

HEALTHY WORKFORCE CONSULTATION FRAMEWORK

Organisational Development Division
Department Of Health
October 2005



INTRODUCTION

The health system in Western Australia is facing unprecedented workforce challenges and changes.

The *WA Health Clinical Services Framework 2005-2015* consultation process conducted in 2005, showed that WA Health needs to explore alternative approaches to service delivery and workforce practice and design in response to these changes.

The *Healthy Workforce Consultation Framework* sets out the current and future health workforce challenges in delivering WA Health's vision to provide a safe, high quality, accountable and sustainable health care system. It aims to encourage an exchange of ideas and alternatives at all levels of the health system.

The outcome of this consultation process will be the development of a *Healthy Workforce Strategic Framework*. We need your contribution to make sure that workforce strategy reflects the areas and approaches seen as important by health service staff and stakeholders.



SECTION 1: HEALTHY WORKFORCE - BACKGROUND

Western Australia Health Delivery Environment

Western Australia covers an area of 2,538,943 square kilometres. In 2005, its total population is estimated to be 2,006,200.¹ The population distribution is heavily skewed to the Perth metropolitan area (estimated 2005 population 1,475,100²) and the population in regional and remote areas is highly dispersed. Approximately 500,000 people in Western Australia live in small isolated communities distributed across an area of 2.5 million square kilometres. The state population density is 0.8 people/square kilometre compared to 2.6 for Australia as a whole.

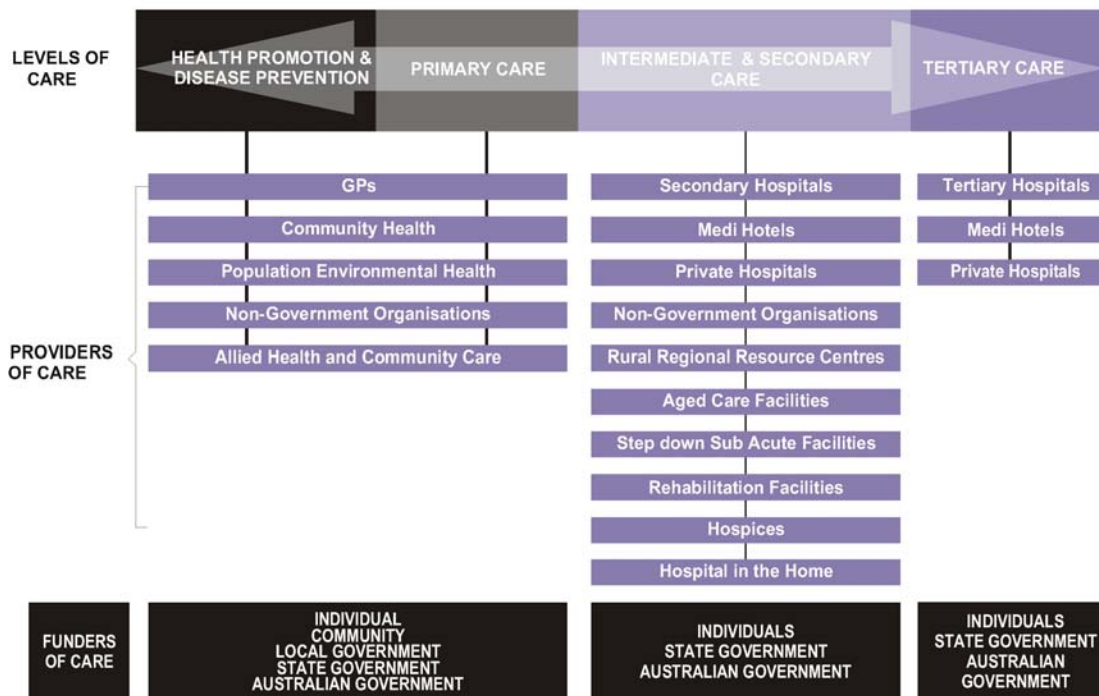
Aboriginal people make up 3.5%³ of the total population in Western Australia. Of this population, 66%⁴ live in rural, remote and isolated areas. The life expectancy of Aboriginal people in Western Australia is 16 years less than for non-Aboriginal people, and the death rate for Aboriginal people is almost double that for non-Aboriginal people.⁵

In common with all Western countries, the State's population is ageing, with 11% of the population aged 65 years and over. This percentage is expected to double over the next 50 years.⁶



The Western Australian Health System

The following diagram portrays a typical service delivery configuration for health services in Western Australia.



The Western Australian Government provides health services to the Western Australian public through a dynamic system incorporating:

- five tertiary health campuses
- eight public secondary campuses in the metropolitan area
- two privately operated hospitals that provide services to public patients under contract from the Department of Health
- six regional resource centres
- twenty district health services in rural and regional areas
- forty-five small health campuses of which a proportion are multi purpose services
- more than 300 community-based and mental health facilities
- more than 250 non-government organisations and statutory authorities.



The private sector plays a significant and complementary role in the provision of health services in Western Australia. There are 22 private hospitals in the metropolitan area and two in regional centres. There are 120 private licensed nursing homes throughout Western Australia with more than 6000 beds.

Western Australian Health System Reform

The health system in Western Australia is undergoing major reform in accordance with the recommendations of the Health Reform Committee's final report (the Reid Report) published in March 2004⁷. The reforms are based on the following underlying principles:

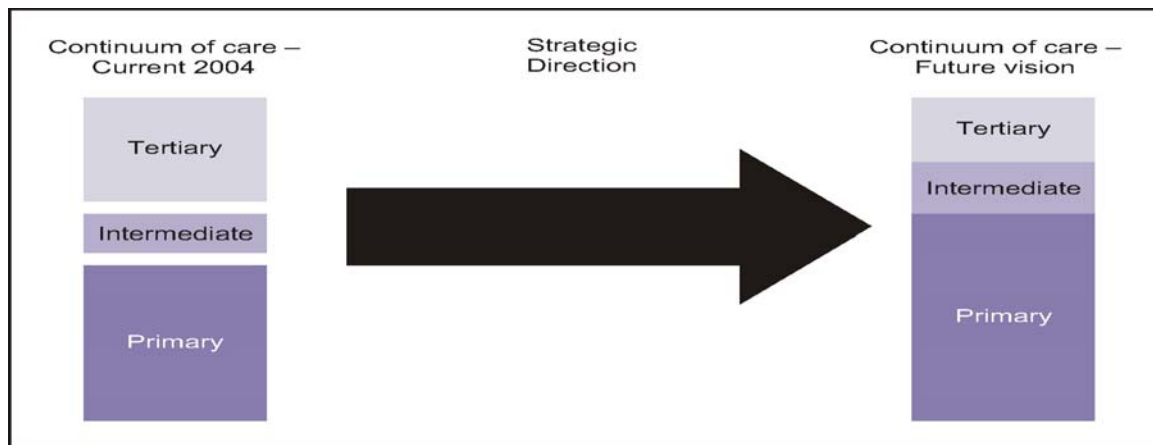
- to give priority to promoting and protecting the health of the people of Western Australia
- to reduce inequities in health status and inequities in access to health care with particular focus on Aboriginal people, people with mental illness and the poor
- to provide safe, high quality health care, underpinned by good evidence
- to pursue a culture of continual improvement
- to ensure appropriate care is provided in appropriate settings
- to ensure a patient-focused, patient-friendly health system
- to enable a patient to move between the different levels of health care in a seamless and easy manner
- to ensure that the use of health care resources is based on best value for money and allocated fairly
- to promote transparency and accountability to the community and to government
- to promote a culture of 'budgetary integrity' as the defining objective in resource use
- to put in place clear and robust accountability mechanisms and ensure that these accountability mechanisms are adhered to
- to ensure that the public sector and the non-government and private sectors complement each other
- to ensure that funding and workforce requirements for the Western Australian health system are sustainable.



Overall, Western Australia is working towards a health system that:

- appears to the patient as a single unified health system, rather than comprising discrete, disconnected entities
- increasingly emphasises the importance of health promotion, early intervention and prevention programs, and
- provides care in the most appropriate setting, particularly through the development of both general and specialist secondary hospitals.

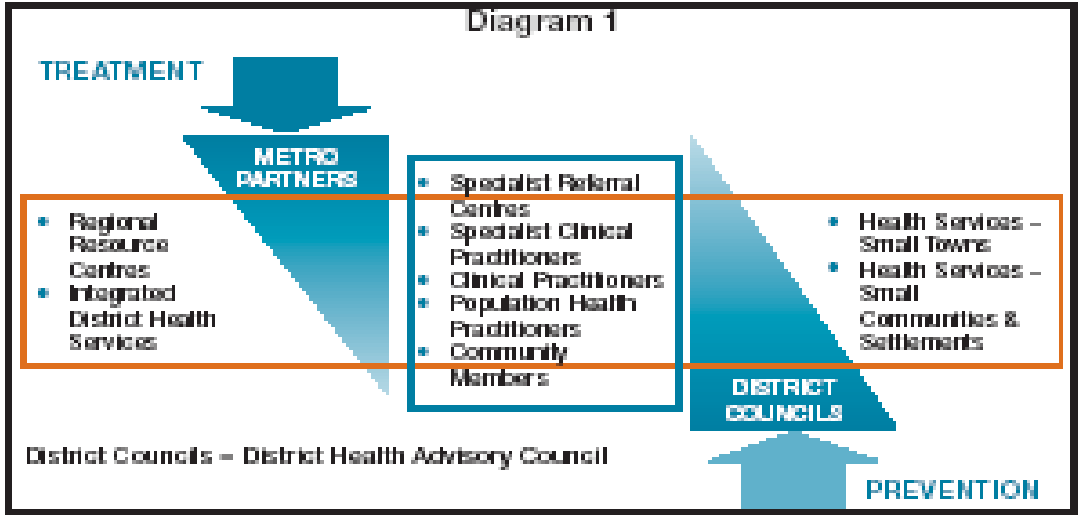
This is presented diagrammatically below.



The reform program requires significant changes in the way health services are delivered, including the reconfiguration of the structure and operation of health services in the Perth metropolitan area.

Such profound reconfiguration of services required the creation of a *Clinical Services Framework*. A lengthy consultation process for this reconfigured metropolitan system was recently concluded. The Framework delineates the level of clinical services to be provided at metropolitan hospitals over the next 5, 10 and 15 years consistent with the Reid Report recommendations.

The Reid Report endorsed the following model for country health service delivery in Western Australia.



Source: The Country Health Services Review, Department of Health, January 2003.



SECTION 2: HEALTHY WORKFORCE AGENDA – WHERE ARE WE NOW?

The foundations of the Healthy Workforce agenda in Western Australia are:

- the Reid Report recommendations on developing a sustainable workforce to support health reform; and
- the wide variety of current operational reforms being undertaken.

The Reid Report Recommendations and Progress to Date

The Reid Report outlined a number of reforms under the heading of ‘Workforce’. The relevant recommendations and the progress that has been made on them so far are set out below.

Recommendation 52

Staff throughout the public health sector should be offered opportunities to contribute to the development of a State health strategic plan.

- WA Health *Strategic Intent 2005-2010* was released in August 2005.
- The *Healthy Workforce Consultation Framework* has been developed.

Recommendation 53

The Western Australian public health system should support and reward innovation and continuous improvement. Mechanisms to achieve this should include development of a dedicated innovations website and the establishment of both an innovations fund and an innovation awards program.

- An innovations awards framework, commencing with the inaugural workforce innovations awards, is in development. The workforce awards were launched in October 2005.
- Work has commenced on an innovations website. This will be launched once the awards framework is concluded.
- Discussions have commenced concerning the establishment of an innovations fund.



Recommendation 54

The Department of Health should develop its workforce planning tools and capacity in collaboration with the universities, colleges of TAFE, the Department of Education and Training and the Australian Government.

- Web enabled Workforce Priorities Planning System has been developed. Service Level Agreement (SLA) is being negotiated. Rollout is contingent on SLA and final functional approval.
- Web enabled version of Nursing Hours per Patient Day data capture and reporting system has been developed. Rollout is contingent on User Manual completion, training support. Data integrity check against September workload report is being undertaken.
- Payroll production databases have been reduced to seven.
- New business rules concerning Full Time Equivalent (FTE) data capture and reporting have been implemented.
- FTE Administration has been 'rolled up' into a single structure.
- Chart of Accounts alignment has been completed.
- Job Title Code (JTC) conversions in production databases are complete.
- Diagnostic Related Groups (DRG) 'overlay' of the private hospital 'Theatre Management System' is complete, providing the potential for common workforce datasets.
- Initial workforce modeling and projections against the Clinical Services Framework (CSF) is complete.
- Medical workforce mapping has commenced.
- Examination of Basic and Advanced Surgical Training Posts and surgical requirements consistent with the CSF has concluded, and an additional Advanced Surgical Training post established.

Recommendation 55

A healthy workforce strategic plan should be developed which aligns with the State health strategic plan.

- Initial workforce modelling and projections against the Clinical Services Framework is complete.
- Healthy Workforce Consultation Framework has been developed.
- WA Government submission to Productivity Commission study of health workforce is complete and the Productivity Commission's draft proposals are under consideration.



- Health Education and Training Taskforce, a joint initiative between WA Health, Department of Education and Training and Department of Education Services, is being established.
- Planning initiatives have been discussed with Health and Community Services employer council at the Chamber of Commerce (representing 95% of private operators).

Recommendation 56

Discussions should occur between the Department of Health, major private hospitals, clinicians, medical colleges and universities to consider new approaches to under-graduate and postgraduate medical training. This will ensure greater involvement of the non-tertiary public hospitals, private hospitals, and the primary care sector.

- Medical Workforce Planning Committee has been established.
- Intern intakes, distribution and support requirements are being worked through with the Notre Dame University and the University of Western Australia
- Projections of medical workforce configuration – productive hours – have been concluded.
- Consultation forum, 'Ensuring a Healthy Medical Workforce' conducted in September 2005 with follow up session planned for November 2005.
- WA Health is representing all States at the Commonwealth Education Curriculum Board, Royal College of Physicians.

Recommendation 57

A senior adviser on allied health should be appointed to the Department of Health initially to assist with the development of a comprehensive strategy addressing allied health workforce issues.

- Consultation with professional organisations and relevant unions has been concluded.
- Chief Health Professions Officer position will be established and an appointment made after classification outcome is complete.



Recommendation 58

Increased numbers of Aboriginal health professionals should be employed in the Western Australian public health system. Employment targets should be set in area performance agreements to achieve this.

- Workforce planning capacity and support is being established within WA Health to support greater focus across all planning streams.

Recommendation 59

Western Australia should establish a Strategic Medical and Health Research Policy Council and associated Research Development Unit to allow for a more collaborative and strategic approach to medical research in this State.

- The State Health Research Advisory Council has been established to help develop WA Health's research strengths and to develop a Strategic Health and Medical Research Plan for WA.

Recommendation 60

Clinical leadership in the change process should be appropriately recognised and supported. Cross-institutional clinical collaboratives should facilitate this leadership role.

- A project reviewing leadership development for the executive levels and clinical networks has commenced.
- The Leading 100 program for emerging leaders has concluded for 2005 and further programs will be conducted in 2006.
- All three intakes in the Vital Leadership Program for middle to senior managers for 2005 have commenced.
- A Healthy Leaders Alumni has been established with ongoing development opportunities for participants in leadership programs.



Operational Reform

In addition to the agenda set for workforce reform arising from the recommendations of the Reid Report , there are a number of other actions being taken by WA Health to control costs and improve the efficiency and effectiveness of the health workforce and overcome skills shortages. Reforms are underway in the following areas:

- Workforce Planning
- Workforce Systems
- Labour Relations
- Workforce and Professional Development
- Work/Life Balance

ATTACHMENT A contains a full list of workforce reform initiatives in each of these areas.



SECTION 3: HEALTHY WORKFORCE AGENDA – WHERE DO WE WANT TO BE?

The Government's endorsement of the Reid Report provided the WA health system with the opportunity, incentive and authority to make profound changes in the way we work and the way we configure future health services.

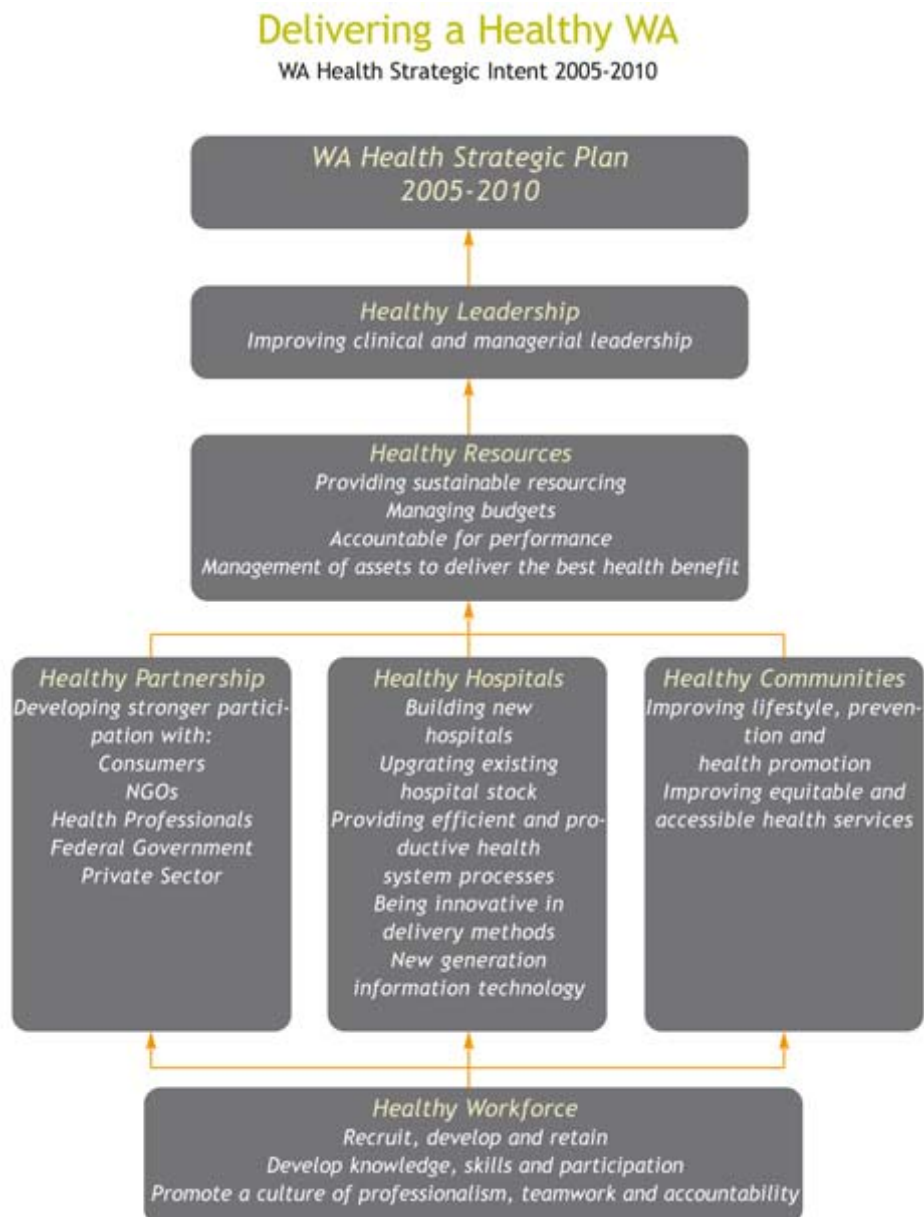
The WA Health *Strategic Directions 2005* and *Strategic Intent 2005–2010* further articulate the strategic approach to the implementation of the report's recommendations.

The *Healthy Workforce Consultation Framework* fits with the priorities presented in those documents.



WA Health Strategic Directions

The following diagram represents the WA Health strategic directions for the delivery of the WA Health Strategic Plan, with healthy workforce as the foundation. The strategic directions focus on the major goals for the public health system, identifies the objectives and actions that will be pursued and provides the basis for the development of WA Health's *Strategic Intent 2005–2010*.





WA Health Strategic Intent 2005–2010

The WA Health's *Strategic Intent 2005–2010* outlines key intentions and commitments for the next five years to 'Deliver a Healthy WA'. Healthy workforce is one of the six strategic directions.

Healthy Workforce commitments are:

- to develop and deploy a statewide strategic workforce plan
- to establish a vibrant and positive workplace and system culture
- to attract and retain people in the public health system through reducing/eliminating competition between health services, and improving rewards, benefits, recognition, incentives and working conditions.
- to promote workforce innovation through:
 - workforce redesign – doing health care differently
 - job redesign – new types of health workers
 - deploying new technology in new workforce design
 - investing in workforce development and training, and
 - developing integrated clinical networks across the health system.

National Health Workforce Agenda

Collaborative work with jurisdictions has already commenced in support of the National Health Workforce Strategic Framework [**ATTACHMENT B**]. This work will address barriers to workforce supply, attraction and retention.

Moreover, the Council of Australian Governments (COAG) recently commissioned the Productivity Commission to undertake a study of the health workforce. The study will develop an understanding of national systemic barriers to improving health workforce outcomes and then develop strategies to overcome these consistent with the National Health Workforce Strategic Framework.



WA Health has coordinated a detailed WA Government submission, incorporating submissions from the Department of Education and Training and the Department of Education Services, to the Productivity Commission Health Workforce Study. Draft recommendations from the Productivity Commission are under consideration.

The recommendations contained in the Submission are attached **[ATTACHMENT C]**. The recommendations identify a number of areas to be examined and addressed nationally to assist WA Health in delivering sustainable workforce consistent with the Clinical Service Framework configuration.



ACCEPTING THE PRESENT

Existing challenges concerning health workforce – and indeed workforce in Australia generally – are well known.

The impact of the ageing population means that while the current national workforce pool grows at an annual rate of around 170,000 per year, by 2020 this is projected to be just 12,500 per year.

Future years will see an increasing and unprecedented focus on obtaining (and keeping) the health workforce. This is a supply issue Australia will face, without even contemplating the effect of increased global competition for health practitioners.

In WA the average age of the total medical workforce was 46.6 in 2003, up from 45.8 in 2000. (AIHW 2003). The average age of employed nurses in WA was 45.5 in 2003, up from 41 in 1997. (AIHW 2003)

As well as the problems presented by ageing, the current workforce that does exist is working fewer hours. Between 2000 and 2003, average hours worked per week by male doctors nationally have fallen from 46.4 hours to 45.8. Over the same period, female doctor average hours worked per week have declined from 33.1 hours to 32.2 hours.

Given there are approximately 50,000 medical practitioners registered and working in Australia, a decline in hours worked by one hour per week represents a loss of 50,000 weekly working hours or the equivalent of roughly 1,000 full time doctors, from the Australian health system.

In nursing between 1997 and 2003 the average hours worked per week by nurses nationally increased almost 2 hours from 30.7 to 32.5 hours.

As one of the smaller health systems in the nation we must work smarter and harder to ensure that a sustainable workforce can be established, maintained and increased.

Statistical data concerning health workforce is presented in **Attachment D**. In the absence of 'live' data and access to indicators that reliably foreshadow shifts in supply, statistical data tends to lag by up to two years.



The plan for metropolitan health services in the WA Health Clinical Services Framework 2005-2015 underpins estimates of workforce demand growth. Staffing Full-Time Equivalent (FTE) requirements have been mapped by major employment category over the 15-year planning timeframe.

Workforce supply assumptions, including baseline workforce size, were made based on available information. Forecasting methodologies were derived and implemented based on contextual information and available data.

Projections were made based on qualitative knowledge of health workforce patterns and trends along with workforce demand data provided by the Health Reform Implementation Taskforce and the Department of Health. This data reflects the proposed reconfiguration of services, and includes projected bed capacities, service throughputs, and service capability level data.

The impact of changes forecast in average length of stay (ALOS) over time is shown in projections of the community/population health component of the workforce.

Future Requirements - Workforce Sustainability

A sustainable health workforce will require new types of health workers, greater use of technology and new models of care.

Changing Workforce Roles

The health workforce needs to be responsive to new models of health care and changing skills requirements. Innovation in health service delivery needs to be underpinned by a flexible and responsive workforce. New technology has a significant impact on skill requirements for effective health service delivery and the current pressures on workforce supply are also changing workforce roles.

Health workforce reforms being implemented in Western Australia recognise that:

- The rapid advances in technology have resulted in increasing specialisation at one end of the spectrum and, at the other end, some procedures becoming safer, more routine and requiring less intensive hospitalisation.
- The challenge for the future is to carefully assess the cost/benefit of any new technology before it is introduced, concentrate the use of high cost, highly specialised technology at particular health sites to maximise



workforce availability and skills development and make the most efficient use of equipment, and change work practices, clinical pathways and settings once the use of any particular technology becomes more routine.

- There is a need to provide generalist health services, albeit at a higher level, in the suburban metropolitan areas of Perth while concentrating and rationalising the provision of more specialised services in a small number of highly specialised hospital settings.

New Models of Care

Health professionals are already working under new levels of practice, organisational arrangements and work patterns in order to deliver services. These changes will continue as health services develop more effective models of care through interdisciplinary team based care approaches, technology transfer processes and changes in the division of labour (skill mix).

Identifying those changes to workforce roles and skills sets that are beneficial while maintaining standards of health service delivery is a challenge. It needs to be addressed at both a national level and through workforce initiatives within WA Health.

Approaches need to address workforce flexibility, including working with all the health professions to develop greater adaptability across current occupational groupings.

Medical

The organisation of medical work, medical staffing, recruitment, deployment, training and continuing education in hospitals and other settings needs to change to better reflect the needs of patients, doctors and the health system in general. In particular, more innovative approaches are needed for medical continuity and cover after hours, improved Senior Medical Officer–Resident Medical Officer relationships, alternative options to enhance training and adult learning, and strategies to improve interdisciplinary care. These need to take into account:

- the changing relationship between the medical workforce and the community which has created a new level of medical professionalism
- the medical profession’s increasing acceptance of more partner-focused relationships involving doctors, their patients and carers and other health workers



- the new era of medical practice that requires specific competencies in addition to technical knowledge
- the commitment of WA Health to strong leadership and clinical governance.

Services will be redesigned in the future, with trained health professionals taking more responsibility for care rather than the medical practitioners. In general, expensively trained and highly skilled and remunerated health workers should not be providing services that can be delivered safely and effectively by other workers. The clinical workforce shortages faced by health services in rural and remote areas highlights another key area for change.

Nursing

WA Health has undertaken considerable work on the Nurse Practitioner Model in WA.

There is currently an investigation on nursing models of care using nursing scopes of practice, and pilot projects. This includes consideration of registered nurse/enrolled nurse/carer roles and appropriate skill mixes.

The feasibility of mental health assistants to address the shortage of mental health nurses is under consideration.

Health Professions

In health, traditional profession-specific roles are evolving, with a push amongst professional associations to simplify legislative constraints so that allied health professions can respond to community demand. This would see the emergence of enhanced scope practitioners amongst allied health professions, similar to that which is occurring in the nursing workforce.

Academics are calling for a redefinition of physiotherapy and a total restructuring of training programs and workplace competencies to reflect current research, attitudes and work practices, rather than the present array of technical and clinical skills.⁸

The increased role allied health professionals can play in the public hospital setting has already been recognised, with allied health professionals dedicated to emergency care facilities to alleviate increasing pressure on emergency departments.⁹



Health Workforce Skill Development

Approaches to workforce must encompass reviewing the current health workforce skill development process, as well as working in collaboration with the education and training sectors to ensure health workforce skills are responsive to health delivery requirements.

Collaboration with education and training will ensure that courses meet health delivery needs. In particular, there needs to be a re-focusing of higher education course curriculum development, accreditation and education models to address current health workforce challenges. Curriculum design must acknowledge the blurring of the health profession roles in service delivery and address this through a greater focus on generic skill development.

Skill development processes must also address the current restrictive professional silos within health, where career paths are restricted to one vocational stream, management is the only means of promotion and multi-skilling is virtually impossible.

Cross-sectoral links between schools, the Vocational, Education and Training (VET) and higher education sectors need to be improved. Career path structures that are supported by skill development programs, and that enable the smooth transition from non-degree qualified vocations to the professions, have the potential to alleviate some of the labour market supply problems faced by WA Health.

Under current structures the programs provided within the VET sector are aligned with workplace competence. The Department of Health needs to continue to collaborate with the VET sector to optimise health workforce skill development.

More critically, the Department of Health also needs to collaborate with the higher education sector to ensure that health professional skills are matched with the service delivery challenges. This includes ensuring graduates are job ready and have an appreciation of what the job is all about.



Work needs to be done on developing current arrangements for clinical placements to ensure that there is more balance between health service delivery needs and training requirements. Given the demand for clinical placements and the shortage of qualified professionals to undertake the supervision of students in the public sector, strategies to encourage private health professionals to contribute to the technical training of university undergraduates need to be developed.



SECTION 5: HEALTHY WORKFORCE – THE CONSULTATION PROCESS

A part of the Healthy Workforce Consultation Framework is the development of appropriate consultation structures that will engage staff and stakeholders in the workforce planning process and ensure healthy workforce initiatives are fully integrated with service delivery. The Healthy Workforce consultation process is outlined below.

Healthy Workforce Consultation Process



Healthy Workforce Committee

The Healthy Workforce Committee (HWC), comprised of Area Health Service and Departmental leaders, will consider input and feedback from staff and stakeholders during the development of the Healthy Workforce Strategic Framework.

The HWC will become the conduit through which ALL workforce initiatives shall pass for consideration and, where necessary, prioritisation.

The HWC will also have responsibility for coordinating WA Health's engagement with the national health workforce agenda through the Australian Health Ministers Advisory Council committee and subcommittee structures.

The Director General will be informed and advised by the Committee on issues related to the university sector, which can then be raised in the Vice Chancellors' Forum. This will provide a direct interface between the university sector and



health workforce planning to enable better links between higher education and workforce planning initiatives.

The HWC will also link into the work of the WA State Health/Education and Training Taskforce currently being established.

The underpinning premise of the HWC is full engagement with and through Area Health Services, staff and stakeholders. Supported by the Organisational Development Division, through Health Support Services, the approach will represent the most comprehensive consultation engagement on workforce ever undertaken by the public health system.

Consultation Forums

A series of Healthy workforce consultation forums, modeled on the Healthy Medical Workforce Consultation Forum, will take place to promote discussion and consideration of issues for other areas of the workforce. As with the current medical workforce consultation process, web-based consultation forums will also be used to gather feedback from staff.

The outcomes of these consultation processes will feed directly to the Healthy Workforce Committee and towards the development of the *Healthy Workforce Strategic Framework*.

Clinical and Workforce-Based Reference Groups

Feedback from current clinical and workforce-based reference groups will also inform the development of the *Healthy Workforce Strategic Framework*.



Healthy Workforce Consultation Website

A healthy workforce web portal will be established and web-based forums/questionnaires will be developed to provide an additional consultation tool.

Healthy workforce consultation processes will continue, as workforce directions develop in reaction to developments in health care delivery.

Consultation processes across, as well as within, current occupational groupings will be encouraged.



SECTION 6: CONCLUSION

Central to improving health workforce planning and performance is the challenge of putting change into practice. For this consultation framework, our main challenges are:

- developing the capability to manage change – that is, we need the leadership and supporting infrastructure necessary to turn innovative ideas, projects, proposals and recommendations into policies, plans, processes and programs that are effective on the ground
- recognising and harnessing the talents, skills, training and knowledge of the workforce to improve health workforce outcomes and health care delivery
- changing the perception of staff so that they feel positive about change and will take part in the consultation processes being established
- developing dialogue across, as well as within, current health occupations to support the development of new ways of working and new models of care.

We hope that all staff and stakeholders will take the opportunity to provide their expertise and knowledge in the consultation process, so that we can make changes that are effective and workable for the entire health workforce.



ATTACHMENT A

OPERATIONAL REFORM INITIATIVES

Workforce Planning

Review of WA's Surgical Training Capacity

- The Australian Medical Workforce Advisory Committee (AMWAC) has reviewed 19 specialist disciplines nationally, since 2001, identifying that 11 specialist disciplines are facing current or imminent overall shortage. AMWAC has recommended increased numbers of trainees for each of these 11 specialty disciplines.
- Issues of supervision, rotations, volume of caseload, complexity of case mix, theatre access, outpatient services, nursing and administrative support are just a few of the issues to be considered as increases to medical training are required.
- WA Health is currently reviewing the surgical training capacity of Western Australia with a view to expanding this to other medical specialties at a later stage.

The objectives of the review are to:

- optimise the training capacity within WA, ensuring that WA achieves a sustainable health workforce;
- increase the supply of medical practitioners over the medium to long term; and
- establish best practice training programs.

Progress to date:

- workforce projections of WA's surgical workforce requirements to 2015 have been undertaken and identified that WA requires an additional 80 surgeons by 2010, to meet projected consumer demand.
- current WA Health capacity has been identified and identification of possible training opportunities have been finalised with a total of 13 additional surgical training places created. Training will be enhanced in the outer metropolitan hospitals as a surgical training network is developed.



- WA Health is now represented on both the Royal Australasian College of Surgeons' Board of Basic Surgical Training and the Board of Paediatric Surgery.
- a coordinated process across the four teaching hospitals for the selection and placement of Basic Surgical Trainees has been implemented.
- workforce establishment projections for Rockingham Redevelopment Project commenced.

Systems

WA Health is improving workforce reporting and analysis capacity through a number of initiatives:

- Enhanced reporting capacity and improved systems based reporting framework, facilitated by a single aggregated source of Workforce/Payroll data.
- Changes to core source data systems are being made to enhance the completeness and quality of workforce data via a revision of record keeping standards and the identification of WA Health specific minimum data requirements.
- The development of a "system" based performance reporting model (as a replacement for the current "largely manual process").
- The development of an alternative service/function related performance reporting and workforce profiling that is more closely aligned with the operational requirements of health service units.
- The development of human resource information system (HRIS) coding structures that will support more meaningful data analysis.
- The development of data linkages with other core WA Health systems including finance and activity systems.
- The development of baseline establishment profiles that will facilitate the improved reporting of actual staff numbers, improved reporting of organisational structures, the identification of vacancy rates and delivery of improved workforce planning capacity.
- The development of Nursing Hours per Patient Day (NHpPD) models for non-benchmarked areas. This will (over time) allow all wards, units and community service nurses workload to be monitored. The model is currently being reviewed to ensure benchmarks remain relevant and reflect current activity.



- The online graduate candidate management system has been implemented. The system has an advanced reporting system using cube technology, which allows for flexible analysis of large amounts of data.

Marketing: 'Are you good enough to be a nurse'

- A review of the current marketing approach "Are you good enough to be a nurse" has commenced.

Labour Relations

- Development of a bargaining approach to support implementation of the reform agenda has commenced.
- Enterprise Agreements have been examined to ensure no impediment to conjoint clinical appointments has been completed.
- Agreement with relevant Commonwealth Departments on the nature of WA Health employers concluded.
- Work value examination of health professional classifications nearing conclusion.
- Review and revision of enrolled nurse classification structure taking into account changing skills, roles and scope of practice underway.
- Area Health Services have agreed an appropriate approach to future Visiting Medical Practitioner arrangements.
- Review of the work value of health professions is nearing conclusion. The examination is the most comprehensive undertaken since 1989.

Workforce & Professional Development

- Increase in number of Nursing scholarships – Undergraduate, Enrolled Nurse to Registered Nurse Conversion, Clinical Specialisation and Nurse Practitioner – to be doubled in 2005/2006.
- Expansion of WA Health Graduate Development Program.
- With the cancellation of the Enrolled Nurse renewal of registration by distant learning program coordinated by Curtin University, there is a problem for remote nurses in WA having access to a re-training program. A business case is being developed for course replacement.
- The following supply driven courses continue for 2005/06:



- RN renewal of registration – internal and distant learning;
 - RN migrant bridging program;
 - EN renewal of registration;
 - Midwifery renewal of registration;
 - Refresher programs for; ENs, RNs, Midwives, Mental Health.
- System-wide audit of training & development continues.
 - Introduction of Nurse Practitioner legislation 2003 being implemented to allow nurse practitioners to practice in designated areas.
 - “Up-skilling” nursing courses in paediatrics and mental health implemented.
 - Development of mental health nurse transition program to address recruitment needs in mental health nursing.
 - Revision of the WA Population Health Training Program.
 - Development of clinical protocols to support implementation of multi-disciplinary care models in health services.
 - Development of the Enhanced Role Midwife Project.
 - Collaboration with the Department of Education and Training for Diploma in Enrolled Nursing.
 - Development of post registration courses for enrolled nurses in acute care, mental health and other specialties will be available from February 2006.
 - Continual review and development of nursing scopes of practice in partnership with Nurses Board of WA to support job redesign and multi-disciplinary models of care. Enhanced scope of practice for enrolled nurses has come into effect.
 - Investigation of new models of care for nursing to enhance adaptability and flexibility of the nursing workforce using scope of practice.

Work/Life Balance

- A number of recommendations have been approved for implementation by the State Health Advisory Committee on Family Friendly Initiatives. These are outlined in the State Health Advisory Committee Report to the Director General of Health April 2005.
- The establishment of the Family Friendly Network to bring together employees across WA Health who have an interest in work and family issues.
- Implementation of the Workplace Aggression and Violence Policy for nursing - supporting education program has commenced.
- Family Friendly Website deployed.



- Publication, Family Friendly Entitlements distributed.
- Families That Work seminar series conducted.
- Potential for child care facilities at Armadale and Osborne Park being examined.
- Various policies reviewed and deployed.



ATTACHMENT B

NATIONAL HEALTH WORKFORCE STRATEGIC FRAMEWORK

Vision

Australia will have a sustainable health workforce that is knowledgeable, skilled and adaptable. The workforce will be distributed to achieve equitable health outcomes and will be suitably trained and competent. The workforce will be valued and able to work within a supportive environment and culture. It will provide safe, quality, preventative, curative and supportive care that is population and health consumer focused and capable of meeting the health needs of the Australian community.

Guiding Principles

1. Australia should focus on achieving, at a minimum, national self-sufficiency in health supply, whilst acknowledging it is part of a global market.
2. Distribution of the health workforce should optimise equitable access to health care for all Australians, and recognise the specific requirements of people and communities with greatest need.
3. All health care environments regardless of role, function and size of location should be in places in which people want to work and develop; where the workforce is valued and supported and operates in an environment of mutual collaboration.
4. Cohesive action is required among health, education, vocational training and regulatory sectors to promote an Australian health workforce that is knowledgeable, skilled, competent, engaged in life long learning and distributed to optimise equitable health outcomes.
5. To make optimal use of workforce skills and ensure best health outcomes, it is recognised that a complementary realignment of existing workforce roles or the creation of new roles may be necessary. Any workplace redesign will address health needs, the provision of sustainable quality care and the required competencies to meet service needs.
6. Health workforce policy and planning should be population and consumer focused, linked to broader health care and health systems planning and informed by the best available evidence.



7. Australian health workforce policy development and planning will be most effective when undertaken collaboratively involving all stakeholders. It is recognised that this will require:
- cohesion among stakeholders including governments, consumers, carers, public and private service providers, professional organisations, and the education, training, regulatory, industrial and research sectors;
 - stakeholder commitment to the vision, principles and strategies outlined in this framework;
 - a nationally consistent approach;
 - best use of resources to respond to the strategies proposed in this framework; and
 - a monitoring, evaluation and reporting process.



ATTACHMENT C

DOH RECOMMENDATIONS TO PRODUCTIVITY COMMISSION HEALTH WORKFORCE STUDY

(1) Sustainable Health Service Delivery

- There needs to be a sustained effort by health policy makers at all levels of Australian Government to better manage the demand for health services into the future.

(2) Stakeholder Collaboration

- The stakeholders in health care need to build consensus on the measures necessary for achieving both sustainable health services and a sustainable health workforce.
- On-going commitment to the development and utilisation of effective cross-sectoral collaborative mechanisms needs to be demonstrated with processes for regular evaluation to ensure system sustainability.

(3) Education and Training

- The funding models applied to health workforce skill development require review.
- More effective interfaces between the education/training and health sectors need to be established, ensuring flexibility and responsiveness.
- The aims and objectives of key stakeholders in health workforce skill development need to be reconciled towards health workforce sustainability.
- Curricula development must reflect and respond to health care delivery requirements and be structured in such a way that 'job ready' additions to health workforce result.
- Health and education/training sectors should develop a stronger collaborative framework to support clinical placements.
- Strategies need to be developed to encourage private health professionals to contribute to the technical training of university graduates.



- The linkages of skill development pathways to the industrial relations platform and as a consequence, career pathways need to be acknowledged and addressed.
- Cross-sectoral linkages between schools, vocational education and training (VET) and higher education need to be improved.

(4) Sustainable Rural and Remote Health Delivery

- The potential for integrating community doctor funding and services with hospital and health services needs to be explored by health jurisdictions. Appropriate streaming of funding for alternative health services tailored to meeting community health needs, based on levels expected if the community had adequate GP services, require development.
- More flexible arrangements to allow billing against the Medicare Benefits Schedule for GP-type services delivered by public hospitals are required.
- The introduction of blended payment arrangements under Medicare for rural areas rather than exclusive fee for service should be considered.
- Encouragement of the formation of group practices across solo doctor towns to reduce overheads and provide support for individuals is also required. This may include practice management and pharmacy services provided through Divisions of General Practice or through other organisations.
- New approaches to make private health insurance a more feasible option in rural and remote areas need to be explored by the Commonwealth Government.
- Greater collaboration and partnership between stakeholders in rural and remote health service delivery needs to be developed, including greater flexibility in commonwealth program approaches.
- Greater cooperation between jurisdictions is required to facilitate the increased use of technology to provide access to health services in rural and remote areas.
- Approaches to workforce attraction and retention in rural and remote areas need to be broadened including the exploration of the impact of taxation-based levers and remuneration structure on workforce distribution and community development.



(5) Regulatory Structures

- The regulation and accreditation of professional standards needs to be simplified with particular attention given to new models of care and achieving national consistency.
- Regulatory models need to be sufficiently robust to respond effectively to workforce supply and distribution needs.

(6) Workforce Planning

- Greater investment needs to be made in health workforce planning including the development of a better appreciation/measuring tool of the main drivers of health workforce demand.
- Health workforce planning at both a national and state level must be directly linked to health policy development and health care delivery.
- National workforce planning needs to be streamlined and better aligned to national and state health workforce strategic objectives.

(7) Increasing Workforce Responsiveness to Health Care Delivery

- A national approach is required to address the current entrenched compartmentalisation of the health workforce into occupational groups that is reinforced by current regulatory, accreditation, training and industrial relations frameworks.



ATTACHMENT D

HEALTH WORKFORCE INFORMATION AND STATISTICS

Health Disciplines known to be in short supply in Australia in 2003/4

NURSING	ALLIED HEALTH	MEDICINE	OTHER
General Nursing <ul style="list-style-type: none"> - Aged care - Cardiothoracic - Community - Critical care - Emergency - Indigenous - Neonatal - Neurological - Oncology - Operating - Theatre - Paediatric - Palliative - Perioperative - Renal 	Physiotherapy	Orthopaedic surgery	Dentistry
Midwifery	Pharmacy (hospital/retail)	Ear nose and throat surgery	Pharmacy
Mental Health	Occupational therapy	Obstetrics	
Enrolled nurses	Speech pathology	Pathology	
	Diagnostic radiology	Radiology	
	Radiation therapy	Oncology	
	Sonography	Psychiatry	
	Nuclear medicine	Geriatric medicine	
		General practice	

(Source: Derived from information contained in the National Health Workforce Strategic Framework, Australian Health Workforce Officials Committee, 2004, Sydney.)



Medical

- The number of employed medical practitioners within WA increased by 1.3% between 2000 and 2003 (4,648 to 4,709 respectively). Nationally the number of employed medical practitioners increased by 10.0% over the same period from 51,106 to 56,207. (AIHW 2003)
- WA had 241 employed medical practitioners per 100,000 in 2003, significantly lower than the national figure of 283 per 100,000 population. Further, the WA figure has worsened since 2000 (248 per 100,000), contrary to national trends. (AIHW 2003)
- The number of Primary Care (General) Practitioners has fallen in WA from 2,007 in 2000 to 1,985 in 2003. In contrast the number of GPs nationally has increased by 4% over this period from 21,081 to 21,919. (AIHW 2003)
- WA remains below the national level of Primary Care (General) Practitioners per 100,000 with 102 GPs per 100,000 compared to a national figure of 110 GPs per 100,000 (AIHW 2003).
- WA had a lower number of specialists per 100,000 population than the national average, recording a ratio of 74.3 compared to the national ratio of 88.2. (AIHW 2001) Shortages are particularly evident in the areas of anaesthetics, psychiatry and emergency medicine.
- In Workforce Projections 2002-2022, Population Ageing and the Western Australian Public Sector Workforce,¹⁰ there is a forecast of growth in demand for medical practitioners of 2.29% per annum resulting in WA requiring 2,897 within the public system by 2022. Based on the supply assumptions this will result in a 35.1% shortage of medical practitioners across the WA public sector by that date.

Visiting Medical Practitioners (VMPs)

The Dept of Health has approximately 900 Visiting Medical Practitioners (VMPs) representing approximately 1300 VMP contracts throughout the country areas and metropolitan non-teaching hospitals.



Overseas Trained Doctors (OTDs)

Medical Board figures for Conditional Registration 2001 to 2004 are as follows:

CONDITIONAL REGISTRATION	30 JUNE 2004	30 JUNE 2003	30 JUNE 2002	30 JUNE 2001
Internship	137	116	126	122
Supervised Clinical Practice	33	17	27	22
Postgraduate Training	61	39	25	23
Medical Teaching	5	5	-	-
Unmet Areas of Need	429	462	364	365
Recognised Specialist Qualifications and Experience	198	142	106	79
Temporary Registration in the Public Interest	6	10	6	6
General Practice in Remote and rural Western Australia	70	39	56	41
Medical Research	4	4	3	3
Foreign Specialist Qualifications and Experience – Further Training	14	15	11	13

(Source: Medical Board of WA, Annual Report 2004.)

Medical Students

Intern numbers for the 2005-2013 period are:

YEAR	UWA	NOTRE DAME	TOTAL
2005	107		107
2006	117		117
2007	134		134
2008	153		153
2009	169	80	249
2010	226	80	306
2011	197	80	277
2012	196	96	292
2013	195	96	291



- The total number of medical students in Western Australia (WA) will increase from 358 in 2004 to 404 in 2005, peaking at 795 in 2009. This is a 222% increase and an overall increase of 437 students.
- The increase in medical students numbers will result in an increased number of graduates entering the health system. It is projected that medical interns (Post Graduate Year 1s) will increase by 218% from 140 in 2005 to 306 in 2010.

Nursing

- National projections of the nursing workforce undertaken through the Department of Education Science and Training indicate that, on current trends, the national nursing workforce will be in shortage by approximately 40,000 nurses by the end of the decade and approximately 90,000 nurses by 2020.
- WA has a total of 20,983 employed registered and enrolled nurses, comprising of 16,800 registered nurses and 4,183 enrolled nurses. This represents a decrease in employed numbers since 1997 with a decline over that period of 3.6% (registered nurses falling by 2.2% and enrolled nurses by 8.7%). In contrast the national number of employed nurses has grown by 6.3% since 1997 (registered nurse increasing by 7.3% and enrolled nurses increasing by 2.7%). (AIHW, 2003)
- WA has 1,076 employed nurses per 100,000 population, which is well below the national average of 1,191. A high proportion of WA nurse work part time (53.1%, compared to the national 50%). Therefore, in terms of employed nursing FTE per 100,000 population, WA is well below the national average of 965 per 100,000 versus 1,106 per 100,000 population. (AIHW 2003)
- The Australian Vice Chancellors' Committee (AVCC) identified in 2003 that 37%¹¹ of eligible applicants for nursing courses did not receive an offer due to limitation in university placements.
- WA experienced a decrease of 15.4% in the number of pre-registration students commencing between 2001 and 2002.¹²
- The estimated shortage between demand and supply of nursing graduates by 2006 is 432 for WA and 4,051 nationally.¹³
- General nursing, midwifery, mental health and enrolled nurses are registered with the Department of Education, Science and Training¹⁴ as areas of skill shortage within WA.
- *Workforce Projections 2002-2022, Population Ageing and the Western Australian Public Sector Workforce* has a similar view, forecasting that the



WA public system will have a gap between the demand and supply of nursing of 35.1% in 2022¹⁵.

Health Professions

- The recent *Western Australian Allied Health Taskforce on Workforce Issues* review¹⁶ identified 1,544 AHP FTEs within WA. The DOH employs 80.92% of its allied health professionals (AHPs) in the metropolitan area and 19.16% in rural and remote areas of WA.
- There are shortages in most areas of allied health with vacancy rates of 12.7% in podiatry, 11.0 % in clinical psychology, 9.6% in medical imaging and radiology, 6.7% in occupational therapy and 6.2% in physiotherapy.
- The supply and demand issues vary according to the particular profession. One example is podiatry: within WA there are 10.3 podiatrists per 100,000 population (AIHW 1999 which is on par with the national level of 10.7 per 100,000.) However WA's only podiatry course at Curtin University of Technology has recently ceased. This will have significant impact on future supply within WA.



ATTACHMENT E

TABLE OF REFERENCES

- ¹ Australian Bureau of Statistics, Population Projections Australia 2002-2101.
- ² Australian Bureau of Statistics, Population Projections Australia 2002-2101.
- ³ Population Health in Perspective, Department of Health Western Australia 2004 .
- ⁴ Western Australia Aboriginal Health Strategy , A Strategic Approach to Improving the Health of Aboriginal People in Western Australia, February 2000.
- ⁵ Population Health in Perspective, Department of Health Western Australia 2004.
- ⁶ Population Health in Perspective, Department of Health Western Australia 2004.
- ⁷ A Healthy Future for Western Australians Report of the Health Reform Committee March 2004
- ⁸ Stuber JC: Physiotherapy in Australia – Where to Now? The Internet Journal of Allied Health Services and Practice. July 2003. Volume 1 Number 2.
- ⁹ Moss J et al. 2002 ‘A Multidisciplinary Care Coordination Team improves emergency discharge planning practice’. Medical Journal of Australia 177 (8) 435-439
- ¹⁰ University of Western Australia, the Australian Research Council and the Department of Premier and Cabinet. Workforce Projections 2002-2022, Population Ageing and the Western Australian Public Sector Workforce.
- ¹¹ Australian Vice Chancellors Committee, Survey of Applicants for Undergraduate Higher Education Courses, 2003, Executive Summary.
- ¹² Australian Health Workforce Advisory Committee (2002), The Critical Care Nurse Workforce in Australia, AHWAC Report 2002.1, Sydney.
- ¹³ Preston B, Australian Nurse Supply and Demand to 2006. Report for the Australian Council of Deans of Nursing, June 2002.
- ¹⁴ Department of Education, Science and Training. National Review of Nursing Education 2002 – Our Duty of Care, Author and date.
- ¹⁵ University of Western Australia, the Australian Research Council and the Department of the Premier and Cabinet. Workforce Projections 2002-2022, Population Ageing and the Western Australian Public Sector Workforce, 2003.
- ¹⁶ Western Australian Allied Health Taskforce on Workforce Issues, Initial Report June 2002.