

AHWOC

AUSTRALIAN HEALTH
WORKFORCE OFFICIALS
COMMITTEE

Health Workforce Impact Checklist & Guidelines:

Informing the decision making process

Introduction

Health Impact Checklist

Attachment A. “Resources & References”

RATIONALE:

The Health Workforce Impact Checklist is a tool to help identify health workforce issues which might impact on new projects, policies or programs.

Health workforce issues often involve long lead times, so identifying and addressing them early can help a project to succeed.

The Checklist is a simple list of questions that help to identify whether:

- There are workforce issues that might affect the project if they are not addressed
- There is a need for more information about the workforce needs associated with the project
- There are resources that could help with workforce questions or issues

The Checklist questions are intended to be answered on the information available to the project team. The questions might indicate areas where more information is required to ensure workforce issues don't compromise the success of the project. In other cases, using the checklist could confirm that workforce issues have been appropriately addressed.

The Checklist is structured around the principles in the National Health Workforce Strategic Framework endorsed by Health Ministers in April 2004. The Framework contains 7 principles to help Australia achieve a quality, sustainable future health workforce.

In the framework and this document, “health workforce” refers to the workforce that provides health care to the Australian people; ranging from workers with no formal qualifications providing support services in home based settings through to highly qualified specialists working in acute hospital settings.

In this paper “initiative” means project, policy or, program.

WHEN WILL THE CHECKLIST BE USEFUL?

The checklist is intended to assist in the early identification of health workforce implications when new policies, proposals and programs are being developed.

It may also be useful to:

- consult or involve a person with health workforce policy or planning skills
- engage with relevant workforce groups

WHAT SHOULD I KNOW ABOUT THE HEALTH WORKFORCE BEFORE PREPARING A CHECKLIST?

Attachment A: “Resources and References” has information that may assist in working through the checklist.

Information in relation to the Australian Health Workforce is available from the Health Workforce Australia website:

<http://www.healthworkforce.health.nsw.gov.au>. The website includes information in relation to:

- Health Workforce
- The National Health Workforce Strategic Framework and the Health Workforce Action Plan
- Current/completed projects
- Links to Health Department and other workforce related sites

Health Workforce Impact Checklist:

PRINCIPLE 1: ENSURING AND SUSTAINING SUPPLY (SEE RESOURCES & REFERENCES FOR FULL EXPLANATION)

Have the future **workforce requirements** of the initiative been identified? Is there adequate workforce supply now, and to sustain future requirements? Yes No N/A

If No, what are the likely workforce gaps or shortages?

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PRINCIPLE 2: WORKFORCE DISTRIBUTION

Is the workforce **appropriately distributed** to deliver the initiative? Yes No N/A

If No, what are the distribution challenges? Do strategies to address these challenges need to be incorporated into the program?

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PRINCIPLE 3: HEALTH ENVIRONMENTS BEING PLACES IN WHICH PEOPLE WANT TO WORK

Does the initiative promote health care environments as places in which people want to work and develop?

Yes No N/A

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PRINCIPLE 4: ENSURING THE HEALTH WORKFORCE IS ALWAYS SKILLED AND COMPETENT

Are there appropriate **training arrangements** in place to support implementation of the initiative, including course development and availability, up skilling of existing workforce etc? Yes No N/A

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PRINCIPLE 5: OPTIMAL USE OF SKILLS AND WORKFORCE ADAPTABILITY

Will new workforce roles or changes to scope of practice be necessary or beneficial in implementing the initiative?

Yes No N/A

Explanation:

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PRINCIPLE 6: BEST PRACTICE WORKFORCE POLICY AND PLANNING

Is there a need to modify health workforce **data collections** as a result of implementing the initiative?

Yes No N/A

Explanation:

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PRINCIPLE 7: INVOLVING STAKEHOLDERS AND WORKING COLLABORATIVELY

Has there been appropriate **stakeholder involvement** in the development of this initiative?

Yes No N/A

Explanation:

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How to use the Checklist:

The Health Workforce Impact Checklist aims to promote and enhance the incorporation of the National Health Workforce Strategic Framework into new initiatives.

Impacts to the health workforce can include but are not limited to:

- Increase or decrease in workforce numbers: i.e. the initiative may require additional human resources in a particular occupation for successful implementation or may require a new health workforce role to be established, and subsequently decrease requirements for other roles.
- Impact on education and training: ensure sufficient training places are available to sustain future workforce needs.
- Position/role redesign: i.e. role expansion, specialisation or a comprehensive role redesign may be required.
- Industrial implications: the initiative may lead to a change in the scope of practice for a particular health workforce occupation which may impact on future Award or enterprise bargaining negotiations.
- Workforce skills (existing or future): the initiative may identify the need for top up or short course training, or changes to health workforce education and training that require amendments to the core curricula and/or changes to registration legislation.
- Staff willingness to work in a service or location. The proposal may need to identify incentives or practices to assist.

To ensure consistency with the National Health Workforce Strategic Framework questions have been aligned to the seven principles that set the vision for Australian Health workforce planning for the future.

National Health Workforce Strategic Framework Principles:

1. Australia should focus on achieving, at a minimum, national self-sufficiency in health workforce 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 recognised the specific requirements of people and communities with greatest need.
3. All health care environments regardless of role, function, size or location should be 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 the health, education, vocational training and regulatory sectors to promote an Australian health workforce that is knowledgeable, skilled, competent, engaged in lifelong 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 work 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 outline 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.

PRINCIPLE 1: AUSTRALIA SHOULD FOCUS ON ACHIEVING, AT A MINIMUM, NATIONAL SELF SUFFICIENCY IN HEALTH WORKFORCE SUPPLY, WHILST ACKNOWLEDGING IT IS PART OF A GLOBAL MARKET;

Principle 1 is about ensuring and sustaining supply. Relevant actions will relate to workforce intakes, recruitment and retention and may involve education, undergraduate, graduate and vocational education and training, use of overseas practitioners and re-entry into the workforce of health practitioners. In developing your policy, proposal or program it would be useful to consider the following:

1. Is the affected health workforce in shortage or is the workforce in balance, oversupply or able to absorb additional demands?

Advice on this issue is available from a number of sources:

- For local supply, Health Departments collect information.
- Stakeholder groups e.g. Professional associations, peak groups or non-government organisations NGOs e.g. Cancer Council.
- National data, projections and reports may be available from the National Health Workforce Secretariat website and reports (www.healthworkforce.health.nsw.gov.au).
- Other relevant information may be available from Australian Bureau of Statistics, Australian Institute of Health and Welfare and the Australian Government Department of Employment and Workplace Relations.

Definitions:

<p>Oversupply - Where there are excess qualified staff to fill the vacancies that exist in health services.</p>	<p>Undersupply - Where there are fewer qualified people available than vacancies and where the vacancies exist in the system over a sustained period of time.</p>
<p>Mal-distribution - Where qualified staff exists, however they are concentrated in specific locations, such as metropolitan areas, or in subspecialty areas.</p>	<p>Workforce in Balance - Where the workforce supply is sufficient to fill vacancies as or soon after they become available.</p>

2. To implement the initiative are short-term solutions required to reduce immediate shortages? What impact will this have on implementation timeframes?

Short-term solutions may include movement of staff between services, targeted recruitment to fill vacancies, use of a range of occupational groups to fill vacancies, re-entry or overseas recruitment.

- Are courses and / or support mechanisms currently available for re-entry into the workforce?
- Are appropriately qualified overseas health practitioners available? Are bridging courses required? What orientation to Australian practice is required? What registration barriers exist? Where are the potential sources? Are there sufficient incentives to come to Australia?
- Are education and training program intake numbers aligned with projected workforce requirements? If additional workforce requirements have been identified, is there a requirement for additional places to be factored into education and training intakes?
- Does the initiative impact on workforce requirements of other services?

For example: The introduction of a new role that needs to be filled by a workforce in shortage, eg nurses, is likely to exacerbate an existing shortage.

Expansion of a screening service may result in increased service requirement for people with previously undetected disease. Is a service available to treat the additional diagnosed people and is there sufficient workforce to absorb the increased workload.

PRINCIPLE 2: DISTRIBUTION OF THE HEALTH WORKFORCE SHOULD OPTIMISE EQUITABLE ACCESS TO HEALTH CARE FOR ALL AUSTRALIANS, AND RECOGNISED THE SPECIFIC REQUIREMENTS OF PEOPLE AND COMMUNITIES WITH GREATEST NEED.

Principle 2 is about workforce distribution that optimises access to health care and meets the health needs of all Australians. This may involve both incentives and disincentives to facilitate equitable distribution of workforce numbers and skills.

For example:

1. Is the health workforce required to implement the initiative subject to distribution issues?

Maldistribution may occur across geographic locations, within and across disciplines or between private and public health sectors.

2. If yes, does the initiative address the distribution issues?

Solutions may include incentives, disincentives or penalties to encourage participation in the undersupplied areas or flexible service delivery options to maximise the utilisation of existing staff and access expertise and workforces in other locations.

PRINCIPLE 3: ALL HEALTH CARE ENVIRONMENTS REGARDLESS OF ROLE, FUNCTION, SIZE OR LOCATION SHOULD BE PLACES IN WHICH PEOPLE WANT TO WORK AND DEVELOP; WHERE THE WORKFORCE IS VALUED AND SUPPORTED AND OPERATES IN AN ENVIRONMENT OF MUTUAL COLLABORATION.

Principle 3 is about ensuring health organisations are places in which people want to work. This may involve employees offering workplace flexibility to allow staff to achieve a work life balance which meets their life stage needs. It is also about maximising workforce productivity.

1. Does the initiative support approaches that reflect the changing needs and profile of the workforce?

e.g. job sharing, skills to work across community and acute sectors, delivery of services in day only and ambulatory care settings

2. Could the initiative support articulation between training sectors and qualifications to encourage the acquisition of qualifications and professional development? Will this allow multiple career pathways, facilitate life long learning or clinical career development?

3. Does the initiative promote a culture of support and professional generosity, innovation, leadership and collaboration and teamwork in the work environment?

For example, will the program link into or facilitate the establishment of mentoring or leadership programs, support health workforce best practice, ensure the workplace supports safe working hours, facilitate the implementation of no violence policies etc.

PRINCIPLE 4: COHESIVE ACTION IS REQUIRED AMONG THE HEALTH, EDUCATION, VOCATIONAL TRAINING AND REGULATORY SECTORS TO PROMOTE AN AUSTRALIAN HEALTH WORKFORCE THAT IS KNOWLEDGEABLE, SKILLED, COMPETENT, ENGAGED IN LIVE LONG LEARNING AND DISTRIBUTED TO OPTIMISE EQUITABLE HEALTH OUTCOMES.

Principle 4 is about common cohesive action among stakeholders to ensure the health workforce is sufficient and always skilled and competent. This may involve both existing and new training providers identifying the needs of the workforce and providing training in a variety of locations, using a range of modalities and diverse and extended curricula. Consideration of accelerated entry to the workforce may also be necessary.

1. Do existing education and training courses cover the core skills, knowledge and competences required to implement the initiative for the current and future workforce?

Examples of skills requirements include IT skills to use information systems for the management of electronic health records, knowledge of OHS legislation to effectively implement occupational health and safety policies, and training that accompanies the introduction of new health technologies and new services.

2. Are local/national level discussions with education and training providers or decision-makers required?
3. Has a formal mechanism been put in place for the effective engagement of the health and education and training sectors to address any skills, knowledge or competency gaps in the curriculum?

PRINCIPLE 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 WORK REDESIGN WILL ADDRESS HEALTH NEEDS, THE PROVISION OF SUSTAINABLE QUALITY CARE AND THE REQUIRED COMPETENCIES TO MEET SERVICE NEEDS.

Principle 5 is about the optimal use of skills and workforce adaptability. This may involve a complementary realignment of existing roles or the creation of new roles. The accepted limits of existing occupational roles may need to evolve, and new knowledge and skills be acquired and maintained.

This may include developing workplace and professional practice to facilitate team approaches and multidisciplinary care.

1. Does the initiative impact on regulatory arrangements?
2. Is there a need to explore new regulatory arrangements to support the initiative such as arrangements that facilitate workforce supply and innovative solutions to work design and the recognition of knowledge and skills?

Position/role redesign: i.e. role expansion, specialisation or a comprehensive role redesign may be required. For example expanded role of nurse practitioners, particularly in rural settings, introduction of practice nurses in general practice or physician and surgical assistances, changes in scope of practice such as a general allied health therapist.

PRINCIPLE 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.

Principle 6 is about recognising that health workforce policy involves all stakeholders working collaboratively with a commitment to the vision, principles and strategies outlined in the framework. This will involve innovation, research, information sharing, collaboration and consultation. On going evaluation and knowledge gained will be used to continually inform health workforce policy and processes.

This may include:

- Establishment of shared health workforce planning methodologies that include comprehensive workforce planning as part of any capital, service or infrastructure planning.
- Leading, encouraging and supporting a health workforce research, planning and policy development agenda, including national supply and demand studies to meet the population and consumer health care needs.
- Continue to develop health workforce information sharing – both data and information about potential solutions to challenges; and
- Continually improve health workforce data collections; putting in place common language, minimum data sets, and consistent collection and processing arrangements.

PRINCIPLE 7: AUSTRALIAN HEALTH WORKFORCE POLICY DEVELOPMENT AND PLANNING WILL BE MOST EFFECTIVE WHEN UNDERTAKEN COLLABORATIVELY INVOLVING ALL STAKEHOLDERS.

Principle 7 is about recognising that health workforce policy involves all stakeholders working collaboratively with a commitment to the vision, principles and strategies outlined in the framework: This may involve jurisdictional, professional, industrial and organisational cohesion and will involve ongoing commitment to the vision, principles and strategies outlined in this framework. It will require leadership and management from all stakeholders, visionary thinking and prompt inclusive actions.

Stakeholders may include occupational groups, workforce policy committees or areas, education and training providers, service providers etc

Where there is a long lead time in consultation or the implementation of changes to support this initiative, it will be important for stakeholders to be involved in the early stages of the initiatives development.

The Australian Health Workforce Officials Committee should be alerted to any potentially significant national health work force issues identified.

For example, could the initiative have a disproportionate impact on service delivery for Aboriginal and Torres Strait Islanders, older Australians or rural areas? Such a proposal may be one that increases specialisation when to ensure services in Aboriginal and Torres Strait Islander or rural communities, generalist skills are required.

Involvement of relevant workforce stakeholders may help to identify workforce issues that need to be addressed.

For Further Information:

For further information about using the health workforce checklist please contact:

National Health Workforce Secretariat

Level 4
73 Miller Street
North Sydney NSW 2060

Phone: (02) 9391 9933

Fax: (02) 9391 9020

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[Health Workforce Australia](#)

For specific health workforce advice in relation to:

Jurisdictional Workforce Projects: Please contact your local health workforce planning unit or workforce policy area

National Workforce Projects: please contact the National Health Workforce Secretariat.