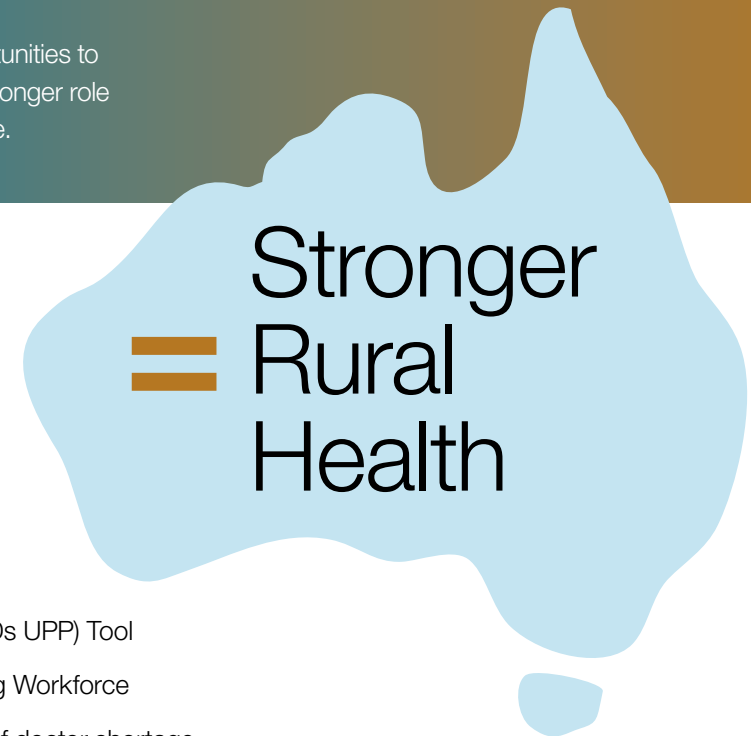


The **Stronger Rural Health Strategy** aims to build a sustainable, high quality health workforce that is distributed across the country according to community need particularly in rural and remote communities.

The Strategy includes a range of incentives, targeted funding and bonding arrangements and will give doctors more opportunities to train and practice in rural and remote Australia, to meet the challenge of redistributing the workforce. It will also enable a stronger role for nurses and allied health professionals in the delivery of more multidisciplinary, team based models of primary health care.



## TEACH



## TRAIN



## RECRUIT AND RETAIN

- Murray Darling Medical Schools Network and Rural Health Multidisciplinary Training Program

- Recognising GP Skill and Expertise
- Streamlining General Practice Training
- Junior Doctor Training Program
- Support for Aboriginal and Torres Strait Islander Health Professional Organisations

- Workforce Incentive Program
- Reformed Bonded Programs
- Royal Flying Doctor Service
- Educating the Nurse of the Future
- Improved Targeting of Bulk Billing
- Improved Workforce Planning (HeaDs UPP) Tool
- Strengthening the role of the Nursing Workforce
- Overseas Trained Doctors in areas of doctor shortage

**Murray Darling Medical Schools Network/RHMT**  
Five rural medical school programs will be established in the Murray-Darling region to allow medical students to stay in their communities while they study. Expansion of the RHMT program will deliver more rural placements for health students.

**Streamlining GP Training**  
GP training arrangements will be streamlined to provide two clear pathways for doctors to achieve Fellowship of either RACGP or ACRRM.

**Junior Doctor Training Program**  
Junior doctors will be able to train and work in rural and remote areas, and receive salary support to work in private hospitals.

**Recognising GP Skill and Expertise**  
Changes to how GPs are funded through Medicare will better recognise their level of expertise. GPs who have achieved vocational recognition/Fellowship will continue to claim the full Medicare item while non-vocationally recognised doctors will be supported to reach Fellowship status.

**Support for Aboriginal and Torres Strait Islander Health Professional Organisations**  
Support for Aboriginal and Torres Strait Islander Health Professional Organisations that play a key role in increasing the number of Aboriginal and Torres Strait Islander people in the health workforce and increase cultural competency of the broader health workforce.

**Reformed Bonded Programs**  
The Program will better support students and doctors through their training and to fulfil their return of service obligation. Programs will move from individual contractual arrangements to a legislated regulatory model, and a consistent three-year bonding period.

**Workforce Incentive Program**  
Incentives for doctors to work in rural locations and support for general practices to employ nurses, Aboriginal and Torres Strait Islander health professionals, and allied health professionals, including non-dispensing pharmacists.

**Strengthening the Role of the Nursing Workforce**  
Supporting nurses to work in primary health care and raising awareness of the role of Nurse Practitioners.

**Educating the Nurse of the Future**  
A review of undergraduate preparation for nurses in Australia will explore improvements to the system and factors affecting nurses entering the workforce.

**Royal Flying Doctor Service**  
Support to deliver outreach services including dental, mental health and emergency aeromedical services to rural and remote communities.

**Improved Targeting of Bulk Billing Incentives**  
Changes to bulk billing payments will ensure incentives are directed to doctors working in rural areas.

**Improved Workforce Planning (HeaDs UPP) Tool**  
Information on health workforce and services will be combined to create a single, integrated and quality source of data. This data will better determine areas of need and assist in workforce planning.

**Overseas Trained Doctors in areas of doctor shortage**  
The growth of the medical workforce will be better managed by regulating the number of overseas trained doctors entering Australia and directing them to work in primary health care areas of need in rural and remote locations (a complementary Department of Home Affairs measure).



# STRONGER RURAL HEALTH STRATEGY

## New Workforce Planning Tool



The Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) tool is a single, integrated, quality source of health workforce and services data. The tool provides sophisticated and comprehensive evidence to inform workforce planning and analysis. It uses newly defined geographic catchments to reflect where people live and where they access health services, as well as where health practitioners and services are located.

### Workforce distribution

Although Australia has plenty of doctors, they are not well distributed according to local need. Until now there has been a limited ability to measure and analyse the health service needs of a community, and apply the right resources to improve workforce distribution.

The HeaDS UPP Tool provides a single source of quality data and evidence for workforce planners at the local, jurisdictional and national levels to inform decisions where services and workforce are needed.

Users of the tool are able to visually zoom in on a geographical region to view health workforce and service usage information about that area.

### Quality data for workforce planners

The tool brings together important source information such as Medicare Benefits Schedule data, Admitted Patient Care data, and Royal Flying Doctor Service data, and maps them according to geographical regions, including the newly created General Practice (GP) Catchments areas.

By mapping this source data, the tool allows planners to view health workforce information about particular geographic areas.

The newly created GP Catchments are a custom designed geography, constructed using the Australian Statistical Geographical Standard and based on a number of factors including patient flows, workforce, rurality, and topography. There are 829 non-overlapping GP catchment areas.

Rural Workforce Agencies can use the tool in their assessment of applications from overseas trained doctors under the *Visas for General Practitioners – targeting areas of doctor shortage* initiative.

### Tool availability

A Beta version of the tool is currently being made available to a targeted internal and external audience (Rural Workforce Agencies), with the 'Live' version expected to be released in later in the year.

Data privacy is a key focus in the design and management of the tool. Strict access controls and protocols are in place for each approved organisation and align with Privacy Legislation.

The tool will be updated every six to 12 months with new information and functionality.

**For further information** see the Department of Health's website [www.health.gov.au](http://www.health.gov.au)



# STRONGER RURAL HEALTH STRATEGY

## GP Catchments

The Department of Health has developed a new custom geography, known as GP Catchments, which forms part of the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool.

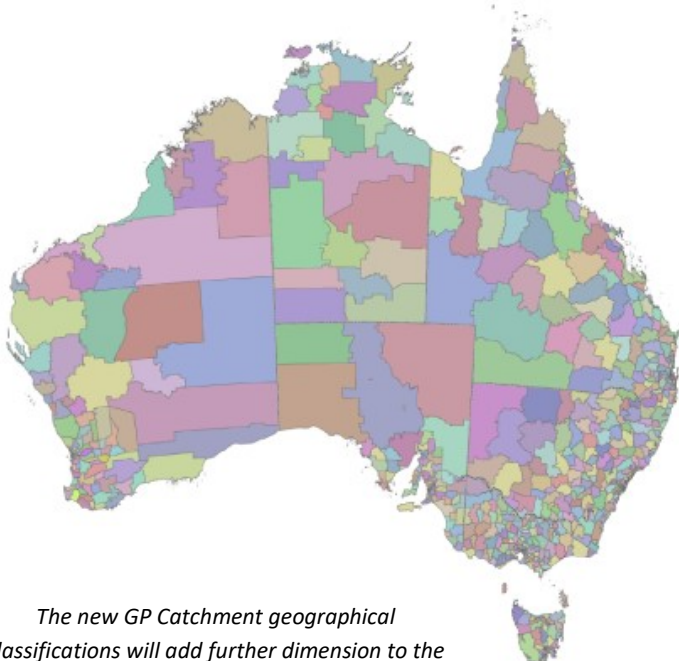
GP Catchments were constructed using the Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS) 2016 along with five years' worth of Medicare data, and demographic data such as the ABS Australian Population Grid and Residential Mesh Blocks 2016.

A total of 829 non-overlapping GP Catchments are aggregations of sub-catchments, taking into account a number of factors including:

- patient flows using MBS patient and provider data over a five year period
- population demographics, e.g. population size and distribution
- GP workforce, e.g. location and number of GPs
- GP infrastructure, e.g. location and number of practices
- accessibility, e.g. catchment size, travel distance and road networks
- topography, e.g. mountain ranges, national parks, water bodies, islands
- recognition of other boundaries, e.g. state and territory borders, local government areas.

### Sub-catchments

Sub-catchments are a mix of Statistical Area Level 1 (SA1), Statistical Area Level 2 (SA2), Statistical Area Level 3 (SA3), and Urban Centre and Locality (UCL) geographies.



*The new GP Catchment geographical classifications will add further dimension to the supply and demand modelling for primary health workforce and services planning.*

The sub-catchment geography used was as follows:

- **Capital cities** (as defined by Greater Capital City Statistical Areas (GCCSA)), as well as the large population centres of Newcastle, Central Coast, Wollongong, Gold Coast and Sunshine Coast:
  - SA3s were used for areas completely inside a Significant Urban Area (SUA)
  - SA2s were used for areas completely outside of a SUA
  - SA2s were used for the areas inside a SUA where a SA3 does not wholly sit inside, i.e. where a SA3 is split across a SUA boundary.
- **For all other areas** UCLs and SA1s were used as the sub-catchment geography.