GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
This information will be used only for contacting you in relation to this submission	
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Publication of Submissions
Please note all Public Submissions will be published unless otherwise selected below
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Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;

Submission Guidance

- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

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This submission specifically addresses improving rural workforce, which is an important component of addressing most of the questions this review is asking. Improving sustainability of a locally trained workforce will make a major long-term contribution to improving effective and efficient patient centred care.

Need for a strong generalist workforce (particularly in rural & remote WA)

An important underlying issue that impacts significantly on costs at both the State and Commonwealth levels has been the largely unchecked process of increased specialisation and sub-specialisation and reduced emphasis on generalist care over recent decades. This occurred despite a lack of evidence of net benefit to the health of the population. This is most obvious for the medical profession but applies to varying extents in other health professions.

The advantage of generalists is they are more able to consider all aspects of a patients care and the advantage of specialists is they are very knowledgeable and expert in one area. Clearly, we need a range of experts across many areas of health, but to be patient centred we need health services that focus on the whole patient and emphasise generalist care.

The major disadvantage of sub-specialist care is that many people have multiple problems, which means multiple different professionals are involved in a patient’s care. This style of segmented care has, in other countries, been demonstrated to result in worse outcomes. In addition, costs increase substantially with more sub-specialist involvement. It is important for the health of WA’s population that we have people who are expert in each area of medicine, but it is highly questionable as to whether we will need the numbers of sub-specialists we are currently training and many of these sub-specialists spend a lot of time seeing people who could be treated safely and more efficiently by less specialised practitioners. We need models of care that make appropriate use of specialist and sub-specialist care where it is genuinely required, but do not require specialist and sub-specialist care where generalist care with or without specialist advice and support is appropriate.

This issue is particularly important in rural and remote areas of WA, where workload varies greatly, there is insufficient work for most sub-specialist areas, and a mainly generalist workforce is required. This includes quality GPs (including those with procedural skills) throughout WA providing both the primary medical care and a majority of secondary care, with generalist specialists (general surgeon, general physician, general paediatrician, general psychiatrists, general obstetricians and emergency physicians) in regional centres. Sub-specialist and specialist input should be more often only one or two consultations or communications rather than taking over management, this is the basis of sensible efficient coordinated care. The main emphasis for practitioners of specialties such as Emergency

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Medicine and Anaesthetics should be to support general practitioners either working for WA Country Health Services or in non-government practice to develop and maintain the required skills and experience to manage most situations, with less emphasis on service models based on full rosters of these specialties.

There is a need for a strong coherent training system for 'Rural Generalist' (GPs, procedural GPs and generalist specialist) – see details below.

Sustainability of the rural health workforce in WA.

One of the major workforce problems for health in rural areas of the State is high staff turnover and the inability to fill many positions long term with high quality experienced practitioners. Many positions are filled with expensive short-term locum practitioners which, as well as being more expensive than resident staff, also undermines continuity of care and substantially reduces the contribution of health staff to the community and the local economy.

The training system, from recruitment of students to fully qualified and adequately experienced clinicians, is central to addressing this in the medium and long term.

Many steps to improve local training have occurred, however these have not been implemented with a whole of health system approach. Therefore, there are significant problems with the current coordination of this process.

WA needs a strong collaborative approach to developing locally trained rural health workforce to address current and future workforce gaps. This includes having:

1. **clear supported pathways from students to experienced fully qualified clinicians;**
2. **collaborative strategic planning for medium to long term workforce needs (whole of health services not just State Government; and**
3. **strong rural leadership of the implementation process.**

Training

Training needs to be based on a clear, well integrated rural training pathway (a WA Integrated Rural Training Program which learns from the successes of the Queensland Rural Generalist Pathway approach, while recognising the geographic and demographic differences of WA, and expanding this to include other health staff not just doctors). This would include:

- Appropriate recruitment of students to health professional training (ensuring a good mix of rural origin, and cultural and social diversity in students selected that matches the population they will serve);

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- Support for students with a rural interest during training (eg Rural student clubs, scholarships, rural exposure opportunities)
- Increased rural training including an increasing number of health services related degree courses based primarily in rural areas;
- Where education and training for a profession is urban based, extended periods of training in rural and remote settings (ideally at least 6 -12 months) as part of the program;
- Rural employment for new graduates (eg graduate nurse programs across the State, increased number of intern places for medical graduates in rural WA, developing new models to support training for recent graduates in allied health professions) aiming for long term placements wherever possible;
- Where locations can only support shorter rotations (less than 3 months) combine this rotation with extended time in a regional location rather than returning a junior staff member to Perth after only a short rural stint;
- Provide long term rural postgraduate training, with the opportunity to do short stints in reserved urban places where this is required (eg extended pre-vocational medical training in rural hospitals, some in combination with primary care and outreach to smaller towns, more support for rural GP training in rural hospitals, more support for post-graduate nurse training);
- Developing innovative training models that support trainees and their families where some urban training is essential (sufficient opportunities to support rural staff to undertake up to a year in the city to undertake training that is required in a particular location);
- Supporting innovating supervision models for employees who are developing new skills or additional experience, such as on-site supports with remote mentoring or supervision to help address long term workforce needs in more remote or difficult to staff locations (including use of the now very functional and well used WACHS videoconferencing and emergency support systems).

These training recommendations are evidence based and many of these initiatives have been funded and are happening to some extent across WA (more for medicine, much less for nursing and allied health). Unfortunately, there has not been a common consistent medium to long term vision accepted by, rural organisations, universities, other training organisations, professional bodies and departments of health (both WA and Commonwealth).

The Commonwealth and the State have supported and funded a number of aspects of these policies for rural medical training with a number of successes. Unfortunately, the limited amount of overall health system planning, inconsistencies and changes in policies, inadvertent adverse consequences of policy decisions in other areas, and varying funding pressures have often significantly slowed and sometimes reversed the development of the above approaches.

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There has been Commonwealth funding for rural nursing and allied health training through University Departments of Rural Health, but very little in the way of coordinated programs to improve rural workforce outside of medicine. Improving the stability, range of skills and experience of nursing and allied health staff in rural areas is crucial to the health system and has been neglected.
There have been significant improvements in workforce, particularly medical workforce, in a number of rural areas of WA, however there are also a number of areas where workforce has not improved in the past decade and in a number of areas medical workforce has declined. The range of services available continue to decline in many smaller locations. Much of this decline is not inevitable or even cost effective and could be prevented if better approaches to coordinated training based on need were more firmly in place.

Collaborative Rural Strategic Workforce Planning

Integrated workforce planning is required covering both State and Commonwealth areas of responsibilities but needs to be led by the State Health Department. This planning needs to include agencies actively involved in workforce training and development (Rural Health West, Rural Clinical School of WA, WA General Practice Education & Training, Remote Vocational Training Scheme, Australian College of Rural and Remote Medicine, RACGP and other Specialist colleges) as well as the representatives of Commonwealth health.

Most work in this area has been undertaken in Perth with limited Involvement of people living and working in rural areas. It is essential that rural and remote people lead this process and that both community representatives and rural health professionals are actively involved.

Leadership

While remuneration can be an important part of attracting staff, generally looking after staff in other ways is more important to keeping staff once you have them. Preventing burn out is an important issue for rural practitioners and appears to be more important the more disadvantaged and/or remote the location. One size fits all management approaches are not the best option across the enormous diversity of locations where health related services are required in Western Australia.

It is crucial to developing a sustainable, effective and efficient workforce that leaders in Rural and Remote areas strongly support the development of trainees and their fully qualified staff. This includes things such as: responsive management, supportive health professional teams, employee friendly approaches to upskilling, access to leave and the need for clinical time out particularly for staff from smaller and more remote locations. Retention is highly dependent on high quality supportive local management and flexible responses to need.

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Higher levels of management need to recognise the diversity within the areas they supervise and allow the flexibility required for supervisors on the ground to be able to appropriately support trainees and practitioners in areas of greatest need.

Paradigm Shifts are Required

An example:

One of the key obstructions to improving rural medical training is the disproportionate number of junior doctor positions in urban tertiary hospitals, and the relative paucity of junior doctor positions in rural areas. The WA Country Health Service (WACHS), if all in one place, would be equivalent in size to a very large tertiary hospital yet has far fewer doctors in the first three years post graduation than the tertiary hospitals.

It is required that a minimum of 25% of WA trained medical students spend a full year of their clinical training in rural and remote WA before they graduate. Once they graduate less than 5% have the same opportunity in their first post graduate year and quite limited numbers have the opportunity in their second or third postgraduate years. These are crucial times in newly trained doctor's careers and without a major shift the shortage of rural practitioners is set to continue.

There are many junior doctor training positions suitable to be accredited in rural WA and it is time for Rural and Remote WA to have a realistic share of the potential future workforce by moving positions from urban to rural locations.