

Workforce Planning & Prioritisation Program

PHN Strategic Positioning Paper

Prepared by Workforce Planning & Prioritisation Organisations (WPPOs)

Brisbane North PHN
Murray PHN
Capital Health Network
NTPHN
Western Australia Primary Health Alliance (WAPHA)

In consultation with

The PHN Cooperative

For Further Information please contact

Libby Dunstan
CEO
Brisbane North PHN
Libby.Dunstan@brisbanenorthphn.org.au

Workforce Planning & Prioritisation Program

PHN Strategic Positioning Paper

Background

To support the transition to college-led General Practitioner (**GP**) training, the Australian Government's Department of Health and Aged Care (**DoHAC**) funded the establishment of Workforce Planning and Prioritisation Organisations (**WPPOs**) to provide guidance and recommendations regarding workforce and training needs for GPs.

The GP Workforce Planning and Prioritisation Program (**GP WPPP**) commenced in August 2022 and is funded by the DoHAC to December 2025. The robust, evidence-based and independent advice provided by the WPPOs to the DoHAC:

- informs the distribution and placement of GP registrars for the Australian General Practice Training (**AGPT**) Program delivered by the Australian College of Rural and Remote Medicine (**ACRRM**) and The Royal Australian College of General Practitioners (**RACGP**),
- enables the DoHAC to set distribution targets, and
- outlines the support that Registrars require at the various stages of their training.

Primary Health Networks (**PHNs**) are leading or actively engaged in the GP WPPP in their respective jurisdictions.

Introduction

The purpose of this paper is to highlight the capability and capacity that the PHNs have developed through their leadership and contribution to the GP WPPP. The GP WPPP has enabled the PHNs to develop a methodology that:

- capitalises on their ability to assess population health needs,
- leverages their local knowledge of primary health care provider capacity, and
- prioritises communities that would benefit from GP Registrar placements and identifies where other workforce solutions would be more appropriate.

Supporting the PHNs to apply this methodology more broadly would drive health workforce enhancement and leverage the current primary health care reforms. The benefits would include improved access to primary health care, better equity of health outcomes and a more sustainable primary health care workforce across Australia.

Alignment with PHN core functions

The PHN Strategy (2023-24)¹ articulates the purpose, objectives and key functions of the PHNs. To support the achievement of the quintuple aim of successful health reform, the PHNs deliver three core functions, namely:

- **Coordinate** and integrate health care services in collaboration with local hospital networks (LHNs) to:
 - improve quality of care and people's experience, and
 - provide for the more efficient allocation of resources;
- **Commission** primary care and mental health services to:
 - address population health needs and any gaps in service delivery, and
 - improve access and equity; and
- **Capacity-build** and provide practice support to primary care and mental health providers to enhance quality care delivery.²

Coordinate

Across Australia, the PHNs, state/territory governments and the DoHAC are formalising arrangements to undertake joint planning, deliver integrated care, and share data.

The Queensland-Commonwealth Partnership brings together partners, which includes the Queensland PHNs, to tackle system challenges that cannot be overcome by any one organisation³. A Joint Statement identifies three priority areas for action: Data and joint planning, Strengthening primary and community care, and Building a governance framework. Workforce is identified as a key enabler.

The NSW Primary Health Network – NSW Health Joint Statement⁴ is an agreement between the NSW PHNs, NSW Health and the DoHAC that encourages a one health mindset and is focused on three priority areas: focusing on care in the community, establishing regional planning processes and governance, and data and outcomes. The agreement includes consideration of one workforce that would operate as a collective workforce, regardless of organisational structures and funding mechanisms. The agreement also recognises the importance of integration at a regional level via joint planning, problem solving and designing shared care models.

The ACT Health System Council (**Council**) aims to improve service integration, planning and commissioning of services across the ACT health system. The Council provides advice on system leadership, health workforce issues, and performance and future directions of the health system⁵.

¹ <https://www.health.gov.au/sites/default/files/2024-04/primary-health-networks-phn-strategy-2023-24.pdf>.

² <https://www.health.gov.au/sites/default/files/2024-04/primary-health-networks-phn-strategy-2023-24.pdf>.

³ <https://www.health.qld.gov.au/system-governance/health-system/managing/queensland-commonwealth-partnership>.

⁴ <https://www.health.nsw.gov.au/integratedcare/Pages/joint-statement.aspx>.

⁵ <https://www.act.gov.au/directorates-and-agencies/act-health/governance-and-consultation/act-health-system-council>.

Reporting to the Council, the Workforce Working Group has workforce mobility across the Territory as one of its priorities.

The Victorian Government established Health Service Partnerships to drive shared expertise, achieve scale and coordination, and create common goals across public hospitals in Victoria⁶. The policy and guidelines underpinning the Health Service Partnerships recognise the importance of engaging and collaborating with the PHNs given their commissioning role across the primary care sector and broader health system. A key activity area for Health Service Partnerships in rural and regional settings is workforce. The Victorian Government has recently agreed to a network approach that will reorient the Victorian health system from a service-focused structure to regionalised authorities⁷. This change will enable more responsive population-based planning, improved coordination between geographically aligned services, and greater integration between the acute and primary care sectors. Thus, these changes present an opportunity for developing and supporting more joined-up workforce capability and solutions.

Integration between Primary Health Tasmania (Tasmania's PHN) and the Tasmanian Government Department of Health is well entrenched and is underpinned by a Primary Care Partnership Agreement and Annual Priority Plan (the **Plan**). The Plan's priorities include workforce planning and integrated responses to communities' needs. Joint governance arrangements support the implementation of the Plan and enable timely, collaborative responses to emerging issues taking account of local, State and national policies and priorities.

In South Australia, engagement with the Department of Health continues to evolve with a focus on governance arrangements. Formalised agreements with LHNs, that build on existing operational collaboration, are also being progressed.

The WA Primary Health Alliance is negotiating a joint statement with the Western Australia Government's Department of Health and the DoHAC. Workforce has been identified as a key priority for collaborative efforts, with a focus on addressing policy settings and funding challenges that inhibit a shared workforce across the primary and acute sectors.

In the Northern Territory, the Department of Health, Aboriginal Medical Services Alliance Northern Territory and NT PHN have agreed the Strengthening Our Health System Strategy 2020-2025⁸. The intent of this Strategy is to leverage opportunities emerging through digital health and new ways of working across the health system. One of the goals of the Strategy is to enable the workforce to improve current health care delivery approaches by upskilling and supporting the workforce to utilise digital technologies.

The above arrangements create an authorising environment for PHN collaboration with their respective LHNs (or equivalents) to undertake joint needs assessments and commissioning of services, and to utilise scarce primary care workforce resources effectively and efficiently.

⁶ https://www.vgls.vic.gov.au/client/en_AU/search/asset/1302523/0.

⁷ <https://www.health.vic.gov.au/research-and-reports/health-services-plan>.

⁸ https://health.nt.gov.au/__data/assets/pdf_file/0010/955495/Strengthening-our-Health-System-Strategy-2020-2025.pdf.

Commission

A needs assessment is the first stage in the broader PHN Commissioning Framework⁹. The needs assessment process involves the analysis of local and national health data, identifying service gaps, stakeholder and community consultation, assessing market factors and drivers of health services, and determining priorities.¹⁰

The procurement and monitoring phases of the commissioning cycle provide the PHNs with insights into the capacity, capability and performance of service providers. This intelligence includes workforce supply and provides data that is not readily available in the public domain, such as non-regulated health professionals and employment in the private and non-government sectors.

The processes that support the commissioning cycle have resulted in significant data analytics capability being attained by the PHNs. The PHNs have capitalised on the synergies between the needs assessment and GP WPPP data analytic frameworks. Furthermore, the PHNs have demonstrated their capacity to consider a range of factors that influence workforce sustainability for example community capacity (including child care and housing), and have sourced data to provide local insights on these factors. This data analysis capability has been enhanced by Primary Health Insights (PHI), which is a storage and analytics platform hosting de-identified general practice and other primary health data for most of the PHNs across Australia¹¹. The PHI provides access to tools that allow data processing, analytics and visualisation that could be utilised to inform place-based approaches to sustainable primary health care.

The commissioning cycle also invests heavily in stakeholder and community engagement. These trusted relationships which have been critical to the success of the GP WPPP to date, would be leveraged by the PHNs in undertaking a broader primary care workforce planning role.

Capacity-build

The PHNs have a track record of engaging with general practices to support the adoption of best practice approaches and the delivery of high-quality health services. This has been recognised by the DoHAC through the allocation of resources to expand this support to allied health professionals.

The National PHN Allied Health in Primary Care Engagement Framework¹² seeks to define the scope and role of PHN engagement with allied health. The Framework is structured around six key priority areas including advocacy and support for better data integration of allied health into data and digital systems, and developing and implementing strategic approaches to workforce planning.

The National Allied Health Engagement Toolkit¹³ is being developed in response to the Framework's recommendations. It will support engagement between the PHNs and the allied health sector by

⁹ <https://www.health.gov.au/sites/default/files/documents/2021/06/primary-health-networks-phns-commissioning-information-sheet-overview.pdf>.

¹⁰ https://www.health.gov.au/sites/default/files/documents/2021/07/primary-health-networks-phns-needs-assessment-policy-guide_0.pdf.

¹¹ <https://phinsights.squarespace.com>.

¹² <https://hneccphn.imgix.net/assets/src/uploads/resources/The-National-PHN-Allied-Health-in-Primary-Care-Engagement-Framework.pdf>

¹³ <https://thephn.com.au/news/national-allied-health-engagement-toolkit-development-program-launch>.

providing practical resources and guidance to support allied health professionals and their practices to engage with local health systems, PHN programs and government primary care initiatives. The toolkit will be supplemented by an Implementation and Change Management Plan to guide the PHNs in applying the Toolkit.

The role of the PHNs in supporting implementation of the Strengthening Medicare 2023-24 Budget initiatives such as MyMedicare, the Workforce Incentive program – Practice Stream, PHN commissioning of multidisciplinary teams, and wraparound care for frequent hospital users aligns well with a focus on workforce planning for general practices.

The GP WPPP has demonstrated the PHNs' ability to successfully engage with the DoHAC, RACGP, ACRRM, rural workforce agencies, ACCHOs/AMSs, LHNs, general practices, GP registrars, local government, and consumer agencies to:

- validate the outputs of data analysis,
- prioritise GP registrar workforce recommendations, and
- identify alternative workforce solutions.

This collaborative approach utilised by the PHNs could be harnessed for broader primary care workforce planning.

An expansion of the GP WPPP scope to the general practice and broader primary health care workforce would align strongly with the core functions of the PHNs and support the achievement of the PHN Strategy.

Australian Government primary health care reforms

The Strengthening Medicare Taskforce Report¹⁴ provides the blueprint for primary health care reform in Australia. This Report recognises the benefits of multidisciplinary teams of health care professionals working to their full scope of practice to deliver prevention, early intervention and ongoing health care. The Report's recommendations include:

- an increased investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, and
- an increase in the commissioning of allied health and nursing services by the PHNs to supplement general practice teams in underserved and financially disadvantaged communities.

The Australian Government has responded to these recommendations in the form of new policies, programs and budget initiatives, many of which are being implemented by the PHNs.

An Environmental Scan (see Attachment 1) further examines Commonwealth, state and territory workforce plans, strategies and reviews, to assess the alignment and opportunity that an extension of

¹⁴ https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf.

the GP WPPP methodology to general practice and primary health care workforce planning would provide.

The key role of the PHNs in implementing the Australian Government's primary health care reforms would be strengthened with a remit to undertake primary health care workforce planning. The PHNs' ability to co-design local solutions that leverage government incentives and programs would facilitate a more coherent approach to achieving policy objectives.

Alignment with National Health Reform Agreement Addendum

The Mid-term Review of the National Health Reform Agreement Addendum 2020-2025 Final Report (the **Report**)¹⁵ recommended a nationally consistent governance framework to drive greater alignment and collaboration between PHNs, LHNs and ACCHOs.

The Report recommended that the future Agreement detail how the Commonwealth, State and Territory health departments, PHNs, LHNs and ACCHOs will work together on joint planning and commissioning. Furthermore, the Report noted the need to find a more effective and responsive way to manage the interface between the primary and acute care sectors and recommended collaborative planning at the local level. Whilst the next Agreement is currently being negotiated, it is anticipated that it will support the role of the PHNs working closely with LHNs to undertake workforce planning and solutions development.

Leveraging the GP Workforce Planning and Prioritisation Program

The DoHAC has invested \$42 million over four years to support the implementation of the GP WPPP. The key deliverables of this Program are:

- Workforce Needs and Training Capacity Reports that provide advice and analysis to inform the distribution and placement of AGPT Registrars, and
- Training Pathways Reports that will outline the support Registrars require at the various stages of their training.

PHN Collaboration

The delivery of the Workforce Needs and Training Capacity reports has demonstrated the ability of the PHNs to share and learn from each other as they worked collaboratively to develop a nationally consistent Data Framework. The PHNs have also applied a standardised governance approach that includes stakeholder advisory committees. The contextual advice and qualitative insights provided by these advisory committees are underpinned by trusted relationships with the PHNs, which have contributed to the utility of the reports and the continuous quality improvement approach to the GP WPPP.

¹⁵ <https://www.health.gov.au/sites/default/files/2023-12/nhra-mid-term-review-final-report-october-2023.pdf>.

Incorporating other general practice fellowship pathways

The GP WPPP methodology could be expanded to encompass other General Practice fellowship pathways such as the Rural Generalists Training Scheme and the Remote Vocational Training Scheme. Noting the General Practice Fellowship Program Placement Guidelines¹⁶, the PHNs have worked collaboratively with the ACRRM and RACGP to develop a nuanced understanding of GP Registrar placement variables and have refined the Workforce Needs and Training Capacity Reports to enhance their useability.

Minimum dataset for primary health care workforce

By working in tandem with the DoHAC, the Australian Institute of Health and Welfare and healthdirect, the PHNs could drive the development of a minimum dataset for the primary health care workforce. This would address one of the key GP WPPP challenges of access to robust, real-time data.

The significant workforce planning capacity and capability that has been developed by the PHNs with the GP WPPP has the potential to create an even greater return on investment by expanding the scope to general practice and primary health care.

Place-based solutions

The PHNs are uniquely placed to utilise their population health needs data with the insights gained from the GP WPPP. Implementation of the GP WPPP has enabled the systematic capture of factors that support training pathways and contribute to workforce retention such as affordable accommodation and access to childcare. This information complements the on-the-ground knowledge of communities that the PHNs gather as part of their business-as-usual activities. This comprehensive picture of health needs, workforce capacity and community characteristics could assist PHN engagement with local stakeholders to develop innovative place-based primary health care solutions.

Expansion of the GP WPPP would provide the authorising environment for PHN leadership to address equity of access to high-quality primary health care services.

Addressing thin markets

The DoHAC uses the term ‘thin markets’ to refer to areas where access to healthcare services and workers is limited.¹⁷ The Australian Government is supporting a number of the PHNs to develop Service System Recovery Plans to address thin markets in their catchment areas.

Applying the GP WPPP methodology to general practice and primary health care would facilitate the PHNs adopting a whole-of-primary health care-system approach to workforce planning and solutions

¹⁶ https://www.health.gov.au/sites/default/files/documents/2022/10/general-practice-fellowship-program-placement-guidelines-fourth-edition_0.pdf.

¹⁷ <https://www.health.gov.au/our-work/working-better-for-medicare-review>.

development. The PHNs are uniquely placed to leverage a range of government workforce incentives. The PHNs also have the capability and relationships to act as regional workforce brokers across multiple sectors such as primary health care, acute care, and aged care and disability care. In doing so, many of the entrenched barriers that create and maintain thin markets could be addressed in a sustainable manner.

Supporting new models of care

The PHNs have well-established credentials in responding to the needs of their respective communities with the development and implementation of new models of care.

Multidisciplinary care

Expansion of the GP WPPP methodology to general practice and primary health care would allow the PHNs to utilise their commissioning expertise to develop and implement new models of multidisciplinary team-based care. This approach would leverage the PHNs' relationships with general practices and allied health professionals, and be supported by the Strengthening Medicare Budget initiatives. It would also align with jurisdictional approaches to regionally-based workforce planning and service delivery.

Sustainable models of care

The current health and care system governance and funding arrangements result in fragmented care across service delivery settings. The PHNs have the potential to drive a more integrated approach to health workforce planning and community-based solutions. These sustainable models of care will also harness telehealth, digital solutions and generative Artificial Intelligence to support the efficient utilisation of scarce health workforce resources.

The ability of the PHNs to test and evaluate new models of care would also provide an evidence base to inform ongoing primary health care workforce policies and reforms.

Challenges

Notwithstanding the enormous benefits that an expanded scope of the GP WPPP would bring to local communities, existing challenges would need to be addressed and potential issues mitigated.

The Health Demand and Supply Utilisation Patterns Planning (**HeaDS UPP**) tool provides access to a number of datasets including the Medicare Benefits Schedule (**MBS**), AGPT, Royal Flying Doctor Service Program, along with the National Health Workforce data set and the National Health Service Directory. It uses GP Catchments to reflect where people live and where they access health services¹⁸. HeaDS UPP has information on GPs, nurses and allied health and is updated every six to 12 months, with three-month refreshes for the WPPO.

¹⁸ <https://hwd.health.gov.au/resources/primary/heads-upp-factsheet-jan-2021.pdf>.

The HeaDS UPP tool provides access to primary care data in a consistent format across the 829 catchment boundaries. The tool's reliance on MBS data, however, means that the data from catchments where primary care providers do not utilise the MBS (such as state-funded services or ACCHOs) does not reflect the totality of service provision. This has made the task of complying with a nationally consistent data framework very challenging for those PHNs with remote communities. A bespoke framework for remote Australia could be developed to address this problem.

The GP Catchments are unique geographical boundaries, and it is difficult to align data collected at this level with other data collected at the SA3 or local government area levels. In some jurisdictions, the GP Catchments encompass highly variable micro geographies, for example, a catchment including part of the mainland and islands. Furthermore, much of the planning that the PHNs undertake is at the community/town level or a state/territory region level which also does not align with GP catchments.

The intent of the revised Workforce Incentive Program – Practice Stream and PHN-commissioned allied health services is to improve access to nursing and allied health services. Consideration should be given to capturing this service provision data in a manner that informs primary care health workforce planning.

The PHNs have successfully engaged with numerous stakeholders to inform and validate the GP WPPP Workforce Needs and Training Capacity Reports. Expanding the scope of PHN workforce planning to general practice and primary health care will necessitate a bigger stakeholder cohort for the PHNs to engage with. The PHNs could leverage existing processes that inform their needs assessments for this additional intelligence.

The GP WPPP attempted to align reporting timeframes with the requirements of the two colleges for the placement and allocation of GP registrars to general practices. Expanding the scope of workforce planning and prioritisation to general practice and primary care would require a more flexible approach to reporting timeframes. Noting the rapid changes in workforce status that often occur, particularly in rural and remote communities, it may be worth considering a real-time primary health care workforce minimum data set. The data from HeaDS UPP, the Australian Bureau of Statistics and the MBS is regularly updated (i.e. on a quarterly, six-monthly or annual basis). The PHNs have contemporary knowledge of changes in the general practice workforce that is captured in their customer relationship management systems that could be utilised in a broader primary health care dataset.

The data on allied health professionals that are working in primary health care as private providers is not easily accessible, particularly for non-regulated allied health professionals. The PHNs do have variable data capture on this segment of the workforce. This is anticipated to improve with implementation of the revised Workforce Incentive Program – Practice Stream and the PHN-commissioned allied health services. The data improvements will significantly enhance the workforce planning and prioritisation capability of the PHNs.

Risks

As outlined in the challenges section, access to timely and fit-for-purpose data is the biggest risk associated with the expansion of the GP WPPP to general practice and primary health care workforce planning.

Workforce planning in Australia is fragmented, with the Australian Government, state and territory governments, professional organisations, universities and service providers all having staked a claim. A mandate for PHN responsibility for general practice and primary health care workforce planning might not be recognised by many of these agencies and there could be ongoing duplication of effort.

Key messages

Broadening the scope of the GP WPPP would align with the role of PHNs to co-design and deliver innovative and responsive models of care in their local communities. These models have the potential to embed primary health care reform and enable a strengthened primary health care system by utilising the following capabilities of the PHNs:

- ability to identify population health needs;
- knowledge of local workforce capacity;
- facilitation of co-designed community-based solutions; and
- relationships with LHNs, commissioned service providers and consumers.

These models of care will drive the delivery of health care in the right place by the right health professional, thus contributing to more equitable health outcomes, greater consumer and provider satisfaction, and the more efficient and sustainable use of healthcare resources.