## Workforce design

One element of an integrated strategy

<table>
<thead>
<tr>
<th>Improve workforce supply</th>
<th>Improve workforce distribution</th>
<th>Redesign the workforce</th>
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<tbody>
<tr>
<td><strong>Short term</strong></td>
<td><strong>Medium term</strong></td>
<td><strong>Long term</strong></td>
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<tr>
<td>Reduce training burden on health services</td>
<td>Expand strategies to encourage re-entry</td>
<td>Establish alternative approaches to management &amp; allocation of early graduate &amp; vocational training positions</td>
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<tr>
<td>Expand overseas recruitment and use of locally trained international students</td>
<td>Increase funding for clinical placements</td>
<td>Expand recruitment &amp; retention strategies in priority services &amp; occupations</td>
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<td></td>
<td>Fund growth in early graduate positions</td>
<td>Fund projects to design &amp; influence curriculum</td>
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<td>Support skills mix projects</td>
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<td>Expand training &amp; utilisation of certificate trained staff</td>
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<td>Fund local workforce innovation projects which pilot work roles &amp;/or design</td>
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Aims

• To reorganise work to minimise duplication of effort and make best use of available staff
• Ensuring people use their skills
• An exploration of opportunities to better match skills to patient needs
• Improve the patient journey and maintain safety and quality of care
• Allow all staff to work at their maximum skill and training level
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Principles

- Utilise a ground-up approach in identifying opportunities
- Appropriate training consistent with nationally accredited frameworks and organisations
- Put the patient at the centre of care – any proposals for change must be based on what the patient needs – we aim to improve the patient journey and maintain safety and quality of care
- Utilise a cost neutral approach to redesign
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Methodology

Role Development
Identify possibilities

Training
Develop where necessary/train

Pilot Role

Explore wider rollout

Evaluation
Were impact objectives achieved? Patients? Staff? Service?
Role Development

Diagnosis: Identify issues → Design → Confirm: identify changed roles → Pilot role?
- no: no action
- yes: Consult

Evaluation

1. Current role’s impact on staff, patients and service
2. Staff involvement in diagnosis and design
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Training

- Establish competencies required for role

Consult

Training exist?

- no
  - Develop qualification/training

Consult

- yes
  - learning needs analysis (RPL)

Train as required

Evaluation

1. Competency analysis process
2. Relevance/adequacy of current curriculum/training
Determine pilot conditions (e.g. supernumerary, length, etc).

**Evaluation**

1. New role’s impact on staff, patients and service
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Stage 1 - Workforce design

Projects

• 36 health service projects – pilots, evaluations, explorative – mostly allied health

• Local discipline-specific initiatives

• Selected through EOI process

• Most projects now complete
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Stage 1 - Projects

Eg. Extended roles for:

- Podiatry Assistant
- Pharmacy Techs
- Physio in ED & Outpatients
- Orthoptist in Glaucoma and Diabetes monitoring clinics
- Radiation Therapists – breast tissue delineation
- Clinical Pharmacist – medication reviews
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Stage 1 - Workforce design

• Next Steps: State-wide implementation

• Informing the sector:
  – Showcasing events, website, final; report & publication grants

• Facilitate uptake
  – ‘How To’ learning series for health services, resource kit, and education grants

• Remove Barriers
  – Address local and systemic barriers to uptake, such as training availability, IR issues, regulatory barriers, resistance to change
Stage 2 - Service-wide projects

7 projects established at metropolitan and rural services, targeting:

- Anaesthetics (Alfred)
- Emergency (Kyabram, Warrnambool, Casey, Austin)
- ICU (Geelong, Dandenong)
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Stage 2 – Diagnosis phase

• Multidisciplinary workshops were held at hospital sites in July & August 2006

• Interviews with staff and process mapping undertaken

• Aim to identify issues and opportunities

• Outcome:
  Operations Review document detailing findings
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Stage 2 - Workforce design phase

- Multidisciplinary workshops were held at hospital sites in August & September 2006
- Local staff members put forward ideas for change
- Outcome: Workforce design report
- Ideas from staff on the ground and should be respected as such
- The process is at arms length from the department
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Stage 2 – Piloting

- Anaesthetics
  - Anaesthetic Clinician, Anaesthetic Assistant and Delivery of Sedation proposals.

- ICU
  - ICU Clinical Lead

- Emergency
  - Increased skills in Emergency Care for nurses

- General
  - Operations assistant and Clinical Assistant
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Future Opportunities for Allied Health

• Advanced Roles
  – Extended scope in clinical practice
  – Improved career structure
  – Scope of practice issues in attrition
  – Job satisfaction
  – Meet clinical need
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Stage 3 - Future Directions

- Need for strong evidence base
- Making the case for change
- If role redesign is answer, what is the problem?
- Feasibility study as the first step
Stage 3 - Future Directions

- Potential areas of investigation:
  - Expanded radiography/nuclear medicine roles
  - Non-medical prescribing
  - Expanded podiatric roles
  - Medical procedures – e.g. Fibreoptic Endoscopic Evaluation of Swallowing (FEES), Non-cosmetic use of Botox

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