

Health Professions Workforce Consultation - Evaluating the Process

Workforce Consultation - Introduction



- National and State planning levels
- Health Professions - Allied Health and Health Sciences
- Drivers - workforce demand and supply and workforce shortages
- Health Professions workforce priorities:

Planning

Clinical reform

Leadership

Supply

Presentation Aims



- Review of Consultation Process
- Review of Consultation Results
- Questions:

Reflection of Government priorities

Links and moving forward

Readiness for reform

Leadership priority

National Health Workforce Planning



- Clinical education and training
- Education and health sector divide
- Models of service delivery
- Recruitment and retention
- New/emerging workforce roles
- Maldistribution of the workforce

WA Health



Healthy Workforce Strategic Framework 2006-16

“In order to deliver clinical service and infrastructure reform ... workforce planning needs to take account of the broader health workforce context - of growing shortages, increasingly poor workforce distribution and concerns about the capacity of current health workforce structures and systems to respond to and adapt to change.”

WA Health - Workforce Areas

- **Supply and Distribution** - supply & distribution of health workers
- **Design** - roles & arrangements for models of care, service & infrastructure reforms & shortages
- **Skill Development** - education & training that is flexible, relevant & responsive to service delivery
- **Data** - data capture, systems & processes as evidence-based foundation for workforce planning
- **Culture & Environment** - positive & vibrant workplaces; professionalism, teamwork & accountability with innovation & continuous improvement

Workforce Consultation Forums

- Forum 1 - Issues
- Forum 2 -Strategies
- Presentations
- Rural videoconferences
- Strategies to address:
 - Workforce Supply and Distribution
 - Workforce Design
 - Workforce Skills Development



Reflection - Feedback



Usefulness:

- Knowledge of issues; Networking

Best part:

- Networking; Presentations; Workshops; Food/ venue

To be done better:

- Workshop structure; Differing responses (too long/short; needed more/less facilitation)

To be developed:

- Strategies in place; Leadership & recognition; appoint CHPO

Reflection - Consultation Results

Examples of Health Professions Workforce Strategies

Workforce Supply & Distribution

- Coordinated distribution for consistent state-wide level of service
- Attraction/retention - country/ indigenous populations; rural HP trainees
- Multiple entry - cadet, assistants, graduate & postgraduate
- Coordinated overseas recruitment

Reflection - Consultation Process

Workforce Design

- Competency-based progression linking training, career structure & clinical specialties
- Assistant workforce with consistent training & career structure
- Community multidisciplinary care to suit populations
- Generic positions/roles to enhance client care
- Administrative supports for clinical roles

Reflection - Consultation Process

Workforce Skills Development

- Coordinate undergraduate clinical fieldwork
- Collaboration with education/training, professional bodies, industry, consumers & government
- Accessible learning, postgraduate & re-entry systems
- Inter-professional undergraduate then specialisation
- Workforce entry with metropolitan / rural rotations

Reflection - Consultation Process



Workforce Data

- Data collection for workforce planning/ modeling & benchmarking

Workforce Culture and Environment

- HP leadership & representation at all levels
- Partnerships: Metropolitan & rural
Tertiary, secondary & primary services

Compatibility with National & State Workforce Strategies



6 HWPC key areas for national workforce:

- Clinical education and training
- Education and health sector divide
- Models of service delivery
- Recruitment and retention
- New/emerging workforce roles
- Maldistribution of the workforce

Barriers and Gaps



Rural issues:

- Design - Discharge; tertiary hospital support for rural rotations/backfill; technology (PACS & VC)

Career issues:

- Supply & Design - No multiple entry levels; ceiling to promotion; Underdeveloped career pathways

Resources:

- Skills - Perception of 'poor cousin' in research funding

Leadership

- Data - Professional diversity in negotiating power, needs & opinions, conflicting agendas, priorities & expectations
- Culture - Leadership across HPs to coordinate, drive, lead & develop communication; No structure in area health services

Barriers and Gaps

Management

- Supply & Culture - Workloads limit care quality; Poor coordination of vacant/ overseas recruitment

Culture

- Supply - Rewards system inequitable (pay scales, long service)
- Design - Need more responsiveness to innovation

Assistant & Generic workforce

- Design & Data - No standard delineation for assistant & professional roles
- Supply - Presumption that generic health workers will solve shortages

Summary & Recommendations

Questions:

- Reflection of Government priorities
- Links and moving forward
- Readiness for reform
- Leadership priority

Conclusion

Benefits of long-term health workforce strategies :

- Common goals across health, education & training
- Clarified roles & responsibilities
- Identified key priority areas for action
- Minimise crisis management
- Develop workforce skills that take time to grow
- Integration of workforce planning with service delivery developments in WA Health reform
- Opportunities from national workforce developments are optimised

Health Professions Workforce



Contact:

Karen Lennon

08 9222 0284

Karen.lennon@health.wa.gov.au

Or

Contact:

Thelma Burnett

9346 1122

Thelma.burnett@health.wa.gov.au

Thank You

