



South Australia's Rural Health Workforce Strategy 2018–2022

A photograph of a young woman, Kristy Roeger, a physiotherapist, and an elderly woman, a consumer, standing in front of a large, colorful mural of waves. Kristy is on the left, wearing a dark blue polo shirt and a lanyard, smiling. The elderly woman is on the right, wearing an orange shirt, looking directly at the camera. The mural behind them features vibrant blue, yellow, and purple waves. A white decorative shape is at the bottom left, and a grey wavy line is at the bottom right.

*Kristy Roeger (Physiotherapist) with a consumer
at Port Lincoln Hospital and Health Service,
Eyre and Far North Local Health Network*

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.



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Message from the Minister

Our rural health workforce is the heart and soul of our rural health services. Recognising the need to address workforce as one of the most urgent issues facing our rural health services, the Marshall Liberal Government committed \$20 million to the development of the Rural Health Workforce Strategy (RHWS). As we approach the four-year mark, it is timely to reflect on the successes of the strategy to date. This includes the development and implementation of six individual rural workforce plans, which together provide South Australia with an integrated plan for a sustainable rural health workforce.

The Rural Health Workforce Strategy has provided a positive opportunity to focus on new solutions for rural and remote communities, to listen to their voices as well as those of our clinicians and other key stakeholders to codesign a way forward. These plans recognise that solutions require a collaborative and coordinated approach across the whole health system, and with key stakeholders and partners including universities, local government and training providers. The plans also recognise that while the direct delivery of training is important, so is mentoring and support, as well as socialisation into the local community.

The \$20 million investment under the strategy has allowed us to make significant improvements in the rural health system. Highlights, as described further in this plan, include the Rural Generalist Program SA for doctors, an Allied Health Rural Generalist Pathway, nursing education support and funding for remote support and education for SAAS and dental clinicians.

I would like to thank Dr Hendrika Meyer for her oversight of the strategy, the Rural Health Workforce Strategy Steering Committee for their leadership and members of each of the sub committees and working parties who contributed their expertise. And I would like to particularly thank our rural health staff and consumers, for they are the ones who live with and deeply understand the importance of addressing rural workforce challenges. The contribution of their viewpoints has allowed these plans to be a blueprint to improve the delivery of rural and remote healthcare.



Hon Stephen Wade MLC
Minister for Health and Wellbeing



Message from the Chair of the Rural Health Workforce Strategy Steering Committee

The Rural Health Workforce Strategy has provided a platform for expanding and increasing the capacity of our regional health workforce through the development of six comprehensive rural workforce plans and funding over 60 projects for regional LHNs and strategic partners.

From 2018 the RHWS has engaged directly with health professionals and rural communities across the state to understand the challenges and opportunities in providing health services in the rural setting. The participation of such a wide range of people has ensured our plans and projects are informed by the lived experiences of the workforce we seek to support and the communities we service.

This strategy has been led through a collaboration of key organisations and peak bodies who formed the Rural Health Workforce Strategy Steering Committee. The committee has provided strategic guidance and oversight to all RHWS plans and funded projects. I thank all members for the efforts and dedication to strengthening our rural health services.

The RHWS would not have seen such great progress without the commitment and vision of the RHWS project team.

I would particularly like to thank the project team led by Dr Robyn Anderson, including Karen Lancaster, Lisa Cockington, Moira Noonan, Cathy Wright, Simone O'Dea, Pamela Hewavasam, Skye Hayes, Simone Hurley and Paulina Lee.

I would also like to take the time to thank all of the people who provided input and advice throughout the implementation of the strategy. Your passionate support of health services in regional communities has been critical to ensuring the plans and projects we have developed will make a difference for rural health services.



Dr Hendrika Meyer

MBChB FACEM AFRACMA GC Hlth Mtgt GAICD



The Government of South Australia committed \$20 million over four years, from 2018–19 to 2021–22, to develop and implement the Rural Health Workforce Strategy.



Executive summary

Prior to the March 2018 state election, the Marshall Liberal government set out an intent to deliver a 'Rural Health Workforce Strategy' for South Australia. The election commitment proposed the development of a rural health workforce plan as the key to ensuring country health services are sustainable. The Government of South Australia committed \$20 million over four years, from 2018–19 to 2021–22, to develop and implement the Rural Health Workforce Strategy.

To deliver the commitment, a Rural Health Workforce Strategy Steering Committee was convened, chaired by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service. The Steering Committee has representation from regional local health networks, universities, peak bodies, medical colleges, training and workforce providers and the National Rural Health Commissioner.

Under the leadership of the committee, a project framework was developed which allowed the development, consultation and release of six comprehensive rural workforce plans, across all major rural health professional groups:

- SA Rural Medical Workforce Plan 2019–24
- Rural SA Ambulance Service Workforce Plan 2020–25
- SA Rural Nursing and Midwifery Workforce Plan 2021–26
- SA Rural Allied and Scientific Health Workforce Plan 2021–26
- SA Rural Aboriginal Health Workforce Plan 2021–26
- SA Rural Oral Health Workforce Plan 2021–26.

The process to develop the plans involved a comprehensive codesign approach. Whilst the workforce plans address individual professions, it is important to note that the contribution of individual health workforce areas to patient outcomes, organisational culture, service quality and safety and efficiency does not happen in isolation and opportunities for interprofessional collaboration are required.

Implementation of each plan is occurring across all regional LHNs with significant improvements in the status of the rural health workforce in South Australia resulting from the strategy.

Significant achievements include the:

- launch of the medical Rural Generalist Program SA, which is leading to enhanced rural training numbers and increasing the numbers of applicants to rural General Practice training in SA
- successful Allied Health Rural Generalist Program, enhancing the skills of our rural allied health professionals and the services they provide to rural communities
- Mid North caseload midwifery model of care, which has now been demonstrated as a cost effective and high quality model to provide birthing services to rural communities, and is being taken up across regional LHNs.

Each of the published workforce plans has a five-year timeframe, with implementation, monitoring and evaluation required to continue to support the impact and outcomes of the Strategy. A focus of the monitoring process is to identify relevant demonstration projects that progress the objectives of the strategy and have the potential to be scaled up across regional LHNs, and possibly across the state. There are opportunities for the Rural Health Workforce Strategy to inform both state and national workforce strategy development.

Opposite: Alex Foord (Orthotist and Prosthetist), Hannah Kelsh (Physiotherapist and Rural Generalist Trainee) and Rachelle Kaesler (Allied Health Assistant) at Whyalla Hospital and Health Service, Flinders and Upper North Local Health Network

The South Australian Rural Health Workforce Strategy: The ‘Why’

Prior to the March 2018 state election, the Marshall Liberal government set out an intent to deliver a ‘Rural Health Workforce Strategy’ for South Australia. This election commitment recognised that regional and rural South Australia was facing shortages of health practitioners and, in particular, practitioners with advanced skills. The election commitment proposed the development of a rural health workforce plan as the key to ensuring country health services are sustainable.

South Australia, along with all jurisdictions across Australia, faces significant rural health workforce challenges. This is in the setting of well-documented disparity between rural and metropolitan health outcomes. The Australian Institute of Health and Welfare ‘Australia’s Health 2020’ report shows that people living in rural and remote areas continue to carry a higher burden of chronic disease and have a lower life expectancy than those in major cities and generally reduced access to health services.¹ The availability and appropriate distribution of a skilled and educated health workforce in rural South Australia is essential to address these factors and ensure safe, high quality health care delivery to all.

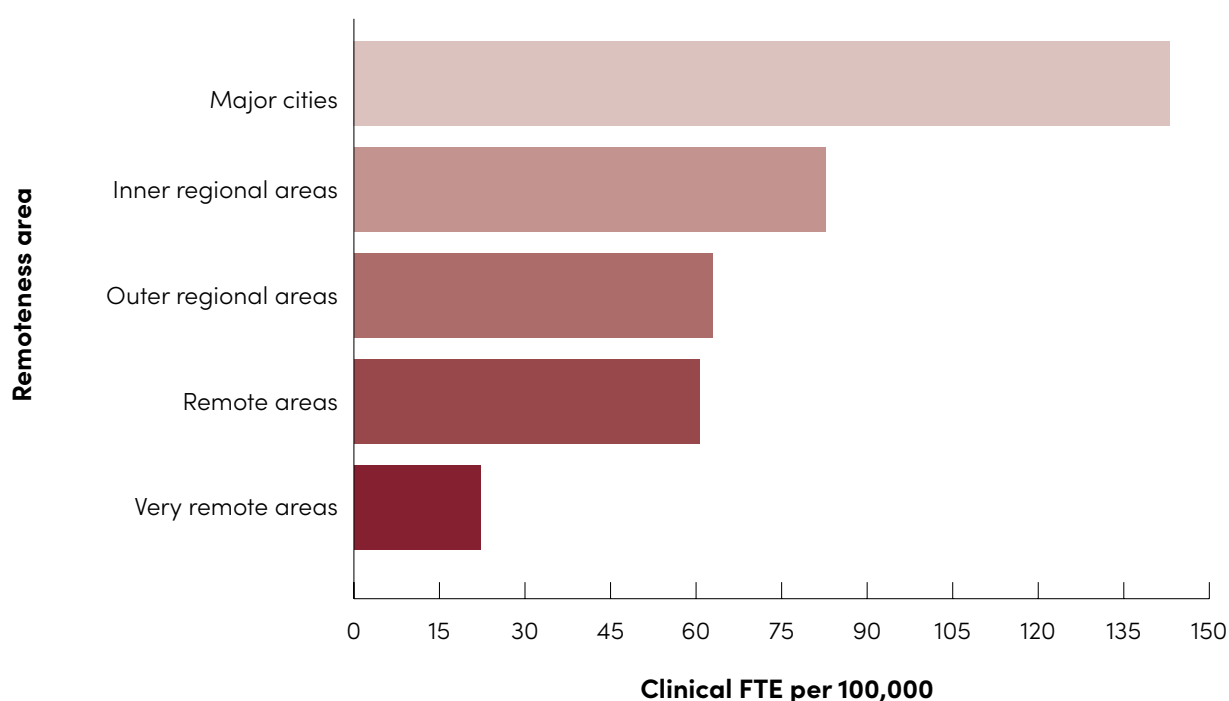
Table 1: Median age at death, mortality rate, and rate ratio, by sex and remoteness area, 2018¹

	MAJOR CITIES	INNER REGIONAL	OUTER REGIONAL	REMOTE	VERY REMOTE
Median age at death (years) (Males)	79	78	76	73	68
Age-standardised rate (deaths per 100,000) (Males)	567	648	696	729	834
Rate ratio* (Males)	1.0	1.1	1.2	1.3	1.5
Median age at death (years) (Females)	85	84	83	80	70
Age-standardised rate (deaths per 100,000) (Females)	405	463	467	488	680
Rate ratio* (Females)	1.0	1.1	1.2	1.2	1.7

*Rate ratio is the age standardised mortality rate for each area divided by the age standardised rate for Major cities.

Regional services also face challenges in attracting and retaining a health workforce. The rural and regional health workforce is ageing and is affected by broader demographic trends for regional and rural communities. These challenges can be exacerbated by health education, training, and continuing professional development models primarily designed to meet the needs of the metropolitan workforce. Access to health practitioners becomes more difficult at greater distances from major cities across Australia.

Table 2: Employed health specialists, clinical full-time equivalent (FTE) rate, by remoteness area, 2018¹



For rural communities, it is recognised that it can be more challenging to access specialist clinicians compared to the metropolitan setting, and that care often needs to be provided over long distances. Further, there is a need for health professionals to hold a broader, more generalist skill set to manage the diverse needs of populations.

These factors form the platform against which the Rural Health Workforce Strategy was developed. The Rural Health Workforce Strategy recognises that solutions may vary across professions and across regional areas. Opportunities for interprofessional collaboration must be considered in the context of patient outcomes, organisational culture and service delivery to support optimal health outcomes. The development of a strategy must have input from all key stakeholders to be meaningful.

The overarching aim of the Strategy is to develop a strong, available and sustainable rural health workforce who can work in partnership with consumers and their families to provide effective and appropriate rural health care.

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



A Rural Health
Workforce Strategy
Steering Committee
was formed in 2018
to guide the strategy.

Development of The South Australian Rural Health Workforce Strategy: The 'How'

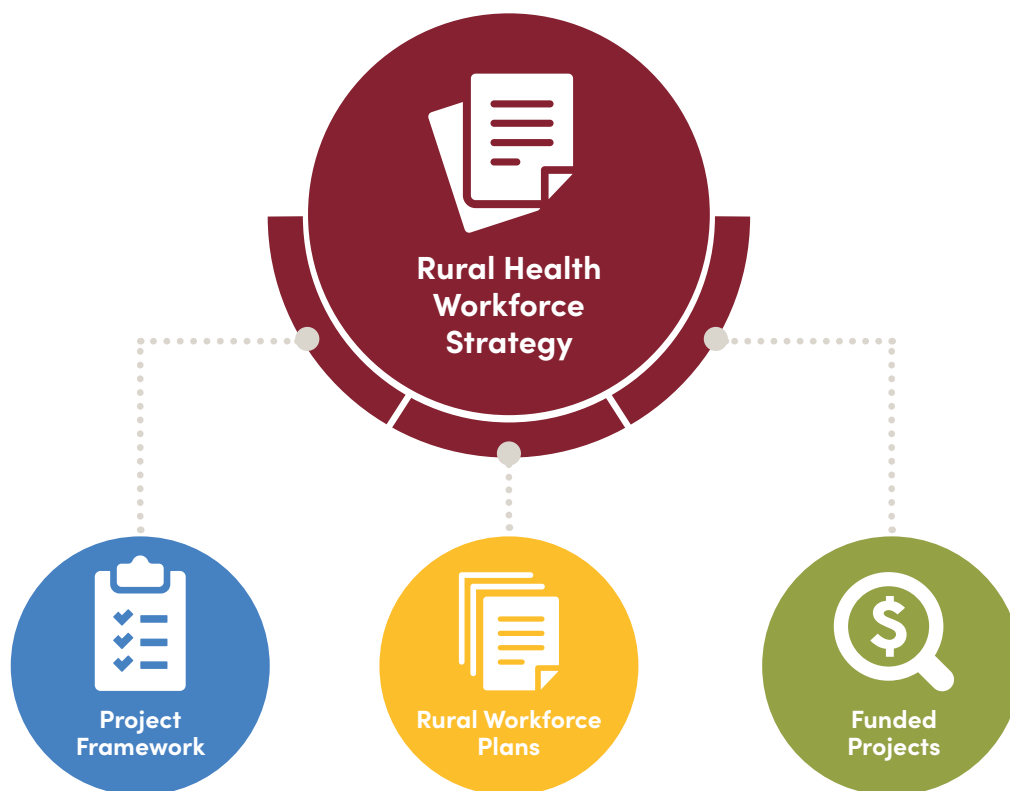
The Government of South Australia committed \$20 million over four years, from 2018–19 to 2021–22, to develop and implement the Rural Health Workforce Strategy.

A Rural Health Workforce Strategy Steering Committee was formed in 2018 to guide the strategy. The Steering Committee includes representatives from key stakeholders, including the regional local health networks, universities, peak bodies, medical colleges, training and workforce providers and the National Rural Health Commissioner. A full list of members is provided in Appendix 1. The Steering Committee provides advice to the Minister for Health and Wellbeing through the Chief Executive, SA Department for Health and Wellbeing and is chaired by Dr Hendrika Meyer, Chief Clinical Advisor, Rural Support Service.

Strategy Development

The strategy encompasses three main elements:

- project framework, outlining how the project was undertaken
- development of workforce plans
- funding of proposals to support the local health workforce requirements of rural South Australia.



Project framework

At the commencement of the strategy, a project framework was developed to ensure the aims of the Rural Health Workforce Strategy were achieved.

The project framework included a planned timeline to consult and release detailed workforce plans for each health profession, to ensure that all activities undertaken by the RHWS were in line with the evidence base and were supported through extensive consultation.

Published plans were released to inform opportunities for stakeholders to submit grant proposals to progress workforce measures that were aligned with recommended strategies and actions. The released plans were utilised within an iterative process to inform the development of subsequent plans in the project framework.

Six South Australia Rural Health Workforce Plans have been developed as part of the strategy to date:

- SA Rural Medical Workforce Plan 2019–24
- Rural SA Ambulance Service Workforce Plan 2020–25
- SA Rural Nursing and Midwifery Workforce Plan 2021–26
- SA Rural Allied and Scientific Health Workforce Plan 2021–26
- SA Rural Aboriginal Health Workforce Plan 2021–26
- SA Rural Oral Health Workforce Plan 2021–26.

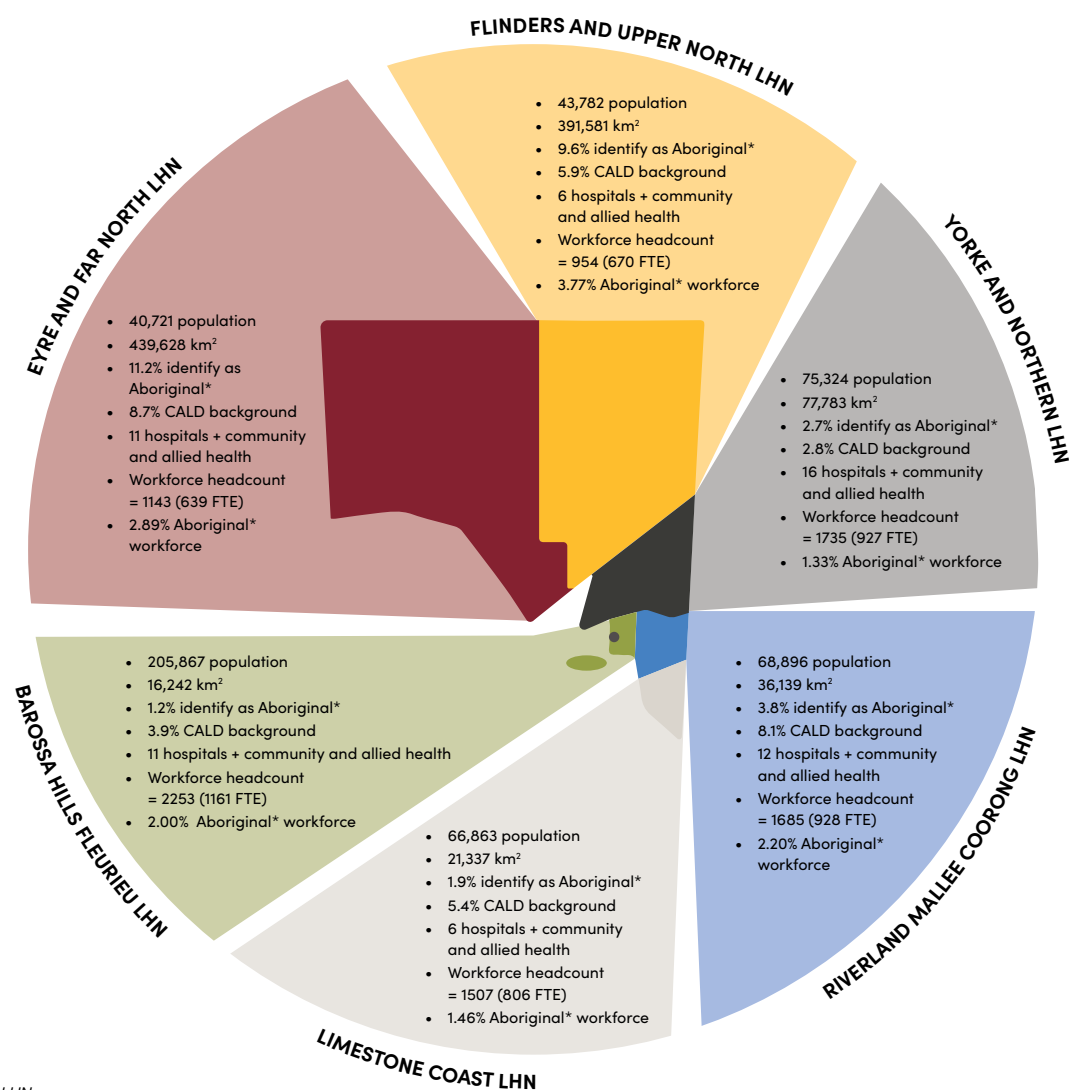


Data

The six regional local health networks (LHNs) collectively cover 983,482 square kilometres. Of the 1.7 million residents in South Australia, 504,664 live in rural South Australia. A comprehensive range of health services are delivered across 61 hospitals, community settings, and residential aged care facilities, according to population needs.

To underpin the strategies outlined in the various plans, extensive data collection processes were undertaken to detail the relevant health workforce providing services across regional South Australia. This process uncovered significant limitations in the ability to accurately confirm workforce numbers, particularly in those areas outside the governance of SA Health. As with any data, the information is only as accurate as the recorded information. Currently, there is no centralised health workforce dataset available in South Australia to support adequate workforce planning. This limitation in workforce planning is an area that needs attention, given the need to undertake robust workforce planning to underpin service planning and service delivery.

A high-level snapshot of data related to LHN population, catchment size, health service and health workforce is provided in the table below. Specific and detailed health workforce data is provided in each of the health workforce plans.



*For the purposes of this document, Aboriginal refers to people who identify as Aboriginal and/or Torres Strait Islander.
Population figures are 2018 Estimated Resident Population. Workforce figures are as at 31 December 2020 (excludes board members and those on secondment at the time. FTE is based on contracted hours in CHRIS21)



The consultation phases led to significant changes and the reshaping of each workforce plan, to ensure they accurately represented the workforce they were designed to support.

Methodology for development of rural health workforce plans

The process for the development of the plans involved a comprehensive codesign² approach that sought to link rural and remote workforce initiatives with the broader LHN workforce priorities.

A literature scan was performed to identify relevant Australian and international literature to inform and develop the three core themes of the Strategy within the context of the selected workforce group. The next step involved the design of a structured workshop with clinicians and relevant stakeholders, to explore the key priorities and themes identified through both the literature scan and knowledge of the current challenges and opportunities facing each workforce group.

For each workforce plan, the workshop outcomes were consolidated into a 'consultation draft' of the workforce plan which was distributed for broad consultation, discussion and engagement.

The consultation phase of each plan was the most critical phase in plan development with each running for six to eight weeks. For each workforce plan an extensive in-person consultation program was run, allowing clinicians in all local health networks to provide their input, and ensuring all relevant stakeholders including community, local government and professional bodies could provide feedback on the draft plan. Copies of the consultation draft were also directly provided to all relevant stakeholder groups and peak bodies for commentary.

Whilst there are known challenges in attracting and retaining the broad health workforce to rural areas, the consultation mechanisms enabled those attending to provide firsthand information and ideas to address the diverse health needs of rural and remote communities.

The consultation phases provided opportunities for consideration and incorporation of significant issues and assisted with the framing of workforce plan objectives and actions. Stakeholder feedback was sought to check that the plans accurately addressed relevant workforce issues.

Final workforce plans were provided to the RHWS Steering Committee and to the Minister for Health and Wellbeing for consideration and approval.

The first workforce plan, the SA Rural Medical Workforce Plan was developed under the leadership of the Rural Health Workforce Strategy Steering Committee. Subsequent plans were developed using either a subcommittee or working group, which reported to the Steering Committee. Each subcommittee/working group included representation and expertise from key leads and subject matter experts for each professional group. The full membership of each subcommittee/working group responsible for the development of the workforce plan is provided as Appendix 2.

Whole-of-state clinical leads based in the Department for Health and Wellbeing were consulted on the model to develop each plan, with the Chief Medical Officer, Chief Nursing and Midwifery Officer and Chief Allied and Scientific Health Advisor all directly involved in consultations on relevant plans. The project management structure for each plan included a dedicated executive lead, supported by one or more project support staff. The executive and project leads are further outlined in Appendix 2.



Development of the South Australian Rural Health Workforce Strategy: The 'What'

Developing our priorities for action

The Rural Health Workforce Strategy has provided a strategic approach to the development of workforce plans to support the rural health workforce to deliver culturally responsive, patient-centred care and improve health outcomes. The election commitment identified the need for a focus on recruitment, training and development of the workforce through the development of workforce plans for relevant professions, and through the funding of projects related to local priorities.

The codesign process included analysis and consideration of all feedback and information provided during consultations. This information was analysed and considered against the objective of the Rural Health Workforce Strategy, with each identifying three, key strategic priorities with associated objectives, strategies and actions:

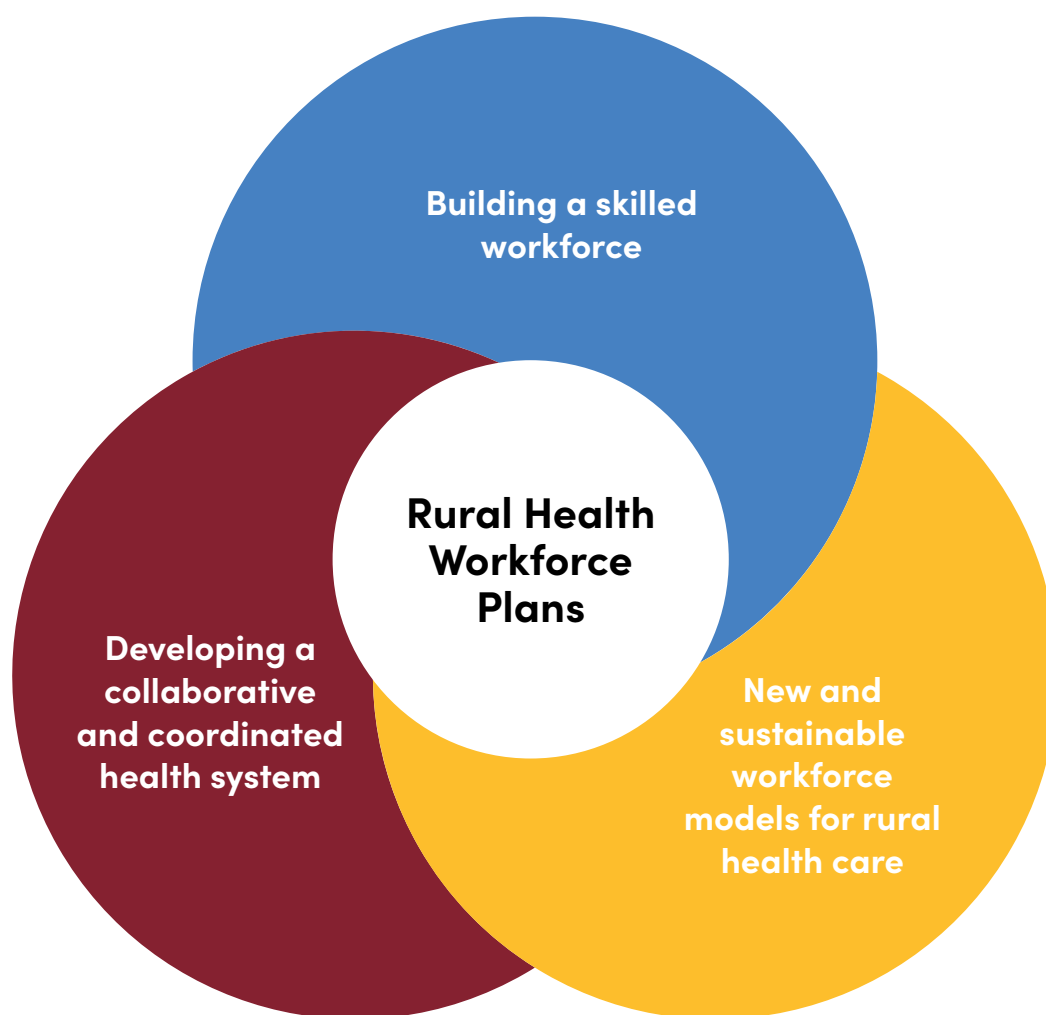
- Strategic Priority 1 – Building a skilled workforce
- Strategic Priority 2 – New and sustainable workforce models for rural health care
- Strategic Priority 3 – Connected and collaborative health system

Identification of these priorities enabled workforce strategies to be implemented, measured, evaluated and reported and has set the stage for continued improvements beyond the life of the Rural Health Workforce Strategy election commitment. The workforce plans identify priorities for local action. Each are prioritised over a five-year timeframe, with key leads and stakeholders identified to support implementation within/across LHNs and organisations.

A strong, sustainable and culturally safe Aboriginal workforce working in partnership with consumers and their families is a key component of the provision of effective and responsive health care. The SA Rural Aboriginal Health Workforce Plan aims to build the capacity, capability and representation of the Aboriginal health workforce. The plan included additional themes aimed at providing culturally safe workplaces and enhancing Aboriginal leadership and engagement in health services. Along with the identified strategic priorities consistent across all workforce plans, the SA Rural Aboriginal Health Workforce Plan incorporated priorities to address institutional racism and increase Aboriginal representation at all levels in rural health services.

These priorities are also supported by the SA Health – Health and Wellbeing Strategy 2020–25 which recognises that *'the workforce is the most important asset, and that the long term sustainability of health care depends on people who are capable and ready to deliver the services and programs that South Australians will need in the coming decades'* (p29)

Whilst the workforce plans address individual professions, it is important to note that the contribution of individual health workforce areas to patient outcomes, organisational culture, service quality, and safety and efficiency does not happen in isolation. The opportunities for interprofessional collaboration should be considered where they result in higher quality care, improved health outcomes, and increased job satisfaction and retention of our rural health workforce.



Development of The South Australian Rural Health Workforce Strategy: The Plans

SA Rural Medical Workforce Plan 2019–24

The SA Rural Medical Workforce Plan 2019–24 was developed over the course of 2019. A significant focus was addressing recent recommendations made by the National Rural Health Commissioner on establishing a National Rural Generalist Pathway. Nearly all rural clinicians who were consulted or engaged in the development of the strategy outlined that a coordinated training pathway for junior doctors to enter rural practice was a key priority.

Consultation on the rural medical workforce plan also included consultation with metropolitan clinicians with onsite sessions in each metropolitan local health network. This is due to the importance of ensuring a coordinated and collaborative health system across all health networks to support the regional workforce.

The plan contains 37 strategies to help ensure a sustainable rural medical workforce.

Rural SAAS Workforce Plan 2020–25

The Rural SA Ambulance Service (SAAS) Workforce Plan 2020–25 was jointly developed by SAAS and the Rural Support Service.

Noting that a large portion of the rural SAAS workforce is made up of volunteers, considerable consultation was undertaken with rural ambulance services and regional communities.

Identified key priorities included the need to continue to focus on volunteer workforce recruitment and retention, increased technological support in rural settings, expanded pathways to provide multidisciplinary training opportunities and to increase the paramedic profile.

Strategies within the plan have been developed to ensure ambulance services are flexible enough to change in a proactive and considered manner when the needs of communities change, and to take into account the needs and welfare of the paid and volunteer workforces.

SA Rural Nursing and Midwifery Workforce Plan 2021–26

The SA Rural Nursing and Midwifery Workforce Plan 2021–26 was developed during 2020 and 2021. A codesign approach was undertaken, including consultation for the plan with rural nurses and midwives and relevant metropolitan clinicians and stakeholders, via virtual and face-to-face focus group sessions and a virtual workshop. Identified key priorities included the need for sustainable midwifery models of care, access to education and the development of a rural education framework, consideration of the aged care workforce, and mentoring and support for those new to rural nursing and midwifery.

Strategies across three themes in the plan have been developed to ensure a sustainable rural nursing and midwifery workforce, underpinned by a multifaceted attraction, recruitment and retention approach that recognises the need for flexible, broad and advanced scopes of practice.



SA Rural Allied and Scientific Health Workforce Plan 2021–26

The SA Rural Allied and Scientific Health Workforce Plan 2021–26 was developed across 2020 and 2021. The National Rural Health Commissioner highlighted the issues for the rural allied health workforce in a report in March 2020 focussed on improving access, quality and distribution of allied health services. Given the diversity of professions represented by this workforce segment, broad local consultation with rural clinicians and key stakeholders and a codesign approach was important. Consultations included both virtual and face-to-face sessions as well as a virtual workshop. Identified key priorities from these consultations included educational/training pathways, investment in leadership, maximising technology and making rural allied and scientific health positions attractive.

The plan focuses on the need for contemporary and collaborative approaches to support the rural workforce, including inter-professional collaboration, mentoring and further developing and strengthening the current supervision framework to reflect rural practice.

SA Rural Aboriginal Health Workforce Plan 2021–26

The SA Rural Aboriginal Health Workforce Plan 2021–26 was developed under the cultural guidance and authority of the Aboriginal Health Working Group.

Consultation on the SA Rural Aboriginal Health Workforce Plan 2021–26 was carefully designed and delivered to ensure cultural safety and maximum engagement of the Aboriginal workforce and communities. The extensive consultation process highlighted the need for greater cultural safety for the Aboriginal workforce and consumers in regional health services.

The plan provides strategies that are culturally responsive, and aim to increase representation of Aboriginal people in all health professions through greater collaboration with Aboriginal organisations and communities to expand rural Aboriginal health service delivery models, establish a standardised Aboriginal health workforce structure and develop innovative training pathways and recruitment opportunities.

SA Rural Oral Health Workforce Plan 2021–26

The SA Rural Oral Health Plan 2021–26 was jointly developed between SA Dental RROHC and the Rural Support Service. Due to the high proportion of private practitioners providing rural oral health services, a significant portion of this plan will be implemented in partnership with the private oral health sector.

Consultations occurred with both private and public regional, rural and remote oral health workforce, as well as generally across the health sector. This included an oral health workforce survey which was sent out by all four peak body organisations and SA Dental and multiple face-to-face regional consultation sessions held by the ADASA and SA Dental in partnership.

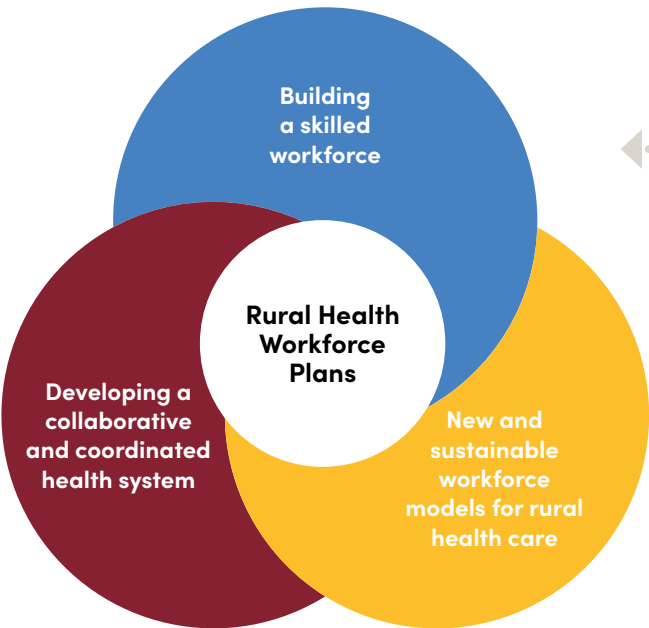
Strategies within the plan aim to provide opportunities for young people to pursue rural oral health careers, to provide existing practitioners with local advanced oral health training opportunities and expand pathways to provide oral health training to the general health sector.

Full copies of each plan are available at www.sahealth.sa.gov.au/ruralhealthworkforce.

GOVERNANCE
Minister for Health and Wellbeing
Rural Health Workforce Strategy Steering Committee

DATA AND EVIDENCE	
STAKEHOLDER INPUT AND EVIDENCE BASE	
Stakeholder forums	Literature scan
Stakeholder workshop	Regional workforce data
Workforce consultation	Regional population data
COMMUNITY VOICE	
Care close to home	Links to economic viability of towns
Accessible hospitals	Highly value their local GP

WHAT WE FOUND	
STRENGTHS	
Highly skilled and experienced GP workforce	Continuity of care
Primary care/hospital integration	Multi-disciplinary workforce models
CHALLENGES	
Commitment to rural generalist training	Complex workforce funding models
Demographics of GP workforce	Maldistribution of prevocational training positions
Lack of access to residential GP workforce	Unsustainable workforce models



MONITORING AND EVALUATION
Projects are required to outline evaluation methodology. This includes identification of processes to evaluate workforce, consumer and other measurable outcomes and provision of qualitative and quantitative measures, where possible.
Projects are also required to detail how projects align to the Rural Health Workforce Strategy and other related strategies and plans, for example:
<ul style="list-style-type: none">• National Safety and Quality Health Service Standards• National Health Reform Agreement• National Rural Health Commissioner• National Rural Generalist Pathway• National Medical Workforce Plan.
Projects are required to detail any assumptions or risks to the success of the proposed project, including constraints to timeframes and implementation, along with any proposed mitigation strategies.

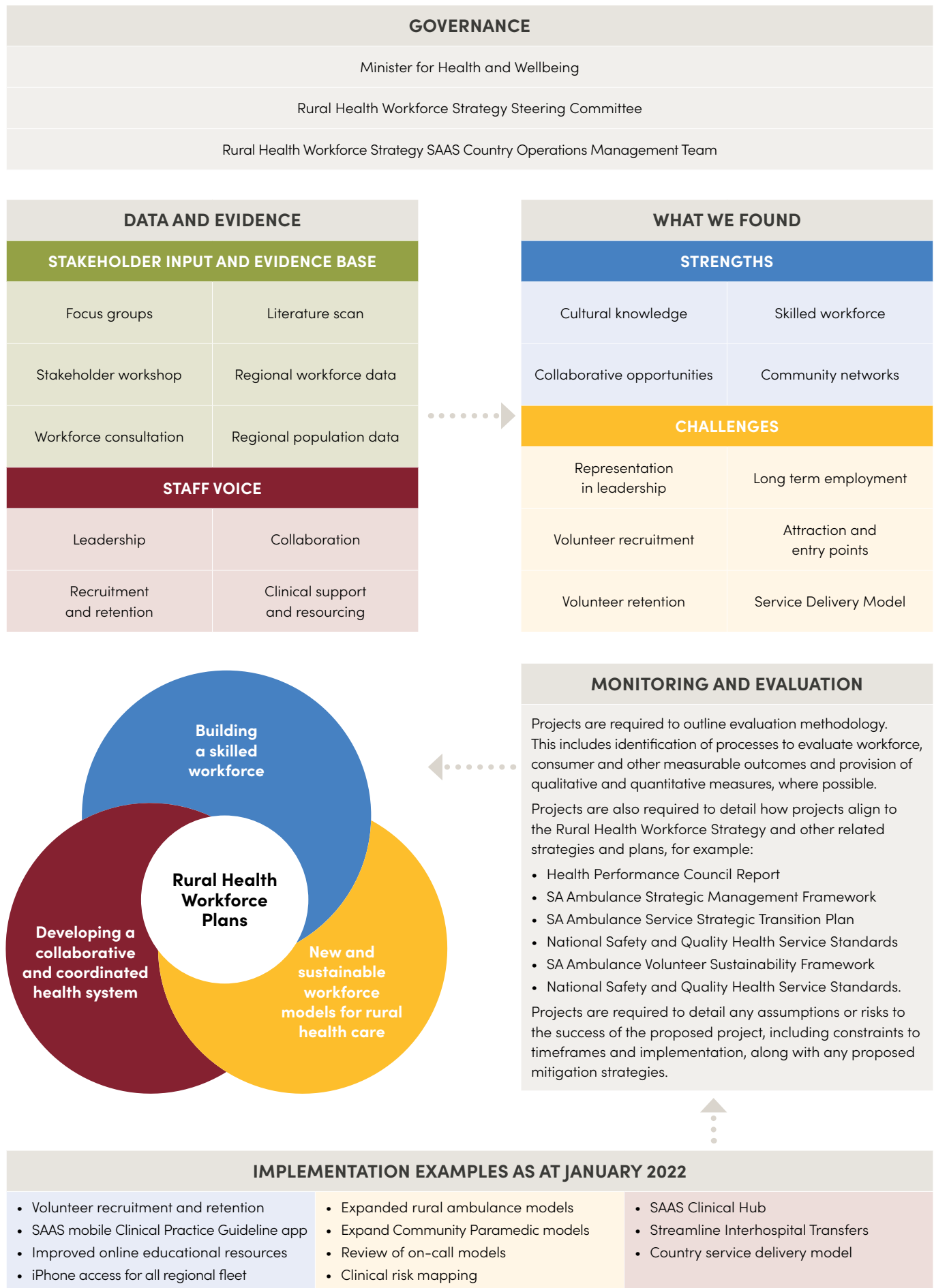
PRINCIPLES	No 'one-size-fits-all' solutions	Resident rural GPs are central to delivery of rural medical care	Medical training should be core business of regional LHNs	Many workforce solutions need a multidisciplinary approach
	Collaboration is a priority	Rural communities experience unique challenges	Challenges need state-wide solutions	Leverage advances in digital health
	Local needs assessment underpins workforce planning	Aboriginal communities should provide direct input to decisions	Consumers and communities are critical stakeholders	National rural generalist pathway must be incorporated

THEMES	BUILDING A SKILLED WORKFORCE	NEW AND SUSTAINABLE WORKFORCE MODELS FOR RURAL HEALTH CARE	DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Expand medical training pathways in regional and rural SA <ul style="list-style-type: none"> Rural generalist pathway Intern and PGY2+ training capacity Training capacity audit Additional procedural training posts for GPs and GP registrars Additional skills training for GPs and GP registrars Structure of internships in rural areas Fund regional LHNs as recognised medical teaching and training providers Expand specialist training posts Advocate for non-metropolitan specialist training Structured pathways for overseas-trained doctors Accredited remote supervision for rural general practice trainees 	Develop sustainable models of rural medical care <ul style="list-style-type: none"> New medical models including salaried medical positions in regional LHNs Flexible models of engagement for GP proceduralists Co-locate general practice clinics with rural hospitals Clinical and professional support across regional LHNs 'Future state' medical staffing model Continued support of visiting outpatient services 	Share the responsibility for rural health across the state <ul style="list-style-type: none"> Formal links between regional LHNs and metropolitan hospitals Specialist training with rotation into tertiary hospitals Metropolitan specialist rotation model Expand clinical statewide networks
	Increase the number of doctors entering rural medical training and practice <ul style="list-style-type: none"> Single branded SA rural medical training Preferential access for SA high school students to SA medical school positions Exposure to rural general practice for medical students and prevocational doctors Junior doctor participation in early career research Factors underlying career choices for medical students and junior doctors Marketing of training 	Increase support to rural GPs <ul style="list-style-type: none"> Digital and telehealth supports Sub-regional collaborations Opportunities for additional support in training and professional development Increase integrated multidisciplinary clinical services <ul style="list-style-type: none"> Expand nurse practitioners and advanced practice nurses in rural emergency departments Provision of on-call cover by practice nurses Multidisciplinary workforce models Improved access to community and hospital-based mental health and psychiatrist services 	Collaborate to support the sustainability of the rural workforce <ul style="list-style-type: none"> Partner with local government to maximise supports Optimise Commonwealth/state structures underpinning rural medical practice Shared training and workforce support with RFDS

IMPLEMENTATION EXAMPLES AS AT JANUARY 2022

<ul style="list-style-type: none"> Established Rural Generalist Program SA Expanded rural medical training positions Increased support for international medical graduates Implementing Riverland Academy of Excellence 	<ul style="list-style-type: none"> Salaried Rural Generalist positions for large hospitals Expanded SAVES program across all regional LHN sites Trialling technology support in remote locations 	<ul style="list-style-type: none"> Supporting COAG section 19(2) exemptions Piloting metropolitan rotation models
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Rural SA Ambulance Service Workforce Plan 2020-25



PRINCIPLES	No 'one-size-fits-all' solutions	Leverage advances in digital health	Collaboration is a priority
	Multi-disciplinary approach	Local needs assessment underpins workforce	Health consumers and communities are critical stakeholders
	Connections and partnerships critical for ambulance service delivery	Collaboration with Aboriginal community sector a priority	Integration with specialist GPs



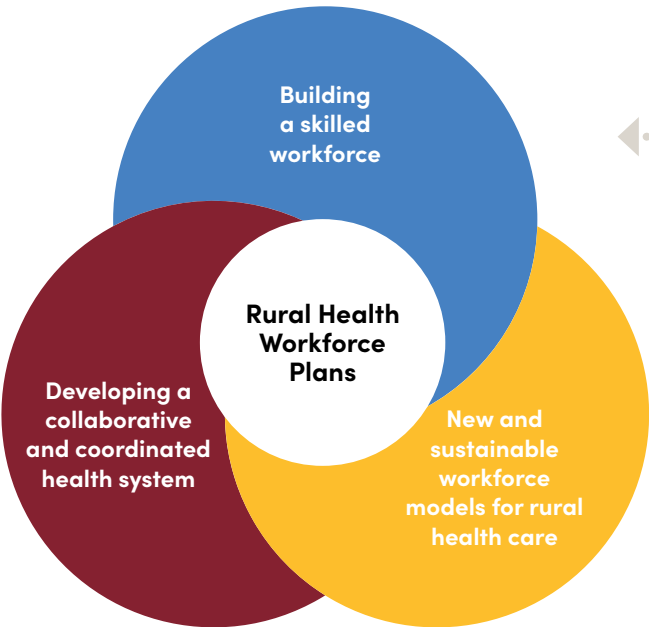
THEMES	BUILDING A SKILLED WORKFORCE	NEW AND SUSTAINABLE WORKFORCE MODELS FOR RURAL HEALTH CARE	DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Focus on regional workforce recruitment and retention <ul style="list-style-type: none"> Expand volunteer reward and recognition scheme Region-based volunteer conferences Volunteer recruitment targeting Aboriginal populations Target people transitioning to retirement for volunteer recruitment Rural school volunteering campaign Sporting club volunteering campaign Volunteer training to include rural health care professionals Seasonal volunteers in high tourism areas SAAS Remote program to recruit Optimise understanding of current volunteer workforce Streamline conversion from paramedic to ambulance officer volunteer Volunteer student/recruit mentor program Graduated Paramedic Pathway Attract and retain locals people to paid positions 	Use telemedicine to increase workforce confidence and competence <ul style="list-style-type: none"> Develop capacity for virtual face-to-face clinical support for volunteers Strengthen telemedicine links between local services and local crews Explore synergies between the SAVES and SAAS MedSTAR 	Developing a collaborative and coordinated health system <ul style="list-style-type: none"> Memorandums of administrative arrangements between SAAS and regional LHNs Develop hospital avoidance strategies for residents of aged care sector Align SAAS Country Operations boundaries with regional LHNs Enhance working relationships between regional services
	Introduce region-specific skills diversification <ul style="list-style-type: none"> Extend skills and scope of practice Credentiailling to support differing skills Increase technological support in the rural setting 	Service delivery models to accommodate the workforce and community need <ul style="list-style-type: none"> Expand community paramedic and extended community paramedic models in rural settings Opportunities for teams to back up volunteer crews Consider co-crewed ambulance models Assess the feasibility of using a 'retained model' in suitable locations Consider regional-specific paramedic intake or regional paramedic students Good Smart Phone Activated Medics app Review roster models to minimise on-call rosters where it is causing fatigue Partner with key stakeholders to explore privately practicing paramedic models Feasibility of volunteer transfer ambulances Develop a country service delivery model 	Increase the profile of paramedics <ul style="list-style-type: none"> Create a chief paramedic role Establish a pathway for regional LHNs to employ a paramedic
	Increase technological support in the rural setting <ul style="list-style-type: none"> Enhanced telehealth facilities and internet access Access to clinical documents and tools at the point of care Investigate monitors with telemetry capability for volunteers Feasibility of fleet VPN and Wi-Fi Feasibility of fleet cameras SAAS electronic patient care record 		
	Expand pathways to provide multidisciplinary training opportunities <ul style="list-style-type: none"> Increase training capabilities and diversify modalities for delivery Establish region-based, multidisciplinary training Advocate for academic qualifications that allow broad application of skill 		

SA Nursing and Midwifery Workforce Plan 2021–26

GOVERNANCE
Minister for Health and Wellbeing
Rural Health Workforce Strategy Steering Committee
SA Rural Nursing and Midwifery Workforce Plan Working Party

DATA AND EVIDENCE	
STAKEHOLDER INPUT AND EVIDENCE BASE	
Focus groups	Literature scan
Stakeholder workshop	Regional workforce data
Workforce consultation	Regional population data
COMMUNITY VOICE	
Seamless care across continuum	Access to local study options
Lack of accommodation	Incentives for rural practice

WHAT WE FOUND	
STRENGTHS	
Innovative use of technology	Upskilling opportunities
Strong sense of community	Commitment and engagement
CHALLENGES	
Limited professional development opportunities	Accommodation
Ageing experienced workforce	Best use of nurses rural skills sets and scope of practice
Increase in direct entry midwives	Work readiness in lean structures



MONITORING AND EVALUATION
Projects are required to outline evaluation methodology. This includes identification of processes to evaluate workforce, consumer and other measurable outcomes and provision of qualitative and quantitative measures where possible. Projects are also required to detail how they align to the Rural Health Workforce Strategy and other related strategies and plans, for example:
<ul style="list-style-type: none">National Safety and Quality Health Service StandardsAged Care Quality StandardsNDIS Practice Standards and Quality IndicatorsSA Health Nursing and Midwifery Strategic DirectionsMental Health Nursing Workforce StrategyWellbeing SA Strategic Plan.
Projects are required to detail any assumptions or risks to the success of the proposed project, including constraints to timeframes and implementation, along with may proposed mitigation strategies.

PRINCIPLES	No 'one-size-fits-all' solutions	Life-long learning is core business for LHNs	Support to develop specialist or advanced skills	Workforce solutions need interprofessional collaboration
	Collaboration is a priority	Aboriginal communities should provide direct input to decisions	Challenges need state-wide solutions	Rural communities experience unique challenges
	Leverage advances in digital health	Local needs assessment underpins workforce planning	Consumers and communities are critical stakeholders	Support to expand capability and work to full scope of practice

THEMES	BUILDING A SKILLED WORKFORCE	NEW AND SUSTAINABLE WORKFORCE MODELS FOR RURAL HEALTH CARE	DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Build the capacity and capability of nurses and midwives to deliver priority services <ul style="list-style-type: none"> Develop and implement a SA Nursing and Midwifery Rural Education Framework Partnerships with university and VET sector Access to training and professional development opportunities Supported development of aged care workforce Nursing and midwifery leadership capacity and capability Collaborative research and innovation Support development and sustainability of rural nursing and midwifery careers <ul style="list-style-type: none"> Capability set for rural nurses in SA Rural training pathway Mentoring and support framework Representation of Aboriginal and Torres Strait Islander nurses and midwives Improve recruitment and retention practices and processes <ul style="list-style-type: none"> Attraction, recruitment and retention promoting workforce agility Different ways to attract staff Flexible innovative employment and recruitment Innovative and attractive marketing 	Develop sustainable nursing and midwifery workforce models <ul style="list-style-type: none"> Nursing and midwifery models of care responsive to needs of rural people Implement recommendations from midwifery models and strategic directions Sustainable rural nurse practitioner models Address barriers that limit nurse practitioner and endorsed midwife models Develop and utilise advanced practice skills and knowledge Collaborate with primary care sector Implement Mental Health Nursing Workforce Strategy Improve Aboriginal and Torres Strait Islander health outcomes Introduce system improvements to support workforce models and service delivery <ul style="list-style-type: none"> Include key stakeholders in system design 	Support nursing and midwifery workforce agility through use of technology <ul style="list-style-type: none"> Access and utilisation of technology Digital literacy capability of nurses and midwives Collaborate to support the sustainability of the rural workforce <ul style="list-style-type: none"> Rotation models within LHNs Strengthen linkages and collaboration Nursing and interprofessional workforce models that support integrated care Share the responsibility for rural health across the state <ul style="list-style-type: none"> SA Rural Health Workforce Collaborative Collaborative interprofessional practice models Shared training and education across rural areas

IMPLEMENTATION EXAMPLES AS AT JANUARY 2022

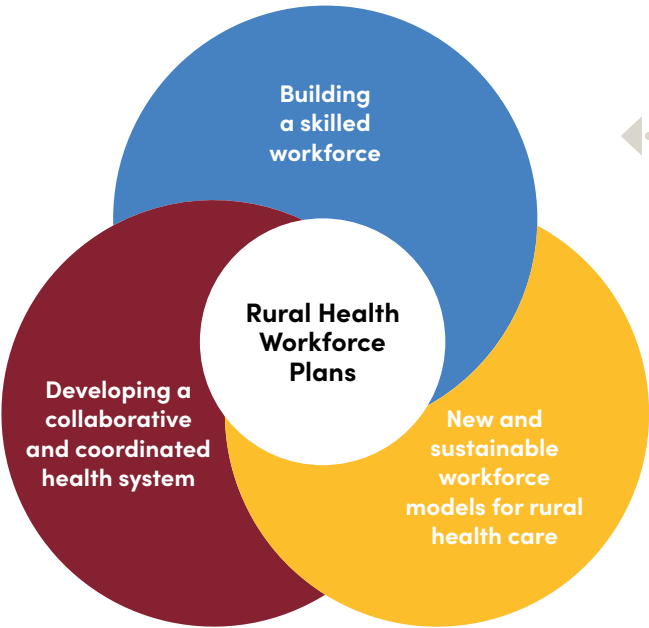
- | | | |
|--|--|--|
| <ul style="list-style-type: none"> Rural nursing and midwifery education framework Rural nursing capability sets Professional certificate in specialist mental health nursing | <ul style="list-style-type: none"> Midwifery models of care | <ul style="list-style-type: none"> Nurse practitioners in emergency and aged care RN/RM collaborative graduate program Collaborative education pathways |
|--|--|--|

SA Rural Allied and Scientific Health Workforce Plan 2021-26

GOVERNANCE
Minister for Health and Wellbeing
Rural Health Workforce Strategy Steering Committee
Rural Health Workforce Strategy Allied Health Sub-Committee

DATA AND EVIDENCE	
STAKEHOLDER INPUT AND EVIDENCE BASE	
Focus groups	Literature scan
Stakeholder workshop	Regional workforce data
Workforce consultation	Regional population data
COMMUNITY VOICE	
Primary health care is critical	Care close to home
Service continuity	Local study options

WHAT WE FOUND	
STRENGTHS	
Unique opportunities to extend skills	Cross-sector professional development
Community networks	Capacity to utilise telehealth
CHALLENGES	
Complex and diverse workforce	High staff turnover
Lack of workforce datasets	Limited career progression
Work across lifespan in multiple settings	Leadership – clinical vs operational



MONITORING AND EVALUATION
Implementation is monitored and guided by relevant stakeholders via the Rural Allied and Scientific Health Workforce Projects Steering Committee and project reference groups.
Projects will align to:
<ul style="list-style-type: none">• Rural Health Workforce Strategy and workforce plans• Relevant national and state workforce strategies and priorities, including the National Rural Health Commissioner Report “Improvement on Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia”.
Evaluation will occur within each project and at key intervals during implementation of the workforce plan.
Evaluation outcomes will be communicated to stakeholders and via defined governance pathways.

PRINCIPLES	No 'one-size-fits-all' solutions	Training is core business for LHNs	Multi-disciplinary approach	Collaboration is a priority
	Leverage advances in digital health	Additional support structures	Improve access, quality, distribution and leadership	Challenges need state-wide solutions
	Local needs assessment underpins workforce planning	Opportunities to develop specialist skills and career growth	Leadership development, succession and representation	Codesign framework for community engagement

THEMES	BUILDING A SKILLED WORKFORCE	NEW AND SUSTAINABLE WORKFORCE MODELS FOR RURAL HEALTH CARE	DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Develop attractive rural and remote allied and scientific health positions <ul style="list-style-type: none"> Strategies to promote regional positions and rural living Flexible workforce arrangements Streamline recruitment Learning, enabling and tolerant workplace culture Structured and formalised networks for support Maximise shared funding opportunities Contemporary retention and rewards Strengthen rural educational pathways and advanced training opportunities <ul style="list-style-type: none"> Structures and pathways to support rural students Rural placement models Early career support structures Interprofessional education opportunities Sustainable training pathways Increase education, training and career advancement opportunities Sustainable support for specialist training Access to supervision and mentorship Strengthen partnerships with higher education 	Maximise use of contemporary digital health advancements to complement services and improve client outcomes <ul style="list-style-type: none"> Expand digital infrastructure and resources Safe and efficient digital infrastructure Training pathways to enhance digital health provision Innovative models of care Remote learning opportunities Partner to ensure future workforce is digitally capable Streamlined electronic reporting and recording Strategic workforce planning to ensure equitable access to allied and scientific health services <ul style="list-style-type: none"> Capture, reporting and analysis of data Strategic service planning Allied health-led models of care Innovative and hybrid positions Fund research in regional LHNs 	Collaboration to support the sustainability of the rural allied and scientific health workforce <ul style="list-style-type: none"> Strengthen linkages and collaboration Opportunities to work across LHNs Develop culturally safe and responsive allied and scientific health services <ul style="list-style-type: none"> Representation of Aboriginal allied and scientific health professionals Culturally responsive workforce Increase allied and scientific health leadership capability, capacity and sustainability <ul style="list-style-type: none"> Leadership development Leadership and representation of allied and scientific health at all levels

IMPLEMENTATION EXAMPLES AS AT JANUARY 2022

- Allied health clinical supervision framework
- Allied health transition to professional practice enhancement project
- Allied health rural generalist pathway

- Allied and scientific health service and learning pipeline project

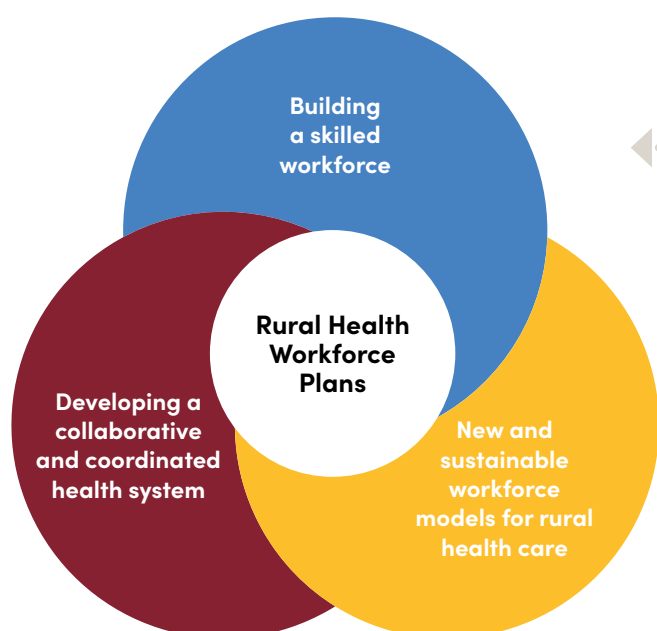
- Allied and scientific health clinical leadership model

SA Rural Aboriginal Health Workforce Plan 2021–26

GOVERNANCE
Minister for Health and Wellbeing
Rural Health Workforce Strategy Steering Committee
Rural Health Workforce Strategy Aboriginal Health Working Group

DATA AND EVIDENCE	
STAKEHOLDER INPUT AND EVIDENCE BASE	
Focus groups	Literature scan
Stakeholder workshop	Regional workforce data
Workforce consultation	Regional population data
COMMUNITY VOICE	
Cultural safety	Collaboration
Simplified recruitment	Mentoring and support

WHAT WE FOUND	
STRENGTHS	
Cultural knowledge	Skilled workforce
Collaborative opportunities	Community networks
CHALLENGES	
Representation in leadership	Long term employment
Cultural safety	Attraction and entry points
Aboriginal-led service models	Accountability for action



MONITORING AND EVALUATION
<p>Projects are required to outline evaluation methodology. This includes identification of processes to evaluate workforce, consumer and other measurable outcomes and provision of qualitative and quantitative measures, where possible.</p> <p>Projects are also required to detail how projects align to the Rural Health Workforce Strategy and other related strategies and plans, for example:</p> <ul style="list-style-type: none"> • Health Performance Council Report • National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan • National Safety and Quality Health Service Standards • National Agreement on Closing the Gap • SA Implementation Plan for National Agreement on Closing the Gap • SA Health Aboriginal Workforce Framework. <p>Projects are required to detail any assumptions or risks to the success of the proposed project, including constraints to timeframes and implementation, along with any proposed mitigation strategies.</p>

PRINCIPLES	No 'one-size-fits-all' solutions	Address institutional racism	All LHNs are accountable	Cultural safety and respect is a priority
	Multi-disciplinary approach	Capacity building is core business	Collaboration is a priority	Leverage advances in digital health
	Local needs assessment underpins workforce planning	Aboriginal consumers and communities are critical stakeholders	Aboriginal health needs representation at all levels	Greater opportunities and support structure for Aboriginal workforce

THEMES	CULTURALLY SAFE WORKPLACES	GROWING AND RETAINING THE ABORIGINAL HEALTH WORKFORCE	ENHANCING ABORIGINAL LEADERSHIP AND ENGAGEMENT	A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Provide a culturally safe workplace free from racism <ul style="list-style-type: none"> Cultural capability frameworks Implement workforce recommendations Support cultural wellbeing Ongoing cultural learning Cultural coaching and mentoring Acknowledge and value the skills, experience and cultural knowledge of the Aboriginal workforce <ul style="list-style-type: none"> Cultural skills in role descriptions Showcase success 	Improve recruitment practices and processes <ul style="list-style-type: none"> Innovative and creative attraction Increase recruitment Culturally safe recruitment strategies Increase education and training opportunities <ul style="list-style-type: none"> Strengthen training opportunities Address and increase Aboriginal retention across all health professions <ul style="list-style-type: none"> Retention strategies Ongoing professional development 	Aboriginal representation in leadership and governance of health <ul style="list-style-type: none"> Representation on governing bodies and committees Leadership development opportunities Sustainable Aboriginal health workforce models <ul style="list-style-type: none"> Consumer-focussed workforce models Address legislative and regulatory barriers Develop and utilise specialist practice skills Representation of Aboriginal people within health services <ul style="list-style-type: none"> Better data collection Standardised workforce structure for Aboriginal health 	Share the responsibility for Aboriginal health outcomes <ul style="list-style-type: none"> Monitoring and evaluating impact and outcomes Partnerships with Aboriginal organisations Workforce implementation plans Strengthen links across education, training and service delivery Collaborate to support the Aboriginal workforce <ul style="list-style-type: none"> Skills development opportunities with community controlled organisations Partnering for flexible training and career pathways Partnering to expand local training capacity

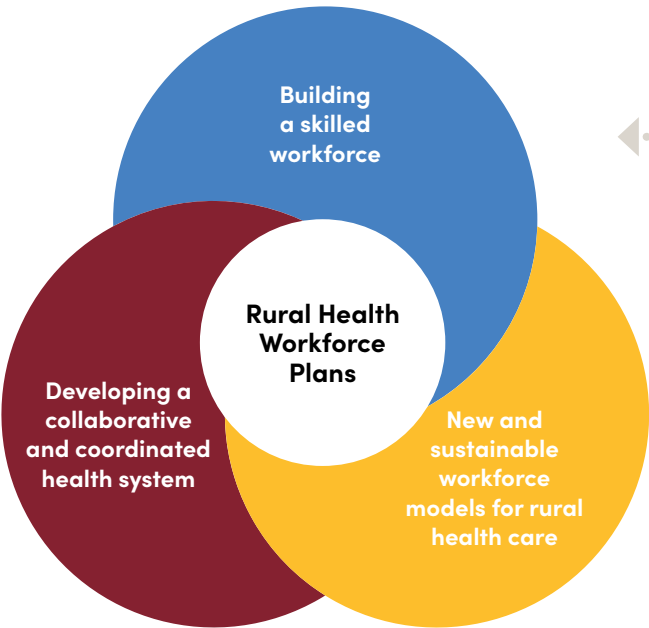
IMPLEMENTATION EXAMPLES AS AT JANUARY 2022			
<ul style="list-style-type: none"> Regionalised cultural responsive frameworks 	<ul style="list-style-type: none"> Renal dialysis training for Aboriginal health practitioners 	<ul style="list-style-type: none"> Aboriginal health practitioner in general practice model Aboriginal workforce prioritisation and management 	<ul style="list-style-type: none"> Aboriginal health practitioner training

SA Rural Oral Health Workforce Plan 2021-26

GOVERNANCE
Minister for Health and Wellbeing
Rural Health Workforce Strategy Steering Committee
SA Oral Health Plan Monitoring Group – Rural and Remote Oral Health Coalition

DATA AND EVIDENCE	
STAKEHOLDER INPUT AND EVIDENCE BASE	
Focus groups	Literature scan
Stakeholder consultation	Cross sector workforce data
Workforce consultation	Regional population data
COMMUNITY VOICE	
Collaboration across sectors	Localised Opportunities
Patient Assisted Transport Service	Education Pathway for High School Students

WHAT WE FOUND	
STRENGTHS	
Collaborative opportunities	Skilled workforce
Oral health and general health	Flexible employment
CHALLENGES	
Professional isolation	Siloed approach to professions
Regional and rural training pathways	Public private partnership
Embed oral health into general health	



MONITORING AND EVALUATION
Projects are required to outline evaluation methodology. This includes identification of processes to evaluate workforce, consumer and other measurable outcomes and provision of qualitative and quantitative measures, where possible.
Projects are also required to detail how projects align to the Rural Health Workforce Strategy and other related strategies and plans, for example:
<ul style="list-style-type: none">• National Oral Health Plan 2015–2024• South Australian Oral Health Plan 2019–2026• National Safety and Quality Health Service Standards• SA Dental Strategic Plan 2026• Wellbeing SA Strategic Plan 2020–25• Dental Education Partnership Agreement.
Projects are required to detail any assumptions or risks to the success of the proposed project, including constraints to timeframes and implementation, along with any proposed mitigation strategies.

PRINCIPLES	Oral health is integral to overall health and wellbeing	Service delivery is optimised by collaboration and connection	Key partners are important to ensure coordinated systems	No 'one-size-fits-all' solutions
	Many workforce solutions need a multidisciplinary approach	Leverage advances in digital health	Consumers and communities are critical stakeholders	Collaboration with Aboriginal Community Controlled health is a priority
	Collaboration needs a whole state response	Aim to establish expanded workforce models to optimise care	Local needs assessment and data underpins workforce planning	

THEMES	BUILDING A SKILLED WORKFORCE	NEW AND SUSTAINABLE WORKFORCE MODELS FOR RURAL HEALTH CARE	DEVELOPING A COLLABORATIVE AND COORDINATED HEALTH SYSTEM
STRATEGIES AND ACTIONS	Strengthen knowledge of oral health educational pathways for regional and rural high school students <ul style="list-style-type: none"> Barriers and enablers to training positions Work experience program for Year 11 and 12 students Scholarships opportunities Increase representation of Aboriginal and Torres Strait Islander workforce Capacity audit to potentially increase placements in regions 	Innovative and sustainable workforce models for existing and future oral health workforce to support viable and sustainable service delivery <ul style="list-style-type: none"> Evidence-based models of care in rural settings Digital and telehealth supports for rural professionals Referral pathways for non-dental health services 	Collaborate and integrate oral health into mainstream health care to support the sustainability of the rural workforce <ul style="list-style-type: none"> Collaboration on planned strategies with Rural Support Service Upskilling as part of rural generalist pathways Implement recommendations from Royal Commission into Aged Care Quality and Safety, and the Disability Royal Commission Partner with health services to provide oral health education Explore sustainability of rural workforce, service delivery and business models Advocate for Patient Assisted Transport Service to incorporate specialised dental services
	Strengthen regional and rural oral health advanced training opportunities for emerging and existing practitioners <ul style="list-style-type: none"> Innovative early career support structures in rural settings Review existing training and professional development to determine additional supports Partner with local government to maximise personal and family supports Communication strategies to promote workforce opportunities Rural dental assistant traineeship program 	Strategic, responsive and proactive workforce planning to ensure equitable access to oral health services <ul style="list-style-type: none"> Use of mobile dentistry Future rural oral health workforce needs Support for visiting general and specialty services in rural areas Flexible employment strategies Opportunities to recruit and support international graduates from Australian dental schools 	Develop culturally safe and responsive oral health services <ul style="list-style-type: none"> Work with ACCHOs to understand oral health in context of traditional practices and how competencies may form part of Aboriginal health practitioner/worker curriculum Cultural awareness and cultural safety training specific to context of oral health
	Expand pathways to provide multidisciplinary training opportunities <ul style="list-style-type: none"> Oral health basics training for rural clinicians Advocate for academic qualifications allowing broad application of skill sets in rural settings 		

IMPLEMENTATION EXAMPLES AS AT JANUARY 2022

- Rural oral health workshops
- Dental graduate program
- Dental assistant trainee program

- Workforce and data mapping
- Digitisation of Better Oral Health in Aged Care modules

- Formed Rural and Remote Oral Health Coalition

Development of The South Australian Rural Health Workforce Strategy: Implementation

Four key mechanisms have been used to support implementation of the Rural Health Workforce Strategy:

Direct funding of initiatives

The \$20 million funding attached to the election commitment has allowed direct funding of initiatives to implement the Rural Health Workforce Strategy. In year one, prior to any workforce plans being released, the Rural Health Workforce Strategy Steering Committee recommended prioritising funding according to the largest perceived workforce challenges, with this approach supported by the Minister for Health and Wellbeing. For subsequent opportunities, supported funding proposals have been linked to the priority strategies in published plans. The only exception has been funding to support the Rural Aboriginal Health and Oral Health Workforce Plans, for which decisions were made on the content of the consultation drafts due to the timing of their release.

Funding of projects submitted for recommendation by the RHWS Steering Committee were subject to a robust decision-making process to ensure that the RHWS addresses identified system priorities, including long recognised challenges in training, recruitment and retention of rural health professionals.

Project submissions were sought from across the state, from government and non-government organisations and from all local health networks. Project submissions represented a diverse range of strategies and innovations to enhance workforce capacity in regional areas and workforce segments.

Extensive deliberations were undertaken by the RHWS Steering Committee members to make recommendations for funding under the Rural Health Workforce Strategy election commitment. Principles outlining the key requirements for funding were agreed by the RHWS Steering Committee, and have been provided as Appendix 3. Any proposals submitted were required to align to published RHWS workforce plans or the broader strategy and needed to support a sustainable future rural health workforce. Key elements of the principles included the need to support, where possible, fairness and equity across regional SA, regional LHNs, and health professional groups.

The RHWS Steering Committee considered alignment to the RHWS objectives and to the principles in their deliberations.

A full outline of all expenditure under the RHWS is provided in Table 3.



Regional LHN, SAAS and RROHC led implementation

Each regional local health network (LHN), the SA Ambulance Service (SAAS) and the Rural and Remote Oral Health Coalition (RROHC) have been funded to develop and support priority workforce projects, in line with the published workforce plans, through the funding of full time RHWS Implementation Managers and Project Managers.

Regional LHNs have determined their own priority rural workforce projects, based on local community need and specific local workforce challenges. As examples, the Limestone Coast Local Health Network commenced a priority workforce project on supporting their local International Medical Graduate workforce, given the workforce profile of the Mount Gambier Hospital. A focus of the Barossa Hills Fleurieu Local Health Network was increasing intern rotations from metropolitan based interns into their facilities as one of multiple tactics to enhance future workforce recruitment.

RSS led implementation

Where the RHWS and each workforce plan has identified the need for projects to be implemented across all regional LHNs, the Rural Support Service has led key projects and programs in collaboration with LHNs and key stakeholders. Clinical lead roles within the Rural Support Service have supported delivery of critical projects including the medical Rural Generalist Program SA, Allied Health Rural Generalist Pathway, nursing education support and delivery of the section 19(2) exemptions project to support all regional LHNs.

Monitoring and evaluation


The overall delivery of the RHWS and published plans has been monitored by the RHWS project team located in the Rural Support Service, and through regular reports to the RHWS Steering Committee. Project leads of all funded projects, and each Implementation Manager, have provided regular updates on progress to the Steering Committee.

For specific projects, where outlined in the project scope, external evaluation has also been undertaken to independently assess the success of the project, with evaluation reports also provided to regional LHNs and the Steering Committee.

A focus of the monitoring and evaluation process has been to identify pilot projects with a view to potential translation across regional LHNs and potentially across the state. As an example, the RHWS funded trial of the Midwifery Caseload model of care in the Mid North was very positively evaluated and is being adopted by other regional LHNs.


Table 3: Rural Health Workforce Strategy allocated funding 2018–2022

	RURAL HEALTH WORKFORCE STRATEGY ALLOCATED FUNDING 2018–2022	TOTAL \$
Aboriginal Health Workforce		1,502,399
Aboriginal Health Practitioner project	AHCSA/RSS	166,113
YNLHN Aboriginal Health Practitioner in General Practice Model	YNLHN	295,145
Aboriginal health workforce prioritisation and management	ALL LHNs	562,930
Development and implementation of regionalised cultural responsive frameworks in regional LHNs	RSS	91,204
Renal dialysis training of Aboriginal Health Practitioners in EFN and FUN Local Health Networks	EFNLHN/FUNLHN	387,007
Allied Health Workforce		1,462,320
Allied Health Rural Generalist Pathway	RSS/All LHNs	433,683
Clinical education and training for AH professionals as key champions to support the implementation of Comprehensive Care for Older People	All LHNs	21,000
Building sustainable Allied Health leadership across regional LHNs	RSS/All LHNs	184,338
Enhancing and embedding the Transition to Professional Practice Program (TPPP) for New Allied Health professionals	RSS/All LHNs	59,595
Extension to the Allied Health Rural Generalist Pathway	RSS/All LHNs	198,765
Development of a contemporary, sustainable and high-quality Allied Health clinical supervision framework	RSS/All LHNs	209,673
Workforce Pipeline Model for regional communities	RSS/All LHNs	263,702
Development of a Cancer Service Training Pathway for regional pharmacist	SA Pharmacy	31,799
Embed the Allied Health Rural Generalist Pathway in regional LHNs	RSS/All LHNs	59,765
Medical		4,175,825
Junior doctor marketing strategy	RSS	17,000
GPEX – Review of the Causation Factors for the Decline in Rural GP Training in SA	GPEX	197,892
Small grants to attract and recruit to rural areas	GPs (multiple regions) and District Council Kimba	218,179



	RURAL HEALTH WORKFORCE STRATEGY ALLOCATED FUNDING 2018-2022	TOTAL \$
GPEX Rural Intern program	GPEX	29,425
Recruitment campaign	EFNLHN	40,000
Establishment of Rural Generalist training networks	RSS/All LHNs	955,181
Expansion of the Road to Rural Intern program	RDWA	780,000
Expanded training capacity in Southern Fleurieu Health Service	BHFLHN	217,580
Medical Intern positions	BHFLHN	142,013
Sustainable and Skilled Medical Workforce for FUNLHN	FUNLHN	346,084
International Medical Graduate orientation, on-boarding and competency framework package – pilot for SA	LCLHN	256,940
Medical Educator – International Health Graduates	LCLHN	48,400
Rural Specialist metro rotation	LCLHN	80,000
Riverland Academy of Clinical Excellence PGY2+ Rural Generalist Training Program	RMCLHN	661,904
A model of rotational placement of metropolitan interns in rural centers – a pilot study	YNLHN	185,227
Mental Health		275,683
Education packages for advanced training skills for GPs in mental health	BHFLHN	180,000
Supporting regionally-based adults to a career in mental health	BHFLHN	95,683
Multi Professional		1,701,739
Videoconferencing investment, 24 DTN systems at \$35,000 per site	RSS/All LHNs	840,000
Simulation and training equipment	RSS/All LHNs	200,000
Trial of new technology in EFNLHN to support the provision of medical services in remote locations where there often is no doctor present	EFNLHN	633,052
UniSA Inter-Professional Rural Health Workforce Education in BHFLHN	UniSA/BHF	28,687

	RURAL HEALTH WORKFORCE STRATEGY ALLOCATED FUNDING 2018-2022	TOTAL \$
Nursing and Midwifery		5,672,695
Midwifery Caseload Model of Care	YNLHN	1,732,180
Community Nursing Clinical Support Framework	YNLHN	80,000
Registered Nurse/Midwife collaborative graduate programs	RSS/All LHNs	1,428,883
Hospital Avoidance – Increasing competence and capability in the Country Health SA rural community support workforce	RSS/All LHNs	145,405
Professional Certificate in Specialist Mental Health Nursing	BHFLHN	395,000
Professional Certificate in Specialist Mental Health Nursing travel and accommodation	BHFLHN	175,000
Professional Certificate in Specialist Mental Health Nursing evaluation	BHFLHN	50,000
Nurse Practitioner (Emergency) Kangaroo Island Health Service	BHFLHN	200,552
Nurse Practitioner Aged Care	BHFLHN	200,552
Nurse Practitioner in Aged Care (EFNLHN)	EFNLHN	225,400
Nurse Practitioner in Emergency (EFNLHN)	EFNLHN	39,300
Scholarship for Nurse Practitioners in Emergency (FUNLHN)	FUNLHN	40,000
Nurse Pathway to Masters Program (YNLHN)	YNLHN	160,500
Clinical Educator Kangaroo Island Health Service	BHFLHN	254,372
Nursing and Midwifery Education and Development	YNLHN	84,000
Development of a SA Rural Nursing and Midwifery education model and resources for the regional local health networks	RSS/All LHNs	260,175
Collaborative Rural Perioperative Nurse Education Pathway	ALL LHNs	77,000
Collaborative Rural Nurse Aged Care Education Pathway	ALL LHNs	77,000
Regional Scholarships for Graduate Certificate in Nursing (Mental Health)	NMO	47,376



	RURAL HEALTH WORKFORCE STRATEGY ALLOCATED FUNDING 2018-2022	TOTAL \$
SA Ambulance		944,020
Increase technological support in rural settings for SAAS	SAAS	180,232
SAAS Mobile Clinical Practice Guideline App	SAAS	117,500
Improved coordination and collaboration of state-wide emergency medical retrieval service	SAAS	197,391
Opportunities to expand regional volunteer recruitment	SAAS	97,270
SAAS – Implementation Manager	SAAS	143,193
Expanded rural ambulance models	SAAS	208,434
Dental		770,356
Rural Dental workshops	YNLHN	35,392
Rural and Remote Oral Health Coalition	SA Dental	200,000
SA Dental – Dental Graduate Program	SA Dental	308,964
Dental Assistant Trainee Program for regional areas	SA Dental	226,000
Implementation Support		1,895,737
LHN Implementation support	All LHNs	681,442
Extension of Regional Local Health Network Implementation Managers	All LHNs	812,313
Extension of Regional Local Health Network Implementation Managers	All LHNs	401,982
Project Support		1,599,226
Support to deliver the plan	RSS	1,277,720
Workforce plan and workshops	RSS	75,000
Senior Project Officer to develop the Aboriginal Health Workforce Plan	RSS	50,302
Senior Project Officer S19 (2)	DHW now RSS	145,000
Additional funding to support development of the SA Rural Aboriginal Workforce Plan	RSS	23,400
Rural Aboriginal Health Workforce Plan – project support	RSS	27,804

Development of The South Australian Rural Health Workforce Strategy: Success Stories

From the many workforce plan strategies, funded projects and regional LHN led innovations, there have already been significant improvements in the status of the rural health workforce in South Australia.

This is not to say that challenges do not remain. More recent challenges, including the COVID-19 pandemic, continue to put pressure on the dedicated health professionals delivering rural health services and there is significant work still needing to be done.

Snapshots of positive outcomes across all health professions are provided as an example of what has been achieved to date, and to promote consideration of these innovations across other LHNs and Australian jurisdictions.

Rural Generalist Program South Australia

Implementation of a rural generalist training pathway for doctors in SA was the major recommendation of the SA Rural Medical Workforce Plan 2019–24. Using both election commitment and Commonwealth funding, the Rural Generalist Program SA was formally launched by the Minister for Health and Wellbeing in May 2021. The program includes a coordinated marketing program, branding, website and social media. An uplift in applications for rural medical training posts, and the Australian General Practice Training program more broadly in South Australia, has been achieved since implementation of the program.

See www.ruralgeneralistsa.sa.gov.au for more information.

Expansion of Rural Medical Training

Substantial increases in rural medical training positions have occurred, in line with recommendations in the SA Rural Medical Workforce Plan. For 2022 training positions include:

- 19 full time rural interns (tripled from five in 2019)
- 50 metropolitan interns completing a rural GP rotation (more than doubled from 2020). This is supported by the Rural Doctors Workforce Agency 'Road to Rural' Program.
- 15 metropolitan interns completing rural emergency rotations
- 15 full-time rural postgraduate year 2s (PGY2s) (up from four in 2020, and 12 in 2021)
- 17 rural GP registrars completing their advanced skills training (up from five in 2020, and 13 in 2021)
- 2.5 full time equivalent fellowed rural GPs undertaking advanced skills training.

GPEX Medical Specialty Decision Making Project

To help increase the numbers of medical trainees choosing rural general practice as a career, it was clear that SA needed to better understand when, how and why doctors are choosing their specialty and location of practice.

The Medical Specialty Career Decision Making research project was commissioned by the RHWS. Led by Professor Caroline Laurence from The University of Adelaide and managed by GPEX, the research saw direct engagement of junior doctors at the point of speciality decision making.

Key findings included the importance of flexible work arrangements for GPs including job sharing, promoting rural general practice earlier in medical school to influence students before they choose a specialty, and providing supports to partners and families of rural GPs who relocate to rural areas.

The knowledge gained in this report has been used to help design the Rural Generalist Program SA and inform regional LHN engagement with junior doctors. It is hoped that this research project will support doctors to choose a long term career in rural areas across South Australia.

Section 19(2) Exemptions

Rural Health Workforce Strategy plans recommended Section 19(2) exemptions be put in place in regional and rural hospitals in South Australia, under the COAG 'Improving Access to Primary Care Initiative'.

Section 19(2) exemptions allow health staff to provide Medicare funded services, with the revenue able to be used by the rural hospitals to improve delivery of primary care services, an important function for rural communities.

Section 19(2) exemptions can support greater access to employed Rural Generalists, nurse practitioners, eligible midwives, and allied health primary care services.

On 20 December 2021, SA Health was notified that the first three exemption sites for South Australia – Ceduna, Lamerook and Wallaroo – have been approved. A second round of applications has now commenced.



YNLHN Caseload Midwifery Model of Care

Workforce shortages in rural maternity services are the main threat to the sustainability of birthing in rural hospitals.

In July 2019, a two-year caseload model of care pilot program commenced in YNLHN. In the model, pregnant women are allocated to a known midwife. Care is provided in partnership with the midwife and the woman's referring GP, obstetrician, or obstetric GP.

Key outcomes from a formal evaluation of the model included:

- all stakeholders were strongly supportive
- women were overwhelmingly positive about the quality of care they received from the midwives during their pregnancy, birth and postnatal follow up
- the model of care midwives were extremely positive about working in the model
- evidence to support that the model of care is cost effective, acceptable and sustainable.

The most evident recommendation from this evaluation is that the model of care should continue in YNLHN as standard maternity care. The model is now being taken up by other regional LHNs.

SA Nursing and Midwifery Rural Education Framework

The Rural Health Workforce Strategy funded a six-month project to develop a 'SA Nursing and Midwifery Rural Education Framework'. In the development of this framework, extensive stakeholder engagement has occurred with nurses and midwives across the regional LHNs and with education providers.

The project has had three main outcomes to date:

- development of a framework outlining rural nursing and midwifery education pathways
- development of partnerships to increase access to training, professional development and learning opportunities
- review of elements required to evaluate and inform improvement and future direction for:
 - Enrolled Nursing Cadet Program
 - Registered Nurse and Registered Midwifery Transition to Professional Practice Program
 - nursing and midwifery clinical placements.

The development of this framework has also enabled identification of key areas for further work, in particular for the perioperative and aged care workforce across regional LHNs. The RHWS Steering Committee has endorsed funding in 21/22 to a Rural Perioperative Education Pathway, and a Rural Aged Care Education Pathway.





Allied Health Rural Generalist Pathway

In 2019 the Allied Health Rural Generalist Pathway (AHRGP) was introduced in regional LHNs supported by RHWS funding. The AHRGP is a post graduate training course for allied health practitioners (AHPs) working in rural or remote areas designed to develop rural generalist specialist skills and knowledge.

Achievements to date:

- 15 trainees commenced during 2019/20
- 12 trainees commenced during 2021.

Positives elements for trainees included:

- learning new skills and knowledge
- thinking more broadly
- becoming more confident
- feeling competent
- using evidence to inform decision making
- promotions and new job opportunities.

Consumer impacts included:

- better advocating for consumers
- more effective service provision
- able to manage more complex client needs.

Rural Allied and Scientific Health Workforce projects

Multiple projects are being delivered to implement the SA Rural Allied and Scientific Health Workforce Plan. These address four areas:

- Allied Health Service and Learning Pipeline
 - This project will design a service and learning pipeline model that supports a sustainable rural allied health workforce, for a trial regional LHN, with a focus on connecting and strengthening strategies to improve recruitment, retention and training.
 - Key achievements include a needs analysis report on allied health workforce opportunities and gaps, and a proposed service and learning model report (transferable to all regional LHNs).
- Allied Health Clinical Supervision Framework
 - The objective is to design a contemporary and sustainable rural allied health clinical supervision framework to enhance support regional LHN AHPs.
 - Key outputs include an evaluation report on the current state of regional allied health clinical supervision, an analysis of contemporary supervision models, and a proposed clinical supervision framework.
- Allied Health Clinical Leadership Model
 - The objective is to design a contemporary and sustainable allied health leadership model for regional LHN AHPs.
 - Key outputs include an evaluation report on the evolution of allied health clinical senior roles, a gap analysis on current status, and a proposed clinical leadership model.
- Allied Health Transition to Professional Practice Enhancement
 - The objective is to enhance the transition to professional practice.
 - Key outputs include an evaluation on the existing currently offered program, a review of contemporary programs, and a proposed contemporary model.

SA Ambulance Service Clinical Guidelines App

Paramedicine is frequently unpredictable, with clinicians exposed to a wide range of varied cases. A challenge, for volunteer clinicians in particular, is retaining competence and confidence in locations where there is low workload and low exposure to the full variety of medical conditions.

In 2020, SAAS commenced work on an interactive SAAS Clinical App to enhance access to clinical documents for SAAS clinicians, whether at point of care, during training, or reflective review.

The app has been made available to all SAAS clinicians and provides an interactive platform for clinicians to access clinical practice guidelines and protocols and provides them assurance that the information referred to is current and up to date. The platform functionality enables clinicians to conduct drug calculations as well as access a variety of other resource.

Benefits have included:

- enabled access by clinicians to documents at the point of care, allowing them to apply appropriate treatment in a timely way
- ensuring the most recent documents with contemporary practice are accessible
- interactive drug calculators improving dosing accuracy
- improved patient safety especially in regional and remote areas.



Oral Health Education – Integration of Oral Health into General Health

Residential Aged Care Facilities (RACFs) often have limited access to oral health services. In the residential aged care setting, nurses are responsible for ensuring that the overall fundamental care needs of residents are met and provide a target workforce for specific dental training. With advances in technology and the Covid-19 pandemic, online learning advancements provided an opportunity to digitise the Better Oral Health in Residential Care package (created in 2009). This package was developed nationally in collaboration with nurses, dentists, GPs and researchers.

In April 2021, using funding from the RHWS, the Oral Health Education project digitised the oral health training package and trailed the online package with nurses in rural RACFs in the Eyre Peninsula at Wudinna, Elliston and Streaky Bay.

Key outcomes

- Nurses educated through the online training package felt the upskilling was beneficial.
- It was more efficient to have the nurses undertake quality oral health assessments prior to dental referral.
- During dentist visits to the RACF (sometimes more than 100km away), visits were able to be targeted making the visit efficient with all residents able to be seen.
- It is recommended that the training package should be incorporated into the regional LHNs training platform, and the oral care plan should be part of aged care administration.





Aboriginal Health Practitioner projects

In 2019, recognising the critical role that the Aboriginal health workforce plays in providing culturally responsive services to Aboriginal communities, the Rural Health Workforce Strategy worked in partnership with the Aboriginal Health Council of South Australia to support Aboriginal employees to complete their Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

This project is aimed at providing a career pathway for existing Aboriginal Health Workers to expand their skills to become practitioners. Aboriginal Health Practitioners offer a unique skill set in providing health services to regional communities in a culturally safe setting.

To date, two employees have completed their certificate, while three more employees are due to complete their studies in early 2022.

The RHWS has also supported the development of multi-disciplinary, culturally safe workforce models by funding:

- a trial of Aboriginal Health Practitioners in general practice, offering increased supports for rural GPs to provide culturally safe and timely services to Aboriginal consumers, and
- renal dialysis training for Aboriginal Health Practitioners across four regional health services in 2022 to improve the workforce capacity to deliver services to priority populations.

Aboriginal Health Workforce project

In 2021/22, the RHWS has funded 7 FTE across regional LHNs and the RSS to work under the leadership of regional LHN Directors of Aboriginal Health with an aim to:

- drive and support future workforce planning in each regional LHN
- collaborate across the regional LHNs and relevant external providers to establish standardised Aboriginal health workforce structures
- explore innovative opportunities and pathways to employment for Aboriginal people in regional LHNs
- develop regionalised Aboriginal health workforce implementation plans
- strengthen partnerships with training organisations such as the Aboriginal Health Council of SA
- work with the Directors of People and Culture to embed culturally safe HR processes and employment structures
- work with the Department for Health and Wellbeing to explore and identify sustainable funding sources that continue to grow Aboriginal workforce structures
- provide key linkages with statewide initiatives and programs to support cultural wellbeing.

Implementation of the project will work towards increasing the Aboriginal workforce in the regional LHNs and RSS by recruiting local Aboriginal people and through supporting regional LHN strategies to build capacity and capabilities of the Aboriginal workforce.

Development of The South Australian Rural Health Workforce Strategy: The Future

With the initial four-year term of RHWS nearing its end, it is important to ensure that rural health workforce improvements continue. Each of the six rural workforce plans has been designed to be implemented over a five-year timeframe with a documented implementation timeline.

Sustainability of funded projects

Sustainability for rural workforce improvements need to be integrated into broader organisational service planning. Projects with good levels of local organisational support are more likely to be sustained after project funding discontinues. Stakeholders that have been successful in receiving grants for demonstration projects have been asked to consider ongoing sustainability beyond the initial funding period. Project leads have been required to identify what activities they plan to do to ensure sustainability in their funding submission. To support learnings of project success or areas for improvement, project leads are required to provide a summary of how the project will be sustained, or reasons for not being able to be sustained in their final reports.

Implementation monitoring

The overall success of the Rural Health Workforce Strategy relies on the ability of key stakeholders to implement relevant strategies outlined in each of the six plans.

Now that the six workforce plans have been officially launched there is an opportunity for stakeholders to support the implementation of the strategies within a prioritised framework. Additional resources are likely to be required to adequately support a coordinated work plan, also noting that health workforce needs and challenges may change over the course of the plans.

A robust monitoring framework and evaluation process should be considered to support the implementation process, linking with and supporting regional local health networks and other key stakeholders as they look to achieve documented targets over the short, medium and longer term.

To celebrate the successes of the RHWS, and to share learnings across rural South Australia, a Rural Health Workforce Showcase has been planned for mid 2022. The purpose of this is to highlight the work supported by the RHWS and to promote the innovations and improvements that are occurring through RHWS funded and other related projects to support our rural health workforce. This will be a key opportunity to recognise the commitment and expertise of staff working across rural South Australia and to gain insights, build connections, and improve practices related to the rural health workforce. The Showcase will also be an opportunity to continue the focus on local approaches to solving ongoing rural health workforce challenges.



SA Rural Health Workforce Collaborative

The Rural Health Workforce Strategy's achievements to date demonstrate the potential of a targeted focus on the rural health workforce. The strong foundation of these achievements need to be built on, particularly when considering the changes required from the recommendations of the Royal Commission into Aged Care Safety and Quality.

During our regional consultations, there was considerable interest in the formation of a SA Rural Health Workforce Collaborative. Metropolitan solutions do not always translate well to rural areas. What is needed, if we are to continue to make progress on our rural health workforce, is for rural solutions to be designed by those with experience in rural communities. This is an opportunity to build a community of practice of rural health care professionals who can focus on evidence-based practices. Collaboration between our health care professionals, as well as consumers, in a codesign model can also encourage innovation and build the strength of our regional LHNs and ultimately influence health outcomes for rural consumers through access to health professionals and services.

The RHWS Steering Committee recommends exploring the development of a SA Rural Health Workforce Collaborative or alternate mechanism for ongoing engagement with relevant stakeholders from across the health system.

State and National Workforce Planning

The extensive learnings and recommendations developed through the Rural Health Workforce Strategy and published plans can now be used to help support workforce improvements across the state, including through collaborative work with metropolitan colleagues in all health professions. Although some strategies are specific to regional and rural locations, each plan relies on a common theme of the importance of a collaborative and coordinated health system to support attraction, recruitment and retention of health staff. Many other recruitment and retention specific strategies, for example in relation to the Aboriginal Health workforce, are directly transferable across both rural and metropolitan areas.

There are opportunities to take the work outlined in this document and use it to inform both state and national workforce strategy development.



With the four-year term of RHWS nearing its end, it is important to ensure that rural health workforce improvements continue.

Appendix 1 – 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 Stephanie Clota	Chief Executive Officer, GPEx
Mr Michael Eades	Executive Director, Nursing and Midwifery, Yorke and Northern Local Health Network
Mr Kim Hosking	Chief Executive Officer, Country SA Primary Health Network
Mr Dean Johnson	Mayor, District Council of Kimba
Dr Scott Lewis	Vice President, Rural Doctors Association of South Australia
Dr Nes Lian-Lloyd	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
Ms Marian McAllister (from 22/6/21)	Nutrition Lecturer, Flinders University
Dr Matthew McConnell	Public Health Physician, Rural Support Service
Dr Brian McKenny	Clinical Director, Mental Health, Barossa Hills Fleurieu Local Health Network
Dr Samantha Mead (from 1/9/21)	Chief Executive Officer, Australian Medical Association (South Australia)
Dr Gary Misan PhD (from 4/1/21)	Consumer Representative Presiding Member, Whyalla Health Advisory Committee
Mr Shane Mohor (from 25/6/20)	Chief Executive Officer, Aboriginal Health Council of South Australia
Ms Julianne O'Connor	Principal Consultant, Allied Health, Rural Support Service
Ms Mandy Palumbo	Executive Director, People and Culture, Barossa Hills Fleurieu Local Health Network
Ms Verity Paterson	Chief Executive Officer, Eyre and Far North Local Health Network

MEMBER	POSITION/ORGANISATION
Ms Lyn Poole	Chief Executive Officer, Rural Doctors Workforce Agency
Professor Ruth Stewart (from 7/7/20)	National Rural Health Commissioner
Mr Peter Taylor (from 23/7/21)	Director Aboriginal Health, Barossa Hills Fleurieu Local Health Network
Mr Rob Tolson (from 22/7/21)	Acting Executive Director, Operations (Country) & Rescue Retrieval & Aviation Services, SA Ambulance Service
Professor Lucie Walters	Director, Adelaide Rural Clinical School, University of Adelaide
Dr Ken Wanguhu	Rural Censor, Rural Faculty of the Royal Australian College of General Practitioners
Previous steering committee members	Position/organisation
Dr Simon Lockwood (from 7/11/19 to 26/8/21)	Councillor, Australian Medical Association (South Australia)
Ms Julia Waddington- Powell (from 2/8/19 to 22/7/21)	Executive Director, Operations (Country), SA Ambulance Service
Associate Professor Susanne Pearce (from 28/11/19 to 22/6/21)	Teaching Specialist (Clinical/Practitioner), College of Nursing and Health Sciences, Flinders University
Mr Bevan Francis (from 5/10/18 to 21/2/20 and from 16/10/20)	Governing Board Chair, Flinders and Upper North Local Health Network
Dr Peter Joyner (from 21/2/20 to 15/10/20)	Governing Board Chair, Riverland Mallee Coorong Local Health Network
Ms Julia Overton (from 5/10/18 to 22/7/20)	Chief Executive, Health Consumers Alliance of South Australia
Emeritus Professor Paul Worley (from 5/10/18 to 30/6/20)	National Rural Health Commissioner

Appendix 2 – RHWS Sub Committee Membership

SA Ambulance Service Country Operations Management Team

MEMBER	POSITION/ORGANISATION
Robert Tolson (Chair)	Acting Executive Director, Country Operations
Daph Norris	Executive Assistant to the ED
Gary Pentland	Operations Manager, Murray Mallee
Tori Butler	Operations Manager, Mid North and Yorke
Jarred Gilbert	Operations Manager, Adelaide Hills, Barossa
Daniel Forrest	Operations Manager, Limestone Coast
Donna Sims	Business Support Officer
David Dewar	Operations Manager, Lower Murray, Fleurieu and KI
Adrian Stephenson	Operations Manager, Far North and West Coast
Simone O'Dea	RHWS Implementation Manager
Nicole Bradtke	Volunteer Support Unit Manager

SA Rural Nursing and Midwifery Workforce Plan Working Party

MEMBER	POSITION/ORGANISATION
Ms Sandra Gilbert – Chair and Project Lead	Nursing Director, Rural Support Service
Ms Moira Noonan	Project Manager, Rural Health Workforce Strategy, Rural Support Service
Ms Sally Neumann	Rural Health Workforce Strategy Nursing Program Director, Nursing and Midwifery Office, SA Health
Ms Anne Price	Executive Director, Nursing and Midwifery, Barossa Hills Fleurieu Local Health Network
Ms Julie Marron	Executive Director, Nursing and Midwifery, Eyre Far North Local Health Network
Ms Angela McLachlan	Executive Director, Nursing and Midwifery, Flinders Upper North Local Health Network
Mr Paul Bullen	Executive Director, Nursing and Midwifery, Limestone Coast Local Health Network
Ms Karen Hollitt	Executive Director, Nursing and Midwifery, Riverland Mallee Coorong Local Health Network
Mr Michael Eades	Executive Director, Nursing and Midwifery, Yorke and Northern Local Health Network
Ms Jodie Bowman	Director of Nursing, Port Pirie Health Service, Yorke and Northern Local Health Network
Ms Ruth McPhail	Senior Manager, Acute Services / Director of Nursing, Rural and Remote Mental Health Service, Barossa Hills Fleurieu Local Health Network
Ms Rachel Yates	Advanced Midwife Manager, Maternal and Neonatal Services, Rural Support Service
Mr Brett Webster	Executive Director, Community and Allied Health, Barossa Hills Fleurieu Local Health Network
Ms Cathy Teager	Manager, Ageing and Disability Reform, Rural Support Service
Ms Lisa Collison	Program Manager, Nursing and Primary Health Care Program, Australian Primary Health Care Nurses Association
Ms Kathy Edwards (Glenise Coulthard proxy)	Director, Aboriginal Health, Limestone Coast Local Health Network

Rural Health Workforce Strategy Allied Health Sub-committee

MEMBER	POSITION/ORGANISATION
Ms Catherine Turnbull – Chair	Chief Allied and Scientific Health Officer, SA Health
Ms Julianne O'Connor – Project Lead	Principal Consultant, Allied Health, Rural Support Service
Ms Pamela Hewavasam	Senior Project Officer, Rural Health Workforce Strategy, Rural Support Service
Professor Rachel Gibson	Director, Allied Health, Adelaide University
Ms Bernie Cummins	Executive Manager, Country SA Primary Health Network
Ms Naomi Burgess	Chief Pharmacist and Director, Medicines and Technology Programs, Department for Health and Wellbeing
Professor Lucy Chipchase	Dean (People and Resources), College of Nursing and Health Sciences, Flinders University
Mr Allan Groth	Project Advisor, Indigenous Allied Health Australia
Mr Brett Webster	Executive Director, Community and Allied Health, Barossa Hills Fleurieu Local Health Network
Ms Marcy Lopriore	Executive Director, Community and Allied Health, Limestone Coast Local Health Network
Ms Cheryl Russ	Executive Director, Community and Allied Health, Flinders and Upper North Local Health Network
Mr Brad Birleson (from 6/5/21)	Executive Director, Community and Allied Health, Riverland Mallee Coorong Local Health Network
Ms Melissa Koch	Executive Director, Community and Allied Health, Yorke and Northern Local Health Network
Ms Lisa Campbell	Executive Director, Community and Allied Health, Eyre and Far North Local Health Network
Ms Kathy Edwards	Director, Aboriginal Health, Limestone Coast Local Health Network
Ms Brooke Packham	Mental Health Allied Health Clinical Lead, Psychology, Rural and Remote Mental Health Service, Barossa Hills Fleurieu Local Health Network
Ms Michelle Schilling	Advanced Clinical Lead, Dietetics, Rural Support Service
Ms Ruth Adamson	Advanced Clinical Lead, Occupational Therapy, Rural Support Service
Ms Alanna Grover	Advanced Clinical Lead, Physiotherapy, Rural Support Service

MEMBER	POSITION/ORGANISATION
Ms Fiona Murray	Advanced Clinical Lead, Podiatry, Rural Support Service
Ms Cathy Brook	Advanced Clinical Lead, Social Work, Rural Support Service
Ms Jolie Thomas	Advanced Clinical Lead, Speech Pathology, Rural Support Service
Ms Cathy Teager	Manager, Ageing and Disability Reform, Rural Support Service
Ms Sandra Gilbert	Nursing Director, Rural Support Service
Ms Shelley Greenslade	Medical Imaging Service Manager, Berri SA Medical Imaging
Ms Jenny Pink	Director, Pharmacy, Regional LHNs and Rural Support Service, SA Pharmacy
Mr Paul Panigiris (from 6/5/21)	Chief Scientist, SA Pathology
Ms Cath Maloney	Chief Executive Officer, Services for Australian Rural and Remote Allied Health
Associate Professor Sara Jones	Rural Health and Training, Department of Rural Health, University of South Australia
Previous members	Position/organisation
Ms Pam Thomson (from 13/8/20 to 11/11/20)	A/g Executive Director, Community and Allied Health, Riverland Mallee Coorong Local Health Network

Rural Health Workforce Strategy Aboriginal Working Group

MEMBER	POSITION/ORGANISATION
Ms Sharon Perkins – Chair and Project Lead	Director Aboriginal Health, Riverland Mallee Coorong Local Health Network
Ms Simone Hurley	Senior Aboriginal Project Officer, Rural Health Workforce Strategy
Ms Skye Hayes	Senior Project Officer, Rural Health Workforce Strategy
Ms Sharon Bilney	Director Aboriginal Health, Eyre and Far North Local Health Network
Ms Glenise Coulthard	Director Aboriginal Health, Flinders and Upper North Local Health Network
Ms Kathryn Edwards	Director Aboriginal Health, Limestone Coast Local Health Network
Mr James Harris	Manager Professional Development, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
Mr Ian James	Principal Aboriginal Mental Health Advisor, Office of the Chief Psychiatrist
Mr Patrick Kinnear	Director Aboriginal Health, Yorke and Northern Local Health Network
Associate Professor Dr Faye McMillan AM	Deputy National Rural Health Commissioner, Office of the National Rural Health Commissioner
Ms Cindy Paardekooper	Principal Advisor, Aboriginal Workforce, Department of Health and Wellbeing
Ms Lyn Poole	Chief Executive Officer, Rural Doctors Workforce Agency
Mr Peter Taylor	Director Aboriginal Health, Barossa Hills Fleurieu Local Health Network
Mr Trent Wingard	Aboriginal Health Workforce Coordinator, Aboriginal Health Council of South Australia
Dr Robyn Anderson	Principal Clinical Policy Officer, Rural Support Service

Rural and Remote Oral Health Coalition

MEMBER	POSITION/ORGANISATION
Mr Mark Chilvers – Chair and Project Lead	Executive Director, SA Dental
Ms Paulina Lee	Project Manager, Rural and Remote Oral Health Coalition
Ms Anne Pak-Poy	General Manager, Adelaide Dental Hospital, SA Dental
Professor Richard Logan	Dean and Head of the Adelaide Dental School, The University of Adelaide
Ms Verity Paterson	Chief Executive Officer, Eyre and Far North Local Health Network
Mr Bradley Abraham	Chief Executive Officer, Australian Dental Association South Australia
Ms Natalie Szabo	General Manager Health Services Development, Royal Flying Doctor Service of Australia
Dr Vaibhav Garg	Manager Oral Health Program, Royal Flying Doctor Service of Australia
Ms Frances Graetz (from 8 /10/21)	After Hours & Population Health Manager, Country SA Primary Health Network
Dr Cindy Dennis	Rural and Remote Private Dental Representative
Previous members	Position/organisation
Ms Ali Krollig (from June 2019 to 8 October 2021)	Health Policy Manager, Country SA Primary Health Network



Rural Health Workforce Strategy Project Team

MEMBER	POSITION/ORGANISATION
Dr Robyn Anderson	Principal Clinical Policy Officer, Rural Support Service
Ms Lisa Cockington	Manager, Strategy
Ms Karen Lancaster	Project Manager, Rural Health Workforce Strategy
Ms Moira Noonan	Project Manager (from 18/01/2021) and Senior Project Officer, Rural Health Workforce Strategy
Ms Cathy Wright	Senior Project Officer, Rural Health Workforce Strategy
Ms Simone O'Dea	RHWS Implementation Manager, SA Ambulance Service
Ms Pamela Hewavasam	Senior Project Officer, Rural Health Workforce Strategy
Ms Skye Hayes	Senior Project Officer, Rural Health Workforce Strategy
Ms Simone Hurley	Senior Aboriginal Project Officer, Rural Health Workforce Strategy
Ms Paulina Lee	Project Manager, Rural and Remote Oral Health Coalition

Appendix 3 – Principles for Considering Funding Proposals 2021/22

Proposals should:

- align with and help implement the four published Rural Health Workforce Strategy plans, or the expected priorities of the Rural Aboriginal Health Workforce Plan, which remains in development. The four plans are:
 - SA Rural Medical Workforce Plan 2019–25
 - Rural SAAS Workforce Plan 2020–25
 - SA Rural Nursing and Midwifery Workforce Plan 2021–26
 - SA Allied Health and Scientific Workforce Plan 2021–26
- be an identified priority of the regional LHN in which they are to be delivered
- focus on addressing issues which, in the Steering Committee's view, are the most urgent and important health workforce challenges in regional and rural South Australia
- appropriately link with other SA Health, state or national plans (where relevant)
- where relevant, consider benefits beyond a single health profession and demonstrate a multidisciplinary approach
- be able to be implemented within the 2021–22 financial year
- align with longer term strategy, and take a long term view rather than provide short term 'stop gap' measures
- demonstrate that the project/program will be sustainably provided at the end of the Rural Health Workforce Strategy funding
- where relevant, provide a collaborative service model with integration across public and private services, between regional LHNs, with metropolitan LHNs and/or non-government organisations as appropriate.

Note: the Rural Oral Health Workforce Plan commenced development after the 2021/22 principles for funding were endorsed by the RHWS Steering Committee. Notwithstanding, project proposals supporting the rural oral health workforce were considered within each funding cycle for the RHWS.

Notes

¹Australian Institute of Health and Welfare 2021, National Mortality Database, Australian Institute of Health and Welfare, viewed 4 January 2022, <https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health>

²Codesign is an inclusive and collaborative process that is based on the 'active involvement of a diverse range of participants in exploring, developing and testing responses to shared challenges' (Blomkamp, E. 2018, 'The promise of Co-Design for Public Policy' in Australian Journal of Public Administration, vol. 77, iss. 4, pp. 729–743, accessed online 21 January 2022, <https://onlinelibrary.wiley.com/doi/10.1111/1467-8500.12310>.

Glossary

ACCHO	Aboriginal community controlled health organisation
AHCSA	Aboriginal Health Council of South Australia
AHP	allied health professional
AHRGP	Allied Health Rural Generalist Pathway
BHFLHN	Barossa Hills Fleurieu Local Health Network
CALD	culturally and linguistically diverse
COAG	Council of Australian Governments
COVID-19	Coronavirus disease
DHW	Department for Health and Wellbeing
DTN	Digital Telehealth Network
EFNLHN	Eyre and Far North Local Health Network
FTE	full time equivalent
FUNLHN	Flinders and Upper North Local Health Network
GP	general practitioner
HR	human resources
LCLHN	Limestone Coast Local Health Network
LHN	local health network
MedSTAR	emergency medical retrieval service
NMO	Nursing and Midwifery Office, SA Health
PGY2	post graduate year 2
RACF	residential aged care facility
RDWA	Rural Doctors Workforce Agency
RFDS	Royal Flying Doctors Service
RHWS	Rural Health Workforce Strategy
RM	registered midwife
RMCLHN	Riverland Mallee Coorong Local Health Network
RN	registered nurse
RROHC	Rural and Remote Oral Health Coalition
RSS	Rural Support Service
SAAS	South Australian Ambulance Service
SAVES	South Australian Virtual Emergency Service
TPPP	Transition to Professional Practice Program
UniSA	University of South Australia
YNLHN	Yorke and Northern Local Health Network



For more information

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

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