


# SA Rural Medical Workforce Plan 2019–24

**Part of South Australia's Rural Health Workforce Strategy**

Government of South Australia

SA Health

## Statement of acknowledgment

We acknowledge Aboriginal people as the traditional custodians of country throughout South Australia, we respect their spiritual relationship with their country, and we recognise their continuing connection to land, waters and community.

We pay our respects to them; their cultures, contributions and Elders past, present and emerging.

## Contents



*Cover photos: Dr Alison Edwards, Rural GP, Port Broughton, and Chair, Country SA PHN Board (image courtesy RDWA); Dr Tim Kelly, Rural GP and Clinical Director, South Australian Virtual Emergency Service; Dr Emma Davidson, FARGP JCCA Trainee and Dr Jayaraman Thiagarajan (Rajan), Head of Anaesthetics, Mount Gambier and Districts Health Service.*

*Dr Sarah Willoughby, Rural GP, Padthaway, Lucindale and Millicent (image courtesy RDWA)*

## Message from the Minister

South Australia faces many challenges in recruiting, training and developing the health professionals and skilled volunteers needed to deliver health services in rural areas. The Marshall Liberal Government made an election commitment to develop and implement a Rural Health Workforce Strategy.

In my first 18 months as Minister for Health and Wellbeing, we have made important progress towards delivering this commitment. The 2018–19 State Budget allocated $20 million over four years, from 2018–19 to 2021–22, to deliver our election commitment. $2.9 million has already been invested in initiatives including expanding the Digital Telehealth Network to all regional and rural hospitals, improving services for coordinated, high-quality maternity care, funding specialised training for allied health professionals and providing mental health education around suicide prevention. In addition, with the support of the Commonwealth Government, we have doubled the number of rural-based medical intern positions in country hospitals.

It is clear that the most urgent issue we are currently facing is the shortage of rural doctors, particularly in more remote areas of South Australia. I recognise how highly rural communities value the services provided by doctors in their local hospitals and how seriously communities can be affected when they do not have easy access to a local doctor. A priority for the Marshall Liberal Government has been the development of a comprehensive plan to address this workforce shortage, while also supporting our existing, highly valued and experienced rural doctors.

I am very pleased to now release South Australia's Rural Medical Workforce Plan. The plan has been developed under the leadership of the Rural Health Workforce Strategy Steering Committee in consultation with rural clinicians, regional and metropolitan local health networks, training and workforce providers, and a range of other stakeholders. It is a broad plan to grow and strengthen our regional, rural and remote medical workforce and continue to deliver world-class health care by:

- building a skilled workforce
- developing new and sustainable models for rural health care
- developing a collaborative and coordinated health system.

One of the most important pillars of the plan is the introduction of a coordinated rural generalist training pathway in South Australia. The need for this pathway has been raised in many of my discussions with rural clinicians and its benefits well-articulated by Professor Paul Worley in his role as National Rural Health Commissioner. I believe a rural generalist training pathway, supported by an increase in training positions based within rural South Australia, will play a key role in shaping our future medical workforce.

We also recognise that, while this plan focuses on the medical workforce, regional health services need a collaborative and multi-disciplinary approach to ensure safe, high-quality health care. Workforce plans for all rural health professions will be developed to bring together an integrated plan for a sustainable rural health workforce.

I thank everyone involved in the development of this plan, and all those who contributed their feedback on the consultation draft released in July 2019. I look forward to continuing to work closely with rural clinicians and the communities of rural South Australia as we implement our plan to secure the future of South Australia's rural medical workforce.

**Hon Stephen Wade MLC**
Minister for Health and Wellbeing

*Dr Ken Wanguhu, Rural GP, Waikerie and Berri, with his family (image courtesy RDWA)*

## Introduction – Chairperson, Rural Health Workforce Strategy Steering Committee

The Rural Medical Workforce Plan sets the direction for medical workforce planning across regional, rural and remote South Australia for the next five years, from 2019–20 to 2023–24. The plan recognises the challenges facing the rural medical workforce and aims to address these through specific actions on expanding rural medical training, better supporting the doctors providing these vital health services in rural areas and increasing collaboration with metropolitan hospitals, local councils and the Commonwealth Government to ensure we have a sustainable workforce into the future.

This plan has been developed in close consultation with rural clinicians, as well as our key partners in rural workforce planning. After the public release of the consultation draft of the Rural Medical Workforce Plan on 31 July 2019, the Rural Health Workforce Strategy project team and I undertook a two-month program of regional visits and consultations. We visited towns and hospitals in every regional local health network to listen to clinicians and hospital staff. We discussed the diverse ways that rural health care is delivered, from the complex specialist services available at South Australia's largest rural hospital in Mount Gambier, to the services provided at locations reliant on solo doctors such as Wudinna, through to the unique workforce challenges faced in peri-urban locations including Gawler, Mount Barker and Victor Harbor.

Consultation sessions were also provided in each metropolitan local health network, and an opportunity was publicly provided for any clinician, stakeholder or interested individual to provide our team with written feedback. Overall there were a total of 25 consultations, attended by 281 people. In addition, 49 written feedback responses were received.

Through this process, what we heard most consistently was that rural practice needs to be appropriately valued, we need to make sure that medical students and junior doctors have the opportunity to experience and appreciate the unique advantages of a career in rural medicine, and there needs to be a well-coordinated and supported training pathway to the future rural generalist and rural general practitioner workforce. These themes have been highlighted throughout this plan.

I would like to take this opportunity to thank everyone who took time out of your busy schedules to attend a consultation session or provide us with your written feedback. Your responses and advice have been critical to the development of this plan and will be central to how we achieve these strategies.

I would particularly like to thank the Minister for Health and Wellbeing, the Hon Stephen Wade, MLC, for his support and leadership on this vital topic. I would also like to thank the Rural Health Workforce Strategy Steering Committee who led the development of this important work, and the members of the project team, especially Dr Robyn Anderson, who have been pivotal in delivering this plan.

**Dr Hendrika Meyer**
MBChB FACEM AFRACMA GC Hlth Mtgt GAICD

## Executive summary

South Australia's Rural Medical Workforce Plan has been prepared to meet the Government's commitment to develop and implement 'a plan to recruit, train and develop the health professionals … needed to deliver country health services', as outlined in the Government's 'Rural Health Workforce Strategy' 2018 election commitment.

This plan has been developed under the leadership of the Rural Health Workforce Strategy Steering Committee. The initial priority for the steering committee was the development of a medical workforce plan for rural South Australia, with corresponding plans to be prepared for the South Australian Ambulance Service, nursing and midwifery, and allied health professional workforces, as well as additional future focuses on the Aboriginal health workforce and the volunteers that support rural health care.

On 31 July 2019, a consultation draft of the Rural Medical Workforce Plan was publicly released, with feedback sought from all interested community members, clinicians and stakeholders in rural health. A program of in-person consultation sessions was held across all regional and metropolitan local health networks, led by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service, and Chairperson, Rural Health Workforce Strategy Steering Committee. In addition, 49 written submissions were received, with all feedback considered in the final preparation of the plan.

South Australia's Rural Medical Workforce Plan aims to ensure a sustainable rural medical workforce through the delivery of the following objectives:

### Theme one – Building a skilled workforce

- Objective 1a – Expand medical training pathways in regional and rural South Australia
- Objective 1b – Increase the number of doctors entering rural medical training and practice

### Theme two – New and sustainable models for rural health care

- Objective 2a – Develop sustainable models of rural medical care
- Objective 2b – Increase support to rural general practitioners
- Objective 2c – Increase integrated multidisciplinary clinical services

### Theme three – Developing a collaborative and coordinated health system

- Objective 3a – Share the responsibility for rural health across the state
- Objective 3b – Collaborate to support the sustainability of the rural workforce

The process to implement these objectives will be critical to the success of this plan. Implementation will be undertaken using the consultative and collaborative approach demonstrated throughout the development of the plan, with all strategies to be delivered under the local leadership of regional local health networks and in partnership with rural clinicians.

## Objective

The Rural Medical Workforce Plan contributes to the Rural Health Workforce Strategy objective 'To deliver a plan to recruit, train and develop the health professionals needed to deliver country health services'.

## The Rural Health Workforce Strategy

The Government of South Australia has committed $20 million over four years, from 2018–19 to 2021–22, to develop and implement a Rural Health Workforce Strategy. Details of this strategy were outlined in the government's 'Rural Health Workforce Strategy' 2018 election commitment. The Rural Health Workforce Strategy includes a commitment to develop 'a plan to recruit, train and develop the health professionals ... needed to deliver country health services'. Implementation of the Rural Health Workforce Strategy will include the development of a workforce plan for all health professions; however, the initial priority has been the development of the Rural Medical Workforce Plan.

The Rural Health Workforce Strategy is governed by the Rural Health Workforce Strategy Steering Committee, which reports to the Minister for Health and Wellbeing through the Chief Executive, Department for Health and Wellbeing.

The purpose of the Rural Health Workforce Strategy Steering Committee is to provide high-level oversight and governance of the Rural Health Workforce Strategy. The steering committee strives to achieve the government's vision to ensure country health services are sustainable and address the shortage of health practitioners with advanced skills in regional areas.

Following the development of the Rural Medical Workforce Plan, corresponding plans will be prepared for the South Australian Ambulance Service, nursing and midwifery, and allied health practitioner workforces, with further focuses expected on the Aboriginal health workforce and the volunteers supporting rural health care.

## Rural Health Workforce Strategy Steering Committee

| MEMBER | POSITION/ORGANISATION |
|---|---|
| Dr Hendrika Meyer – Chair | Chief Clinical Advisor, Rural Support Service |
| Dr Jason Bament | Regional Emergency Department Clinical Director, Barossa Hills Fleurieu Local Health Network |
| Dr Mike Beckoff | Rural Generalist, Australian College of Rural and Remote Medicine |
| Ms Christine Cook | Chief Executive Officer, GPEx |
| Ms Nahtanha Davey (from 15/11/19) | Chief Executive Officer, Aboriginal Health Council of South Australia |
| Mr Michael Eades (from 2/8/19) | Executive Director, Nursing and Midwifery, Yorke and Northern Local Health Network |
| Mr Bevan Francis | Governing Board Chair, Flinders and Upper North Local Health Network |
| Mr Kim Hosking | Chief Executive Officer, Country SA Primary Health Network |
| Mr Dean Johnson | Mayor, District Council of Kimba |
| Professor Alison Kitson | Vice President and Executive Dean, College of Nursing and Health Sciences, Flinders University |
| Dr Scott Lewis | Vice President, Rural Doctors Association of South Australia |
| Dr Nes Lian-Lloyd (from 2/8/19) | Executive Director, Medical Services, Flinders and Upper North Local Health Network |
| Professor Esther May | Dean, Academic and Clinical Education, Division of Health Sciences, University of South Australia |
| Dr Matthew McConnell | Public Health Physician, Rural Support Service |
| Dr Brian McKenny | Clinical Director, Mental Health, Barossa Hills and Fleurieu Local Health Network |
| Ms Julianne O'Connor (from 20/9/19) | Principal Consultant, Allied Health, Rural Support Service |
| Ms Julia Overton | Chief Executive, Health Consumers Alliance of South Australia |
| Ms Mandy Palumbo (from 15/2/19) | Executive Director, People and Culture, Barossa Hills Fleurieu Local Health Network |
| Ms Verity Paterson | Chief Executive Officer, Eyre and Far North Local Health Network |
| Ms Lyn Poole | Chief Executive Officer, Rural Doctors Workforce Agency |
| Ms Julia Waddington-Powell (from 2/8/19) | Executive Director, Operations (Country), South Australian Ambulance Service |
| Dr Lucie Walters (from 21/6/19) | Director, Adelaide Rural Clinical School, University of Adelaide |
| Dr Ken Wanguhu (from 11/4/19) | Rural Censor, Rural Faculty of the Royal Australian College of General Practitioners |

| MEMBER | POSITION/ORGANISATION |
|---|---|
| **Nominated proxies** | **Position/organisation** |
| Dr John Woodall | Councillor (former), Australian Medical Association (South Australia) |
| Emeritus Professor Paul Worley | National Rural Health Commissioner |
| Associate Professor Susanne Pearce | Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University |
| **Previous steering committee members** | **Position/organisation** |
| Ms Lorraine Amos (from 11/4/19 to 2/8/19) | Operations Manager, South Australian Ambulance Service |
| Ms Angela Brougham (from 2/8/19 to 15/11/19) | Strategic Development and Corporate Services Manager, Aboriginal Health Council of South Australia |
| Dr Melanie Considine (from 28/11/19 to 11/4/2019) | Rural General Practitioner, Rural Faculty of the Royal Australian College of General Practitioners |
| Ms Maree Geraghty (from 5/10/18 to 5/2/19) | Former Chief Executive Officer, Country Health SA Local Health Network |
| Ms Rebecca Graham (from 5/2/19 to 30/6/19) | Former Interim Chief Executive Officer, Country Health SA Local Health Network |
| Ms Melissa Koch (from 11/4/19 to 20/9/19) | Former Executive Director, Allied Health and Community, Country Health SA Local Health Network |
| Dr Lawrie McArthur (from 5/10/18 to 2/8/19) | Former Head of Education, Adelaide Rural Clinical School, University of Adelaide |
| Mr Shane Mohor (from 5/10/18 to 2/8/19) | Former Chief Executive Officer, Aboriginal Health Council of South Australia |
| Ms Lyn Olsen (from 5/10/18 to 5/2/19) | Former Executive Director, Nursing and Midwifery, Country Health SA Local Health Network |
| Mr David Place (from 5/10/18 to 11/4/19) | Chief Executive Officer, South Australian Ambulance Service |
| Ms Annie Price (from 11/4/19 to 2/8/19) | Former A/Executive Director, Nursing and Midwifery, Country Health SA Local Health Network |
| Mr Patrick Smith (from 5/10/18 to 15/2/19) | Former Executive Director, People and Culture, Country Health SA Local Health Network |
| **Nominated proxies** | **Position/organisation** |
| Associate Professor Susanne Pearce (from 2/8/19) | Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University |

## Development of the Rural Medical Workforce Plan

The process to develop the Rural SAAS Workforce Plan commenced in August 2019 when Ms Julia Waddington-Powell, The process to develop the Rural Medical Workforce Plan commenced in October 2018, led by the Rural Health Workforce Strategy Steering Committee and supported by a project team led by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service, and Chair, Rural Health Workforce Strategy Steering Committee.

To underpin the strategies outlined in the plan, initial data collection was undertaken to detail the medical workforce providing services in rural South Australia. In parallel with data collection, a consultation and review process was undertaken to guide the development of the themes and strategies outlined in this plan. This process included:

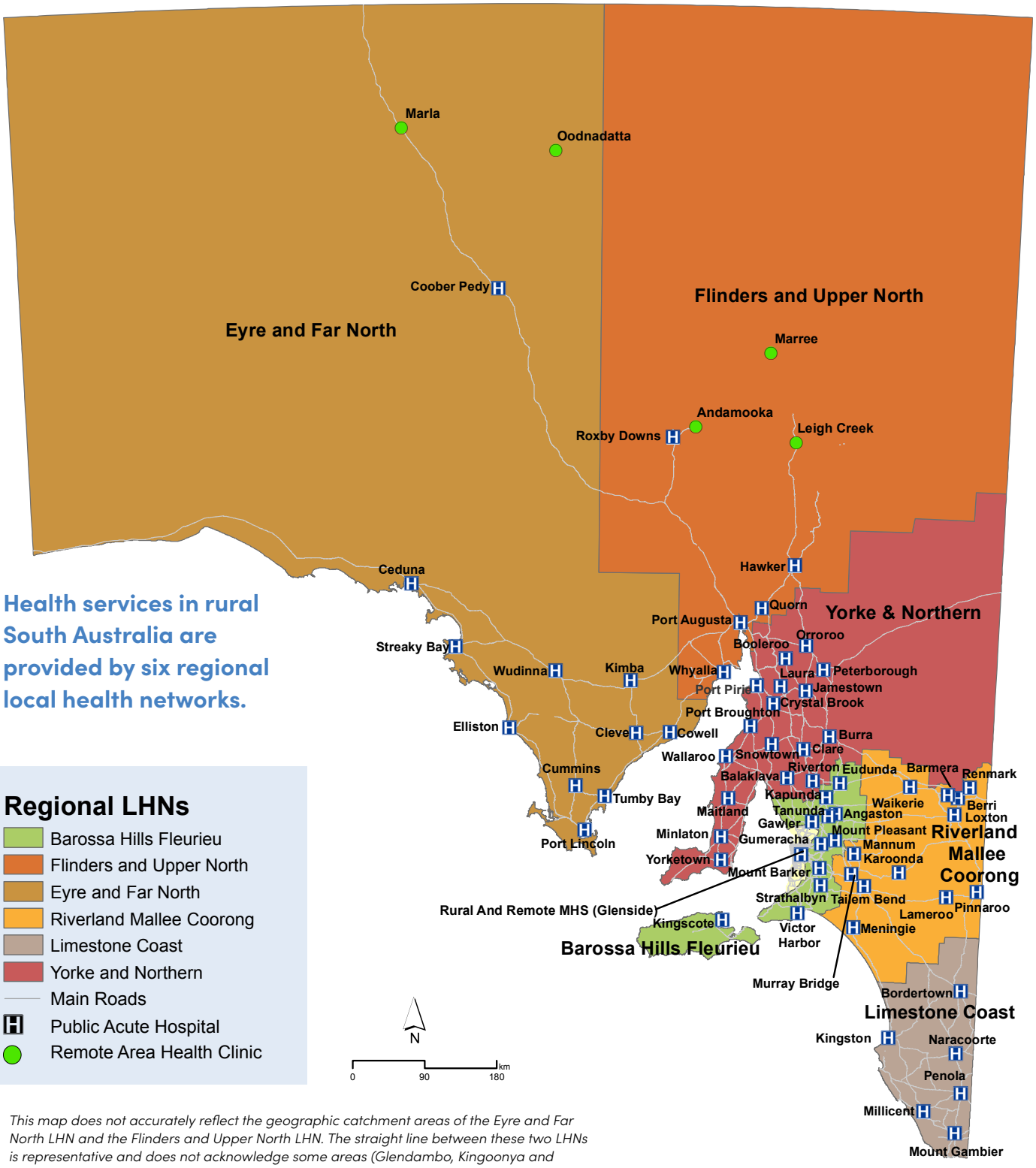
- discussion and priority setting undertaken by the Rural Health Workforce Strategy Steering Committee
- discussion with training and workforce providers including GPEx, the Rural Doctors Workforce Agency and the three South Australian universities
- feedback from the key peak bodies representing the rural medical workforce in South Australia – the Rural Doctors Association of South Australia and the Australian Medical Association (South Australia)
- a literature scan on the evidence base for interventions to support the rural workforce, as well as the review of relevant reports and recommendations from the Commonwealth Government's Productivity Commission, Health Workforce Australia, the Grattan Institute, the Rural Doctors Workforce Agency, the National Rural Health Commissioner and other Australian jurisdictions undertaking work on the rural medical workforce
- presentations to and feedback from forums including the South Australian medical specialist college chairs, the then Country Health Clinical Caucus and the then Country Health Presiding Members Panel
- input from rural South Australian health advisory councils on their priority areas for action.

A workshop was held on 9 May 2019, entitled 'The Future's in Your Hands', with invitees including a range of stakeholders in rural health in South Australia. This workshop allowed clinician and stakeholder input into the strategies to be outlined in the draft version of the plan. The consultation draft of the Rural Medical Workforce Plan was publicly released by the Minister for Health and Wellbeing on 31 July 2019.

Over August and September 2019, consultation sessions were held in every regional and metropolitan local health network in South Australia, to allow wide feedback on the consultation draft. 25 consultation sessions were held, as detailed in Appendix A.

In addition, 49 written submissions were received, outlined in Appendix B. The major feedback received was that South Australia needs to strengthen its commitment to a rural generalist training program, all levels of government need to ensure that the rural primary care workforce is appropriately valued and supported, and this plan needs to address both immediate workforce challenges as well as providing a framework to train a sustainable future workforce over the medium to longer term. All responses received during the consultation period have been considered during the development of this final plan.

## Regional health services – a snapshot




**Health services in rural South Australia are provided by six regional local health networks.**

### Regional LHNs

- Barossa Hills Fleurieu
- Flinders and Upper North
- Eyre and Far North
- Riverland Mallee Coorong
- Limestone Coast
- Yorke and Northern
- Main Roads
- Public Acute Hospital
- Remote Area Health Clinic

*This map does not accurately reflect the geographic catchment areas of the Eyre and Far North LHN and the Flinders and Upper North LHN. The straight line between these two LHNs is representative and does not acknowledge some areas (Glendambo, Kingoonya and Tarcoola) being included in the Flinders and Upper North LHN geographic catchment, which are large pastoral geographic areas and mostly unpopulated.*

## Current status – description of services

SA Health provides rural health care through six regional local health networks, which collectively cover 983,776 square kilometres (99.8% of South Australia), with a population of 501,454 people. A comprehensive range of health services are delivered across 61 hospitals and additional community settings, according to population needs.

Health care services provided by the six regional local health networks are structured to include one or more larger hospitals (casemix-funded) and several smaller hospital sites (grant-funded). Many of the smaller sites are joint Commonwealth and state–funded multi-purpose services (MPS), combining emergency, acute inpatient, aged care and primary health services in the one facility.

Services provided include emergency medical, inpatient, intermediate and acute, perioperative and surgical, maternal and neonatal, rehabilitation, palliative care, renal dialysis, cardiac care and Aboriginal health services. Within the local communities and surrounding districts, community and allied health services are also integral to supporting clients to achieve improved health outcomes.

### Aged care

Many regional local health network hospital sites deliver aged care services in addition to hospital care. Aged care services in rural hospitals are provided either in specifically funded residential aged care facilities or as part of an MPS. MPS sites provide integrated health, residential aged care and community care services using pooled state and Commonwealth funds.

### Mental health

Inpatient and community-based mental health services are provided in all regional local health networks. Integrated mental health inpatient units are located at the Riverland General Hospital, Whyalla Hospital and Mount Gambier Hospital.

Regional local health network services are supported through core services based in the Barossa Hills Fleurieu Local Health Network, including the Rural and Remote Mental Health Service and the Distance Consultation and Liaison Service, which includes the Emergency Triage and Liaison Service, Older Persons Consultation Liaison Service and telepsychiatry service. The Statewide Borderline Personality Disorders Centre of Excellence is also hosted by the Barossa Hills Fleurieu Local Health Network.

*Renal unit at the Gawler Health Service*


*Aged care services*


*Garden near mental health unit, Whyalla Hospital*

*Southern Fleurieu Health Service*

## Barossa Hills Fleurieu Local Health Network

- Covers the Adelaide Hills, Barossa Valley, Fleurieu Peninsula and Kangaroo Island.
- In 2018, the estimated resident population was 205,867 people.
- Five casemix-funded* hospitals:
  - Angaston District Hospital
  - Gawler Health Service
  - Mount Barker District Soldiers' Memorial Hospital
  - Southern Fleurieu Health Service (Victor Harbor)
  - Tanunda War Memorial Hospital.
- Six grant-funded* sites:
  - Eudunda Hospital
  - Gumeracha District Soldiers' Memorial Hospital
  - Kapunda Hospital
  - Kangaroo Island Health Service
  - Mount Pleasant District Hospital
  - Strathalbyn and District Health Service.

## Eyre and Far North Local Health Network

- Covers the Eyre Peninsula and western part of South Australia.
- In 2018, the estimated resident population was 40,721 people.
- One casemix-funded* hospital:
  - Port Lincoln Hospital and Health Service.
- Ten grant-funded* sites:
  - Coober Pedy Hospital and Health Service
  - Ceduna District Health
  - Elliston Hospital
  - Streaky Bay Hospital
  - Cleve District Hospital and Aged Care
  - Cowell District Hospital and Aged Care
  - Kimba District Hospital and Aged Care
  - Tumby Bay Hospital and Health Services
  - Cummins and District Memorial Hospital
  - Wudinna Hospital.

**Regional hospitals are generally classified into two groups: larger casemix-funded hospitals and smaller grant-funded hospitals. This is a funding classification, with larger hospitals having adequate volume and complexity of activity to be funded under national activity-based funding rules. Smaller rural hospitals need to be grant-funded to ensure they can meet minimum staffing and service provision requirements. There are some differences in doctor payment arrangements between casemix- and grant-funded hospitals, outlined in the Country Health SA General Practitioner Fee for Service Agreement.*

## Flinders and Upper North Local Health Network

- Covers the north-east of the state, from the Spencer Gulf to the Northern Territory.
- In 2018, the estimated resident population was 43,782 people.
- Two casemix-funded* hospitals:
  - Whyalla Hospital and Health Service
  - Port Augusta Hospital and Regional Health Service.
- Three grant-funded* sites:
  - Hawker Memorial Hospital
  - Quorn Health Service
  - Roxby Downs Health Service.

## Riverland Mallee Coorong Local Health Network

- Covers the journey of the River Murray from the Coorong through the Riverland to the Victorian border, as well as the Mallee.
- In 2018, the estimated resident population was 68,896 people.
- Two casemix-funded* hospitals:
  - Riverland General Hospital
  - Murray Bridge Soldiers' Memorial Hospital.
- Ten grant-funded* sites:
  - Barmera Health Service
  - Karoonda and District Soldiers' Memorial Hospital
  - Lameroo District Health Service
  - Loxton Hospital Complex
  - Mannum District Hospital
  - Meningie and Districts Memorial Hospital and Health Services
  - Pinnaroo Soldiers' Memorial Hospital
  - Renmark Paringa District Hospital
  - Tailem Bend District Hospital
  - Waikerie Health Service.

## Limestone Coast Local Health Network

- Covers the south-east of the state, from the coast to the Victorian border.
- In 2018, the estimated resident population was 66,863 people.
- Three casemix-funded* hospitals:
  - Mount Gambier and Districts Health Service
  - Millicent and Districts Hospital and Health Service
  - Naracoorte Health Service.
- Three grant-funded* sites:
  - Bordertown Memorial Hospital
  - Kingston Soldiers' Memorial Hospital
  - Penola War Memorial Hospital.

## Yorke and Northern Local Health Network

- Covers the Yorke Peninsula, Southern Flinders, Lower North and Mid North.
- In 2018, the estimated resident population was 75,325 people.
- Three casemix-funded* hospitals:
  - Port Pirie Regional Health Service
  - Clare Hospital and Health Services
  - Northern Yorke Peninsula Health Service (Wallaroo).
  - 13 grant-funded* sites:
  - Balaklava Soldiers' Memorial District Hospital
  - Booleroo Centre District Hospital and Health Services
  - Burra Hospital
  - Central Yorke Peninsula Hospital (Maitland)
  - Crystal Brook and District Hospital
  - Jamestown Hospital and Health Service
  - Laura and District Hospital
  - Minlaton Health Centre
  - Orroroo and District Health Service
  - Peterborough Soldiers' Memorial Hospital
  - Port Broughton and District Hospital and Health Service
  - Riverton District Soldiers' Memorial Hospital
  - Snowtown Hospital and Health Service
  - Southern Yorke Peninsula Health Service (Yorketown).

*Whyalla Hospital and Health Service*


*Ceduna District Health*

*Mannum District Hospital*


*Mount Gambier and Districts Health Service*


*Jamestown Hospital and Health Service*

## The rural medical workforce – an overview

**Snapshot of the medical workforce in regional local health networks (head count)**

| REGISTRAR | CONTRACTED GP REGISTRARS | SALARIED MEDICAL OFFICERS |
|---|---|---|
| 433 | 109 | 144 |

Medical services in regional and rural public hospitals are largely provided by private, contracted general practitioners (GPs), working on an on-call basis and paid through a fee-for-service arrangement. Exceptions include some larger sites, such as the Mount Gambier Hospital and South Coast District Hospital, where employed doctors provide these services. The rural medical workforce model is significantly different to that used in metropolitan hospitals, where medical services are predominantly provided by employed, on-site doctors.

Most local GPs working in rural hospitals are contracted under the Country Health SA Rural General Practitioner Fee for Service Agreement. This agreement outlines the payment arrangements and conditions for GPs working in rural hospitals and is renegotiated three-yearly in a tripartite negotiation process between the regional local health network(s), the Rural Doctors Association of South Australia (RDASA) and the South Australian branch of the Australian Medical Association (AMASA).

Contracted GPs provide the majority of rural hospital services including emergency care, inpatient management, and procedural services including anaesthetics and obstetrics. Rural GPs who provide both primary care and hospital-based services are also known as rural generalists, recognising the expanded scope of medical care they provide.

Non-GP specialist services in rural hospitals are provided by a mix of resident and visiting consultants. Resident, non-GP specialist services including general medicine, general surgery, anaesthetics and paediatrics are available at a number of large regional hospitals. Some specialties work as part of a coordinated statewide service. For example, the general surgical workforce at Port Augusta, Whyalla, Mount Gambier and Port Lincoln forms part of the successful The Queen Elizabeth Hospital Rural Surgical Service Program, which provides resident and visiting surgical services, as well as teaching and training, in a coordinated and supported network.

Visiting non-GP specialist services to regional and rural hospitals can be provided by consultants predominantly employed in metropolitan public hospitals, largely under
rights of private practice arrangements, and also by non-GP specialists visiting under private arrangements. Visiting non-GP specialists significantly support access to outpatient
and procedural services in rural areas.

For some non-GP speciality areas, rural health care is significantly supported by a metropolitan-based workforce. For example, rural renal services, the South Australian Virtual Emergency Service (SAVES), the Integrated Cardiovascular Clinical Network (iCCnet) and the SA Telestroke Service are all provided by a largely metropolitan Adelaide–based medical workforce, delivering rural health services supported by technology and telehealth. Rural health services are also supported by the medical workforce employed through the South Australian Ambulance Service (SAAS) MedSTAR retrieval service and the Royal Flying Doctor Service of Australia (RFDS).

## Rural medical training

**Trainee medical officer positions in regional local health networks**

| INTERN | RMO | REGISTRAR | GP REGISTRAR | TOTAL |
|---|---|---|---|---|
| 12 | 15 | 13 | 2 | 43 |

Medical training in rural areas largely occurs within general practices, outside of the state public hospital system. This training is currently delivered by GPEx as South Australia's regional training organisation and general practice training provider. There are currently 125 GP registrars on the Royal Australian College of General Practitioners (RACGP) rural pathway and 22 GP registrars on the Australian College of Rural and Remote Medicine (ACRRM) pathway.

There are a smaller number of hospital-employed trainee medical officer (TMO) positions located across the regional local health networks. A large portion of TMOs are located within just two of the regional local health networks – the Limestone Coast Local Health Network (approximately 51% of the total positions) and the Flinders and Upper North Local Health Network (approximately 30% of the total positions). There is considerable difficulty ensuring these positions are consistently filled, particularly in the resident medical officer (RMO) group.

Further to the rural-based positions, to ensure that rural stream GP registrars can access advanced skills training positions in South Australia, five procedural training posts for GP registrars are funded in metropolitan hospitals in areas including anaesthetics, emergency medicine and obstetrics.

The Rural Doctors Workforce Agency (RDWA) funds and facilitates four general practice rotations for interns training within a metropolitan local health network. This means that, over the intern training year, 20 metropolitan-based interns experience a general practice rotation at either Jamestown, Kadina, Port Lincoln or Crystal Brook. There is also one general surgery intern rotation from The Queen Elizabeth Hospital to the Port Augusta Hospital, which allows five metropolitan interns to undertake 10- to 11-week rotations.

## Challenges

- There is a maldistribution of prevocational training positions in South Australia, with 12 of the 250 South Australian interns being based rurally.
- South Australia currently has vacancies within its general practice training program, particularly in the rural general practice training stream. This affects both service provision and future workforce supply.
- Some small communities have had longer-term challenges recruiting a stable local GP. The lack of a local GP creates significant concerns for rural communities.
- In some larger rural towns, the GP workforce has withdrawn from supporting the local hospital, resulting in an increasing reliance on locums. The traditional rural hospital workforce model, which relies on contracted local GPs, is no longer ensuring a sustainable workforce for all rural hospitals

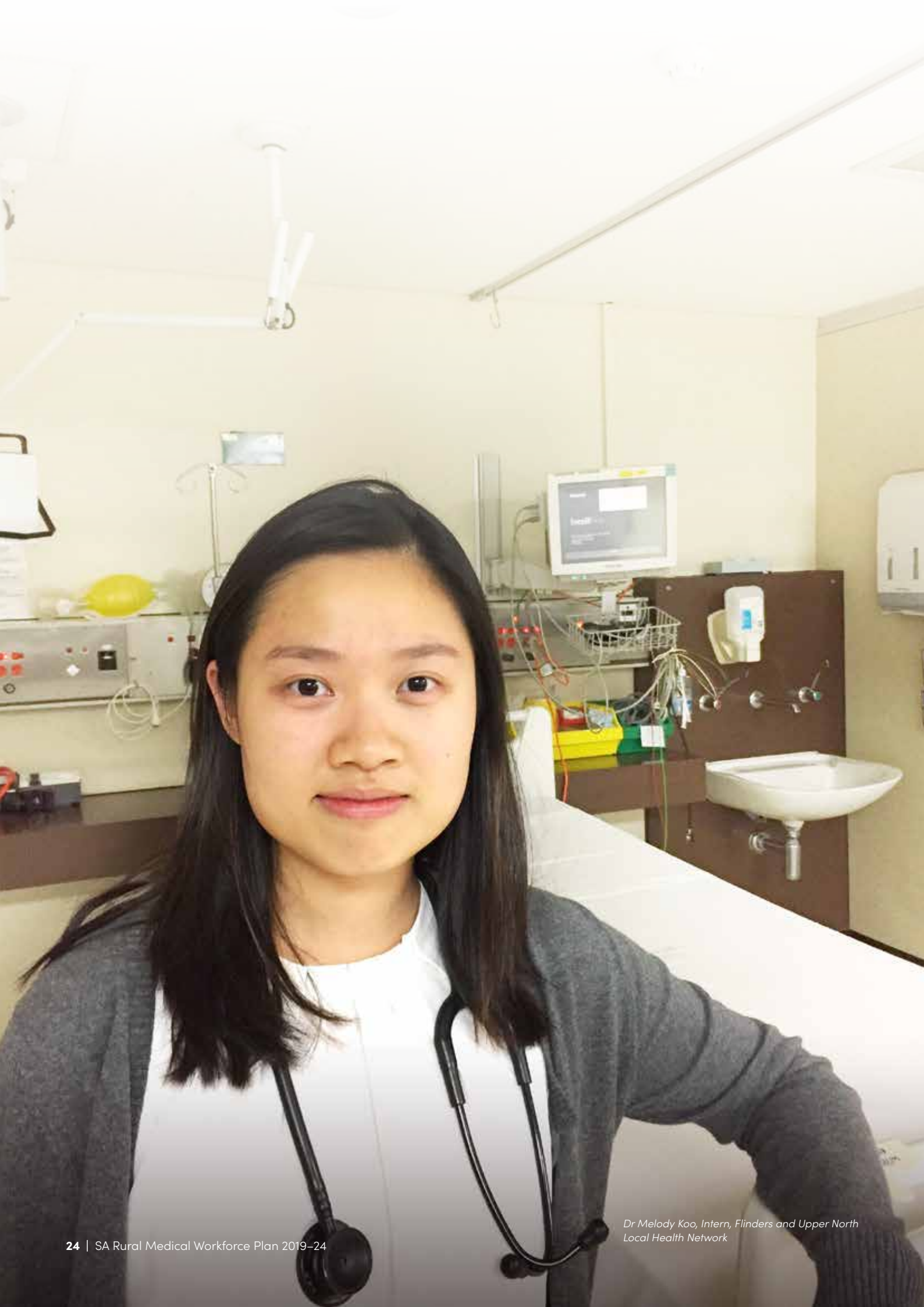
## Principles

### The key principles underlying the objectives and strategies outlined in the Rural Medical Workforce Plan are:

- There is no 'one size fits all' solution to ensure a sustainable rural medical workforce. Multiple, overlapping strategies that meet local requirements and resources are needed. The strategies outlined in this plan will need to be individually considered and implemented in each regional local health network.
- Resident rural GPs form the core of the rural medical workforce and will remain central to the delivery of rural medical care into the future.
- The provision of medical training should be supported as part of the core business of regional local health networks.
- The rural medical workforce is only able to deliver high-quality care in conjunction with well trained and accessible nursing and midwifery staff, allied health professionals, Aboriginal health workers, paramedics and ancillary staff. Many workforce solutions need a multidisciplinary approach.
- Collaboration is required between the state and Commonwealth on all issues relating to the rural GP workforce, which sits at the interface between acute and primary care. While the National Health Reform Agreement states that 'States are the system managers of the public hospital system; and the Commonwealth … has lead responsibility for GP and primary health care', this delineation is less defined in rural areas, where the hospital and primary care workforce are often the same.
- Collaboration with local governments is also required to address the unique challenges facing rural communities, recognising that the social and economic wellbeing of their community is paramount to councils in their role as public health authorities.
- Challenges with the rural health workforce should not just be an issue for rural hospitals to solve – they require the collaboration and input of the whole state including metropolitan hospitals, national medical specialist training colleges and statewide clinical networks.
- Advances in digital health need to be leveraged wherever possible to provide additional support to the rural medical workforce.
- Needs-based modelling needs to underpin future workforce planning, to ensure the workforce is responsive to local needs.
- Collaboration with the Aboriginal community–controlled sector must continue to be a priority, to ensure coordinated workforce planning across rural South Australia to meet the needs of Aboriginal communities and consumers.
- Health consumers and communities are critical stakeholders in the development of workforce plans, as they bear the consequences of decisions that are made regarding health service provision.
- The National Rural Health Commissioner's recommendations on a national rural generalist pathway need to be considered and incorporated into SA's rural medical workforce planning.


*Port Augusta Hospital and Regional Health Service*

*Limestone Coast Local Health Network interns and Flinders University medical students at the Mount Gambier and Districts Health Service*



*Dr Melody Koo, Intern, Flinders and Upper North Local Health Network*

## Strategies

### Theme one – Building a skilled workforce

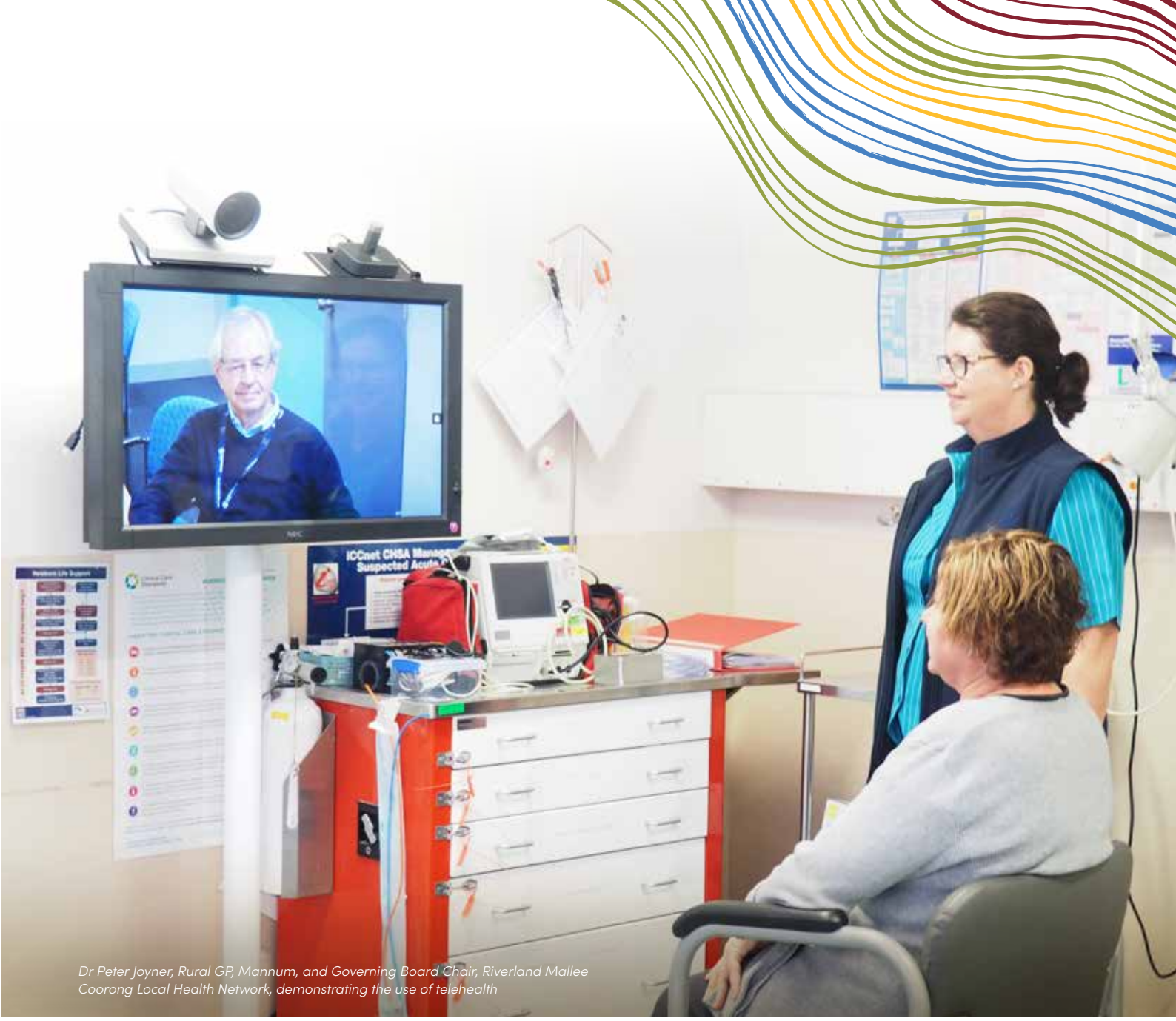
| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| **Objective 1a – Expand medical training pathways in regional and rural South Australia** | | | | |
| 1.1 | Introduce a coordinated rural generalist training pathway in South Australia | Rural Support Service ** | Rural Junior Doctor Training Committee<br>South Australian Salaried Medical Officers Association (SASMOA)<br>Commonwealth Department of Health<br>Regional local health networks (LHNs)<br>RDWA<br>GPEx<br>RACGP<br>ACRRM<br>Universities<br>RDASA<br>Rural Doctors Association of Australia | 1. Collaborate with the Commonwealth Department of Health and other jurisdictions on implementation of the National Rural Generalist Pathway in South Australia.<br>2. Prepare and cost proposals for recommended elements of the National Rural Generalist Pathway within SA, in conjunction with SA rural workforce stakeholders.<br>3. Collaborate with the Commonwealth on a single employer model or alternate solution for South Australian rural generalist registrars to maintain their terms and conditions of employment from the hospital to general practice environment. Consider possible extension of these benefits to all rural GP registrars.<br>4. Explore the possibility of a specific rural generalist category under the SA Health Salaried Medical Officers Enterprise Agreement. |
| 1.2 | Expand intern and PGY2+ training capacity in rural hospitals | Rural TMO Unit | Regional LHNs<br>Commonwealth Government<br>Universities<br>GPEx | 1. Expand intern and PGY2+ positions from 2021.<br>2. Develop strategies to retain current hospital-based interns and PGY2s, ensuring resident roles provide professional development and learning opportunities, in balance with service provision needs.<br>3. Review funding of training in regional LHNs to ensure sustainable funding, aiming to reduce reliance on short-term Commonwealth initiatives. |

*** Where the 'Rural Support Service' is listed as a 'key lead' for a strategy, the Rural Support Service will lead the strategy under the guidance of all regional LHNs. The Rural Support Service operates under a governance charter, with strategic direction collectively provided by the governing boards of the six regional LHNs.*

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 1.3 | Undertake a training capacity audit in rural South Australia – to outline all hospital and community-based training capacity for undergraduate, postgraduate and vocational training | Rural TMO Unit | Rural Support Service<br>GPEx<br>RDWA<br>Regional training hubs<br>Regional LHNs | 1. Undertake a training capacity audit including:<br>1.1 all training positions, from intern to senior registrar, currently available (filled or unfilled) in:<br>1.1.1 rural hospitals<br>1.1.2 rural general practices<br>1.1.3 rotations from metropolitan hospitals<br>1.2 a summary of all potential training positions that could be available in rural hospitals, based on the supervisory capacity of the hospital and in line with accreditation requirements for the relevant training/speciality area<br>1.3 additional training capacity that remains within private general practices in rural areas, at all levels. |
| 1.4 | Establish additional procedural training posts for GPs and GP registrars in both metropolitan and country locations to reflect the needs of local communities | Rural Support Service** | Regional LHNs<br>GPEx<br>RDWA<br>Country SA Primary Health Network (CSAPHN) | 1. Quarantine training posts for rural procedural GP registrars with commitment made to long-term funding.<br>2. Develop a formal agreement/memorandum of understanding between metro LHNs and the regional LHNs/Rural Support Service to ensure long-term sustainability of the metropolitan-based procedural training positions.<br>3. Consider whether to dedicate one metropolitan Adelaide hospital as a rural training facility for procedural training.<br>4. Facilitate existing fellowed rural GPs/rural generalists accessing regional/metropolitan hospital positions for advanced skills training, recognising their demonstrated commitments to their communities.<br>5. Expand rural-based procedural positions, focusing on areas where supervisory posts can be expanded through either:<br>5.1 employed procedural GPs/rural generalists (Strategy 2.1)<br>5.2 rotating metropolitan specialists (Strategy 3.3). |
| 1.5 | Broaden vocational opportunities for additional skills training for GPs and GP registrars, to reflect the needs of the communities | Rural Support Service** | GPEx<br>ACRRM<br>RACGP<br>Regional LHNs<br>CSAPHN | 1. Create specific additional skills posts for GPs and GP registrars in the areas of:<br>1.1. mental health<br>1.2. geriatrics<br>1.3. oncology<br>1.4. palliative care. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 1.6 | Optimise the structure of internships in rural areas | South Australian Medical Education and Training (SAMET) Unit | Rural TMO Unit<br>Australian Health Practitioner Regulation Agency<br>Medical Board of Australia<br>Australian Medical Council<br>SASMOA<br>Regional LHNs | 1. Support a review of intern training models in South Australia, focusing on regional and rural training, and including the potential for competency-based internships and extended two-year contracts for interns. |
| 1.7 | Fund all regional LHNs as recognised medical teaching and training providers | Rural Support Service ** | SA Department for Health and Wellbeing (DHW) | 1. Work with the Finance division of DHW to ensure regional LHNs receive teaching and training funding in line with metropolitan LHNs. |
| 1.8 | Expand specialist training posts in regional LHNs | Rural Support Service** | Specialist colleges<br>University training hubs<br>Regional LHNs | 1. Investigate transition of selected specialist training posts from metropolitan to country hospitals.<br>2. Work with specialty colleges to develop specific rural training options, including specialist training networks between metropolitan and regional hospitals. |
| 1.9 | Advocate for a proportion of specialist training to be undertaken at non-metropolitan sites | Rural Support Service** | Specialist Colleges<br>University training hubs<br>Regional LHNs | 1. Advocate for all appropriate medical specialist colleges to create a minimum percentage of training to be undertaken in rural areas. |
| 1.10 | Expand and support structured pathways for overseas-trained doctors to gain general registration, by aligning them to appropriate training options in rural South Australia | Rural Support Service** | RDWA<br>University training hubs<br>GPEx<br>Regional LHNs<br>CSAPHN | 1. Expand and resource the workplace-based assessment model for overseas-trained doctors in rural hospitals.<br>2. Support international medical graduates in the More Doctors for Rural Australia Program to have rural hospital placements and training while working toward an Australian fellowship in general practice.<br>3. Promote training options available to overseas-trained doctors (e.g. Australian General Practice Training Program, Practice Experience Program). |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 1.11 | Investigate an accredited remote supervision model for rural general practice trainees | Rural TMO Unit | GPEx<br>RDWA<br>University training hubs<br>GP colleges<br>Regional LHNs<br>CSAPHN | 1. Consider a remote supervision model for rural general practice registrars, to support greater extension of training into smaller rural locations and one- to two-doctor towns. |
| **Objective 1b – Increase the number of doctors entering rural medical training and practice** | | | | |
| 1.12 | Create a single branded SA rural medical training pathway | Rural TMO Unit | RACGP<br>ACRRM<br>GPEx<br>RDWA<br>Universities<br>Specialist medical colleges<br>Regional LHNs<br>CSAPHN | 1. Develop a branded, overarching SA rural training program linking all existing components of rural training including hospital, primary care, GP rural pathway and rural generalist, RACGP and ACRRM-based training.<br>2. Develop a single website to distribute information on rural SA medical training.<br>3. Audit current marketing initiatives by stakeholders to ensure collaboration where appropriate and reduce duplication.<br>4. Coordinate the case management facility for entrants and participants in the single training program.<br>5. Create marketing materials that demonstrate an inspiring vision of rural medicine that motivates the emerging workforce to make it their preferred career choice, including:<br>a. establishing a point of difference/unique value statement that creates a desire to work in country<br>b. addressing incorrect perceptions about working in country.<br>6. Expand the existing provision of targeted 'road shows' to high schools and medical schools with peer champions/ambassadors for the rural training program.<br>7. Provide hospital-based medical students and junior doctors with access to GP mentoring, including by rural GPs. |



*Dr Peter Joyner, Rural GP, Mannum, and Governing Board Chair, Riverland Mallee Coorong Local Health Network, demonstrating the use of telehealth*

*Professor Sankha Mitra, Clinical Director of Cancer Services and Consultant Medical Oncologist, Rural Support Service (left), with Professor Chris Karapetis, Network Clinical Director, Cancer Services, Southern Adelaide Local Health Network (right)*

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 1.13 | Advocate for South Australian high school students to have preferential access to SA medical school positions | Rural TMO Unit | Universities<br>RDWA<br>Aboriginal Health Council of South Australia (AHCSA) | 1. Ensure SA school leavers have equitable access to Commonwealth-supported medical school places in Australia with the majority of SA origin students in SA medical schools.<br>2. Explore the impact and outcomes of university sub-quotas for medical school entry for:<br>a. rural origin students (national)<br>b. rural origin students (South Australian)<br>c. students of Aboriginal & Torres Strait Islander descent. |
| 1.14 | Increase exposure to rural general practice experiences for medical students and prevocational doctors | Rural TMO Unit | Metropolitan LHNs<br>SAMET Unit<br>GPEx<br>Regional LHNs<br>Regional training hubs<br>Universities<br>RDWA | 1. Audit opportunities for medical students to gain exposure to rural general practice.<br>2. Work with metropolitan LHNs to create an expanded number of rural general practice rotations for interns and prevocational doctors.<br>3. Explore funding opportunities to allow this to occur, including advocating for potential Commonwealth programs to replace the previous Prevocational General Practice Placements Program. |
| 1.15 | Create collaborative research and innovation opportunities to allow junior doctors to participate in early career research | Rural Support Service** | Regional LHNs<br>Universities | 1. Research governance unit to work with regional LHNs and universities to develop rural SA–delivered research opportunities.<br>2. Rural Support Service and regional LHNs to explore all potential research grant opportunities. |
| 1.16 | Investigate the factors underlying career choices for medical students and junior doctors, focusing on improving rural GP applicant numbers | Rural Support Service** | Regional LHNs<br>Universities<br>GPEx | 1. Undertake the approved research project on 'Medical Specialty Career Decision Making'. |
| 1.17 | Market training pathways to possible future rural employment opportunities | Regional LHNs | Rural Support Service<br>RDWA<br>GPEx | 1. Link the proposed single rural training pathway to:<br>a. proposed new employed GP/rural generalist positions<br>b. succession plans for ongoing contracted, fee-for-service funded hospital and procedural roles. |

## Theme two – New and sustainable workforce models for rural health care

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| **Objective 2a – Develop sustainable models of rural medical care** | | | | |
| 2.1 | Consider new medical models, including but not limited to the introduction of salaried medical positions in regional LHNs | Regional LHNs | Rural Support Service**<br>RDWA | 1. Regional LHNs to explore sustainable medical models to support service delivery in large rural hospitals, in line with the clinical services delivered at each hospital.<br>2. New models to potentially include:<br>2.1. introduction of employed rural generalist positions in selected large rural hospitals<br>2.2. appointing and/or rotating emergency medicine specialists to support emergency service delivery in large rural hospitals<br>2.3. resident specialist appointments and/or rotations in the largest regional hospital(s) in each LHN, focusing on general medicine and general surgery.<br>3. For large rural hospitals with existing workforce shortages and where the current contracted/fee-for-service model is no longer fit for purpose, consider expanding salaried positions from 2020, beginning at priority sites:<br>3.1. Port Augusta – recommended to commence with three GP/rural generalist positions in 2020<br>3.2. Wallaroo – recommended to commence with three GP/rural generalist positions in 2020.<br>4. Regional LHNs to consider the introduction of salaried rural generalist positions in selected smaller rural communities (three doctors or less) to provide immediate support in areas with limited or fragile access to local, resident doctors. |
| 2.2 | Offer flexible models of engagement for GP proceduralists working in rural hospitals | Rural Support Service** | Regional LHNs | 1. Encourage ongoing service provision by GP proceduralists by offering more flexible models of engagement in regional LHNs. These are to include assessment of fee-for-service, sessional and salaried engagement models. |
| 2.3 | Consider the provision of co-located general practice clinics with rural hospitals with existing workforce challenges | Regional LHNs | Rural Support Service<br>RDWA<br>CSAPHN | 1. Develop business case(s) for the introduction of a co-located GP clinic with selected rural hospitals. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 2.4 | Create integrated geographic networks of hospitals within LHNs, with rural hospitals collaborating to provide clinical and professional support across the network | Regional LHNs | Rural Support Service<br>CSAPHN<br>Aboriginal community–controlled health services<br>AHCSA | 1. Regional LHNs to identify proposed geographic networks between hospitals within each LHN.<br>2. Each geographic network to further consider the resources, role and potential contribution of the primary care and Aboriginal community–controlled health services in their geographic area. |
| 2.5 | Each regional LHN to explore a 'future state' medical staffing model for each hospital as part of service planning, addressing unique issues on a town-by-town basis | Regional LHNs | Rural Support Service<br>RDWA<br>CSAPHN<br>Health Consumers Alliance of SA Inc (HCASA) | 1. Rural Support Service to support each regional LHN to develop an LHN-specific medical workforce map – from current state to future state.<br>2. Identify new priority medical services/positions required for sustainable service delivery that address community needs.<br>3. Consider service models for:<br>3.1. emergency services – ensuring 24/7 cover for emergency patients<br>3.2. inpatient care – ensuring coverage of 'non-aligned' patients and after-hours inpatient care<br>3.3. procedural services – focusing on obstetrics, surgery and anaesthetics<br>3.4. visiting specialist outpatient services – develop priority mapping based on community demand (public/private or rights of private practice). |
| 2.6 | Continue to support metropolitan-based clinicians to provide visiting outpatient services in regional and rural South Australia, recognising that not all speciality services can be provided by a local resident workforce | Regional LHNs | Rural Support Service<br>Metropolitan LHNs<br>RDWA | 1. Continue to refine and support models for metropolitan clinicians to provide outpatient services in rural and regional areas, including private services and those delivered under rights of private practice. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| **Objective 2b – Increase support to rural GPs** | | | | |
| 2.7 | Provide digital and telehealth supports to rural GPs | Regional LHNs | Rural Support Service<br>RDWA<br>Commission on Excellence and Innovation in Health<br>CSAPHN | 1. Expand SAVES as a support tool for rural GPs:<br>1.1. Consider expansion of hours for SAVES cover for a full 12-hour shift from 7pm – 7am.<br>1.2. Consider expansion of SAVES sites.<br>2. Finalise roll-out of videoconferencing end points for the remaining 25 rural emergency department sites.<br>3. Increase broadband capacity in regional and rural hospitals.<br>4. Respond to local needs by expanding telemedicine support to other specialty areas based on the success of 24/7 stroke service and iCCnet.<br>5. Support access to telemedicine for GPs.<br>6. Provide access to GP software within public hospitals and explore access to hospital-based information systems from general practices, to ensure consistent access to patient information across the continuum.<br>7. Evaluate and consider further roll-out of remote cardiotocograph monitoring trial, to support rural GP obstetric practice (based on the trial currently being conducted in the Riverland).<br>8. Expand access to home telemonitoring services to support the management of patients with chronic conditions.<br>9. Expand access to point-of-care testing in rural hospitals. |
| 2.8 | Develop sub-regional collaborations between geographically close general practices providing rural hospital services (particularly in one- to two-doctor towns), to minimise professional isolation and share on-call burdens | Regional LHNs | Rural Support Service<br>CSAPHN | 1. Create a community of practice (online or physical) for specific geographic areas. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 2.9 | Review training programs and professional development opportunities for the current rural medical workforce and determine any additional supports that can be provided | Rural Support Service** | Regional LHNs<br>RDWA<br>GPEx<br>RACGP<br>ACRRM<br>Specialist medical colleges<br>AHCSA | 1. Review existing programs with the aim of ensuring the rural medical workforce can access, and is supported to access:<br>a. mandatory training required for credentialing purposes<br>b. professional development opportunities to encourage longer-term career opportunities<br>c. training in the provision of culturally appropriate health services. |
| **Objective 2c – Increase integrated multidisciplinary clinical services** | | | | |
| 2.10 | Expand the number of nurse practitioners and/or advanced practice nurses working in rural emergency departments | Rural Support Service** | Regional LHNs<br>Chief Nurse and Midwifery Officer, DHW<br>Australian Nursing and Midwifery Federation<br>University of South Australia<br>Flinders University | 1. Rural Support Service to work with the Chief Nurse and Midwifery Officer on an education and recruitment model to expand the number of nurse practitioners and/or advanced practice nurses working in South Australia.<br>2. Work with regional LHNs to develop a priority site list where nurse practitioners and/or advanced practice nurses can work in the acute setting within emergency services, providing support to existing on-call GP rosters. |
| 2.11 | Investigate provision of practice nurses to general practices providing on-call cover to SA rural public hospitals | Rural Support Service** | RDASA<br>AMASA<br>RDWA<br>CSAPHN | 1. Practice nurses to be considered as an additional support for GPs providing on-call support to rural hospitals.<br>2. Integrate any expansion with the Practice Nurse Incentive Program in conjunction with the RDWA. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| 2.12 | Support multidisciplinary workforce models to support GPs | Regional LHNs | Rural Support Service<br>CSAPHN<br>AHCSA<br>SAAS<br>GPEx<br>RDWA<br>Universities<br>CSAPHN | 1. Work with SAAS to consider the future of the Community Paramedic Program, and any potential to expand to additional sites.<br>2. Evaluate and consider further roll-out of the Mid North Midwifery Caseload Model of Care.<br>3. Invest in supportive services including ancillary, nursing and allied health for a team approach, determining whether any expanded service should best sit within the acute care or primary care setting.<br>4. Increase inter-professional practice through links between GPs and other professions, including nursing and midwifery, allied health and paramedicine, at an education and training level, and including active communication and participation from all health providers.<br>5. Grow the Aboriginal community health worker workforce.<br>6. Support rural doctors to collaborate with SAAS in pre-hospital emergency responses. |
| 2.13 | Support improved access to both community and hospital-based mental health and psychiatrist services in regional LHNs, in line with the 2017–2020 Mental Health Workforce Plan | Rural and Remote Mental Health Service | Regional LHNs<br>Rural Support Service<br>RDWA<br>GPEx<br>CSAPHN<br>AHCSA | 1. Increase the number of mental health and psychiatrist services accessible in rural South Australia, providing both professional support and a referral point for the current rural medical workforce. |

*Nurse Caitlyn Keller and Dr Dustin Mattie of the Royal Flying Doctor Service at the Marree airstrip*

## Theme three – Developing a collaborative and coordinated health system

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| **Objective 3a – Share the responsibility for rural health across the state** | | | | |
| 3.1 | Create formal links between regional LHNs and metropolitan hospitals as a base for clinical advice, training networks and referral pathways | Rural Support Service** | All SA LHNs<br>HCASA | 1. Formally align metropolitan tertiary hospitals to support a regional LHN for the provision of:<br>• clinical advice and streamlined patient referrals where required<br>• resources, guidelines, protocols and training<br>• shared/rotating staffing models where appropriate<br>• professional support and opportunities for collaboration. |
| 3.2 | Advocate for a rural specialist training program, with a rotation model into tertiary hospitals to complete training (Integrated Rural Training Pipeline model) | Rural Support Service** | All SA LHNs<br>All rural organisations | 1. Expand physician, surgery and emergency medicine registrar positions based in rural SA by 2020. |
| 3.3 | Advocate for a metropolitan specialist rotation model to large rural hospitals | Rural Support Service** | All SA LHNs<br>Chief Medical Officer, DHW | 1. Rural Support Service to advocate for an SA Health–wide recommendation on minimum levels of rural service delivery by metropolitan specialist consultants, to be dependent on specialty.<br>2. Rotation model to be based on the linkages developed as part of Strategy 3.1. |
| 3.4 | Expand statewide clinical networks | Rural Support Service** | Rural Support Service<br>HCASA | 1. Existing statewide clinical networks to outline sustainable statewide delivery of medical services, for both metropolitan and rural residents.<br>2. Ensure appropriate rural representation on all statewide clinical networks.<br>3. Rural Support Service to advocate for an expansion of statewide clinical networks with potential to impact rural patients – potential examples include rehabilitation and stroke. |

| NO. | STRATEGY | KEY LEAD | STAKEHOLDERS | ACTIONS |
|---|---|---|---|---|
| **Objective 3b – Collaborate to support the sustainability of the rural workforce** | | | | |
| 3.5 | Partner with local governments through the Local Government Association of South Australia (LGASA) to maximise the personal and family supports provided to rural doctors, particularly for recruiting to challenging areas | Rural Support Service** | LGA<br>Regional councils<br>RDWA<br>GPEx<br>CSAPHN | 1. Create partnerships between councils, regional LHNs, the RDWA and other key stakeholders to provide a holistic approach to doctor recruitment, considering opportunities and support for partners and families, and including social and community supports.<br>2. Develop and support mechanisms for regional and rural doctors to receive support in areas including housing, transport costs and child care. |
| 3.6 | Work with the Commonwealth Government to optimise the Commonwealth/ state structures underpinning rural medical practice in South Australia | Rural Support Service** | Strategy and Intergovernment Relations, DHW<br>RDWA<br>AHCSA<br>GPEx | 1. Explore innovative models of funding to support the provision of sustainable medical services in regional and rural areas, including opportunities to collaborate with the Commonwealth.<br>2. Where appropriate, advocate on Commonwealth-governed rural medical workforce issues to help support a sustainable rural workforce. |
| 3.7 | Collaborate with the RFDS on opportunities for shared training and workforce support models | Regional LHNs | RFDS<br>Rural Support Service<br>Regional training hubs<br>GPEx | 1. Create and expand opportunities for shared medical training positions between regional LHNs and the RFDS, including as a component of the rural generalist pathway.<br>2. Investigate opportunities for RFDS medical staff to contribute to regional and rural hospital service provision. |

## Implementation

As with any plan, the process to ensure these strategies are delivered is critical. The key lead with responsibility for the implementation of each strategy has been outlined within the plan, and the suggested timelines for the delivery of each strategy are outlined below. Responsibility for monitoring the delivery of the Rural Medical Workforce Plan lies with the Rural Health Workforce Strategy Steering Committee.

Implementation of these strategies will be undertaken using the consultative and collaborative approach demonstrated throughout the development of the plan, with all strategies to be delivered under the leadership of regional local health networks and in close consultation with rural communities and rural clinicians.

The implementation of this plan will further be informed by the outcomes of the 'Medical Specialty Career Decision Making' project currently being undertaken by GPEx. The outcomes of this project are expected to provide further clarification on the best mechanisms to ensure rural medicine is the career of choice for the next generation of rural doctors.

### Theme one – Building a skilled workforce

| NO. | STRATEGY | 1 YEAR | 2 YEARS | 5 YEARS |
|---|---|---|---|---|
| **Objective 1a – Expand medical training pathways in regional and rural South Australia** | | | | |
| 1.1 | Introduce a coordinated rural generalist training pathway in South Australia | ● | | |
| 1.2 | Expand intern and PGY2+ training capacity in rural hospitals | ● | | |
| 1.3 | Undertake a training capacity audit in rural South Australia – to outline all hospital and community-based training capacity for undergraduate, postgraduate and vocational training | | ● | |
| 1.4 | Establish additional procedural training posts for GPs and GP registrars in both metropolitan and country locations to reflect the needs of local communities | | ● | |
| 1.5 | Broaden vocational opportunities for additional skills training for GPs and GP registrars, to reflect the needs of the communities | | ● | |
| 1.6 | Optimise the structure of internships in rural areas | | | ● |
| 1.7 | Fund all regional LHNs as recognised medical teaching and training providers | | ● | |
| 1.8 | Expand specialist training posts in regional LHNs | | ● | |
| 1.9 | Advocate for a proportion of specialist training to be undertaken at non-metropolitan sites | | ● | |
| 1.10 | Expand and support structured pathways for overseas-trained doctors to gain general registration, by aligning them to appropriate training options in rural South Australia | | ● | |
| 1.11 | Investigate an accredited remote supervision model for rural general practice trainees | | ● | |

| NO. | STRATEGY | 1 YEAR | 2 YEARS | 5 YEARS |
|---|---|---|---|---|
| **Objective 1b – Increase the number of doctors entering rural medical training and practice** | | | | |
| 1.12 | Create a single branded SA rural medical training pathway | | ● | |
| 1.13 | Advocate for South Australian high school students to have preferential access to SA medical school positions | ● | | |
| 1.14 | Increase exposure to rural general practice experiences for medical students and prevocational doctors | | ● | |
| 1.15 | Create collaborative research and innovation opportunities to allow junior doctors to participate in early career research | | | ● |
| 1.16 | Investigate the factors underlying career choices for medical students and junior doctors, focusing on improving rural GP applicant numbers | ● | | |
| 1.17 | Market training pathways to possible future rural employment opportunities | | ● | |

## Theme two – New and sustainable workforce models for rural health care

| NO. | STRATEGY | 1 YEAR | 2 YEARS | 5 YEARS |
|---|---|---|---|---|
| **Objective 2a – Develop sustainable models of rural medical care** | | | | |
| 2.1 | Consider new medical models, including but not limited to the introduction of salaried medical positions in regional LHNs | ● | | |
| 2.2 | Offer flexible models of engagement for GP proceduralists working in rural hospitals | | ● | |
| 2.3 | Consider the provision of co-located general practice clinics with rural hospitals with existing workforce challenges | | ● | |
| 2.4 | Create integrated geographic networks of hospitals within LHNs, with rural hospitals collaborating to provide clinical and professional support across the network | | | ● |
| 2.5 | Each regional LHN to explore a 'future state' medical staffing model for each hospital as part of service planning, addressing unique issues on a town-by-town basis | | ● | |
| 2.6 | Continue to support metropolitan-based clinicians to provide visiting outpatient services in regional and rural South Australia, recognising that not all speciality services can be provided by a local resident workforce | ● | | |
| **Objective 2b – Increase support to rural GPs** | | | | |
| 2.7 | Provide digital and telehealth supports to rural GPs | ● | | |

| NO. | STRATEGY | 1 YEAR | 2 YEARS | 5 YEARS |
|---|---|---|---|---|
| 2.8 | Develop sub-regional collaborations between geographically close general practices providing rural hospital services (particularly in one- to two-doctor towns), to minimise professional isolation and share on-call burdens | | ● | |
| 2.9 | Review training programs and professional development opportunities for the current rural medical workforce and determine any additional supports that can be provided | ● | | |
| **Objective 2c – Increase integrated multidisciplinary clinical services** | | | | |
| 2.10 | Expand the number of nurse practitioners and/or advanced practice nurses working in rural emergency departments | | ● | |
| 2.11 | Investigate provision of practice nurses to general practices providing on-call cover to SA rural public hospitals | | | ● |
| 2.12 | Support multidisciplinary workforce models to support GPs | ● | | |
| 2.13 | Support improved access to both community and hospital-based mental health and psychiatrist services in regional LHNs, in line with the 2017–2020 Mental Health Workforce Plan | | ● | |

## Theme three – Developing a collaborative and coordinated health system

| NO. | STRATEGY | 1 YEAR | 2 YEARS | 5 YEARS |
|---|---|---|---|---|
| **Objective 3a – Share the responsibility for rural health across the state** | | | | |
| 3.1 | Create formal links between regional LHNs and metropolitan hospitals as a base for clinical advice, training networks and referral pathways | | ● | |
| 3.2 | Advocate for a rural specialist training program, with a rotation model into tertiary hospitals to complete training (Integrated Rural Training Pipeline model) | | ● | |
| 3.3 | Advocate for a metropolitan specialist rotation model to large rural hospitals | ● | | |
| 3.4 | Expand statewide clinical networks | | ● | |
| **Objective 3b – Collaborate to support the sustainability of the rural workforce** | | | | |
| 3.5 | Partner with local governments through the LGASA to maximise the personal and family supports provided to rural doctors, particularly for recruiting to challenging areas | | ● | |
| 3.6 | Work with the Commonwealth Government to optimise the Commonwealth/state structures underpinning rural medical practice in South Australia | | ● | |
| 3.7 | Collaborate with the RFDS on opportunities for shared training and workforce support models | ● | | |


*Chloe Hansen (Speech Pathologist and Rural Generalist Trainee) at Port Lincoln Hospital and Health Service, Eyre and Far North Local Health Network*

## Appendix A – Rural Medical Workforce Plan consultation regional visits

| | DATE | REGIONAL VISIT | NO. OF PARTICIPANTS |
|---|---|---|---|
| 1 | 6 August 2019 | Mount Gambier | 25 |
| 2 | 13 August 2019 | Berri | 17 |
| 3 | 15 August 2019 | Murray Bridge | 6 |
| 4 | 22 August 2019 | Kingscote | 12 |
| 5 | 23 August 2019 | Health Advisory Council Conference | 6 |
| 6 | 29 August 2019 | Clare | 10 |
| 7 | 2 September 2019 | Victor Harbor | 7 |
| 8 | 3 September 2019 | Tanunda | 20 |
| 9 | 4 September 2019 | Mount Barker | 5 |
| 10 | 5 September 2019 | Gawler | 9 |
| 11 | 6 September 2019 | Rural Support Service Clinical Caucus | 15 |
| 12 | 9 September 2019 | Port Lincoln | 15 |
| 13 | 10 September 2019 | Ceduna | 5 |
| 14 | 11 September 2019 | Wudinna | 4 |
| 15 | 11 September 2019 | Kimba | 5 |
| 16 | 11 September 2019 | Whyalla | 17 |
| 17 | 17 September 2019 | Southern Adelaide Local Health Network | 13 |
| 18 | 17 September 2019 | Port Augusta | 14 |
| 19 | 18 September 2019 | Jamestown | 4 |
| 20 | 19 September 2019 | Northern Adelaide Local Health Network | 5 |
| 21 | 24 September 2019 | Central Adelaide Local Health Network | 45 |
| 22 | 24 September 2019 | Port Pirie | 8 |
| 23 | 25 September 2019 | Maitland | 4 |
| 24 | 25 September 2019 | Wallaroo | 7 |
| 25 | 30 September 2019 | Women's and Children's Health Network | 3 |
| **TOTAL** | | | **281** |

## Appendix B – Written responses to the consultation draft of the Rural Medical Workforce Plan

| | NAME OF RESPONDER | ORGANISATION |
|---|---|---|
| 1 | Angela Brougham | AHCSA |
| 2 | Fiona Raschella | Adelaide Primary Health Network Board |
| 3 | Dr Ray Goodwin | Angaston Medical Centre |
| 4 | Dr Simon Judkins<br>Dr Thiru Govindan | Australasian College for Emergency Medicine |
| 5 | Dr Romuald Czechowicz | Australasian College of Dermatologists |
| 6 | Debra Earl and Leanne Boase | Australian College of Nurse Practitioners |
| 7 | Dr Chris Moy | AMASA |
| 8 | Rob Bonner | Australian Nursing and Midwifery Federation |
| 9 | Dr Jason Bament | Barossa Hills Fleurieu Local Health Network |
| 10 | Julianne O'Connor | Rural Support Service |
| 11 | Russell Peate | Copper Coast Council |
| 12 | Dr Lachlan Warren | Dermatology SA |
| 13 | Rod Pearson | District Council of Lower Eyre Peninsula |
| 14 | Dr Sue Edwards | Drug and Therapeutics Information Service |
| 15 | Michele Smith | Eyre and Far North Local Health Network Governing Board |
| 16 | Dr Leesa Walker | Flinders University |
| 17 | Dr Rod Pearce | General practitioner |
| 18 | Christine Cook | GPEx |
| 19 | Dr Brian Norcock | Kincraig Medical Clinic |
| 20 | Dr Gillian Watterson | Limestone Coast Local Health Network |
| 21 | Lea Bacon | LGASA |
| 22 | Dr Georgina Moore | Maitland Surgery |
| 23 | Dean Johnson | Northern Eyre Peninsula Health Alliance |
| 24 | Helen Stone | Pharmaceutical Society of Australia |

| | NAME OF RESPONDER | ORGANISATION |
|---|---|---|
| 25 | Kristy Roeger | Physiotherapist, Tumby Bay |
| 26 | Danny Gordon | Private |
| 27 | Dr Graham Morris | Private |
| 28 | Dr Larisa Hendry | Private |
| 29 | Vicki Brokensha | Private |
| 30 | Dr Nigel Stewart | Port Augusta Hospital, Flinders and Upper North Local Health Network |
| 31 | Dr Michael Moore | Port Lincoln Health Service, Eyre and Far North Local Health Network |
| 32 | Dr G Crowe | Retired physician |
| 33 | Dr Samuel Dettmann | Royal Australasian College of Physicians |
| 34 | Peta Rutherford | RDASA |
| 35 | Dr Peter Rischbieth<br>Dr Scott Lewis | RDASA |
| 36 | Dr Christine Lucas | Rural general practitioner |
| 37 | Dr Owen Lewis | Rural general practitioner |
| 38 | Professor Guy Maddern | The Queen Elizabeth Hospital Rural Surgical Service Program |
| 39 | Jenny Hurley | Nursing and Midwifery Office, DHW |
| 40 | Kelly Barns | Strategy and Intergovernment Relations, DHW |
| 41 | Vaughn Eaton | SA Pharmacy |
| 42 | Dr James Doube | SAAS-MedSTAR |
| 43 | Katharine Webster | SASMOA |
| 44 | Dr Sarah Bocian | South Coast District Hospital, Barossa Hills Fleurieu Local Health Network |
| 45 | Dr Paul Herreen<br>Dr Glenda Rudkin<br>Dr Sam Koch | Specialist Anaesthetic Services |
| 46 | Kevin Wisdom-Hill | Summit Health |
| 47 | Dr Emma Manifold | Summit Health |
| 48 | Dr Simon Burnet | The Queen Elizabeth Hospital |
| 49 | Dr Chris Pearson | Women's and Children's Hospital |

## Glossary

| | |
|---|---|
| ACRRM | Australian College of Rural and Remote Medicine |
| AHCSA | Aboriginal Health Council of South Australia |
| AMASA | South Australian branch of the Australian Medical Association |
| CSAPHN | Country SA Primary Health Network |
| DHW | Department for Health and Wellbeing |
| GP | general practitioner |
| GPEx | South Australian training organisation delivering general practice training |
| HCASA | Health Consumers Alliance of SA Inc |
| iCCnet | Integrated Cardiovascular Clinical Network |
| LGASA | Local Government Association of South Australia |
| LHN | local health network |
| MPS | multi-purpose service |
| PGY | post-graduate year |
| RACGP | Royal Australasian College of General Practitioners |
| RDASA | Rural Doctors Association of South Australia |
| RDWA | Rural Doctors Workforce Agency |
| RFDS | Royal Flying Doctor Service of Australia |
| SAAS | South Australian Ambulance Service |
| SAMET | South Australian Medical Education and Training |
| SASMOA | South Australian Salaried Medical Officers Association |
| SAVES | South Australian Virtual Emergency Service |
| TMO | trainee medical officer |


*Dr Jose Valerio, Rural GP, Murray Bridge, with his family (image courtesy RDWA)*

## For more information

**www.sahealth.sa.gov.au/ruralhealthworkforce**
**Health.RuralHealthWorkforceStrategy@sa.gov.au**

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