HR+ Tasmania - Response to Senate Inquiry.

About HR+

- HR+ is a Rural Workforce Agency funded by the Australian Government Department of Health to deliver a range of activities to address the access, quality and sustainability of the rural health workforce, resulting in equity in primary care outcomes for rural and remote Australians
- HR+ is also a registered NDIS provider of intermediary supports including Plan Management and Coordination of Support.
- HR+ has more than 20 years' experience delivering a comprehensive range of health workforce programs and services in rural and regional Tasmania. In doing so, HR+ has established and maintained collaborative working arrangements and networks with key health workforce stakeholders across rural and regional Tasmania.
- HR+ is uniquely placed in the Tasmanian context to understand the State's health workforce needs (via the production of an annual health workforce needs assessment), and to work with rural communities to explore and identify innovative workforce models to support improved access, quality and sustainability of health workforce, and to support improved health outcomes.
- HR+ holds an emerging interest in the interaction and overlap between the primary health and the broader care economy workforce, specifically the aged care and disability workforces. This interest is reflected in this submission via insights from its place-based, cross sector, workforce development and planning initiative, HEAART (Health/Employment/Aging/Ability/Rural/Training).

The provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians, with particular reference to:

a. the current state of outer metropolitan, rural, and regional GPs and related services;

"How will you know when we have enough doctors? There are 500,000 Tasmanians, and even if there were 500,000 doctors – one for each of us - some of us will still want another for a second opinion because we don't like the first one."[1]

HR+ and Primary Health Tasmania conducted the third annual Health Workforce Needs Assessment at the end of 2020. According to the Assessment there were 834 doctors working in general practice across 154 practices in Tasmania. This translated to a full-time equivalent of 564 doctors. With a population of 500,000 people this appears to be a reasonable overall GP: population ratio, while being cognizant of the view expressed above.

The distribution of the workforce continues to be an issue, however, with access to GP services best in the South, followed by the North and then the NW Coast. Having said that, almost every town in Tasmania with a viable sized population has a resident GP service and are not solely relying on locums for their care. The only community that has fly-in-fly-out GPs at the moment is Queenstown.

Tasmania has a positive history of succession planning for GP services since 1999, with only three towns (Wilmot, Zeehan and Kempton) not replacing like-for-like services when the incumbent provider retired. All three communities have been able to access services within a reasonable distance (maximum of 20km) as part of their transition to an alternative provider.

Over the last three years, HR+ has worked with communities to successfully transition to new providers in:

- Lilydale
- Bruny Island
- Scottsdale
- Smithton

[1] Quote from a Tasmanian farmer in a conversation with Peter Barns, HR+ CEO at a rural community meeting over the potential closure of the local general practice in 2009.

- Campbell Town
- Nubeena
- Bothwell
- Richmond

There are two communities that we are currently working with to source alternative providers. These are:

- Triabunna
- Ouse.

Tasmania also has positive workforce retention rates, with our success in recruiting and retaining international medical graduates (IMGs) a highlight. Our retention rate of IMGs over a three-year period is 90%, and we see evidence that people are staying longer with over 85% of practice on the NW Coast either fully or partly owned by IMGs who have arrived in Australia since 2000. The success in retention is mostly due to the work of the practice managers, with a clear correlation between the increase of the retention rate aligning with efforts to improve the professionalism of the practice manager workforce starting in 2007.

It should come as no surprise that people are attracted to and like working in a place that is well managed.

The most significant issue with recruitment of new GPs is not supply. We currently have a waiting list of candidates who need to work in a DPA (see below) but we cannot find them positions. The key factor is constrained supervision capacity. Most new GPs relocating to Tasmania need to be supervised for a period of time under supervision and the Medical Board of Australia requires all new doctors to work under Level 1 supervision (which means all consultations need to be signed off by a vocationally recognised doctor) for a minimum of 6 months. This is applied whether the doctor has 20 years of GP experience or no GP experience. While HR+ is supportive of supervision for all doctors who have not worked in general practice in Australia before, a more nuanced approach to supervision requirements could be relevant for experienced GPs.

Another key difficulty with recruitment and retention is due to socio-economic factors. Practices where there is a high percentage of bulk billing consultations have the most difficulty in attracting new clinical staff. This is true regardless of the practice's rurality.

b. current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:

i. the stronger Rural Health Strategy,

The successes described above are related to the Stronger Rural Health Strategy. HR+ activities are funded through the Rural Health Workforce Support Activity, More Doctors for Rural Australia, John Flynn Placement and Visas for GPs Programs.

While there are always areas for improvement, the combination of these programs, along with our collaborations with General Practice Training Tasmania and Primary Health Tasmania, have meant that communities have access to a quality and sustainable workforce relatively close to where they live.

ii. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,

HR+ staff have worked with all the various classification systems since 1999 (including RRMA, ASGC, RA and MMM). All classification systems have their strengths and weaknesses, and there are always 'winners' and 'losers' when they are changed and applied. MMM is no different in this regard but has the advantage of adjusting as demographics change.

The addition of the HEADS-UPP data tool appears to be a positive move for the Department in being able to evaluate some changes before they are implemented, which seems to be bringing an element of science into decision making which may have been missing in previous systems.

We have noticed that general practices are able to adapt and make the most of any changed classification system. Practices tend to complain about the changes initially (as all people do when confronted with change), then study what it means for them, apply the changes to their systems and get on with their business. This is true regardless of whether the practice was a 'winner' or a 'loser' from the change.

Most new recruits into rural and remote Tasmania are International Medical Graduates. While there is a small increase in Australian graduates taking up Tasmanian positions via the Rural Clinical School, Rural Generalist Program and the Australian GP Training Program, rural Tasmanian communities rely on IMGs to take up between 80 and 90% of available positions each year.

As all IMGs are subject to Section 19ab of the Health Insurance Act, and need to work in a DPA, this means that Tasmanian communities rely on having DPA status to meet most of their workforce needs. Currently greater Hobart (and Wynyard) are the only areas not DPA and rely on GP registrars choosing to work there. This situation appears to be adequate for most of the time, but when a community loses their DPA status, while not impossible to recruit, it does make it significantly more difficult for them to do so.

Having said that, as per my comment above, practices (and their managers) are adaptable and we work with them to find alternative sources for their workforce (which are limited) where we can.

DPA status is not, however, a panacea for all recruitment ills. If you are a poorly managed practice, DPA might help you get someone in the door, but you will not retain them. A Bonded Medical Program Participant with a Return of Service Obligation to the Department will not go to your practice if you have a poor reputation, even if you have DPA status.

As we say to all our practices, the Government can't help you if you won't help yourself. Where a practice requests a change in DPA status, our advice is to make sure they have exhausted all the internal changes they could make to ensure they are attractive to the open market first.

iii. GP training reforms

HR+ has worked with General Practice Training Tasmania to support their efforts to distribute the workforce beyond Hobart and Launceston with some limited success (in Scottsdale, Smithton, George Town, and along the NW Coast) and we will be looking forward to working with the RACGP and ACRRM to collaborate to improve this further.

iv. Medicare rebate freeze;

No comment

c. the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; and

Surprisingly, COVID-19 may have had a positive impact on the ability to recruit and retain medical, nursing and allied health professionals.

HR+ recruits an average of 23 doctors and 35 nursing and allied health professionals per year. During the 2020/2021 financial year, HR+ staff recruited 47 doctors and 53 nursing and allied health professionals from overseas and from mainland Australia. The bulk of these relocated to communities outside of Launceston and Hobart.

While we did not conduct a survey on why people relocated to Tasmania in the middle of a pandemic, it could be construed that the 'flight from lockdown' factor may have played a part in the success of the last 12 months. Tasmania was recently voted one of five best places in the world to be when society collapses (the zombie apocalypse scenario) and health professionals may be tapping into this vibe.

Recruitment so far in 2021 – 2022 indicates the numbers will be up again – though probably not as high as the 2020 – 2021 year.

We also expected a shortage of locums in Tasmania during the pandemic as we rely on mainland locums coming to Tasmania for working holidays and that option was not available to them. While those locums stayed in situ, so did the Tasmanian locums who usually leave the state for warmer climates. We discovered that in a normal year more Tasmanians leave than are replaced by mainland locums, with the net result a surfeit of locums in Tasmania during the pandemic.

d. any other related matters impacting outer metropolitan, rural, and regional access to quality health services.

HR+ is self-funding and piloting a different approach to growing your own workforce in George Town, Tasmania.

The idea for the initiative started when we discovered the aged care facility was recruiting enrolled nurses from overseas while the youth unemployment rate in George Town was 28%. We also discovered very few people who live in George Town and would be eligible for the NDIS were able to access the scheme, and those who could access the Scheme were only able to spend 49% of their budget due to lack of service access.

We started to think there may be a better way to support the general practice workforce by supporting the other care-related workforce at the same time. Even though we did not have a mandate at the time to support the aged care (and disability) workforce we were challenged by the issues, and so the Health/Employment/Ageing/Ability/Rural/Training (HEAART) program was conceived.

We are working across the primary health, aged and disability care sectors to implement a place-based, cross-sector workforce planning and development program. The intention is to provide pathways for local people (commencing in high school) to enter the various workforces, and for the providers to collaborate on recruitment and retention of their staff (with the expectation that there will be local people available for the roles).

An example of this is the general practice, aged care provider, local hospital and school all need access to speech pathology services. None have been able to attract a provider on their own, but collectively they may have more success. HEAART will assist with designing an appropriate Position Description, facilitate contracting (or subcontracting if one entity wants to employ the person directly), organise training if the one speech pathologist wanted to be able to service more than one client group, advertise the opportunity and assist with the recruitment and relocation of the provider (or facilitate visiting services as a viable alternative).

HR+ is also an NDIS registered provider of coordination of supports and plan management services. We have 712 clients across Tasmania, including 20 (out of a total of 129 people with an NDIS plan) in George Town. As part of HEAART we are building the NDIS market in George Town by facilitating increased access to visiting allied health services.

We are about to start renovating a building to provide rooms for visiting allied health professionals, with the requirement that users of our venue will also run mini career expos at the high schools so that students can see and learn what the various professions do (which may pique interest in a pathway to that profession).

At this stage of the program the bulk of the work has been in engaging with the community, negotiating with providers, exploring the issues in the NDIS sector along with leasing the building to house the visiting allied health services.

We are hoping that by building the NDIS market, expanding the range of allied health providers (both visiting and locally based), assisting the aged care facility to recruit (and, more importantly, retain) a local workforce and making it possible for local young people to find a pathway to employment it will make George Town a more vibrant place to live and work in the primary health, aged and disability sectors.

Which will, in turn, make George Town a more attractive and sustainable place to recruit GPs to.

We have started conversations with other rural communities in Tasmania to see if there is an appetite for expanding the program should the George Town pilot succeed.

Should you have any questions regarding this submission, or you wish to explore any of the ideas within, you can contact:

Peter Barns
CEO