Developing a health workforce strategy for Queensland

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Foreword

I am pleased to present this discussion paper, as an important stepping-stone in the development of a health workforce strategy for Queensland, and to extend an invitation for you to get involved.

*My health, Queensland’s future: Advancing health 2026* sets the future vision for Queensland’s health system. By 2026, Queenslanders will be among the healthiest people in the world. In achieving this vision, Queensland Health recognises the central role that the health workforce will play, not only in delivering healthcare, but as an enabler of the other key strategic directions for health: promoting wellbeing, connecting healthcare and pursuing innovation.

The global trends impacting health care, the game-changing technological advancements in progress, and the rapid nature of these changes, will alter how, when, where, and by whom services are delivered. With a significant role in the employment, education, and training of the health workforce, Queensland Health seeks to build a health workforce that achieves the right outcomes for Queenslanders and for the health system.

The challenges facing the Australian health care system are well-documented and effectively positioning the workforce is key to responding to the challenges that lay ahead. The demand for services is expanding, and expenditure on health care is rising with it. As our population increases and ages, as the burden of chronic disease grows, and as consumer expectations for better, faster health services climb, the pressures on the health system and its workforce are building.

Now and into the future, Queenslanders need to be able to rely on the availability of high quality, sustainable and connected health care services. A health workforce strategy for Queensland will provide an important strategic framework to guide planning and the prioritisation of strategies that result in continued achievement and success.

Please take this opportunity to reflect on the challenges and opportunities associated with our state health workforce and consider the information presented in this paper in relation to the current health care context and potential areas for action.

Kathleen Forrester
Deputy Director-General
Strategy, Policy and Planning Division
Department of Health
# Discussion questions

| Context | 1. Which factors do you consider will have the most significant impact on the health workforce in the period to 2026?  
2. Which health workforce characteristic or issue do you consider to be of most concern to future health service delivery? |
|---|---|
| Visioning and priorities | 3. What do you consider are the top three priorities for the health workforce in Queensland?  
4. What are the key barriers and enablers in delivering on these priority areas? |
| Workforce education, training and development | 5. What are the main challenges with current clinical education and training in preparing the required future health workforce?  
6. What do you consider are the critical success factors in an effective clinical education and training system? |
| Aligning skills, place and time to meet consumer needs | 7. In which area do you consider the workforce can make the greatest impact?  
8. What do you believe to be the key enablers to transforming the workforce to deliver the health services that Queenslanders require? |
| Capacity of the workforce over time | 9. What do you consider are the main target areas for ensuring workforce sustainability for the health sector?  
10. What is working well now to facilitate the sustainability of the health workforce? |
| Workforce health, safety and wellbeing | 11. How important is building a well workforce to enabling health workforce efficiency, effectiveness, and sustainability?  
12. How important is planning for employee wellness a strategic priority? |
| Optimising workforce models | 13. What experience do you have with new and redesigned health care roles or teams?  
14. What do you consider is the greatest challenge in redesigning the health workforce and how should this be approached? |
Introduction

As the Queensland health sector works to ensure Queenslanders have access to high quality, responsive health care, it is recognised that the growth and development of the health workforce will play a key role.

Advancements influencing the health workforce are evident in initiatives such as the introduction of new and expanded scope roles, the removal of regulatory barriers to practice, and the adoption of new practice models.

The recently released vision for the health system in Queensland, *My health, Queensland’s future: Advancing health 2016*, presents an opportunity to clarify priorities and refocus the health workforce.

This discussion paper presents an overview of identified factors affecting the health workforce in Queensland, examines the changing context in which the health workforce operates, and explores the factors affecting the capacity of the workforce to effectively deliver services that meet the health needs of Queenslanders.

This paper is intended to provoke interest and discussion about the development and prioritisation of strategies that lead to the required health workforce for the future, and takes lessons from the global health sector in planning for uncertainty and potential change.

This paper complements concurrent workforce planning activities across Queensland Health. Key strategy and planning activities led by the Department of Health include the development of a Queensland Medical Workforce Plan by the Office of the Chief Medical Officer, and planning future directions for the expanded scope of practice for the allied health professions by the Allied Health Professions’ Office Queensland. In addition, the Office of the Chief Nurse and Midwifery Officer is driving the implementation of commitments to introduce safe nurse to patient ratios, nurse navigators, and the employment of nurse graduates in the public sector.

All of these planning activities are complementary and align with the development of a health workforce strategy for Queensland. Once established, the strategy will provide the overarching framework to inform future planning.

Developing a workforce strategy

The health workforce strategy will establish a clear set of priorities and provide a framework for action to build a capable, responsive, and sustainable health workforce for the future.

The strategy will unite health workforce planning efforts under a common vision and framework, and will align to the existing service priorities of rural and remote health, eHealth, Indigenous health, primary health care, and prevention and early intervention.

It is intended that the strategy will identify areas for action over the short, medium and long term. The strategy will be supported by profession and service specific workforce plans (e.g. medical workforce plan), and local area workforce plans, to guide implementation.

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Scope of the strategy

The strategy will establish priorities for the workforce delivering or supporting direct patient care across the public, private, and not-for-profit health care system, including the emergency care workforce. There will be a specific focus on:

- the clinical workforce
- the clinical assistant and support workforce
- other health workforce groups for whom long-term workforce planning is required to deliver priority health services (e.g. eHealth workforce, preventive health workforce)

Consultation

Development of a health workforce strategy is informed by research and consultation about service demand and priorities, and current and future workforce profiles.

Feedback obtained in response to this discussion paper and the accompanying technical paper, as well as through online surveys and a consolidation forum, will be pivotal in informing the development process. Engagement with stakeholders will ensure that the strategy is comprehensive, supported, and implemented.

Consultation with a broad range of stakeholders, including education and training providers, employer and employee representatives, professional associations, health sector providers, unions, and health consumer and sector development groups will ensure the consideration of many varied and valued perspectives.

The discussion questions posed throughout this document have been included to prompt consideration and the exploration of issues. Written submissions in response to these questions, or to the discussion paper more generally, are welcomed, and may be forwarded to:

Developing a health workforce strategy for Queensland
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Drivers of change

The changing health sector

National health reforms have, to date, focussed on managing the affordability and sustainability of health care in Australia, while concurrently bringing about improvements in service access, responsiveness, accountability and transparency. However, the increasingly complex health service environment continues to evolve, and the level of demand for services and what, where, when and how these services need to be delivered, are impacted by the ageing population, technology, and modern day lifestyles. Improving the equity of access to health care and Closing the Gap in Indigenous health care outcomes continue to be a critical priority.

Rising health care costs and the demand for high quality, accessible services will continue to impact the health sector, and advancing technology will serve as a significant enabler of enhanced capacity to deliver.

In the Megatrends 2015 report, the term “health reimagined” is used to suggest the extent of changes ahead for health care. The growth of technologies such as mobile health applications, personalisation, medicine, bioinformatics, telemedicine, robotics, three-dimensional printing, and stem-cell research, are changing the face of the health services available, and how they are delivered. One of the key challenges will be ensuring that new service models remain cognisant of the need for human interaction and the importance of communication and compassion in health care.

A health consumer focus necessitates models of care that deliver services closer to home that attend to health promotion, disease and illness prevention, and primary care. Increasing lifestyle-driven and chronic disease, rather than acute conditions, and growth in the disability and aged care sectors, will affect the demands for and on the health workforce. The National Disability Insurance Scheme and the National Injury Insurance Scheme have the potential to draw workforce from the health sector, particularly allied health practitioners, nurses and support workers, and this must be monitored as these schemes grow.

In Queensland, progress towards enhanced, responsive service delivery can be seen in new service and workforce models, such as those utilising eHealth technologies, and the introduction of safe nurse-to-patient ratios. Effective primary and preventative health care initiatives (such as in the field of immunisation) are all significant steps on the path to improved service delivery.

In this changing environment, health service providers and their partners across the health sector must be vigilant to identify changes in the health needs of Queenslanders, service demand and service delivery methods, and work together to respond flexibly and innovatively to deliver best practice health care.

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Workforce snapshot

The health sector in Queensland employs approximately 150,000\(^8\) workers. Understanding the demographics and characteristics of this large workforce – including the skills, locations and work preferences of the individuals – will be important to effectively plan and manage the health workforce into the future.

A technical paper has been prepared to support the development of a statewide health workforce strategy. The technical paper presents a profile of the clinical and assistant clinical health workforce in Queensland and highlights key features such as changing participation rates, distribution, and supply trends.

A summary of the key findings of the technical paper is presented below, and describes the implications of currently observed trends across the workforce groups of medical, nursing, midwifery, oral health, allied health, and other clinical health workers, if no changes are made to existing strategic, policy, or operational settings.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Registered nursing</th>
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<tbody>
<tr>
<td><strong>General shortfall:</strong> A shortfall of between 2,460 to 3,460 medical practitioners (across all specialties) is projected by 2024 in Queensland.</td>
<td><strong>Potential undersupply:</strong> A potential undersupply of between 1,350 and 4,090 registered nurses (RNs) is projected by 2025. A strategy that is heavily reliant on migrant overseas nurses to supplement the workforce may not be a sustainable option.</td>
</tr>
<tr>
<td><strong>Specialties gap:</strong> Queensland medical specialties workforce modelling predicts significant shortfalls in some medical specialities within the next decade such as ophthalmology, general practice, psychiatry, and radiology. Other priority specialities identified are pathology, addiction medicine, public health medicine, and sexual health medicine.</td>
<td><strong>Retirement:</strong> Age-related retirement over the coming years will have a major impact on the Queensland nursing workforce. Approximately 39% of RNs have indicated that they would retire by 2025.</td>
</tr>
<tr>
<td><strong>Gender distribution:</strong> Changes to gender distribution in the medical workforce may alter participation and attrition rates in future years.</td>
<td><strong>Expanded utilisation of existing workforce:</strong> Utilisation of the nursing workforce may be enhanced by scope of practice strategies to optimise and expand nursing service delivery.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Enrolled nursing</th>
<th>Midwifery</th>
<th>Oral health practitioners</th>
<th>Allied health</th>
<th>Other clinical workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential oversupply (with caveats):</strong> Despite a projected high level of retirements, a significant oversupply of enrolled nurses (ENs) by 2025 is projected due to high enrolment numbers to date. New research suggests a significant reduction in the number of enrolments in EN training in Queensland after 2014. If this trend continues, it will have a considerable impact on graduating EN supply after 2017.</td>
<td><strong>Stable supply, with caveats:</strong> While graduate supply of Queensland midwives is in balance to meet future demand to 2024, the increase in midwifery-only qualified graduates produces challenges to supply labour to the rural and remote sector which has relied on dual qualified registered nursing and midwifery workforce.</td>
<td><strong>Potential specialty oversupply:</strong> There is a risk that current student intakes will exceed demand for dental services. There is uncertainty in relation to Commonwealth investment in public dental services and the potential impact on the over-supply and/or maldistribution of the dental workforce in Queensland.</td>
<td><strong>Stable supply, with caveats:</strong> While supply for most of the allied health professions is stable, there are risks associated with some disciplines due to prolonged training pathways and/or limited training supply e.g. orthotics and prosthetics, medical physics.</td>
<td><strong>There are very specific and different challenges</strong> relating to other clinical workforce roles and these will require separate and specific analysis and planning.</td>
</tr>
<tr>
<td><strong>Rural and remote service delivery:</strong> Strategies to attract ENs to regional, rural and remote areas would help to address the potential maldistribution of this workforce as the majority of ENs are graduating from the southeast corner of Queensland.</td>
<td><strong>Retirement:</strong> Risk of significant experience loss due to attrition from retirement of an ageing midwifery workforce.</td>
<td><strong>Potential general oversupply:</strong> The supply of all oral health workforces is expected to exceed demand over the coming years.</td>
<td><strong>Expanded utilisation of existing workforce:</strong> Utilisation of the allied health workforce will be enhanced by scope of practice strategies to optimise and expand allied health service delivery.</td>
<td><strong>The global challenges of distribution and changing workforce demographics</strong> apply to the other clinical workforce.</td>
</tr>
</tbody>
</table>

**Discussion Points - Context**

1. Which factors do you consider will have the most significant impact on the health workforce in the period to 2026?
2. Which health workforce characteristic or issue do you consider to be of most concern to future health service delivery?
Workforce design

Health care reform is a key driver of health workforce change and makes strategic health workforce planning and design a business imperative. Queensland faces the same future health workforce challenges as other Australian jurisdictions and health care providers in other countries, including factors such as increasing health care demand, technological change, and an ageing population.

However, Queensland also faces additional unique challenges, such as a geographically-dispersed population, the subsequent issues of remoteness and distance, and the complex state-based industrial and employment regulatory frameworks.

Changing characteristics of the health workforce and potential shortages in some professions serve as intrinsic drivers of workforce redesign. At the same time, the health workforce must achieve efficiencies in working smarter to deliver more timely and accessible services. As information, communication, and medical technologies evolve, so too must the skills of the workforce and the education providers that enable them.

Queensland has responded to current and anticipated workforce issues through participation in national health workforce reform initiatives, collaboration with other jurisdictions, statewide workforce planning, development of statewide frameworks and guidelines for new and redesigned roles (including generalist and expanded scope of practice roles), and by addressing state-based regulatory barriers to new ways of working.

The introduction of a health workforce strategy for Queensland is timely and will:

- clarify state-level workforce priorities
- identify strategies for workforce investment into the future
- support a consistent and coordinated approach to redesign, and
- ensure continued alignment of the health service and health workforce agendas.

Through review of the literature and consultation with health sector providers, educators, professional and other groups, a number of potential future health workforce priority areas come into focus.

Potential priority areas for the future health workforce

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Factors to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responding to shifting demand across a variety of settings</td>
<td>The delivery of primary and preventative health care will be a focus as the health system responds to the changing disease profile of the population, increasing lifestyle-related and chronic disease, and complex case health care. These services will not only prevent ill health, but also offer a more effective means of improving quality of life and reducing reliance on speciality health services. The emerging health workforce must be equipped to respond and to be an enabler of more effective and accessible service delivery.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Priority area</th>
<th>Factors to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Innovation in workforce models and redesigned roles</td>
<td>Greater interdisciplinary collaboration and teamwork, workforce innovation, flexibility and responsiveness are needed to meet evolving service needs and delivery models. Role design must allow clinicians to work to their full scope and, where supported by established frameworks, expanded scope of professional practice, and the utilisation of the assistant and support clinical workforce and new roles will support greater efficiency, responsiveness and engagement.</td>
</tr>
<tr>
<td>3. Supportive policy, funding and regulatory systems</td>
<td>An effective policy, regulatory and funding environment, and appropriate purchasing models, will support and enable progressive workforce planning, management and service responsiveness.</td>
</tr>
<tr>
<td>4. Strengthening rural and remote service delivery through workforce</td>
<td>Innovative workforce and service models need to respond to the challenges of delivering services to a geographically dispersed population. Adaptable workforce management and employment practices will be key enablers in overcoming the challenges of remoteness.</td>
</tr>
<tr>
<td>5. Ensuring workforce supply and evidence based planning</td>
<td>The future availability of an appropriately skilled workforce will require the monitoring and management of workforce supply pathways, particularly in relation to identified disciplines and service areas. This will need to be supported by innovative attraction and retention strategies to recruit a workforce with the desired skillsets and characteristics. Workforce data planning systems should enable the provision of reliable workforce data to inform decision-making and support workforce sustainability management. Data systems should provide for the identification of shortage areas, the growth of a representative workforce that reflects the population it serves, and the development of effective monitoring and evaluation systems.</td>
</tr>
<tr>
<td>6. Responsive education and training systems</td>
<td>Service demand and health consumer needs must drive health workforce education and training systems to deliver a workforce with the skills and capability to meet emerging requirements. Education systems need to align to support emerging new and redesigned roles.</td>
</tr>
<tr>
<td>7. Enabling and supporting health service leadership</td>
<td>Health workforce leadership and clear accountability for workforce outcomes, will be key success factors in the implementation of workforce redesign.</td>
</tr>
<tr>
<td>Priority area</td>
<td>Factors to consider</td>
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<td>-------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8. Ensuring the availability and appropriateness of services for Aboriginal, Torres Strait and multi-cultural groups</td>
<td>Workforce models should respond to the cultural, social and community needs of health consumers.</td>
</tr>
</tbody>
</table>
| 9. Balancing specialisation and generalisation         | The value of generalist practice needs to be balanced with specialisation across a broad range of disciplines, to ensure workforce responsiveness to demands for primary health care and chronic disease management.  
12                                                                 |
| 10. Building a workforce culture for sustainability    | The capacity of the health sector to attract, retain and engage an effective workforce will be enabled by supporting initiatives directed at employee health and wellbeing, personal and professional development and workplace culture. |

**Discussion Points – Visioning and priorities**

3. What do you consider are the top three priorities for the health workforce in Queensland?

4. What are the key barriers and enablers in delivering on these priority areas?

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Planning for the future workforce

Achieving our future state

Planning for the future workforce must challenge the status quo and promote fresh and innovative approaches to achieving desired outcomes.\(^{13}\)

The Queensland health workforce has significant strengths providing a solid foundation. Queensland has established:

- a health care workforce with strong skills and motivation to deliver exceptional services to consumers,
- momentum and a capacity for innovation and responsiveness, with experience in the implementation of new models of care and new and expanded scope roles, and
- a well-regarded education and training sector with a history of effective partnering with health care sector organisations.

Within the evolving health care context, Queenslanders should continue to aspire to having a health workforce that is prepared, skilled, and responsive to changing health consumer and community needs, and which works efficiently within the best use of available resources.

Through research and consultation, the Workforce Strategy Branch, Department of Health, has developed a conceptual model, identifying the key characteristics of the desired future health workforce. This model provides a framework for discussion to identify priorities and strategies. The model, presented in Figure 1, lists the proposed components of the future health workforce as:

- **capable**: knowledgeable, skilled, and competent, supported through lifelong learning, and with strong leadership for innovation
- **responsive**: delivers the right type of care where it is needed and quickly adapts to changing health consumer needs and service delivery requirements
- **sustainable**: well-planned, in sufficient supply, supported by appropriate legislative, regulatory, industrial, and funding arrangements.
- **well**: healthy and safe and delivers care in a supportive workplace culture
- **organised**: innovative, optimises skills, and works effectively and efficiently to deliver high quality services of greatest value.

These characteristics are not mutually exclusive, which will necessitate the implementation of coordinated and prioritised multifaceted strategies. These are explored in more detail in remaining sections of this discussion paper.

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Figure 1  Characteristics of the future health workforce

- Organised: Constructing tasks, roles, and teams in smart and innovative ways; enabling the workforce to work accordingly; and supporting systems changes that allow for new practices.
- Capable: Streamlining and strengthening educational pathways, increasing use of interprofessional education and care, and culturally embedding continuing professional development in the way we work.
- Well: Ensuring safe workplaces, work practices and culture; and supporting employees to achieve personal health and wellbeing as a means of maximising engagement, productivity and patient care.
- Responsive: Structuring and enabling the workforce to respond to evolving consumer needs; delivering services in the manner, time and place required; and responding to the needs of diverse and dispersed population groups with a culturally capable workforce.
- Sustainable: Enabling legislative, regulatory and funding reform that supports innovative and streamlined work practices; investing in leadership development and employment arrangements that promote workforce quality and sustainability; and engaging in more effective management of workforce supply pathways.
Capable: Workforce education, training and development

A capable and qualified health workforce underpins the delivery of safe, high quality health care. Health education and training providers, as well as regulation and accreditation bodies, play key roles in the system that educates, supports, and continues to develop the health workforce over time.14

Strategic effort and resourcing for workforce education, training, and ongoing professional and skills development, is critical. Determining new and improved education and funding models, and the capability requirements of the future workforce, are some of the key challenges ahead.15

The core skill of the future workforce will be adaptability. An adaptable workforce must be supported by a streamlined, connected, and collaborative health education and training system involving all key stakeholders. This will ensure that the clinical education and training sector can respond effectively to the future demands required of it.16,17

Opportunities for the improvement of current clinical education and training systems have been identified. These include improving the distribution of, and access to, clinical placements, and maintaining the relevance and currency of health program offerings and curriculum content in response to changing practice. This will demand that the health sector offers clarity about changing requirements, and that the education sector and accrediting bodies respond flexibly.18

Collaborative practice is central to models of care that deliver improved health outcomes. Interprofessional education models that enable shared learning to build collaborative practice present a significant opportunity for innovation and improvement in clinical education.19

Education and training models must also support new and redesigned roles, and advanced practice and expanded scope of practice roles, to ensure sustainability and effectiveness.20 Workforce capability also extends to skills in areas such as cultural capability, interpersonal communication, resilience, and technology.21 Leadership development is a critical capability area, with the relationship between quality leadership, patient care standards, and organisational performance now well established.22

Workforce planning and development strategies need to be cognisant of the great breadth of skill areas to be considered, and should aim to achieve an effective balance in delivering on all of these across the workforce.

## Focus area

<table>
<thead>
<tr>
<th>Opportunities for action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsive education and training system</strong></td>
</tr>
<tr>
<td>- Collaboration between health service providers, professional bodies and colleges, accreditation providers and the education and training sector to ensure that course offerings, curricula and delivery modes keep pace with emerging health sector needs</td>
</tr>
<tr>
<td>- Supporting innovative education and training models which challenge traditional education pathways</td>
</tr>
<tr>
<td><strong>Streamline and enhance clinical training and the availability of training places</strong></td>
</tr>
<tr>
<td>- Supporting innovative funding models that enable clinical training placements to build a workforce that better meets demand and that utilise contemporary learning methodologies</td>
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<tr>
<td>- Addressing maldistribution across geographic locations and public and private sectors</td>
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<tr>
<td>- Aligning training settings with future work settings</td>
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<tr>
<td>- Streamlining management of clinical placements and greater support for clinical supervision</td>
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<tr>
<td><strong>Career development and Continuing Professional Development (CPD)</strong></td>
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<tr>
<td>- Increasing focus on work readiness and transition to practice programs</td>
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<tr>
<td>- CPD to support the use of technology and the delivery of new models of care</td>
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<td>- CPD embedded in workplace culture</td>
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<tr>
<td>- Investing in management and leadership skills training and development</td>
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<tr>
<td>- Focussing personal skills programs on interpersonal skills and resilience</td>
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<tr>
<td><strong>Interprofessional education to enable shared learning to build collaborative practice</strong></td>
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<tr>
<td>- Partnering with the education and training sector to facilitate interprofessional education</td>
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<tr>
<td>- Supporting cross-professional supervision and support clinical supervisors through supervisor training for an interprofessional education environment</td>
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<tr>
<td><strong>Responsive regulation and accreditation systems</strong></td>
</tr>
<tr>
<td>- Supporting flexible, responsive regulation and accreditation systems which work in partnership with education and health care providers</td>
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**Discussion Points – Workforce education, training and development**

5. What are the main challenges with current clinical education and training in preparing the required future health workforce?

6. What do you consider are the critical success factors in an effective clinical education and training system?
Responsive: Aligning skills, place, and time to meet consumer needs

With the central role that workforce plays in health service delivery, it is essential that the skills of the health workforce are aligned with service needs. The expression "right skills, right place, right time" remains true of a responsive workforce.23

The health care sector in Queensland is working to improve health consumer experience and health outcomes and respond efficiently and effectively to the increasing demand for health services and changes in the demand profile.

The increasing burden of chronic disease is influencing the type of health care services that Queenslanders need, and how and where these services need to be delivered. This, in turn, is having an impact on what the health sector requires of its workforce.

As the focus of service delivery shifts to preventative and primary health care, workforce roles, skill requirements, and workplaces, are changing. The demand for generalist roles delivering services in homes and community settings will increase, in addition to specialised roles in acute-care settings.24,25 New technology is driving consumer expectations and enabling exciting new service models, which require different workforce roles and skills.

Providing services to Queensland’s geographically-dispersed populations and communities, and in line with the needs of Aboriginal and Torres Strait Islander peoples, will continue to be high priority.26

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Opportunities for action</th>
</tr>
</thead>
</table>
| Changing health care settings - responsive to changing service models | • Growing prevention and primary health care roles  
• Enhancing collaboration between public, private and not for profit and community controlled health care sectors  
• Collaborative models of interdisciplinary practice, supported by inter-professional education |
| Increasing chronic disease - responsive to the changing disease profile | • Developing generalist roles, e.g. rural generalist  
• Raising the status of generalist careers  
• Designing and implementing collaborative care models |

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Opportunities for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural and remote health care - responsive to where services are needed</td>
<td>• Testing and embedding innovative models of care</td>
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<td></td>
<td>• Investing in enabling technology</td>
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<td></td>
<td>• Creative attraction and retention strategies</td>
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<tr>
<td></td>
<td>• Enabling flexible employment models and conditions</td>
</tr>
<tr>
<td>Indigenous health care needs – responsive to cultural needs</td>
<td>• Enhancing Aboriginal and Torres Strait Islander health workforce participation across the whole workforce</td>
</tr>
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<td></td>
<td>• Targeting attraction and retention strategies</td>
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<td></td>
<td>• Cultural capability skills development</td>
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<tr>
<td>New technology - responsive in the way services are delivered; utilising available technology to enhance services</td>
<td>• Building the eHealth workforce</td>
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<td></td>
<td>• Developing technology skills across the clinical workforce</td>
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<td></td>
<td>• Using technology to build integration of services to enhance consumer outcomes</td>
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<td></td>
<td>• Initiating and supporting culture change to integrate new technologies into practice</td>
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**Discussion Points – Aligning skills, place and time to meet consumer needs**

7. What do you believe to be the key enablers to transforming the workforce to deliver the health services that Queenslanders require?
Sustainable: Capacity of the workforce over time

With labour costs making up approximately two-thirds of the overall expenditure on health, the capacity of the existing workforce to meet increasing demands within a constrained health budget has come under increased scrutiny.27

Given the significant complexity of the health system, the number and nature of stakeholders, and the levels of government with decision-making responsibility, a multi-faceted approach is required if a sustainable workforce is to be achieved.28

Key areas for action include connecting service delivery across the health sector; removing barriers to innovation, such as those imposed by rigid professional boundaries and inflexible regulations; and robust workforce planning, which is integrated with service, capital, and eHealth planning.29

This paper has already identified opportunities for enhancements to clinical education and training systems, and the importance of introducing new workforce models and roles to enhance efficiency. Workforce attraction and retention, and development and leadership programs, are other important contributors to workforce sustainability.

Collaborative efforts to break down a range of other system barriers have the potential to enhance workforce efficiency and effectiveness, leading to greater sustainability.30

The complexity of the industrial relations and employment regulatory environment has been identified as creating barriers to achieving a dynamic, flexible, and motivated workforce. Similarly, the limitations of health legislation and regulations has been identified in some cases as an impediment to innovation and the introduction of new and more effective practices, such as expanded scope of practice. Current funding models have also been shown to impede health workforce innovation and opportunities for reform.31,32,33

Human resource practices will increasingly need to focus on productivity-based incentive schemes which ensure alignment of workforce capacity and capability with the areas of health service need.34

Robust workforce data collection and recording systems provide a reliable basis for workforce planning and forecasting when linked to service demand data.35,36,37 These systems provide a valuable tool in understanding and managing supply pathways, and monitoring and evaluation of the impact of workforce reform.

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30 NHS. (2014). Five Year Forward View.
<table>
<thead>
<tr>
<th>Focus area</th>
<th>Opportunities for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industrial relations reform</td>
<td>• Establishing industrial relations frameworks that support workforce flexibility, innovation, efficiency and productivity</td>
</tr>
<tr>
<td>Legislative, regulatory, and funding reform</td>
<td>• Identifying and investing in systems changes that enable innovation to be prioritised and supported</td>
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<td></td>
<td>• Driving national reforms that promote innovation</td>
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<tr>
<td>Workforce planning</td>
<td>• Strengthening workforce data collection and recording systems</td>
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<tr>
<td></td>
<td>• Streamlining existing systems and ensure coordination across complementary data sources</td>
</tr>
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<td></td>
<td>• Using integrated (e.g. service, infrastructure and workforce) planning methodologies to enable better use of data to inform decision making</td>
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<tr>
<td></td>
<td>• Strengthening governance arrangements for workforce strategy and planning to ensure coordination and integration across all levels, professions, locations etc.</td>
</tr>
<tr>
<td></td>
<td>• Developing systems for the management of workforce supply pathways</td>
</tr>
<tr>
<td>Employment offerings</td>
<td>• Establishing the Queensland health sector as a sector/employer of choice</td>
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<tr>
<td></td>
<td>• Supporting the workforce through best practice human resource management including employee recognition programs and career development</td>
</tr>
<tr>
<td></td>
<td>• Designing creative attraction and retention initiatives</td>
</tr>
<tr>
<td></td>
<td>• Increasing focus on productivity-based incentive schemes</td>
</tr>
<tr>
<td></td>
<td>• Supporting strategies that enable cross-boundary employment, increase workforce flexibility and promote employee mobility</td>
</tr>
<tr>
<td>Health sector leadership</td>
<td>• Investing in leadership programs that develops capability for culture change and innovation</td>
</tr>
<tr>
<td></td>
<td>• Sustaining improvements in productivity and effectiveness through leadership</td>
</tr>
</tbody>
</table>

Discussion Points – Capacity of the workforce over time

8. What do you consider are the main target areas for ensuring workforce sustainability for the health sector?

9. What is working well now to facilitate the sustainability of the health workforce?
Well: Workforce health, safety, and wellbeing

Ensuring the wellbeing of the health workforce is increasingly a priority and is an area that government policy makers are beginning to pursue as new opportunities to improve growth and efficiency.38

In September 2015, the British National Health Service (NHS) announced a major initiative to improve the health and wellbeing of the service’s 1.3 million employees. Billed as both an employee support program and an efficiency measure targeting absenteeism and turnover, the initiative operationalises a commitment to support staff to stay healthy and serve as “health ambassadors” in their local communities.39

This program includes a focus on staff mental wellbeing, obesity, smoking, physical activity, and better management of long-term illness. The NHS expects that the £5 million investment will be recouped via reductions in the massive costs currently incurred as a result of ill-health based absenteeism.40

Strategies for the enhancement of the health and wellbeing of the workforce represent a strategic investment in workforce resilience, productivity, retention, and culture.41 Staff health and wellbeing is a key determinant of level of engagement, and can impact the quality of patient care. Improvements in indicators of employee wellbeing, such as injury rates, stress levels, job satisfaction, and turnover intentions, have all been linked to enhanced patient satisfaction levels.42

The Queensland Government has a clear commitment to workforce safety and creating workplaces that are free from bullying, sexual harassment, and violence, the latter being specifically targeted in a recent community education media campaign in relation to violence against health workers. The commitment to creating safe and supportive workplaces extends to executive commitment, policy, and practical resources that establish supports for staff who experience domestic and family violence.

There is growing recognition of the importance of cultivating workforce health and wellbeing as reflected in the programs such as the Queensland Government “Healthier. Happier. Workplaces” Program, and resources offered through Work Cover Queensland and the Australian Government Department of Health.43,44,45

Health workforce wellbeing offers direct benefits for the workforce, and flow-on benefits for productivity, patient care quality, and levels of patient satisfaction.

<table>
<thead>
<tr>
<th>Target area</th>
<th>Opportunities to explore</th>
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</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>• Developing health leaders to lead cultural change initiatives</td>
</tr>
</tbody>
</table>

38 Department for Business Innovation and Skills (UK). (2014). Does worker wellbeing affect workplace performance?
39 NHS. (2014). Five Year Forward View; United Kingdom.
42 The Point of Care Foundation. (2014). Staff care: How to engage staff in the NHS and why it matters.
<table>
<thead>
<tr>
<th>Target area</th>
<th>Opportunities to explore</th>
</tr>
</thead>
</table>
| Workplace culture           | • Prioritising the development of a safe and supportive workplace culture that is free from violence, abuse and bullying  
                            | • Investing in health and wellness programs                                              
                            | • Investing in employee health promotion, prevention and protection                      |
| Supporting our people       | • Supporting employees through best practice workforce development programs              
                            | • Embedding career development opportunities and succession planning                    
                            | • Establishing employee recognition programs                                              |
| Employee engagement         | • Creating team roles and work practices that maximise employee engagement in their work |

**Discussion Points – Workforce health, safety and wellbeing**

10. How important is building a well workforce to enabling health workforce efficiency, effectiveness, and sustainability?
11. How important is planning for employee wellness a strategic priority?
Organised: Optimising workforce models

The health workforce is continually challenged to work more effectively and efficiently as service models evolve in response to increasing and changing demand. Both workforce supply limitations and financial pressures on health care mean that the workforce needs to work differently to both optimise health outcomes and achieve best value for money.

Smarter and more efficient work practices, skills sharing, and interdisciplinary practice, and the redistribution of tasks, are some of the strategies that are increasingly being utilised. Expanded scope roles are emerging and, over time, new roles have been introduced, such as nurse practitioner, rural generalist, and physician assistant. New governance and delegation frameworks are being developed to support and enable role changes.

The potential for role redesign is extensive, and an integrated systems approach is required in order to effect real change. Legislative, administrative, funding, purchasing, policy, and practice barriers that limit practitioners’ capacity to work in new ways need to be addressed. Work has been underway to identify and break down some of the systemic and regulatory barriers to new ways of working, such as those inhibiting expanded scope of practice in a number of allied health professions.46

Roles and teams must be redesigned in collaboration with service planners to ensure requirements for multidisciplinary care are met and incorporate the autonomy necessary for devolved decision-making that will enable responsive service delivery. Education and professional development systems also need to shift to be in line with emerging requirements for role redesign.47, 48

The support, technical, and assistant workforce has a key role to play in core service delivery. This workforce can support expanding scope of practitioner roles through the performance of tasks previously carried out by other practitioners. This will demand greater emphasis on the quality of clinical delegation and supervision models and practices to ensure that quality standards are maintained.49

Effort must also be targeted to facilitate implementation of innovative and effective workforce initiatives on a larger scale across the health sector.50

<table>
<thead>
<tr>
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</thead>
</table>
| System enablers for new ways of working       | • Targeting regulatory, policy and systems barriers to implementing role reform and new ways of working  \  
• Collaborating with education and training providers to support new and expanded roles, and support and assistant roles  \  
• Prioritising resources for proof of concept for new and redesigned roles and teams |
| Teamwork and collaboration                     | • Supporting innovative and responsive collaborative care models, including those that utilise new technology to enable connected health care  \  
• Supporting interprofessional education and development |
| Expanded scope of practice                     | • Implementing innovative practice models involving expanded scope and advanced practices roles  \  
• Delivering educational support for expanded roles. |
| New roles                                      | • Developing new roles in priority areas, such as generalist roles.                                                                                  |
| Support, technical and assistant workforce     | • Valuing and growing clinical assistant and support roles  \  
• Assuring clinical governance, and practice standards and guidelines to ensure quality and safety |
| Delegation and supervision                     | • Building delegation and supervision models and capability to support redesigned roles                                                               |

**Discussion Points – Optimising workforce models**

12. What experience do you have with new and redesigned health care roles or teams?
13. What do you consider is the greatest challenge in redesigning the health workforce to form a foundation for the next 10 years and beyond, and how should this be approached?
Next steps

The key challenges and broad priority areas for the future health workforce are generally recognised, and considerable valuable and innovative progress is already being made to address these.

The development of the health workforce strategy presents an important opportunity to pause and take a long-term strategic view of health workforce needs and demands in Queensland, and to ensure the alignment of actions and resourcing with the areas of greatest need. An action plan and a governance and evaluation framework will be developed to support implementation.

*My health, Queensland’s future: Advancing health 2016* provides a vision and guide for investment so that, by 2026, Queenslanders will be among the healthiest people in the world.

Health sector stakeholders are encouraged to reflect on the future vision for health in Queensland and to contribute their perspectives, experiences, and ideas to enable the development of the best possible strategic health workforce response.