

## Appendix 1

### Solutions proposed by Congress re workforce

7 March 2023

#### Short Term

- A specific international migration campaign to recruit remote primary health care staff, including general practitioners
- a national campaign encouraging practitioners to make a long term commitment to return regularly for some weeks to a particular community over a number of years
- retention payments implemented for remote area nurses after 12 months of service
- Appropriate indexation on core PHC funding and an increase in the Medicare bulk billing incentive in rural and remote areas to match the large increase in the cost of employing health professionals in remote communities.
- The allocation of the 40 medical undergraduate places already funded to Charles Darwin University so that the NT can at last have its own medical school. We know this will lead to more doctors staying in the NT to work over the longer term but the key decision time is now

#### Medium term

- Establishment of a skills-based Aboriginal Health Worker training program to provide a pathway for Aboriginal community members into the health professions
- Support for two-year graduate nurse programs such as that developed by Congress
- Reform of undergraduate health professional training courses to make them more suitable to the needs of remote communities
- Further development of critical courses here in the NT through CDU in nursing and midwifery and a range of allied health professions areas such as pharmacy, podiatry, diabetes nurse education, occupational therapy, psychology and others.

#### Long term

- Address maldistribution and over-specialisation of health professionals, especially of doctors. This will require greater regulation of the number of training positions being offered by the non-GP specialist colleges.
- Expanding Aboriginal leadership and participation at all levels of the health system, including as social workers, psychologists, and administrators, through cadetship and scholarship programs

