Next Steps in Workforce Reform

Presentation by

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Health workforce issues

- Dynamic inefficiency: early-mid C20 role assignment facing C21 health care needs
- Technical inefficiency of current role assignment
- Strategies for reform:
  - Market and market-like
  - Hierarchies and regulation
  - Networks
- Strategies to address barriers

Changing Context for Health Workforce Policy (Dynamic Inefficiency) - 1

- Epidemiological Transition
  - Acute → Chronic
  - Single problem, Single leader → Multiple problems, team roles
- Changed educational foundation for non-medical health professions
  - Increased capacity
- Changed expectations of workforce
  - ↓ Handmaiden
  - ↑ Expectations of recognised contribution

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Changing Context for Health Workforce Policy (Dynamic Inefficiency) - 2

- Changing evaluation of relative benefits of specialist vs generalist roles
  - Rural
  - Chronic disease/team work
- Changing opportunities for alternative careers for women
  - ↓ Demand for some health professions (eg. nursing)
  - ↑ Demand for some health professions (eg. feminisation of medical workforce)

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Creation of Workforce Imbalance

- Demand for health skills increasing
- Supply (at current terms and conditions) not increasing as fast
- ⇨ skills shortage at current terms and conditions

Changing Policy Context

- Questioning of whether professional bodies acting in public interest (*pace* Paterson)
  - ⇨ Solutions not as reliant on expansion of traditional professions.
- International experience with different workforce models
  - Physician Assistants in US
  - Skill mix experimentation in UK, US and elsewhere
- Current role allocation seen to be possibly technically inefficient

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Skill mix reassignment options

- New roles/professions/auxiliaries
  - Multi-skilled
  - Specific skills
- New opportunities for existing professions
  - Distinguishing cognitive/ assessment/ prescription/ evaluation of task performance
  - From implementation/task performance
- Delegation supported by ICT enabled
  - Care paths
  - Assessment processes

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Strategies for Workforce Reform: A Markets - 1

- MBS Delegation: Discount vs No Discount
  - Who accrues benefits?
    - Provider
    - Commonwealth government
    - Patient!!! (require all items to be billed at or below schedule fee!!)
  - Extent of incentive necessary
  - Assessment of efficiency and expenditure gains:
    - expansion of services
    - time for task
    - ? Changed treatment thresholds
- PBS Reforms
- Very important symbolically
- Commonwealth dragging feet

Strategies for Workforce Reform: A Markets - 2

- Influence Training Locations
  - Incentives/penalties on private providers
    - Rebates for private hospitals, health professionals
    - Cap on total rebate
- Expanded production
  - Changed incentives for supply (↑ Commonwealth or ↓ student contributions)
  - Increased provision (Commonwealth supported, full fee)
- Enhanced recruitment/retention
  - Changed salaries
  - Changed conditions

Strategies for Skills Mix Reform: 2A Hierarchies (and Regulation)

- Implementation of task reassignment
  - New roles
  - Extending roles of existing professionals
- Improved linkages between health and education sectors
  - Commonwealth – State
  - Health – Education Departments
  - Health Departments - Universities
- Revised Curriculum Content
  - Work readiness
  - Team and communication skills
  - Competency vs time based curriculum (undergrad, post graduate)
  - Recognition of prior learning/skills escalator
- Facilitatory strategies

Facilitating New Roles

- Development of Training Strategy
  - Influence university/VET providers
  - In-house training and credentialing
- Industrial award recognition
  - New roles
  - Career ladders for existing professionals
- Regulatory oversight recognition
  - Scope of practice control
  - Reservation of title control
  - Interaction: ‘nurse practitioners’
- Employer scope of practice control
  - Development of new position descriptions (and employment opportunities)
  - Credentialing/privileging process

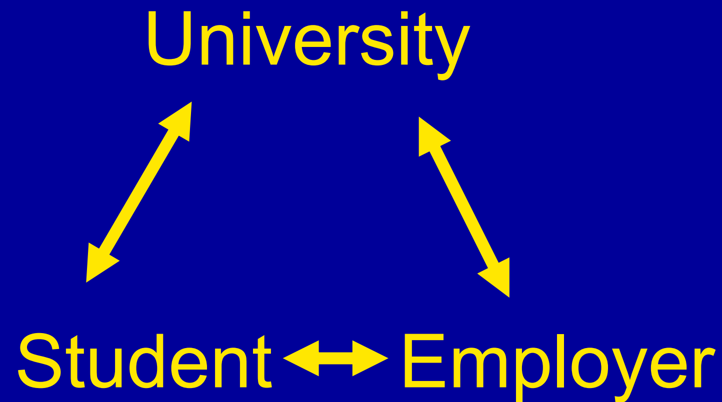
Strategies for Skill mix Reform: 3 Networks

- ‘New profession’ associations
  - Initially: Support, Expansion of Role
  - Over time: Protection
- Employer information interchange

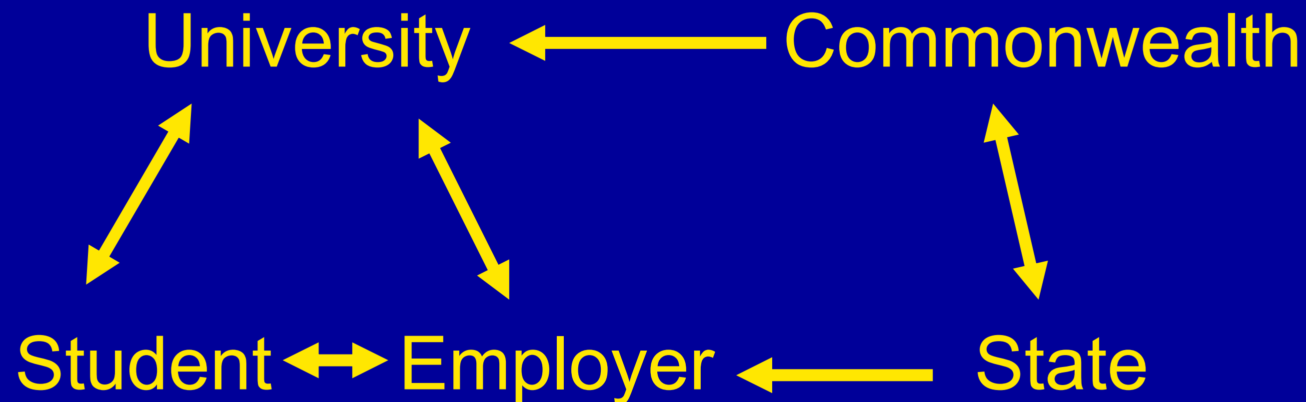
Barriers to Change

- Existing professional interests
  - Disentangle economic interests (MBS, job security, industrial coverage)
- Policy barriers
  - Professional association use of rhetoric of quality
  - Lack of imagination
  - High certification thresholds
  - Complexity of proximate interests

Complexity of proximate interests



Complexity of proximate interests



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Addressing Complexity of Proximate Interests (and other issues)

- Skills Escalator
  - Employer-identified opportunity for identified employee skill growth
  - Lifetime learning account
- Improved consultative processes
  - Health ↔ education
  - Joint planning for new professions
- Planning in advance (taut) for workforce reform
  - See earlier

Other strategies to overcome policy barriers

- Network support
- Pilot/evaluation studies (and support for these)
  - Start in clear areas of need: ED, ICU, X-ray
    - NB not phrased as profession!!
  - Start with individuals interested in career development
- Systematic dissemination processes
- Decentralise process
- Symbolic use of MBS
- Implicit/explicit authorisation (States governments)

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