Health Workforce Australia
An overview

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Today's presentation

1. About Health Workforce Australia
2. Health Workforce 2025
3. Key objectives and projects for 2012-13
About Health Workforce Australia

- Building a sustainable health workforce that meets the healthcare needs of all Australians
- This workforce should have the capacity to meet the growing demands on Australia’s healthcare system, arising from:
  - an ageing population
  - growth in chronic disease
  - increased community expectation
- A Commonwealth Government statutory authority

National health workforce reform

- Council of Australian Governments – COAG National Partnership Agreement 2008
- Large-scale workforce reform necessary to meet Australia’s future health needs
- A national approach including jurisdictions, the health sector (government and non-government), higher education and training providers
- Health Workforce Australia (HWA) was set up in 2010 to help meet these challenges

Business-as-usual is not going to cut it
HWA: Our four key programs

- We are working in four key areas:
  - Information, analysis and planning
  - Workforce innovation and reform
  - Clinical training reform
  - International health professionals

KEY AREA ONE:
Information, analysis and planning

- National projections of workforce numbers and modelling the effects of different policy scenarios for a range of professions:
  - **Health Workforce 2025: Doctors, Nurses and Midwives** released 27 April 2012 (volumes 1 and 2)
  - medical specialties in forthcoming volume 3
- National data sets – national statistical resource
- Specific workforce planning (e.g. oral health and mental health)
Health Workforce 2025

FINDINGS:
What did we learn?

DOCTORS

- Short term: Supply is stable, but mal-distribution likely to persist
- By 2016 an increasing number of medical graduates will be ready to enter specialist workforce – but there are not enough specialist training places
**FINDINGS:**

*What did we learn?*

**NURSES**

- Short term: supply of nurses is stable
- Long term: **significant shortfall (109,490 by 2025)** due to an ageing workforce, poor retention rates and population health trends
- Some areas of nursing are especially at risk in terms of supply: mental health and aged care

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**OPTIONS:**

*What can we do?*

- Training reform: Increase efficiency to train health professionals
- Workforce reform: Retention, flexibility and productivity
- Enhance efficiency and effectiveness of international health professionals’ migration
- Improve geographic spread of health professionals across Australia
KEY AREA TWO:  
**Workforce innovation and reform**

- Strategy approved by the Standing Council on Health in August 2011:
  - case for change accepted
- Work plan approved September 2011:
  - validates a national and united direction – call for action across health and education
  - adopts projects for implementation across all program areas

WORKFORCE INNOVATION AND REFORM:  
**National framework**

The framework provides action in five inter-dependent domains for health workforce reform

<table>
<thead>
<tr>
<th>Domain</th>
<th>Health workforce reform</th>
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<tbody>
<tr>
<td>1</td>
<td>Health workforce reform for more effective, efficient and accessible service delivery</td>
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<td>2</td>
<td>Health workforce capacity and skills development</td>
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<td>3</td>
<td>Leadership for the sustainability of the health system</td>
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<td>4</td>
<td>Health workforce planning</td>
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<td>5</td>
<td>Health workforce policy, funding and regulation</td>
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</tbody>
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KEY AREA THREE:
Clinical training reform

- Support growth and reform in clinical training
- Build clinical supervision capacity and competence
- Develop and increase use of appropriate simulated learning
- Organise and govern clinical training through integrated regional clinical training networks

KEY AREA FOUR:
International health professionals

- Build intelligence and evidence on skilled migration
- Organise national strategy for recruitment and retention
- Increase nursing and allied health recruitment and retention for primary health care services in rural and remote Australia
- Streamline pathways to practice
- Simplify access to information
Key objectives for 2012-13

- **Building capacity**
  - To deliver more fit-for-purpose health professionals more quickly and efficiently

- **Boosting productivity**
  - To boost the productivity of the workforce and maximise their use

- **Improving distribution**
  - To ensure the health workforce is placed in areas it is needed

We will deliver these objectives by:

- **Building the evidence** for health workforce reform through planning, research and evaluation

- **Providing leadership** to influence national policy and programs on health workforce innovation and reform

- **Working in collaboration** with stakeholders to drive reforms and support a sustainable health workforce
Key projects in 2012-13

- **Building capacity**
  - Aboriginal and Torres Strait Islander health workforce
  - Clinical Training Funding Subsidy
  - Simulated learning environments
  - Clinical Supervision Support Program
  - Integrated Regional Clinical Training Networks

- **Boosting productivity**
  - Aged Care Workforce Reform
  - Workforce flexibility – assistant and support roles
  - Workforce flexibility – expanding workforce scope initiatives

- **Improving distribution**
  - National Cancer Workforce Strategy
  - National Regional Rural and Remote Health Workforce Strategy

Regional rural and remote health workforce strategy

- **Purpose:**
  - to develop a national rural and remote health workforce strategy and implement projects to improve service access by addressing workforce gaps

- **Key activities in 2012-13 include:**
  - developing the National Rural and Remote Health Workforce Innovation and Reform Strategy
  - developing an implementation plan
  - implementing the plan to address key workforce issues
Aboriginal and Torres Strait Islander health workforce

- **Purpose:**
  - to increase the capacity of the Aboriginal and Torres Strait Islander health workforce, especially Aboriginal and Torres Strait Islander health workers and practitioners

- **Key activities in 2012-13 include:**
  - establishing the parameters of the profession
  - workforce planning and research
  - increasing the workforce to meet demand
  - increasing the workforce to increase quality and accessibility of education
  - supporting and developing the workforce
  - building effective interdisciplinary relationships

Aged care workforce reform

- **Purpose:**
  - to increase productivity and flexibility of the aged care workforce through implementation of new workforce models

- **Key themes in 2012-13 include:**
  - safe medications management in the community
  - early, planned health care in residential aged care
  - preventing functional decline in the community
  - complex care coordination in the community
Integrated regional clinical training networks

Purpose:
- to facilitate, identify and align clinical training activity across the public, non-government health providers, higher education and training providers

27 integrated regional clinical training networks established across Australia

Integrated regional clinical training networks: Objectives

- Promote access to clinical training placement opportunities at local and regional levels
- Build relationships and collaborations between education and clinical training providers
- Facilitate planning and deployment of training requirements and placement opportunities
- Match supply and demand for clinical training placements and recommend distribution
- Support education and service providers in the management of clinical training placements including at the local level
- Support and engage with education and clinical training providers on other key national workforce reform issues consistent with the National Partnership Agreement
## Executed funding agreement allocation by program for Western Australia

<table>
<thead>
<tr>
<th>HWA program stream</th>
<th>Total funding ($ Ex GST)</th>
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<tbody>
<tr>
<td>Clinical Supervision Support Program (CSSP)</td>
<td>2,575,380</td>
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<tr>
<td>Clinical Training Funding (CTF)</td>
<td>34,794,767</td>
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<tr>
<td>Integrated Regional Clinical Training Networks (IRCTNs)</td>
<td>3,134,700</td>
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<tr>
<td>Simulated Learning Environments (SLE)</td>
<td>8,232,966</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$48,737,813</strong></td>
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For more information

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Twitter: www.hwa.gov.au/twitter
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