

Policy Brief

Achieving Collaboration of Health Service Providers to Improve Rural Health Workforce Outcomes

Scope of the Problem

A deficit in health workforce supply contributes to inequity of health outcomes and health access in rural and remote communities. Rural health workers in Australia report a need for role security, greater support for respite and self-care, more localised and tailored training, more professional and contemporary management practices, and express an overall disenchantment with health leadership (NSW Rural Doctors Network, 2018). Competition, brought about by limited resources, changing health priorities and commissioning processes, threatens the ability of rural organisations to secure and sustain a capable health workforce that is appropriate and responsive to local community needs. Collaborative activities enable organisations and their workforces to better position themselves to provide integrated care to meet local health needs.

Levers for Change

The “Healthy Collaboration” Framework (Colbran, Ramsden, Coates, et al., IHWC 2019) makes use of policy levers in four main categories, with learnings:

Education & Training

A strong rural health workforce is sustained through two main streams. A “Grow Your Own Workforce” approach focuses on attracting, developing and retaining local rural residents to create a sustainable pipeline of workers. Deliberate inclusion of local Indigenous community members helps to develop a local workforce ready to provide culturally safe care. Alternatively, when external recruitment is required, rural immersion training experiences engage local communities and envision the region as a training ground for locally appropriate integrated care.

Funding, Financing & Remuneration

Funding models should encourage fit-for-place health service delivery, designed by the community for the community. A flexible health workforce remuneration model may help to foster sustainable employment solutions to meet individual and community needs, particularly in rural regions where need may not support full-time employment. Solutions may include innovative business models, co-funded roles, and remuneration plans which enable health practitioners to work to the top of their scope of practice.

Governance & Regulation

Communities working within regional collaboratives are central to designing the local rural health system. Shared governance models will create opportunities for identifying local health needs, designing fit-for-purpose education, establishing collaborative recruitment approaches and developing flexible models of care which together can lead to a fit-for-place workforce.

