

Ministerial Medical, Nursing and Midwifery Workforce Summit

EVENT BRIEF



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Executive Summary

The Ministerial Medical, Nursing and Midwifery Workforce Summit (Summit) was held on 7 August 2023. The aim of the Summit was to develop solutions-focussed approaches to current workforce issues including ongoing workforce shortages, the changing health needs of the Western Australian population and the policy environment in which the WA health system operates.

The Summit brought together key stakeholders from across the health sector including peak bodies, unions, clinician training colleges registration bodies, and executives from the WA Department of Health and the Health Service Providers. Following a number of scene-setting presentations regarding the current state of the WA Health workforce and the ongoing review into health practitioner regulatory settings, Summit attendees dedicated the day to developing solutions regarding three key themes:

1. Attracting international recruits.
2. Building a sustainable workforce pipeline.
3. Making WA Health an employer of choice.

The diverse range of stakeholders at the Summit is reflected in the wide range of innovative solutions proposed by attendees to support the Medical, Nursing and Midwifery workforce across the WA health system. These proposed solutions are outlined in the tables below and discussed in detail in the body of this report.

The outcomes of the Summit will inform several key projects:

- The forthcoming WA Health Workforce Strategy.
- Upcoming roundtables dedicated to key topics including
 - Child and Adolescent Health Service and Child and Adolescent Mental Health Service
 - Allied Health and Health Science Professionals
 - Doctors in Training
 - Primary Health
 - Mental Health, Alcohol and Drug
 - Aboriginal Health
 - Child Development Services

Opportunities to leverage reform projects such as the Independent review of health practitioner regulatory settings and existing reports such as the Sustainable Health Review to support the implementation of outcomes from the Summit will also be explored.

SESSION ONE: INTERNATIONAL RECRUITMENT

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Relocation Concierge Service	All	<p>For WA to become a competitive prospect for skilled migrant health professionals, there is a need to support migrant health professionals to adapt to living and working in WA.</p> <p>To increase WA Health's competitiveness there is an opportunity to develop alternative models of both attraction and retention for international recruits that do not involve financial incentives.</p> <p>One opportunity is consideration of the human factors that personally affect individuals during the first few months and beyond of living and working in Australia.</p>	Will require funding and further scoping	<p>NHS has a similar model to learn from</p> <p>Lower cost than increasing financial incentives</p>	<p>Department of Health (DoH)</p> <p>Health Service Providers (HSP)</p>
Supporting Internationally Qualified Health Practitioners with Registration and Accreditation	All	<p>Health practitioners report that Australia's health profession registration processes are slower, more complex and expensive than our international counterparts.</p> <p>For example, an overseas trained nurse can pay in excess of \$20,000 and take 35 months to get their qualifications recognised. Anecdotally, this discourages health internationally qualified health professionals from choosing Australia as their place of practice.</p>	<p>Will require co-operation from the Australian Government</p> <p>Timeframes could be prolonged</p>	Independent review of overseas health practitioner settings	<p>DoH</p> <p>HSP</p> <p>Ahpra</p> <p>Relevant Boards and Colleges</p>
Supporting International Students through dedicated and targeted placements and	All	It is estimated that annually, around 16% of graduating medical students from Australian universities are international students, with a similar estimate for nursing students. This represents an opportunity for the WA health system to target this cohort to retain them within WA after graduation.	Will require funding and scoping	<p>Strong existing relationships</p> <p>Current pipeline of international students is strong</p>	<p>DoH</p> <p>HSP</p> <p>WA Universities</p> <p>TAFE</p>

guaranteed employment					
SESSION TWO: A SUSTAINABLE WORKFORCE PIPELINE					
Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Improve availability of clinical placements and provide additional support e.g. financial support for rural/remote placements	Medical	Suitability and quality of clinical placements is not only essential to developing the health professional student but is also a key factor influencing attraction. If health professional students have positive and useful experience within in the WA health system, they are more likely to apply to those vacancies on graduation.	Cost Capacity for HSPs to provide supervision	Independent review of health practitioner regulatory settings Independent review of WA health system governance	HSP Colleges Ahpra
Increased graduate role availability for nurses and midwives and alternative pathways to transition to practice	Nurses and Midwives	Despite ongoing shortages of nurses and midwives, there is still a highly competitive process to secure a place in the WA health system graduate program with many graduates being unsuccessful and seeking employment elsewhere. There is an opportunity to expand the number of graduate places offered and/or expedite the length of graduate programs.	Cost Capacity for HSPs to provide supervision	Strong incoming pipelines	HSP DoH
Better guidance of career opportunities	All	Providing early career health practitioners guidance on what career progression/professional development is available in the WA health system and relevant pathways to achieve career goals will encourage retention.		Low cost to implement	Universities HSP
Investment in digital technology	All	The ability to work with innovative digital technologies is a recognised form of attraction. The ability to professionally develop in this space may encourage staff retention.		Many HSPs are already actively investing in innovation	HSP

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Innovative and flexible rostering approaches	All	<p>It is widely acknowledged that flexible work arrangements promote both attraction and retention. Supporting a healthy work-life balance has a number of benefits, including:</p> <ul style="list-style-type: none"> • Lower attrition, as staff are more likely to feel valued and will have a greater sense of loyalty • Increased productivity • Reduced employee absenteeism • Better patient outcomes • Improved workplace safety. 	Will require some degree of change management	<p>Alignment with WA Health Digital Strategy 2020 – 2030</p> <p>Low cost to implement</p>	HSP and unions
Empowering Staff through Meaningful Work	All	<p>Job satisfaction is closely related to both the retention of health practitioners and quality of care. Components of job satisfaction include:</p> <ul style="list-style-type: none"> • working conditions • relationship with patients, co-workers, and managers • work itself and workload, • remuneration • opportunities of advancement/ personal achievement • psychological rewards • control and responsibility/autonomy • job security • leadership styles. 	No one-size-fits-all approach will require specialised approaches for different workforce groups	Existing expertise already within HSPs, identify and leverage these to develop HSP specific scopes of practice relevant to service need.	

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
		Introducing opportunities for staff that address these components will encourage attraction and retention.			

SESSION THREE: WA HEALTH AS AN EMPLOYER OF CHOICE

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Theme: Flexibility					
Flexible work arrangements to suit personal needs i.e. family friendly rostering, AI Rostering, and Self-Rostering.	All	Increase attraction and retention of an evolving workforce which is wanting a better work/life balance.	Antiquated HR/ and rostering system	New HR Information Management System	HSP Union
Availability of part time contracts; job share arrangements; permanent and longer-term contracts	All		Cultural buy in, challenging old ideas of staff having to be full time.	Consultative groups will help to plan leave and rosters more effectively.	HSP
Mobility across Health Service Providers	All	Create one contract to enable free mobility across WA Health. Reduce unnecessary bureaucracy e.g. onboarding, mandatory training, credentialling across HSPs. Transfer of entitlements i.e. leave	Budget, time, regulation, IT systems – further scoping required	New HR Information Management System will enable oversight of leave, rosters and pay.	HSP Unions
Timeliness and ease of recruitment	All	Reduce unnecessary bureaucracy e.g. onboarding, mandatory training, credentialling across HSPs.	Current HR system	New HR Information	HSP HSS

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Access to leave/ parental leave	All	Ensure leave is covered, particularly parental leave.	Staffing availability, rostering management	Management System	HSP Unions
		Flexibility when transitioning back to work. Access to leave when requested (including professional development leave)			
Paying for overtime worked	All	Staff feeling valued and empowered			HSP

Theme: Leadership and Career Pathways

Staff want to feel supported, valued and empowered	All	Positive leadership improved attraction and retention and build culture where people feel valued.	Culture Leadership Staff feeling safe to speak up	Stable leadership	DoH HSP
Leadership training tailored to the profession	All	Enabling leadership at site level	Investment in leaders	Stable leadership Consistency Positive community environment	DoH HSP
Opportunities for leadership training at every level	All	Contemporary approach to growing and developing leaders/Managers at all stages	System takes a short-term view – longer contracts may enable staff to participate in longer term training.	Structured training program Building a sustainable program that people see as valuable. Flexible, easily accessible training	HSP DoH RTOs

Idea	Workforce	Rationale	Barriers	Enablers	Stakeholders
Clear career pathways	All	<p>Established career pathways which identify and provide opportunity and capability across all workforces.</p> <p>This will allow people to enter WA Health, progress through and stay but potentially in multiple roles.</p> <p>i.e. researchers, clinicians, administration, education, management, support and infrastructure</p>	<p>Competitive incentives in other states.</p> <p>Ability to move seamlessly across roles and HSPs.</p>	<p>Protected time for training and development</p> <p>Scholarships</p> <p>Study time</p> <p>Secondment opportunities.</p> <p>Career counsellors</p>	<p>HSP</p> <p>DoH</p> <p>RTOs</p>

Introduction

The Ministerial Medical, Nursing and Midwifery Workforce Summit (Summit) was held on Monday 7 August 2023. The Summit brought together key stakeholders including peak bodies, unions, clinician training colleges registration bodies, and executives from the WA Department of Health (DoH) and the Health Service Providers (HSP) to participate in a solutions-driven discussion to continue to grow WA's healthcare workforce into the future.

The Summit was structured in two key parts: a morning session comprising presentations from and discussions with the Minister for Health; Mental Health, the Director General of WA Health, and Ms Robyn Kruk AO to set the scene of current health workforce issues and priorities. Following this session, Summit attendees moved to the workshop portion of the day to collaboratively develop solutions to workforce challenges.

Morning Session Summary

Opening Speech

The Minister for Health; Mental Health (Minister) opened the Summit by highlighting that the health workforce is a priority at all levels of government, with Prime Minister Albanese bringing together Health Ministers across the jurisdictions to tackle health workforce issues. The Minister highlighted that the interim report of *Independent review of overseas health practitioner regulatory settings* (Kruk Review) as a strong blueprint for collaboration across the health sector to support regulatory change.

The Minister stressed that regulatory change alone is not enough to address the full spectrum of health workforce reform, and that the WA health system is undertaking significant work to support the clinical workforce. This includes:

- **Nursing and Midwifery:** Tackling at scope of practice issues and artificial barriers in place with Enrolled Nurses; providing clear direction to build and strengthen the nurse practitioner workforce; introduction of Nurse/Midwife to Patient Ratios in line with Queensland, Victoria and soon to be South Australia and New South Wales; and the paid midwifery model.
- **Medical Practitioners:** Delivering permanency to WA Health doctors thanks to the agreement and partnership between the Department and the Australian Medical Association; addressing length of contracts for Doctors in Training, led by the example set by North Metropolitan Health Service who provides streamlined application processes and opportunities for part time work.

The Minister closed her speech by emphasising the need for collaboration across the health sector to look for solutions outside of bargaining parameters and budget cycles. Incentives have their place, but they alone do not deliver the reform needed to create a sustainable, dependable workforce in the long term. They are a short-term fix. The Minister asserted that stakeholders need to be willing to listen to each other and be willing to compromise. By doing this solutions can be developed that will meet the needs of the WA community and ensure that the public health system is sustainable for the future.

Keynote Speech

Dr D J Russell-Weisz, Director General of the WA DoH, provided the keynote speech, providing a current state of play for the WA medical, nursing and midwifery workforce. Key points raised by Dr Russell-Weisz included:

- Many of the challenges currently facing by WA Health are shared across the globe, with all countries vying for the same workforce which is driving a competitive market for filling critical workforce shortages.
- Additional shared challenges include an ageing workforce, increased demand due to changes in burden of disease and multi-morbidities, and varied requirements for professional registration.
- In addition to these challenges, WA must manage the vast service area of the WA Country Health Service (WACHS), and competition for clinical staff within the state between HSPs, public and private organisations.
- Despite these challenges, WA Health has seen an 80% increase in Newly Qualified Nurses and Midwives (NQNM) recruited through the GradConnect program between 2020 and 2022. In addition, over 1200 applications to the centralised Resident Medical Officer and Service Registrar recruitment for 2024 have been received.

To further address ongoing workforce issues and support the pipeline of incoming health professionals, Dr Russell-Weisz further spoke about some of the initiatives already in progress within the WA health system, including:

- The Belong campaign to attract health professionals to live and work in WA, financial incentives offered to international and interstate health professionals and the pilot of a concierge service to support recruitment processes.
- Nursing and Midwifery scholarships, grants, fellowships as well as a new HECS-HELP initiative for NQNM's joining the WACHS workforce.
- A pilot of Nurse Midwife to Patient Ratios commenced in Perth Children's Hospital Emergency Department in July 2023.
- Expansion of the Aboriginal Cadetship program to include Assistants in Nursing.
- Initiatives to attract and retain Junior Medical Officers (JMO) have been a priority for the system, with JMO workshops, an Executive Director of Medical Services planning forum and contract reviews and workforce planning occurring in the last quarter.

In closing, Dr Russell-Weisz encouraged the attendees to utilise the knowledge and expertise in the room throughout the day to explore innovative ideas, concepts and solutions to the challenges and barriers that WA are facing to inform the WA Health Workforce Strategy and key priorities going forwards.

Independent review of health practitioner regulatory settings

Participants welcomed a presentation from Robyn Kruk AO, currently leading the Kruk Review directed by National Cabinet. Ms Kruk, who led the Sustainable Health Review for WA Health in 2017, highlighted the key reforms identified to improve the current process for internationally trained health professionals hoping to migrate to Australia. These reforms include streamlining registration processes, fast-tracking applicants from competent countries, better recognition of experience and skills and workforce demand and supply workforce modelling and will support WA Health to attract and onboard overseas health practitioners in a simplified and expedited manner with minimal financial impact to the health system.

Panel Discussion

A panel discussion with the Minister, DG and Ms Kruk ensued, with questions submitted via Slido from the audience. Questions and responses can be found at Appendix 1.

Afternoon Session Summary

The attendees split into groups for the workshop element of the day, participants discussed three key focus areas:

- Attracting international recruits.
- Building a sustainable workforce pipeline.
- Making WA Health an employer of choice.

This paper will delve into those discussions more thoroughly, exploring the existing barriers and challenges and aligning proposed solutions with existing initiatives and programs, to outline next steps. The Summit will be followed by a series of roundtables, focusing in on areas of high need, to deliver practical solutions.

Session One: International Recruitment

Background

The need for overseas trained health professionals

Western Australia, like all other Australian jurisdictions, relies on overseas trained health professionals to supplement the local workforce pipeline. As of 2020, it is estimated around 18 per cent of Australia's registered nurses and around 32 per cent of medical practitioners were internationally trained. Following the height of the COVID-19 pandemic and the reopening of borders, attracting overseas health professionals to Australia has become a key focus of state and federal policy, including:

- The **Jobs and Skills Summit**, held in September 2022, which acknowledged the need to expand employment opportunities, address the current skills shortages, ensure the correct skills mix over the long term and improve migration.
- The **Independent review of overseas health practitioner settings** (Kruk Review) recognises Australia's reliance on overseas trained health professionals and the subsequent need to fast track professional registration processes.
- The **National Medical Workforce Strategy 2021-2031** recognises that Australia has a strong reliance on International Medical Graduates who provide a service where there is an insufficient domestic workforce, particularly in rural and remote areas.
- The **Outline of the Australian Government's Migration Strategy** recognises that the current migration system must be reformed to face future challenges associated with an ageing population.

Barriers to migration

The process of migration to Australia can be complicated and costly. Evidence suggests migrants to Australia face a number of barriers including:

- **Fiscal Barriers:** The high costs associated with migration to Australia – flights, accommodation, visa fees etc. – especially when compared to comparable developed countries. Additionally, many health professionals face considerable costs relating to registration. It is important to note however that discussion of wages and financial incentives are largely outside the scope of the Workforce Summit.
- **Cultural Barriers:** Skilled migrants to Australia reported a wide range of social factors that impact their daily living conditions including cultural factors, language barriers, education, employment, access to health and social services, housing, income, social support, and transport. Mental health consideration such as stress, isolation and anxiety are also a concern.
- **Process-Driven and Policy Barriers:** Historical delays in visa processing and the cost and complexity of the visa system can present a barrier to some applicants. In some cases, a migration agent is required, also adding additional financial implications. Migrants further report difficulties in areas such as securing housing, navigating transport options and finding suitable schools/childcare.

Session 1 of the Ministerial Medical, Nursing and Midwifery Workforce Summit

Recognising that attracting migrant health professionals is a challenge for WA, the first session of the Workforce Summit posed two key questions for attendees to consider:

1. What are the barriers that discourage international medical and nursing professionals from migrating to WA Health post COVID-19?
2. Identify successful examples in WA who have successfully addressed these barriers?

The 12 tables proposed a number of projects and interventions that could attract and support medical, nursing, and midwifery professionals to migrate to WA. These are outlined below.

Concierge Service/Support Package for Overseas Trained Health Professionals

Rationale

Often it is assumed that because skilled overseas trained health professionals are hired based on their skills that they will not need assistance settling into life and work in Australia. However, evidence suggests that this is not the case.

For WA to become a competitive prospect for skilled migrant health professionals, there is a need to support migrant health professionals to adapt to living and working in WA. To increase WA Health's competitiveness there is an opportunity to develop alternative models of both attraction and retention for international recruits that do not involve financial incentives, which were beyond the scope of the Workforce Summit. One opportunity is consideration of the human factors that personally affect individuals during the first few months and beyond of living and working in Australia.

Recognising this opportunity, eight tables proposed providing comprehensive support to migrating health professionals and their families.

Proposal

All eight tables proposed a version of a "concierge service" that provides wrap around non-financial support to health professionals and their families (if applicable). Ideally the service would support migrants before their arrival to Australia, through to at least the first 30 days in the country.

Suggestions from tables fall in to two categories:

1. Support that could be offered by the DoH and HSPs and could be implemented in the short to medium term.
2. Support that would require collaboration with other government agencies, considerable financial outlay and/or significant time for implementation.

Short- and Medium-Term Solutions

Figure 1 below summarises suggestions from tables that could be implemented in the short term to support international health professionals.

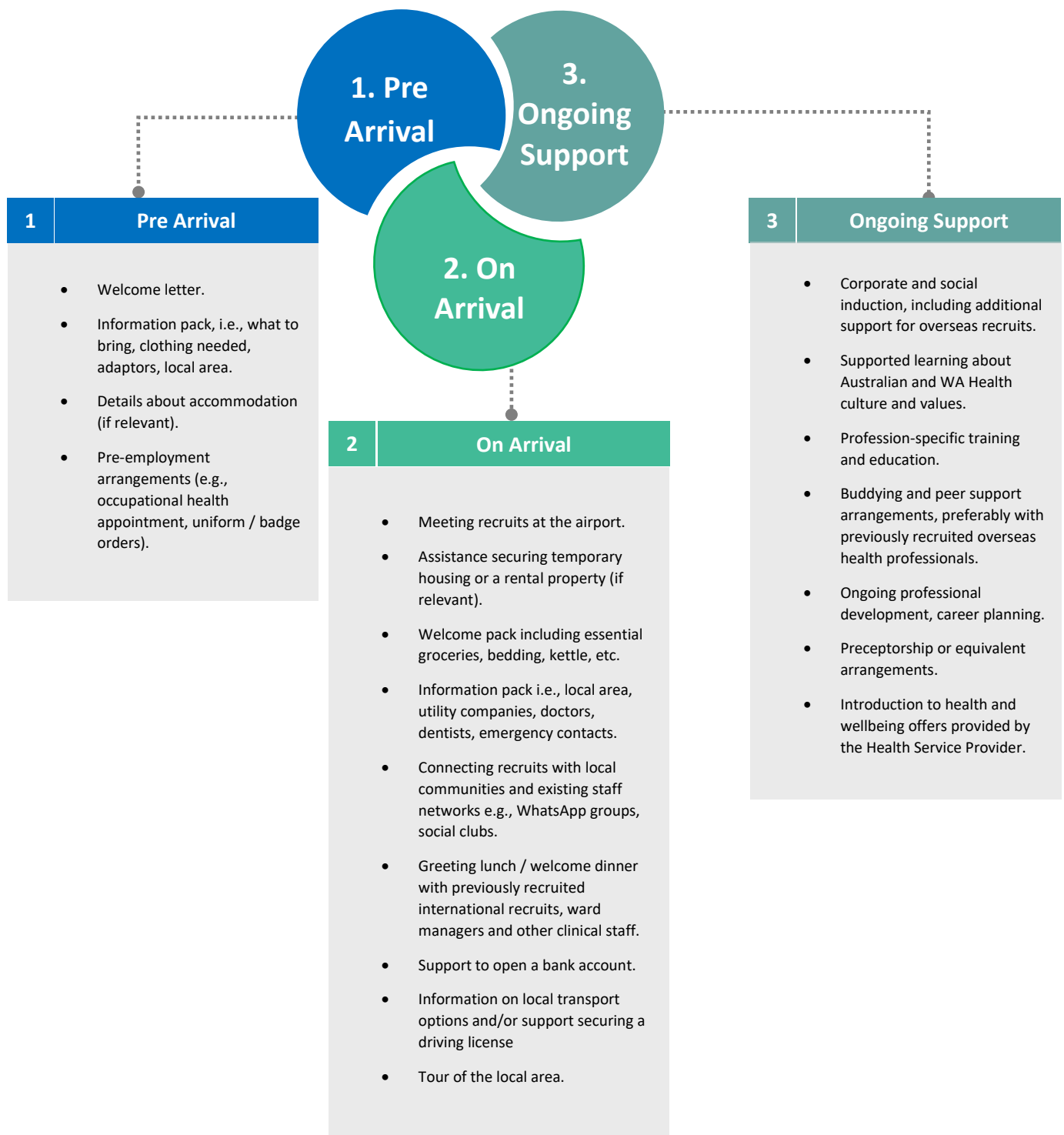


Figure 1: Assistance to be provided to migrant health professionals within the scope of WA Health.

Longer Term Solutions

- Establishing offshore offices in key source countries to provide support to prospective migrants. These offices could provide advice regarding visas through employing a migration agent.
- Extend concierge service offerings to comprehensive support for spouses/partners e.g. guaranteeing a job in the WA public sector.
- Building and/or acquiring housing stock to rent out to migrant health professionals.

Future Opportunities

A proposal for a WA Health relocation concierge service will be developed by the Department of Health.

Supporting Internationally Qualified Health Practitioners with Registration and Accreditation

Rationale

According to the Kruk Review, employers and health practitioners report that Australia's health profession registration processes are slower, more complex and expensive than our international counterparts. For example, an overseas trained nurse can pay in excess of \$20,000 and take 35 months to get their qualifications recognised. Anecdotally, this discourages health internationally qualified health professionals (IQHP) from choosing Australia as their place of practice.

Proposal

Recognising this barrier, Workforce Summit attendees outlined a number of proposals to support international health professionals to gain their registration to practice in WA. These included:

Nursing and Midwifery

- **Establishing a local WA centre for the Objective Structured Clinical Exam (OSCE).** Currently, WA-based IQHP must travel to Adelaide to sit the OSCE which presents considerable financial burden.

Medical Practitioners

- **Expanding access to Workplace Based Assessments** for International Medical Graduates (IMG) in lieu of Australian Medical College clinical exams. Offering alternative forms of assessment for IMGs, may make Australia a more attractive prospect.
- **Streamlined application process and increased flexibility for IMGs.** Currently, the application process for IMGs is lengthy and can be repetitive. Finding opportunities to shorten the process would make WA more attractive for applicants.
- **Flexible working arrangements for IMGs.** Many contracts for IMGs are full time, with little scope for part time. Promoting opportunities for more flexible contracts for IMGs could make WA a more attractive prospect.

Future Opportunities

Consideration of holding exams related to IQHP registration in WA has been a point of discussion for several years. WA has continued to advocate at a federal level for improved access to exams for IQHP.

WA will continue to advocate for a local examination centre, and the recommendations of the Kruk Review provide an additional opportunity to advocate for mechanisms that streamline the process of registration for IQHP.

Proposals related to IMGs are widely explored in the interim report of the Kruk Review. The final report is due for consideration by National Cabinet by the end of 2023. At this time, it is anticipated WA will work closely with other jurisdictions, Ahpra, the Australian Government and relevant colleges to implement key priorities in early 2024.

Supporting International Students

Rationale

It is estimated that annually, around 16% of graduating medical students from Australian universities are international students, with a similar estimate for nursing students. This represents an opportunity for the WA health system to target this cohort to retain them within WA after graduation.

Proposals

A number of tables proposed mechanisms to increase the numbers of international students in WA universities and provide pathways to ensure they remain in WA upon graduation.

- **Increase WA university places for international students.** A proposal to potentially offer quarantined/designated places to international students to increase numbers.
- **Develop pathways for guaranteed employment within WA Health for international students who graduate from a WA university.** This approach could assist in retaining students in universities whilst also serving as an attraction mechanism for future students.
- **Develop strategic partnerships with overseas training institutions.** Possibilities for these partnerships include offering exchange programs or guaranteeing places in post graduate courses for graduates.

Future Opportunities

Implementation of these proposals will require comprehensive engagement with WA Universities and TAFEs, in addition to Health Service Providers to negotiate and define pathways for international students. Consideration of relevant requirements under the *Public Sector Management Act 1994* will also need to be made.

Session Two: A Sustainable Workforce Pipeline

Background

The World Health Organisation, of which Australia is a Member State, has published a Global Code of Practice on the International Recruitment of Health Personnel. This states that *Member States should strive to create a sustainable health workforce and work towards establishing effective planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel.*

Recognising this, and in the face of both ongoing global health workforce shortages and strong competition between Australian jurisdictions for IQHP, supporting a strong local health practitioner training and recruitment pipeline is essential. In addition to ensuring a strong pipeline, it is also necessary to implement retention strategies to reduce attrition and support the health practitioner workforce throughout their career.

Session 2 of the Ministerial Medical, Nursing and Midwifery Workforce Summit

Recognising these issues, in the second session of the Summit, attendees were asked to *consider how to build a sustainable pipeline.* This session focussed on three questions, initiating the discussions with the newly qualified workforce and moving through to retention considerations and how the State Government could support training institutions and HSPs as employers.

1. What factors influence the decision of Junior Medical Officers (JMO), Doctors in Training (DIT), graduate midwives and graduate nurses to stay at WA Health?
2. How can we create an environment where these healthcare professionals feel valued and safe, with a focus on factors such as flexible work arrangements, regular staff consultations, and access to leave?
3. What role can the government play in supporting HSPs to enhance the sustainability of the workforce pipeline?

The 12 tables proposed a wide range of projects and interventions that could support a sustainable health professional workforce pipeline for the WA health system. These are discussed by theme below.

Factors influencing the decision of JMOs, DITs, graduate midwives and graduate nurses to stay at WA Health

The newly qualified local health professional workforce in the main workforce pipeline for the WA health system. WA Health will continue to rely on this pipeline to address future workforce needs despite also continuing to supplement the experienced workforce from both interstate and international sources. Key to understanding what factors influence the newly qualified health workforce to stay in WA Health is to engage with this workforce. Not having this workforce represented at the Workforce Summit was acknowledged as limitation for this response, however it is considered a question that should also be asked of the broader medical workforce. Three main themes were identified at the Summit and are discussed below.

Clinical Placements

Rationale

Suitability and quality of clinical placements is not only essential to developing the health professional student but is also a key factor influencing attraction. If health professional students have positive and useful experience within in the WA health system, they are more likely to apply to those vacancies on graduation.

Proposal

Student clinical placements have long been a contentious topic with several influencing factors:

- Dependent on good will of HSPs to offer places.
- Mismatch of places offered against placement experiences needed for training providers (e.g. insufficient mental health places for numbers of students enrolled for that semester or year, with too many offered in rehabilitation or aged care).
- Lack of centralised management of placements. The existing system used for some clinical professions, SONIA central, has been at end-of-life phase for some time and no alternative solutions or budget have yet been approved to replace it.
- Clinical placements are required to be undertaken in the student's own time and at their own cost (travel, accommodation etc). Stipends or funding to offset the cost of unpaid clinical placement is one way to support students, particularly those interested in regional areas.

Addressing these issues in a collaborative manner between HSPs, universities and TAFEs would be highly effective in providing better placements.

Future Opportunities

Many of the issues outlined are also highlighted in the 2022 Independent review of WA health system governance (Governance Review). A number of recommendations of the Governance Review which have been endorsed for implementation by the State Government will assist in addressing the number and quality of placements across the WA health system including:

- Updating the [Student Clinical Placement Agreement Policy](#).
- The establishment of a centralised placement program and unit to which will identify the required skill mix across existing and new roles in the health system, and the system capacity to facilitate placements, and coordinates the placement of students with educational institutions.
 - It is further recommended that the HSPs are obligated to participate in the program via their service agreements and in a Clinical Teaching and Training mandatory policy.

Role Availability

Rationale

A clear career pathway and secure employment are key drivers in the attraction and retention of health professionals. Providing clarity regarding the type and number of employment opportunities within the WA health system for health professionals early in their career could be an effective mechanism to ensure ongoing workforce supply.

Role Availability for Medical Practitioners

All local graduating medical professionals are guaranteed employment in WA, and as a result, securing a position in the WA health system is not an immediate largest concern at the beginning career stage.

However, when looking further on in the career path for medical practitioners, a key factor for the JMO workforce in deciding what employer to choose is the availability of training positions in their preferred training pathway. This is often dependent on factors outside the control of WA Health including the number of training places offered by the relevant medical college. Despite this limitation, there is opportunity for WA Health to seek further accredited training and supervision places from the medical colleges. There is further opportunity for HSPs to co-ordinate training places across the WA health system dependent on community need e.g. establishing more rural and remote training placements.

In addition, Summit attendees stressed that not all medical practitioners wish to specialise. As a result, there is a need to support “career service registrars” and recognise the invaluable role they play in delivering health care. Alternative professional development pathways should be created as an alternative to entering specialty programs.

Future Opportunities

Supporting JMO career paths is a focus of the upcoming JMO roundtable, currently planned for later in 2023. The suggestions made at this Summit will shape the agenda of this event.

Role Availability for Nurses and Midwives

In contrast to medical practitioners, graduate employment, along with opportunities for career development impact the decision of newly qualified nurses and midwives to apply or stay in WA Health.

Despite ongoing shortages of nurses and midwives, there is still a highly competitive process to secure a place in the WA health system graduate program with many graduates being unsuccessful and seeking employment elsewhere. Work has been undertaken to address this in recent years with the Chief Nursing and Midwifery Office (CNMO) to support an increase in graduate placements across the HSPs. This has gone some way to ameliorating this issue, however Summit attendees provided a number of suggestions that would further support graduate nurse and midwife retention:

- Guarantee all graduating nurses and midwives at least part-time employment in the WA health system.
- Invest in alternative transition programs (rather than the standard 12-month graduate program) that are focussed on a shorter, 6-month timeframe with flexible working hours.

Further, supporting early career nurses and midwives by providing clear pathways to support their career goals (whether this be specialisation, entering leadership roles or developing generalist skills) would encourage retention. Recognising that there are no current programs for graduates to ‘fast-track’ or access opportunities to support their longer-term career goals, Summit participants proposed the development of a program to fill this gap.

Future Opportunities

Further scoping will need to be undertaken to develop alternative approaches to supporting employment and career development for graduate nurses and midwives.

Digital Investment

Rationale

Digital investment for modern healthcare was identified as an attractive element for the newly graduating clinical workforce. The opportunity and/or ability to routinely engage with technology as part of their work is a drawcard for this workforce.

Proposal

There is an opportunity for the WA health system to invest in new medical technologies and leverage these as an attraction and retention strategy.

Future Opportunities

Digital engagement strategies along with the strategic themes outlined in the WA Health Digital Strategy 2020 – 2030 support the need for the WA health system to be a leader in health digital technologies.

Additionally, the 2023/24 Budget reflected the important of digital investment, including:

- \$99.4 million to complete Stage 1 of the EMR roll out allocated in the 2023/24 Budget to modernise and future-proof our hospitals across WA.
- \$58 million for ICT projects to improve access to specialist outpatient services through implementation of the Smart Referrals electronic referral management system.
- \$24.4 million to continue funding for the WACHS Mental Health Emergency Telehealth service.

Creating an environment where healthcare professionals feel valued and safe

An organisational culture where staff feel that they are valued for the work that they do and are supported to safely practice is conducive to both attraction and retention.

Rostering

Rationale

It is widely acknowledged that flexible work arrangements promote both attraction and retention. Supporting a healthy work-life balance has a number of benefits, including:

- Lower attrition, as staff are more likely to feel valued and will have a greater sense of loyalty
- Increased productivity
- Reduced employee absenteeism
- Better patient outcomes
- Improved workplace safety.

Proposal

Summit attendees proposed a number of approaches to rostering, including:

- Flexible rostering e.g. offer part time for exiting employees as well as introducing part-time training positions.
- Rotating rosters and job share arrangements
- Family friendly hours – e.g. a 9am to 2pm shift.

Future Opportunities

The responsibility for rostering falls at an individual HSP level. Ongoing work will need to be undertaken to identify flexible rostering models that are appropriate for the specific HSP and relevant service delivery requirements.

Empowering Staff through Meaningful Work

Rationale

Job satisfaction is closely related to both the retention of health practitioners and quality of care.

Components of job satisfaction include:

- working conditions
- relationship with patients, co-workers, and managers
- work itself and workload,
- remuneration
- opportunities of advancement/ personal achievement
- psychological rewards
- control and responsibility/autonomy
- job security
- leadership styles.

Proposal

Summit attendees made a number of suggestions that address some of the components of job satisfaction, including:

- Empower staff to innovate and participate in research

- Reduce administrative burden to support time for clinical work
- Provide career guidance and mentorship opportunities
- Allow staff to work to the top of their scope.

Future Opportunities

The planned roundtables will provide a platform for further exploration of the issues and development of practical solutions, in the context of specific key professions and priority areas of service delivery.

There is further opportunity to leverage responses related to job satisfaction found in the 2023 [Your Voice in Health Survey](#). The Survey revealed that across the WA health system, staff felt that work could be done to:

- Promote greater recognition for staff and the work they do.
- Make staff feel valued by their managers and leaders.
- Increase the feeling that their organisation cares about their health and wellbeing.

What role can the government play in supporting HSPs to enhance the sustainability of the workforce pipeline?

Developing a sustainable health professional workforce pipeline requires the input of a diverse range of stakeholders and considerable resources to achieve. The WA State Government can support the development of a sustainable health practitioner pipeline by providing financial support, leveraging opportunities at a federal/interjurisdictional level and bringing together diverse groups of stakeholders.

As an immediate action, additional funding to support HSPs in areas such as developing professional development programs and increasing capacity to provide supervision for clinical placements would be beneficial.

Session Three: WA Health as an Employer of Choice

Background

The pandemic may have exacerbated the global healthcare workforce shortages but current and future workforce challenges in Australia remain. In Western Australia, an ageing healthcare workforce and current retention challenges, particularly in regional and remote areas will impact many areas of the medical, and nursing and midwifery workforce.

To date, WA statistics indicate a good retention of doctors. Of the WA graduates commencing an internship in 2010, 80% now have a specialist qualification, with 76% of this cohort remain in WA and of those with a specialist registration, 83% remain in WA. Although the retention rates are good, there seems to be a dissatisfaction within the JMO workforce. JMOs are calling for a better work life balance with more flexible work arrangements, access to leave, education and professional development, career development and pathways and being paid correctly for overtime. There also needs to be a digital solution for JMOs particularly to reduce administrative burden, for example a more efficient onboarding and rostering system. Retaining the International Medical Graduates (IMG) through more streamlined registration, immigration process as well as providing other concierge style services will make Western Australia a popular choice for overseas trained doctors. Although only a small number of doctors (6.98%) will be looking to retire in the next 10 years, appropriate succession planning to mitigate loss of critical knowledge is vital.

A large number of local nursing graduates gain employment in the WA health system, with the numbers coming through the tertiary education system remaining robust. From 2021, the changes to the midwifery education structure have led to fewer graduating midwives, and work is underway to rectify this. Strategies have been employed to further enhance opportunities in regional and remote areas with the introduction of HECS-HELP offsets. Although WA Health is in need of health professionals in regional and remote locations, accommodation and social integration are barriers to attracting and retaining staff in these areas.

Nurses and midwives enter the profession as they have a desire to help others, but this is no longer enough to keep staff in the job. Job satisfaction, the expectation to be respected, supported and valued for their contribution to the health system is crucial for the retention of these highly skilled health professionals.

For WA Health to be seen as the employer of choice we must be proactive and innovative in building on our existing strengths and implement new initiatives that drives the delivery of high-quality safe care, increases job satisfaction, and values and supports the contribution and wellbeing of our doctors, and nurses and midwives.

Session 3 of the Ministerial Medical, Nursing and Midwifery Workforce Summit

Session 3 of the Workforce Summit was for participants *to consider WA Health as an employer of choice*. In their 12 table groups, participants discussed two questions.

1. What other factors are essential for retaining senior and experienced health professionals and making WA Health an employer of choice?
2. How can we ensure the sustainability of incentives to address acute workforce shortages in a highly competitive workforce market?

Factors essential for retaining senior and experienced health professionals and making WA Health an employer of choice

Flexibility

Rationale

Flexibility was a key factor identified for retaining senior and experienced health professionals and can play a key role in attracting and retaining staff. Decisions concerning a flexible work arrangement request will consider the service delivery needs and operational requirements as well as the needs of the employee. Although flexible work arrangements are available to all employees across WA Health, there are often limits to flexibility, particularly in a clinical setting.

Proposals

- Flexible work arrangements to suit personal needs i.e. family friendly rostering, AI Rostering, and Self-Rostering
- Availability of part time contracts; job share arrangements; permanent and longer-term contracts
- Mobility across HSPs
- Timeliness and ease of recruitment
- Access to leave/ parental leave
- Paying for overtime worked

Future Opportunities

Further investigation is needed to identify best practice models which support progressive employment arrangements. An example of changes to working arrangements is the North Metropolitan Health Service (NMHS) Junior Doctor Manifesto (JDM). The JDM targets Junior Medical Officers and Doctors in Training. When the JDM was created, there were an unprecedented 42FTE vacancies, with reports of burnout and increased absenteeism. The JDM led to a creation of 33 part time positions, with a focus on flexibility resulting in vacancy rates dropping from 42 positions to nil in February 2023. NMHS JDM is leading the way regarding rostering; booking leave; managing overtime and providing opportunities for research.

There is an opportunity for this program to be expanded through adoption at other HSPs. Further investigation is needed to develop an approach to expansion across the WA health system.

Leadership and Career Pathways

Rationale

Leadership and career pathways were also highlighted as a factor to retaining senior and experienced health professionals. Leadership within health systems is widely recognised to be the key influencer of organisational culture, staff satisfaction and patient care. WA Health values leadership and there are opportunities across HSPs to access training.

Proposals

Leadership and career pathway themes highlighted by Summit attendees included:

- Staff want to feel supported, valued and empowered
- Possible leadership training tailored to the profession
- Opportunities for leadership training at every level
- Clear career pathways

- The opportunity for transition to retirement mentoring program or for those recently retired
- Health professionals want career guidance/conversations and mentoring opportunities

Future Opportunities

The Health Leadership Strategic Intent 2019-2019 identifies the leadership approach and outlines the four strategic intentions to ensure leadership development is integrated into the leadership agenda.

Improving the culture of WA Health

Rationale

It was noted that a good culture overrides salary and through enabling staff to work to their full scope, providing a nurturing environment with strong leadership and offering fair and equitable professional development opportunities; staff will feel valued and committed to their organisation.

Proposals

Summit attendees provided a number of suggestions to improve culture, including:

- Creating a positive and safe working environment for all
- Encouraging multi-disciplinary teams- enabling health professionals to work to their full scope of practice
- Partnered workforces e.g. non-medical prescribing such as pharmacy and nurse prescribers, nurse-led cannula teams.
- Introduction of roles such as Assistants in Medicine
- Having time for clinical supervision and reflective practice.

Future Opportunities

A workforce strategy will be developed incorporating outcomes from the workforce summit, included will be further work around opportunities for clinicians to be operating at their full scope of practice; and advanced and expanded scope of practice.

Question 2 was not answered specifically across many of the tables. The tables that did answer the question discussed strategies which have been mentioned in question 1.

Linking to current strategies

The proposals made by Summit attendees in this session have a number of similarities with existing projects and strategic priorities, representing significant opportunity for leverage.

The Sustainable Health Review (SHR) enduring strategy 7 includes Recommendations 23-27, focusing on culture and workforce to support new models of care. These recommendations focus on creating a workforce culture of innovation and accountability to support change; as well as building workforce capability and partnering with universities and vocational training providers to shape the skills of future health professionals.

The Health Leadership Strategic Intent 2019-2029 sets the approach to leadership and will focus on the identification, development and nurturing of leadership talent. The vision for health leaders and leadership is a commitment to shaping leaders and leadership that:

- Cultivates courage
- Promotes values alignment
- Operates collaboratively

- Optimises systems success

The Independent Governance Review of WA Health System Governance Report (IGR) outlined many workforce issues which include:

1. The reliance on overseas-trained health workers.
2. The need to improve attraction and retention initiatives.
3. Growing the local pipeline.
4. Supporting staff mobility across the WA health system.

Currently, there is work being undertaken to address the above workforce issues, from development of the HR Information Management System to the development of a workforce strategy.

Conclusion and Next Steps

The Ministerial Medical, Nursing and Midwifery Workforce Summit created an opportunity for an intensive discussion between key stakeholders about current workforce issues and an opportunity to provide practical solutions for building a workforce for the future. With the health workforce at the forefront, the key focus areas of attracting international recruits; building a sustainable workforce pipeline and making WA Health an employer of choice ignited discussions amongst the enthusiastic attendees. The innovative solutions identified will be considered, some of which can be potentially actioned in the short term, while others require longer term reform.

In the coming months, the Minister for Health will be holding a series of roundtables, looking at high need areas of the health system and the challenges and enablers associated with these. The roundtables present an opportunity for stakeholders to provide innovative solutions to support the WA Health workforce and will contribute to a comprehensive view of the health system as a whole. Suggestions from the summit and roundtables will inform the forthcoming WA Health Workforce Strategy.

Appendix 1: Questions Raised at the Morning Session of the Summit

Name	Question/Comment	Response
<p>Janet Reah – ANF</p>	<p>We have hundreds of nurses already living in WA who would come back or increase hours if the pay improved and enforced ratios are placed sooner rather than later</p>	<p>Whilst not in the scope of discussion for this Summit, the Department of Health is currently in negotiations for a replacement WA Health System - Australian Nursing Federation - Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses - Industrial Agreement 2020 (ANF Agreement). In addition to these negotiations, salaries in the ANF Agreement have been increased by \$60 per week or 3% per annum, whichever is the greater, effective 12 October 2022. Nurses-and-Midwives-Administrative-Payment-2022.pdf (health.wa.gov.au)</p> <p>Ratios, or Nurse/Midwife to Patient Ratios (NMTPR) set out the minimum number of enrolled and registered nurses or midwives working in a particular clinical area in relation to the number of patients under their care. NMTPR have been offered to the ANF as part of ongoing bargaining.</p> <p>The system manager encourages HSPs to consider implementing initiatives such as flexible working arrangements, developing leadership and career pathways, allowing clinicians to work to their full scope of practice and improving the workplace culture to encourage senior and experienced health professionals to return to the system.</p>
<p>Karen Strickland</p>	<p>HECS HELP for nurses and midwives to work rurally only target citizens. Will government consider expanding this to graduates who are international with 4 years work rights?</p>	<p>The Federal HECS-HELP Program provides eligible students with a loan to pay their student contribution amount for Commonwealth supported units of study.</p>

		<p>Announced as part of the 2023/24 State Budget, \$4.2 million has been allocated to enable grants of up to \$12,000 over three years for newly qualified registered nurses and midwives with a HECS-HELP loan providing they work at remote and regional public hospitals in WA. Additional information can be found here.</p> <p>Further scoping and assessment would be required prior to consideration of expanding the program to international graduates.</p> <p>The Australian Government provides funding through <i>Destination Australia</i> to help tertiary education providers fund scholarships of up to \$15,000 for domestic and international students to study and live in regional Australia. This scholarship prioritises domestic and international students studying courses aligned with the National Skills Priority List, which includes nursing and midwifery. Additional information on this Program can be found here.</p> <p>If required the WA Department of Health may consider lobbying the Federal Department of Education to include international graduates with 4 year work visas, however international graduates may also access scholarships via universities and their country of origin.</p>
<p>Dr Simon Towler</p>	<p>ABF when being implemented recognised teaching, training and research as specific activities. Will this be revisited as part of the NHRA review?</p>	<p>The National Health Reform Agreement (NHRA) sets out arrangements for public hospital funding and delivery ensuring the future sustainability of Australia’s health system. While the states and territories have primary responsibility for public hospitals, the Australian Government makes a significant contribution to their costs through the NHRA.</p> <p>The current NHRA runs to June 2025 and is being independently reviewed by Ms Rosemary Huxtable PSM and Mr Michael Walsh PSM.</p>

		<p>The Review will consider whether the objectives of the NHRA are being met and will look at:</p> <ul style="list-style-type: none"> • the impact of external factors (such as the COVID-19 pandemic) on the demand for hospital services and the flow-on effects • the performance of small rural and small regional hospitals • the implementation of the long term reforms and other governance and funding arrangements, and • any unintended consequences such as cost-shifting, perverse incentives or other inefficiencies that impact on patient outcomes <p>The review will complement other critical health reform work including the Independent Review of Regulatory Settings and the long-term health reform program requested by National Cabinet. It will also consider whether the NHRA remains fit-for-purpose given shared priorities for better integrated care and more seamless interfaces between the health, disability, and aged care sectors. It is unclear if teaching, training and research are being considered under the Review.</p> <p>The reviewers will provide an interim report to all Health Ministers in August 2023, and a final report in December 2023.</p>
<p>Janet Reah – ANF</p>	<p>Recruiting nurses from overseas leaves them vulnerable to poor pay and conditions as they are beholden to visa sponsorship. How will you address that?</p>	<p>International nurses and midwives employed by the WA health system are employed under the same terms and conditions as domestic nurses and midwives. Furthermore, under Australia’s <i>Migration Regulations 1994</i>, employees who have sponsored overseas workers are obliged under Regulation 2.79 to ensure equivalent terms and conditions of employment.</p> <p>The system manager would encourage anyone who suspects that a sponsor has breached their sponsorship obligations, to report this,</p>

		anonymously if preferred, to Border Watch via their online reporting form .
John Olynk	Streamlining processing for overseas physicians is now applied by College of Physicians to well recognised constituent. Finding a job is the challenge.	<p>Medical jobs in the WA health system are advertised online via MedJobsWA, however, for IMGs, finding a job with appropriate supervision commensurate with their level, a requirement of the Colleges, is the difficulty.</p> <p>In early 2020, Health Ministers agreed to an Independent review of the procedural aspects of accreditation processes. This followed recommendations made by Professor Michael Woods in his 2018 review of accreditation systems. The review is being undertaken by the National Health Practitioner Ombudsman, Richelle McCausland, and will consider the fairness and transparency of the procedural aspects of accreditation processes in general.</p>
Dr Simon Towler	Who, where and by whom will National Strategic Workforce planning be established?	<p>The National Workforce Strategy 2022-27 provides a framework for Government to ensure a consistent, coordinated approach to address workforce issues and sector-specific workforce plans. It will guide the national effort to secure the workforce we need today and tomorrow, to ensure we are equipping Australians with the skills they need to get a job and keep a job.</p> <p>Several other National and local workforce strategies have or are being developed including:</p> <ul style="list-style-type: none"> • The National Medical Workforce Strategy 2021-2031 has been developed to guide long-term medical workforce planning across Australia and improve access to health care by supporting the right people to have the right skills, where we need them most.

		<ul style="list-style-type: none"> • The National Nursing Workforce Strategy is being developed to address workforce challenges and support a capable, resilient nursing profession delivering person-centred, evidence-based, compassionate care to Australian communities across all sectors. • The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 has been co-designed with Aboriginal and Torres Strait Islander people. It includes actions to attract, recruit and retain workers across all roles, levels and locations with a target for First Nations people to be fully represented in the health workforce by 2031. • The Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025 aims to guide the growth and development of an appropriately qualified and skilled workforce that will provide individualised, high quality mental health and AOD services, and programs for the Western Australian community.
<p>Helen Abbott</p>	<p>What action is being taken to increase the number of medical specialty training positions in WA? This is a major concern for medical students.</p>	<p>WA Health acknowledges that gaining access to specialty training positions is a focus for medical students. While accreditation of positions for specialty training is managed by the medical colleges, OCMO works closely with colleges, employers, the Postgraduate Medical Council of WA (PMCWA) and universities to identify and facilitate access to specialty training programs in WA.</p> <p>Medical colleges oversight the delivery of specialist education and training for the medical workforce. As such, WA Health works collaboratively with external agencies like colleges to align government agency workforce priorities. The importance of strategic medical workforce prioritisation and development has</p>

		<p>been recognised at the highest levels of national government leading to this being a priority agenda item at the national Health Minister’s level. Health Ministers are currently defining the responsibilities of all key parties in the training and supply of the medical workforce; and reviewing the transparency and consistency of the medical college accreditation of training sites.</p> <p>WA Health continues to liaise with medical colleges to identify opportunities to expand or better facilitate progression through vocational training pathways.</p>
John Smith	What are the anticipated cost implications of implementation? Will costs be borne by applicants or employees?	The <i>Independent review of overseas health practitioner regulatory settings</i> aims to ensure our regulatory settings are fit for purpose, comparable to similar countries and not impose unnecessary barriers or compliance costs on migrants and employers.
Graeme Boardley	We are losing midwives to other jurisdictions because they are providing some initial supported accommodation. Will WA consider funding this for nurses and midwives?	The system manager acknowledges the pressures in the current WA rental and housing markets however encourages HSPs where practicable to source suitable accommodation to meet the needs of its nursing and midwifery workforce. A concierge service to support health practitioners in matters including accommodation is being explored.
Kim Bohn	What work is being done to attract and retain WA nurses and students in light of the incentives other states are providing to move there?	<p>The Office of the Chief Nursing and Midwifery Office (OCNMO) offers scholarships for those studying to gain an initial qualification as an enrolled nurse, registered nurse or midwife as well as to those studying for a dual nursing and midwifery degree.</p> <p>Opportunities are also available to enrolled nurses, registered nurses and midwives who wish to undertake further professional development or upskilling, or to complete a postgraduate course to advance their knowledge and skills in a chosen field.</p>

		<p>Additional information on these scholarships can be found on the OSNMO scholarships page Scholarships offered (health.wa.gov.au)</p> <p>OCNMO also offers HECS-HELP grants of up to \$12,000 over three years for newly qualified registered nurses and midwives who work at remote and regional public hospitals in WA.</p> <p>Additionally, the system manager also offers financial incentives via the Belong Campaign to experienced nurses and midwives who relocate to work in the WA public health system.</p> <p>The WA Country Health Service is offering incentives to nurses and midwives to stay in country WA for longer via their Country Nursing and Midwifery Incentive Program. The system manager encourages other HSPs to explore opportunities, financial or otherwise to attract and retain nurses and midwives to WA.</p>
<p>Michael Page</p>	<p>How do we balance the immediate needs of our own state’s workers and patients with the global health worker shortage? Is selfishness taboo?</p>	<p>Australia is an active WHO Member State contributing to regional and global health through its leadership on a range of priority health issues, and follows the guiding principles set out in the <i>WHO Global Code of Practice on the International Recruitment of Health Personnel</i> in relation to recruitment. Article 5.1 states that <i>“Member states should discourage active recruitment of health professionals from developing countries facing critical shortages of health workers.”</i></p> <p>The code encourages bilateral agreement to promote mutual benefits of both source and receiving countries, as well as to enhance capacity building in source countries and facilitate return migrants bringing back skills and experiences to their homelands.</p>

		<p>Actively growing the Australian training pipeline to meet local demand is a key element of the National Workforce Strategy 2021-31. The Kruk review has identified the criticality of supplementing the local workforce while the local pipeline continues to be developed as essential to maintaining safety and quality. Contemporary workforce and training models that leverage advances in digital health, alternative models for medical training and service delivery that reduces the workforce demands for less rewarding experiences among junior staff to ensure retention of locally trained staff will be important to ensure sustainable supply into the future</p>
<p>Rachel Foster</p>	<p>IMG accreditation is done by college fellows (unpaid) and this limits how many can be assessed (it's time intensive). Why not consider paying people for this?</p>	<p>The Australian Medical Council is responsible for accrediting education providers and their programs of study for the medical profession and accredits both medical schools and specialist medical colleges.</p> <p>Colleges are membership-based organisations and are reliant on volunteers, usually Fellows who have achieved specialist medical registration, to assist with college activities, including activities related to the education program and the accreditation of training sites. Colleges generally also require supervisors at training sites or training networks to be college Fellows.</p> <p>In early 2020, Health Ministers agreed to an Independent review of the procedural aspects of accreditation processes. This followed recommendations made by Professor Michael Woods in his 2018 review of accreditation systems. The review is being undertaken by the National Health Practitioner Ombudsman, Richelle McCausland, and will consider the fairness and transparency of the procedural aspects of accreditation processes in general.</p>

		<p>The WA Department of Health welcomes changes to improve the transparency of the accreditation process and looks forward to the recommendations of the Review being tabled. We cannot comment on whether Fellows should be paid for this work.</p>
Andrew Jamieson	<p>How do we deal with work readiness for IMGs to work safely rurally? Upskilling UK/Irish graduates to rural.</p>	<p>All International Medical Graduates who wish to work in Australia are required by law to be registered by the Australian Medical Council. Registration with Aphra indicates their work readiness, with or without an element of supervision.</p> <p>The WA Department of Health is not an employer of and does not undertake accreditation of IMGs or any health professional. In WA this is carried out by the HSPs as employers and WACHS in particular for those working in rural and remote areas.</p> <p>All HSPs have orientation programs for IMGs that includes orientation to the system as well as their respective workplaces. WA Health welcomes and supports collaborative initiatives between HSPs to develop comprehensive orientation programs for IMGs that includes orientation, support and supervision for safe rural practice.</p>
Karen Strickland	<p>The closest examination centre for overseas nurses is in Adelaide, would WA government consider setting up a centre in WA? This would significantly reduce costs.</p>	<p>The WA State Government recognises the key role that IQNs play in delivering safe and accessible care across the public WA health system. It is further acknowledged that the registration process for IQNs can be lengthy and costly, compounded by the additional need to travel interstate for exams.</p> <p>To increase the availability of examination places the Nursing and Midwifery Board of Australia has provided an additional 500 places for nurses and midwives in 2023. These extra places assist IQN gain registration to practice in Australia.</p>

		<p>As part of the <i>Independent review of overseas health practitioner regulatory settings</i>, Robyn Kruk noted in her Interim Report to National Cabinet, that the journey to registration is a complex and costly process and made recommendations to improve the applicant's experience and fast track pathways for registration. In addition, it was recommended that Apha together with the relevant National Boards and Accreditation Authorities develop additional multi-disciplinary testing centres, noting that Melbourne or Sydney were initially proposed.</p> <p>The Department of Health has previously and will continue to advocate for testing centres in WA.</p>
<p>Haseeb Riaz</p>	<p>Are there any further recommendations to improve the pathway of retention for international medical students in WA to access intern positions?</p>	<p>To meet the Medical Board of Australia's requirements for general registration, an internship can be completed in any state or territory of Australia. In WA interns are employed by a Primary Employing Health Service (PEHS) accredited by PMCWA. Each PEHS is a major tertiary hospital in WA which has been accredited to directly employ interns and provide a high-quality intern training program.</p> <p>International medical students may apply for intern positions in WA, however priority is given initially to Commonwealth funded medical students graduating from WA. This is then followed by Western Australians graduating from interstate universities who want to return to WA; international medical students graduating from WA medical schools; then graduates from other jurisdictions (other than WA). The priority then shifts to international medical graduates from outside of Australia. This process is the same across all Australian jurisdictions.</p> <p>The Australian Medical Council (AMC) has developed a national standards framework for intern training to support the Medical Board of Australia's registration standard for <i>Granting general</i></p>

		<p><i>registration to Australian and New Zealand medical graduates after completion of the intern year.</i></p> <p>As part of the framework, the AMC has developed a suite of intern training documents which detail what is expected of interns and intern training providers.</p> <p>The PMCWA works closely with the universities and employers to ensure that intern training and placements meet the training and supervision capabilities and requirements. With the introduction of the Curtin Medical School Program provisions for incremental increase in intern positions across WA health is in place in line with the current training and supervision requirements as well as those proposed through the introduction of the National Prevocational Training Framework in 2024.</p> <p>Work will be undertaken to scope the suggestions made at the afternoon session of the Summit in relation to this question.</p>
George Eskander	<p>Thank you for the superb report. What opportunities do we have to action state-based findings whilst national recommendations are considered at cabinet level?</p>	<p>The Strategic Workforce and Development Directorate (SWDD) is the Department of Health's representative on Health Workforce Taskforce and has actively participated with Ms Kruk's team during the review.</p> <p>The Department of Health will also support and progress the implementation of the recommendations, noting that most recommendations have not been allocated to State Government to action.</p>
Andrew Wesseldine	<p>Have you considered promoting more attractive health work models (4 day work week) interfacing with the retention/recruitment of clinical workforce.</p>	<p>The system manager encourages HSPs to consider promoting more attractive health work models to encourage the retention and recruitment of all health professionals.</p>

<p>Helen Freeborn</p>	<p>A lot of focus on recruiting to Australia. How do we ensure IMG doctors stay? What steps are being taken to ‘fast track’ IMGs for permanent residency (including those already here).</p>	<p>Under the Kruk Review recommendations were made in relation to fast-tracking registration for all overseas health professionals, including IMGs.</p> <p>Immigration and visa issues are a Federal matter, however Health Ministers have requested that the Commonwealth prioritises and accelerates health workforce priorities identified under their Review of the Migration System, where they align with the recommendations of the Kruk Review.</p>
<p>Chris Cokis</p>	<p>Robyn, who do you think is best placed to determine the equivalency of overseas trained medical specialists?</p>	<p>The Colleges currently have the responsibility to determine the equivalency of overseas trained medical specialists. It is noted that under the Kruk Review, recommendations have been made to expedite these assessment processes where appropriate.</p> <p>We note that a review is being undertaken by the National Health Practitioner Ombudsman, Richelle McCausland, into procedural aspects of accreditation processes in general and await the outcome of this review before making further comment. The WA State Government is committed to working collaboratively with key stakeholders to support the implementation of the review’s recommendations upon publication of the final report.</p>
<p>Kathy Hoare</p>	<p>Would you support negotiating a WA Health labour agreement which would provide for concessions on age limits, English language and labour market testing etc?</p>	<p>As part of the <i>Independent review of overseas health practitioner regulatory settings</i>, Robyn Kruk in her Interim Report to National Cabinet, made recommendations to:</p> <ul style="list-style-type: none"> • Make modest evidence-based changes to English language requirements for registration <ul style="list-style-type: none"> ○ Improve the success rate from 26% to 40% of test takers, saving candidates time, costs and the need to sit multiple tests and enable around 2,750

		<p>additional health practitioners to be registered over five years</p> <ul style="list-style-type: none"> • Remove or suspend labour market testing requirement for employers sponsoring priority health practitioners on certain visas and broaden the age exemptions for permanent skilled visas to encompass key health practitioners <ul style="list-style-type: none"> ○ Reduce the end-to-end process by three months and save employers costs. ○ Lead to an additional 4,500 experienced practitioners aged 45 years and over gaining registration over five years <p>The Final Report is due to be submitted in August 2023.</p> <p>WA Health will support the progression and implementation of recommendations which increase the supply of international health professionals.</p> <p>Labour Agreements -Labour agreements (homeaffairs.gov.au)</p> <p>Labour agreements enable approved businesses to sponsor skilled overseas workers when there is a demonstrated need that cannot be met in the Australian labour market and where standard temporary or permanent visa programs are not available.</p> <p>Labour agreements are developed between the Australian Government (represented by the Department) and employers. They are generally in effect for five years and provide for visas to be granted under one or more of the following visa programs:</p> <ul style="list-style-type: none"> • Temporary Skill Shortage (TSS) visa (subclass 482) • Employer Nomination Scheme visa (subclass 186)
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		<ul style="list-style-type: none"> • Skilled Employer Sponsored Regional (Provisional) visa (subclass 494) <p>There are five types of labour agreements:</p> <ul style="list-style-type: none"> • Company Specific labour agreements • Designated Area Migration Agreements (DAMA) • Global Talent Employer Sponsored (GTES) agreements • Industry labour agreements • Project agreements <p>Industry Labour Agreements: These are agreements for a specific industry with fixed terms and conditions. Your industry must show ongoing labour shortages and extensive consultation within the industry.</p> <p>WA Health would support the development of an Industry Labour agreement but notes that recommendations in the review already target some of the afore mentioned areas.</p>
<p>Rachel Foster</p>	<p>Funding for supervised sessions in the public system (like a registrar position) to allow any upskilling for IMGs who need it would help hasten accreditation.</p>	<p>In recognition of the opportunities to upskill a select cohort of IMGs to supplement the medical workforce, the Department of Health has invested \$8.1million to develop a sustainable pathway to registration for a designated cohort of IMGs living in WA.</p> <p>The Project will facilitate access to a combined, structured clinical observership and Workplace Based Assessment (WBA) program to enable the IMGs to become registered medical practitioners. As part of this project, additional IMGs have commenced training in the WACHS supported WBA program in 2023, with more commencing in 2024 at Rockingham and Armadale hospital.</p>

