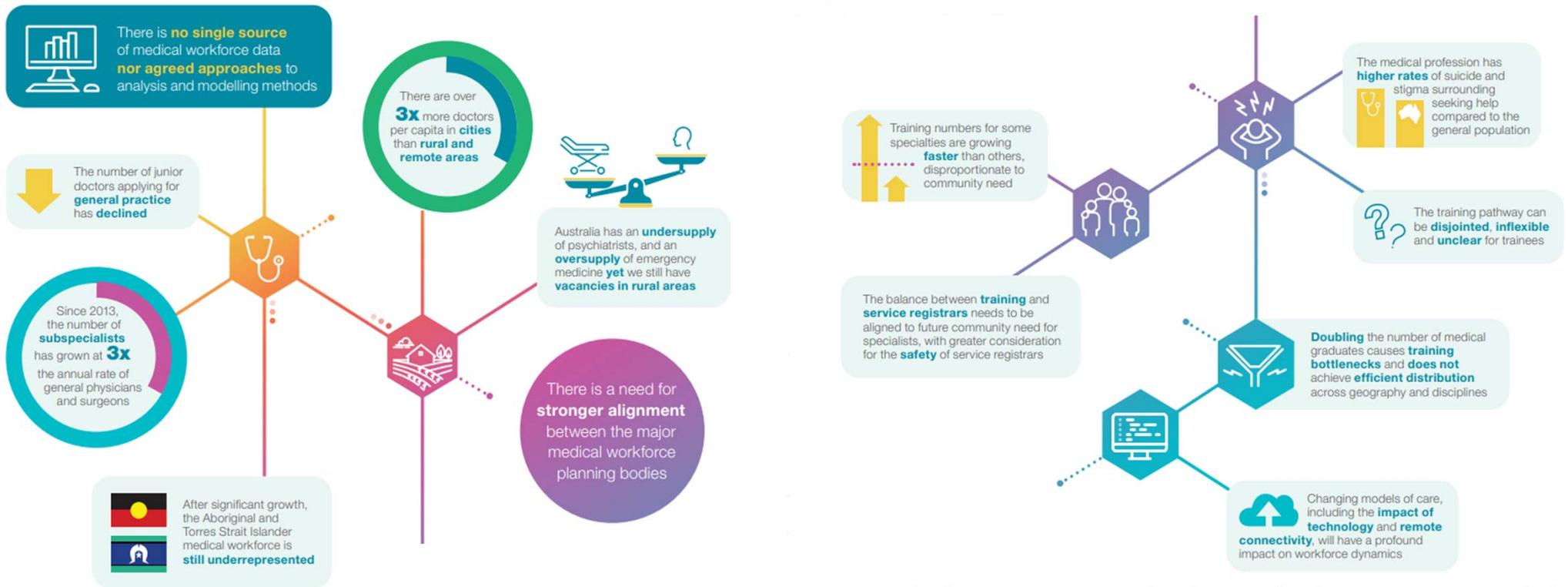


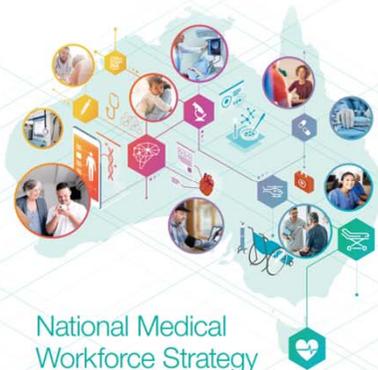


# Why a national strategy now?



# National Medical Workforce Strategy

Australian Government  
Department of Health



National Medical  
Workforce Strategy  
2021-2031



Investing in our medical workforce to meet Australia's health needs

## CROSS-CUTTING THEME 1

Growing the Aboriginal and Torres Strait Islander workforce and improving cultural safety

## CROSS-CUTTING THEME 2

Adapt to, and better support new models of care

## CROSS-CUTTING THEME 3

Improving doctor wellbeing

## Our Vision

*Work together, using data and evidence, to ensure that the medical workforce sustainably meets the changing health needs of Australian communities*

### PRIORITY AREA 1

Collaborate on planning and design

### PRIORITY AREA 2

Rebalance supply and distribution

### PRIORITY AREA 3

Reform the training pathway

### PRIORITY AREA 4

Build the generalist capability of the workforce

### PRIORITY AREA 5

Build a flexible and responsive medical workforce

# Priority 1: Collaborate on planning and design

**Aim:** To provide the evidence and mechanisms for:

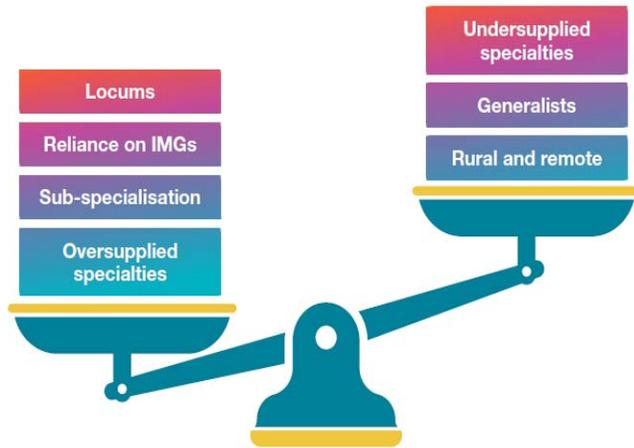
- » Long-term collaborative medical workforce planning & distribution
- » Facilitating coordinated responses to urgent or emerging needs, e.g. COVID 19



- 1 Establish a joint medical workforce planning and advisory body
- 2 Develop a workforce planning framework that can be used at all levels
- 3 Develop and implement a National Medical Workforce Data Strategy
- 4 Further develop the HeaDS UPP Tool

# Priority 2: Rebalance supply and distribution

**Aim:** Correct imbalances in workforce distribution, and in specialty under and over supply



- 5** Increase the number of trainees in undersupplied specialties and decrease the number of trainees in oversupplied specialties
- 6** Grow the Aboriginal and Torres Strait Islander medical workforce
- 7** Reduce barriers and improve incentives for doctors to work and train in rural and remote communities
- 8** Determine and monitor optimum use of locums
- 9** Align migration and distribution regulation
- 10** Establish a nationally structured service registrar model for service delivery

# Current work on Priorities 1 and 2



## Governance

- **Priority 1 Action 1:** Establish a joint medical workforce planning and advisory body
- **Progress:** Development of a framework and proposed structure for the advisory body through consultation



## Data Strategy

- **Priority 1 Action 3:** Develop and implement a National Medical Workforce Data Strategy
- **Progress:** Planning to be foundation for analysis of training numbers



## Service Registrars

- **Priority 2 Action 10:** Establish a nationally structured service registrar model for service delivery
- **Progress:** Service Registrar Working Group first meeting held

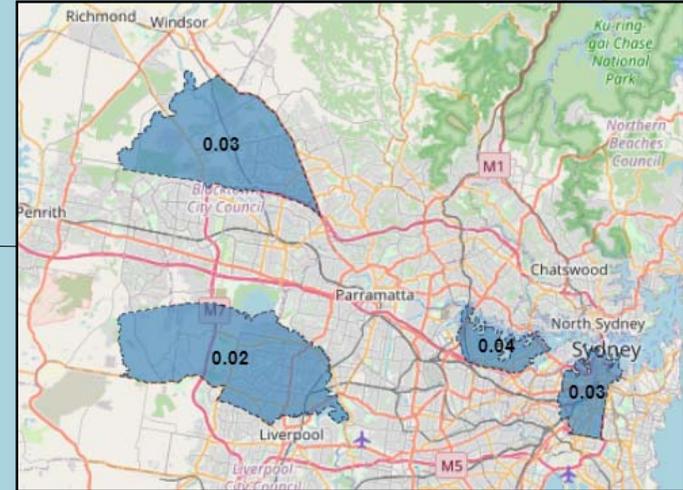
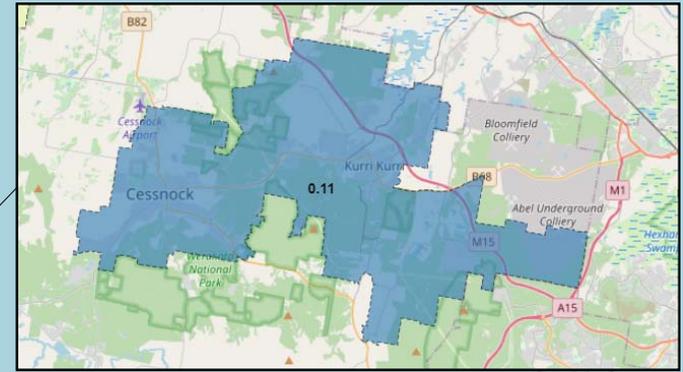
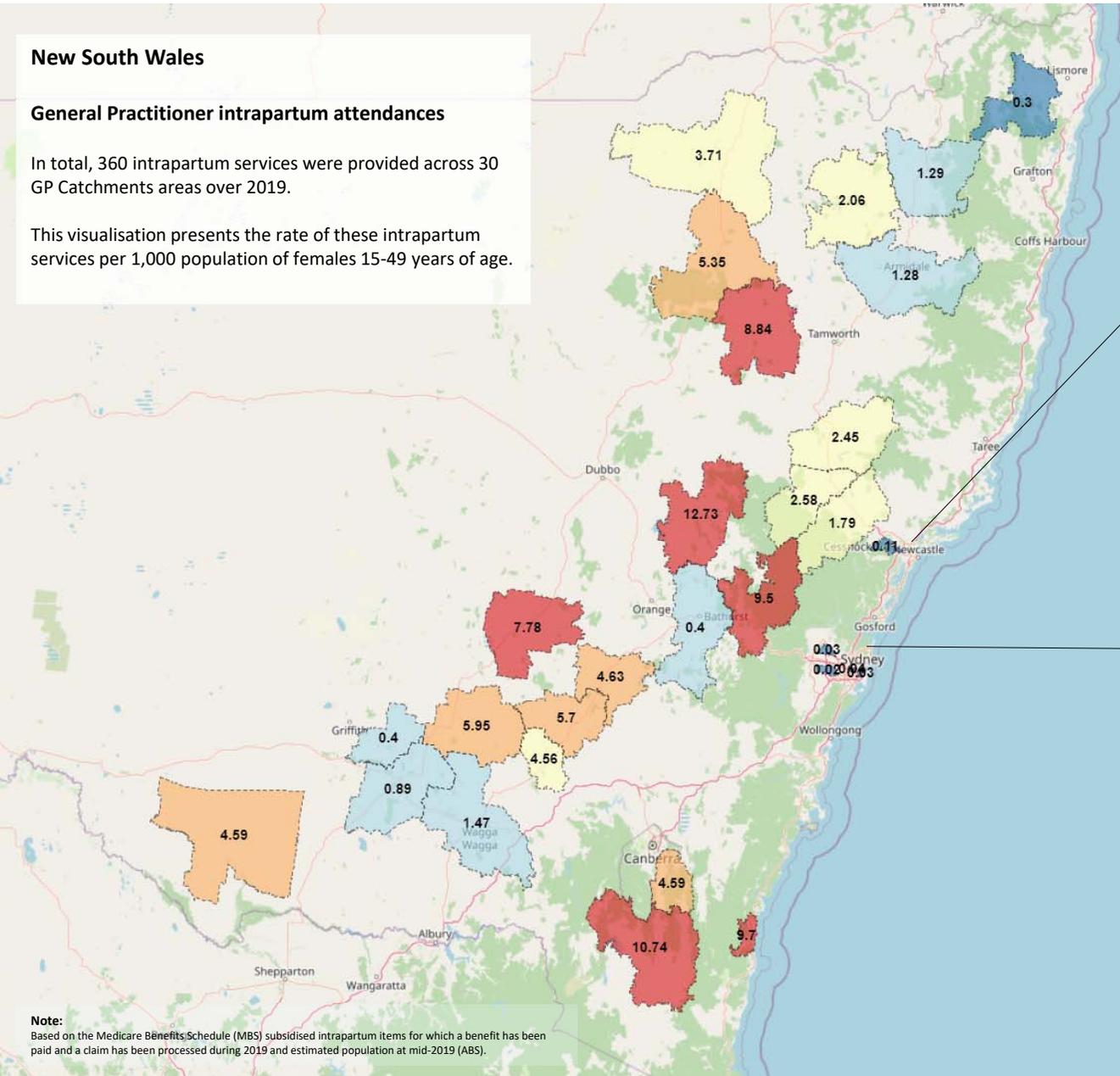
## New South Wales

### General Practitioner intrapartum attendances

In total, 360 intrapartum services were provided across 30 GP Catchments areas over 2019.

This visualisation presents the rate of these intrapartum services per 1,000 population of females 15-49 years of age.

100 km  
50 mi



**Note:** Based on the Medicare Benefits Schedule (MBS) subsidised intrapartum items for which a benefit has been paid and a claim has been processed during 2019 and estimated population at mid-2019 (ABS).

# Priority 3: Reform the training pathways

**Aim:** To improve clarity for trainees, colleges & employers, and to reduce metro-centricity of medical training

- 11** Increase specialist\* training in regional, rural, remote and Aboriginal and Torres Strait Islander health settings to population parity
- 12** Collaboratively set and fund the number and distribution of education and training places through a national pool
- 13** Coordinated and visible training pathways
- 14** Reform regulation of vocational training programs
- 15** Culturally safe training, training in cultural safety, and expertise in Aboriginal and Torres Strait Islander health



# Assessment

**Assessments should be relevant to the trainees' future scope of practice and likely service delivery.**

**The COVID-19 pandemic  
has shown that  
flexibility in medical training  
is possible**

Work-based assessments

Programmatic assessment

Tele-supervision, online teaching and virtual assessment

# Selection into training programs

Support for a national, coordinated timeframe for recruitment and appointment processes.

Avoid 'cv buffing' and focus on attributes for the specialty

Selection should also consider applicants' willingness to work where that specialty is needed.

# Rural and remote training and accreditation

**Accreditation standards require review and flexibility to reflect high-quality regional, rural and remote medical practice**

Accreditation standards are modelled on metropolitan hospitals.

Widespread distribution of trainees in regional, rural and remote areas can better reflect local capabilities, needs and systems.

Accreditation of specific sites for training of multiple stages of medicine, other health professions and for quality purposes may provide leverage to better achieve the balance required.

# Priority 4: Build the generalist capability of the medical workforce

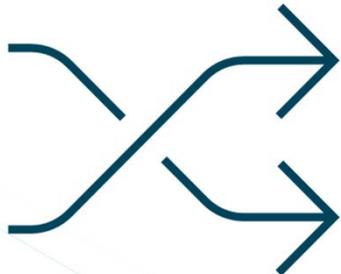
**Aim:** To reduce sub-specialisation & encourage specialist generalist scopes of practice  
Promote and recognise careers in General Practice and in generalist roles



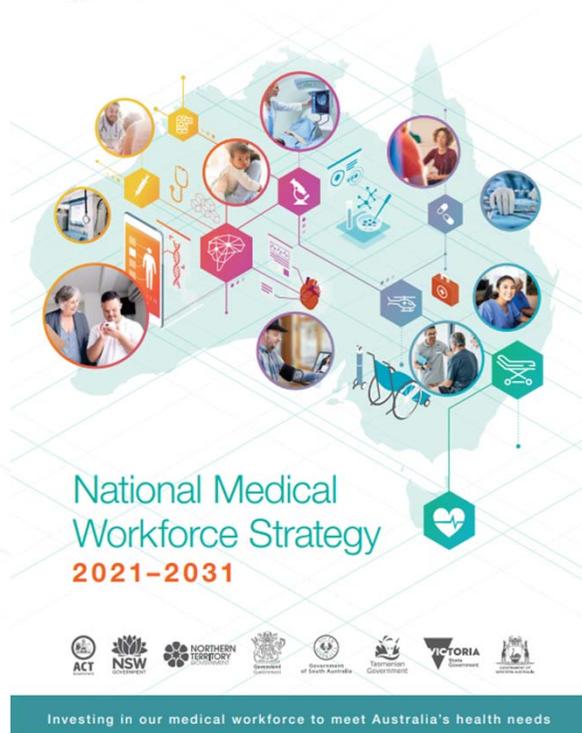
- 16** Support broader education and experience of generalist skills, and rural and remote clinical practice, during medical school and on training programs
- 17** Require doctors to develop and demonstrate generalist medical skills prior to entering specialty training
- 18** Support informed decision making for generalist career pathways and encourage rewarding of generalist experience in trainee selection
- 19** Fellows to be supported to exit training with a broad scope of practice
- 20** Implement and leverage innovation from the National Rural Generalist Pathway
- 21** Implement improved computerised clinical decision support systems

# Priority 5: Build a responsive and flexible workforce

**Aim:** To promote working arrangements that are more family friendly, and promote doctor well-being and professional flexibility such as nonlinear career progression



- 22** Review the impact of changes introduced during COVID-19, for longer term implementation in medical training and practice
- 23** Increase flexible working arrangements to reflect the changing needs of the medical workforce
- 24** Establish portability of entitlements for doctors across different settings
- 25** Recognising and remodelling unsustainable and potentially unsafe employment models



# Next steps

- Continue implementation planning in consultation with key stakeholders
- Work on Strategy actions
- Please contact via [Healthworkforcestrategy@health.gov.au](mailto:Healthworkforcestrategy@health.gov.au)