ACHSM & Nous Group:

Healthcare Workforce – Supply, demand and coordinated solutions

2023 Congress Symposium Paper

Insights from leadership roundtables at the 2023 ACHSM Congress

nous | ACHSM | Australasian College of Health Service Management

Symposium paper development process

Facilitated by Nous and attended by more than 30 senior health executives, each of the 4 tables were allocated 1 of 4 areas for consideration in designing health workforce strategy, outlined on the placemats on their tables. These were :

(1) Context

(2) Demand

(3) Supply – Internal & External

(4) Gaps.

The questions asked of each of the groups were :

- What contextual industrial factors are impacting on health workforce needs?
- What changes in disease incidence, delivery of care and technology are impacting on health workforce needs?
- What critical capabilities and roles is the workforce lacking?
- What locations and contexts is lacking in workforce?
- What are the workforce challenges in internal supply across the training and specialisation pipeline?
- What are the key considerations for successful use of overseas trained healthcare workers?
- How can we recognise and address priority gaps with so many subsectors struggling to recruit/retain workforce?
- How do rural and urban healthcare workforce gaps differ? What unique challenges do different regions face?
- What are the implications for workforce strategy?

Please find following a paper prepared by Nous outlining the insights gathered from this 2023 ACHSM Congress Symposium session.

A strategic approach is required for Australasia's health workforce planning

The 2023 ACHSM Congress in Canberra brought together senior leaders in healthcare from across Australasia to share lessons learnt on health care innovation and to address current health system challenges. The Nous Group (Nous) facilitated three leadership roundtables to develop insights from the Congress to inform the College's advocacy on health reform priorities.

The insights from the ACHSM leadership roundtable on health workforce reflect the perspectives of health service managers and leaders across the aged care and acute care sectors, from managers in regional and metropolitan public, private and not for profit health services, and government officials responsible for health workforce, service design and digital health policy.

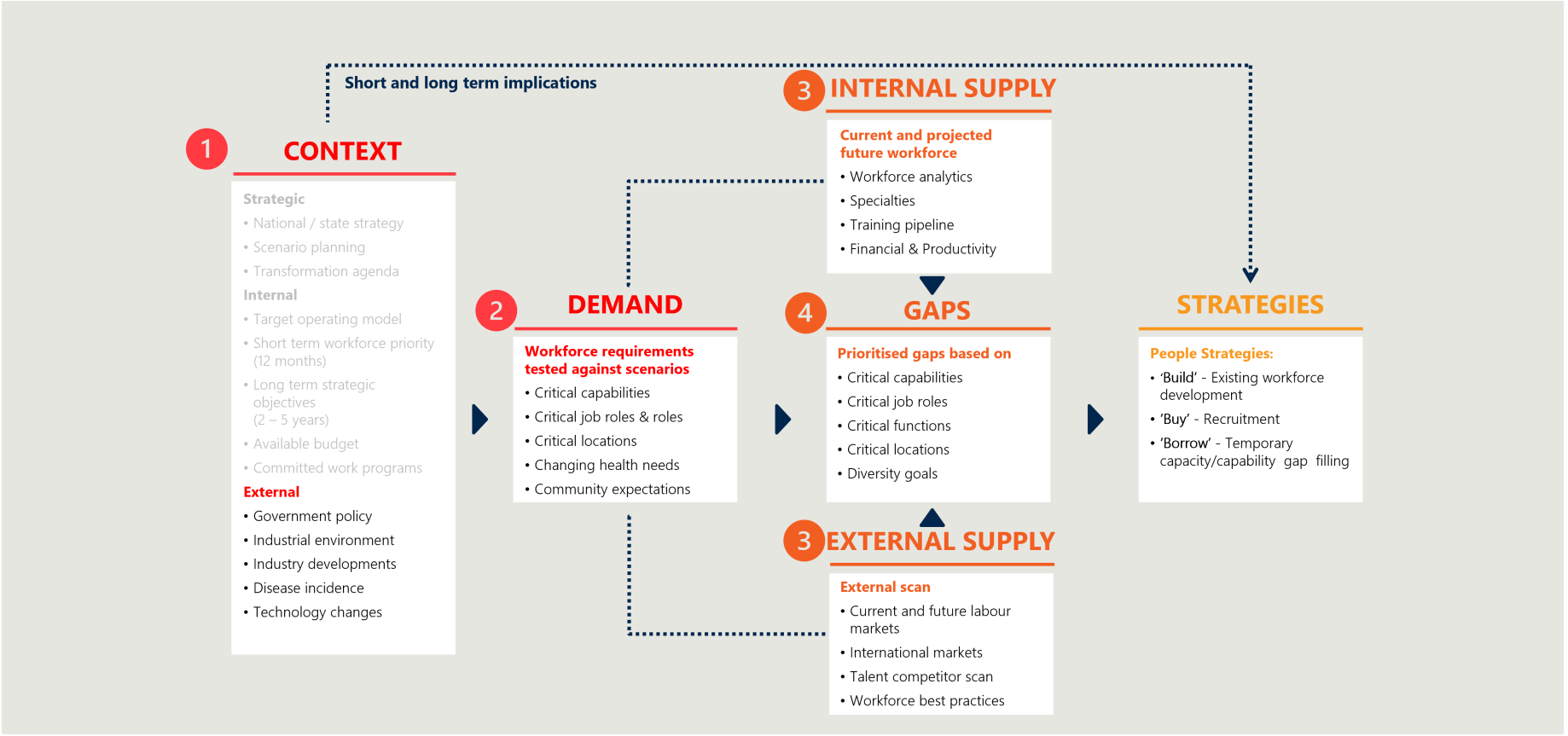
Healthcare workforce demands are a perennial and evolving challenge to Australasia's healthcare settings. Conversations ranged from the changing identity of healthcare workers, the shift in core skills demanded in an industry with the potential for ever greater application of artificial intelligence, and the challenges as operational leaders in healthcare of being reliance of post-secondary education and immigration policy as key determinants of your workforce.

A strategic approach to workforce challenges benefits from operational perspectives on context, demand and supply

The attendees were divided into groups, each tasked with providing insights on four distinct considerations for the healthcare workforce. We used a basic framework to organise groups and segment the work (see Figure 1). The emphasis was on exploring the strategic implications associated with each consideration:

1. **Context**: this conversation was focused on factors external to a given organisation with a view to distil points of shared experience that spanned specific healthcare contexts. Overall, workforce context examines the operating context to understand factors that might impact the workforce, such as technological changes and policy impacting the industry.
2. **Demand**: this conversation focused on current and predicted workforce needs within the sector to meet strategic objectives into the future.
3. **Internal and external supply**: this focused on the workforce available to the sector both domestically and internationally, and explored movement trends among established workforce and the training pipeline.
4. **Workforce gaps**: This focused on specific settings and subsectors already experiencing workforce shortfalls, and applied a lens of exploring the difference in what workforce the n needs now and in the future.

Figure 1 | An organisational workforce planning framework facilitated robust discussion of current workforce challenges



Workforce strategy must account for the evolving context of healthcare service delivery

The changing identity of healthcare workers: participants explored the shift in current healthcare workers towards a view that a vocation should be viewed as a job, rather than a core identity. This shift brings with it a demand for diversified work models that support flexibility and part-time work.

There was recognition post COVID-19 pandemic of the workforce distancing itself from narratives around "heroism" and self-sacrifice, and a translation to a different approach to attraction of healthcare workers that de-emphasised the status of titles like "doctor".

Conversely, a discussion centred on the negative portrayal of the healthcare profession and a reminder that leaders need to be mindful that this negativity may also have an impact on future students of healthcare professions. Indeed, the real portrayal of the sector needs to be balanced by the wonderful attributes of the healthcare profession.

The need for a shared vision across sectors: it was felt that the current workforce challenges could not be viewed nor addressed by the healthcare sector in a vacuum, and required a shared vision for workforce strategy that aligned with the education sector, with limitations to supply perceived in part as resulting from university placement caps and the overall availability of quality student placements.

Similarly, a shared vision was needed from economic and immigration policy with participants acknowledging the significant barriers experienced by overseas trained specialist medical officers in gaining localised qualifications.

Industrial factors included the influence of lobby groups, unions, colleges and professional associations. Examples included the role and influence of institutions like the Australian Medical Association and Australian Nursing and Midwifery Foundation in dictating work conditions and hours. The role of medical colleges in regulating access and number of trainee positions was also identified as a bottleneck, particularly to the pipeline of certain medical specialties.

Another sub-theme focussed on the importance of these professional associations and unions to place the patient at the core of their policy and advocacy, otherwise they run the risk of hindering innovation. Of course, these organisations will have a tension between this ideal, and their focus on members.

Demand can be considered across geography, specialty, and specific skills

Particular critical capabilities were described as lacking: these included mental health clinicians, hospital generalists, general practitioners, nurse practitioners, physiotherapists, nurses, allied health practitioners and indigenous healthcare workers.

Better data systems and intelligence, and demand modelling, are required to understand the drivers for skills gaps, which in turn informs policy development and a targeted approach to filling these gaps in skills and service.

Regional and remote areas continue to struggle disproportionately with meeting demand. Participants remarked that infrastructure changes like regional hospital redevelopments are seldom paired to with adequate workforce planning, creating unsustainable and costly reliance on locum and agency workforce pools.

Workforce was described as significantly mal-distributed between metropolitan and non-metropolitan settings, and not necessarily a problem with absolute numbers but this can be a problem in some disciplines.

Evolving care needs are shaping demand to changes like an aging population: participants highlighted changes like increasing complexity of patient needs and a rise in demand for home-based care as examples of the demands of an aging population.

Progress in tele-medicine and other technology creates the demand for a workforce compatible with new media and new ways of working. It was acknowledged that training often lags behind innovation, and that post-secondary education seldom keeps pace with the changes in practice and resultant operational experience at the coalface.

Challenges were felt across both internal and external workforce supply

Multidisciplinary practices and stepping-up scope of practice provide opportunities for workforce relief. Examples were heard of the value of registered undergraduate student of nursing (RUSON) and clinical assistants (paid medical students) workforce through COVID-19, as well as successful models such a nurse-led endoscopy units which relieved medical workforce bottlenecks.

The current training pipeline is not tailored towards generalist capabilities: current training models are oriented towards progressive sub-specialisation, which was felt to be poorly aligned to the recognised need for generalists who can adapt to changing healthcare demands and ways of working. Examples were given in both hospital and community context of shortfalls in supply of generalists to meet demand.

Burnout and attrition have accelerated healthcare workforce churn post COVID-19, with participants highlighting a need not only to stem the loss of workers but also to find ways to attract back those who retired or moved into other industries in response to burnout.

The need for healthcare worker secondments and reprieves from the coalface, was highlighted as one approach to preventing burnout.

External supply from overseas trained healthcare workers was described as a vital pipeline in supply, but it was acknowledged that there were a number of key considerations for successful application of this workforce to the Australasian context.

This includes localisation and accreditation processes, registration and regulation processes for professions, as well as cultural and language competence needed to operate in local healthcare settings.

Across an industry experiencing universal supply issues, gaps were described as the missed opportunities

Getting accurate ideas of gaps is hamstrung by data limitations. Core data sets like the national health workforce dataset for Australia were described as missing those entering and leaving the profession. There was held to be a general lack of data on current scope of practice and appetite for greater skill acquisition.

Addressing gaps requires changing the model to allow staff to provide care to their full potential. A point of "low-hanging fruit" was described in the proportion of the healthcare workforce who wish to expand their skillset and scope of practice but are currently limited by the traditional structure of their roles and contracted responsibilities.

Examples were heard of the successes of supporting staff to expand their skills (e.g., nurses wishing to become nurse practitioners who then move laterally within an organisation to a role with greater autonomy).

Particular gaps were described in provider connections and inter-operative understanding between acute, community and aged care settings. This was held to be a result of the siloing of professional streams and lack of facilitation of movement between subsectors. Persons with experience spanning multiple settings were described as highly sought-after and generally lacking, for their role in care coordination, flow and interorganisational collaboration.

Showcasing diverse job roles to incoming cohorts can orient trainees to emerging opportunities and needs. Participants identified a bias towards visible and prestigious roles in attracting graduates, but that there was significant value in demonstrating a wide variety of job roles to increase visibility of roles experiencing shortages.

A particular gap was described in selection and training for communication and emotional skills. This theme was raised as a skillset that current selection processes do not adequately select for, and raising concerns for the current training pipeline to address a skills gap across the health sector.

Next steps for health workforce policy

When designing and implementing policy and strategy for healthcare workforce, it is vital to incorporate operational perspectives on context, demand, and supply to ensure their relevance and sustainability.

The key next steps from the workforce session are as follows:

1. Adapt workforce models to the accommodate the changing identity of healthcare workers, emphasising diversified work models and flexibility
2. Foster collaboration and a shared vision across education, economic, immigration and health sectors
3. Addressing shortages in critical capabilities involves both increasing available volume as well as its distribution to areas of need
4. Align training to the need for expanded scope of practice in professions and a promotion of the value of generalist as an adaptive skillset
5. International workforces have a vital role in meeting Australasian need, but successful application requires examination of current immigration and localisation barriers
6. Organisations should consider adapting strategic frameworks (see Appendix A) for initial planning into workforce reforms.

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Appendix A: Example strategic framework for workforce planning