for Programme 12.1</strong></td>
<td><strong>1,125,800</strong></td>
<td><strong>1,055,374</strong></td>
<td><strong>(70,426)</strong></td>
</tr>
<tr>
<td><strong>Programme 12.2: Workforce Development and Innovation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary Annual Services (Annual Appropriation Bill 1)</td>
<td>272,680</td>
<td>221,837</td>
<td>(50,843)</td>
</tr>
<tr>
<td>Departmental Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Appropriation</td>
<td>11,041</td>
<td>6,056</td>
<td>(4,985)</td>
</tr>
<tr>
<td>Expenses not requiring appropriation in the current year</td>
<td>298</td>
<td>294</td>
<td>(4)</td>
</tr>
<tr>
<td><strong>Total for Programme 12.2</strong></td>
<td><strong>284,019</strong></td>
<td><strong>228,187</strong></td>
<td><strong>(55,832)</strong></td>
</tr>
<tr>
<td><strong>Outcome 12 Totals by appropriation type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary Annual Services (Annual Appropriation Bill 1)</td>
<td>1,377,844</td>
<td>1,256,137</td>
<td>(121,707)</td>
</tr>
<tr>
<td>Departmental Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Appropriation</td>
<td>30,704</td>
<td>26,161</td>
<td>(4,543)</td>
</tr>
<tr>
<td>Expenses not requiring appropriation in the current year</td>
<td>1,271</td>
<td>1,263</td>
<td>(8)</td>
</tr>
<tr>
<td><strong>Total Expenses for Outcome 12</strong></td>
<td><strong>1,409,819</strong></td>
<td><strong>1,283,561</strong></td>
<td><strong>(126,258)</strong></td>
</tr>
</tbody>
</table>

**Average Staffing Level (Number)**

- 163

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1. Budgeted appropriations taken from the 2014-15 Health Portfolio Budget Statements and re-aligned to the 2013-14 programme group structure.
2. Departmental appropriation combines ‘ordinary annual services (Appropriation Bill 1)’ and ‘revenue from independent sources (s31)’.
3. ‘Expenses not requiring appropriation in the budget year’ is made up of depreciation expense, amortisation, make good expense and audit fees. This estimate also includes approved operating losses — please refer to the departmental financial statements for further information. Some reclassifications have been made to the Budget estimates to more accurately reflect the allocation of departmental depreciation by outcome.