



HEALTH WORKFORCE

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER FIVE

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will “*reshape the delivery of primary health care across the nation*”¹. Primary Health Networks (PHNs) are to be ‘outcome focussed’ on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to “*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*”².

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper #5 - Health Workforce**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

¹ Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

² Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

HEALTH WORKFORCE

Australia's health workforce is "large and diverse, ranging from highly qualified and specialised health professionals (about 43% of the health workforce) to workers with limited or no qualifications providing in-home care and support services"³. As at 2013, there were 591,503 people registered as health practitioners in Australia⁴. Notwithstanding this, the full breadth of the Australian health workforce is unknown given there are many practitioners in the workforce that fall outside of the 14 health professions regulated by the Australian Health Practitioner Regulation Agency.

Australia's health workforce spans many professions and disciplines within the health sector (and beyond if comparable roles in the community services sector are considered) and has a complex arrangement of structures, legislation, policies and programs that govern, accredit, regulate and develop the workforce.

The 2013 Review of the Australian Government Health Workforce Programs, chaired by Jennifer Mason, stated that "the challenges of meeting the health workforce needs of the community are increasing with the ageing of the population, changing expectations, competing financial and economic priorities and a rapidly changing technological environment which demands an agility to respond to change"⁵. Furthermore, it should be noted that, within this workforce there is the likelihood of "health workforce shortages out to 2025 for doctors and nurses"⁶.

It is in this context that a number of solutions to current and future health workforce issues have been identified in major studies⁷. The key elements of proposed solutions can be summarised as follows:

- refocusing on service delivery to develop a workforce that meets the health care needs of consumers, rather than focusing on practitioners
- a move from acute models of care to a community driven population and primary health care approach
- retention of existing workforce and increased productivity with an emphasis on expanded scopes of practice and generalist roles
- use of technology, role redesign and greater flexibility and inter-professional training
- improved distribution of the health workforce particularly to rural and remote areas and to populations of extreme disadvantage, and
- increased participation rates of Aboriginal and Torres Strait Island people in the health workforce.

³ Deeble Institute Issues Brief – Changing Health Professionals' Scope of Practice: How Do We Continue To Make Progress (2014)

⁴ Australian Institute of Health and Welfare – Health Workforce (2014)

⁵ Health Workforce Australia – Building a Sustainable Health Workforce (2013)

⁶ Health Workforce 2025: Doctors, Nurses and Midwives Volume 1 - Health Workforce Australia (2012)

⁷ Health Workforce 2025: Doctors, Nurses and Midwives Volume 1 - Health Workforce Australia (2012), Australia's Health Workforce – Productivity Commission Research Report (2005), and Review of the Australian Government Health Workforce Programs – Jennifer Mason (2013)

PRIMARY HEALTH CARE WORKFORCE

From a primary health care perspective, supporting and developing an effective and efficient health workforce underpins the objectives of organised primary health care – *“A connected primary health care sector delivers the right care in the right place at the right time. It aims to keep people well and out of hospital, prevent illness and support those with a chronic condition to achieve their best quality of life...To achieve this we need a highly skilled, affordable and sustainable primary health care workforce”*⁸.

Notwithstanding this, there are a number of constraints affecting the ability of the primary health care workforce to optimally play its role in the health system. These include:

- **Culture:** The need for a cultural shift across the health sector to a system that puts the needs of people at the centre, with practitioners assembled around the needs of patients and carers - *“the health system exists in order to improve the health of the population and of the health consumer. Health workforce programs, in turn, exist to assist in meeting patient need. While this should be self-evident, it is too easy in considering health workforce programs to become focused on whether they meet the needs of practitioners”*⁹.
- **Structure:** a major structural constraint affecting workforce is the dominant focus on acute care in the health system – *“the current system, despite reforms, continues to be focused heavily around increasingly expensive and specialised acute care in major metropolitan centres, rather than on measures to redirect resources to the provision of high quality primary care, population health initiatives and preventative care. This is both unaffordable in terms of escalating future cost, and inimical to optimum patient care, particularly of chronic conditions”*¹⁰.
- **Workforce Distribution:** there is an inequitable distribution of service providers between metropolitan/suburban locations, and locations that are at the urban fringe, regional, rural or remote - *“the most significant health workforce issue, particularly in the area of general practice medicine, is not one of total supply but one of distribution, which is to say inadequate or non-existent service provision in some rural and remote areas, and to populations of extreme disadvantage, most particularly the Aboriginal and Torres Strait Islander communities and some outer metropolitan communities”*¹¹.

⁸ Health Workforce 2025: Doctors, Nurses and Midwives Volume 1 - Health Workforce Australia (2012)

⁹ Review of the Australian Government Health Workforce Programs – Jennifer Mason (2013)

¹⁰ Review of the Australian Government Health Workforce Programs – Jennifer Mason (2013)

¹¹ Review of the Australian Government Health Workforce Programs – Jennifer Mason (2013)

- **Productivity:** current health workforce practices have not kept pace with changing needs and models of care - “*there is evidence that the current organisation of health professionals and health practitioners, and their associated scope of practice, are not suited to meet the needs of the Australian health system. This is contributing to unsafe and inefficient care delivery. There have been substantial changes in population health needs and the technologies, structures and processes of the health care system, yet there has been little change in the health workforce to adapt to system requirements*”¹².
- **Data:** effective workforce planning is data driven - “*nationally consistent data plays an important role in informing workforce policy and planning*”¹³. Notwithstanding this, there are acknowledged limitations in the systems and processes that currently provide workforce data. For example, reliance on surveys that are voluntary and have variable response rates or are national in scope and coverage with limited ability to interrogate below the state/territory level¹⁴.

PRIMARY HEALTH NETWORKS AND HEALTH WORKFORCE

Through PHNs the Government commits to “*continue strengthening primary care by focussing funding to frontline health services and improving delivery and quality of services in primary care*”¹⁵. There will be an implicit, strategic role for PHNs to support workforce planning, retention and development activities matched to the population health needs of their communities.

In this context, three specific health workforce focus areas emerge for PHNs:

1. **Improving access to services in response to local need**

Within this focus area there are two specific domains of activity. Firstly, PHN service planning decisions will be underpinned by comprehensive needs assessments (CNA) of current and future health care needs in their catchments¹⁶. This will inform the mapping of services to needs. This process forms the basis of evidence-based, population health planning at PHN and sub-PHN scales and enables PHNs to readily identify service and workforce gaps. Issues arising for PHNs in this process include:

- consumer and provider engagement;
- access to reliable and consistent data; and
- availability of appropriate population health / epidemiology capability for workforce/service analysis and planning.

¹² Deeble Institute Issues Brief – Changing Health Professionals’ Scope of Practice: How Do We Continue To Make Progress (2014)

¹³ Review of the National Registration and Accreditation Scheme for Health Professionals – Australian Health Ministers Advisory Council Consultation paper - Kim Snowball (2014)

¹⁴ Health Workforce 2025: Doctors, Nurses and Midwives Volume 1 - Health Workforce Australia (2012)

¹⁵ 2015-16 Health Portfolio Budget Statement: Outcome 5 Primary Health Care

¹⁶ 2015-16 Health Portfolio Budget Statement: Outcome 5.i Primary Care Financing, Quality and Access

Secondly, PHNs will have at their disposal a number of ways to address service needs and gaps, such as practice incentive schemes (eg: After Hours Practice Incentive Payments); workforce attraction/development programs (eg: scholarships and rural incentives); and a service commissioning function. Commissioning may be viewed as an iterative and collaborative process where PHNs coordinate services that deliver “*the best possible quality and outcomes for patients, meet population health needs and reduce inequalities within the resources available*”¹⁷. The Medicare Local experience demonstrated varying levels of success in utilising these approaches in addressing service/workforce needs and gaps. Furthermore, as clinical training placements and supervision are key elements in health workforce development, PHNs might also consider specifying these requirements when commissioning services.

2. Increasing capacity and capability of General Practice and other service providers

It is widely acknowledged that “*general practice is critical for a high performing, cost effective, primary health care system*”¹⁸. A key function for PHNs will be to support continuous improvement in quality, safety and efficiency of General Practice, and other primary care providers. This will be enabled by PHNs providing support services enabling general practices and practitioners to access continuing professional development and teaching incentive schemes in practice settings. Furthermore, PHN GP support activities will also build skills to: improve patient outcomes through better use of MBS system and local health pathways navigation; effectively utilise Practice Incentive Payments; and ensure meaningful participation in reform programs such as the MyHealthRecord.

However, working with General Practice in this way has proven challenging in the past - “*GP disengagement from Medicare Locals was a contributing factor to some dissatisfaction with Medicare Locals, and while engagement requires both parties to make best endeavours, it must be addressed in the establishment of PHNs to ensure optimal outcomes*”¹⁹. As such the challenge remains for PHNs to learn from past experiences and meaningfully engage with both General Practice and other providers in local health systems.

3. Boosting productivity through innovation

In meeting the needs of their communities a useful focus area for PHNs will be to boost productivity through adopting new approaches to service delivery, providing more flexible, cost-effective health services. Two areas for consideration are:

¹⁷ SA Health Clinical Commissioning Framework (2013)

¹⁸ Review of Medicare Locals – Prof. John Horvath (2014)

¹⁹ Primary Health Care: Opportunities and Challenges Public Health Association of Australia and Australian Healthcare and Hospitals Association Communique (2014)

- Scope of practice: There is ongoing debate within the health sector to address service needs and gaps through expanding the scope of practice of disciplines within the profession - *“There is evidence that some tasks that are currently the exclusive responsibility of particular professionals could be performed just as effectively by others, without compromising patient safety or the quality of care....Extending the scopes of practice for particular health care professionals — subject to appropriate education and training — could produce a more flexible, sustainable and responsive workforce while maintaining (or even improving) the quality and safety of care”*²⁰. Having said this, there are barriers outside of the PHN domain that impede changes to scope of practice at scale in Australia, including legislative, regulatory and resourcing issues.
- Telehealth: Telehealth is described as the *“use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance”*²¹. Innovative uses of information and communications technologies offer alternative mechanisms for health service provision and health provider support, overcoming spatial, temporal, social and cultural barriers. There are numerous examples where the predecessor Medicare Locals provided and/or supported health care services and these offer useful approaches to overcoming inherent clinical and technological challenges, as well as workforce maldistribution in rural and remote communities.

The challenge remains to build broader systemic support for expanded scopes of practice and telehealth solutions and for PHNS to then translate this into building a capable local health workforce and enabling infrastructure.

CONCLUSION

The challenge of ensuring a flexible, high quality and productive health workforce in Australia, now and into the future, cannot be understated - *“Australia is already experiencing workforce shortages across a number of health professions and it is predicted that even with substantial reform, demand for health services and our ageing population will result in workforce shortages”*²².

The three specific health workforce focus areas discussed above, (1) improving access to services, (2) increasing workforce capacity and capability, and (3) boosting productivity, will be key objectives for PHNs if they are to effectively contribute to attracting, retaining, developing and growing a high quality, productive primary health care workforce.

Working in this way, the PHN model offers opportunities to develop and apply new ways to utilise existing resources to meet local health care needs, address service gaps and build and grow a productive and effective health workforce.

²⁰ Efficiency in Health: Productivity Commission Research Paper (2015)

²¹ International Organisation for Standardisation definition as cited by Department of Health – Programs and Campaigns - Telehealth

²² Health Workforce 2025: Doctors, Nurses and Midwives Volume 1 - Health Workforce Australia (2012)

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