

Better Skills, Best Care Update

November 2005

Welcome to the November 2005 Better Skills, Best Care update

Progress On pilots

The 38 individual amended role pilots are at various stages, with most having completed the role development phase. In some pilots, negotiations with training bodies have commenced.

Over the coming months, leading up to the final evaluations of pilots, a major focus for the update will be sharing the learnings as the pilots progress.

Learnings: from the facilitator

Alison Amos has facilitated 7 professional role design pilots, with more to come. Her presentation at the ARCHI conference (see below) summarised her experience in applying the BSBC role development methodology of patient & service centred design, and what she saw as its strengths, weaknesses and issues.

In summary:

- Pilot participants were sceptical and cynical at first.
- Best results are achieved when all levels of staff engaged with the patient journey are involved, especially clerical and admin staff (who often hold the key to understanding the workings of a clinic or service).
- Starting with a solution means missing opportunities for developing new ways of thinking and doing.
- Mapping the current process is an opportunity for reflection across all that is happening in a particular context, by whom, for whom. Ultimately, its value lies in being a conversation starter and providing a point of focus for reflection and project planning activities.

BSBC Events, Conference & Forums

As part of the strategy's aim to raise awareness and generate debate about workforce design, a number of forums and presentations have been held over the last month. Where speakers' presentations are available, see:

http://www.dhs.vic.gov.au/pdpd/workforce/links_rscs/presentations.htm

Presentation by Fran Woodard

12 October 2005

Former UK Modernisation Agency senior manager Fran Woodard reflected on her experiences within the Agency and her role in decentralising the Agency's functions during 2004-05. Her current role is as Director of the Modernisation Initiative for southwest London, aiming to modernise renal, stroke and sexual health services in that region.

Some of her messages were:

- Consider designing all the roles in a service area at once so everyone wins.
- Workforce design must be based on patient and service needs.
- Habits and history comprise the greatest barriers to change, and take time to overcome.

The session was well attended by health management and clinicians, industrial groups and staff involved in the BSBC pilots.

ARCHI Conference Skill Mix & Workforce Development

7 November 2005

The session on the Better Skills, Best Care strategy was well attended, and received, apparently, the most questions of any of the conference sessions. The speakers, involved with the BSBC strategy in different roles, gave an overview of progress, learnings to date and future priorities for the workforce design program:

- Dr Brendan Murphy, Chair of the new Health Service Management Innovation Council and CEO of Austin Health.
- Alison Amos role development facilitator for 7 pilots.
- Hugh Burch, project manager from Northern Health with responsibility for 5 pilots.
- Jennifer Colbert, DHS lead on the BSBC strategy and work program.

Medical workforce redesign from the USA & UK

16 November 2005

This presentation on American and British workforce redesign initiatives focused on approaches to developing and implementing medical support roles. The 3 speakers were supported during question time by guests Dr Lloyd Mitchener, Chairman, Department of Community and Family Medicine at Duke University and Ruth Ballweg, Director of the Physician Assistant Program at the University of Washington.

Dr Atul Grover, former US workforce policy planner and Senior Consultant with the Lewin Group, USA and Associate Professor Rod Hooker, University of Texas, USA provided the physician and the physician assistant's perspective of the PA role; how it developed, successes in delivering primary care services, the increasing push to specialisation and how shortages of these support roles are emerging in the same areas as for the medical workforce.

Professor William Doe from University of Birmingham in the UK presented on his trial of the PA role in the UK, and based on those findings, the development of the Medical Care Practitioner role, with a training program to commence in Birmingham in 2006.

Questions from the audience focused around how these new roles contributed to meeting demand for medical services, the apparent delineation between the nurse practitioner and medical support role in both countries including the PA's supervision requirements and prescribing rights and the impact of these roles on medical training.

Skilled Support Workers

Training assistance for pilots

The Community Services and Health Industry Training Board will be providing assistance to the 11 Better Skills, Best Care support worker pilots to clarify competencies identified through the role development process and help them source existing training modules and if necessary, develop new nationally-recognised training.

To provide a context for the pilots on vocational training, two BSBC Skilled Support Worker sessions were conducted in August and September.

The first provided the background and structure of the Health Training Package with several case studies highlighting effective utilisation of VET. One from Ballarat Health Services was a practical solution to difficulties in providing allied health services in residential nursing homes by training Division 2 nurses as Allied Health Assistants to create dual role positions, with outcomes of greater job satisfaction and better patient outcomes. Bendigo TAFE demonstrated the results of collaboration with Bendigo Health that had resulted in the delivery of tailored support worker training and real expertise within that RTO.

The second session was a type of match-making service, with pilot leads able to meet a cross-section of Registered Training Organisations with experience in providing services to the health industry.

Productivity Commission Health Workforce Study

On 29 September 2005 the Productivity Commission released the position paper *Australia's Health Workforce*. The paper presents initial findings and recommendations from a major study on health workforce issues.

One key finding is that "the evidence suggests that many opportunities for more significant workforce innovation, including job redesign and changing scopes of work, have not been progressed, or even properly evaluated". The study argues, "There would be merit in establishing an intergovernmental advisory agency to evaluate and facilitate the more significant possible workforce innovations". The position paper is available at

<http://www.pc.gov.au/study/healthworkforce/index.html>

The Victorian Government submission (paper no. 155) and its response to the position paper (paper no. 297) can be viewed at

<http://www.pc.gov.au/study/healthworkforce/subs/sublist.html>

The Productivity Commission is expected to hand down its final report by the end of this year.