

Health Professionals Workforce Plan 2012-2022



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Foreword

As the Chair of the Health Professionals Workforce Plan Taskforce I am pleased to present the NSW Health *Health Professionals Workforce Plan 2012-2022*.

The Health Professionals Workforce Plan Taskforce was established to oversee the development of a 10 year Health Professionals Workforce Plan to ensure NSW trains, recruits and retains doctors, nurses and midwives, oral health, allied health professionals to meet the future needs of the community.

I would like to thank the members of the Taskforce for their commitment to the development of the plan, and for the time they dedicated to Taskforce meetings and to provide input and feedback into the development of the Plan. In addition to myself, as chair, the Taskforce membership comprised:

Ms Patricia Bradd

Director, Allied Health - South Eastern Sydney Local Health District

Dr Scott Finlay

GP Proceduralist, Moree. Board member, NSW Rural Doctors Network

Assoc Professor Andrew Keegan

Sydney Medical School, University of Sydney, Visiting Medical Officer, Board Member – Nepean Blue Mountains Local Health District Board

Adjunct Professor Debra Thoms

Chief Nursing and Midwifery Officer, Ministry of Health

Mr Denys Wynn

Medical Imaging Manager - Northern NSW Local Health District

The Taskforce has consulted widely in the development of the *Health Professionals Workforce Plan 2012-2022*, with a Discussion Paper released in October 2011, meetings with a range of stakeholders, a roundtable of leaders across health and education sectors, and the analysis of submissions to the Ministry of Health.

This consultative process demonstrated that there is a real willingness to embrace change and innovation across the health system to meet the many challenges that face us, including an ageing population, an increase in hospital presentations for people with chronic illness, and shrinking growth in the size of the labour pool. It is clear that more of the same is no longer the answer.

The *Health Professionals Workforce Plan 2012-2022* provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain doctors, nurses, midwives, oral health practitioners and allied health professionals in order to continue to provide a quality health service to the people of NSW. The Plan identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health.

Ensuring the future of a flexible, responsive health system in NSW, focussed on the needs of the community is a shared responsibility. Responsibilities include: the requirement of the health consumer to be aware of their health needs and practice preventative health care; the need for the educators of health professionals and their students to be informed of future health needs and align education and career paths accordingly; a responsibility of health professionals to participate with the employer in maintaining and developing skills to meet changing health needs; a need for the managers of the health system to provide efficient and flexible health services, and a need for communities to make sometimes difficult decisions about the prioritisation of services.

I would like to thank everyone that took the time to contribute to the development of the plan, either by attending a Roundtable, meeting with the Taskforce, or providing valuable advice to the Ministry of Health.



Dr Anne-Marie Feyer

Chair, Health Professionals Workforce Plan Taskforce

Message from the Minister



More of the same is no longer the answer ...

I welcome this *Health Professionals Workforce Plan 2012-2022*, developed after extensive consultation with a broad range of health professionals, organisations, associations and providers in settings from rural and city locations.

As the Chair of the Health Professionals Workforce Plan Dr Anne-Marie Feyer says in her foreword 'More of the same is no longer the answer'! I agree.

I thank Dr Feyer and her hardworking team ably assisted by my Parliamentary colleague The Hon Melinda Pavey MLC, Parliamentary Secretary for Rural Health and members of my own staff and the Ministry for Health, for taking on this message.

In meeting with her early in the consultation process I indicated to the Chair that it was not enough to simply describe how many extra of any particular health profession we will need in the next ten years. If we were to draw a straight line from now until 2022 we'd blow the state budget as we serve an ageing and growing population - and we wouldn't be providing best patient care anyway. We will need to help people stay well and treat patients with increasingly complex conditions.

New models of care will mean more people being treated out of hospital, in their homes and community settings. It will mean health professionals will work more in teams, collaboratively and undertaking new roles in a much more flexible fashion. This report highlights the need for general as well as specialist health professionals and the task in ensuring the *'right people with the right skills are in the right place'*.

It provides exciting opportunities for those considering a career in the health system and for those looking for ways to expand their own experiences and develop their ideas about being more effective. It recognises the need for strong and skilled leaders in this endeavour and the need to provide them with quality education and support programs.

When I met with Dr Feyer I said I wanted a practical, action oriented plan and she has provided just that. Clearly articulated within a strong framework then followed by strategies, partners in the venture, and expected outcomes within two, five and ten years.

This is a plan that has the potential to transform our health system.

As described in this report what we want are *'health professionals working together in a collaborative and respectful team, where each contribution is recognised and valued'*.

I also want them to love working in the NSW Health system, to be inspired by what they can do for their patients and supported by good friends and colleagues working together for the benefit of the patient.

A handwritten signature in black ink that reads "Jillian Skinner". The signature is written in a cursive, flowing style.

Jillian Skinner MP
Minister for Health
Minister for Medical Research

Executive Summary

The vision of NSW Health is to keep people healthy, avoiding unnecessary hospitalisation, providing access to timely, quality health care when it is needed.

Improving timely access to quality health care starts with putting patients at the centre of every decision in the NSW Health system. Every decision and every person in the NSW Health system must be focused on patients and ways to improve their access to quality health care. To do this requires a culture and working environment in the health system where health professionals are respected, supported and can spend more time caring for patients.

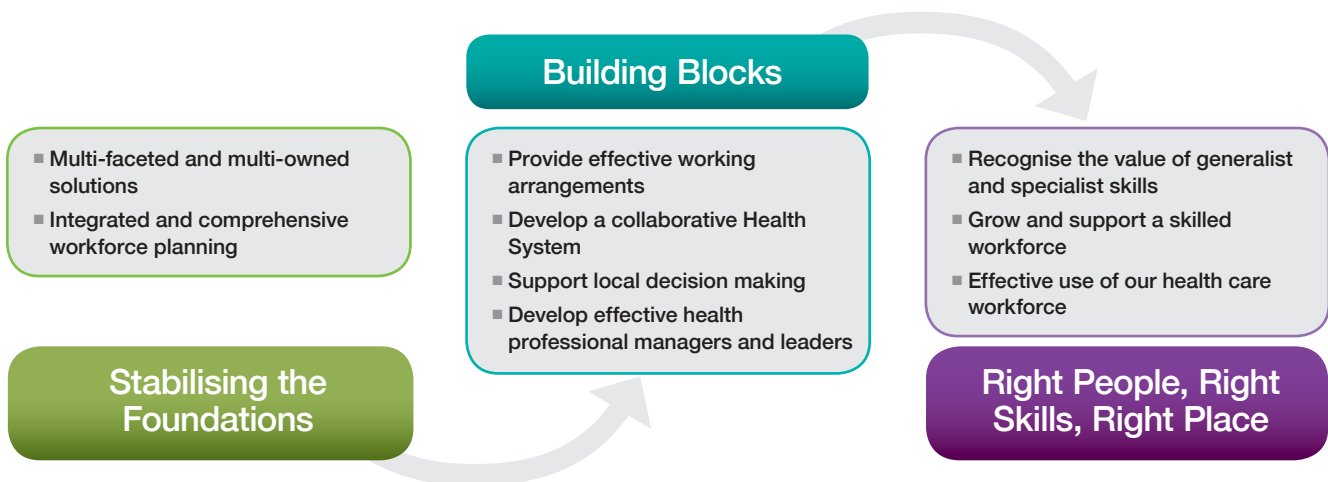
More of the same is no longer the answer. Health systems traditionally have been designed around the institutions that deliver services rather than the populations they serve. However, in the modern health landscape, powerful drivers are at odds with traditional approaches:

- the relentless onslaught of chronic disease means there is a need for a greater emphasis on primary and preventive health care, on the availability of alternative models for the support of patients with chronic needs, and for ensuring that the acute system is able to focus its resources on acute patients;
- impending workforce shortages, with the ageing of the population, mean that it will not be possible to meet forecast workforce growth based on current health service patterns and models of care;

- geographic maldistribution of the health professional workforce, exacerbated by the spread of NSW's population over greater geographic areas, means that access to care is impacted in regional and remote areas;
- based on current approaches, government spending on health is expected to nearly double between 2010 and 2050¹, calling into question the future affordability of health care if nothing changes; and,
- specialisation of healthcare professionals has been increasing steadily, yet chronic and complex patient presentation is requiring more holistic and generalist models of care.

The future demands that will be placed on the health system, the changes that will be required in models of care to meet the needs and expectations of the community means that planning to ensure that the health professional workforce is available to meet service needs is more important than ever.

Development of the *Health Professionals Workforce Plan 2012-2022 (the Plan)* rests on a three-part strategic framework. Nine key tenets, forming three interconnected parts of a strategic framework underpin the *Health Professionals Workforce Plan 2012 – 2022*. The cornerstone of the framework is *Stabilising the Foundations* – setting the scene for effective workforce planning and acknowledging that the challenges will be met by multi-



1. Commonwealth of Australia (2010), Australia to 2050: Future Challenges: the 2010 Intergenerational Report page 49.



faceted solutions. On this cornerstone rests the *Building Blocks* for the health professional workforce – providing the culture and working environment in the health system to enable a flourishing workforce. The foundations and building blocks provide the platform to realize the vision: *Right People, Right Skills, Right Place*.

The detailed strategies that make up the Plan have been developed within this interconnected framework, and guided by the key tenets. Importantly, the framework recognises that the strategies themselves are interconnected. No strategy stands alone. Rather the success of each depends critically on the other strategies in the Plan. The guiding principle in the design of the Plan is that foundation strategies, building block strategies and strategies to ensure that NSW Health has an appropriate health professional workforce available and providing services aligned to the health care needs of the community, are all interconnected parts of a whole.

Planning for implementation – A key aspect in the design of the Plan has been planning with implementation in mind. The four critical elements for implementation have been embedded in the Plan, so that they are clear component parts of the Plan from the outset. These elements are:

- **Timeline** – The Plan articulates the ultimate vision for the health professional workforce of NSW Health, but also articulates the achievable steps in the shorter and medium term. For each strategy, the expected short, medium and long term deliverables to achieve the intent of the strategy are described.
- **Evaluation and monitoring** – The timeline articulates the desired achievements, but it must be coupled with measurement of progress against the desired achievements of the Plan. The coordination of monitoring of the implementation of strategies and the achievement of outcomes is specified in the Plan: quarterly reviews will be undertaken by the Ministry of Health. At the same time, the Plan acknowledges that the strategies themselves need to be regularly reviewed and updated, to remain relevant in a dynamic health landscape.

- **Responsibility and accountability** – Many players are necessarily involved in the implementation of the Plan, and indeed in each of its component strategies. It is critical that the collective effort is not only coordinated but has strong leadership established, without diffusion of responsibility. For each strategy, the Plan identifies the key player (s) who will be responsible and accountable for driving implementation, alongside the key stakeholders who will have an associate role in the strategy.
- **Partnerships** – Implementation of the Plan involves not only many players within NSW Health, but also many who have a central interest and role from outside NSW Health. The Plan recognises the broad range of professional, educational and community stakeholders who must be part of the collaborative approach to realise the vision for the health professional workforce for NSW Health. Moreover, the Plan articulates that strong productive partnerships across the stakeholders are essential for successful implementation.

The Health Professionals Workforce Plan 2012-2022 has been prepared, and will be implemented, at a time of unprecedented reform of the NSW Health system. The Plan and its outcomes play a central role in the reform effort.



NSW Health – Our Vision

The NSW Government has outlined its plan to rebuild the economy, return quality services, renovate infrastructure, restore accountability to government, and strengthen local environments and communities in *NSW 2021: A plan to make NSW number one*.

This plan sets immediate priorities for action and guides NSW Government resource allocation in conjunction with the NSW Budget. The goal for quality services in health for NSW is to restore confidence in the public health system by rebuilding hospitals and health infrastructure, re-engaging clinicians, and giving communities and health care providers a strong and direct voice in improved local patient care.

The vision of NSW Health is to keep people healthy, avoiding unnecessary hospitalisation by focussing on preventing ill health and better management of those with chronic disease, so that when people need hospital care they have access to timely, quality health care focused on the patient.

Improving timely access to quality health care starts with putting patients at the centre of every decision in the NSW Health system. Every decision and every person in the health system must be focused on patients and ways to improve their access to quality health care.

To do this we need a culture and working environment where our health care professionals are respected and supported, and can spend more time caring for patients.



NSW – Our Values

Achieving the vision of NSW Health requires everyone in the system to commit to the CORE values of Collaboration, Openness, Respect and Empowerment.

COLLABORATION Improving and sustaining performance depends on everyone in the system working as a team.

OPENNESS Transparent performance monitoring and reporting is essential to make sure the facts are known and acknowledged, even if at times this may be uncomfortable.

RESPECT The role of everyone engaged in improving performance is valued.

EMPOWERMENT There must be trust on all sides and at all levels for people to improve performance in a sustainable way.

The case for change



As part of the consultative process for the development of the *Health Professionals Workforce Plan 2012-2022* a Discussion Paper was issued by the Health Professionals Workforce Plan Taskforce. The paper detailed key changes in communities, patients and the labour market that will impact on NSW Health in the future. The Health Professionals Workforce Plan Roundtable, held during October 2011, examined different scenarios to consider how those changes will impact on the workforce needs of NSW Health.

Whilst there are many drivers that will influence the way health care services are provided, it was considered that the five key factors are; improving health outcomes; impending workforce shortages; geographical distribution of populations in NSW and access to services; the future affordability of health care; and the increasing specialisation of healthcare professionals.

1. Improving health outcomes

The shift in disease burden from acute to chronic conditions means that our current health systems, which were originally designed in the 1950s with a focus on acute care delivered through hospitals on an episodic basis, struggle to address the need to coordinate patient care across diverse health care settings.² Currently, and increasingly in the future, a range of services need to be provided both inside and outside hospitals, involving an interdisciplinary range of health professionals and models of care. Health systems traditionally have been designed around the institutions that deliver services rather than the populations they serve.

There is a need for a greater emphasis on primary and preventative health care, on the availability of alternative models for the support of patients with chronic needs, and for ensuring that the acute system is able to focus its resources on acute patients. There is also a need for greater collaboration between the primary, acute and subacute areas of NSW Health with the aim of ensuring people are being treated in the most appropriate place, avoiding hospitalisations, and keeping people well for longer.

2. Impending workforce shortages

The projected growth in the population aged over 65 in NSW between 2008 and 2028 is 74%, compared to only 12% for the 20-64 year old age group.

It will be a challenge for NSW Health to build a workforce of the size required to meet forecast growth based on current health service patterns and models of care. The differential growth in age groups in the population, with an increase in the proportion of older age groups, will create a situation where the growth in the working age population will not keep pace with the increased demand for service.

Conservative projections detailed in the Discussion Paper indicate that the potential shortfall in the available supply of workers to meet increased service demand could exceed 20,000 employees by 2028, based on current models of care.

Improving the supply of an optimally trained workforce across all areas is important. However, increasing workforce supply alone will be insufficient to manage service demand and ensure longer term service sustainability.

3. Geographical distribution of populations in NSW

Data on the projected population growth by Local Health District (LHD) shows the largest projected growth in South Western and Western Sydney LHDs, Southern NSW LHD and the Mid-North Coast LHD. The areas of lowest growth are Far West NSW, Western NSW and Murrumbidgee. The age profile of this projected increase indicates that each LHD will be dealing with different burdens of health care based on the demographics of its population. Mid North Coast, Illawarra Shoalhaven and Northern NSW will be dealing with a larger proportion of older residents, whilst South Western Sydney, Western Sydney and Nepean Blue Mountains will have a proportionally younger aged community. Sydney and

2. Anderson, G (2011) For 50 Years OECD Countries Have Continually Adapted To Changing Burdens Of Disease; The Latest Challenge Is People With Multiple Chronic Conditions. [online] http://www.oecd.org/document/17/0,3746,en_2649_37407_48127569_1_1_1_37407,00.html

South Eastern Sydney LHDs will have the largest proportion of working age population, whilst Mid North Coast, Murrumbidgee and Central Coast LHDs will have the smallest proportion of working age population.

An analysis of NSW Health workforce data indicates that regional and remote LHDs have a lower health workforce to population ratio compared to metropolitan districts. The geographical maldistribution is evident across the Medical and Allied Health professions. Additionally, the distribution of populations over greater geographic areas means that access to care is impacted in regional and remote NSW. The dispersed nature of the population places heavy cost burdens on both consumers and providers of health care services because of the distances they are required to travel to access and provide health care.

4. Affordability of health care

The *2010 Intergenerational Report Australia to 2050: Future Challenges*³ found that total government spending is projected to increase to 27.1% of Gross Domestic Product (GDP) in 2049/50 with around two thirds of the projected increase expected to be on health. Spending on health will rise from 4% of GDP in 2009-2010 to 7.1% in 2049-2050 and the bulk of the increase will be on the Medicare Benefits Schedule, hospital services and the Pharmaceutical Benefits Scheme. Aged care expenditure is also projected to rise significantly from 0.8% of GDP in 2009/10 to 1.8% by 2049-2050 with residential aged care recording the highest growth. The Intergenerational Report indicates that demographics play an important role in increasing health system costs.

As the population ages, more people fall into the older age groups that are the most frequent users of the system. From 2009-10 to 2049-50, real health spending on those aged over 65 years is expected to increase around seven-fold. Over the same period, real spending on those aged over 85 years is expected to increase around twelve-fold.

In NSW the growth for all ages between 2008 and 2028 is projected to be 22%. However, the growth for those aged over 65 for the same period is projected to be 74%, more than three-times the growth across all ages.

5. Increasing specialisation of healthcare professionals

Patients are presenting with multiple problems. Given the variety of treatment options that can be offered to a patient with multiple and complex co-morbidities, health providers are increasingly required to have knowledge and skills which go beyond a particular sub specialty. Patient complexity due to rising rates of chronic disease, increases in co-morbidities and growing multi-morbidities will mean that there is a need for a generalist model of care into the future.

A key message highlighted from the consultation process was the impact increasing specialisation has had on the accessibility of health care, particularly in regional and remote locations. Whilst there is an undisputed need for the continued provision of specialised services, the need for a generalist workforce, which complements the specialist, is clear.



3. Commonwealth of Australia (2010) Australia to 2050: future challenges. The 2010 intergenerational report Overview. Commonwealth Copyright Administration, Barton ACT. Page 8

Principles of the Health Professionals Workforce Plan 2012-2022

The *Health Professionals Workforce Plan 2012-2022 (the Plan)* is being prepared at a time of unprecedented reform of the NSW Health system. The future demands that will be placed on the health system, the changes that will be required in models of care to meet the needs and expectations of the community, and the shrinking growth of the labour market, means that planning to ensure that the workforce is available to meet service needs is more important than ever.

Improving timely access to quality health care starts with putting patients back at the centre of every decision in the NSW Health system. Every decision and every person in the NSW Health system must be focused on patients and ways to improve their access to quality health care. To do this requires a culture and working environment in the health system where health professionals are respected, supported and can spend more time caring for patients. To achieve this, the governance of the NSW Health system must be right. Those closest to the patient are best equipped to make best decisions about patient healthcare. It is necessary that local staff and the local community have a real say in decision-making at their local hospital or health service, and that there is transparent access to information that will enable them to make those decisions.

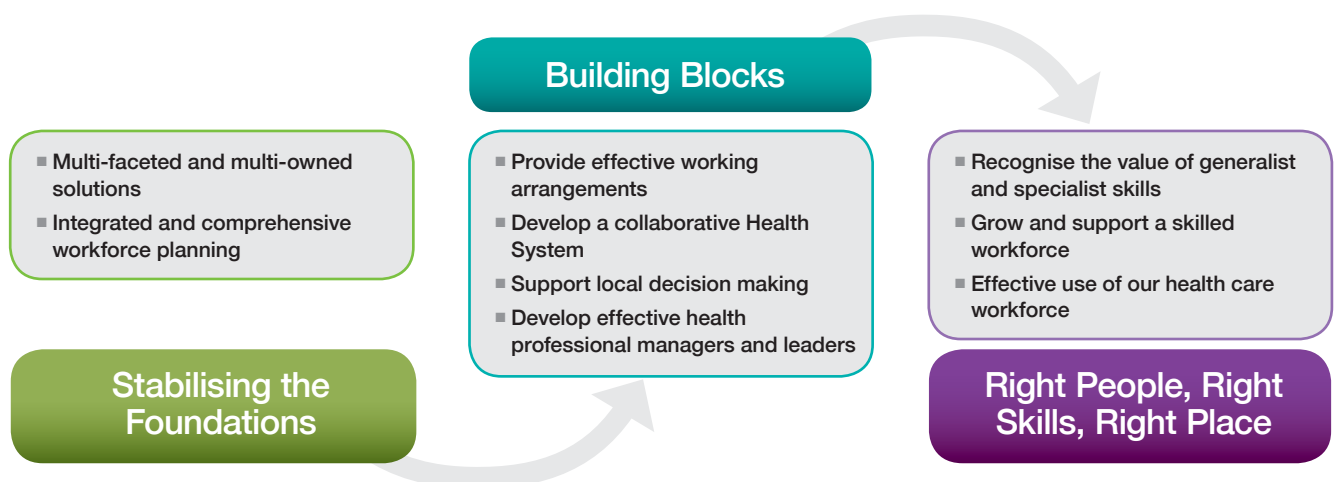
The NSW Government and NSW Health are committed to:
Keeping people healthy and out of unnecessary hospitalisation by focusing on:

- a. Preventive health; and
- b. Better management of those with chronic disease.

Fixing public hospitals to improve patient access to timely, quality health care by:

- a. Restoring local decision making;
- b. Making more beds available and employing more nurses;
- c. Introducing transparency to the management of waiting lists and operating theatres for elective surgery; and
- d. Providing improved facilities, equipment, treatment and medical retrieval.

Development of the Plan has been underpinned by nine key tenets, grouped into three interconnected parts of a strategic whole - **Stabilising the Foundations**, **Building Blocks** and **Right People, Right Skills, Right Place**. In essence, they articulate the vision of the workforce for 2022. The recommendations and strategies provide the actionable plan to realise the vision. The overarching approach sets the scene for effective workforce planning and recognition that there is no one answer to address the challenges facing the NSW Health System, and that to implement effective reform requires a range of solutions, and a range of parties working together. Together the principles provide a framework for the strategies outlined in the Plan. In summary these guiding principles are:



Stabilising the Foundation

1. The solutions are multi-faceted and multi-owned

The challenges facing the NSW Health system are complex and variable. The challenge of attracting a medical specialist to a regional or rural facility will be different to attracting a health professional to a major metropolitan hospital. The employment options desired by a health professional will change over their career lifecycle. The health factors facing a community will be different in a coastal location with a large number of retirees, than in a growing metropolitan area with a young population. The principle for the establishment of Local Health Districts and Local Health Boards, ensuring local decision making, guides the development of a suite of

strategies that will assist Local Health Districts and Specialty Health Networks and their Boards to address their specific workforce issues.

All participants of the NSW Health system have a part to play in ensuring its efficiency, effectiveness, sustainability and quality. Just as there is no one answer, there is no one person, or group of people, able to address all of the challenges facing the health system. We all have a role to play in ensuring that NSW Health is able to continue to provide quality, accessible health services, and it is important that we work together, valuing and respecting each others' functions and roles, to achieve these aims.

CONSUMERS
are
responsible
for:



- Using health care services in an ethical way.
- Taking responsibility for their own health and healthcare
- Maintaining health through prevention and lifestyle improvements

HEALTH CARE SERVICES
are
responsible
for:



- Determining the health care needs of their communities.
- Providing agreed health care services in a timely and efficient manner
- Ensuring a safe and respectful workplace for employees of NSW Health

HEALTH CARE PROFESSIONALS
are responsible
for:



- Maintaining and developing their professionals skills
- Maintaining a flexible approach to the delivery of health care services
- Keeping the patient at the centre of every thing they do
- Working in a collaborative manner and displaying respect for all team members

COLLEGES AND EDUCATION PROVIDERS
are
responsible
for:



- Ensuring that health care professionals are educated to an acceptable level of practice
- Providing healthcare curricula relevant to modern health care challenges



NSW also operates within a broader health system, and as such there is a need to ensure continued collaboration with the Commonwealth, principally through Health Workforce Australia and the Australian Health Practitioner Regulation Agency (AHPRA).

Also, the Commonwealth Government provides funding for a range of programs to enhance service provision in rural and regional Australia. This includes support for rural health outreach services and medical specialist training programs.

All jurisdictions, including NSW, are participating in the *National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015* released by Health Workforce Australia. The aim of that Strategic Framework is to help to reshape Australia's future health workforce while supporting and enabling the productivity of the existing workforce. The Framework outlines actions across five domains of reform, which provide guidance for workforce reform at both the State and National level. The principles of the Framework have been used as an integral part of the development of the *Health Professionals Workforce Plan 2012-2022*.

Connections are also important with the Australian Health Practitioner Regulation Agency (AHPRA), which is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia and supporting the National Health Practitioner Boards that are responsible for regulating health professions. The primary role of the Boards is to set standards and policies that all registered health practitioners must meet.

In addition to working with and maintaining these connections, there is a need to look at and beyond our current relationships to strengthen existing, and broaden the current range of, partnerships that are available to train and support the workforce that delivers health care services in NSW. This theme is reflected in the need for greater collaboration between health services, the need for effective partnerships with the Pillars of the Health System and the Ministry of Health, the development of effective working relationships between the Pillars of the NSW Health system and Local Health Districts and Specialty Health Networks,

and partners of the health system such as other government agencies and jurisdictions, education providers, medical colleges, the private, not-for-profit and non-government sector and professional associations.

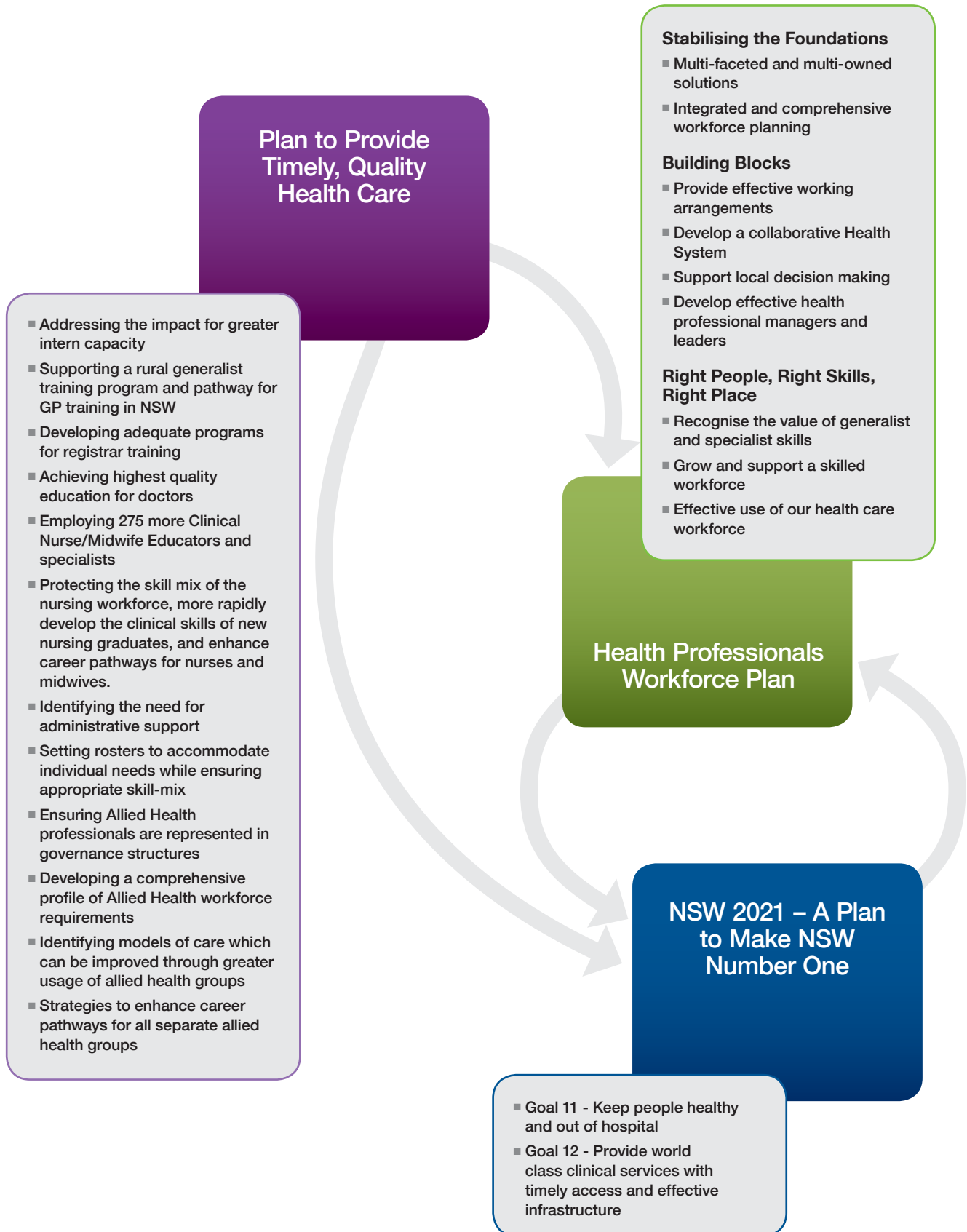
As an overarching principle there are no specific strategies for this principle in the Plan. The strategies that support this approach are embedded in a number of the guiding principles, including the building of a collaborative health system, supporting local decision making and effective use of our health care workforce.

2. Integrated and comprehensive workforce planning

One of the guiding principles for the development of the Plan is recognition that strategic workforce planning is a key component of service and business planning. As such, it is an ongoing process for identifying and addressing gaps between supply and demand aligned with the strategic directions of the NSW Health system. Service and business planning are themselves dynamic planning processes which, together with workforce planning, need to be responsive to the broader health reform agenda. It is therefore vital that the *Health Professionals Workforce Plan 2012-2022* is informed by and integrated with the State Plan and the Plan to Provide Timely, Quality Health Care, and by the direction of the ambitious reform agenda currently in place. The interplay of these processes is reflected below.

The workforce initiatives outlined in the *Plan to Provide Timely, Quality Health Care* are complementary to, and enablers of, the Government's plan for improving timely access to quality health care.

Integrated and comprehensive workforce planning



Building Blocks



In order to build an innovative and flexible health care system that works to support the attraction and retention of health care professionals, it is vital that the building blocks of the system are in place and provide a stable basis from which the workforce can grow and develop. The guiding principles in this category reflect the need to ensure the system works to support health service delivery and reform.

3. Provide effective working arrangements

As the profile of the community and workforce changes, and the ability to attract and retain staff in a competitive market becomes more difficult, there will be a need for the NSW Health system to embrace flexibility in work arrangements as a normal part of doing business, rather than an inconvenience or impediment. This is a significant challenge in a service environment that provides 24 hour care, and will require flexibility from both health professionals and service planners and managers. This will extend to services and positions being designed with the intention that they be provided or undertaken on a part-time, shared, or part-year basis. The systems available that support the management of recruitment and employment will need to be adaptable enough to enable this flexibility, rather than acting as an impediment to their implementation.

4. Develop a collaborative health system

In order to meet the service needs of the NSW community and the increasingly more complex needs of the current and future patient, the NSW health system as a whole needs to work in a joined up and collaborative manner to ensure that the needs of the patient are at the centre of what we do. This also necessitates all health professionals working together in a collaborative and respectful team, where each contribution is recognised and valued.

Patient care and health service efficiency can be improved by interconnecting health professionals with a range of varied skills, knowledge and expertise. The need for health

professionals to work and train in a collaborative manner is driven by the need to ensure that patients receive optimal clinical services, delivered by the most appropriate health care professional and in the most appropriate health care setting.

In order to achieve this, it is important that each team member understands and respects each others' role, works together to determine and deliver the best care for the patient, and learns from each other in a respectful manner.

5. Support local decision making

As an integrated process, planning for the delivery of health services and management of health care professionals will involve different inputs, responsibilities and actions on the part of organisations, staff and managers across the NSW Health system. The effective management of the NSW Health system to meet patient needs also involves efforts across a range of different organisations.

One outcome of the report into the *Future Arrangements for Governance of NSW Health* was the delineation of the role of the Pillars of the NSW Health system, and their strengthening to include key roles in their respective areas of health care design, standards, reporting, education and associated policy. This strengthening of the roles will require new, more collaborative processes that facilitate the Ministry and Pillars working together. The Pillars will also develop close working relationships in support of Local Health Districts and Specialty Health Networks.

The strategies within the Plan are a recognition that whilst the principle of local decision making is a vital one for NSW Health it is also important to ensure that the capability and capacity to operate within that environment are developed and maintained.

The following table outlines the key role of the different parties within the NSW health system:

Organisation/Role	Key Role in NSW Health
Ministry of Health	Support the executive and statutory roles of the NSW Minister for Health and Medical Research and monitor the performance of the NSW public health system, known as NSW Health. Undertake workforce modelling to inform Health Workforce Australia on workforce needs and development of state-wide workforce strategic initiatives.
The Pillars of the NSW Health System	
Health Education Training Institute (HETI)	HETI has leadership responsibility for the education and training of all clinicians, management and support staff in NSW Health. HETI partners with Local Health Districts and Specialty Health Networks and other public health organisations and training providers to develop and deliver education and training across the NSW public health system.
Agency of Clinical Innovation (ACI)	ACI is the primary agency for engaging clinical service networks and designing and implementing new models of care.
Clinical Excellence Commission (CEC)	The CEC has responsibility for quality and safety and providing leadership in clinical governance.
Bureau of Health Information (BHI)	The role of BHI is to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW.
Local Health Districts/Specialty Health Networks	
Chair of the Local Health District Board	The Local Health District or Specialty Health Network is responsible for determining how it will deliver healthcare services within the framework of the Service Agreement and the LHD's annual and longer term Strategic Plan in order to maximise the health of its local population. Workforce planning is a key component of delivering those healthcare services.
Local Health District/Network Chief Executive	The Chief Executive is responsible to the Board for the accountability of meeting the agreed health care services.
Partners in the NSW Health system	
Medical Colleges	Specialist medical colleges are responsible for the provision of postgraduate vocational training and continuing professional development for medical specialists.
Professional Associations	The role of professional associations for health professionals includes the establishment and review of standards of practice, professional development and training and contributing to workforce design and change management. Professional Associations include the Australian Medical Association and the Australian College of Nursing.
Education Providers	Training and education at undergraduate level for Medical, Nursing and Midwifery and Allied Health professionals and post graduate and VET level training for Nursing and Allied Health.

6. Develop effective health professional managers and leaders

The ability to meet the increasing challenges of providing health services will require the managers and leaders of health professionals to be skilled and competent in the management of services, people and resources. Clinical leaders will need to show skill and breadth of vision in the provision of health care services and in the guidance and development of the next generation of health professionals. These challenges will be met most effectively where the two work together in genuine collaboration.

To implement workforce change and redesign, strong and skilled leaders are critical. This encompasses both clinical leaders and managers of health professionals. There is a need for the transition from clinical roles to management and leadership roles to be facilitated through quality education and support programs. Managers of health professionals need to be provided with appropriate support to undertake their management responsibilities.

Right People, Right Skills, Right Place



In order to ensure that an appropriate NSW Health workforce is available and providing services aligned to the health care needs of the community it is necessary to ensure that health care professionals are trained in careers that are needed by the system, that health care professionals are located where service delivery is provided, and that health care professionals are supported across the breadth of their career to maintain skills that remain relevant to the community need. It is also important that health care facilities, particularly those facing difficulty in retaining a health professional workforce, are supported in growing an appropriate workforce relevant to the needs of their patients.

7. Recognise the value of generalist and specialist skills

The changes facing communities as the population ages and the incidence of chronic illness increases is driving the review of the way in which health services are provided. As the shift of services from acute settings to community and home based settings accelerates, greater collaboration between health care providers and settings will be central to effective health care. This impacts on issues such as where training occurs, where employment opportunities are provided, and the skills that health professionals need to work in those environments. It is vital that there is alignment between who we train, and in what specialties and professions, to perform the roles that are needed.

While the ongoing need for specialist health professionals is undisputed, generalist careers and skills are valued and needed in all health professions. This includes making generalist career pathways available as well as ensuring that health professionals have the breadth of skills to deal with the whole patient.

Striking a better balance between generalist and specialist skills and roles in the NSW Health workforce has consistently been raised as a theme during the consultation process for the *Health Professionals Workforce Plan 2012-2022*, and is an issue for both rural and metropolitan communities. From a service perspective, the changing nature of the patient

means that the workforce generally will need to have the breadth of skills that allows them to work effectively with patients that have more chronic illnesses. From a labour force perspective, the shrinking proportion of the working age population means that there will simply not be the numbers of workers to sustain an increasingly sub-specialised workforce. NSW Health will require a workforce that is able to successfully manage a range of conditions and patients, and identify when that patient may require more specialist services. From a geographic perspective the ability to attract a specialist workforce, or to have a sufficient level of service requirement to justify a specialist workforce, in rural areas will continue to be a challenge.

The strategies that NSW Health will implement to address this issue will involve both developing the generalist skills of the workforce, and ensuring a balance between generalist and specialist roles.

8. Grow and support a skilled workforce

The NSW Health system needs to ensure that health professionals are supported in the development of their skills over the life-time of their career, from their undergraduate training period, to initial entry into the health system, to the development of more specialised skills over the span of their career. There is also a need to ensure that the existing and potential workforce are aware of the range of health professional careers, projections related to the availability of work in the future, and are assisted to develop their careers in line with service needs.

The question of whether NSW has sufficient workforce and resources to sustain current service delivery or to meet future needs will be answered differently depending on the context of the health service. The distribution of health workers, and access to health services, varies the further one moves from a major city. The health outcomes for Aboriginal and rural communities are often extremely different to that of the rest of the population. Along with the changes in health needs of patients and health care settings, service and workforce planning will continue to tackle the challenge

of appropriate and sustainable alignment between service need and workforce distribution, and ensuring that rural and Aboriginal health workers are supported in the development of their careers.

Facilities and services, especially those experiencing workforce shortages (including rural facilities and specialised services such as mental health and Aboriginal health) have a need to focus on developing staff, both for initial entry, and for development of more specialist skills. Relying on attracting external sources of labour from other jurisdictions, or on the expectation that there will be a trained available pool of workers, will not always be a sufficient strategy to meet workforce need.

There is also a need for NSW Health to work in collaboration with the training providers that supply the NSW Health system with trained, skilled health workers to ensure the production of health professionals with the knowledge and skills required meeting the needs of the community now and into the future.

9. Effective use of our health care workforce

In order to meet the changing health needs of the community, and address the shrinking growth in the labour market, there will be a need to ensure a variety of roles, a wider skills mix and acknowledgement of commonality of functions across different roles depending on the situation in which care is being provided.

Good practice workforce design allows an effective match between the skill level of the health professional and the service to be delivered. This also ensures that health professionals are able to practice to the full extent of their professional capabilities and develop their skills over their career, leading to more satisfied and engaged staff. Accompanying this will be a greater need for mobility across roles and professions, and between health care settings.

The implementation of good practice workforce design is a collaborative effort and involves partnerships between the Ministry of Health, Local Health Districts/Networks, professional associations and education and training providers.



Evaluation and Monitoring of the Plan

The coordination of monitoring of the implementation of strategies, and the achievement of outcomes outlined in the *Health Professionals Workforce Plan 2012-2022* will be undertaken by the Ministry of Health.

The Performance Agreements between the Ministry of Health and Local Health Districts and Specialty Health Networks outline the key priorities under the State Plan, NSW 2021, NSW Health plans, Local Health District plans, the recommendations and the findings of a number of key State and Commonwealth initiatives for the period of the agreement.

The implementation of the *Health Professionals Workforce Plan 2012-2022* is included as a strategic priority within the People and Culture section of the Performance Agreements between the Ministry of Health and the Local Health Districts and Specialty Health Networks, and it is required to be included within the Health Service's strategic planning documentation (the District's Local Healthcare Services Plan). Progress will be reviewed quarterly. The Chief Executives of the Pillars of NSW Health will also be accountable for the implementation of the *Health Professionals Workforce Plan 2012-2022* and for the achievement of outcomes through their compacts with the Ministry of Health.

The visioning of the needs of the health system and the workforce requirements of the future is necessarily based on the issues that are facing NSW in the delivery of health services now, and through the prism of what the expected changes in demography will have on service need. There will always be unknowns that will potentially impact on the workforce that have not been foreseen. *The Health Professionals Workforce Plan 2012-2022* is not intended to be a static document with defined, concrete steps. As time goes on, as strategies are implemented, as more information and research is undertaken, the strategies may shift and change. The plan will need to be regularly reviewed and updated to ensure that the direction in which we are heading is the correct one, and that the strategies and actions remain relevant and necessary.



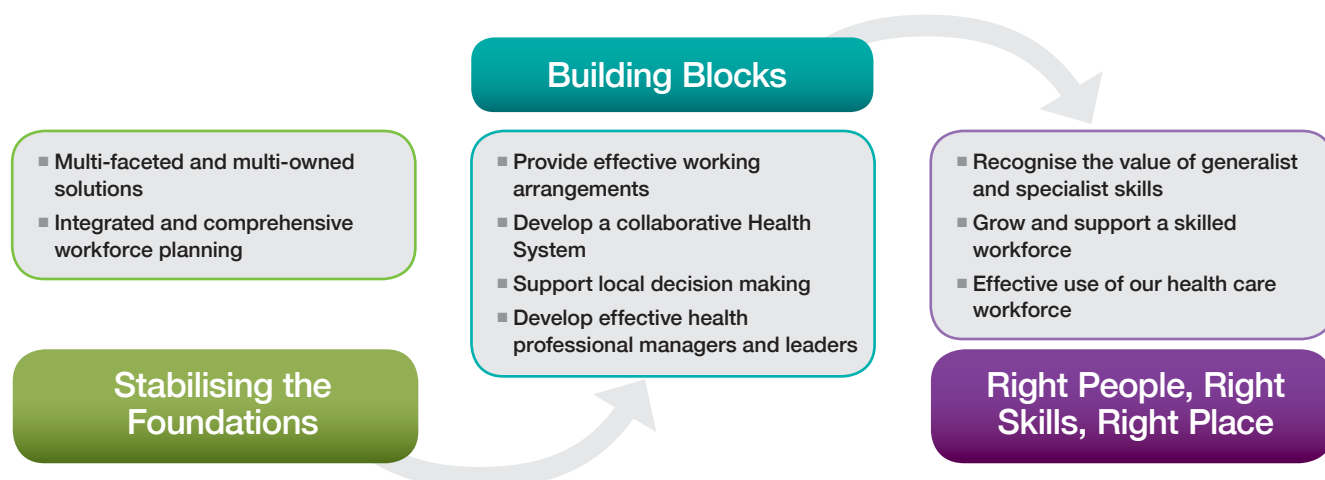
Strategies for Action

The strategies for the *Health Professionals Workforce Plan 2012-2022* have been developed following extensive consultation across the NSW Health system, and with the providers of education to health professionals. It is important to recognise that there are already a myriad of actions and strategies being undertaken in an attempt to ensure the right health professionals, with the right skills, in the right place across NSW Health. Many of these strategies will continue, and may indeed be invigorated by the messages in the *Health Professionals Workforce Plan 2012-2022*.

Each of the strategies within the *Health Professionals Workforce Plan 2012-2022* have been constructed with a view as to what the long term (10 year) outcome or expectation is (the what we are striving for), illustration of the broad steps for action to commence the journey to achieve this outcome detailed in the short and medium term (how we are going to get there), and a recognition that there will be many contributors required for the achievement of both the broad outcome and the interim steps on that journey (the who is responsible).

These contributors to the achievement of the strategies and outcomes will have a variety of roles. In acknowledgement that the NSW Health system is made up of many different entities, the agencies or organisations with the main responsibility for the strategy have been identified, as well as the key stakeholders necessary for success.

The strategies have been grouped according to the nine guiding principles articulated in the *Health Professionals Workforce Plan 2012-2022*. There are no specific strategies detailed for the first guiding principle (solutions being multi-faceted and multi-owned), as this is a foundation that sits across all of the strategies.



Stabilising the Foundations

1. Multi-faceted and multi-owned solutions

Given the complexity of the issues that need to be addressed across the NSW health system, the multiple partners of the NSW health system, and the reality that there is no one answer, one solution, that will address the workplace issues facing each Local Health District or Speciality Health Network it is important that strategies

are not examined in isolation from each other. Some strategies will cut across a number of guiding principles, but in the main will sit more in one of the guiding principles for practical purposes. Some broad issues facing health services will be addressed by more than one strategy or solution. The following diagram shows the strategies detailed in the Plan, and which of the guiding principles the strategy is intended to address.

Strategies	Multi-faceted and multi-owned solutions Integrated and comprehensive workforce planning Provide effective working arrangements Develop a collaborative Health System Support local decision making Develop effective health professional managers and leaders Recognise the value of generalist and specialist skills Grow and support a skilled workforce Effective use of our health care workforce	Stabilising the Foundations	Building Blocks	Right people, right skills, right place
Integrate workforce planning with local service and facility planning				
Ensure planning for small but critical workforces				
Ensure availability and access to workforce data				
Support flexible work practices that meet patient needs				
Ongoing review and adjustment of the industrial relations framework				
Improve recruitment processes				
Strengthen linkages within and between rural and metropolitan services and professionals				
Develop skills for collaboration and effective team work and support				
Provide health professionals with financial management skills				
Implement a People Management Skills Framework (PMSF)				
Implement a Leadership and Management Pathway for managers of				
Select, develop and recognise clinical leaders				
Improve medical workforce management and leadership capability				
Drive the development of general clinical skills and career paths				
Establish a rural generalist training program and pathway for rural general practice training				
Align specialist medical workforce supply with forecast health service demand				
Fully develop the generalist medicine training pathway for metropolitan and rural hospitals				
Establish and grow a suitable general medicine workforce for the NSW hospital system.				
Establish additional rural fellowship specialist positions				
Grow Nursing and Midwifery workforce in line with forecast health service demand				
Grow Allied Health workforce in line with forecast health service demand				
Career counselling to health professionals				
Support new health practitioners in undertaking their role				
Ensure that the skills of non-specialist health professionals are				
Provide best practice clinical education support				
Improve access to education delivery and continuing professional development				
Develop effective incentives for rural employment				
Support the rural Midwifery workforce				
Create opportunities for entry level Aboriginal health professionals				
Health				
Develop the role of registered Aboriginal Health Practitioners for NSW				
Ensure that models of care take an evidence based approach to efficient utilisation of the workforce				
Development of state-wide guidelines and system to assist with effective Health Professional Credentialing and appointment scope of practice.				
Ensure that the registration of health professionals meets the needs of NSW Health				
Effectively use Clinical Support Officers as a ward/unit based resource.				

2. Integrated and comprehensive workforce planning

What we are striving for...

How we will get there...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
2.1	Integrate workforce planning with local service and facility planning	MoH LHDN	<ul style="list-style-type: none"> ■ ACI ■ Medicare Locals 	6.2 8.1	<p>Guidelines developed for integrated state-wide planning</p> <p>LHDNs up-skilled to undertake integrated service and workforce planning</p> <p>Ready access by LHDNs to workforce data sets and planning resources planning</p>	LHDN plans effectively and regularly identify workforce requirements	<p>All state-wide service plans incorporate comprehensive consideration of workforce drivers</p> <p>All LHDNs have comprehensive and up to date service plans that are inclusive of workforce, capital and other constraints</p>
2.2	Ensure planning for small but critical workforces	MoH	<ul style="list-style-type: none"> ■ ACI ■ Education Providers ■ HETI 	8.1 8.2	<p>Development of an action plan for the 5 most critical workforce shortages, inclusive of working with education providers to ensure adequate training availability (See Appendix A)</p>	<p>Implementation of the actions identified in the action plans</p> <p>Monitoring of workforce numbers used to determine effectiveness of implementation</p>	The available supply of health professionals for small but critical workforces is aligned with service needs to meet patient care
2.3	Ensure availability and access to workforce data	MoH	<ul style="list-style-type: none"> ■ LHDN ■ HealthShare NSW 	4.1	Inclusion of detailed workforce informatics in the SMART tool	Establishment of on-line access to workforce data cubes	Use of workforce information systematically used in service planning and local decision making

Building Blocks

3. Provide effective working arrangements

What we are striving for ...

How we will get there...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
3.1	Support flexible work arrangements that meet patient needs	MoH	<ul style="list-style-type: none"> ■ LHDN ■ Health Share NSW 	7.1 7.2 7.6	Review existing policy to ensure modern flexible work options, appropriate to service requirements	Information and tools available to assist health managers effectively implement and manage flexible work practices in the local operating environment	Ensure Human Resource systems, including rostering systems support implementation and effective management of flexible work options that operate within the framework of safe patient care
3.2	Ongoing review and adjustment of the industrial relations framework	MoH	<ul style="list-style-type: none"> ■ LHDN ■ Employee Associations 	2.1 8.1 8.4	Identify changes to health professional Awards which enable priority workforce reforms	Negotiate changes to Awards consistent with Government wages policy to support priority workforce reforms	Effective industrial relations framework that meets the needs of patients, employees and employers
3.3	Improve recruitment practices	MoH LHDN	<ul style="list-style-type: none"> ■ Public Service Commission ■ HealthShare NSW ■ Professional Associations ■ Medicare Locals ■ HETI 	6.1 7.6	Streamlined recruitment processes and more user friendly recruitment systems developed Evaluation of existing recruitment marketing programs, including the Live and Work collateral and country careers positions	Regular review of recruitment processes and systems Local health professional managers up-skilled in effective recruitment practices	Recruitment practices support effective health professional selection and on-boarding Recruitment practices incorporate processes that are consistent with professional standards, risk management and policy requirements. LHDNs demonstrate recruitment and marketing leadership in attracting health professionals

4. Develop a collaborative health system

How we will get there... What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
4.1	Strengthen linkages within and between rural and metropolitan services and professionals to facilitate opportunities for secondments, professional development and service collaboration	ACI	<ul style="list-style-type: none"> ■ HETI ■ CEC ■ MoH ■ Education Providers ■ Medicare Locals 	<p>3.2</p> <p>7.6</p>	<p>Existing linkages embedded and nourished</p> <p>New linkages identified and facilitated</p> <p>Implement a targeted mentoring program to support new and relocating health professionals in rural locations</p>	<p>Health professional networks continue to grow across rural and metropolitan districts</p> <p>Evaluate and adjust mentoring program to ensure outcomes support expansion of program to all rural LHDs</p>	<p>Rural and regional health professionals routinely access professional support from metropolitan network partners</p>
4.2	Develop skills for collaboration and effective team work and support clinical teams to operate effectively as a unit.	HETI	<ul style="list-style-type: none"> ■ ACI ■ CEC ■ LHDN ■ Education providers 	<p>3.1</p> <p>3.3</p>	<p>Implementation of Team Health program across all LHDNs</p> <p>Incorporation of Ways of Working into the Team Health program to ensure availability to all health professionals</p> <p>Inclusion of collaborative team and collaborative leader of the year at the NSW Health Awards</p> <p>The development of a NSW Health system-wide clinical leadership program using principles of Essentials of Care and Take the Lead to build and sustain effective health care unit teams</p>	<p>70% health professionals participate in Clinical Team Education Modules component of Team Health</p> <p>Evaluation of Team Health program undertaken to determine the long term impact on inter-professional practice</p>	<p>Team Health is incorporated into the training plan for all LHDNs</p> <p>Interdisciplinary teamwork is a component of all professional entry curricula</p> <p>All clinical teams operate collaboratively as well functioning health care units, delivering excellent care</p>

5. Support local decision making

How we will get there... What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
5.1	Provide health professionals with the financial management skills to effectively manage services and participate in local decision making.	HETI LHDN	<ul style="list-style-type: none"> ■ MoH ■ Education providers 	2.1 2.3	Financial Management Education Program training provided to clinical managers responsible for budget or financial management Up-skilling of health professionals to function effectively in an Activity Based Funding environment Clinical coding included in all JMO and other clinician orientation programs	All health professionals with responsibilities for budget management provided with training in effective Financial Management Education Program Inclusion of clinical coding and operating in an Activity Based Funding environment in health professional curricula	All current health professional managers have the financial skills to adequately manage resources for effective service delivery Activity Based Funding (including Clinical Coding) information embedded in all clinician orientation programs and last year university clinical course curricula

6. Develop effective health professional managers and leaders

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
6.1	Implement a People Management Skills Framework (PMSF) which includes health professional managers	HETI LHDN	<ul style="list-style-type: none"> MoH 	6.2	HETI works in partnership with LHDNs to make resources and programs available to build people management capabilities for clinical managers in line with the People Management Skills Framework	Improvement in people management capabilities as measured in workplace culture surveys and other feedback measures	All LHDNs have structured succession planning and development initiatives for all people managers
6.2	Implement a Leadership and Management Pathway for managers of health professionals	HETI	<ul style="list-style-type: none"> LHDN MoH 	5.1	Leadership and Management Pathway initiated to select, mentor and coach managers of health professionals across the career pathways in the NSW Health system	Cohorts of talented managers of health professionals emerge as partners with clinicians in the design and provision of health care New managers routinely orientated and supported in their roles by senior colleagues	Managers at all levels effectively manage healthcare services in partnership with health professionals to meet patient needs
6.3	Select, develop and recognise clinical leaders	LHDN HETI	<ul style="list-style-type: none"> MoH ACI CEC 	6.2 7.4	Development of a state-wide leadership framework, drawing on the existing programs as the foundation under way to support succession planning and talent management NSW Health Clinical Leadership awards category in Health Awards	Implementation of Leadership framework and programs well progressed	NSW Health has a defined, structured and supported leadership pathway
6.4	Improve medical workforce management and leadership capability	HETI MoH	<ul style="list-style-type: none"> LHDN 	6.2	A state-wide coordinator funded to develop the training program for medical administrators under RACMA training program Development of a good practice guide for the design of, and recruitment to, Junior Medical Officer Manager positions	Additional 4 training positions for medical administrators per annum, with one located in a regional/rural LHD Good practice in medical workforce management enhanced through collaboration	Management of medical workforce is raised to a consistent level

Right People, Right Skills, Right Place

7. Recognise the value of generalist and specialist skills

What we are striving for...

How we will get there...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
7.1	Ensure support for generalist health professional career pathways and the development and utilisation of general clinical skills that align with patient needs	LHDN MoH HETI	<ul style="list-style-type: none"> ■ ACI ■ Education providers ■ Professional associations 	6.3 6.4 7.3 8.1	Generalist qualifications and programs for health professionals are promoted and expanded General clinical skills are maintained and promoted through professional development programs Undertake research on the factors that have the greatest return on investment for attracting and retaining generalist health professionals Review current incentives for generalist employment in light of research	LHDNs have established arrangements in place with HETI to deliver programs for generalist skills and careers Utilise research and information review to adjust incentives	Generalist careers are valued and supported, as evidenced by inclusion of generalist curriculum in training and availability of generalist roles
7.2	Establish a rural generalist training program and pathway for rural general practice training	HETI LHDN	<ul style="list-style-type: none"> ■ MoH ■ Medical Colleges ■ Regional Training Providers 		Commencement of the Rural Generalist Training Program - with an initial investment of 15 training positions in 2013	Additional investment to include 15 training places to achieve 30 training places per annum	Sustainable procedural GP services for rural health care – in primary health and hospital settings
7.3	Align specialist medical workforce supply with forecast health service demand and delivery requirements	LHDN MoH	<ul style="list-style-type: none"> ■ HETI ■ Medical Colleges 	2.1 8.1	Training places for medical specialty training are expanded in line with forecast specialty workforce demand (appendix B) Additional investment to include 8 training places aligned to current areas of workforce need.	Review and adjust forecast to ensure continued efficacy of the outcomes of the workforce modelling An additional investment to include 14 training places (to 22 per annum) in specialties to be determined following review of medical specialist modelling and targeted expression of interest process.	Medical specialty workforce aligns with service demand to meet the needs of patients

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
7.4	Fully develop the generalist medicine training pathway for metropolitan and rural hospitals	MoH HETI	<ul style="list-style-type: none"> ■ Medical Colleges ■ LHDN 	<p>6.2</p> <p>7.3</p>	<p>Establish and promote dual training pathways that include general medicine training</p> <p>Establish a general medicine training pathway with an additional 5 general medicine training places – with 2 available as dual training pathways</p>	Professional development available to all physicians to maintain general physician rosters	Adequate intake of physicians available for general medicine roster
7.5	Establish and grow a suitable generalist medical workforce for the NSW hospital system.	MoH HETI	<ul style="list-style-type: none"> ■ LHDN ■ Education providers 	7.3	<p>Investment to include sponsorship of 15 places in the Master of Clinical Medicine (Leadership and Management) program (\$10,000 per participant) and \$5000 pa incentive for local supervision of sponsored candidates</p>	Increased opportunities for Hospitalist employment following training in Local Health Districts/ Networks	Tertiary education market for Hospitalist roles matched to service need
7.6	Establish additional rural fellowship specialist positions	ACI	<ul style="list-style-type: none"> ■ LHDN ■ HETI 	6.2	Investment to include seven additional rural fellowship specialist positions in Anaesthetics and Surgery	Monitor and adjust fellowship positions to meet service need	Supply of local Surgical and Anaesthetics specialists meet service need
7.7	Grow Nursing and Midwifery workforce in line with forecast health service demand and delivery requirements	MoH HETI LHDN	<ul style="list-style-type: none"> ■ Education providers 	<p>2.1</p> <p>2.3</p> <p>3.1</p> <p>6.1</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.8</p> <p>8.1</p> <p>8.2</p> <p>8.4</p>	<p>Update Nursing and Midwifery workforce projections, including those for community nursing sector</p> <p>Nursing increased by 1400 by 2013</p> <p>Midwifery staff aligned to Birthrate Plus</p> <p>Harness available Commonwealth funding support to access supported funding for Enrolled Nurses (EN) and Assistants in Nursing (AIN)</p> <p>Joint planning process with RTOs and NSW Health to support delivery of sufficient EN and AIN training places in accordance with workforce needs</p> <p>60 Re-entry to Nursing Scholarships targeting individuals who have been away from nursing and do not meet the Nursing and Midwifery Board recency of practice standard</p>	<p>Regularly review and update workforce modelling projections for the Nursing and Midwifery workforce</p> <p>Nursing staff increased by 2475 by 2015</p> <p>Increased capacity for EN and AIN training across a range of LHDNs</p> <p>Increased availability of local training for EN and AIN roles in rural areas</p> <p>Evaluation of Re-entry to Nursing scholarships</p>	<p>Nursing and midwifery workforce aligns with service demand to meet the needs of patients</p>

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
7.8	Grow Allied Health workforce in line with forecast health service demand and delivery requirements	MoH HETI LHDN	<ul style="list-style-type: none"> Education providers 	2.1 2.2 2.3 3.1 3.2 7.1 7.2 7.3 7.4 8.1	Development of workforce modelling projections for the Allied Health workforce Investment to include an additional 15 pre-registration positions for radiography and nuclear medicine. Review rural Allied Health Scholarship to ensure appropriate targeting of scholarships to service need Development of evidence based Allied Health Care Assistant Framework Increased uptake of school based traineeships in Human Services Industry Curriculum Framework	Regularly review and update workforce modelling projections for the Allied Health workforce Continuation of pre-registration places determined on outcomes of Allied Health modelling and targeted expression of interest process. Increased capacity for Allied Health Care Assistant training across a range of LHDNs Increased availability for Allied Health pathways from school to professional qualifications, especially in rural areas	Allied Health workforce aligns with service demand to meet the needs of patients

8. Grow and support a skilled workforce

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
8.1	Invest in the workforce through the provision of career counselling for health professionals, to ensure career plans are aligned with service needs	MoH LHDN	<ul style="list-style-type: none"> ■ Department of Education and Communities ■ Education providers ■ Medical Colleges ■ Professional Associations ■ HETI 	2.1 2.2 3.1 6.1 6.2 6.3 6.4	Development of a Career Framework addressing career information, defined career pathways and individual career planning for both specialist and generalist careers Promotion of careers with moderate to high projected workforce demand	Implementation of Career Framework Initial implementation of a model for individual career planning for health professionals Evaluation undertaken and Framework adjusted	Better alignment between service need and workforce availability and capability All commencing health graduates have an individual career plan within 18 months of commencing employment with NSW Health
8.2	Support new health practitioners in undertaking their roles in the public health system	HETI	<ul style="list-style-type: none"> ■ LHDN 	2.1 3.1 3.2 3.3	Implementation of the New Starter Program as a dedicated orientation program to facilitate transition of clinical graduates to the workplace	100% of new health professionals undertake New Starters Program	New Starter Program is a systemic part of orientation for health professionals across NSW Health
8.3	Ensure that the skills of non-specialist health professionals are maintained	HETI	<ul style="list-style-type: none"> ■ LHDN ■ Education providers 	3.3 6.1	100% of non-specialist medical practitioners enrolled in or undertaken Hospital Skills Program	Expand the access to the Hospital Skills Program to a broader range of health workforce professionals	Well trained supply of non-specialist health professionals

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
8.4	Ensure that health professionals have appropriate access to clinical education support and continue to recognise and support the education role of senior clinicians	HETI LHDN	<ul style="list-style-type: none"> ■ Education providers ■ MoH 	<p>3.1</p> <p>3.3</p> <p>6.1</p> <p>7.2</p>	<p>Review of current practices for Allied Health clinical education in LHDNs, and the development of good practice guidelines for supporting Allied Health education in LHDNs</p> <p>Additional 90 Clinical Nurse/ Midwifery Educators and Specialists</p> <p>Clinical Supervision Support Program developed and commenced to enhance training and support of clinical supervisors to increase patient safety and the quality of care, to increase training capacity and to promote a sustainable learning culture in the health system</p>	<p>Framework for Allied Health clinical education provides appropriate opportunities for continuing professional development</p> <p>Additional investment to include 185 Clinical Nurse/Midwifery Educators and Specialists</p> <p>Develop a role of interdisciplinary clinical educators to develop a framework for education in core clinical competencies</p> <p>Clinical Supervision Support Program embedded, with resources available to support clinical supervisors</p>	<p>Effective and efficient mix of interdisciplinary clinical education to support patient care</p> <p>Clinical supervision skills optimised through routine up-skilling</p>
8.5	Improve access to education and continuing professional development across the NSW Health system	HETI	<ul style="list-style-type: none"> ■ LHDN ■ MoH ■ Education providers ■ Professional Registration Bodies 	<p>3.1</p> <p>3.2</p> <p>4.1</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.6</p>	<p>Eleven projects for the establishment of Simulated Learning Environments (SLE) commenced and SLE capacity expanded to support increased number of professional entry and postgraduate health professional learners</p> <p>Mobile simulation lab to support ongoing professional development in rural LHDs operationalised</p> <p>Standards for SLE courses and teaching developed</p> <p>Implementation of a state-wide Learning Content Management System (LCMS) that enables development, deployment and tracking of learning events</p>	<p>Review of NSW Health SLE capacity undertaken and governance model in place to ensure access, utilisation and sustainability</p> <p>Evaluate and adjust mobile simulation lab operation to ensure that professional development opportunities in rural LHDs are enhanced</p> <p>State-wide coordinated approach to curriculum and resource development</p> <p>SLE teaching skills program rolled out across NSW</p> <p>LCMS fully implemented across all LHDNs</p> <p>Performance management components of LCMS become functional within system</p>	<p>Role of SLE training supported and recognised within education curricula at both professional entry and postgraduate level</p> <p>Integration of Career Planning and Support modules into LCMS</p> <p>Equitable access to education and continuing professional development across the NSW Health system</p>

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
8.6	Develop effective clinical, professional and social support and incentives for rural employment	MoH LHDN	<ul style="list-style-type: none"> ■ HETI 	<p>2.3</p> <p>3.1</p> <p>6.3</p> <p>7.4</p>	<p>Undertake research on the factors that have the greatest return on investment for attracting and retaining rural health professionals</p> <p>Development and promotion of strategic partnerships with industry and local communities in the attraction and retention of health professionals and their families</p> <p>Review current incentives for rural employment in light of research</p>	<p>Utilise research and information from review to adjust incentives within government policy requirements.</p> <p>Increased involvement of industry and local communities in the employment of health professionals in rural areas</p>	<p>Improved attraction and retention to rural health professional positions</p>
8.7	Support the rural Midwifery workforce	MoH	<ul style="list-style-type: none"> ■ LHDN ■ HETI 	<p>7.1</p> <p>7.6</p>	<p>Establish ten scholarships for rural NSW for student midwife positions</p>	<p>Evaluate impact of scholarship places and adjust program to enable sustainability of rural midwifery services</p>	<p>Sustainable stable midwifery workforce and planned services in rural areas which meet rural patient need</p>
8.8	Create opportunities for entry level Aboriginal health professionals	HETI MoH	<ul style="list-style-type: none"> ■ LHDN 	<p>2.3</p> <p>7.2</p>	<p>90 Aboriginal cadetships for Nursing and Midwifery</p> <p>10 Aboriginal cadetships for Allied Health Practitioners pa</p> <p>2 Aboriginal Cadetships for Medical graduates pa</p> <p>Enhanced promotion of the HETI Building Capacity for the Aboriginal Medical Workforce program which supports preferential intern allocation</p> <p>5 Aboriginal Cadetships for Oral Health Workers pa</p>	<p>120 Aboriginal cadetships for Nursing and Midwifery</p> <p>20 Aboriginal cadetships for Allied Health Practitioners pa</p> <p>4 cadetships for Medical graduates pa</p> <p>5 Aboriginal Cadetships for Oral Health Workers pa</p>	<p>2.6% of new graduates for health professional roles are Aboriginal</p>
8.9	Develop the role of registered Aboriginal Health Practitioners for NSW Health	MoH	<ul style="list-style-type: none"> ■ LHDN ■ ACI ■ NSWK&F ■ HETI 	<p>2.1</p> <p>8.5</p>	<p>Development of a workforce model for Aboriginal Health Practitioners (AHP) and Aboriginal Health Workers (AHW)</p>	<p>Implementation of a Recognition of Prior Learning process to enable existing NSW Health Aboriginal Health Workers to assume new Aboriginal Health Practitioner role</p> <p>Health professional workforce understands and supports role of AHPs in providing services</p>	<p>Structure that supports retention and growth of AHWs and AHPs through a defined career pathway</p> <p>Aboriginal health services effectively integrate AHWs and AHPs into all services and programs</p>

9. Effective use of our health care workforce

How we will get there...

What we are striving for...

No	Strategy	Major Lead(s)	Stakeholders/ Partners	Key Supporting Strategies	In 1-2 years	In 2-5 years	In 10 years
9.1	Ensure that models of care take an evidence based approach to efficient utilisation of the health care workforce	ACI LHDN MoH	<ul style="list-style-type: none"> ■ HETI ■ CEC ■ BHI 	2.1 2.2 6.1 6.2	Up-skilling of LHDNs to effectively implement models of care that incorporate evidence based workforce design Development of state-wide framework, guidelines and tools to assist clinical services with the process of workforce assessment	Development of patient focussed models of care supported by evidence based workforce design Ongoing evaluation of changes in workforce design as part of evaluation of models of care	Health care workforce is effectively and safely deployed to provide quality healthcare Clinical areas are able to effectively determine and implement the most appropriate skills mix to deliver services LHDNs have the capacity to initiate and implement workforce design changes to more effectively meet patient needs
9.2	Ensure that the review of models of care and role delineation of hospitals for maternal services take an evidence based approach to efficient utilisation of the workforce	MoH LHDN	<ul style="list-style-type: none"> ■ ACI ■ CEC ■ BHI 	2.1 7.1 8.1	Consult with LHDNs regarding the appropriate delivery of maternal services based on role delineation of facilities	Development of patient focussed models of care for maternal services supported by evidence based workforce design	Maternal services health care workforce is effectively and safely deployed to provide quality healthcare
9.3	Development of state-wide guidelines and system to assist with effective Health Professional Credentialing and appointment scope of practice	MoH	<ul style="list-style-type: none"> ■ CEC ■ LHDN ■ Medical Colleges ■ HWA ■ National Health Professional Boards 	6.2	Streamlined local credentialing and appointment scope of practice of medical specialists across facilities utilising centralised information system	Evaluation of new credentialing system Credentialing targeted to certain other health professional groups, where warranted	Credentialing of medical specialists and other targeted health professional groups, supports safe and effective patient care
9.4	Ensure that the registration of health professionals meets the needs of NSW Health	MoH	<ul style="list-style-type: none"> ■ Professional Associations 	2.2 8.1	Collaborate with Health Workforce Australia to implement national reforms in the regulation of health professions that remove unnecessary legislative and regulatory barriers to reform		The registration of health professionals is aligned with service needs and good practice workforce design
9.5	Effectively use Clinical Support Officers as a ward/unit based resource.	LHDN MoH	<ul style="list-style-type: none"> ■ Employee and Professional Associations 	8.1	Undertake evaluation of the implementation of the Clinical Support Officer role	Adjust and expand CSO roles in line with outcomes of the evaluation	Clinical staff are appropriately supported with administrative resources to ensure clinical staff are free to undertake clinical work

Appendices

Appendix A: Small but critical workforces requiring workforce plans.

Radiopharmaceutical Scientist
Audiology
Sonography
Orthotics/Prosthetists
Diagnostic Imaging Medical Physicists

Appendix B: Projections of medical specialty workforce requirements

Workforce modelling has been undertaken for a number of medical specialties. The modelling is based on data from the 2006 and 2007 NSW Medical Labour Force profile. The modelling was undertaken to project the workforce growth required to meet service needs projected to 2022 under current training levels.

Medical specialty modelling takes into consideration the service need of the specialty, the demographic profile of each specialty including average hours worked and workforce losses. The modelling held steady the number of new fellows in the model based on 2007 reported numbers. It also considered any initial shortages for medical specialties through area of need applications in New South Wales. Modelling for all specialties used an assumption of minimum retirement rates of 10% of the workforce from 65 years of age and full retirement at 80 years of age.

A large number of medical specialist workforces were affected by either ageing, reduction of hours worked or high workforce losses, or a combination of all three. Alone this may not create a critical shortage, but if there is not adequate entry in the specialty through migration or adequate training to meet service need, it may lead to a priority to increase training places. Changes in any of these factors may have occurred since the workforce modelling was undertaken, which will affect the priority rating assigned to the specialty.

The medical specialty modelling does not reflect shortages that may arise from maldistribution to the sector or location of medical specialists. The workforce modelling may indicate that there is an overall adequate supply of medical specialists in that specialty in NSW, but does not reflect maldistribution that may arise from specialists working predominantly in one sector (such as private practice) and/or mainly in one location (such as metropolitan Sydney).

Initial consultation has been undertaken with Medical Colleges and Local Health Districts and Specialty Health Networks. Some initial concerns raised by medical colleges include:

- increasing activity is occurring within current and expanded settings that needs to be incorporated into service demand.

- Services in rural and regional settings for some specialties are not meeting community need.
- Service demand is growing at a higher rate due primarily to the ageing population, medical technology changes and complexity of care.
- Changes have occurred since the modelling which impacts on the priority for some specialty groups.
- Some sub specialty shortages can be addressed by incorporating these sub specialties into generalist training, for example general surgical trainees receiving exposure to paediatric surgery.
- Sector distribution issues with shortages in the public sector due to work being undertaken mainly in the private sector.
- Localised specialty shortages in Local Health Districts or Specialty Health Networks which may be due to differing priorities and attraction issues.

Part of the process of implementation of strategy 7.2, to *Align specialist medical workforce supply with forecast health service demand and delivery requirements*, is to ensure ongoing review and adjustment of the outcomes of the specialist medical modelling are undertaken. Just as the strategies in the Plan will require review and revision to ensure they remain relevant, the process and outcomes of workforce modelling also require revision to ensure that they are current and incorporate changes in both workforce supply and service demands. This process will be undertaken in liaison and consultation with various stakeholders, including Medical Colleges, education providers, Health Workforce Australia and Local Health Districts and Specialty Health Networks.

Medical Specialty Workforce Projected Growth to 2025

Priority for Further Growth	Moderate Further Growth	Supply in Balance
General Medicine	General Surgery	Diagnostic Radiology
Palliative Care	Emergency Medicine	Respiratory Medicine
Medical Oncology	Obstetrics & Gynaecology	Anaesthetic and Pain Medicine
Rehabilitation Medicine	Pathology	Intensive Care Medicine
Endocrinology	Psychiatry	Cardiothoracic Surgery
Clinical Haematology	Geriatric Medicine	Neurosurgery
Nuclear Medicine	Paediatric Medicine	Orthopaedic Surgery
Radiation Oncology	Neurology	Vascular Surgery
Paediatric Surgery	Rheumatology	Dermatology
	Renal Medicine	
	Gastroenterology	
	Cardiology	
	Urology	
	Otolaryngology Surgery	
	Plastic & Reconstructive Surgery	
	Ophthalmology	

The initial medical specialist modelling that was undertaken is represented in the table above. The specialties are categorised as: a priority for future growth, a moderate priority for growth or as presently being a supply in balance. These priorities are subject to change as new information becomes available and as workforce strategies such as local and statewide training, recruitment and retention programs take effect.

Appendix C: Consultations for the Health Professionals Workforce Plan

Attendees of the Health Professionals Workforce Plan Roundtable

Name	Position	Organisation
Ms Sheila Keane	Chair of the Rural and Remote Allied Health Research Alliance	Allied Health Research Alliance
Mr John Dent	Director, Service Planning	Ambulance Service of NSW
Mr Sim Mead	Director, Policy and Communications, AMA	Australian Medical Association
Dr Tony Sara	President, Australian Salaried Medical Officers Federation	Australian Salaried Medical Officers Federation
Ms Kerry Stevenson	Community and Allied Health Manager	Central Coast LHD
Prof Steven Boyages	Chief Executive Clinical Education & Training Institute	Clinical Education and Training Institute
Professor Simon Willcock	Chair GPET, Board of HWA, Medical Directorate	Clinical Education and Training Institute
Dr Charles Pain	Director Health Systems Improvement, Clinical Excellence Commission	Clinical Excellence Commission
Ms Sharon Flynn	Chief Executive Officer CoastCity Country	CoastCityCountry Training
Mr Rod Cooke	Chief Executive, Community Services and Health Industry Skills Council	Community Services and Health Industry Skills Council
Ms Kathy Rankin	General Manager TAFE NSW Training and Education Support	Department of Education and Communities
Professor David Lyle	Broken Hill University - Department of Rural Health	Department of Rural Health
Mr Louis Baggio	Director of Rehabilitation Services/Board member	Southern LHD
Associate Professor Andrew Keegan	Visiting Medical Officer, Board Member - Nepean-Blue Mountains Local Health District Board	Health Professionals Workforce Plan Taskforce
Dr Anne-Marie Feyer	Georges Institute	Health Professionals Workforce Plan Taskforce
Dr Scott Finlay	GP Proceduralist	Health Professionals Workforce Plan Taskforce
Mr Denys Wynn	Manager, Medical Imaging North Coast LHD	Health Professionals Workforce Plan Taskforce
Ms Trish Bradd	Allied Health Director, South Eastern Sydney LHD	Health Professionals Workforce Plan Taskforce

Name	Position	Organisation
Mr David Dixon	Director, Workforce Services Northern CSD	Health Reform Transitional Organisation - Northern
Ms Jan Erven	A/Director Primary and Community Health, Health Reform Transition Office (Southern)	Health Reform Transitional Organisation - Southern
Mr George Beltchev	Executive Consultant – Strategic Projects	Health Workforce Australia
Professor Mary Chiarella	Board, Health Workforce Australia	Health Workforce Australia
Dr Anthony Llewellyn	Executive Medical Director Primary and Community Networks, Manager Medical Administration for Mental Health, HNET Psychiatry Training	Hunter New England LHD
Ms Carolyn Hullick	Emergency Physician, Hunter New England	Hunter New England LHD
Mr James Cook	Associate Director, Workforce Planning and Development	Ministry of Health
Ms Annie Owens	Director, Workplace Relations and Management	Ministry of Health
Ms Brenda McLeod	Chief Allied Health Officer	Ministry of Health
Ms Bronwyn Dennis	Manager, Health Professionals Workforce Plan	Ministry of Health
Ms Danielle Maloney	Senior Allied Health Program Advisor, Mental Health and Drug & Alcohol Programs	Ministry of Health
Ms Praveen Sharma	Senior Policy Officer, Workforce Planning and Development	Ministry of Health
Ms Robyn Burley	Director, Workforce Planning and Development	Ministry of Health
Professor Les White	Chief Paediatrician, NSW Health	Ministry of Health
Ms Anne Robertson	Principal Midwifery Adviser NaMO	Ministry of Health
Ms Jill Ludford	Director of Operations	Murrumbidgee LHD
Mrs Nancye Piercy	Chief Executive Officer	Murrumbidgee Medicare Local
Ms Rosie Kew	Occupational Therapist, Lismore Base Hospital	Northern NSW LHD
Mr Brett Holmes	President, NSW Nurses Association	Nurses Association
Zorica Rapaich	Executive Director	Occupational Therapy Australia - NSW Division
Ms Cassandra Smith	Ministerial Advisor	Office of the Minister for Health

Name	Position	Organisation
Dr Denis Lennox	Exec Director of Rural and Remote Medical Services, Office of Rural and Remote Health	Queensland Health
Assoc Professor John Collins	Member Royal Australian College of Surgeons	Royal Australian College of Surgeons
Ms Helen Gunn	Director Nursing and Midwifery Royal Hospital for Women	South Eastern Sydney LHD
Ms Kim Olesen	Director of Nursing and Midwifery Services	South Eastern Sydney LHD
Mira Haramis	Director, Centre for Education and Workforce Development	South Western Sydney LHD
Mr Brett Oliver	Director Of Medical Services	South Western Sydney LHD
Mr Nicholas Marlow	Director Nursing and Midwifery Community	South Western Sydney LHD
Ms Clair Edwards	Director Mental Health Nursing	South Western Sydney LHD
Prof Iain Graham	Head of School - Health and Human Sciences	Southern Cross University
Ms Annette Solman	Director Nursing and Midwifery	Sydney Children's Hospital Network
Katharine Sztiniak	Director Nursing and Midwifery Sydney LHD	Sydney LHD
Assoc Prof Tracey Thornley	Deputy Head, Dean of the School of Nursing	University of Notre Dame
Associate Professor Graeme Richardson	Director of Post Graduate Training at Wagga Wagga Base Hospital	UNSW Rural Clinical School of Medicine
Dr Louis Christie	Director of Medical Services - Orange Base Hospital	Western NSW LHD
Mr Richard Cheney	Area Manager - Allied Health Services	Western NSW LHD
Ms Jennifer Floyd	Area Manager Oral Health Services Western NSW & Far West Local Health Districts	Western NSW LHD
Ms Linda Cutler	Executive Director, NSW Institute of Rural Clinical Services & Teaching	Western NSW LHD
Dr Kim Hill	Executive Medical Director	Western Sydney LHD
Mr Clive Wright	Chief Dental Officer	Western Sydney LHD
Mr David Simmonds	A/Director Nursing and Midwifery Westmead	Western Sydney LHD

Written Submissions to the Ministry of Health/Health Professionals Workforce Plan Taskforce

Name	Position	Organisation
Anthony Best	Physiotherapy Manager Public Hospital NSW	
Karen Edwards	CEO/DON	Calvary Health Care Sydney
Associate Professor Richard Paoloni	ACEM NSW Faculty Chair	Australasian College for Emergency Medicine
John Kolbe	President	The Royal Australasian College of Physicians
Dr Bill Thoo		Australian and New Zealand Society for Geriatric Medicine and Agency for Clinical Innovation Aged Health network
Darrin Gray	A/Director	Hunter New England Imaging
Peter Sainsbury	Director, Population Health	South Western Sydney & Sydney Local Health Districts
Associate Professor Graeme Richardson	Director of Post Graduate Training	Murrumbidgee LHD
Prof Les White	Chief Paediatrician	NSW Ministry of Health
Tim Burt	A/Principal Policy Officer, Recruitment & Retention Strategy	NSW Ministry of Health
Alison Peters	Director, NCOSS	Council of Social Service of NSW (NCOSS)
John Thomas	Radiology Services manager	SESLHD St George Hospital
Sandeep Gupta	Senior Outpatient/Amputee Physiotherapist	Royal Prince Alfred Hospital
Liz Marles	Vice President and Chair, NSW/ACT Faculty	Royal Australian College of General Practitioners
Beth Sky	Receptionist	Narrabri Community Health
Ingrid Egan	Chief Radiographer	Northern Beaches Medical Imaging Depts.
Lea Bailey	Clinical Nurse Specialist	Port Macquarie Base Hospital
Sim Mead	Director, Policy and Communications	Australian Medical Association (NSW) Limited
Mark Burdack	Director, Corporate Affairs	Charles Sturt University
Robyn Johnston	Clinical Nurse Consultant	RNS Community Health Centre
David Small	Project Manager, Service Development	Northern Sydney Local Health District
Prof T Yee Khong	President	The Royal College of Pathologists of Australia
Dr Lynne Madden	Manager, Centre for Epidemiology & Research	Ministry of Health

Summary of Respondents to the Feedback Form

What is the main organisation or stakeholder group you belong to in respect of your feedback?		
Answer Options	Response Percent	Response Count
NSW Health (including Local Health Districts, Pillars and the Ministry of Health)	85.3%	64
Other jurisdiction health service	1.3%	1
Private or NGO health provider	0.0%	0
University	1.3%	1
Other Education provider	0.0%	0
Medical or Nursing College	1.3%	1
Employee Association	1.3%	1
Professional Association	6.7%	5
Health consumer	2.7%	2
Local Government	0.0%	0
Student	0.0%	0
Other (please specify)		4
Answered question		75

Which professional groups do your comments relate to in the main?		
Answer Options	Response Percent	Response Count
All Workforce	24.3%	18
Medical	23.0%	17
Nursing	32.4%	24
Midwifery	6.8%	5
Oral Health	1.4%	1
Audiology	1.4%	1
Counselling	4.1%	3
Dietetics	9.5%	7
Diversional Therapy	6.8%	5
Genetics Counselling	5.4%	4
Nuclear Medicine Technology	2.7%	2
Occupational Therapy	14.9%	11
Orthoptics	2.7%	2
Pharmacy	6.8%	5
Physiotherapy	16.2%	12
Podiatry	4.1%	3
Psychology	9.5%	7
Radiation Therapy	2.7%	2
Radiography	10.8%	8
Social Work	9.5%	7
Speech Pathology	6.8%	5
Welfare	6.8%	5
Other (please specify)		7
Answered question		74

Please note: response count is greater than the number of respondents as respondents could indicate their comments were representative of more than one professional group.

