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Northern Australia Workforce Development

Submission from the Department of Health and Aged Care
to the Joint Select Committee on Northern Australia

19 December 2022



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Introduction

The Department of Health and Aged Care welcomes the opportunity to make a submission to the Joint Select Committee on Northern Australia workforce development. This submission details the department's programs, initiatives and incentives to develop and build a stronger health workforce in regional, rural and remote areas of northern Australia. In this document, the department will provide an overview of population and workforce trends in northern Australia, impediments to building the economic and social infrastructure, the challenges to attracting and retaining a strong health workforce and how the department intends to empower and upskill the local Indigenous population.

1. Trends in Northern Australia that influence economic development and industry investment including population growth, economic and business growth, workforce development, infrastructure development, and Indigenous economic participation

In June 2021, the population of the Northern Territory was recorded to be approximately 1.3 million people, with an Indigenous population of around 185,000.¹ Northern Australia's Indigenous population was equal to 14.4 per cent of its total population, much higher than the 3.2 per cent nationally

It was recorded that around 600,000 people were employed in the Northern Territory in August 2021. Of that number, almost 50,000 or 8.0 percent of employed people were Indigenous. This data showed that Indigenous persons were much more likely to be unemployed than non-Indigenous persons which in unemployment rate of 17.0 per cent compared to 3.9 per cent respectively within Northern Territory. Indigenous persons also had a very low participation rate in the labour force, 47.4 per cent, in comparison with 71.5 per cent for non-Indigenous persons.

Employment in the health sector accounted for over 84,000 positions in August 2021, which makes up of 14.1 per cent of jobs in the Northern Territory. This figure is consistent with the nation wide 14.5 per cent average of health industry jobs across Australia.

Of those who are employed in the health industry, 60.4 per cent are employed full-time, but this is lower than the 69.2 per cent full-time employees in all industries in Northern Australia. The full-time rate in the health industry in Northern Australia was higher than the full-time share in the health sector across Australia, with the Northern Territory reaching 55.0 per cent. This may have partially been due to a greater proportion of health industry workers being employed in hospitals and less in residential aged care facilities compared to the national averages. Northern Australia also has higher employment in social assistance services and lower employment in medical and health care services than on average.

¹ Northern Australia has been defined using local government areas consistent with the [NORTHERN AUSTRALIA INFRASTRUCTURE FACILITY ACT 2016 \(NO. 41, 2016\)](#) wherever possible. Job vacancies data is based on the best approximation using [Internet Vacancy Index regions](#).

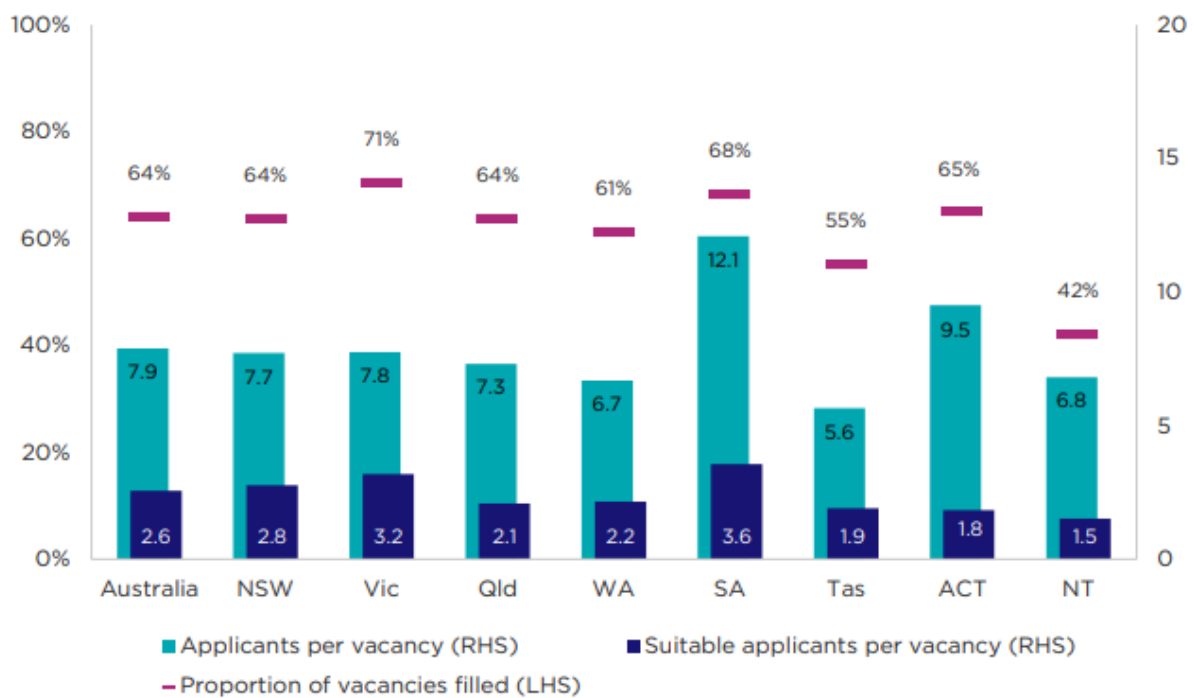


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There has been strong growth in job vacancies over the past year in Northern Australia, up by 25.7 per cent to October 2022. This far exceeded the national growth of 11.7 per cent over the same period. Health occupations in Northern Australia have experienced slightly higher growth than all occupations, up by 28.0 per cent, including a 31.9 per cent rise in vacancies for medical practitioners and nurses as well as 31.6 per cent for health diagnostic and therapy professionals.

Employers experience more difficulty recruiting for care and support occupations in regional areas (outside capital cities). The number of applicants and suitable applicants per job vacancy was lowest in the Northern Territory for nursing, psychology and allied health occupations over the period of February 2020 to July 2021. There were 1.5 suitable applicants for each vacancy in Northern Territory compared to 2.6 for Australia.

Figure 277: Proportion of vacancies filled (%), average number of applicants and suitable applicants per vacancy (no.), surveyed nursing, psychology and allied health occupations, by state and territory, February 2020 to July 2021



Source: NSC, Survey of Employers who have Recently Advertised, 2021.

Business activity is stable with the number of businesses in Northern Australia gradually increasing, up by 3.0 per cent for the year to June 2021, slightly below national growth of 3.8 per cent. Growth in the number of businesses in the health industry has been much stronger, up by 7.3 per cent to June 2021, consistent with national growth of 7.2 per cent.

The National Preventative Health Strategy

To address potential gaps within the Northern Territory health workforce, the department procured Ernst & Young (EY) to undertake the Public Health Workforce (PHW) Analysis as a priority under the National Preventative Health Strategy 2021-2030. The objective of the PHW



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analysis is to determine who the public workforce is, their scope of practice, gaps in the sector and opportunities to future-proof the workforce. The Phase 1 includes a review of the current state of the public health workforce, including looking at definitions and models, both here and internationally, to inform and collectively define the public health workforce.

Phase 1 is underway and EY are undertaking external stakeholder engagement, including with NAATSIHWP, NACCHO and NT Health. The PHW analysis external consultation is scheduled to take place through to early December 2022. This consultation will feed into phase 2 which is expected to be completed by mid-2023.

The Centre for National Resilience at Howard Springs

The Centre for National Resilience at Howard Springs was established in October 2020, and served as Australia's strategic national quarantine centre to prioritise the return of Australians affected by COVID-19 related border closures. The Centre closed on 30 June 2022. The Centre had a significant impact on both the economy and the health workforce in the Northern Territory. It directly employed thousands of staff during its operation, as well as providing opportunities for local businesses and suppliers to provide supporting services, such as catering and cleaning. The Centre was dedicated to teaching, training and upskilling its staff, with many taking up positions within the Northern Territory following their work at the Centre.

2. Impediments to building the economic and social infrastructure required to support industry and business to expand and create regional jobs

Northern Australia faces many of the same issues that all rural and remote communities encounter when planning to expand on or create an additional workforce within a region. The remote nature of a community, including the entirety of the Northern Territory, impacts how healthcare services are delivered and presents unique challenges on the provision of services. The main issues can be categorised into three groups:

- Workforce and training,
- Flexibility in program planning and delivery, and
- Administration and management.

In addition to the healthcare specific challenges, there are general community infrastructure issues that impact the ability support an influx of additional workers to reside in the community. Infrastructure issues include:

- network connections for IT equipment and mobiles are not always reliable. This is a particular issue during the wet season from November to April each year.
- the lack of capital funding available to support investment in new buildings or the refurbishment of existing buildings to combat weathering or general deterioration.

These issues fall largely out of scope of the department's responsibilities however they are also issues that are taken into consideration when working towards building a strong healthcare workforce in regional, rural and remote areas.



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The department manages a range of programs, incentives and initiatives that target varying aspects of these challenges. These are outlined within the next segment on how the department is working to combat challenges in supporting, building and retaining a strong health care industry in Northern Australia.

3. Challenges to attracting and retaining a skilled workforce across Northern Australia

There are several issues that impact the ability to attract the required workforce candidates to settle in a rural or remote area. Northern Australia has experienced significant challenges in attracting and retaining a health workforce due to:

- Issues in assuring staff security and safety, wages and competition within the health sector
- The mining and resource industries acting as a competing industry, offering more attractive incentives, including higher wages
- A larger proportion of remote communities in the region results in a lack of services (such as childcare) and industries in major towns
- Remoteness of the region results in a lack of basic services (housing, healthcare, food security etc.) in remote Aboriginal communities
- The rising cost of living
- The lack of availability of affordable housing. The lack of short and long term accommodation is the most notable in rural and remote communities as it impedes the likelihood of attracting longer term employees. This is often managed by health organisations with Fly in Fly out (FIFO) work arrangements. The FIFO models of care often need to sacrifice face to face clinical time in remote communities to allow for travel time
- Poor telecommunication infrastructure in Northern Australia makes access to online health information systems and professional development resources unreliable and inhibits professional development

While there are a number of challenges in attracting and retaining a strong workplace in northern Australia, the Commonwealth provides a range of incentives, initiatives and supports to encourage health workforce to practise in rural and remote locations. These include:

Northern Territory Medical Program

The Rural Health Multidisciplinary Training (RHMT) Program aims to improve the recruitment and retention of health professionals in rural and remote Australia. The RHMT supports medical, nursing, midwifery, allied health and dental students to undertake rural training through a network of rural clinical schools, university departments of rural health, dental faculties offering extended rural placements and the Northern Territory Medical Program (NTMP). The RHMT funds Flinders University to deliver the NTMP.

The NTMP is a collaboration between Flinders and Charles Darwin Universities, and the Northern Territory and Commonwealth Governments as a measure to build a “home-grown” medical workforce equipped to work in remote areas and with Aboriginal



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and Torres Strait Islander people, to overcome recruitment and retention challenges in the Northern Territory. The NTMP academic facilities are located on the Charles Darwin University campus in Darwin, and the program allows students to complete their medical education entirely within the Northern Territory. It has a strong focus on training Indigenous doctors and doctors to provide services to remote communities

The NTMP commenced in 2011 to address medical workforce shortages and retention issues in the NT. Prior to 2011, Years 3 and 4 of the Flinders medical curriculum were delivered in Darwin, with students having undertaken earlier training in Adelaide. Through the NTMP, Flinders University now offers NT students a fully accredited four-year post-graduate medical program delivered entirely within the NT. Prospective students are drawn from an undergraduate entry pathway through the Charles Darwin University's Bachelor of Clinical Sciences program and other graduate-entry applicants. Under the NTMP, 24 student training places are offered each year with a target of eight (8) commencing Aboriginal and Torres Strait Islander students per year.

The NT Government funds the Northern Territory Bonded Medical Scheme (NTBMS), a four-year industry-sponsored placement for all NTMP students. These training places are not CSPs and as such students do not incur a Higher Education Contribution Scheme (HECS) debt. Upon graduation, NTMP students are bonded to practise in the NT for a period of two years, increasing to four years for students graduating from 2020 onwards. Since the beginning of the NTMP, Flinders has announced that:

- Over 150 students have graduated
- 92% of students have been from the NT
- 63% of graduates have taken up junior doctor positions in the NT
- 52% of Flinders SA medical students who undertake a long-term placement in the NT return to the NT to take up junior doctor positions
- 54% of NTMP graduates remain in the NT beyond their four-year return of service obligation
- 30-40% of GP Registrar trainees in the NT are NTMP graduates

Overall, since the start of the NTMP 15 Indigenous doctors have graduated representing 10% of all graduates.

Distribution Priority Area and District of Workforce Shortage

The Department uses the Distribution Priority Area (DPA) and District of Workforce Shortage (DWS) classification systems to identify areas of Australia that have the greatest need for additional general practitioners and specialists. In recognition of the unique challenges faced by the Northern Territory, all areas of the territory are classified as both DPA and DWS, which enables recruitment from a broader pool of doctors, including international medical graduates, and domestic medical graduates with return of service obligations.

Rural Generalist Training Scheme

The Rural Generalist Training Scheme (RGTS) is also supporting increased access to primary



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healthcare services in rural and remote communities, as well as supporting the delivery of safe and high-quality primary healthcare services by well-trained GPs with training in an extended rural skill set. As of October 2022, there were 16 registrars placed in the NT under the RGTS program.

Remote Vocational Training Scheme

In addition, the Remote Vocational Training Scheme (RVTS) is continuing to deliver structured distance education and supervision to medical practitioners while they continue to provide general medical services in Aboriginal and Torres Strait Islander communities and rural and remote locations throughout Australia. Each year, the RVTS provides 32 commencing places, including up to 10 places situated in Aboriginal Communities Controlled Health Services. As of June 2022, there were two RVTS registrars training in the Northern Territory – both of which were placed in Aboriginal Medical Services.

Australian General Practice Training Program and transition to College-led Training

The Australian Government supports the development of the GP workforce through funding a series of training programs supporting doctors to become fully qualified GPs. The largest of these is the Australian General Practice Training (AGPT) program, which has a yearly intake of 1,500 junior doctors. From 1 February 2023, AGPT program will transition to a college-led training model.

Currently more than 50% of training on the AGPT program currently occurs in regional, rural and remote areas (MM2-7), and this will continue when the AGPT transitions to a college-led model. However, the number of registrars training in the Northern Territory (NT) has been consistently below the allocated target for the last five years:

Year	AGPT NT allocation	AGPT NT filled places
2018	56	34
2019	54	31
2020	50	27
2021	47	24
2022	40	34

Under the college-led training model, the GP colleges (the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners) will utilise workforce data analysis to inform the allocation of registrars in training to areas of workforce need, and to inform where increases are required to training capacity. This analysis will be undertaken by designated General Practice Workforce Planning and Prioritisation organisations, who will deliver the analysis and advice to the department and the GP colleges. This work will also inform the distribution targets set by the department for the AGPT Program, which also supports efforts to ensure that registrars are training in communities in greatest need of their services.



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Under the college-led training model, the GP college have established a joint entity (Joint College Training Services) to deliver Aboriginal Health Training for the AGPT program. The entity will employ Cultural Educators and Cultural Mentors to provide cultural safety training for registrar and supervisors that focuses on regional needs regardless. The joint entity will fund the management and maintenance of property through the NT Government to ensure the availability of accommodation for GP registrars in remote NT placements. This builds on the work undertaken by Northern Territory General Practice Education, the NT Regional Training Organisation, which maintained a portfolio of leased domestic properties in the remotest parts of the NT.

Rural Workforce Agencies

The Australian Government provides funding to Rural Workforce Agencies in each state and the Northern Territory (around \$27m (GST exclusive) each year to 30 October 2023) to deliver a range of activities to improve the access, quality, and sustainability of the regional, rural, and remote health workforce. Activities include support for practices via business improvement and staff development, along with direct recruitment of doctors and other health professionals.

Specialist Training Program

In addition to the actions to address primary care, the Government has committed an additional \$708.6 million in funding to continue the [Specialist Training Program](#) (STP) for four years across 2022-2025, implemented by 13 non-GP specialist medical colleges.

Since 1 January 2010, the STP has supported specialist training positions outside of traditional metropolitan teaching hospitals including regional, rural and remote and private facilities, aiming to have a positive influence on future specialist medical workforce distribution. The STP comprises up to seven per cent of specialist medical training in Australia, with the remainder supported by state and territory governments and the private sector.

Though it is not purely a rural program, the STP aims to enhance the availability of the specialist workforce in areas of unmet community need including rural and remote locations, increasing the proportion of training delivered in regional, rural and remote areas from 309 full time equivalent (FTE) funded training posts in 2018 to 412 FTE funded training posts in 2021. The STPs Integrated Rural Training Pipeline (IRTP) provided a further 93 funded rural posts in 2021. 2022-2025 STP Grant Agreements with each college will be informed by the Strategy, which will help steer the STP including decisions on allocation of training posts that will be based on national medical workforce data to support better distribution of specialists including those specialities in short supply and/or are experiencing maldistribution. The Department has begun work to implement the Strategy in collaboration with key stakeholders.

Across 2022-2025, the STP will support 920 full time equivalent (FTE) specialist training places and an additional 100 FTE places for the Integrated Rural Training Pipeline (IRTP) annually which is fully allocated across colleges. The allocation of specialty training posts under the STP



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are determined by colleges in line with workforce demand and the capacity of the health sector to support training and supervision requirements for trainees.

In 2021 under the STP approximately \$9.3 million in funding was directed to specialist training in the Northern Territory, including:

- 55.33 FTE specialist training places (approx. \$7.2 million) across a broad range of specialties including Dermatology, Rheumatology, Anaesthesia, General and Acute Care Medicine, General Surgery, Ophthalmology, Obstetrics and Gynaecology and Psychiatry; and
- 14 FTE IRTP places (\$2.1 million) across a broad range of specialties including Emergency Medicine, Anaesthesia, Nephrology, General Paediatrics, Public Health Medicine and Psychiatry.

Rural Junior Doctor Training Innovation Fund

The Rural Junior Doctor Training Innovation Fund (RJDTIF) is part of the Junior Doctor Training Program under our Stronger Rural Health Strategy. This program funds organisations that provide innovative pathways for rurally based junior doctors to access training rotations in rural primary care settings.

The RJDTIF funds rurally based rotations for Postgraduate Year 1 (intern or PGY1) and Postgraduate Year 2 (PGY2) doctors in rural areas. The RJDTIF aims to:

- provide rurally based junior doctors with a training period in a rural primary care setting, building on the rural training networks funded by the states and territories
- develop rural training capacity by fostering innovative ways of training junior doctors in primary care settings
- strengthen the rural training pathway to improve training continuity within regions.

The RJDTIF will be consolidated into the JFPDP from 1 January 2023. Current RJDTIF arrangements will continue until 31 December 2022. Under the RJDTIF, the Northern Territory has received \$2.6m in funding from July 2020 to June 2023.

Flexible Approach to Training in Expanded Settings – Round One

In recognition of the need to expand the specialist workforce, the Australian Government has re-invested \$29.5 million over four years from the STP into the Flexible Approach to Training in Expanded Settings (FATES) program, an innovative funding pool for non-GP medical specialist training to reduce barriers to specialist (non GP) training in rural and remote areas. FATES is a competitive annual grant round, with annual funding available until 2024-25. FATES provides flexibility by supporting and promoting growth in specialist medical training to deliver better distribution and supply of specialists matched to community health needs, extending beyond the seven per cent remit of the STP.

Complementary to the STP, the program funds specialist medical colleges to enhance specialist training in expanded settings through innovative training models. The innovative funded models to date allow more of the specialist workforce to train and work in rural and



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remote settings, improve cultural safety for First Nations people, and increase the size of the First Nations specialist workforce.

The FATES Round 1 competitive grant round was opened in late 2021 to colleges and resulted in eight projects being funded across seven colleges to a total of \$4.2 million. The successful Round 1 projects recently surpassed 6 months since commencement of funding, and all project holders provided updates to the Department on their projects at this milestone.

One project being led by the Australasian College of Dermatologists (ACD), trials collaborative and innovative ways of supporting dermatologists to deliver regional training and aim to address the issue of workforce shortage and maldistribution by ensuring specialist training in these regional, rural and remote settings is rich, positive, sustainable and attractive for supervisors and registrars.

In the Top End Northern Territory, ACD is piloting a fly-in fly-out rotational supervisory model to enrich the diversity and sustainability of registrar supervision, which previously fell on the sole NT resident dermatologist. The rotational model adds 0.5 FTE consultant capacity to Royal Darwin Hospital enabling an expansion in registrar-accompanied local and outreach services including to First Nations communities, private practice training, research and broader workforce education and capacity building, all contributing to a positive rural medical education culture and a rich experience for registrars and supervisors alike. ACD received \$612,128 funding from the Department of Health and Aged Care to deliver this project.

Workforce Incentive Program (WIP)

The Workforce Incentive Program (WIP) provides more than \$545 million per year to improve access to quality medical, nursing and allied health services in regional, rural and remote areas and support multidisciplinary teams in general practice. It provides financial incentives to encourage doctors to deliver primary health care services in regional, rural and remote Australia, and to support the employment of other health practitioners (nurses and allied health) by primary care practices to support team-based multidisciplinary care models. It includes two payment streams – Doctor Stream and Practice Stream.

The Australian Government is investing an additional \$103.5 million over four years from 2022-23 in WIP to improve access to quality medical, nursing and allied health services in regional, rural and remote areas, support multidisciplinary teams in eligible general practice and reward investment in postgraduate specialist qualifications.

Psychiatry Workforce Program

In recognition of the psychiatry workforce shortages Australia-wide, the Australian Government has committed over \$40.5m over four years (2021-22 to 2025-26) to increase the psychiatry workforce, particularly in rural Australia. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has been funded to implement the Psychiatry Workforce Program (PWP) which includes four key activities:



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- encourage more medical graduates to pursue psychiatry through early engagement with medical students through RANZCP's Psychiatry Interest Forum (PIF).
- development of a rural psychiatry training pathway and network.
- develop a nationally recognised Diploma in Psychiatry for medical practitioners, including GPs and emergency medicine specialists.
- fund an additional 20 psychiatry training posts and 20 supervisors in 2021-22 and 30 training posts and 30 supervisors in 2022-23 to address workforce maldistribution and shortages.

The Diploma in Psychiatry will allow medical practitioners to further broaden their skill set, enhancing patient care and access to health care in under supplied areas including the Northern Territory. It will be developed by the RANZCP in consultation with the university/medical sector, and will leverage existing resources, including GP diplomas for obstetrics and gynaecology and anaesthesia. An Expert Advisory Group, which includes representatives from the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, and Australasian College for Emergency Medicine, will guide development and ensure the Diploma is fit for purpose. The Diploma is expected to be completed by mid-2023.

Practice Incentives Program

Practices participating in the Practice Incentives Program (PIP), with a main practice located outside capital cities and other major metropolitan centres, are automatically paid a rural loading. The PIP rural loading varies with the remoteness of the practice, with a higher loading for practices in more remote areas. It is based on the classification of the main practice location using the Rural, Remote and Metropolitan Areas (RRMA) Classification. In 2021-22, 1,944 practices in RRMA 3-7 were paid a total \$38.1 million in PIP rural loading payments, at an average payment of \$19,606 per eligible practice.

The PIP Procedural GP Payment encourages GPs in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services. Payments are made to practices for each procedural GP registered with the practice. In 2021-22, a total of \$5.9 million was paid to 260 practices participating in the PIP Procedural Payment.

Rural Bulk Billing Incentive

The Rural Bulk Billing Incentive aims to improve access to medical care for rural Australians. It provides extra funding to GPs who accept a patients' Medicare Benefits Schedule rebate as full payment for their services. The value of the incentive is indexed annually. The value of the incentive ranges from 150% of the standard bulk billing incentive in Modified Monash 2 locations up to 190% of the bulk billing incentive in Modified Monash 7 locations.

The National Medical Workforce Strategy

The [National Medical Workforce Strategy 2021-2031](#) (NMWS) will guide long-term collaborative medical workforce planning across Australia. It identifies achievable, practical actions to build a sustainable, highly trained medical workforce.



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It aims to rebalance the supply and distribution of the medical workforce, including improving the geographic distribution of the medical workforce. The Department is leading work to implement a range of actions to address existing undersupply and to forecast future undersupply in medical specialties. Part of this work will occur through improved data collection and analysis, reforming medical training which includes encouraging junior doctors to take up specialty training in areas of need, and improving the geographic distribution of the medical workforce.

Reducing barriers and improving incentives for doctors to work and train in rural and remote communities, as well as increasing specialist training in regional, rural, remote and Aboriginal and Torres Strait Islander health settings to population parity, will encourage junior doctors to take up specialist training and improve the geographic distribution of the medical workforce. The NMWS also focuses on building medical workforce capability in rural and remote settings through emphasis on generalist training, cultural safety, and opportunities for rural and remote clinical practice.

Rural Generalist election commitment and the John Flynn Prevocational Doctor Program

The Australian Government has developed the NMWS will guide long-term collaborative medical workforce planning across Australia, and identifies achievable, practical actions to build a sustainable, highly trained medical workforce that services the changing needs of Australian communities.

A priority action of the NMWS is to “Build the generalist capability of the medical workforce”, intending to grow the number of GPs and rural generalists (RG) as well as increase opportunities (and recognition) for doctors to supplement their skills and broaden their scope of practice. This seeks to shift the balance between generalists and subspecialists back towards generalists, particularly for doctors who work in specialties that could be based in regional, rural and remote areas.

The Government’s Regional and Rural Health Services (RRHS) Package announced as part of the 2022 election totalling \$146 million includes funding to support additional training posts outside of community general practice for RG and GP registrars, and fellowed GPs to undertake advanced skills training. Additional funding is also being provided as part of the RRHS Package to support the expansion of the John Flynn Prevocational Doctor Program (JFPDP) which commences from 1 January 2023. The new JFPDP will consolidate the two funding streams under the Rural Junior Doctor Training Innovation Fund (RJDTIF) core and rural generalist to better streamline and coordinate medical training in regions.

JFPDP will deliver increased rural primary care rotations for hospital-based prevocational doctors in rural areas from 440 rotations in 2022 incrementally to 1000 rotations by 2026, to enable hospital-based junior doctors to experience rural general practice and complete a clinical training term (rotation) working in a rural primary care setting. This will foster interest in the specialty of general practice and working as a rural doctor and help junior doctors gain skills in managing chronic disease and delivering primary and preventive care rather than the current focus on acute care in hospitals. JFPDP rotations will be prioritised



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based on community needs and where there is short supply and/or are maldistribution of health workforce to provide patients in regional, rural and remote areas with a more stable locally trained workforce by increasing the delivery of health services.

The Health Workforce Taskforce

The Health Workforce Taskforce (HWT) was established in August 2022 to progress health workforce priorities identified by Health Ministers and provide advice and recommendations on the national coordination of health workforce policies and reforms, through the Health Ministers Meeting (HMM), under the direction of the Health Chief Executives Forum (HCEF). The HWT is responsible for developing and overseeing the implementation of a suite of short-, medium and long-term strategies to ensure a sufficient and sustainable current and future health workforce to meet the healthcare needs of Australians. This includes actions to address priority health workforce challenges across the health, mental health, aged care, and disability sectors, and with consideration of targeted service areas including rural, remote and Aboriginal and Torres Strait Islander health.

Nurse Practitioner 10 Year Plan

The Department of Health and Aged Care is developing a Nurse Practitioner 10 Year Plan (the Plan), which will focus on a set of actions to address nurse practitioner workforce issues of national significance and enhance the delivery of nursing care to the Australian community.

To help guide the development of the Plan, the Nurse Practitioner 10 Year Plan Steering Committee (NPSC) was established and continues to meet to discuss key priorities and strategies for inclusion in the Plan. This includes representation of the peak professional body for the remote and isolated health workforce CRANAPlus and the Australian College of Rural and Remote Medicine.

Through consultation to date, the important role that nurse practitioners play in rural and remote communities has been heard and will be a key consideration in development of the Plan. The Plan will consider prospective actions that support workforce planning to ensure there are sufficient health professionals with the appropriate skills to meet the current and future health needs in rural and remote areas. It will consider opportunities to enhance reimbursement and financial incentives for nurse practitioners in rural and remote areas, and identify opportunities for integration of nurse practitioners into models of care in areas of high need.

Allied Health Professions

There is a shortage of Allied Health professionals in multiple sectors, including Northern Australia however, the Australian Government is committed to improving the distribution of the allied health workforce, including in Northern Australia. In recognition of the important role that allied health professionals play in the health system, the Government has appointed a Commonwealth Chief Allied Health Officer (CAHO), Dr Anne-marie Boxall. The CAHO works across portfolios and governments to represent allied health in national policy, program and funding decisions. Dr Boxall has been working with the Deputy National Rural Health Commissioner, Associate Professor Faye McMillian, and her state and territory



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counterparts to consider innovative models of care that aim to increase access to allied health services in regional, rural and remote communities.

Allied health workforce shortages are reported in multiple sectors and regions, including Northern Australia, but this is difficult to quantify as there is no national consistency in allied health data collection. To enable workforce planning and to identify training priorities for professions with shortages, it is critical we can collect nationally consistent allied health workforce data.

In 2021-22, the Department of Health and Aged Care engaged consultants to complete an allied health data gap analysis project. The project investigated current sources of allied health workforce data and assessed their quality and completeness for future planning and modelling. The data gap analysis showed that the allied health data that the Government currently collects through the National Health Workforce Dataset for Ahpra-regulated allied health professionals (such as psychologists and occupational therapists) is robust. It could be enhanced by capturing information on part-time work and multiple job holdings, which are common among allied health professions. The data gap analysis found that data collection is patchy or non-existent for self-regulated allied health professionals (such as speech pathologists and social workers). The findings show that planning for and understanding the allied health workforce remains problematic as there are data collection gaps and poor integration of data. The report outlines potential minimum data set requirements that would enable supply and demand modelling to occur for all of the allied health professions. The Australian Government is considering how to work alongside the state and territory governments to progress this work and ensure that robust evidence is available for allied health workforce planning.

4. Empowering and upskilling the local Indigenous population

The Department of Health and Aged Care recognises that there are currently gaps in the systems and programs in place to support and uplift the Indigenous community in rural and remote areas in the Northern Territory. The current gaps are:

- There is a limited number of Registered Training Organisations (RTO)'s in the area to upskill and deliver training
- Local Indigenous people leave country to complete training for placements
- There is a lack of employers in rural and remote areas to support new placements

However, despite these mentioned gaps, the department offers a number of programs and initiatives to uplift and empower the Indigenous population. These programs and initiatives are designed to provide support and to build capability and upskill Indigenous peoples to pursue a career in the health and aged care workforce, both in the Northern Territory and across Australia. These programs and initiatives are:

[Puggy Hunter Memorial Scholarship Scheme](#)

The Puggy Hunter Memorial Scholarship Scheme provides financial assistance to Aboriginal and Torres Strait Islander undergraduate students studying health related disciplines in a



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university, TAFE, or Registered Training Organisation. Scholarship places are available to students in health disciplines such as Aboriginal and Torres Strait Islander health workers and practitioners, allied health, dental and/or oral health, midwifery, mental health, medicine and nursing (registered and enrolled).

Health Workforce Scholarship Program

The Health Workforce Scholarship Program provides scholarships and/or bursary payments to eligible health professionals working in Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations in MM 1-7 locations, based on skills shortages or workforce needs identified through local needs assessment. Funds can be used to pay for ongoing scholarship payments (up to \$10,000.00 per year for 2 years) for full time studies, plus one-off bursary payments to cover the cost of training or course fees, accommodation and transport.

Mental Health Nursing and Allied Health Scholarship Program

The Mental Health Nursing and Allied Health Scholarship Program aims to grow and upskill the mental health workforce, supporting mental health nurses, and allied health practitioners including psychologists, to complete mental health related tertiary, vocational and continued professional development (CPD) courses in mental health settings. This program supports the attraction, upskilling and retention of key mental health professionals to address mental health workforce shortages. For Indigenous students, a minimum of 6 scholarships are available for mental health studies and 8 scholarships in the allied health space annually.

Aged Care Nursing and Allied Health Scholarship Program

There are 45 scholarships per year (undergraduate) for Indigenous students under the Aged Care Nursing and Allied Health Scholarship Program. These scholarships are designed to invest in, retain and grow a skilled aged care workforce. The program provides scholarships for personal care workers and nurses to commence and complete formal qualifications in areas of need in the aged care sector, along with additional scholarships for allied health professionals focusing on Dementia related qualifications.

Indigenous Health Scholarships Program

The Indigenous Health Scholarships Program through Australian Rotary Health which provides scholarships to Aboriginal and Torres Strait Islander people undertaking health related studies. The scholarship can be used to assist Indigenous students with their day-to-day expenses while they undertake a course in a wide range of health-related professions.

First Nations Health Worker Traineeship Program

The Australian Government will invest \$54.3 million over five years (from 2021-22 to 2026-27) for a First Nations Health Worker Traineeship Program, which will be delivered by the National Aboriginal Community Controlled Organisation (NACCHO).

The Program will support up to 500 First Nations trainees across Australia to undertake Certificate III or IV accredited training to enable them to work across various health settings



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and be able to deliver culturally appropriate care to First Nations peoples.

First Nations trainees will come out of the program with the right skills and support to transition successfully into jobs in the health sector – they will receive on-the-job experience and mentoring in local Aboriginal Community-Controlled Health Services (ACCHOs). Training, which will be provided by Aboriginal Community Controlled Registered Training Organisations (ACCRTOs), will be delivered as close to home (On Country) where possible.

Indigenous Health Workforce Traineeships

The Indigenous Health Workforce Traineeships (IHWT) program provides \$13.6 million over three years (2020-21 to 2022-23) to approved National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates, or equivalent organisations to:

- increase the number of skilled Aboriginal and Torres Strait Islander people working in the Aboriginal and Torres Strait Islander primary health care sector
- create viable career pathways in health for Aboriginal and Torres Strait Islander people
- build the capacity of Aboriginal Community Controlled Health Services (ACCHSs) to provide culturally appropriate health care to its Aboriginal and Torres Strait Islander clients.

Organisations funded under the IHWT program administer the program on the department's behalf, and work with ACCHSs to identify, recruit and support Aboriginal and Torres Strait Islander trainees. In the Northern Territory, Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the funded provider delivering the program.

Allied Health Rural Generalist Program

The Allied Health Rural Generalist Program (AHRGP) is a professional and career development strategy for qualified allied health professionals practicing in rural and remote Australia. It improves allied health professionals' capability, competence, and confidence by providing formal education, structured supervision, and effective solutions to healthcare delivery in geographically dispersed and culturally diverse populations. A total of 30 placements are available for indigenous health professionals working in Aboriginal Controlled Community Health Organisations (ACCHOs). In addition, 15 placements are available for Indigenous applicants for the Allied Health Assistant Workforce Program, which aims to develop the Allied Health Assistant (AHA) workforce, assisting allied health practitioners deliver more service capacity within the practice to improve rural service access and distribution.

National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program

The NATSIFAC Program funds organisations to deliver culturally safe aged care services to older First Nations people close to their home and community. The provision of culturally appropriate care is dependent on multiple factors, including the employment or engagement of First Nations people. A total of 23 of the 45 NATSIFACP services are located in Northern Australia, with 5 based in Queensland, 5 based in Western Australia, and 13 based in the Northern Territory.



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Indigenous Employment Initiative (IEI)

The Indigenous Employment Initiative (IEI) is an ongoing grants program, subsidising employment of First Nations people in aged care. Subsidised positions target entry level, non-clinical roles, both in residential and home care settings.

The aims of the IEI Program are to:

- create employment opportunities for First Nations people as part of the Government's wider strategy to reduce First Nations economic disadvantage and
- support a suitably skilled workforce to provide culturally appropriate aged care to First Nations people.

As of 30 June 2022, grants have been awarded to 89 organisations (with a large representation of Aboriginal Community Controlled Organisations), funding a commitment of approximately \$86 million over three years (2020-21 to 2022-23). 38 of these organisations are in the Northern Australia region. While this program funds positions in metropolitan locations, the majority of positions funded under the IEI Program are in rural and remote locations providing an increased number and range of opportunities to work close to Country or on Country for First Nations people.

The department is establishing the Trusted Indigenous Facilitator (TIF) program to provide face-to-face support to assist First Nations people to navigate and access aged care services and provide referrals to other services as necessary, including disability supports.

The TIF program was designed in partnership with First Nations organisations and their representatives during a co-design process undertaken in 2021. It will result in an increase in the number of First Nations people in the aged care workforce (target of 250 phased over three years).

The department entered a contract for services in June 2022 with the National Aboriginal Community Controlled Health Organisation (NACCHO). In partnership with the Australian Government, NACCHO will work with Aboriginal Community Controlled Organisations on a staged implementation of the program from 2022.

Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs)

The Australian Government provides funding to Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs) which include:

- Australian Indigenous Doctors Association (AIDA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- Indigenous Allied Health Australia (IAHA)
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

The ATSIHPOs play a significant role in supporting health systems across Australia to be more appropriate and accessible for First Nations peoples, including those living in rural and remote areas. This work involves growing the number of First Nations people within the workforce, increasing the cultural capability of the broader health workforce and supporting better care of First Nations peoples.



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The objectives of current Funding Agreements with the ATSIHPOs are to:

- Improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles across all health disciplines
- Improve skills and capacity of the Aboriginal and Torres Strait Islander health workforce in clinical and non-clinical roles across all health disciplines
- Promote culturally safe and responsive workplace environments for Aboriginal and Torres Strait Islander consumers and health professionals.
- Increase the number of Aboriginal and Torres Strait Islander students studying for qualifications in health
- Improve completion/graduation and employment rates for Aboriginal and Torres Strait Islander health students
- Improve the quality of health workforce planning and policies.

National Medical Workforce Strategy

Growing the Aboriginal and Torres Strait Islander health workforce is a cross-cutting theme of the NMWS. A key Strategy action is to work with Aboriginal and Torres Strait Islander communities and leaders to collaborate at every level of training to ensure that Aboriginal and Torres Strait Islander students, trainees and practitioners are supported to enter and complete training, supported and mentored by culturally safe supervisors, and having access to community-based support and mentoring by Elders. Cultural safety is seen as important for early implementation to grow the Aboriginal and Torres Strait Islander medical workforce and provide a safe environment for Aboriginal and Torres Strait Islander peoples to give and receive care.

First Nations Aged Care Workforce Plan

Planning is underway to commence co-design of a First Nations Aged Care Workforce Plan in formal partnership with the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), a peak body established to represent the views of First Nations people in aged care. The First Nations Aged Care Workforce Plan will specifically consider how to attract and retain First Nations people in the aged care workforce.

First Nations Health

Health is a fundamental human right. For First Nations peoples, conceptions of health extend beyond physical health and wellbeing, to include the social, emotional and cultural wellbeing of individuals, families and communities throughout the whole of life. This recognises health as fundamental to enabling full participation in life, including the capacity to fully participate in education, employment and economic activity. The social determinants of health account for 34% of the total health gap between Aboriginal and Torres Strait Islander and non-Indigenous health outcomes.² The social determinants that

² AIHW, 'Social determinants and Indigenous health', *Australia's health 2020*, AIHW, Australian Government, released 23 July 2020.



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account for a majority of the health gap are household income, employment and hours worked, and health risk factors, such as smoking and obesity.³

In recognition of this, the National Agreement on Closing the Gap (National Agreement) was developed in genuine partnership between the three levels of Australian government and First Nations leaders. The National Agreement was released in July 2020 and outlines, in practical and measurable terms, ways to ensure the voices of First Nations peoples are given weight on issues that impact their lives. The National Agreement is supplemented by 19 socio-economic targets across the areas of education, employment, health and wellbeing, justice, safety, housing, land and waters and languages. Building on the National Agreement, the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 (Health Plan) was released in December 2021, and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Workforce Plan) was released in March 2022. The Health Plan is the overarching policy framework to drive progress against the National Agreement health targets. Both Plans were developed in genuine partnership with First Nations peoples and reflect their needs and priorities, rather than the priorities of government.

First Nations Health Infrastructure

The Australian Government is investing \$254.4 million (including \$247.25 million of administered funding) over four years, from 2021-22 to 2024-25, to address deteriorating or absent health infrastructure for the Aboriginal Community Controlled Health Service (ACCHS) sector. This investment recognises the critical role of the ACCHS sector in delivering primary health care services to First Nations communities, as well as its importance as one of the largest employers of Aboriginal and Torres Strait Islander workforce in Australia. The measure comprises the Service Maintenance Program (SMP), which provides eligible ACCHSs with funding for repairs, maintenance, and minor upgrades; and the Major Capital Program, which supports infrastructure projects to build, purchase, and significantly renovate health clinics and clinical staff housing.

The measure supports recruitment and retention of the Indigenous workforce across the ACCHS sector through providing clinical staff housing. In addition, where relevant, appropriate, and possible, Aboriginal and Torres Strait Islander workforce in the communities are engaged in paid construction and design activities.

Consistent with the National Agreement on Closing the Gap, the measure was co-designed with the National Aboriginal Community Controlled Health Organisation (NACCHO) on behalf of the ACCHS sector. This ensures that the sector's views guide decisions regarding infrastructure needs in Aboriginal and Torres Strait Islander communities.

The Closing the Gap Major Capital Infrastructure Grant Opportunity is currently in the second or a two-stage assessment process and will have an anticipated substantial

³ AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report*, category number IHPF 2, AIHW, Australian Government, 2020



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proportion of funding provided to Northern Australia. Of the projects being considered for funding a large number are for clinical accommodation.

This measure is complemented by additional investment in 18 First Nations health infrastructure projects, totalling \$161.6 million, and announced as part of the 25 October 2022 Budget. \$30.6 million of this total funding has been committed to ACCHSs in the Northern Territory to build or renovate clinics in Alice Springs, Mutitjulu, Latyentye Apurte (Santa Teresa), and Palmerston. \$2.8 million has also been committed to invest in improved energy resilience for four ACCHSs in Northern WA as part of the Solar Pilot Project.

From 2018-19 to 2020-21, the Indigenous Australians' Health Programme (IAHP) Major Capital Works Program provided \$17.6 million in funding for: two capital projects to provide clinical staff housing in the remote Northern Australian communities of Beswick / Wugularr and Ramingining, as well as clinics in Doomadgee, Cape York, Yarrabah and Atherton.

First Nations Health Workforce

The health sector is the largest employer in Northern Australia, representing 13% of total employment as of 2018.⁴ Investment in this sector provides for more direct economic participation and savings from the flow on benefits employment provides in improving the social determinants of health. The Workforce Plan aims to increase representation of First Nations peoples in all health roles and locations across Australia to achieve population parity by 2031.⁵ A locally qualified and skilled Aboriginal and Torres Strait Islander health workforce is critical to the delivery of high-quality health services, improving the health of First Nations people and increasing the economic prosperity of communities.

The Workforce Plan outlines 47 actions under the following six strategic directions to achieve its objective:

- Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions
- The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions
- Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors
- There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander peoples
- Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options

⁴ *Our North, Our Future: 2018 Implementation Report*, Commonwealth of Australia, 2018

⁵ <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031>



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- Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation and continuous quality improvement.

It is essential initiatives to take forward these actions are designed and implemented in partnership with First Nations people, in line with Priority Reforms 1 and 2 (Formal Partnerships and Shared Decision Making and Building the Community Controlled Sector) under the Closing the Gap Agreement. Key First Nations health workforce stakeholders are: Aboriginal Community Controlled Health Organisations (ACCHOs) - As the second biggest employer of Aboriginal and Torres Strait Islander people nationally, ACCHOs are an essential stakeholder with significant experience in developing and supporting First Nations workforces.⁶

The four Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs) who play a key role growing the number of Aboriginal and Torres Strait Islander health workers and supporting them in their careers:

- Australian Indigenous Doctors' Association (AIDA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- Indigenous Allied Health Australia (IAHA) and
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

Mental Health Workforce

The Australian Government recognises the challenges in the current supply and distribution of the mental health workforce and acknowledges workforce shortages are exacerbated in regional, rural and remote areas including in northern Australia. The Government is working with health professionals, consumers, carers, service providers and peak organisations to create a connected, person-centred system that is supported by a highly skilled workforce. Under the National Mental Health and Suicide Prevention Agreement (National Agreement), all governments have agreed to address current shortages and maldistribution and work together to build a mental health and suicide prevention workforce that is culturally safe and responsive to changing needs. The Government is also finalising the 10-year National Mental Health Workforce Strategy (Strategy) which considers the quality, supply, distribution and structure of the mental health workforce. Future commitments and action to develop and build the workforce, including in northern Australia, should be aligned with the principles and goals identified in the Strategy. The Strategy is expected to be released in early 2023.

Additionally, there are a number of immediate measures the Government is implementing to address mental health workforce challenges such as the National Mental Health Pathways to Practice Program Pilot and the headspace Early Career Program. As part of the 2022-23 Budget, \$8.5 million was announced to support the Red Dust Program to continue to deliver and expand their culturally appropriate programs in remote

⁶ National Aboriginal and Torres Strait Islander Health Plan 2021 - 2031



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Northern Territory communities, including building a skilled First Nations remote mental health workforce and promoting mental health pathways and careers.

The Department is working in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) to establish a community-led integrated regional suicide prevention and aftercare service network, and training – known as the Culture Care Connect Program. The program has a particular focus on building both the community controlled workforce to meet the needs of Aboriginal and Torres Strait Islander people including professionalisation of the workforce and building cultural capability to ensure culturally safe environments and service delivery (across social and emotional wellbeing, mental health and suicide prevention systems).