



Our Purpose



Lead and shape Australia's health and aged care system and sporting outcomes through evidence-based policy, well targeted programs, and best practice regulation



In 2015-16, we undertook activities which contributed to achieving Our Purpose, including under Outcome 8

Outcome 8

Health Workforce Capacity



Improved capacity, quality and mix of the health workforce to meet the requirements of health services, including through training, registration, accreditation and distribution strategies

Analysis of performance – **Outcome 8** Health Workforce Capacity

In 2015-16, the Department continued working to improve the capacity, quality and mix of Australia's health workforce. The Department has had a major focus on addressing the ongoing challenge of workforce distribution.

Through a commitment to training programs, scholarships, incentive programs and other initiatives the Department continued to encourage health practitioner students and graduates to provide services to the community with an emphasis on rural, regional and remote areas.

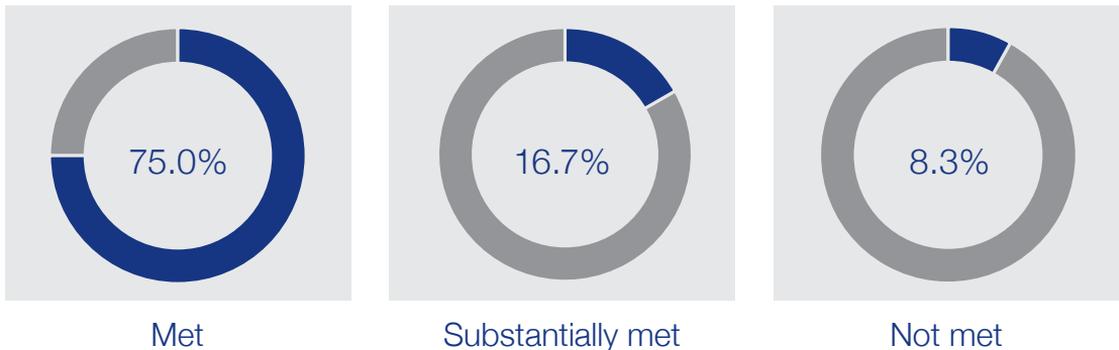
In addition, the Department showed its commitment to best practice and innovation, by making changes to programs to provide maximum community impact.

These activities have contributed to the Department's achievement of objectives under Outcome 8 and Our Purpose.

Key community benefits for Outcome 8 in 2015-16

	<p>Supported medical practitioners to ensure the right mix of skills are available in the health workforce into the future</p> <p>The Department continued to support registrars and medical students across Australia by providing over 1,500 General Practice (GP) training places and 900 specialist training places, ensuring a continued supply of qualified practitioners to provide services to the Australian community.</p>
	<p>Supported service delivery to rural, regional and remote communities</p> <p>The number of medical practitioners servicing rural, regional and remote communities was bolstered by departmental programs and incentives, resulting in more Australians having access to medical services.</p>
	<p>Invested in broadening nurse capabilities</p> <p>The Practice Nurse Incentive Program continues to broaden the roles of nurses working in general practice, with just over 4,500 practices participating in the program. The program allows for the professional development of nurses and for GPs to focus on more complex care, improving access and health outcomes for patients.</p>

Summary of performance criteria results for Outcome 8



Looking ahead

- Establish a Rural Health Commissioner to support program delivery and policy development to best meet the health needs of rural Australians.
- Establish a national rural generalist pathway to improve access to highly skilled doctors in rural, regional and remote Australia and examine existing workforce incentives and levers to ensure support is being directed to areas of highest need.
- Expand support for the Rural Health Multidisciplinary Training Program, including establishing an additional three University Departments of Rural Health to increase clinical training capacity for nursing, midwifery, and allied health students in rural areas.
- Implement the *Integrated Rural Training Pipeline Initiative*, which will help retain medical graduates in rural areas.
- From 2016-17, the Department's funding for health workforce capacity will be combined with funding for Primary Health Care (Rural Health Services) in a new Health Workforce Program. This consolidation will allow better consideration of the Government's access, quality and health workforce distribution programs and support the role of the Rural Health Commissioner.

Programs and program objectives contributing to **Outcome 8**

Program 8.1: Workforce and Rural Distribution

- Redesign the supply of, and support for, health professionals in rural, regional and remote Australia
- Increase the effectiveness of medical training and education

Program 8.2: Workforce Development and Innovation

- Improve the distribution of the dental workforce
- Develop the workforce through clinical training

Analysis of performance – Program 8.1: Workforce and Rural Distribution

The Department met the majority of performance targets in Program 8.1: Workforce and Rural Distribution, with one indicator not met.

The Department continued to support health practitioners in rural, regional and remote Australia, with participation in rural health workforce initiatives surpassing targets. The Department met all targets relating to increasing the effectiveness of medical training and education, with all related initiatives reporting an increase in uptake.

Workforce incentive programs designed to increase availability of services have had a notable impact over the last decade, with recent data showing that compared to ten years ago, access to services in inner and outer regional areas are now comparable to those in the major city areas of Australia.

In addition to this, workforce training programs continue to support distribution, providing opportunities for medical students, interns and registrars to experience rural practice early in their careers.

The Department will continue to monitor the distribution of the health workforce and the effectiveness of its programs, to ensure support and incentives are targeted appropriately.

Redesign the supply of, and support for, health professionals in rural, regional and remote Australia

Consolidate Health portfolio scholarships into a streamlined Health Workforce Scholarship Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 144

2015-16 Target	2015-16 Result
Conduct open tender process to identify a provider to administer the Health Workforce Scholarship Program, to be completed by 31 March 2016.	Tender process on hold. Result: Not met ●

The open tender process has been delayed while the Department conducts further consultation to ensure appropriate targeting of the program to areas with the most need.

The Department has continued to manage the Bonded Medical Program (BMP) and the Medical Rural Bonded Scholarship Scheme (MRBS). The 100 MRBS places have rolled into the BMP from 2016 onwards.

Scholarships were not awarded for the mid-year 2016 scholarships intake. Current scholarship holders continue to receive their benefits.

Continuation of administrative arrangements have been put in place to meet Government commitments where multi-year scholarships have been awarded.

Percentage of medical students participating in the Rural Clinical Training and Support Program – 1 year rural clinical placement.

Source: 2015-16 Health Portfolio Budget Statements, p. 145

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
≥25%	33%	33%	33%	32%	37%
	Result: Met ✓				

The Rural Clinical Training and Support Program, a component of the Rural Health Multidisciplinary Training Program, provided funding to participating universities for the establishment and support of medical student training in rural areas, supporting 17 rural clinical schools nationally. In the 2015 academic year, 893 medical students spent a year at a rural clinical school, equating to 33% of graduating medical students.

Number of weeks of rural multidisciplinary placements supported through the Rural Health Multidisciplinary Training Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 145

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
18,113	24,290	N/A	N/A	N/A	N/A
	Result: Met ✓				

In the 2015 academic year, 11 University Departments of Rural Health, under the Rural Health Multidisciplinary Training Program, supported 5,141 undergraduate students to undertake rural clinical placements (two weeks or longer). This equates to a total of 24,290 placement weeks across rural settings.

Number of practices supported through the Practice Nurse Incentive Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 146 & 2015-16 Corporate Plan, p. 15

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
4,100	4,594	4,338	4,236	3,978	3,571
	Result: Met ✓				

The Department continued support of expanded and enhanced roles for nurses working in general practices. Uptake for this demand-driven program has increased from 4,338 participating practices in 2014-15 to a total of 4,594 participating practices in 2015-16.

Number of doctors supported by the General Practice Rural Incentives Program in rural and remote areas.

Source: 2015-16 Health Portfolio Budget Statements, p. 146

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
6,500	6,696 Result: Met ✓	N/A	N/A	N/A	N/A

A redesign of the General Practice Rural Incentives Program (GPRIP) was announced in the 2015-16 Budget. The transition to the new geographical classification system (the Modified Monash Model) and updated eligibility criteria work more effectively to target financial incentives to doctors in areas experiencing greater difficulty attracting and retaining general practitioners. From August 2016, 6,696 eligible doctors received their first payments for 2015-16 under the redesigned GPRIP. An additional 150-200 doctors who provide eligible GPRIP services outside of the Medicare billing system (via the Flexible Payment System) are expected to receive their first payments by the end of 2016.

Increase the effectiveness of medical training and education

Number of commencing GP trainees funded through the Australian General Practice Training Program (AGPT).

Source: 2015-16 Health Portfolio Budget Statements, p. 145

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
1,500	1,500 Result: Met ✓	1,192	1,108	1,000	900

In total, 1,500 new GP registrars commenced training across Australia with at least 50% of all Australian General Practice Training Program training activity being undertaken in rural, regional and remote locations.

Number of training positions funded through the Specialist Training Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 145

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
900	900 Result: Met ✓	900	750	600	518

The Department continued to support the delivery of specialist training, in expanded settings outside traditional public hospital teaching environments, such as rural, regional and remote areas. Agreements with 12 specialist medical colleges provide support for 900 (full time equivalent) training posts. In the 2015 academic year, 44% of the posts involved some training in rural and regional areas and 42% in private settings.

Number of medical internship positions funded through the Commonwealth Medical Internships Program.

Source: 2015-16 Health Portfolio Budget Statements, p. 145

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
84	100 Result: Met 	N/A	N/A	N/A	N/A

The Commonwealth Medical Internships (CMI) Program supported 100 junior doctors to start work as medical interns in Australia in 2016.

All CMI doctors complete a minimum of one rotation in a rural or regional location. Of the 100 places, 26 are full regional internships, delivered in Townsville, Bundaberg and Mackay.

Analysis of performance – Program 8.2: Workforce Development and Innovation

The Department met or substantially met all performance targets in Program 8.2: Workforce Development and Innovation.

The Department realigned the Dental Relocation Infrastructure Support Scheme (DRISS) to provide greater support to those relocating to rural areas, which will improve distribution of the dental workforce.

The Department continued to manage graduate programs for both dentists and oral health therapists until the cessation of the programs at the end of 2015, through the 2015-16 Budget Measure, *Rationalising and streamlining health programs*.

The 2015-16 Mid-Year Economic and Fiscal Outlook measure, *Streamlining Health and Aged Care Workforce Programme Funding*, announced the cessation of the Clinical Training Funding program from 1 January 2016. Funding is being redirected to better target priority areas that support the future and current rural and regional health workforce.

Improve the distribution of the dental workforce

Redesign of the Dental Relocation Infrastructure Support Scheme to better match demand, and align with the new Modified Monash Model classification system.

Source: 2015-16 Health Portfolio Budget Statements, p. 147

2015-16 Target	2015-16 Result
New program guidelines developed in consultation with stakeholders.	Guidelines were developed in January 2016. Result: Met ✓

Program guidelines have been revised to realign the program with the Modified Monash Model, and in consultation with stakeholders.

Changes to the Scheme are aimed at providing improved access to dental services for people living in rural, regional and remote communities.

Number of dental graduates participating in the Voluntary Dental Graduate Year Program.⁶⁵

Source: 2015-16 Health Portfolio Budget Statements, p. 148

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
50	48 Result: Substantially met ✓	49	N/A	N/A	N/A

In 2015, 50 graduates commenced participation on the Voluntary Graduate Year Program, with two withdrawing prior to completion.

Approximately 84% of placements were in major metropolitan and inner regional areas. Of the 48, 26.25 placements were in metropolitan areas; 14 were in inner regional; four were in outer regional; two in remote Australia; and 1.75 were placed into very remote locations.

The performance result of 'substantially met' is based on meeting 96% of the target.

⁶⁵ The 2015-16 Budget Measure, *Rationalising and streamlining health programmes*, announced the cessation of this program at the end of the 2015 cohort.

Number of oral health therapist graduates participating in the Oral Health Therapist Graduate Year Program.⁶⁶

Source: 2015-16 Health Portfolio Budget Statements, p. 148

Academic Year 2015 Target	Academic Year 2015 Result	2014	2013	2012	2011
50	49 Result: Substantially met ✓	49	N/A	N/A	N/A

In 2015, 50 graduates commenced participation on the Oral Health Therapist Graduate Year Program, with one withdrawing prior to completion.

Approximately 82% of placements were in major metropolitan or inner regional areas. Of the 49, 23 placements were in metropolitan areas; 17 were placed into inner regional areas; 4.5 in outer regional; 0.5 in remote areas; and four placements took place across multiple areas.

The performance result of 'substantially met' is based on meeting 98% of the target.

Develop the workforce through clinical training

The number of universities providing students with clinical training placements in priority settings.

Source: 2015-16 Health Portfolio Budget Statements, p. 148

2015-16 Target	2015-16 Result	2014-15	2013-14	2012-13	2011-12
38	38 Result: Met ✓	N/A	N/A	N/A	N/A

The Clinical Training Funding program aims to assist in balancing the distribution of students and clinical placements in underserved areas, by subsidising clinical placements and student numbers in specific health disciplines and priority settings.

⁶⁶ The 2015-16 Budget Measure, *Rationalising and Streamlining health programmes*, announced the cessation of this program at the end of the 2015 cohort.

Outcome 8 – Budgeted expenses and resources

	Budget Estimate ¹ 2015-16 \$'000 (A)	Actual 2015-16 \$'000 (B)	Variation \$'000 (B) - (A)
Program 8.1: Workforce and Rural Distribution			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	1,173,829	1,135,665	(38,164)
<i>Departmental expenses</i>			
Departmental appropriation ²	37,256	35,620	(1,636)
Expenses not requiring appropriation in the current year ³	976	2,356	1,380
Total for Program 8.1	1,212,061	1,173,641	(38,420)
Program 8.2: Workforce Development and Innovation			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	46,379	19,445	(26,934)
<i>Departmental expenses</i>			
Departmental appropriation ²	5,946	5,924	(22)
Expenses not requiring appropriation in the current year ³	159	390	231
Total for Program 8.2	52,484	25,759	(26,725)
Outcome 8 Totals by appropriation type			
<i>Administered expenses</i>			
Ordinary annual services (Appropriation Act No. 1)	1,220,208	1,155,110	(65,098)
<i>Departmental expenses</i>			
Departmental appropriation ²	43,202	41,544	(1,658)
Expenses not requiring appropriation in the current year ³	1,135	2,746	1,611
Total expenses for Outcome 8	1,264,545	1,199,400	(65,145)
Average staffing level (number)	257	259	2

¹ Budgeted appropriation taken from the 2016-17 Health Portfolio Budget Statements and re-aligned to the 2015-16 outcome structure.

² Departmental appropriation combines 'Ordinary annual services (Appropriation Act No. 1)' and 'Revenue from independent sources (s74)'.

³ 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense, operating losses and audit fees.