

NSW Special Commission of Inquiry
into Healthcare Funding
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Response to The issues Paper 2/2024 - Special Commission of Inquiry into Healthcare Funding

Introduction

We are a strong advocate for employment, workplace relations, skills and immigration policy settings that ensure Australia can continue to attract and retain the professional services workforce needed for our health, productivity and prosperity (see “About APSCo” at end of this submission). This includes settings that recognise the realities and challenges of locating and retaining medical staff in NSW and around Australia, especially in regional areas.

APSCo has around 25 member companies who recruit into medical roles, both permanent and temporary (including locum, VMO and other) across Australia.

These members sit at the coalface in seeing the challenges in attracting, recruiting and retaining the skilled clinicians and staff needed to meet demand, often in very short timeframes, and in providing the right mix of permanent and temporary/locum staff.

It is also important to convey that extensive time and resource goes into the management of relationships with this workforce. APSCo members, as stated in our submission earlier this year, invest significant resources to manage workforce preferences, availability, travel and last-minute changes, along with the compliance protocol and onboarding requirements of each LHD.

As the peak body representing professional recruitment firms in Australia, APSCo welcomes the opportunity to provide statements specifically in response to items 2, 3, 4, 5 and 9 for the purposes of the Inquiry, provided below.

2. Measures that may be implemented to address the increasing need to rely on temporary staffing arrangements, including locums and agency staff, within NSW health facilities (including in rural, regional and remote locations), and the costs associated with such arrangements.

Making permanent work more attractive to healthcare workers in rural, regional and remote locations should be a consideration. Allowing agencies to work on attracting workers who are seeking permanent work as a priority rather than a last resort will yield far better long-term recruitment outcomes and reduce the reliance and spend on the supply of locums.

Tackling this however is a deeply complex issue that stems across broader social and economic considerations such as access to housing, access to work opportunities for spouses and partners, appropriate education and pre-education openings for families as well as broader lifestyle considerations that the metropolitan locations offer.

The provision of appropriate support and connection for workers in rural, regional and remote settings and the consideration for the cost of having to retain both a home base along with accommodation while working away is often prohibitive.

Potential Solutions:

Telehealth for training and supervision: Expanding telehealth for education and remote supervision could help bridge the expertise gap. For example, Canada has effectively implemented telehealth to provide ongoing training and support to healthcare workers in remote areas, ensuring consistent supervision and upskilling.

Australia is increasingly adopting telehealth services, especially in rural areas, to mitigate supervision gaps.

Incentives for Permanent Positions: Offering financial incentives (e.g., salary bonuses, housing allowances, relocation assistance) can make permanent rural positions more appealing.

Canada has successfully used such incentives to attract healthcare professionals to remote regions. Similarly, New Zealand and Australia have trialled rural-specific financial benefits, including debt forgiveness and extra allowances. However, often issues around family support are not overcome by money alone.

Partnerships with Recruitment Agencies: Rather than over-relying on temporary staffing agencies, allowing recruitment agencies to focus on attracting permanent staff and compensating them adequately for those efforts could reduce turnover.

In Norway, rural healthcare systems have successfully partnered with agencies to focus on long-term recruitment rather than temporary contracts.

3. Measures that may be implemented to support the recruitment and retention of a Health Workforce sufficient to meet the healthcare service demands of the New South Wales population now and into the future, including any mechanisms and incentives which may be utilised to:

a. attract and retain doctors (including doctors undertaking specialist training), nurses and midwives (including those in training), allied health professionals (including those in training), to work in NSW Health facilities;

b. attract and retain doctors (including doctors undertaking specialist training), nurses and midwives (including those in training), allied health professionals (including those in training), to work in in-demand service areas;

c. investigate opportunities to facilitate and support clinicians to practice to the top of their scope of practice, or to extend or expand their scope of practice, to meet the needs of the local population; and/or

d. produce the number of medical, nursing and midwifery, and allied health graduates necessary to meet the current and future service demands on the Healthcare Workforce.

Access to Housing: Availability of affordable housing in rural areas is crucial to recruiting and retaining healthcare professionals.

Training and Supervision: Continuous training and supervision are vital for the professional growth and job satisfaction of healthcare workers.

Work for Partners: Employment opportunities for healthcare workers' partners are essential in making rural postings more attractive.

Potential Solutions:

Rural Training Programs: Developing rural-specific training programs, including telehealth supervision and rural rotations, can enhance the skills and confidence of healthcare workers. Canada and Australia have successfully integrated rural rotations as part of medical training to expose healthcare workers to the unique challenges and rewards of rural practice.

It is important to consider that trainees are often put under substantial financial stress as

they have to maintain rent in their primary place of residence and give up part-time jobs and, therefore, lose income while they undertake these student rotations.

Community Integration and Support: Ensuring new recruits and their families feel integrated into rural communities is essential. Programs that focus on social support networks, community outreach, and creating welcoming environments have proven effective in Canada and Australia in retaining staff in rural settings.

4. Measures that may be implemented to attract more medical graduates to pursue general practice and rural generalist training pathways.

Challenges:

Financial Burden: Medical students often face financial difficulties during rural rotations, such as covering the cost of double rent or losing part-time income.

Work-Life Balance: Ensuring a manageable work-life balance is critical for retaining staff in rural areas, particularly in generalist roles.

Potential Solutions:

Financial Support for Students: Scholarships, grants, or stipends should be provided to help alleviate the financial burden on medical students during rural placements. In New Zealand, rural placements are often subsidized by universities and local governments to support medical graduates. Australia and Canada have also explored similar financial assistance programs.

Flexible Work Arrangements: Flexible scheduling and support systems, including childcare facilities, can make rural postings more attractive for medical graduates. Norway has been a leader in offering flexible work conditions for healthcare professionals, which could be adopted in other regions to enhance retention.

5. Measures that may be implemented to attract more doctors to pursue medical positions (such as hospitalists) in the acute care setting, including changes to position descriptions and employment conditions for such roles.

Challenges:

Debt and Financial Incentives: Many doctors are burdened with significant educational debt, driving them to seek higher-paying positions in urban areas.

Family-Friendly Policies: Many doctors in training are in a stage of life where family-friendly policies, including childcare and family leave, are crucial.

Potential Solutions:

Work-Life Balance: Emphasising flexible work arrangements and ensuring adequate time for personal life can help attract doctors to general medical roles in rural settings.

Australia has begun experimenting with flexible contracts to allow more autonomy and time for family, similar to programs seen in Norway, a more robust program would be beneficial.

Family-Friendly Policies: Providing childcare services, family leave options, and other family support structures can make rural postings more appealing. Canada has trialled 24-hour childcare in certain hospital settings to accommodate healthcare workers with families, and New Zealand has focused on providing broader family support in rural communities.

All workers will naturally consider what is in it for them. Many doctors are chasing money once they finish their training – often they have a huge debt.

Greater work-life balance as a trade-off for hospital roles along with flexibility and support for those with young families around the time of specialist training many doctors are of the age they are looking at getting married and having a family. If hospitals and acute settings are more family friendly this can make up for the perceived lack of prestige and earnings. Could hospitals provide 24-hour and weekend creche facilities?

9. The role of international medical graduates in establishing and maintaining a sustainable Health Workforce into the future.

Challenges:

Integration and Support: IMGs may face challenges in integrating into the healthcare system, including understanding local protocols and professional expectations.

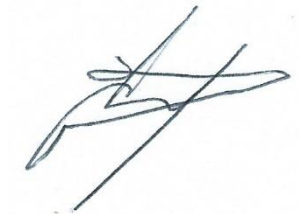
Potential Solutions:

Support Programs: Programs that include mentorship, orientation, and ongoing professional development tailored for IMGs can enhance their integration. Australia and Canada have both established successful mentorship programs to help IMGs adapt to local healthcare systems and improve retention.

Recognition of Qualifications: Simplifying and streamlining the recognition process for international medical qualifications can help attract more IMGs. Canada and New Zealand have both made strides in this area, and Norway has begun to implement measures to recognise foreign medical credentials more swiftly.

If Australia wants to be considered as a viable option for international medical grads, the process needs to reduce barriers in order to attract interest, enabling us to compete for talent at a truly global scale.

Please do not hesitate to contact me on 0477 071 264 or lesley@apscoau.org should you require any further assistance or clarification.

A handwritten signature in black ink, appearing to read "Lesley Horsburgh".

Lesley Horsburgh

Managing Director

