



# Allied health—planning for the future from a state perspective

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## Introduction

Unless commitment is made, there are only promises and hopes but no plans

Peter F Drucker, social commentator and considered the father of modern management

There is an increasing awareness and understanding about the range and impact of emerging trends on publicly funded health care. This is the dynamic environment in which developments in health policy, programs and services are being, and must be, pursued. A number of the emerging trends are placing additional pressures on the public health system in NSW, but they also present opportunities to further develop an integrated health response, and build on health reform initiatives that have been identified.

As a result of the current undersupply and maldistribution of the health workforce, health care delivery has become stressed and is predicted to worsen as a result of these trends. At a national level, there is recognition that there is a need for a joint effort to understand and address these issues. The NSW Health Department is undertaking a range of planning activities aimed at better understanding the future directions for health. This will provide a broad framework for planning, identifying specific directions, providing more detail about priorities and shaping the development of the State Health Plan for NSW. Planning for the future involves a number of steps. This paper provides an overview of current and future planning activities relevant to the NSW health workforce.

## Current situation

In 2004/05, the NSW Government spent over \$11 billion on the public health system servicing the 6.9 million people living in the state.<sup>1</sup> This funds public hospitals, community health services, ambulance services, public dental services, population health and health promotion programs. In NSW, public health services are managed across the state within eight geographic regions referred to as Area Health Services.

With approximately 93,000 full-time equivalent staff working in the NSW public health system, NSW Health is one of the largest health care employers in Australia. Approximately 40% are nurses, allied health professionals account for around 15%, doctors 8% and ambulance officers 3%. Technical, ancillary, maintenance and other support staff and administrative staff make up the remaining 34% of the workforce.<sup>2</sup>

## Current trends and future challenges

The current and emerging trends that will influence future planning of the health system are well known. In brief, these trends include:

- ▷ changes in health demand resulting from an ageing population with complex multifactorial and chronic health care needs
- ▷ advances in medical technology and practice as well as information and communication technology
- ▷ rising community awareness, knowledge and expectations about the range of health services available and access to these services
- ▷ pressure on public funding to continue to provide health care with ageing infrastructure and rising costs
- ▷ workforce shortages and distribution issues that will increase as the workforce ages, and rising expectations for the workforce to adapt to a changing consumer profile and changing health delivery systems.

In NSW, these trends are cast into sharp relief against the backdrop of a growing population expected to increase from 6.9 million in 2006 to 8.0 million in 2026. During the same period, the population will have an increasing proportion of people aged 65 years and older raising from 13.6% to around 20%.<sup>2</sup>





Rural NSW covers regional centres, large towns, small towns and remote localities with an estimated resident population of 1,447,164 in June 1999 projected to increase by approximately 8% in 2011 to 1,561,240 people.<sup>3</sup> Population changes vary by geographic location with coastal areas increasing significantly and some inner western regions anticipated to decrease in population. There is also expected to be as shift as a result of internal migration from smaller communities to larger regional centres.

## Planning for the future

In planning for the future, the Australian Health Ministers have endorsed a National Strategic Health Workforce Framework and Action Plan<sup>4</sup> that identifies the following seven key principles to guide future health workforce development:

- ▷ achieve self sufficiency in workforce supply
- ▷ ensure workforce distribution matches community need
- ▷ become the employer of choice through effective leadership and governance
- ▷ develop innovative approaches to health education and training
- ▷ develop flexible approaches to care delivery
- ▷ employ best practice in workplace assessment and planning
- ▷ work collaboratively at state and national levels to make it happen.

The NSW Workforce Action Plan brings together a broad range of strategies for action now and in the future to begin to lay the foundation for addressing current and future health workforce shortages in all professions and addresses the maldistribution across the state.<sup>5</sup>

The NSW Rural Health Priority Taskforce, a peak advisory body on rural health for NSW Health, undertakes consultations in rural areas. Many of the key workforce factors cited during the consultations are well known and largely not unique to NSW. However, in order to develop meaningful solutions, there is a need for more research and less reliance on anecdotal information. It is also important to recognise that the demographic characteristics of NSW differs from other states. For instance, there are a number of regional centres with populations over 40,000 (and growing) as well as many smaller, mainly inland communities, with declining populations. Therefore, there is a necessity for localised information to better inform the development of initiatives and ensure relevance to the NSW rural and remote landscape.

With specific regard to the allied health professional workforce, there is a need to have better hard data that enables improved workforce profiling and projections. In rural and remote areas, the extent of workforce challenges and the implications on health service delivery and types of care are difficult to ascertain. Having better data will assist in determining where and how workforce shortages can be best addressed. Because the allied health professional workforce is relatively small in these areas, it has been difficult to make detailed or specific plans that target the needs of communities, balance care availability or enable the development of effective multi-professional or integrated care models.

Implementation of the 2002 NSW Rural Health Plan<sup>3</sup> has been the source of many of the initiatives targeted at improving the status of health care for people living in rural and remote communities in recent times. The Plan also included a range of workforce initiatives including ones specifically targeting the allied health workforce. It is now time to evaluate what has been happening, what works and what does not. Evaluating the value and effectiveness of current initiatives will strengthen planning of future actions and ensure meaningful measures are built into future initiatives. Only through informed planning and measuring what counts, can we trust that the NSW public health system is fit for the future.

## Determining the extent of the workforce problem

The extent of the workforce problem in allied health is largely anecdotal and therefore difficult to quantify. Indicators such as consumer complaints, prolonged vacancy, service waiting times and limited service accessibility only provide





a snapshot of localised problems. To date, attempts to develop workforce projection equations by examining staffing numbers as a proportion of population often fall short of providing any meaningful direction for workforce improvement.

To improve the availability of hard data, work has begun to improve the reporting systems on the allied health workforce. Reports by award code, area health service and facility are one way of mapping a significant number of allied health staff. This forms one part of the workforce planning equation. Another part of the equation will be sourced from allied health clinical activity. The Allied Health Clinical Information Project is currently developing specifications for a statewide activity collection system that will be part of the electronic health record. It is planned that this information will provide detail about the type of services and interventions allied health clinicians are providing, to whom, where and for how long. Together this information becomes the base to develop workforce projections for diagnostic categories where increased demand is anticipated. It will also enable us to have a better picture of where services are being sought by geographic location and facility.

### Identifying the contributing factors

Once there is a better picture of the allied health workforce, a more targeted approach can be taken to address the recruitment, retention and workforce development requirements necessary to meet the challenges we face ahead. Through its consultation process, the Rural Health Priority Taskforce has identified a number of barriers to attracting and retaining a skilled and competent health professional workforce. Many focused on the need for more support, supervision and continuing professional development. Not surprisingly, the major obstacles identified were not unique to rural NSW but combined with the critical mass, economic and geographic challenges of rural area, these served to augment the issues to challenging levels.<sup>6</sup> Other barriers largely specific to rural areas were multi-factorial particularly for health professionals who had family considerations such as the cost of moving, employment for their spouse, proximity to schools or tertiary education and training for their children.

### Assessing what works

A review of current initiatives to address rural and remote workforce and service delivery issues available from both the Commonwealth and State bears witness to the high level of awareness by government of the workforce problems in rural and remote areas across all health professions. A recent survey of Commonwealth and State scholarships, education programs and funding incentives implemented to improve recruitment and retention in NSW found that 56% targeted medicine, 15% to nursing, 16% to allied health and the remaining 13% to all rural and remote health care professionals.<sup>6</sup>

The current absence of a more collaborative and strategic approach between the Commonwealth and State across a range of schemes and programs targeting the allied health workforce warrants review. Some initiatives available to rural and remote allied health professionals are relatively new and therefore it may be too early to evaluate their effectiveness. However, it may be worthwhile to detail initiatives currently offered by different levels of government, who they target, the intended aim, and identify duplication.

Improved collaboration between the Commonwealth and State to map and evaluate the effectiveness of workforce and service delivery initiatives may lead to better identification of the value of current initiatives and the effectiveness in resolving current problems. Gaining a better understanding of the impact of service initiatives such as More Allied Health Services, More Mental Health Services and increasing access to the Medicare Benefits Scheme by allied health practitioners may assist both levels of government in determining where future investment needs to occur and deliver maximum return on investment.

It may be edifying to identify the types of incentives available to other professions that may be beneficial for the allied health workforce. This may also contribute to identifying the value or effectiveness of current initiatives and current problems that impact on effectiveness to deliver workforce increases. There is a need to assess the impact of initiatives such as rural allied health scholarships that do not articulate the type of commitment required of recipients to seek employment in rural areas. In some instances, the broad use of the term "Allied Health" as a descriptor may itself be a problem because it does not clearly targeting professions in particular shortage in rural areas.

### Taking action

The importance for evaluating and identifying what works cannot be stressed enough particularly in a climate of limited budget. Each year the proportion of the total NSW State budget spent on health care increases. The pressure on health costs is expected to continue driven by the trends identified earlier—new technology, new treatment options,





increasing demand and an ageing population. This must be balanced by the recognition that the full cost of health care cannot be met with the finite resources available to the government. As a significant proportion of the population retires and the birth rate continues to fall, the resulting decrease in workforce participation will mean that spending priorities and difficult choices will need to be made. In deciding which services get funded, for whom, where and at what cost, it will become critical that our commitment to clinical governance ensures the future quality and safety of patient care.

One aspect of this challenge means becoming a proactive participant in discussions and actions being undertaken about workforce reform and clinical service redesign. We can no longer just assume that there will be more new graduates to take the place of those who leave the workforce. We must be responsive to our changing environment. The rural health sector has a tradition of seeking innovative solutions and more than ever, the need for us to take responsibility for exploring options and shaping what the future of allied health care will look like is upon us. By being part of the exploration process, the opportunity for gaining stronger recognition of the valuable contribution of allied health may be realised.

NSW Health is funding and facilitating a statewide process of system re-design with the active involvement of clinicians, managers and consumers. The Clinical Services Redesign Program (CSRP) is an important tool to assist Area Health Services to improve the access, quality and effective use of resources—financial and human—to improve the capacity of health care systems and meet the increasing demands and expectations of the community.<sup>7</sup> Not only does the CSRP focus on redesigning the patient journey and the care systems, it will also begin to explore workforce redesign and the use of the skills of health care providers within the care system.

As part of beginning to explore workforce redesign, the Department consulted widely and sought feedback from clinicians and managers during the recent review of the Industry Skills Council Health Training Package that included the addition of the Certificate IV in Allied Health Assistance. The NSW Allied Health Advisory Network comprised Area Health Service Allied Health Directors and Discipline Advisors were consulted and provided with an opportunity to have direct input into the Department's response to the Industry Skills Council with regard to the various certificate level courses in allied health disciplines. Comments from rural allied health clinicians indicated that there was a need for more flexibility within the certificates in recognition of rural workforce imperatives and the necessity of rural health care providers to be multi-skilled.

Similar to the approach taken by other health professions and being widely used overseas, it is acknowledged that this is only one part of the workforce redesign equation and should be viewed as a continuum or skills escalator. Before allied health disciplines can begin to consider advanced practice and extended scope of practice, closer examination into core skills within a competency framework needs to be developed. This provides the foundation upon which the various levels of the skills escalator can be developed. As one section of the escalator, increased use of assistant and technical support staff needs to take place within a clinical governance framework that ensures staff are competently skilled, supervised and supported. In rural areas, this opens the door for tapping into the potential un-utilised workforce within the community, provide an opportunity for increasing engagement of indigenous peoples in the allied health workforce and may assist in addressing the maldistribution of health workforce.

NSW Health has taken action targeting the entire health workforce as well as specific actions targeting allied health. The creation of the NSW Institute of Rural Clinical Services and Teaching is an example of a whole-of-health initiative. Some of the recent actions specifically targeting allied health professionals include the biennial NSW Rural Allied Health Conference, creating the position of Chair in Rural Pharmacy in partnership with Charles Sturt University, supernumerary funded pre-registration training positions for hospital pharmacists, undergraduate and post-graduate rural allied health scholarships and grants and providing funding to sponsor rural allied health professionals to attend the SARRAH Conference.

Another broad allied health initiative recently undertaken is the Allied Health ReConnect Project. A project officer was employed to conduct a literature review on various re-entry programs for health professionals and identify critical success factors, core or common components and develop a framework that could be applied to a range of health professions. The aim was to develop a framework that would be evidence-based and rigorous enough that it could be suitably adapted to meet the re-entry needs of different health professions. The first phase of the project to develop the framework is due for completion at the end of September. The second phase of the project will focus on applying the framework to develop a re-entry model for hospital pharmacists and trial the model in early 2007.





## Evaluating effectiveness and value for the future

In addition to evaluating the effectiveness and value of current workforce and service delivery initiatives, it is recognised that we need to build in better monitoring and evaluation mechanisms in any future initiatives. Current initiatives and incentives evaluated as not delivering value need to be improved changed or re-cast. For example, there is potential within the current NSW Rural Allied Health Post-graduate Scholarship Scheme to set aside a number of scholarships in targeted areas of post-graduate studies critical for improving the skill base of the rural allied health workforce, sonography or clinical psychology for instance. Consideration may be given to linking existing initiatives to improve recruitment and retention such as offering final year undergraduate rural allied health scholarship recipients an opportunity to take up post-graduate study with funding from the post-graduate scheme if they take up employment directly in a rural Area Health Service upon graduation.

Another example is evaluation of the NSW Health Allied Health Right to Private Practice policy to identify further opportunity for improving the private-public mix and opportunities for improving service access through Commonwealth initiatives such as the More Allied Health Services and Better Mental Health Services initiatives. It may also be useful to identify initiatives currently offered to other professional groups that may be suitable for improving workforce or service accessibility of allied health professions under stress. One example may be the effectiveness of the funded vouchers system used for Dentists services to improve access to private practitioners where public services such as Podiatry are scarce. Another example is exploring the use of an Area of Need program similar to one used for general practitioners to target specific allied health professions to specific rural areas.

## Conclusion

Planning for the future health workforce is complex and multi-faceted. There is a current untapped capacity to introduce workforce improvement but this requires a willingness by clinicians, managers and organisations to be open to change. In less than five years, planning and funding targeting the allied health workforce and services has increased significantly. As we all know, this is only the tip of the iceberg. There is still considerable work to be done but in an environment with a dramatically changing landscape in the public health sector, it would be an understatement to simply say we have challenges ahead. Funding allocated to the public health system is finite; the need to demonstrate effectiveness and efficiency is unquestionable, and clearly the reliance on solutions from the past is no longer acceptable. We need to be mindful that future investment in improving the health system and the allied health workforce needs to deliver value and sustainable benefit. Therefore, planning needs to be informed, measured and reviewed so we can be confident that the NSW public health system is fit for the future.

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