Advancing rural and remote service delivery through workforce:

A strategy for Queensland 2017–2020
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Introduction

This strategy outlines priorities to build a sustainable health workforce in rural and remote Queensland, to improve health outcomes for Queenslanders in non-urban areas of the state, particularly the Torres and Cape York, North West, Central West, and South West Queensland Hospital and Health Services.
The objective

To position the rural and remote health workforce to deliver contemporary, appropriate and safe health services to rural and remote communities.

A strategic approach

This strategy is guided by *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* and aligns with Queensland Health’s strategic vision, as presented in *My health, Queensland’s future: Advancing health 2026 (Advancing health 2026)*.

An integrated planning approach

The specific initiatives proposed within this strategy and their implementation are aligned to broader Department of Health planning approaches undertaken including:

» *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026*

» the *Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016–2026*

» system and service demand planning

» infrastructure planning.

The initiatives are specifically framed around the four focus areas identified in the *Advancing health service delivery through workforce: A strategy for Queensland 2017–2026* designing, enabling and strengthening the workforce, and keeping connected.

This integrated approach provides the foundation to link rural and remote workforce initiatives into the achievement of broader health workforce priorities and functional (profession specific) workforce plans servicing major workforce groups across the state.

Challenges and opportunities

Building and maintaining sustainability within the health workforce in rural and remote Queensland presents a range of opportunities and challenges. The vast distances between communities and services, small local populations with diverse health needs, and comparatively small health workforce in any location adds complexities that need to be factored into managing the workforce.

This strategy builds on successful initiatives to date, including the medical rural generalist program, allied health rural generalist program and collaborations between Hospital and Health Services (HHSs), higher education and private and not for profit service providers to improve health services and health outcomes in rural and remote Queensland.
Clinicians working in rural and remote settings are provided with opportunities and experiences that are not available in larger metropolitan areas. Practitioners are offered greater autonomy, creativity and are enabled to work to their full scope of practice.
The environment

The health industry is supplying a young enthusiastic workforce cohort that needs support and encouragement. Recruitment to rural and remote health services has improved over the last decade through better support, defined career pathways and the offer of a different Employee Value Proposition to large metropolitan centres. This has been enhanced by the improved recognition of rural and remote staff, improved access to technology, and recruitment targeting students from rural backgrounds.

Workforce attraction initiatives are now based on ‘pull’ approaches to encourage staff to move to locations rather than ‘pushing’ them. One such initiative is the partnership between university rural schools and Queensland Health. University Departments of Rural Health (UDRH) attract young students and graduates to remote areas of the state. This collaboration between Queensland Health and the UDRH provides increased support, and the opportunity to have broad clinical experiences and research opportunities that would not usually be offered in urban settings.

Another successful initiative has been the medical rural generalist program which is now a sustainable model for growing medical practitioners with skills tailored for the health needs of rural and remote communities. This initiative is building a workforce that is highly resilient with professional recognition and career paths.

These pathways are developing skills sets that are highly desirable in regional and large metropolitan centres.

Framing our approach and priorities

Consistent themes throughout a number of national and jurisdictional reviews show that outside of metropolitan areas, the concept of the health worker can be, often by necessity and due to scale and geographical location, much broader in order to service consumer needs.

To enable the appropriate and equitable service delivery within these circumstances, there are a number of key responses required in order to structure the rural and remote workforce effectively. These include:

- work practices need to be designed to provide flexibility to cater for local consumer needs
- health workforce roles need to be designed collectively to support effective, efficient and accessible service delivery models that better address population health needs
- the workforce needs to be adaptable and equipped with the required capabilities to provide team-based, inter-professional and collaborative models of care
- leadership capability needs to be built at all organisational levels to support and lead health workforce innovation and reform in rural and remote areas
- whole-of-family support needs to be built into engagement strategies to encourage attraction
- training and employment of local health professionals correlates to longer tenure and less turnover.
The Queensland Health clinical workforce, January 2017

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Torres and Cape</th>
<th>South West</th>
<th>North West</th>
<th>Central West</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H/C(^2)</td>
<td>FTE(^3)</td>
<td>H/C</td>
<td>FTE</td>
</tr>
<tr>
<td>Medical (incl. Visiting Medical Officers)</td>
<td>37</td>
<td>31</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Nursing</td>
<td>324</td>
<td>302</td>
<td>400</td>
<td>329</td>
</tr>
<tr>
<td>Health practitioners, professionals and technical</td>
<td>56</td>
<td>52</td>
<td>70</td>
<td>61</td>
</tr>
<tr>
<td>Clinical streams</td>
<td>417</td>
<td>385</td>
<td>494</td>
<td>413</td>
</tr>
</tbody>
</table>

\(^2\) H/C refers to Headcount  
\(^3\) FTE refers to occupied Full Time Equivalent
Workforce distribution

Whilst there is a particular focus within this strategy on supporting the Torres and Cape York, North West, Central West, and South West Queensland Hospital and Health Services, there are rural and remote services that extend across the state.

Hospital and Health Services rural and remote facilities

*Map: Depicts the geographical spread of rural and remote classified health services in Queensland.*
Service demand drivers in rural and remote areas are different to metropolitan areas. They include large distances, inconsistent economic conditions, transient health workforces, inequitable access to health professionals and higher proportions of Indigenous consumers with complex health needs.

This reality requires an agile, sustainable, culturally appropriate and connected health system that will deliver quality, consumer-centred healthcare.

The future rural and remote health workforce
Tailoring the workforce to consumer need

Servicing rural and remote areas requires a growing focus on preventative and primary health care. It involves employing the right workforce models that tailors a workforce with the most appropriate skills to each setting.

Optimising the utilisation of the health workforce across the state is required to sustain service delivery in smaller rural and remote areas. In particular, Torres and Cape, North West, Central West and South West HHSs require the support of the entire health system and the opportunity and flexibility to partner larger HHSs to sustain clinical services when critical workforce shortages exist.

Rural and remote workforces need collaborative, interdisciplinary service models, and clinical education and training frameworks and practices that support clinicians in the field. The distribution of the workforce needs to be equitable, accessible and sustainable and deliver appropriate services to people living in regional, rural and remote parts of the state.

Innovations in healthcare

Rapidly advancing health, medical, information and communication technology significantly impacts the way healthcare is delivered to keep pace with health consumer expectations. Building the digital literacy of the health workforce through eHealth strategies is critical to ensuring these technologies are used to their full capabilities.

Increasingly, we will look to innovation, new initiatives, incentive programs, and technologies to assist us in responding to identified and emerging challenges.

Closing the Gap

To enhance efforts towards Closing the Gap in health outcomes, cultural capability needs to be embedded into clinical practice as well as increasing the number of Aboriginal and Torres Strait Islanders in health service delivery roles.

Collaboration

Delivering health services in rural and remote Queensland is improved when there is collaboration between Government agencies, education providers and healthcare providers.

Communities benefit enormously when these stakeholders work in collaborative models. An example is the One Practice model that operates in the Central West HHS. This model enables public and private health services to share a single medical workforce and clinical support systems, leverage collective capability of staff and improve patient care. This example shows the value of partnering with health sector stakeholders to align priorities to improve the health of rural and remote communities.

Established partnerships, including the one between North West HHS and James Cook University through the Commonwealth funded Mount Isa Centre for Rural and Remote Health (MICRRH), have also contributed to improved service delivery by having a positive impact on attraction and retention in the North West HHS.

Following the success of this approach, similar improvements are aimed in southern Queensland once a new University Department of Rural Health (UDRH) through James Cook University is implemented.
Staff safety

Queensland Health is committed to a work environment that is safe, supportive and driven by continuous improvement.

Safety and security issues impacting services and staff accommodation in remote and isolated work areas are a high priority for Queensland Health. This includes proactive management of the challenges of working in remote and isolated work areas, specifically posts with small numbers of staff.

The culture imperative

The fundamental role that culture plays in the way staff undertake their work is recognised and Queensland Health is committed to cultural change initiatives that support the achievement of a sustainable rural and remote health workforce.

Cultivating healthy workplace cultures that promote a satisfied, supported, engaged workforce, committed to delivering exceptional standards of consumer care is a priority.

Workforce aspirations

Maintaining our understanding of the current workforce and the drivers, interests and aspirations of future generations will be critical in order to position the future workforce to meet service expectations. Evidence shows that the healthcare workforce is ageing, that there are challenges to supply in some clinical areas, and that adaptability to change and digital literacy will be key future skills.
Goals

To achieve our objective of positioning the rural and remote health workforce to deliver contemporary, appropriate and safe health services to rural and remote communities, this strategy aims to:

» combine the skills, knowledge and commitment of the rural and remote workforce with new technology and innovative ways of working to improve the health consumer experience

» develop workforce models and job designs that enable innovative models of care to flourish

» sustain workforce capability by embedding a contemporary Employee Value Proposition including long-term approaches to attraction, retention, succession and rewards

» optimise the availability, use and distribution of collective statewide resources to sustain service delivery in smaller rural and remote locations

» build the digital literacy of the rural and remote health workforce to contribute to the success of broader digital health strategies

» connect rural and remote health workforce activities with broader government initiatives and infrastructure priorities to identify opportunities and align approaches

» continue to strengthen relationships with education providers to align supply with future demand

» mature statewide workforce management approaches to enable the sharing of resources to fill critical workforce gaps in rural and remote locations

» utilise the opportunities that rural and remote locations present to develop and train our emerging and future health workforce through exposure to a breadth of work.
Designing the workforce: Innovative models of care

Healthcare tasks, roles and teams are constructed in smart, safe and innovative ways. Workforce models harmonise with service models, digital innovation, workforce supply and the needs of the rural and/or remote population.

Effective, contemporary design can be seen in efficient, inter-disciplinary, team-based practice. System enhancements enable optimised roles and new workforce designs to flourish.
Population diversity

Diverse characteristics of populations require the workforce in rural and remote locations to be tailored towards the local model of care in place for that service. These models of care are likely to be influenced by a combination of strategic directions, service plans and operational plans of the HHSs. Given this, the four rural and remote HHSs require different workforce solutions to respond to unique operational requirements.

Care close to home

Rural and remote HHSs strive to deliver services as close to consumers’ place of residence as is safe and appropriate. To do so requires building a strong generalist workforce with advanced practice skills where required. To achieve this vision, practitioners must be encouraged, supported and enabled to operate at full scope of practice and where required, expand the scope of practice within appropriate clinical governance.

Technology

The use of technology such as telehealth is already well established in rural and remote locations and will continue to evolve as technology changes. Workforce models need to be positioned flexibly to enable the incorporation of new technologies where they improve patient outcomes and add to the model of care.

Using job design to streamline the consumer experience

Exposure to a breadth of tasks and activities presents unique opportunities for rural and remote HHSs to act as training hubs to support workforce education and training and positively contribute to the capability of the broader health system in the longer-term. This includes embracing models of care that consider the increased use of a range of roles including rural medical generalists, nurse practitioners, multidisciplinary health workers, Indigenous health care workers including Aboriginal and Torres Strait Islander health practitioners, allied health rural generalists, physician assistants, rural and remote practice nurses, dual qualified registered nurse/paramedics and paramedics in service models.

The lessons from current workforce development programs like the rural medical generalist can inform other streams when developing further rural generalist models. The continued development and implementation of the clinical generalist is central to designing future rural and remote labour capability and sustainability.

Considerations

There are specific challenges associated with responding to some priority health needs and the delivery of speciality services in rural and remote centres particularly in the area of mental health, alcohol and other drugs. Models of care also need to factor the uniqueness of communities including the consideration of local Aboriginal and Torres Strait Islander communities, economic conditions and the level of access to private sector services.
## Initiatives for implementation: Designing the workforce

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>OUTCOMES</th>
</tr>
</thead>
</table>
| 1.1        | » HHSs, Department of Health (DoH), professional associations, colleges and other external stakeholders collaborate to build fit-for-purpose and sustainable rural generalist workforce models including providing expanded rural generalist training opportunities.  
» Develop and implement a structured rural and remote practice pathway for nursing in partnership with education providers to enhance the future sustainability of the workforce.  
» Continue the implementation of allied health rural generalist training positions; progress the rollout of HHS-sponsored training positions; and develop and trial a formal allied health rural generalist education program in partnership with education providers.  
» Continue to embed and integrate the medical rural generalist pathway. |
| 1.2        | » Identify opportunities and areas of value to implement flexible workforce models and sharing of collective resources in rural and remote locations to better sustain continuity of service delivery.  
» Support workforce development to deliver priority health services for rural and remote communities such as mental health, maternity services, aged care and perioperative services.  
» Integrate private, non-government organisation, telehealth and specialty services into collaborative workforce solutions. |
| 1.3        | » Better utilise the Aboriginal and Torres Strait Islander health practitioner (ATSIHP) role including its role in delivering services to compliment activities undertaken by Indigenous Health Workers.  
» Progress initiatives to modernise supporting regulation and clinical governance frameworks in support of contemporary service models.  
» Embed the ATSIHP role in rural, remote and Indigenous communities as an education and career pathway and utilise it to facilitate clinical and cultural integration into new and emerging models of care. |
| 1.4        | » Identify and capitalise on opportunities to utilise telehealth services to deliver emergency, specialist and subspecialist advice and support to minimise retrieval, identify and manage patient deterioration, increase local clinical capacity and improve patient outcomes. |
| 1.5        | » Explore the merit and development of a versatile support worker role/s which can flexibly support nursing and allied health by undertaking a broad scope of delegated tasks tailored to rural and remote service models.  
» Pending merit of the role/s, position the role/s as an established entry point into the health workforce with an educational and career pathway with increased promotion of pathway to school leavers in rural communities. |
### Measures of success

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Develop/expand and continue to progress rural generalist workforce models for medicine, nursing and allied health professions.</td>
<td>» Rural generalist workforce models developed, implemented and available to use in multiple professional contexts and geographic locations.</td>
</tr>
<tr>
<td><strong>1.2</strong> Strengthen workforce capacity and capability to deliver priority services in rural and remote communities.</td>
<td>» Critical workforce gaps in priority services are understood, planned for and managed effectively.</td>
</tr>
<tr>
<td><strong>1.3</strong> Further embed the Aboriginal and Torres Strait Islander health practitioner role in Queensland Health.</td>
<td>» The Aboriginal and Torres Strait Islander health practitioner (ATSIHP) is enabled to sustain as a viable role and career pathway.</td>
</tr>
<tr>
<td><strong>1.4</strong> Increase integration of telehealth services into models of care.</td>
<td>» The use and application of telehealth services is considered in the design of all jobs and workforce models.</td>
</tr>
<tr>
<td><strong>1.5</strong> Develop workforce models and job designs that can support a range of professional disciplines in the rural and remote sector.</td>
<td>» Workforce models factor a broad range of existing, new and emerging possibilities to improve service delivery.</td>
</tr>
</tbody>
</table>
2. Enabling the workforce: A contemporary workplace

Innovative, streamlined work practices are supported by effective legislative, regulatory, policy and funding frameworks.

Employment arrangements promote workforce quality, flexibility and sustainability.

The workplace

Building sustainable workforces in rural and remote locations requires contemporary supporting infrastructure and processes.

Employment policies and practices, as well as regulatory mechanisms, need to be responsive and flexible, to utilise the rural and remote workforce to its full capacity.

A range of environmental factors drives the engagement of staff and associated attraction and retention. The current and future workforce expects working conditions and an environment that values and respects their contribution and work that challenges and utilises them in accordance with their capability.

Addressing short-term critical shortages

Filling critical workforce shortages at short notice is anticipated to be an ongoing issue for rural and remote HHSs.

Historically, rural and remote HHSs have relied on agency and locum strategies for short and long term recruitment which has a significant cost impost.

A shift towards a better balance between agency/locum led models to a more sustainable workforce model where longer term appointments supplemented by more cost-effective shorter-term strategies is proposed.
**Rural and remote staff accommodation**

The Queensland Government provides access to housing for some staff and students in rural and remote locations. The quality and quantity of housing stock varies across the state including the four rural and remote HHSs.

The quality, accessibility, safety and flexibility of housing and accommodation options is known to influence the engagement of staff and associated attraction and retention in rural and remote locations.

Access to accommodation is often an issue for students who are interested in undertaking clinical placements in rural and remote health services and their supervisors. Fragmented management of housing and accommodation where access may be gained via the HHS, the relevant university or on the private market, results in varied costs to students.

**Information and communications technology**

Access to rural telehealth services has advanced in recent years and facilities now have excellent hardware and infrastructure in place, however, broadband supply and maintenance is a limiting factor to its full utilisation.

Staff education is improved when staff have access to HHS based and private dwelling internet access. The current and future workforce expect and require access to broadband capability for family and peer to peer communication, communities of practice, education and professional development to minimise the impact of isolation.

Individual clinician perception of digital health can vary and therefore influence the uptake of telehealth systems and eHealth programs. A system-wide approach to embedding telehealth into clinical practice, in alignment with broader eHealth strategies, is particularly important for rural and remote areas to ensure technology, where it’s most needed, is not driven by the experience or preference of the clinician.
### Initiatives for implementation: Enabling the workforce

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>OUTCOMES</th>
</tr>
</thead>
</table>
| **2.1** Address barriers to workforce shifts and skill accessibility. | » Identify and address barriers that inhibit short term release of staff to areas of critical workforce shortage.  
» Identify opportunities to establish partnerships between rural and remote HHSs and larger HHSs to support staff backfilling, workforce shifts, training and professional development.  
» Capitalise on opportunities to build capability, transfer knowledge and improve accessibility to skilled clinicians to reduce patient flow to major health centres. |
| **2.2** Implement priority employment placement for partners employed in rural and remote HHSs. | » Collaborate with and connect existing government support systems that are in place for workforce relocating to rural and remote sectors such as education, defence and police to contribute to the Employee Value Proposition. |
| **2.3** Improve housing accommodation in rural and remote locations. | » DoH and HHSs partner to assess the housing and accommodation situation in each HHS for discussion with the Department of Works and Housing (DWH).  
» Partner with DWH and other interested state Government departments that have a stake in the development, provision and/or use rural and remote housing for staff. |
| **2.4** Improve access to consistent broadband plus Wi-Fi service for health professionals. | » Increase the number of staff with 24 hour network access to enable family, social and professional communication, training, education and professional development.  
» Identify and capitalise on opportunities, synergies and priorities having consideration of broader established eHealth strategies and/or Government infrastructure initiatives. |
## Measures of success

<table>
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<tr>
<th>INITIATIVE</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td><strong>2.1</strong> Address barriers to workforce shifts and skill accessibility.</td>
<td>» Barriers that inhibit short term release of staff to areas with critical workforce shortages are identified, considered, assessed and addressed, where able, within regulatory approvals.</td>
</tr>
<tr>
<td><strong>2.2</strong> Implement priority employment placement for partners employed in rural and remote HHSs.</td>
<td>» Existing government support systems in place for workforce relocating to rural and remote sectors are identified and used to their full capacity.</td>
</tr>
<tr>
<td><strong>2.3</strong> Improve housing accommodation in rural and remote locations</td>
<td>» The impacts and influence of housing accommodation are understood and factored into the design of attraction and retention strategies.</td>
</tr>
<tr>
<td><strong>2.4</strong> Improve access to consistent broadband plus Wi-Fi service for health professionals.</td>
<td>» Increased number of staff with 24 hour network access to enable family, social and professional communication, training, education and professional development.</td>
</tr>
</tbody>
</table>
Strengthening the workforce: A responsive, capable and sustainable workforce

Connections between stakeholders in healthcare, education, training and professional development are strengthened, optimising responsiveness to changing sector requirements. Educational pathways and clinical practice programs are streamlined and enhanced. Healthcare sector workplaces prepare and develop existing and emerging leaders to cultivate supportive, efficient and sustainable workplace cultures.

Orientation and induction programs, as well as the mechanisms for ongoing education and professional development training are essential to the attraction, retention and enduring capability of the rural and remote health workforce.

The workforce in rural and remote health facilities benefit from access to locally delivered professional development and access to locally delivered training programs including the use of videoconference, simulation labs and virtually located clinical educators. This approach improves access whilst reducing the travel and cost pressures associated with training abroad.

Preparing our future workforce for rural and remote service

Significant research within the health sector has shown that a positive experience of a clinical student in a rural and remote placement has a strong influence on the return of graduates to the sector. The evidence is even more compelling when the clinical placement is the last year of their undergraduate study. Positive rural and remote clinical placement experiences increase the number of graduates who indicate first preferences for rural and remote locations.

Many other personal factors influence attraction to a rural and remote setting including, whether the spouse has a rural background or career, age of children and career stage.

A literature review has been undertaken for this project and is available from the Workforce Strategy Branch, Department of Health, Queensland.
Long–term attraction and retention

It is anticipated that the coordination of processes and talent pools for difficult to fill positions may positively influence individual HHS successes in filling these positions. The development of statewide talent pools and marketing campaigns with appropriate orientation and on-boarding programs are critical to recruitment success in rural and remote locations. Applying a broader perspective of the individual drivers of potential employees and their families, including living amenities, partner employment opportunities and education for children, provides a stronger offering.

In some communities, the loss of one key health professional may produce considerable service delivery issues. Identification of existing successful approaches by other organisations should be in scope for Queensland Health to explore and where possible learn from and leverage.

Furthermore, clinical staff require access to ongoing and appropriate professional development opportunities. Capitalising on opportunities to improve local access to professional development, including utilising the proposed University Department of Rural Health (UDRH) for southern Queensland, can contribute to the attraction for clinicians wanting to pursue clinical careers in rural and remote areas.

Staff education and skill maintenance in rural and remote areas

Skill maintenance in rural practice has a major influence on recruitment and retention of clinical staff. Professional isolation may be experienced in rural and remote locations which can negatively affect the clinician and the community. Interventional skills such as obstetrics/midwifery and perioperative skills have been identified as areas requiring ongoing skills maintenance.

Leadership training for clinical leads, particularly those that are relatively inexperienced, has been identified as an area for improvement. A multi-disciplinary approach to education and training is required to align with the model of care provided in rural and remote settings. The integration of higher education providers into rural and remote settings via the UDRH has been proven to be successful in North West HHSs and is anticipated to be of great benefit to southern Queensland when established.
Initiatives for implementation: Strengthening the workforce

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>OUTCOMES</th>
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</thead>
</table>
| **3.1** Increase rural and remote clinical exposure to students and post graduate clinicians. | » Provide a more positive experience for students and early career practitioners through increased support and post graduate exposure to rural and remote rotations and upskilling programs.  
» Build on and add to existing programs, including those offered by the Darling Downs HHS, Cunningham Centre and Rural and Remote Clinical Support Unit as well as the use of ‘long look’ placements and UDRH engagement.  
» Support made available for clinicians’ to access mentoring resources to assist them in their role as supervisor and mentor to students and graduates, similar to the ‘Flying Start QH’ program. |
| **3.2** Increase the uptake of DoH training programs to improve leadership skills in rural and remote locations. | » Increased uptake of the DoH health leadership and management development programs and exposure to culture improvement strategies for clinicians (specifically mental health).  
» The delivery of leadership courses is aligned prior to commencement or as soon as possible after commencement in a service.  
» Leadership programs incorporate Aboriginal and Torres Strait Islander cultural capability specific to the area the staff member will be employed. |
| **3.3** Support digital literacy of the rural and remote health workforce. | » Incorporate digital literacy capability into baseline professional development and training approaches including mandatory training.  
» Digital literacy training/development programs include how the technology complements the model of care for the specific clinician.  
» Implement a consistent practice framework and record management approach to the use of telehealth to maintain patient safety. |

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2 Flying Start Queensland Health is a web-based program designed to increase the confidence and competence of new starter allied health professionals. It is learner-directed, with an emphasis on building a progressive portfolio of professional development evidence through reflective learning activities. The resource has been developed to complement professional support practices such as supervision and mentoring. http://qheps.health.qld.gov.au/cunningham-centre/html/ah-flying-start.htm
### Embracing opportunities

#### 3.4

**Initiative:** Embed a collective strategic recruitment approach between DoH and HHSs.

**Outcomes:**
- A ‘Strategic Recruitment’ collaborative community of interest to facilitate the identification and development of actions to attract talent to those rural and remote HHSs that are having difficulties with recruitment.
- Development of a marketing strategy to schools, higher education providers and current employees to consider rural and remote practice as a career option both in short and longer terms.
- Capitalise on the economies of scale to be achieved from a whole of Queensland Health approach in improving rural and remote recruitment.
- Align supply strategies to the implementation of the *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026* to increase Indigenous workforce participation.

#### 3.5

**Initiative:** Improve on-boarding processes for clinical placement students and staff.

**Outcomes:**
- Staff and students have improved access to social and professional mentors (internal and external) to improve the on-boarding experience.
- Consideration and utilisation of a range of on-boarding approaches that can be tailored to specific circumstances.
- HHSs support a culture where virtual peer networking is encouraged and facilitated and is complimentary to formal on-boarding processes.

#### 3.6

**Initiative:** Implement succession planning for key health roles.

**Outcomes:**
- Succession planning tools and processes are developed and embedded as an ongoing workforce management imperative.
- Critical roles and hard to replace skills are clearly identified. Actionable succession management plans are developed and maintained.
- Career pathways, supply strategies and development strategies consider identified succession risks to manage risk effectively.
- ‘Grow your own’ programs are designed, marketed and integrated with school based and tertiary education programs to provide clear education and employment pathways for local communities.
- Identify opportunities to upskill high-potential community members to meet the entry requirements of vocational education and training (VET) and university programs through tailored education pathways.
- Critically analyse and compare the enduring resource implications of overseas recruitment and ‘grow your own’ programs.

#### 3.7

**Initiative:** Review rural incentive programs across HHSs.

**Outcomes:**
- Critically analyse rural incentives programs and work arrangements to optimise positive employment outcomes including an analysis of expectations against reality for rural and remote clinicians.

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7 Use of organisational psychologists to mentor staff in transitioning to rural and remote settings has in the past demonstrated improved retention for health professionals who had no personal rural and remote background.
### Measures of success

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong> Increase rural and remote clinical exposure to students and post graduate clinicians.</td>
<td>» Students and early career practitioners have access to mentors and post graduate exposure to rural and remote rotations and upskilling programs.</td>
</tr>
<tr>
<td><strong>3.2</strong> Increase the uptake of DoH training programs to improve leadership skills in rural and remote locations.</td>
<td>» Increased uptake of the DoH health leadership and management development programs.</td>
</tr>
<tr>
<td><strong>3.3</strong> Support digital literacy of the rural and remote health workforce.</td>
<td>» Digital literacy capability is incorporated into baseline professional development and training approaches including mandatory training.</td>
</tr>
<tr>
<td><strong>3.4</strong> Embed a collective strategic recruitment approach between DoH and HHSs.</td>
<td>» An enduring ‘Strategic Recruitment’ collaborative community of interest is established to facilitate the identification and development of actions to attract talent and the future workforce to rural and remote HHSs.</td>
</tr>
<tr>
<td><strong>3.5</strong> Improve on-boarding processes for clinical placement students and staff.</td>
<td>» A range of on-boarding approaches are available that can be tailored to specific circumstances is available for HHSs to utilise.</td>
</tr>
<tr>
<td><strong>3.6</strong> Implement succession planning for key health roles.</td>
<td>» Succession planning tools and processes are developed and embedded as an ongoing workforce management imperative.</td>
</tr>
<tr>
<td></td>
<td>» Critical roles and hard to replace skills are clearly identified. Actionable succession management plans are developed and maintained.</td>
</tr>
<tr>
<td><strong>3.7</strong> Review rural incentive programs across HHSs.</td>
<td>» Analysis undertaken to understand drivers of employee engagement in rural and remote areas including the correlation between existing incentive programs.</td>
</tr>
</tbody>
</table>
Advancing rural and remote health service delivery through workforce
4. Keeping connected: A common purpose

Strong relationships between health workforce stakeholders enable information sharing and the cultivation of a common understanding about priority issues.

A culture of partnering and integration leads to the breaking down of silos and the development and ownership of shared solutions.

The communication imperative

Greater communication and coordination is required between national, state and other service providers to improve service delivery in rural and remote locations.

Increased collaboration will lead to decreased duplication of services and more efficient use of staffing and funding resources.

Some rural and remote sites already have strong partnerships but in some cases these rely on personal relationships that can be easily eroded due to turnover.

Development of formalised partnerships between individual HHSs and between HHSs and external partners is anticipated to streamline service delivery through access to broader perspectives and collective workforce management. In addition it will contribute to better health outcomes for those in rural and remote communities.
## Initiatives for implementation: Keeping connected

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1</strong></td>
<td>» Develop and implement a structured program of communication, consultation and engagement, including a schedule of regular stakeholder forums.</td>
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<td></td>
<td>» Formalise links with local and regional workforce planning activities to enable integrated planning.</td>
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<td></td>
<td>» Utilise established forums such as the rural and remote statewide clinical network, to monitor and evaluate the progress and outcomes of initiatives.</td>
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<tr>
<td><strong>4.2</strong></td>
<td>» Undertake stakeholder mapping and determine appropriate platforms for enhanced connection, including committees, forums, private/public/Primary Health Networks and digital mechanisms.</td>
</tr>
</tbody>
</table>

**Strengthening our existing approach**

Enable stakeholders to contribute to and inform the implementation of workforce strategies.

**Embracing opportunities**

Grow connections between health workforce stakeholders.
### Measures of success

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>4.1 Enable stakeholders to contribute to and inform the implementation of workforce strategies.</td>
<td>» Key stakeholders have ongoing engagement to monitor and evaluate the progress and outcomes of initiatives.</td>
</tr>
<tr>
<td>4.2 Grow connections between health workforce stakeholders.</td>
<td>» Roles and responsibilities for workforce strategy, planning and management functions are clearly defined and linkages formalised.</td>
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</table>