

Queensland Health Systems Review

– What has Allied Health Really Gained –
a Southern Area Health Service Perspective.

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Queensland Government

Queensland Health

Presentation Outline

- Background and Overview - Queensland Health Systems Review (Forster Review)
- The review recommendations for Allied Health Workforce
- The 2005 Health Action Plan
- Impact on Allied Health in the Southern Area Health Service

Background

- 2005 a *watershed* year for Qld Health
- 'Bundaberg Hospital' and 'Dr Jayant Patel'
- Bundaberg Commission of Inquiry
- Qld Health Systems Review

Final Report – Findings about...

- Future, culture, structure,
- planning /budgeting, improving health care & services,
- clinical support services,
- clinical governance & risk management,
- workforce for future,
- asset management & capital works, information management and
- performance monitoring of health systems outcomes
- Chapter 10 recommendations- ***A Workforce for the Future***

Allied Health - Overall Findings

1. Staffing levels significantly below other States – particularly in public hospitals
2. Area Health Services Leadership positions needed for allied health development
3. Rural & Remote Peer support networks and rotations registers required
4. Improved Career structure suggested - clinical career paths; advanced and extended practice roles.
5. Target of recruiting 2000 additional allied health over 3 years

Immediate Relief Actions

Qld Government to:-

- Approach the Commonwealth to increase student places and/or funding additional bonded places
- Increase employment of allied health staff with a willingness to teach students

Queensland Health :-

- Increase staff numbers by 2,000 over the next three years
- Flexibility in recruitment process to be improved
- Develop recommended student intakes in Qld to inform negotiations with the Commonwealth
- Create leadership positions in the Area Health Services to focus on workforce planning & recruitment

Improve Workforce Retention

Qld Government:

- Review Enterprise Bargaining to address current arrangements, remuneration levels and to remove impediments to workforce reform

Qld Health:

- Enhance career pathways
- Increase scale and flexibility of Clinical Advancement Scheme
- Improve organisational culture and foster strong leadership
- Provide timely, quality travel and accommodation for staff

Area Health Services:

- Develop peer support networks for isolated workers
- Access to resources for aggression management training

Districts:

- Provide amenities such as meeting and training rooms
- New staff - induction provided and monitored through PADs

Maximise Value of the Workforce

Area Health Service :

- Develop advanced and extended roles for areas of 'pressure' and clinical networks
- Introduce alternative models of care to reduce pressure in outpatients and A&E
- Devolve non-clinical tasks to maximise value
- Establish register of clinicians willing to undertake country service rotations and design a country service incentive package

Districts:

- Introduce flexible hours of work to increase productivity

Clinical Networks:

- Lead implementation of outcome based clinical pathways to improve care and streamline work practices

Improved Education and Training

Queensland Health should:

- Develop a longer term education, training and professional development program
- Provide clinical placements at a level to cope with the necessary increases in student numbers
- Negotiate with State & Commonwealth re funding models that reflect student retention and clinical placement costs.
- Provide peer support programs for younger AHP's working in rural & remote areas and ensure access to PD
- Identify areas of skill shortages and provide financial subsidies in targeted areas of post graduate study

Report Recommended Way Forward

Explore initiatives jointly funded, or funded in innovative ways

- Supernumerary preceptor positions within a network of facilities, structured to cope with undergraduate allied health workforce placements.
- Pilot programs for new types of health practitioners
- More use of simulation, telehealth and tele-education
- Health Areas to have equitable access to a decentralised Skills Centre network – for basic clinical skills and team based training.

2005 Health Action Plan

Allied Health specific plans:

- 400 more allied health staff over the next 18 months
- Actively recruit allied health from overseas
- Fund 100 scholarships for allied health students

Generic Plans:

- New Funding Model based on populations and regional needs and casemix funding for hospitals
- Clinical Networks – to improve patient outcomes and empower clinicians
- Additional funding of clinical services over 5 years i.e. Cancer

Qld Health will:

- Nominate tertiary hospital to provide outreach services and backfilling – established by mid -2006
- Establish a register for allied health professionals willing to do short term or longer term country service to be in place by the end of 2005.

Action Plan Funding Implementation

\$5.35 million recurrent was allocated for allied health workforce training and recruitment

- Allied Health Support and Supervision \$1.35m
- Allied Health Workforce Initiatives \$2.00m
- Scholarships for students \$2.00m

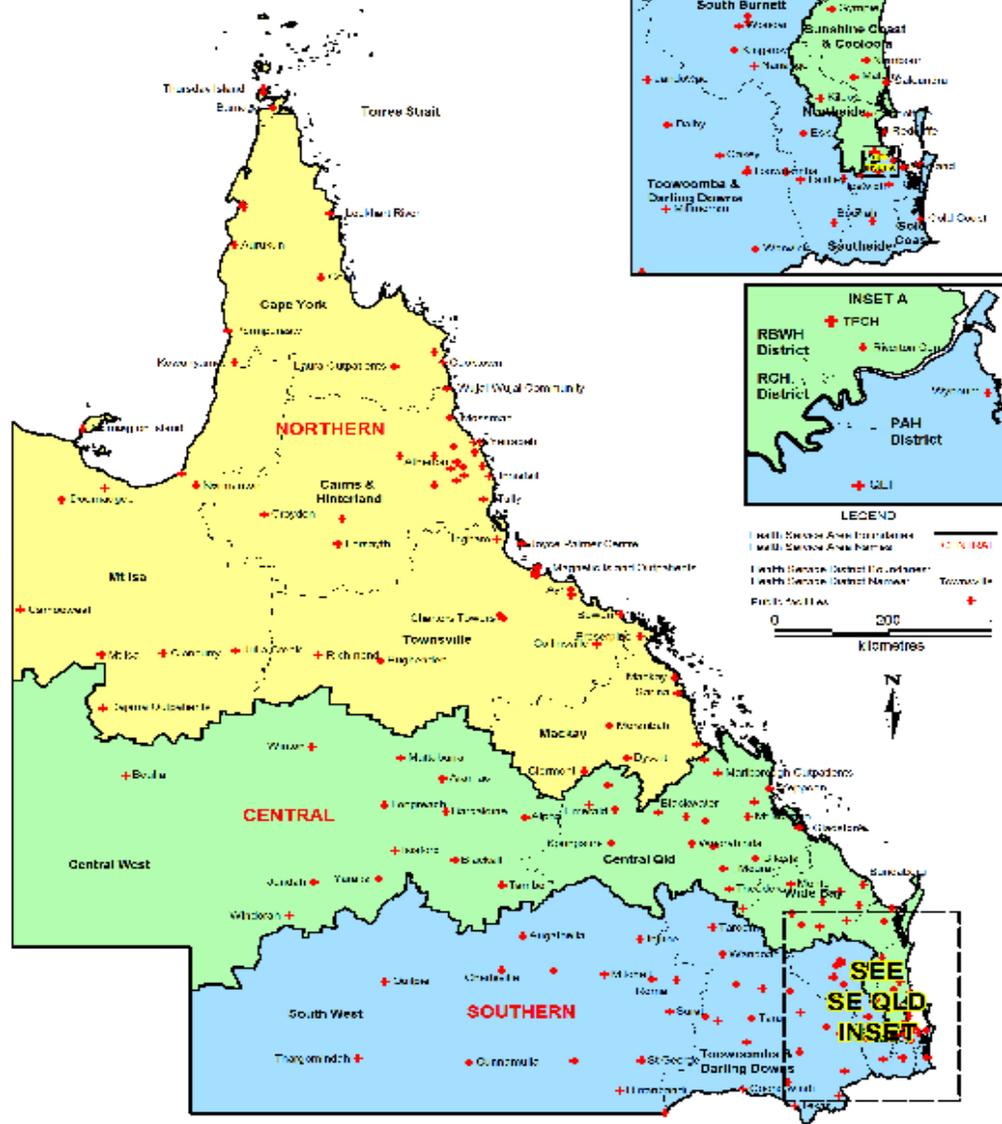
Funding:

- Non recurrent initially
- Ongoing funding to be determined annually dependent on effective implementation, utilisation of resources and the outcomes achieved by the Area Health Services

Scholarships

- Increases in Rural & Remote bonded Scholarships
- Establish “Area of Priority” bonded Scholarships
- Increase Indigenous cadetships
- Establish clinical placement grants
- Establish Continuing Professional Development scholarships (including post graduate)

QUEENSLAND HEALTH
Health Service Areas & Health Service Districts



Southern Area Workforce Advisory Unit

Established – Southern Area Allied Health Workforce Advisory Group (SAAHWAG)

Membership:-

- Allied Health Directors or equivalent per Health Service District
- Cunningham Centre
- Southern Area Allied Health Rehabilitation Program Manager
- Workforce Planning Unit Manager

Chair – part of the Statewide Workforce Advisory Group

What did we do

- Split \$3.35M across the three Health Service Areas
- Scholarships - \$1.24M
- Spend 12months worth of money in less than 6months

Southern Area specifically funded:-

- 1 Principal Project Officer Position
- 6 Workforce Development Officer positions (one per District)
- District level workforce projects and initiatives

Projects and Initiatives

- Departmental package to support new graduates
- Evidence Based Practice Projects
- Development of models of supervision
- Orientation and Procedure Manuals
- Developing models for relief pools at a discipline and district level
- Financial support for Certificate 3 & 4
- Literature review – AH Business Planning Framework
- TGA Compliance Policies & Procedures
- Retaining experienced staff and return to work
- Therapy Assistants Development Program
- Supervision backfilling for Senior staff

Specific Training

Sourced externally:-

- Information technology
- Writing Business cases
- Team Building
- Supervision & Peer Supervision
- Chronic Disease management
- Train the Trainer in CDM
- Mastering clinical coaching and feedback
- Professional Association specific training programs
- Allied Health Leadership training

Cancer Initiatives

- \$1.7M Statewide
- Area Allied Health Reference Groups
- Workshops, innovative applications, short courses/conferences and exchanges
- Scholarships – post graduate and research
- Lymphoedema – Level 1 and Level 2 training
- Statewide education forum

So where are now?

- 45 Projects committed to for workforce initiatives
- Report back in August of outcomes
- Informal feedback – staff positive
- Workforce Development Officers recurrently funded
- Area WDO at the Cunningham Centre
- Training & Development contingency funds
- Cancer T & D Initiative continues

Conclusion and Learnings

- Unprecedented access of money for workforce development opportunities
- Developing an understanding of the workforce training and development needs
- Money alone doesn't solve a whole lot without being linked to good planning based on good evidence