



Australian Government

Department of Health

RURAL WORKFORCE AGENCY VICTORIA

Health Workforce Needs Assessment 2022-23



Document Overview

Overview

The Rural Health Workforce Support Activity (the Program) agreement has been extended to 30 October 2023. The objective of the Rural Health Workforce Support Activity is to contribute to addressing health workforce shortages and maldistribution in regional, rural and remote Australia. The expected outcomes of the program are on meeting current and future community health workforce needs through workforce planning. This is done by:

- Identification of needs and undertaking activities in three priority areas:
 - **Access** – improving access and continuity of access to essential primary health care;
 - **Quality of access** – building health workforce capability; and
 - **Future planning** – growing the sustainability of the health workforce.
- Collaboration with relevant stakeholders such as Primary Health Networks and Aboriginal and Torres Strait Islander peak bodies, through establishing formal jurisdictional Health Workforce Stakeholder Groups (HWSG).
- Delivery of programs, including the Rural Locum Relief Program and Five Year Overseas Trained Doctors Scheme.
- National representation of rural workforce agencies and their interested, administered through sub-contracting arrangements to Rural Health Workforce Australia.

It is a requirement that the HWNA is approved by the appropriate delegate of the RWA and endorsed by the HWSG prior to being submitted to the department.

The information provided by RWAs in this report may be used by the department to inform program and policy development.

Reporting

The Needs Assessment report consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the Health Workforce Needs Assessment

Section 3 – Health Workforce Programs – Priority Activities

Section 4 – Health Workforce Programs – Other Activities

Section 5 – Eligible Health Professions

Section 6 – Health Workforce Stakeholder Group

Section 7 – Endorsement

Section 8 – Checklist

Submission Process

The Health Workforce Needs Assessment report must be lodged to the Department via email: HealthWorkforceGrants@health.gov.au on or before **28th February 2022**.

Reporting Period

This Health Workforce Needs Assessment report will cover the period of 1 July 2022 to 30 June 2023 and will be reviewed and updated as needed.

Abbreviations

ACCOs – Aboriginal Community Controlled Organisation

ACRRM – Australian College of Rural & Remote Medicine

AGPT – Australian General Practice Training

CPD – Continued Personal Development

FTE – Full time Equivalent

GP – General Practitioner

HWNA – Health Workforce Needs Assessment

HWSG – Health Workforce Stakeholder Working Group

MDRAP – More Doctors for Rural Australia Program

PEP – Australian General Practice Experience Program

PHN – Primary Health Network

RACGP – Royal Australian College of General Practitioners

RHMT – Rural Multidisciplinary Training Program

RHW Census – The RWAV 2021 Victorian Rural Health Workforce Census

RHWSA – Rural Health Workforce Support Activity Program

RVTS – Remote Vocational Training Scheme

RWA – Rural Workforce Agency

RWAV – Rural Workforce Agency Victoria

SA3 – Statistical Area 3

VIC DHS – Victorian Department of Health

VRGP – Victorian Rural Generalist Program

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Section 1: Narrative on the process and key issues relating to the Health Workforce Needs Assessment

Rural Workforce Agency

The vision of Rural Workforce Agency, Victoria Limited (RWAV) is health equity for rural, regional and Aboriginal Victorians. RWAV's mission is to apply contemporary workforce development strategies that advance rural, regional and Aboriginal Victorians' access to high-quality health care.

For over 20 years, RWAV has delivered a comprehensive range of health workforce programs and services in rural and regional Victoria through funding from both the Australian and Victorian governments. In doing so, RWAV has established and maintained collaborative working arrangements and networks with key health workforce stakeholders in rural and regional Victoria.

Throughout 2021, RWAV has seen country Victoria's own unique set of challenges with further lockdowns due to COVID-19, the vaccine rollout and mandatory vaccinations for health care workers. Many RWAV operations including: recruitment, locum, grant, learning development and outreach programs were impacted by these changes. However, despite these challenges, RWAV has seen many successes.

In the 2020-21 financial year RWAV provided 1,155 grants to support the health workforce in country Victoria. This included grants such as the Health Workforce Scholarship Program funded through the Commonwealth Department of Health and the Medical Professional Development Grant funded by the Victorian Department of Health. Through the Rural Health Workforce Support Activity Program (RHWSA) grant funding RWAV has been able to provide grants such as the: Relocation and Retention Support Grant; Education Support Grant; General Practitioner (GP) Locum Support Grant; Practice Support Program Grant; and the Clinical Placement Grant. The provision of these grants and subsequent assistance to numerous areas has led to positive outcomes for communities.

There were 106 applications received for the More Doctors for Rural Australia Program (MDRAP) locations with 61 doctors progressing to a Fellowship or Training Pathway. 49 Achieved General Practice Fellowship. 104 doctors have been provided with learning and development funding and 103 doctors were placed with a supervisor to enable the doctor to continue practicing under appropriate supervision.

During the 2020-21 financial year, RWAV successfully recruited 28 GPs, 39 allied health professionals and 11 nurses to work in country Victoria. There was a total of 122 GP locums placed who provided 2,552 sessions. Twenty-six of these GP locum placements were in Aboriginal Community Controlled Organisations (ACCOs).

In addition to the RHWSA, RWAV delivers a range of services across its many other programs. Where permanent recruitment is not available, RWAV strategically uses outreach services to deliver appropriate healthcare to the communities most in need. In 2020-21, RWAV administered nine outreach programs. This resulted in 3,439 outreach visits, translating into 47,280 patient appointments. Some services were changed from face-to-face visits to telehealth services to enable health care delivery to continue during restrictions imposed by COVID-19. These activities were a significant contribution to meeting community health needs in country Victoria.

Before this Health Workforce Needs Assessment (HWNA) was undertaken, the RWAV Workforce Planning and Reporting Team reviewed the annual GP survey which led to rebranding, a shorter form, a clearer process and an expanded audience. The new audience included nurses, allied health professionals, non-GP specialists, community members as well as GPs. The new Victorian Rural Health Workforce Census (RHW Census) is RWAV's major data collection project and informs the HWNA, our planned activities and

prioritisation. This innovative approach has contributed to an improved picture of workforce distribution and community need for a range of health professionals.

To support the needs assessment process RWAV has engaged with the Victorian Health Workforce Stakeholder Working Group (HWSG) for the RHWSA program on a number of occasions. In February 2022 RWAV held three HWSG meetings with representatives for the Gippsland, Murray and Western Victoria Primary Health Network (PHN) regions. The purpose of these meetings was to: validate and triangulate the findings of the needs assessment; hear any local insights from HWSG members; provide updates on RHWSA program activity; and to have an opportunity

to discuss any topical health workforce issues the stakeholders may be aware of. In addition to this a state-wide meeting including all of the HWSG members was held in November 2021. The purpose of this meeting was to: share updates on the HWNA data collection methodology; hear contemporary workforce issues members may be experiencing, share RHWSA program updates, and to provide an overview of activity to occur in the priority locations in the upcoming activity workplan.

RWAV continues its commitment to support communities, health providers and health professionals in rural, remote and Aboriginal communities in Victoria.

Needs Assessment process and issues

This HWNA provides need identification through to options and opportunities. It does so by using an evidence-based and consultative approach that enables the choice of strategic actions regarding the access, quality and sustainability of the health workforce in regional and rural Victoria.

In order to determine the access, quality and sustainability needs of rural, regional and Aboriginal and Torres Strait Islander communities RWAV utilised data from the RHW Census and an adapted mini-Census to better capture information from ACCOs.

RWAV 2021 Victorian Rural Health Workforce Census

Census overview

The RHW Census was deployed to health professionals and community members in rural and remote regions of Victoria via an online form. The RHW Census was optional and confidential for the participants and consisted of both quantitative and qualitative questions on health workforce access, quality and sustainability.

After cleaning and processing, the RHW Census had 464 usable responses. This PHN region breakdown

was: Murray (n=151), Western Victoria (n=149), Gippsland (n=108), North Western Melbourne (n=29), Eastern Melbourne (n=15), South Eastern Melbourne (n=8), Murrumbidgee (n=3). The response occupations were GPs (n=201), Allied Health Professionals (n=147), Non-GP Specialists (n=48), Nurses (n=44) and other persons engaged in health service delivery (n=24). These responses were analysed at the geographical area of Statistical Area Three (SA3) to identify hotspot locations and their associated needs. The location of the health professional's workplace was used to represent the SA3 that was being assessed and analysed. Health professionals reported on the types of health professionals they needed in their community and how often they were required.

Method - Quantitative analysis

The quantitative questions in the census included questions on patient head counts and appointments, appointment length, health professional head counts, occupation needs, years worked and planned in rural areas, cultural safety training level, advanced skill levels and average hours worked. The outliers in the data were removed if they did not fall in the logical range i.e., a birth year of 7 was removed from the analysis. Means, standard deviations and counts were primarily used to assess the data.

These responses were broken down to PHN and SA3 to identify hotspot locations and their associated issues. The location of the health professionals work was used to represent the SA3/PHN that was being assessed and analysed. The identified health practitioner needs of an SA3/PHN area was based on the concordance of health professionals in that area as follows:

- A: highest need based on concordance of 5 or more health practitioners for any single SA3.
- B: second highest need, based on concordance of 3-4 health practitioners for any single SA3.
- C: Third highest need, based on the concordance of 1-2 health practitioners for any single SA3.

Adjustments were made for small sample sizes and data triangulation, which are denoted by *.

The full-time equivalent (FTE) of the need of the identified health professional also was calculated using the responses. Respondents were asked "how often" the professional that they identified was needed in their community with the following levels; 6 - More than one FTE, 5 - One FTE, 4 - 2-3 times a week, 3 - Once a week, 2 - A couple of times a month, 1 - Not required in the next 12 months, U – unknown. To calculate FTE, each need was assigned a value from 2-6 (1 - Not required in the next 12 months and U – unknown was not included in the calculation) and an average was taken. These averages were assigned an FTE as follows: $>5.7 = >1$ FTE, $[4.7-5.7) = 1$ FTE, $[3.7 - 4.7) = 0.5$ FTE, $<3.7 = 0.2$ FTE.

Method - Qualitative analysis

The census included 19 questions where respondents could provide qualitative feedback through an open textbox format. Data collected through the qualitative questions included; top drivers and barriers to providing positive health outcomes in your community, the population demographic affected, realistic and attainable solutions to address health workforce need, health services that are difficult to access, strongest factors for retaining health practitioners in rural and remote areas, challenges of working in rural and remote areas 10 years from now, retirement support needs if required, skills required

to support community health needs, and the option to comment on access, quality or sustainability in general.

Each question was analysed using inductive approach for analysis, in which themes were identified and coded according to the responses. This approach was semantic identifying themes based solely on what was explicitly stated. This allowed themes to emerge from the data without any preconception of what they would be. The qualitative responses were triangulated with the quantitative analysis described above. These insights were used to provide insights throughout the needs assessment, particularly where they relate to the identification of opinions, issues and solutions of workforce access, quality and sustainability.

Data Triangulation

Data identified in this needs assessment was triangulated with confidential counts of number of health professionals by SA3 location (HeadS UPP) and the number of services in an SA3 area (Healthmap).

As part of the needs assessment process, the findings of this census were confirmed with regional Health Workforce Stakeholder Working Groups to validate the findings and triangulate the data.

RWAV 2021 Rural Health Workforce Mini Census for ACCOs

Census overview

The mini-Census for ACCOs was a shortened version of the RHW Census, tailored to Aboriginal communities. Last year, responses from ACCOs were under-represented and the mini-Census was intended to breach this gap with face-to-face meetings. The mini census was optional and confidential for the participants but was administered in a group setting. RWAV staff met with ACCOs via online video conference due to COVID-19 and ran a workshop. The data was captured by the RWAV staff member. The Mini Census had responses from six different ACCOs from both regional and metro areas. The SA3's represented are Warrnambool, Brunswick – Coburg, Yarra Ranges, Albury, Grampians and Mildura.

Analysis

These responses were analysed at the geographical area of SA3 to identify hotspot locations and their associated needs for the Aboriginal Community. The location of the ACCO was used to represent the SA3 that was being assessed and analysed. ACCOs only reported on the types of health professionals they needed in their community.

Limitations

While the response rate of the Census was suitable to make deductions on the health workforce and its issues in rural and regional Victoria, RWAV aims for a higher participation and response rate for the Census. Some geographical locations were underrepresented in the Census due to low response rate, and RWAV sought to address these issues by sending personalised reminders to practices and participants to complete the Census.

Additional Data Needs and Gaps

There is a lack of granular information about the health workforce landscape in Australia required to make a quality assessment of needs year to year. Important factors like wait lists, patient loads and FTE of workforce at suburb or SA2 level needs to be made available to make a rational and sound assessment of the health workforce and its needs at a local and impactful level.

Optional Census/surveys are limited by the number and variety of respondents to factors like survey fatigue and do not capture the overall situation that is unfolding in rural areas. Data on Aboriginal communities and individuals has improved since last time but further improvements can be made.

Additional Comments or Feedback

The needs assessment is short term focused, where data is used for a twelve-month period. It may be beneficial to consider longer time frames and strategies that may be implemented over two to three years. A longer time period to action identified activity and meet needs would support RWAV in achieving the outcomes of this program. This is due to the long lead time required to make the substantial changes

identified and the significant resources RWAV needs to dedicate above business-as-usual activity. The needs assessment process also does not consider the change in needs over a period of a year, i.e., a need today might not be a need in 5 months and vice versa which can hinder the ability to provide support for groups that were not identified at the time of writing.

Section 2: Outcomes of the Health Workforce Needs Assessment

Table 1. Outcomes of the Health Workforce Needs Assessment - Access

Priority Area 1: Access		
Priority Area / Identified Need	Key Issue	Description of Evidence
Access Support	Reported need for General Practitioners workers due to workforce shortages	<p>GP of any type</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East o Gippsland – South West - Murray <ul style="list-style-type: none"> o Bendigo o Mildura o Murray River - Swan Hill o Upper Goulburn Valley o Wangaratta – Benalla o Wodonga – Alpine - Western Victoria <ul style="list-style-type: none"> o Ballarat o Barwon – West o Colac – Corangamite o Glenelg – Southern Grampians o Grampians <p>Fellow</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Murray <ul style="list-style-type: none"> o Bendigo - Western Victoria <ul style="list-style-type: none"> o Colac – Corangamite

Priority Area / Identified Need	Key Issue	Description of Evidence
		<ul style="list-style-type: none"> o Glenelg - Southern Grampians o Grampians <p>Locum</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Western Victoria <ul style="list-style-type: none"> o Barwon – West <p>Registrar</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Murray <ul style="list-style-type: none"> o Mildura <p>Visiting Medical Officer</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Western Victoria <ul style="list-style-type: none"> o Colac – Corangamite o Glenelg - Southern Grampians o Grampians <p>Vocational Register Practitioner</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - South West - Murray <ul style="list-style-type: none"> o Murray River - Swan Hill o Upper Goulburn Valley <p>Please refer to Table 2 – Need and full time equivalent of health professionals from the Rural Health Workforce Census for Rural SA3 regions. Pg. 24 - 39</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>

Priority Area / Identified Need	Key Issue	Description of Evidence
Access Support	Reported need for nurses due to workforce shortages	<p>Midwife</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Western Victoria <ul style="list-style-type: none"> o Barwon – West <p>Mental Health Registered Nurse</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - South West - Western Victoria <ul style="list-style-type: none"> o Grampians <p>Nurse Practitioner</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - South West - Western Victoria <ul style="list-style-type: none"> o Barwon – West <p>Registered Nurse</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Murray <ul style="list-style-type: none"> o Bendigo o Wangaratta – Benalla <p>A high need (A) for Nurses as a whole was identified in the Loddon – Elmore SA3 in the Murray PHN through conversations with the Health Workforce Stakeholder Group.</p> <p>Please refer to Table 2 – Need and full time equivalent of health professionals from the Rural Health Workforce Census for Rural SA3 regions. Pg. 24 - 39</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>

Priority Area / Identified Need	Key Issue	Description of Evidence
Access Support	Reported need for allied health professionals due to workforce shortages	<p>RWAV has identified multiple SA3 locations that require additional allied health professionals as identified by respective local health practitioners.</p> <p>Aboriginal and Torres Strait Islander Practitioners</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East <p>Counsellor</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - South West - Western Victoria <ul style="list-style-type: none"> o Grampians <p>Diabetes Educator</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East - Western Victoria <ul style="list-style-type: none"> o Creswick - Daylesford - Ballan <p>Dietitian</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Baw Baw o Gippsland – East - Murray <ul style="list-style-type: none"> o Bendigo - Western Victoria <ul style="list-style-type: none"> o Grampians

Priority Area / Identified Need	Key Issue	Description of Evidence
Access Support	Reported need for allied health professionals due to workforce shortages	<p>Exercise Physiologist</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East <p>Occupational Therapy</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - East o Wellington - Murray <ul style="list-style-type: none"> o Mildura - Western Victoria <ul style="list-style-type: none"> o Ballarat o Glenelg - Southern Grampians o Grampians <p>Physiotherapy</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East - Murray <ul style="list-style-type: none"> o Campaspe o Mildura - Western Victoria <ul style="list-style-type: none"> o Ballarat o Glenelg - Southern Grampians o Grampians <p>Podiatry</p> <p>The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Western Victoria <ul style="list-style-type: none"> o Grampians

Priority Area / Identified Need	Key Issue	Description of Evidence
Access Support	Reported need for allied health professionals due to workforce shortages	<p>Psychology The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Baw Baw o Gippsland - East o Gippsland - South West o Latrobe Valley o Wellington - Murray <ul style="list-style-type: none"> o Bendigo o Heathcote – Castlemaine – Kyneton o Mildura o Moira o Murray River - Swan Hill o Shepparton o Wodonga - Alpine - Western Victoria <ul style="list-style-type: none"> o Ballarat o Geelong o Glenelg - Southern Grampians o Grampians o Maryborough – Pyrenees o Surf Coast - Bellarine Peninsula o Warrnambool <p>Social Work The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Western Victoria <ul style="list-style-type: none"> o Grampians <p>Speech Pathology The SA3's with the highest need:</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Baw Baw

Priority Area / Identified Need	Key Issue	Description of Evidence
		<ul style="list-style-type: none"> o Gippsland - East o Wellington - Murray <ul style="list-style-type: none"> o Mildura - Western Victoria <ul style="list-style-type: none"> o Ballarat o Glenelg - Southern Grampians o Grampians <p><i>Please refer to Table 2 – Need and full time equivalent of health professionals from the Rural Health Workforce Census for Rural SA3 regions. Pg. 24 - 39</i></p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Access Support	Access comments	<p>Out of 464 responses a total of 304 (65.52%) provided a response to the question “What are the strongest factors that will attract and retain health practitioners in rural and remote areas over the next 1 – 3 years”. Generally, comments expressed that remuneration was insufficient, that a range of other incentives were needed, particularly around CPD support and that a supportive medical community/ peer support was required to attract and retain health professionals.</p> <p>Out of 464 responses a total of 76 (16.79%) respondents provided at least one response to the question “Optional - Please comment on health workforce - access? Most commonly responders described difficulties with being able to access the health workforce at all, particularly for allied health, specialists and GPs.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Vacancies in priority areas	Permanent General Practitioner vacancies	<p>In January 2022 RWAV has the following permanent GP vacancies listed (vacancies not listed with RWAV are not included in the below figures);</p> <ul style="list-style-type: none"> • 21 GP permanent vacancies in Gippsland PHN <ul style="list-style-type: none"> o Baw Baw: 5 o Gippsland – East: 5 o Gippsland – South West: 3 o Latrobe Valley: 6 o Wellington: 2

Priority Area / Identified Need	Key Issue	Description of Evidence
		<ul style="list-style-type: none"> • 49 GP permanent vacancies in Murray PHN <ul style="list-style-type: none"> o Bendigo: 4 o Campaspe: 4 o Heathcote – Castlemaine – Kyneton: 2 o Mildura: 7 o Moira: 4 o Murray River – Swan Hill: 5 o Shepparton: 3 o Upper Goulburn Valley: 3 o Wangaratta – Benalla: 9 o Wodonga – Alpine – 8 • 19 GP permanent vacancies in Western Victoria PHN <ul style="list-style-type: none"> o Ballarat: 1 o Colac – Corangamite: 4 o Creswick – Daylesford – Ballan: 1 o Glenelg – Southern Grampians: 6 o Grampians: 5 o Warrnambool: 2 <p><i>(Rural Workforce Agency Victoria Limited. (2021). RWAV Jobadder, 10/01/2022)</i></p>
Vacancies in priority areas	GP Locum vacancies	<p>In January 2022 RWAV has the following GP Locum vacancies listed (vacancies not listed with RWAV are not included in the below figures);</p> <ul style="list-style-type: none"> • 5 GP Locum vacancies in Gippsland PHN <ul style="list-style-type: none"> o Baw Baw: 1 o Gippsland – East: 3 o Gippsland – South West: 1 • 14 GP Locum vacancies in Murray PHN <ul style="list-style-type: none"> o Campaspe: 2 o Mildura: 2 o Murray River – Swan Hill: 4 o Shepparton: 2 o Upper Goulburn Valley: 1 o Wodonga – Alpine: 3

Priority Area / Identified Need	Key Issue	Description of Evidence
		<ul style="list-style-type: none"> • 7 GP Locum vacancies in Western Victoria PHN <ul style="list-style-type: none"> o Colac – Corangamite: 1 o Glenelg – Southern Grampians: 3 o Grampians: 2 o Warrnambool: 1 <p><i>(Rural Workforce Agency Victoria Limited. (2021). RWAV Jobadder, 10/01/2022)</i></p>
Vacancies in priority areas	Permanent nursing vacancies	<p>In January 2022 RWAV has the following permanent nursing vacancies listed (vacancies not listed with RWAV are not included in the below figures);</p> <ul style="list-style-type: none"> • 4 Nursing vacancies in Murray PHN <ul style="list-style-type: none"> o Mildura: 1 o Murray River – Swan Hill: 1 o Upper Goulburn Valley: 2 • 2 Nursing vacancies in Western Victoria PHN <ul style="list-style-type: none"> o Ballarat: 1 o Creswick – Daylesford – Ballan: 1 <p><i>(Rural Workforce Agency Victoria Limited. (2021). RWAV Jobadder, 10/01/2022)</i></p>
Vacancies in priority areas	Permanent allied health vacancies	<p>In January 2022 RWAV has the following permanent allied health vacancies listed (vacancies not listed with RWAV are not included in the below figures);</p> <ul style="list-style-type: none"> • 9 Allied Health vacancies in Gippsland PHN <ul style="list-style-type: none"> o Baw Baw: 1 o Gippsland – East: 3 o Latrobe Valley: 3 o Wellington: 2 • 20 Allied Health vacancies in Murray PHN <ul style="list-style-type: none"> o Campaspe: 2 o Heathcote – Castlemaine – Kyneton: 1 o Loddon – Elmore: 1 o Mildura: 7 o Moira: 2 o Murray River – Swan Hill: 2

Priority Area / Identified Need	Key Issue	Description of Evidence
		<ul style="list-style-type: none"> o Upper Goulburn Valley: 4 o Wodonga – Alpine: 1 • 14 Allied Health vacancies in Western Victoria PHN <ul style="list-style-type: none"> o Ballarat: 5 o Colac – Corangamite: 1 o Creswick – Daylesford – Ballan: 1 o Grampians: 6 o Surf Coast – Bellarine Peninsula: 1 <p><i>(Rural Workforce Agency Victoria Limited. (2021). RWAV Jobadder, 10/01/2022)</i></p>
Drivers of health care access	Identified drivers	<p>Out of 464 responses a total of 418 (90.09%) respondents provided at least one answer to the question “Consider the last 12 months. What is working? Describe the top drivers that provide positive health outcomes in your community, in the context of access, quality and sustainability?”. Participants could provide up to three responses, in total 1,111 responses were analysed. Generally, comments expressed that access to health professionals was the strongest driver. Workplace culture/environment, and community support/care (dedication to the community) were also strong themes identified as drivers.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Barriers to health care access	Identified barriers	<p>Out of 464 responses a total of 429 (92.46%) respondents provided at least one response to the question “Consider the next 6 – 12 months. What needs to change? What are the top barriers to positive health outcomes in your community, in the context of access, quality and sustainability?”.</p> <p>Participants could provide up to three responses, in total 1,158 responses were analysed. Generally, comments expressed that access, particularly a lack of specialists, sustainability (including burnout), and monetary policy/affordability/economy were the top responses.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>

Table 2. Need and full time equivalent of health professionals from the Rural Health Workforce Census for Rural SA3 regions

Gippsland SA3 Locations	Baw Baw		Gippsland - East		Gippsland - South West		Latrobe Valley		Wellington	
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE
AH – Aboriginal and Torres Strait Islander health practitioners	C		A	1 FTE			C		C	
AH – Aboriginal Health Worker	C									
AH – Allied Health Assistant			C				C		C	
AH – Audiologist			C							
AH – Chinese medicine practitioners					C					
AH – Chiropractor	C		C				C		C	
AH – Counsellor	B	0.5 FTE	B	1 FTE	A	0.5 FTE	C		C	
AH – Diabetes Educator	B	0.2 FTE	A	0.5 FTE					C	
AH – Dietitian	A	0.5 FTE	A	0.5 FTE	C		C		C	
AH – Exercise Physiologist	B	0.2 FTE	A	1 FTE	C				C	
AH – Genetic Counsellor	C		C		C					
AH – Medical Radiations					C					
AH – Music Therapist	C				C				C	
AH – Nutritionist	C		C							
AH – Occupational Therapist	C		A	1 FTE			B	1 FTE	A	1 FTE
AH – Optometrist	C		C		C*				C	
AH – Orthoptics					C					
AH – Orthotics / Prosthetics			C						C	
AH – Osteopath										
AH – Perfusion										
AH – Physiotherapist	B	0.5 FTE	A	>1 FTE	C		B	0.5 FTE	B	1 FTE
AH – Podiatrist	B	0.5 FTE	B	0.5 FTE	C		B	0.2 FTE	C	
AH – Psychologist	A	1 FTE	A	>1 FTE	A	1 FTE	A	1 FTE	A	0.5 FTE
AH – Rehabilitation Counsellor	C				C		C		C	
AH – Social worker	C		B	>1 FTE	B	0.5 FTE	C		B	0.5 FTE
AH – Sonography	C									
AH – Speech Pathologist	A	1 FTE	A	>1 FTE	C		C		A	1 FTE
GP Any	B	1 FTE	A	>1 FTE	A	1 FTE	B	1 FTE	C	
GP – Fellow			B	1 FTE	B	1 FTE	C		C	
GP – Locum	C		B	0.5 FTE	C		C			
GP – Registrar	C		B	>1 FTE	B	1 FTE	C			
GP – VMO			B	>1 FTE						
GP – VR Practitioner			C		A	1 FTE				
Medicine			C				C			

Key for the Needs Tables

A indicates concordance of 5 or more respondents from the respective SA3 area.

B indicates concordance of 3-4 respondents from the respective SA3 area.

C indicates concordance of 1-2 respondents from the respective SA3 area.

Blank cells are best interpreted as “No identified need at the time”.

* Indicates adjusted need level. Adjusted need level was calculated by taking the response order that the Census participants listed the needs and ranking them higher if mentioned first and/or integration with information from external sources.

FTE is an average for the area, ideally used at suburb/ town level. It is intended for priority planning rather than an exact count of need at SA3 geographic area. Here, FTE is only shown for level A and B needs It includes 0.2, 0.5, 1 and >1 FTE.

Gippsland SA3 Locations	Baw Baw		Gippsland - East		Gippsland - South West		Latrobe Valley		Wellington	
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE
Nurse – Enrolled Nurse			C							
Nurse – Mental Health Reg Nurse	B	0.2 FTE	C		A	1 FTE	C			
Nurse – Midwife			C		B	1 FTE				
Nurse – Nurse Practitioner			B	1 FTE	A	1 FTE			C	
Nurse – Practice Nurse	C				C				C	
Nurse – Registered Nurse	B	0.5 FTE	B	1 FTE	B	>1 FTE	C		C	
Other – Addiction Medicine Specialist	C		C		B	0.2 FTE	B	0.5 FTE		
Other – Dental Hygienist										
Other – Dental Practitioner			C		C				C	
Other – Dental Prosthetist										
Other – Echocardiographer	C									
Other – Paramedic			C		C		C			
Other – Pharmacist			C		C					
Specialist – Adult medicine			B	0.2 FTE	A	0.5 FTE				
Specialist – Anaesthetist										
Specialist – Cardiologist									C	
Specialist – Dermatologist	C									
Specialist – ENT Surgeon			C				C*		C*	
Specialist – Endocrinologist			C							
Specialist – Gastroenterologist									C	
Specialist – Geriatrics									C	
Specialist – Intensive care medicine	C				C		C		C	
Specialist – Neurologist			C				C			
Specialist – Obstetrics and gynaecologist	C		B	0.5 FTE	C					
Specialist – Oncologist										
Specialist – Ophthalmologist									C*	
Specialist – Orthopediatrician			C		C		C		C	
Specialist – Other			C		C				C	
Specialist – Paediatrician	C		B	1 FTE	A	0.2 FTE				
Specialist – Pathologist	C									
Specialist – Psychiatrist	A	1 FTE	A	0.5 FTE	A	0.5 FTE	C		B	0.5 FTE
Specialist – Rheumatologist					C					
Specialist – Surgeon			C		C		C		C	
Specialist – Urologist					C					

Murray SA3 Locations	Bendigo		Campaspe		Heathcote - Castlemaine - Kyneton		Mildura		Moira		Murray River - Swan Hill		Shepparton		Upper Goulburn Valley		Wangaratta - Benalla		Wodonga - Alpine		
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	
AH – Aboriginal and Torres Strait Islander health practitioners	C						B	>1 FTE			C		B	1 FTE					C		
AH – Aboriginal Health Worker			C				B	1 FTE					C						C		
AH – Allied Health Assistant	C						C														
AH – Audiologist	C										C										
AH - Chinese medicine practitioners																					
AH - Chiropractor															C					C	
AH – Counsellor	C		C				C		C		C		B	>1 FTE	C		C		B	1 FTE	
AH – Diabetes Educator	B	0.5 FTE	C				C						B	1 FTE	C		C		B	0.5 FTE	
AH - Dietitian	A	1 FTE	B	0.5 FTE			C		C		C		C		C		C		C		
AH - Exercise Physiologist	C		B	0.5 FTE									C	0.5 FTE	C		C		C		
AH - Genetic Counsellor			C				C		C		C		C		C						
AH - Medical Radiations							C		C												
AH - Music Therapist			C										C					C			
AH – Nutritionist			C																		
AH - Occupational Therapist	C		C		C		A	>1 FTE	C		B	1 FTE	C		B	0.5 FTE	C		B	0.5 FTE	
AH - Optometrist	C		C*				C*		C		C		C*				C*		C		
AH - Orthoptics																					
AH - Orthotics / Prosthetics			C				C		C				C								
AH - Osteopath			C										C					C			
AH – Perfusion									C												
AH - Physiotherapist	C		A*	0.5 FTE			A*	>1 FTE	C		B	0.5 FTE			C		C		B	0.5 FTE	
AH - Podiatrist	C						C				C		C		C				B	0.5 FTE	
AH - Psychologist	A	1 FTE	C		A*	1 FTE	A	1 FTE	A*	1 FTE	A	1 FTE	A*	>1 FTE	B	1 FTE	B	1 FTE	A	1 FTE	
AH - Rehabilitation Counsellor			C						C		C		C		B	0.5 FTE	C				
AH - Social worker	B	>1 FTE	C		C		B	1 FTE	C		B	0.5 FTE	B	1 FTE	B	1 FTE			B	0.2 FTE	
AH - Sonography	C				C		C		C		C		B	>1 FTE			C		C		
AH - Speech Pathologist	B	>1 FTE	C		C		A	>1 FTE	C		C				B	0.5 FTE	C		B	0.5 FTE	
GP Any	A	>1 FTE			C		A	>1 FTE	B	>1 FTE	A	>1 FTE	B	>1 FTE	A	>1 FTE	A	1 FTE	A	1 FTE	
GP – Fellow	A	>1 FTE					B	>1 FTE	C		C		C		C						
GP – Locum					C						C							C		C	
GP – Registrar	C						A	1 FTE			C		C					C		B	1 FTE
GP – VMO							C		C		B	1 FTE						C		B	1 FTE
GP – VR Practitioner	C				C		B	>1 FTE	C			A	1 FTE	C		A	>1 FTE	C		B	1 FTE
Medicine							C				C		C		C						

Murray SA3 Locations	Bendigo		Campaspe		Heathcote - Castlemaine - Kyneton		Mildura		Moira		Murray River - Swan Hill		Shepparton		Upper Goulburn Valley		Wangaratta - Benalla		Wodonga - Alpine	
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE
Nurse – Enrolled Nurse							C										C		C	
Nurse – Mental Health Reg Nurse							B	>1 FTE	C		C		C		B	1 FTE	C		C	
Nurse – Midwife					C		B	>1 FTE	C						C		C		C	
Nurse – Nurse Practitioner					C		B	>1 FTE	C		B	1 FTE	C		C				C	
Nurse – Practice Nurse	C						C						C		C				B	1 FTE
Nurse – Registered Nurse	A	>1 FTE	C				B	>1 FTE	C		B	>1 FTE		C			A*	>1 FTE	C	
Other – Addiction Medicine Specialist	B	1 FTE			C		B	1 FTE	C		C		B	0.5 FTE	C				C	
Other – Dental Hygienist	C										C									
Other – Dental Practitioner											C				C				B	0.2 FTE
Other – Dental Prosthetist	C												C							
Other – Echocardiographer			C				C								C				C	
Other – Paramedic							C		C										C	
Other – Pharmacist							C										C			
Specialist – Adult medicine					C		A	1 FTE	C		C		C		C		C		C	
Specialist – Anaesthetist											C									
Specialist – Cardiologist													C							C
Specialist – Dermatologist							C													
Specialist – ENT			C*				C*				C*		C*		C*					
Specialist – Endocrinologist													C							
Specialist – Gastroenterologist																				
Specialist – Geriatrics							C								C					
Specialist – Intensive care medicine							C						C							
Specialist – Neurologist																				
Specialist – Obstetrics and gynaecologist	C						C		C		B	0.2 FTE	C		B	0.2 FTE	C		C	
Specialist – Oncologist															C					
Specialist – Ophthalmologist			C*				C				C*				C*					
Specialist – Orthopediatrician																				
Specialist – Other	C						A	1 FTE					C		C		B	1 FTE		
Specialist – Paediatrician	C		C		B	0.2 FTE	A*	>1 FTE	C		A	0.2 FTE	C		B	0.2 FTE	C			
Specialist – Pathologist							C													
Specialist – Psychiatrist	B	1 FTE			C		A	1 FTE			C		C		A	0.2 FTE	B	1 FTE	B	0.5 FTE
Specialist – Rheumatologist					C															
Specialist – Surgeon							B	1 FTE	C		C				C				C	
Specialist – Urologist													C						C	

Loddon – Elmore SA3 (Murray PHN) was omitted due to no responses from this region. Nurses (level A need) was identified through HWSG.

Western Victoria SA3 Locations	Ballarat		Barwon - West		Colac - Corangamite		Creswick - Daylesford - Ballan		Geelong		Glenelg - Southern Grampians		Grampians		Maryborough - Pyrenees		Surf Coast - Bellarine Peninsula		Warrnambool	
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE
AH – Aboriginal and Torres Strait Islander health practitioners	B	1 FTE					C		C		C		C							
AH – Aboriginal Health Worker	C		C																B	1 FTE
AH – Allied Health Assistant	C		C								C		C							
AH – Audiologist	C						C													
AH – Chinese medicine practitioners															C		C		C	
AH – Chiropractor															C					
AH – Counsellor	B	1 FTE							C		B	1 FTE	A*	0.5 FTE						
AH – Diabetes Educator	C		B*	0.5 FTE			A	0.5 FTE	C		C		B	1 FTE			B	0.5 FTE	C	
AH – Dietitian	C				C		B	0.2 FTE	C		C		A	0.5 FTE	C		B	1 FTE		
AH – Exercise Physiologist	C				C				C		C		C		C		C			
AH – Genetic Counsellor	C														C					
AH – Medical Radiations					C															C
AH – Music Therapist	C													C						
AH – Nutritionist					C				C					C			C			
AH – Occupational Therapist	A	1 FTE			B	0.5 FTE	B	0.5 FTE			A	1 FTE	A	1 FTE	C		C		C	
AH – Optometrist	C		C*		C		C				C*		C		C		C*		C*	
AH – Orthoptics													C							C
AH – Orthotics / Prosthetics	C												C							C
AH – Osteopath													C							C
AH – Perfusion																				
AH – Physiotherapist	A	0.5 FTE			C		B	1 FTE	C		A	>1 FTE	A	1 FTE			C		C	
AH – Podiatrist					C		C				C		A	0.5 FTE					B*	1 FTE
AH – Psychologist	A	0.5 FTE			B	1 FTE	B	1 FTE	A	1 FTE	A	>1 FTE	A	1 FTE	A*	1 FTE	A	1 FTE	A	>1 FTE
AH – Rehabilitation Counsellor					C								C							C
AH – Social worker	B	>1 FTE			C		C		B	1 FTE	B		A	0.5 FTE					B	1 FTE
AH – Sonography					C						C		C				C		C	
AH – Speech Pathologist	A	1 FTE			B	0.5 FTE	C		C		A	1 FTE	A	1 FTE	C		C		B	>1 FTE
GP Any	A	1 FTE	A*	>1 FTE	A	1 FTE	C		B	1 FTE	A	>1 FTE	A	1 FTE	C		C		B*	>1 FTE
GP – Fellow	B	1 FTE			A*	>1 FTE	C				A	>1 FTE	A	1 FTE			C		C	
GP – Locum			A*	>1 FTE							B	1 FTE	C							
GP – Registrar	C				B	1 FTE			C		B	1 FTE	B	>1 FTE						C
GP – VMO					A*	>1 FTE			C		A	1 FTE	A	1 FTE						
GP – VR Practitioner									C		C				C					
Medicine													B	1 FTE						C

Western Victoria SA3 Locations	Ballarat		Barwon - West		Colac - Corangamite		Creswick - Daylesford - Ballan		Geelong		Glenelg - Southern Grampians		Grampians		Maryborough - Pyrenees		Surf Coast - Bellarine Peninsula		Warrnambool		
	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	Need	Avg FTE	
Nurse – Enrolled Nurse							C				C		C		C						
Nurse – Mental Health Reg Nurse	B	1 FTE	B*	0.2 FTE			B	0.5 FTE	C		B	>1 FTE	A	0.5 FTE			C				
Nurse – Midwife	C		A*	>1 FTE							C										
Nurse – Nurse Practitioner	C		A*	>1 FTE					C		C		B	1 FTE	C						
Nurse – Practice Nurse	C				C		C				C		C				C				
Nurse – Registered Nurse	C										C		B	>1 FTE							
Other – Addiction Medicine Specialist	C				C		C		C		B	0.5 FTE	B	0.2 FTE	C					C	
Other – Dental Hygienist													C								
Other – Dental Practitioner							C		C		C		B	0.2 FTE	C						
Other – Dental Prosthetist																					
Other – Echocardiographer													C								
Other – Paramedic					C						C		C				C				
Other – Pharmacist			C								C		C				C				
Specialist – Adult medicine	C		B*	0.2 FTE					C				C		C		C			A*	1 FTE
Specialist – Anaesthetist																					
Specialist – Cardiologist											C										C
Specialist – Dermatologist																					
Specialist – ENT					C*						C*		C*								C*
Specialist – Endocrinologist																					C*
Specialist – Gastroenterologist									C				C								
Specialist – Geriatrics																					C
Specialist – Intensive care medicine																					C
Specialist – Neurologist																					
Specialist – Obstetrics and gynaecologist					C				C				A	0.5 FTE							C
Specialist – Oncologist																					
Specialist – Ophthalmologist											C		C								C
Specialist – Orthopediatrician											C		C								
Specialist – Other	C								C		C		C		C		C				
Specialist – Paediatrician	B	0.2 FTE			B	0.2 FTE			B	1 FTE	C		B	0.5 FTE	C		C				C
Specialist – Pathologist													C								
Specialist – Psychiatrist	A	1 FTE			C				B	1 FTE	C		A	0.5 FTE			C			A	1 FTE
Specialist – Rheumatologist																					
Specialist – Surgeon	B	>1 FTE			C				C		C		B	1 FTE							C
Specialist – Urologist													C								C

Table 3. Outcomes of the Health Workforce Needs Assessment - Quality

Priority Area 2: Quality		
Priority Area / Identified Need	Key Issue	Description of Evidence
Creating a culturally safe environment for community	Cultural Safety Training required to support community needs	<p>RWAV has identified key areas in which cultural safety training has been of interest to health professionals in rural and regional Victoria. There was a total of 284 (89.31%) responses from Gippsland, Murray and Western Victoria with 174 (61.27%) professionals already having received cultural safety training and 44 (15.49%) interested to find out more. The following SA3 areas have had at least 1 query about receiving cultural safety training in the 2021 Census.</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland - East o Gippsland - South West o Latrobe Valley o Baw Baw - Murray <ul style="list-style-type: none"> o Mildura o Upper Goulburn Valley o Bendigo o Shepparton o Wangaratta – Benalla o Wodonga – Alpine - Western Victoria <ul style="list-style-type: none"> o Grampians o Ballarat o Colac – Corangamite o Creswick - Daylesford – Ballan o Glenelg - Southern Grampians o Surf Coast - Bellarine Peninsula o Warrnambool <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>

Priority Area / Identified Need	Key Issue	Description of Evidence
Building local workforce capability	Additional skills required to support community health needs	<p>Out of 464 responses a total of 235 (50.65%) provided at least one response to the question. Respondents could provide up to three answers. This amounted to 507 responses in total. The top skills identified in order from highest need were mental health, dermatology and emergency.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>



Table 4. Outcomes of the Health Workforce Needs Assessment – Sustainability

Priority Area 3: Sustainability		
Priority Area / Identified Need	Key Issue	Description of Evidence
Maintaining a sustainable workforce in rural areas	Turnover of rural staff	<p>Out of 347 responses a total of 18 Health Professionals in the Gippsland, Murray and Western Victoria PHN indicated they would look to leave rural/regional areas in Victoria in “less than a year” when asked “How long do you plan on working in rural/regional Victoria?”. A further 38 from the same PHN’s indicated “more than 1 up to 3 years”. A total of 56 (16.14% of respondents in the Gippsland, Murray and Western Victoria PHN) Health Professionals are planning on leaving rural areas in the next 3 years.</p> <p>When looking at the “less than a year” and “more than 1 up to 3 years” there are a number of SA3’s with professionals looking to leave the rural workforce. The number of respondents is shown in the brackets with the percentage of responses they represent for that SA3.</p> <p>Less than 1 year</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East (4 GPs, 1 Allied Health) o Gippsland – South West (2 GPs) - Murray <ul style="list-style-type: none"> o Campaspe (1 Allied Health) o Heathcote – Castlemaine – Kyneton (1 GP) o Mildura (1 GP) o Moira (1 GP) o Shepparton (1 GP) o Wangaratta – Benalla (1 Specialist) - Western Victoria <ul style="list-style-type: none"> o Ballarat (1 GP) o Colac – Corangamite (1 GP) o Geelong (1 GP) o Glenelg – Southern Grampians (1 GP) o Grampians (1 GP)

Priority Area / Identified Need	Key Issue	Description of Evidence
		<p>> 1 - 3 Years</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Baw Baw (1 Hospital Medical Officer) o Gippsland – East (2 GPs, 1 Allied Health) o Gippsland – South West (2 GPs) o Latrobe Valley (1 GP, 1 Allied Health) o Wellington (1 GP, 1 Specialist) - Murray <ul style="list-style-type: none"> o Campaspe (1 GP, 1 Allied Health) o Heathcote – Castlemaine – Kyneton (2 GPs) o Moira (2 GPs) o Murray River – Swan Hill (1 GP, 1 Allied Health) o Shepparton (1 Allied Health) o Upper Goulburn Valley (2 GPs) o Wangaratta – Benalla (1 GP, 1 Specialist) - Western Victoria <ul style="list-style-type: none"> o Ballarat (1 GP) o Bendigo (1 GP, 1 Student) o Colac – Corangamite (1 GP) o Creswick – Daylesford – Ballan (2 GPs) o Geelong (1 GP) o Glenelg – Southern Grampians (1 GP) o Grampians (2 GPs) o Surf Coast – Bellarine Peninsula (1 Allied Health) o Warrnambool (1 Nurse, 1 Allied Health) o Wodonga – Alpine (2 GPs) <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Maintaining a Sustainable workforce in rural areas	Retiring Rural Staff	<p>Out of 332 responses a total of 12 Health Professionals in the Gippsland, Murray and Western Victoria PHN indicated they would look to retire in “less than a year” when asked “When do you plan on retiring from clinical practice? “. A further 23 from the same PHN’s indicated “more than 1 up to 3 years”. A total of 35 (11.48% of respondents from rural Victorian PHNs) Health Professionals are planning on retiring in the next 3 years in the Gippsland, Murray and Western Victoria PHNs.</p> <p>When looking at the “less than a year” and “more than 1 up to 3 years” there are a number of SA3’s with professionals looking to leave the rural workforce. The number of respondents is shown in the brackets with the percentage of responses they represent for that SA3.</p>

Priority Area / Identified Need	Key Issue	Description of Evidence
		<p>Less than 1 year</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East (2 GPs) o Gippsland – South West (2 GPs) - Murray <ul style="list-style-type: none"> o Mildura (1 Allied Health) o Wangaratta – Benalla (1 Specialist) o Wodonga – Alpine (1 GP) - Western Victoria <ul style="list-style-type: none"> o Colac – Corangamite (1 GP) o Geelong (1 GP) o Glenelg – Southern Grampians (1 GP, 1 Nurse) o Grampians (1 GP) <p>> 1 - 3 Years</p> <ul style="list-style-type: none"> - Gippsland <ul style="list-style-type: none"> o Gippsland – East (1 GP) o Gippsland – South West (2 GPs) o Wellington (1 GP, 1 Specialist) - Murray <ul style="list-style-type: none"> o Campaspe (1 GP) o Mildura (1 GP) o Moira (1 GP) o Wangaratta – Benalla (1 GP, 1 Specialist) o Wodonga – Alpine (2 GPs) - Western Victoria <ul style="list-style-type: none"> o Ballarat (1 GP) o Colac – Corangamite (1 GP) o Creswick – Daylesford – Ballan (2 GPs) o Geelong (1 GP) o Glenelg – Southern Grampians (1 GP) o Grampians (3 GPs) o Surf Coast – Bellarine Peninsula (1 Allied Health) o Warrnambool (1 Nurse) <p>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</p>

Priority Area / Identified Need	Key Issue	Description of Evidence
Maintaining a Sustainable workforce in rural areas	Sustainability comments	<p>Out of 464 responses a total of 72 (15.48%) provided a response to the question “Optional – Please comment on health workforce sustainability”. Generally, comments expressed that the health workforce situation in rural and regional Victoria was unsustainable due to a health workforce shortage. Responders also expressed a general need for more support and that remuneration remained a critical issue.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Attracting and retaining staff in rural areas	Factors that influence recruitment and retainment of rural staff	<p>Out of 464 responses a total of 304 (65.52%) provided a response to the question “What are the strongest factors that will attract and retain health practitioners in rural and remote areas over the next 1 – 3 years”. Comments expressed that the remuneration was insufficient (n=149), a range of other incentives were needed, particularly around continued personal development (CPD) support (n=109) and that a supportive medical community/peer support were required (n=63) to attract and retain health professionals.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>
Attracting and retaining staff in rural areas	Challenges of working in rural and remote areas in the future	<p>Out of 464 responses a total of 271 (58.41%) provided a response to the question “What challenges do you predict about working in rural and remote areas in 10 years from now? Responses focused on increased health workforce shortages and lack of services, legislative and bureaucracy issues, particularly the decentralisation of healthcare, and decreased or poor access to CPD.</p> <p><i>(Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census)</i></p>

Section 3: Health Workforce Programs – Priority Activities

Table 5. Priority activities

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Murray	Bendigo	<p>RWAV has identified a number of Professionals that are of top priority in Bendigo. The Professionals can be seen in Table 2. 4 vacancies for health professionals in the area are listed.</p> <p>Cultural Safety training has been requested by at least 1 person from Bendigo.</p> <p>2 (13.33%) responders from Bendigo are planning on leaving the rural workforce in the next 3 years.</p>	RWAV addresses the need for specific health professionals in the community by administering grants and incentives to promote these health professionals to move to the hot spot areas identified.	To improve the quality of service of health care professionals RWAV offers training opportunities to health professionals in hot spot areas to improve their knowledge and skills. The MDRAP program improves GP training and RWAV offers cultural safety training.	Recruitment services are provided to hot spot communities to advertise and promote job vacancies that these areas have. RWAV also aids with GP succession planning to smooth the transition from a retiring workforce	RWAV aims to fill the holes in the health workforce in hot spot areas to improve the quality and access of primary health care services.	<ul style="list-style-type: none"> • RWAV Outreach Services • The Workforce Scholarship Program • PHN commissioned services • Victorian Department of Health (VIC DHS), Hello Open Minds Relocation Grant • Rural Multidisciplinary Training Program (RHMT) • Victorian Rural Generalist Program (VRGP) • Australian General Practice Training Program (AGPT) • Remote Vocational Training Scheme (RVTS)

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
							<ul style="list-style-type: none"> • Australian College of Rural and Remote Medicine independent pathway (ACRRM IP) • Australian General Practice Experience Program (PEP)
Murray	Campaspe	<p>RWAV has identified a number of Professionals that are of top priority in Campaspe. The Professionals can be seen in Table 2. 8 vacancies for health professionals in the area are listed.</p> <p>3 (37.5%) responders from Campaspe are planning on leaving the rural workforce in the next 3 years and 1 (13.64%) is planning on retiring in the next 3 years.</p>	As above.	As above.	As above.	As above.	As above.
Murray	Heathcote – Castlemaine – Kyneton	<p>RWAV has identified a number of Professionals that are of top priority in Heathcote – Castlemaine – Kyneton. The Professionals can be seen in Table 2. 3 vacancies for health professionals in the area are listed.</p>	As above.			As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
		3 (60%) of responders from Heathcote – Castlemaine – Kyneton are planning on leaving the rural workforce in the next 3 years.					
Murray	Loddon – Elmore	RWAV has identified a number of Professionals that are of top priority in Loddon – Elmore. Nurses have been identified by external stakeholders and can be seen in the Access evidence. 1 vacancy for health professionals in the area are listed.	As above.	As above.	As above.	As above.	As above.
Murray	Mildura	RWAV has identified a number of Professionals that are of top priority in Mildura. The Professionals can be seen in Table 2. 18 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Mildura. 2 (10.53%) responders from Mildura are planning on leaving the rural workforce in the next 3 years.	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Murray	Moira	<p>RWAV has identified a number of Professionals that are of top priority in Moira. The Professionals can be seen in the Table 2. 6 vacancies for health professionals in the area are listed.</p> <p>3 (60%) responders from Moira are planning on leaving the rural workforce in the next 3 years and 1 (20%) is planning on retiring in the next 3 years.</p>	As above.	As above.	As above.	As above.	As above.
Murray	Murray River – Swan Hill	<p>RWAV has identified a number of Professionals that are of top priority in Murray River – Swan Hill. The Professionals can be seen in the Table 2. 12 vacancies for health professionals in the area are listed.</p> <p>2 (15.38%) responders from Murray River – Swan Hill are planning on leaving the rural workforce in the next 3 years.</p>	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Murray	Shepparton	RWAV has identified a number of Professionals that are of top priority in Shepparton. The Professionals can be seen in the Table 2. 4 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Shepparton. 2 (16.67%) responders from Shepparton are planning on leaving the rural workforce in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Murray	Upper Goulburn Valley	RWAV has identified a number of Professionals that are of top priority in Upper Goulburn Valley. The Professionals can be seen in Table 2. 10 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Upper Goulburn Valley. 2 (14.29%) responders from Upper Goulburn Valley are planning on leaving the rural workforce in the next 3 years.	As above.	As above.	As above.	As above.	As above.



Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Murray	Wangaratta – Benalla	RWAV has identified a number of Professionals that are of top priority in Wangaratta – Benalla. The Professionals can be seen in the Table 2. 9 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Wangaratta – Benalla. 3 (27.27%) responders from Wangaratta – Benalla are planning on leaving the rural workforce in the next 3 years and 3 (27.27%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Murray	Wodonga – Alpine	RWAV has identified a number of Professionals that are of top priority in Wodonga – Alpine. The Professionals can be seen in Table 2. 12 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Wodonga – Alpine. 2 (12.50%) responders from Wodonga – Alpine are planning on leaving the rural workforce in the next 3 years and 3 (18.75%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Western Victoria	Ballarat	RWAV has identified a number of Professionals that are of top priority in Ballarat. The Professionals can be seen in Table 2. 7 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Ballarat. 1 (5.56%) responder from Ballarat is planning on leaving the rural workforce in the next 3 years and 1 (5.56%) is planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Barwon – West	RWAV has identified a number of Professionals that are of top priority in Barwon – West. The Professionals can be seen in the Table 2.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Colac – Corangamite	RWAV has identified a number of Professionals that are of top priority in Colac – Corangamite. The Professionals can be seen in Table 2. 6 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Colac – Corangamite. 2 (20%) responders from Colac – Corangamite are planning	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Western Victoria	Colac – Corangamite	on leaving the rural workforce in the next 3 years and 2 (20%) are planning on retiring in the next 3 years.					
Western Victoria	Creswick – Daylesford – Ballan	RWAV has identified a number of Professionals that are of top priority in Creswick – Daylesford – Ballan. The Professionals can be seen in Table2. 3 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Creswick – Daylesford – Ballan. 2 (22.22%) responders from Creswick – Daylesford – Ballan are planning on leaving the rural workforce in the next 3 years and 2 (22.22%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Geelong	RWAV has identified a number of Professionals that are of top priority in Geelong. The Professionals can be seen in Table 2. 2 (28.57%) responders from Geelong are planning on leaving the rural workforce in the next 3 years and 2 (33.33%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Western Victoria	Glenelg – Southern Grampians	RWAV has identified a number of Professionals that are of top priority in Glenelg – Southern Grampians. The Professionals can be seen in Table 2. 9 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Glenelg – Southern Grampians. 2 (12.50%) responders from Glenelg – Southern Grampians are planning on leaving the rural workforce in the next 3 years and 3 (18.75%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Grampians	RWAV has identified a number of Professionals that are of top priority in Grampians. The Professionals can be seen in Table 2. 13 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Grampians. 3 (10.71%) responders from Grampians are planning on leaving the rural workforce in the next 3 years and 3 (18.75%) are	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Western Victoria	Grampians	planning on retiring in the next 3 years.					
Western Victoria	Maryborough – Pyrenees	RWAV has identified a number of Professionals that are of top priority in Maryborough – Pyrenees. The Professionals can be seen in the Table 2.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Surf Coast – Bellarine Peninsula	RWAV has identified a number of Professionals that are of top priority in Surf Coast – Bellarine Peninsula. The Professionals can be seen in Table 2. 1 vacancy for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Surf Coast – Bellarine Peninsula. 1 (16.67%) responder from Surf Coast – Bellarine Peninsula is planning on leaving the rural workforce in the next 3 years and 1 (16.67%) is planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Western Victoria	Warrnambool	RWAV has identified a number of Professionals that are of top priority in Warrnambool. The Professionals can be seen in Table 2. 3 vacancies for health professionals in the area are listed. Cultural Safety training has been	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Western Victoria		has been requested by at least 1 person from Warrnambool. 2 (15.38%) responders from Warrnambool are planning on leaving the rural workforce in the next 3 years and 1 (7.69%) is planning on retiring in the next 3 years.					
Gippsland	Baw Baw	RWAV has identified a number of Professionals that are of top priority in Baw Baw. The Professionals can be seen in Table 2. 7 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Baw Baw. 1 (11.11%) responder from Baw Baw is planning on leaving the rural workforce in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Gippsland	Gippsland - East	RWAV has identified a number of Professionals that are of top priority in Gippsland – East. The Professionals can be seen in Table 2. 11 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Gippsland - East.	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Gippsland		8 (33.33%) responders from Gippsland – East are planning on leaving the rural workforce in the next 3 years and 3 (13.64%) are planning on retiring in the next 3 years.					
Gippsland	Gippsland – South West	RWAV has identified a number of Professionals that are of top priority in Gippsland – South West. The Professionals can be seen in Table 2. 4 vacancies for health professionals in the area are listed. Cultural Safety training has been requested by at least 1 person from Gippsland – South West. 4 (25%) responders from Gippsland – South West are planning on leaving the rural workforce in the next 3 years and 4 (25%) are planning on retiring in the next 3 years.	As above.	As above.	As above.	As above.	As above.
Gippsland	GLatrobe Valley	RWAV has identified a number of Professionals that are of top priority in Latrobe Valley. The Professionals can be seen in Table 2. 9 vacancies for health professionals in the area are listed.	As above.	As above.	As above.	As above.	As above.

Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Gippsland		<p>Cultural Safety training has been requested by at least 1 person from Latrobe Valley.</p> <p>2 (15.38%) responders from Latrobe Valley are planning on leaving the rural workforce in the next 3 years.</p>					
Gippsland	Wellington	<p>RWAV has identified a number of Professionals that are of top priority in Wellington. The Professionals can be seen in Table 2. 4 vacancies for health professionals in the area are listed.</p> <p>2 (15.38%) of responders from Wellington are planning on leaving the rural workforce in the next 3 years and 2 (16.67%) are planning on retiring in the next 3 years.</p>	As above.	As above.	As above.	As above.	As above.
Non-priority locations		Retaining the GP, allied health and nursing workforce in non-priority locations to ensure access to essential primary care services and to enable continuity of care in these communities.	Undertaking recruitment as required to maintain the requisite number of health professionals to ensure access to essential primary care services.	Tailored professional development and support programs for GPs, including recognition for procedural skills.	<p>Succession planning programs that ensure key specialised knowledge is retained in local areas.</p> <p>Viability support programs for practice owners/manager.</p> <p>Programs that promote the rural health career to attract the future workforce to rural locations.</p>	Retention of strong workforce profile across rural and regional Victoria.	



Region	Priority / 'Hot Spot' – Town SA3 Localities	Reason/Evidence	Strategy/Activity			Desired Outcome	Synergies with other Programs
			Access	Quality	Sustainability		
Non-priority locations		Retaining the GP, allied health and nursing workforce in non-priority locations to ensure access to essential primary care services and to enable continuity of care in these communities.	Undertaking recruitment as required to maintain the requisite number of health professionals to ensure access to essential primary care services.	Tailored professional development and support programs for GPs, including recognition for procedural skills.	<p>Succession planning programs that ensure key specialised knowledge is retained in local areas.</p> <p>Viability support programs for practice owners/manager.</p> <p>Programs that promote the rural health career to attract the future workforce to rural locations.</p>	Retention of strong workforce profile across rural and regional Victoria.	



Section 4: Health Workforce Programs – Other Activities

Table 6. Other Health Workforce Program Activities. Priority Area 1: Access

Other Health Workforce Program Activities			
Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Recruitment of health professionals (GPs, Nurses, and Allied Health practitioners).	There are a wide range of motivators for health professionals to take up rural practice and to remain in these areas for extended periods of time. These include financial incentives, community engagement, professional satisfaction, opportunities for professional development, access to locum relief and opportunities for their families.	<p>Grants:</p> <ul style="list-style-type: none"> • Relocation and retention grants • Professional Development grants (GPs, Allied Health and Nurses) • Locum grants <p>Reverse Marketing:</p> <ul style="list-style-type: none"> • Source professionals and expand the recruitment pool of professionals who are interested and willing to work in priority locations. • In areas identified with a need for health professionals where vacancies do not currently exist, work with priority practices/communities to address their community health needs and create new roles through innovative solutions (e.g., arranging psychologists to work out of a council owned facility). 	Increase the recruitment of health professionals in rural Victoria to areas of need.
Improvement of health workforce database to include more Nurses and Allied health practitioners is needed.	As RWAV has expanded in recent years to include support for Allied Health practitioners and Nurses for recruitment and grants, an expanded database is required in order to collate the contact information of allied health practitioners that were identified as needed in priority areas in this needs assessment.	Dedication of internal RWAV resources to undertake database expansion work through an initial survey of allied health and nurse professionals whom are not currently in RWAV's database to collect workforce information such as: demographics, information regarding retention, training needs, and health profession support needs within their communities.	RWAV database contains contact/role information for a range of health professionals. This would also enhance survey work that is critical to informing and enhancing RWAV's ability to provide fair and targeted allocation of medical practitioners and health services across regional and rural Victoria, and better understand retention of the different types of health practitioners who work in rural Victoria.

Other Health Workforce Program Activities

Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
High need for a greater number of Allied Health professionals who would consider working in rural Victoria on a temporary, part time, or permanent basis are required.	There are currently insufficient allied health contacts for recruitment activities in RWAV database.	A marketing initiative to recruit new health professionals with interest in working rural to join a new recruitment database to match candidates with jobs. This would enable reverse marketing of needed professionals to priority locations.	This would contribute to the sourcing of different health professionals on an as needs basis for recruitment and outreach purposes.
Need for an accredited mental health workforce working in rural and regional Victoria.	<p>An increased mental health workforce and upskilling in mental health for health professionals has been identified as a high need. Psychologists were the top profession identified as being required by Census respondents. In addition to these, other professions such as psychiatry, mental health registered nurses and counsellors were often reported as a need. Refer to Table 2. Need and full time equivalent of health professionals from the Rural Health Workforce Census for Rural SA3 regions.</p> <p>Mental health training was identified as the top additional skill required to support community health needs. Refer to Table 3. Outcomes of the Health Workforce Needs Assessment - Quality. - Building local workforce capability</p>	Work in collaboration with PHNs and other peak bodies to source mental health practitioners to provide service to rural and regional locations. Develop marketing strategies and activities to recruit a cohort of mental health professionals who would consider working in rural Victoria to an RWAV database, that can then be used to reverse market professionals to those locations in need.	High quality mental health services available to rural and regional locations where a need has been identified.
Synergistic planning of RHWSA priorities alongside other RWAV programs to allow for the most viable and sustainable option for health workforce needs to be met in communities.	Strategic planning of all RWAV programs including RHWSA and outreach services with consideration to permanent recruitment options, outreach options and service delivery models to enhance service delivery in rural and regional areas.	Ongoing engagement with all RWAV program areas to ensure alignment with health workforce needs.	Evidence based strategy within RWAV informs the alignment of all programs and activities to best meet needs of communities within resource constraints.
Collaborate with key Aboriginal stakeholders to integrate Aboriginal Health Workers into rural and regional health care settings.	There is a need for Aboriginal Health Workers across a number of locations.	Work with key Aboriginal stakeholders to develop strategies to best meet identified need for Aboriginal communities.	Recruitment of Aboriginal Health Workers into areas of need.
Creation of new opportunities for Allied Health service delivery in rural and regional Victoria.	There is a large gap in service provision from allied health professionals in rural and regional Victoria due to lack of access to workforce in some areas. There is a critical need to address this issue by supporting the	The Allied Health Business Coordinator will work with communities and Allied Health practitioners to establish new business' or new positions in rural Victoria utilising a place-based approach to support the	Increased access to allied health practitioners for rural and regional communities in areas of need.

Other Health Workforce Program Activities

Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
	creation of new allied health positions in rural and regional Victoria to meet community health needs.	unique needs of that community. Provision of funding support where available such as through the permanent establishment of the "Allied Health New Service Grant" which proved very successful in 2021 at supporting allied health business and increasing allied health FTE in areas of need in rural and regional Victoria.	

Table 7. Other Health Workforce Program Activities. Priority Area 2: Quality

Other Health Workforce Program Activities

Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Greater ability to offer opportunities to early career health practitioners to build a career in rural and regional areas.	Currently there is a shortage of health practitioners in rural and regional areas. In metropolitan areas the practitioner to population ratio is dramatically different and some practitioners in metropolitan areas may be under employed. Engagement with health practitioners before they commence their careers may increase the likelihood of them moving to rural and regional areas to build their careers and settle.	Develop new initiatives to increase engagement with health practitioners in the early stages of their career to support careers in rural and regional areas.	Increase in health practitioners wanting to start their careers in regional and rural areas, particularly in priority disciplines within priority locations.
Supporting mentoring programs for medical students, junior doctors, rural GPs and GP proceduralists in rural communities.	Due to the increased isolation, pressure and workload on our rural medical workforce the benefits of a mentoring relationship for both mentors and mentees has become apparent.	Collaborate with the DR JuMP mentoring program to provide career-focused support for trainees and professionals by improving coordination and efficiencies of mentoring activities across rural and regional Victoria and to promote the mutual benefits of mentoring to all parties. The value placed on this professional activity will reinforce how health professionals can have a positive impact on the broader workforce.	Improve the rural training experience for both health workforce trainees and their mentors.

Other Health Workforce Program Activities

Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Fellowship support.	Support from this program is required to ensure non-vocationally registered GPs are offered examination support and other activities to ensure they have the right skills and qualifications for their positions.	Ensure that fellowship examination support and activities are specifically offered to non- vocationally registered GPs in identified areas of need.	Increased uptake of fellowship support for non-Vocationally Registered (VR) doctors in priority locations to support them to achieve fellowship.
Greater awareness of grant supports available.	A number of health practitioners in the 2021 census (Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census) indicated that a range of incentives such as CPD support would assist them in their role. Recently RWAV grants have been undersubscribed indicating a lack of awareness of supports available amongst the health workforce.	Undertake a range of grant specific marketing initiatives including webinars, promotion across other areas of the business such as to the upcoming workforce and newly recruited workforce.	Health professionals are supported in their roles through RWAV grants.

Table 8. Other Health Workforce Program Activities. Priority Area 3: Sustainability

Other Health Workforce Program Activities

Need or Issue (If locational include place)	Evidence	Strategy/Activity	Desired Outcome
Succession Planning.	There is a cohort of GPs who have indicated they plan to retire within the next 12 months and would like support from RWAV. There is concern about the community's access to GP services if they retire.	Contact GPs who have indicated their intention to leave within 12 months to identify whether or not the practice requires support to enable continuity of care to the community e.g., support to recruit a GP.	Smooth transitions and integration for GPs.
Development of a retention strategy for health professionals.	The 2021 census (Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census) identified factors that influence the retention of health practitioners in rural and regional Victoria.	Utilise these insights to develop a formal retention strategy including how/ when it can be implemented and how it could be incorporated into RHWSA program activity.	Retention of health professionals is increased.

Section 5: Eligible Health Professions

This section lists eligible health professions for support under the program (as approved by the Health Workforce Stakeholder Group).

Aboriginal and Torres Strait Islander Health Practitioner	Diabetes Educator	Orthotics and Prosthetics
Aboriginal Health Worker	Dietitian	Osteopath
Allied Health Assistant	Exercise Physiologist	Paramedic
Audiologist	Medical Practitioner	Pharmacist
Chinese Medicine Practitioner	Medical Radiation Practitioner	Physiotherapist
Chiropractor	Midwife	Podiatrist
Counsellor	Nurse	Psychologist
Dental Assistant	Nurse Practitioner	Social Worker
Dental Hygienist	Nutritionist	Sonographer
Dental Practitioner	Occupational Therapist	Speech Pathologist
Dental Prosthetist	Optometrist	
	Orthoptist	

Section 6: Health Workforce Stakeholder Group

Table 9. Health Workforce Stakeholder Working Group Members

Membership		
Position	Contact	Organisation
Western Victoria HWSG		
Chair	Trevor Carr	Rural Workforce Agency Victoria
Member	Stephanie May	Victorian Aboriginal Community Controlled Health Organisation
Member	Jenny Whyte	Australian College of Rural and Remote Medicine
Member	Sandra Johanson	Australian College of Rural and Remote Medicine
Member	Barry Borphett	Deakin Rural Clinical School
Member	Brendan Condon	Deakin Rural Clinical School
Member	Jo-Anne Chapman	General Practice Registrars Australia
Member	Nicole Samulkiewicz	Services for Australian Rural and Remote Allied Health
Member	Trish Thorpe	University of Melbourne Rural Clinical School
Member	Noela Prasad	Victorian Aboriginal Community Controlled Health Organisation
Member	Sophie Ping	Victorian Rural Generalist Program
Member	Fiona Quigley	Western Victoria PHN
Member	Dale Ford	Western District Health
Gippsland HWSG		
Chair	Trevor Carr	Rural Workforce Agency Victoria
Member	Mark Rowe	Eastern Victoria GP Regional Training Organisation
Member	Alistair Edgar	Latrobe Health Advocate
Member	Amy Allen	Gippsland Regional Training Hub
Member	Angela Stratton	Australian College of Rural and Remote Medicine
Member	Catherine Maloney	Services for Australian Rural and Remote Allied Health
Member	Don McRae	Latrobe Regional Health
Member	Elaine Wood	Latrobe Regional Health
Member	Elisabeth Wearne	Eastern Victoria GP Regional Training Organisation
Member	Holly Perriam	Latrobe Valley Authority
Member	Jane Anderson	Latrobe Health Advocate
Member	Cathy Ward	Monash Rural Clinical School
Member	Julie Rogalsky	Victorian Rural Generalist Program
Member	Shane Bullock	Monash Rural Clinical School
Member	Maria Garrett	Gippsland PHN
Member	Noela Prasad	Victorian Aboriginal Community Controlled Health Organisation
Member	Stephanie May	Victorian Aboriginal Community Controlled Health Organisation
Member	Robyn Hayles	Bairnsdale Regional Health

Membership		
Position	Contact	Organisation
Murray HWSG		
Chair	Trevor Carr	Rural Workforce Agency Victoria
Member	Catherine Lees	Echuca Regional Health
Member	Junyi Shi	Goulburn Valley Health
Member	Alana Lee	Goulburn Valley Regional Training Hub
Member	Keryn Bolte	Goulburn Valley Regional Training Hub
Member	Louise Pearce	Goulburn Valley Regional Training Hub
Member	Anna Stephenson	Murray City Country Coast
Member	Karen Dixon	Murray City Country Coast
Member	Matt Jones	Murray PHN
Member	Noela Prasad	Victorian Aboriginal Community Controlled Health Organisation
Member	Stephanie May	Victorian Aboriginal Community Controlled Health Organisation
Member	Vivien Renzella-Rose	Victorian Aboriginal Community Controlled Health Organisation
Member	Gemma Bilardi	Victorian Rural Generalist Program
Member	Joelene Mitchell	Victorian Rural Generalist Program

Please see attached document for HWSG Terms of Reference “RWAV 2022 HWSG ToR.pdf”.

Section 7: Endorsement

Health Workforce Stakeholder Group endorsement of the Health Workforce Needs Assessment.

HWSG Chair – Mr Trevor Carr

Date: 28 Feb 2022

Section 8: Checklist

This checklist confirms that the key elements of the needs assessment process have been undertaken. RWAs must be prepared, if required by the Department, to provide further details regarding any of the requirements listed below.

Requirement	✓
Governance structures have been put in place to oversee and lead the needs assessment process.	✓
Opportunities for collaboration and partnership in the development of the needs assessment have been identified.	✓
The availability of key information has been verified.	✓
Stakeholders have been defined and identified (including members of the Health Workforce Stakeholder Group); and Consultation processes are effective.	✓
Formal processes and timeframes (including a Project Plan) are in place for undertaking the needs assessment.	✓
All parties are clear about the purpose of the needs assessment, its use in informing the development of the RWA Activity Work Plan and for the department to use for programme planning and policy development.	✓
The RWA is able to provide further evidence to the department if requested to demonstrate how it has addressed each of the steps in the needs assessment.	✓
Quality assurance of data to be used and statistical methods has been undertaken.	✓
Identification of service types is consistent with broader use – for example, definition of allied health professions.	✓
The results of the Health Workforce Needs Assessment have been communicated to participants and key stakeholders throughout the process, and there is a process for seeking confirmation or registering and acknowledging dissenting views.	✓
There are mechanisms for evaluation (for example, methodology, governance, replicability, experience of participants, and approach to prioritisation).	✓

References

(in addition to statistics made available to RWAs or publicly accessible)

Department of Health. (2021). Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool, Australian Government. Retrieved from <https://hwd.health.gov.au/heaDSUPP.html>.

Rural Workforce Agency Victoria Limited. (2022). RWAV Jobadder Database 2022 – Internal RWAV database containing job vacancies that have been listed with RWAV.

Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census.