

From the Chair, Health Workforce Principal Committee



"The year has finished productively for the national health workforce work program. It was endorsed by AHMAC in March 2008 and implementation has proceeded to schedule."

Chair, HWPC, David Roberts.

Less than a year into my role as Chair of the Health Workforce Principal Committee (HWPC) it is evident that workforce reform in health is clearly focussed front and centre with governments. The establishment of the National Health Workforce Taskforce (NHWT), the Health Ministers' endorsement and progress of its national work program and the implementation of the national registration and accreditation schemes have been big steps forward.

Many complex policy issues are being tackled and I have been impressed with the level of engagement from stakeholders, in particular as implementation of the national registration and accreditation scheme proceeds. We are not always going to agree on many issues but robust and informed debate continues to be critical in the quest to find solutions.

Most recently the Council of Australian Governments (COAG) agreed to an unprecedented reform package of \$1.6 billion – the single largest investment in the health workforce ever made by Australian governments – comprising

\$1.1 billion of Commonwealth funding and \$540 million in State funding.

This package will support increased capacity for undergraduate clinical training, clinical supervisors, training infrastructure and simulated learning environments and increased postgraduate medical training places. Funding has also been provided to support exploration of new workforce models, leadership development and a health workforce statistical database to support strategic long-term planning. Importantly, a national health workforce agency is being funded to manage these COAG reforms.

The NHWT worked intensively in consultation with jurisdictions in developing this reform package for endorsement by COAG's Health and Ageing Working Group and subsequent agreement by COAG.

I am looking forward to progressing this substantial reform agenda in 2009.

National Health Workforce Taskforce



"With the endorsement of the national work program we have a large agenda to progress. Projects are on track and we have been working with and will continue to work with stakeholders to ensure as much input as possible."

**Executive Director, NHWT,
Peter Carver.**

The 2nd National Health Workforce Forum, hosted by the HWPC and the NHWT was held on Wednesday 4 June 2008 in Sydney.

The Forum provided an opportunity to present the national work program, a progress report against the first COAG health workforce reform package and interactive discussion on some of the key projects. Dr Christine Bennett, Chair of the National Health and Hospitals Reform Commission, also provided a presentation on the key work of the Commission.

In addition to progressing the work program, the NHWT worked on the development of the COAG health workforce reform package agreed on 28 November 2008. The Australian Health Ministers' Advisory Council (AHMAC) has now agreed that the NHWT will work on the implementation of the new national health workforce agency and initial progressing of the agency's agenda, until it is established, to ensure timelines are met. The Commonwealth will also be progressing implementation of the COAG reforms for which it is specifically responsible. It is planned that both the NHWT and its work program will be subsumed into the new agency as part of its broader remit.

The COAG announced reforms are broad ranging and challenging. Engagement with all stakeholders as they are progressed will be critical to their success.

Further information on the work program can be accessed from the Health Workforce Australia website <http://www.nhwt.gov.au>

National Health Workforce Work Program

A focus of the COAG health reforms that were agreed by Ministers in November 2008 is to improve the capacity of **education and training** and ultimately lead to a sustainable and skilled workforce to meet demand. Elements of this work were already part of the national work program and will be used to inform the work of the new agency.

The first education and training discussion paper *Clinical Placements across Australia - capturing data and understanding demand and capacity* was released on 8 December 2008 and closes for submissions on 10 February 2009. [Click here for a PDF.](#)

For further information contact Lucy Firth, Manager, Education and Training, NHWT, on email lucy.firth@dhs.vic.gov.au or tel (03) 9092 2004

Research into competencies has also been commissioned for:

- maternity services
- the aged-acute care interface

In early 2009, a strategic study on post graduate medical training will be commissioned. Additionally, three discussion papers will be circulated in the new year to stimulate debate –

- exploration of a competency framework for the health

workforce (including professional entry level graduates)

- the efficiency and effectiveness of accreditation standards for clinical training in Australia
- new models and innovation in clinical education

Each discussion paper will involve intensive stakeholder consultation. [If you would like to be included on the distribution list for these discussion papers, click here.](#)

In the area of **research and planning** jurisdictional endorsement of the National Health Workforce Planning Tool has now been obtained. It is Australia's first agreed, official national tool to project the health workforce required. The NHWT tool projects the supply required to ensure demand will be met at both the macro and individual profession levels. It presents an opportunity to consolidate and build on previous national health workforce planning work, leading to national improvements in projection methodology and data.

The tool has been designed to be used by jurisdictions, their constituent health services and other stakeholders to enable planning at state/territory and local levels in an agreed nationally consistent manner. This will assist all levels of government and organisations with an interest in health workforce planning. The key principle employed is the use of shared methodologies

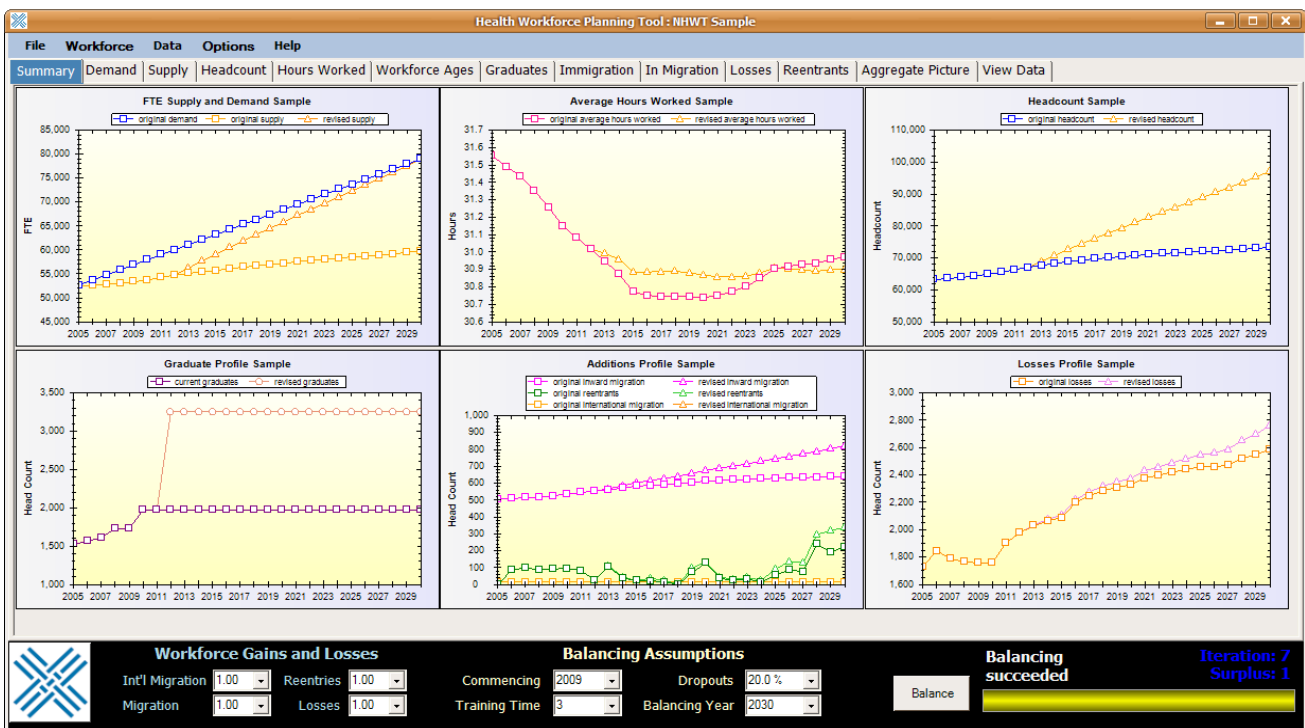
and data sets to achieve greater data quality and integrity.

The tool, with its easy-to-use graphical user interface, is pre-populated with relevant jurisdictional and de-identified national data. Workforce planners have the ability to import their own data into the tool and run a range of scenarios by adjusting key variables that they believe have a greater or lesser impact on their workforces. The tool also allows the filtering of the workforce supply data by specialty and work setting to complete a range of projections based on factors, such as exit rates and in-migration.

The screen shot below displays examples of the tool's functionality for a hypothetical workforce.

This tool has the potential to benefit government and non-government organisations alike, and in this vein the NHWT is also offering it to health organisations and other stakeholders that undertake detailed workforce planning. More information can be found at <http://www.nhwt.gov.au/researchtool.asp>

It is intended that the tool will be dynamic and further refined based on feedback from users over time. Your ongoing feedback on the tool would therefore be appreciated and can be forwarded to taskforce@nhwt.gov.au



Jurisdictional endorsement of a National Minimum Data Set has also been obtained. This data set will, in the first instance, be collected through the new registration and accreditation scheme to be introduced in 2010. Investigation as to how to collect this data from the non-registered professions is underway.

A tender for a National Health Workforce Planning and Research Collaboration has also been commissioned. This will be a three-year collaboration between the NHWT and an organisation or consortium to undertake a substantial program of national health workforce planning and research. The objective is to provide a long term sound evidence base upon which to inform policy decisions on the health workforce. It is expected that an announcement of the successful Collaboration partner will be made in January 2009.

For further information contact Maureen McCarty, Manager, Planning, Data and Research, NHWT, on email maureen.mccarty@dhs.vic.gov.au or tel (03) 9092 2007

The National Evaluation Framework for health workforce **innovation and reform** has been developed ([click here for a PDF of the final document](#)). The evaluation framework will ensure a consistent nation-wide approach to the evaluation of NHWT workforce Demonstration Projects and assist organisations to identify the key objectives, indicators and measures of success and sustainability. Comments on the evaluation framework are currently being sought as to its usefulness and appropriateness.

In November 2008 the discussion paper *Workforce innovation and reform: Caring for Older People* was released and funding for Aged Care Workforce Redesign was advertised.

The discussion paper includes example potential workforce redesigns which may assist intending applicants in firming up their plans. The discussion paper also:

- Canvasses potential innovative approaches to the complex workforce issues facing aged care providers
- Provides opportunity for reactions, suggestions and additional input which could be of assistance to

NHWT, industry, training providers and/or policy makers

- Aims to stimulate discussion and debate amongst providers, clinicians and interested individuals and organisations

The funding request is split into two areas:

- Demonstration Projects ([click here for a PDF 'Expression of Interest'](#) – closes 28 January 2009)
- Information Dissemination – Communications ([click here for an Application Form](#) – closes 21 January, 2009).

The projects will provide valuable information for the aged care sector by showcasing workforce redesign, piloting new workforce models, providing a window into innovation and reform to help meet increasing demand and, most significantly, by improving the health and wellbeing of older people.

[Click here](#) for further information/application forms or for the discussion paper.

For further information contact Wendy Dawson, Manager, Innovation and Reform, NHWT, on email wendy.dawson@dhs.vic.gov.au or tel 03 9092 1980

National registration and accreditation scheme

In March 2008 COAG agreed to create a single national scheme for the registration and accreditation of health practitioners from 1 July 2010.

This agreement will for the first time create a single national registration and accreditation system for ten health professions: chiropractors; dentists (including dental hygienists, dental prosthetists and dental therapists); medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists.

The new arrangement will help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce.

An implementation team has been funded by governments and set up to support the decision-making of governments. Dr Louise Morauta, formerly of the Commonwealth Department of the Prime Minister and Cabinet in Canberra, has been appointed to head the implementation team for the first 12 months. Staff are located in Brisbane, Canberra, Melbourne and Sydney.

Ministers have emphasised the importance of working with the health sector, the professions and the boards to implement the scheme. In the period August to September 2008, Ministers held a national forum and a forum in each State and Territory as the beginning of the consultation process. Three other forums have since been held. Around 1,050 people have attended around the country.

A consultation paper on the first step in the legislative program to set up the scheme was issued in August and more than 40 submissions have been received. Ministers decided to make amendments before they agreed to the first piece of legislation for the new scheme. This legislation, entitled the **Health Practitioner Regulation (Administrative Arrangements) National Law Bill 2008**, was passed in the Queensland Parliament in November 2008 and received Royal Assent on 25 November 2008.

Ministers have committed to an extensive consultation process for the major piece of national legislation to underpin the scheme. There are two stages to this process. Five public consultation papers have been issued on the subject matter of this Bill, and at the time of writing more than 200 submissions had been received in response to the first two of these papers. Once Ministers have considered the submissions, an exposure draft of the legislation will be issued in 2009 for public comment and forums led by Ministers will again be held around the country.

The establishment of the new national Agency is also progressing well. Positions on the new Agency Management Committee have been advertised and an announcement is expected in time for it to commence work in February 2009. It is also expected that positions on the ten new national boards will be advertised in February 2009 for a commencement date of July 2009.



Transition coordinators have been funded in each State and Territory to assist with transition from the existing boards to the new scheme. Transition coordination groups have commenced meeting regularly in each jurisdiction. A proposed staffing strategy has been developed by governments and is currently subject to consultation with the ACTU and board staff.

A business process design contract has been let and work is underway with existing boards to scope the business processes for the new information systems necessary to support the scheme. A contract has also been let for the development of an ICT strategy, enterprise architecture and the development of a business case for the new IT system.

Further information on the scheme can be found at
www.nhwt.gov.au/natreg.asp

Around the jurisdictions



Nursing Assistant training

WA Health is taking advantage of vocational education and training (VET) national competency standards within the Health Training Package to support the introduction of Nursing Assistants.

The program was designed in response to current and forecast data that indicated a significant proportion of the nursing workforce is 'baby-boomer' age, heading for retirement, female and working part-time.

Assistants in Nursing receive 7 weeks classroom training and then 11 weeks in health services. The training is tailored to the requirements of the acute health sector, is competency based and meets the vocational education authority endorsement for trainees to receive a Certificate III in Health Services Assistance – Assistant in Nursing – Acute Care.

Initially piloted by the Fremantle Hospital and Health Service (an accredited VET registered training organisation), the course is now being introduced throughout the Western Australian public health system as a formal traineeship.

For more information, contact Di Twigg, A/Chief Nurse and Midwifery Officer, tel (08) 9222 4007 or email di.twigg@health.wa.gov.au

For information on what else is occurring within WA Health <http://www.health.wa.gov.au>. For additional information regarding topics on the website contact Bill Darby, Senior Program Officer, tel (08) 9222 2336 or email bill.darby@health.wa.gov.au

Best practice clinical learning

DHS Victoria has undertaken a project to identify the key elements of a positive training environment for undergraduate and early graduate learners across all professions. The study will also explore 'best practice' learning models that most efficiently and effectively deliver university and early graduate clinical training.

The Best Practice Clinical Learning Environment project is based on the understanding that creating and sustaining an education culture within health services is both key to improving state-wide training capacity and to positively impact on staff recruitment and retention.

The project was based on a literature review, a survey of universities, health services, and a broad range of undergraduate and early graduate learners and four health service-based case studies.

The research and case studies has led to the development of an excellence framework and outcome focused performance measures that define best practice for clinical education.

Next steps will involve consultation on the development of an implementation strategy to ensure the framework is accessible and adopted by health services. It will also be used to determine KPIs against the payments for clinical placements activity.

For further information, contact Kate Weidemann, Senior Policy Advisor, Service and Workforce Planning, tel (03) 9096 8904 or email kate.weidemann@dhs.vic.gov.au

IMG support

In 2007 the Victorian Government allocated \$7.8 million over four years to implement the national International Medical Graduate (IMG) assessment process and to support the assessment, orientation, up skilling and supervision of IMGs.

The package has included support for additional medical clinical educators (MCEs), assistance to the Postgraduate Medical Council of Victoria for up skilling in effective recruitment processes, supervision skills and teaching skills, and funding for cross cultural communication skills workshops.

In addition, more than 30 innovative projects have been funded in health services to improve the assessment, orientation, up skilling and supervision of IMGs.

DHS Victoria will convene a showcase of these projects in 2009 with the aim of standardisation and promoting best practice. A package of IMG support tools will then be implemented through an expanded network of MCEs. A regional support model for IMGs will also be piloted during 2009.

For more information contact Dean Raven, Principal Policy Advisor, Medical Workforce, Service & Workforce Planning, tel (03) 9096 7092 or email dean.raven@dhs.vic.gov.au

Medical locum management

NSW Health has implemented new Standards and Conditions for the provision of locum Medical Officers to New South Wales Health Services.

This new system has been developed to better manage medical locums and casual medical vacancies in hospitals.

By August 2009 locum agencies will be expected to demonstrate that they meet the NSW Standards and Conditions through a third party audit, similar to being certified against ISO 9000 standards.

The NSW Health Standards and Conditions, as well as a list of locum agencies that have met the self assessment requirements, is available at: www.health.nsw.gov.au/aboutus/business/locums



What is a Hospitalist?

NSW Health is developing the role of the Hospitalist in its public hospitals in order to improve inpatient management and reduce the fragmentation of patient care.

This initiative also recognises the need to promote a stable, long term medical workforce involved in daily clinical care systems.

A Hospitalist is a generalist medical practitioner employed in a health facility whose principle focus is the provision of quality clinical services to patients of the facility. Hospitalists have a particular role in ensuring that patient journeys are as coordinated, effective, efficient and as safe as possible. They may also have a role in patient safety, clinical service redesign and education. Hospitalists will have access to training through the Hospital Skills Program - a continuing education program for the non-specialist medical workforce - and a further tertiary qualification that supports the senior hospitalist role, i.e. Staff Hospitalist.

Work in the US has shown that the introduction of the Hospitalist can considerably improve patient flows.

The training programs and industrial arrangements are currently in development. The Hospital Skills Program will become available from 2009.

For more information, contact Robert Kinnell, Statewide & National Innovation, Workforce Development & Leadership, tel (02) 9391 9312 or email RKINN@doh.health.nsw.gov.au

Fatigue risk management

After an 18-month multi-project work program to examine fatigue-related risks for doctors and patients and trial approaches to better manage such risks, Queensland Health has implemented its Medical Fatigue Risk Management Policy.

The policy requires hospitals to work with stakeholders to implement fatigue risk management systems that address high level risks. The policy is supported by resources to assist with risk assessment and the development of control strategies appropriate to different work units and hospitals, including:

- Software to identify possible fatigue-related risks in hours of work arrangements
- A comprehensive Fatigue Risk Management Systems Resource Pack
- A Local Fatigue Working Group Resource Kit
- Reports from case studies and demonstration projects
- A mock trial DVD highlighting legal responsibilities for managing fatigue-related risks
- Expert fatigue risk management workshops
- A standing offer arrangement with the University of South Australia's Centre for Sleep Research
- Online education modules (coming soon)

For more information email MWAC@health.qld.gov.au

Innovation in intern training

Queensland Health is trialing an innovative approach to education provision for an increasing number of interns in emergency medicine terms. More Learning for Interns in Emergency (MoLIE) is a prototype for clinical education which incorporates dedicated, structured teaching time with clinical educators. This scheduling will allow an increase of interns within each emergency medicine rotation – estimated to be between 20% to 40% in medium to large emergency departments. The pilot has resulted in:

- The creation of a structured learning program in emergency medicine for intern training that incorporates the generic aims of the Australian Curriculum Framework for Junior Doctors, while remaining practically oriented around gained clinical experience
- Faculty development for involved clinician educators. This equipped them with the ability to focus on the educational quality and effectiveness of their teaching
- Innovations in educational delivery that leverage clinician educator capacity. The program includes the use of web-based learning adjuncts, low tech simulated environments and networking solutions such as videoconferencing

For more information email MWAC@health.qld.gov.au

