

# HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

REVISED 2015



Health

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SHPN (WPD) 150526

ISBN 978-1-76000-300-5 (PRINT)

ISBN 978-1-76000-301-2 (ONLINE)

Further copies of this document can be downloaded from the  
NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

September 2015

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# Foreword

I am pleased to provide the revised *NSW Health Professionals Workforce Plan 2012-2022*.

Released in September 2012, the Health Professionals Workforce Plan 2012-2022 provides a high level framework detailing the strategies that need to be implemented to ensure NSW trains, recruits and retains Doctors, Nurses and Midwives, Oral Health practitioners, Paramedics and Allied Health professionals to meet the future needs of the community.

I wish to thank the Local Health Districts, Specialty Networks, the NSW Health Education and Training Institute (HETI) and the Agency for Clinical Innovation (ACI), which have all led the implementation and delivery of initiatives since the release of the Plan three years ago.

65 state-wide and local initiatives have already been implemented, representing almost 90% of 1-2 year targets, a truly collective effort and remarkable achievement by anyone involved.

For example, over the first two years of implementation there has been:

- significant growth and support of medical training networks, hospital skills training and the establishment of a Dual Training pathway for medical officers, an increase in intern positions, additional medical specialist training positions and additional Senior Hospitalist positions.
- capacity building within the nursing workforce, including the increase of nursing positions by over 4600
- establishment and utilisation of 30 pre-registration positions in Allied Health
- Implementation of education and training programs to expand clinical, people management, leadership and financial management skills across NSW Health

In late 2014 and early 2015, a review of the Plan was undertaken to ensure the targets to be delivered over the life of the Plan remain relevant, appropriate and fit for purpose. The Plan was not intended to be a static document. It was envisaged that some of the strategies would shift and change as the initial actions were implemented, and with the availability of new information and research. The review, which

was informed by consultations across NSW Health, builds on the lessons learned from the first two years of implementation.

The review process, necessarily and appropriately, has been both quantitative and qualitative. Stakeholders, partners and major leads for the strategies have been consulted for their views of strategies, their achievement, their outcome and their requirement for updating. The outcome has been a comprehensive catalogue of successes, a diagnostic review of challenges, a critical reappraisal of strategies and detailed consideration of the current policy landscape. The next review is planned to be undertaken at the end of the 2 to 5 year time bracket.

While the review found that the future targets continue to remain relevant, some adjustments have been made to reflect recent changes to the NSW Health landscape.



Dr Anne-Marie Feyer  
Chair, Health Professionals Workforce Plan Taskforce

# Message from the Minister

The *Health Professionals Workforce Plan 2012-2022* plays a central role during a time of unprecedented reform of the NSW Health system. A total of \$12.4 million is already provided each year to support the delivery of the Plan, with additional funding to be made available over the next four years.

At the time the Plan was released, we knew that more of the same was no longer the answer. Change and innovation was required to address the challenges facing the NSW health workforce, such as an ageing population, an increase in patients with chronic illnesses, the geographical distribution of the NSW population and the diminishing size of the labour pool.

Today, these challenges remain just as relevant as ever.

During the past three years, substantial effort has been made to ensure NSW Health has the right workforce to meet the needs of the community. Some of the key achievements have been:

- Establishment of a new rural health network by the Agency for Clinical Innovation (Strategy 4.1)
- Expansion of the NSW Rural Generalist Training Program (Strategy 7.2)
- Funding of additional medical specialist training positions according to areas of workforce need (Strategy 7.3)
- Establishment of Senior Hospitalist positions in Local Health Districts (Strategy 7.5)
- Recruitment of over 4,600 nurses and midwives (Strategy 7.7)
- Funding of additional training positions in Radiography and Nuclear Medicine (Strategy 7.8)
- Publication of guidelines to support Aboriginal Health Worker roles across NSW Health (Strategy 8.9).

The review of the Plan confirms we are heading in the right direction.

With the commencement of my second term in office, in addition to the current investment into our workforce, I am supporting the delivery of an increase in frontline health staff by at least 3,500 full-time equivalent positions over four years. This

will include at least 2,100 nurses and midwives, 700 doctors, 300 allied health professionals and 400 hospital support staff.

Furthermore, the NSW Government announced an increase in training positions for the medical, allied health and oral health workforces, which includes:

- 20 new positions in the Rural Generalist Training Program
- 60 new Medical Specialty Training positions, with a specific rural and regional focus
- 60 Metropolitan Access Scholarships for rural-based medical trainees to support their training at metropolitan hospitals
- 68 training positions in allied health fields including prosthetics and orthotics, diagnostic imaging and medical physicists and radiopharmaceutical scientists
- Two oral and maxillofacial training positions for currently registered dentists
- 96 traineeships under the Aboriginal Dental Assistants in the rural public sector and Aboriginal Medical Services program

In addition, further funding has been provided for 360 new specialised nursing, midwifery and support staff positions.

More than ever we need health professionals to continue to show the skills and willingness to embrace new models of care and to work together to provide integrated and seamless care for patients, whether they are treated in hospitals or in the community. The NSW State Health Plan and the NSW Rural Health Plan also emphasise the vital role of our health workforce in delivering the right care, in the right place, at the right time.

With ongoing commitment from all stakeholders involved, the *Health Professionals Workforce Plan 2012-2022* will continue to transform the way health services are provided to the people of NSW.



Jillian Skinner MP  
Minister for Health

# Executive Summary

In late 2014, the NSW Ministry of Health undertook a review of the *NSW Health Professionals Workforce Plan 2012-2022* to ensure that the future targets remain appropriate.

The review was informed by extensive consultations with the agencies responsible for leading the implementation of strategies within the Plan including: relevant branches within the NSW Ministry of Health, Chief Executives of Local Health Districts, Specialty Networks, the NSW Health Education and Training Institute (HETI) and the Agency for Clinical Innovation (ACI).

## How the Plan works

The *Health Professionals Workforce Plan 2012-2022* rests on a three-part strategic framework. Nine key tenets, grouped into three interconnected parts of a strategic framework underpin the Plan. 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-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 realise the vision: *Right People, Right Skills, Right Place*.

For each individual strategy, the Plan identifies the expected short, medium, and long term outcomes as well as who is responsible for delivering the strategy.

## Achievements to date

65 state-wide and local initiatives contained within the Plan have already been implemented, representing almost 90% of 1-2 year targets. These include:

### *Stabilising the Foundations*

- Integration of service and workforce planning evident in most Local Health Districts;
- Planning for small but critical workforces commenced;
- Workforce data informatics available through SMRS.

### *Building Blocks*

- Recruitment arrangements reviewed, streamlined and enhanced;
- Existing mechanisms for collaboration between rural and metropolitan services and professionals nourished and new ones established;
- Mechanisms for fostering skills for collaboration and teamwork have been developed, piloted and implemented;
- Local decision-making supported through mobilisation of non-clinical training and education - financial management for clinical managers, understanding the activity based funding environment across the board, and clinical coding for JMOs;
- Mechanisms to identify, develop and professionally nurture effective health professional managers and leaders have been implemented.

### *Right people, Right skills, Right place*

- Significant growth and support of medical training networks, hospital skills training and the establishment of the Dual Training pathway;
- Realising the value of generalist skills strengthened by the establishment of 30 Rural Generalist Training Pathways, allocation of 15 sponsored places in the Masters of Clinical Medicine and increased participation by LHDs in supporting generalist career pathways;
- Capacity building within the nursing workforce, including the increase of nursing positions by over 4600;
- Growth of the Allied Health workforce, in line with forecast need, supported through the establishment and utilisation of 30 pre-registration positions in radiography and nuclear medicine, scholarships across 15 professions, publication of Allied Health Assistant framework and increased uptake of school-based traineeships in the Human Services Industry Curriculum Framework;
- Clinical, professional and social support for rural employment strengthened through awarding of 10 rural midwifery scholarships; and local partnerships within Local Health Districts;
- Opportunities for entry level Aboriginal health professionals supported through:

- Aboriginal Cadetships for Nursing and Midwifery, Allied Health and Medical graduates
- Increased numbers of appointments of Aboriginal Medical Graduates to intern positions
- Development of workforce model for Aboriginal Health Practitioners (AHP) and Aboriginal Health Workers (AHW) – released through the Decision Making Framework and Aboriginal Worker Guidelines
- The growth and support of a skilled workforce further facilitated through:
  - Implementation of education and training programs to expand clinical, people management, leadership and financial management skills across NSW Health
  - Access to clinical education support through establishment of new positions (CNS/ CNE) and enhanced training for clinical supervisors
  - Improved access to continuing professional development through successful implementation of SLEs across the State
  - Implementation of an on-line state-wide Learning Content Management System (LCMS) for development, deployment and tracking of learning events (128 modules developed, 38 in development)
  - Establishment of Midwifery scholarships in rural settings
  - Publication of resources to support career planning
- More effective use of the health care workforce was supported by the implementation of Clinical Support Officers and the development and support for implementation of enhanced/ improved models of care.

## Outcomes of the review and revised targets

The review confirmed that the foundational structure, the nine key principles and the individual strategies of the *Health Professionals Workforce Plan 2012-2022* continue to be effective in guiding long-term workforce planning across NSW Health to realise the vision of right people, right skills, right place.

While the review found that most of the 2-5 year targets are still appropriate, some opportunities for adjustment were identified.

Some of the original 2-5 year targets have been updated to incorporate findings and lessons learned from the implementation of the 1-2 year targets, to better align the 2-5 year actions with the desired long-term (10 year) outcomes, and to ensure the targets are clearly defined and measurable.

New targets have also been added to the 2-5 year timeframe to reflect emerging priorities and new areas of work and four of the 1-2 year targets have been carried over into the 2-5 year period as it was identified that these targets have not yet been fully implemented and remain relevant.

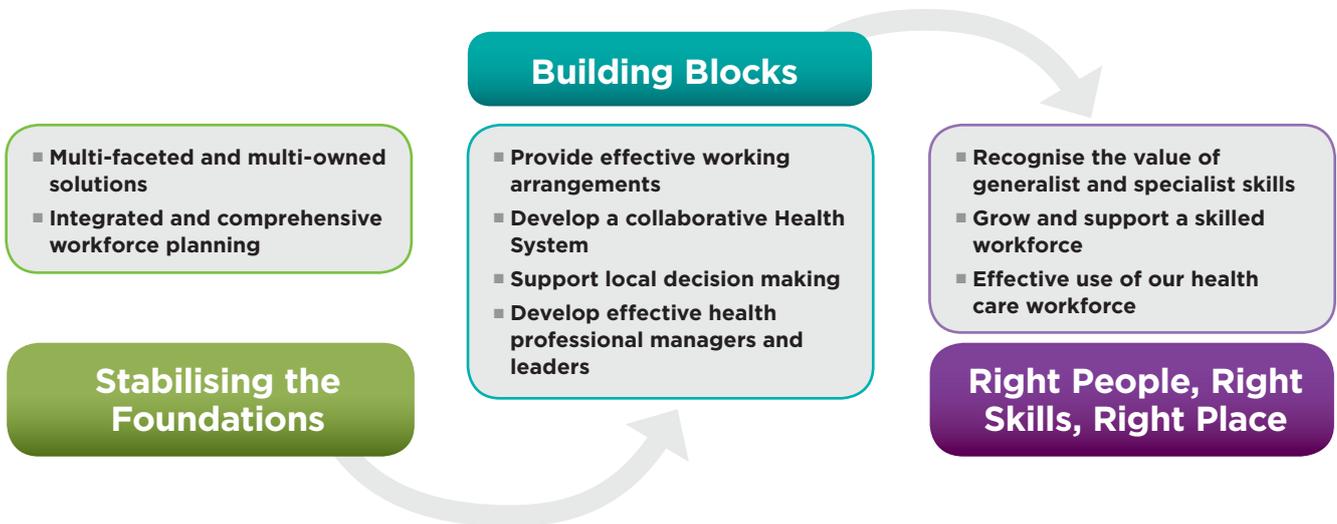
Local Health Districts and Specialty Networks (LHDNs) have also been added as co-leads to strategies 6.4, 8.2, 8.3 and 8.5 to recognise the central role LHDNs play in the successful delivery of these strategies.

# Strategies for Action

In line with the original Plan, the strategies are grouped according to the nine guiding principles and against each strategy the major leads, key partners and supporting strategies are identified. There are no specific strategies detailed for the first tenet (solutions being multi-faceted and multi-owned) as this is a foundation that sits across all of the strategies.

Appendix A provides an updated overview of the Small but Critical Workforces.

Appendix B provides an updated Medical Workforce Planning overview. This provides a summary of the priority for workforce planning for each of the medical specialties and is based on extensive workforce modelling. Further information and detail on each of the specialties can be found on the NSW Health website at <http://www.health.nsw.gov.au/careers/Pages/career-planning.aspx>





## 2. Integrated and comprehensive workforce planning

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
2.1	Integrate workforce planning with local service and facility planning	MoH LHDN	<ul style="list-style-type: none"> <li>■ ACI</li> <li>■ Medicare Locals</li> </ul>	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"> <li>■ ACI</li> <li>■ Education Providers</li> <li>■ HETI</li> </ul>	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>	<p>The available supply of health professionals for small but critical workforces is aligned with service needs to meet patient care</p>
2.3	Ensure availability and access to workforce data	MoH	<ul style="list-style-type: none"> <li>■ LHDN</li> <li>■ HealthShare NSW</li> </ul>	4.1	<p>Inclusion of detailed workforce informatics in the SMRT tool</p>	<p>Establishment of on-line access to workforce reporting dashboard</p>	<p>Use of workforce information systematically used in service planning and local decision making</p>

# Building Blocks

## 3. Provide effective working arrangements

		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
3.1	Support flexible work arrangements that meet patient needs	MoH	<ul style="list-style-type: none"> <li>■ LHDN</li> <li>■ Health Share NSW</li> </ul>	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"> <li>■ LHDN</li> <li>■ Employee Associations</li> </ul>	2.1 8.1 8.4	Identify changes to health professional Awards which enable priority workforce reforms	Negotiate changes to Awards consistent with Government 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"> <li>■ Public Service Commission</li> <li>■ HealthShare NSW</li> <li>■ Professional Associations</li> <li>■ Medicare Locals</li> <li>■ HETI</li> </ul>	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	E-recruitment and Human Capital Management (HCM) system upgraded to enhance recruitment and retention processes across NSW  Sustainable NSW Health JMO recruitment process in place  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"> <li>■ HETI</li> <li>■ CEC</li> <li>■ MoH</li> <li>■ Education Providers</li> <li>■ Medicare Locals</li> </ul>	3.2 7.6	<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>Implement a targeted mentoring program to support new and relocating health professionals in rural locations</p> <p>Evaluate and adjust mentoring program to ensure outcomes support expansion of program to all rural LHDs</p> <p>Provide 60 Metropolitan Access Scholarships for rural-based medical trainees to support training at metropolitan hospitals by 2019</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"> <li>■ ACI</li> <li>■ CEC</li> <li>■ LHDN</li> <li>■ Education providers</li> </ul>	3.1 3.3	<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>Implementation of Foundations Program across all LHDNs</p> <p>Team Work modules are utilised by health professionals in LHDNs</p> <p>Evaluation of Foundations Program undertaken to determine the long term impact on inter-professional practice</p>	<p>The Foundations Program 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

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
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"> <li>■ MoH</li> <li>■ Education providers</li> </ul>	2.1 2.3	<p>Financial Management Education Program training provided to clinical managers responsible for budget or financial management</p> <p>Up-skilling of health professionals to function effectively in an Activity Based Funding environment</p> <p>Clinical coding included in all JMO and other clinician orientation programs</p>	<p>All health professionals with responsibilities for budget management provided with training in effective Financial Management Education Program</p> <p>Inclusion of clinical coding and operating in an Activity Based Funding environment in health professional curricula</p>	<p>All current health professional managers have the financial skills to adequately manage resources for effective service delivery</p> <p>Activity Based Funding (including Clinical Coding) information embedded in all clinician orientation programs and last year university clinical course curricula</p>

## 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"> <li>■ MoH</li> </ul>	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"> <li>■ LHDN</li> <li>■ MoH</li> </ul>	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	Managers and clinicians together undertake the NSW Health Leadership Program 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"> <li>■ MoH</li> <li>■ ACI</li> <li>■ CEC</li> </ul>	6.2 7.4	Development of a state-wide leadership framework, drawing on the existing programs as the foundation underway 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 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 Leadership and management development opportunities for medical management positions reviewed to determine appropriate training pathway	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

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
7.1	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"> <li>■ ACI</li> <li>■ Education providers</li> <li>■ Professional associations</li> </ul>	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 or other training providers to deliver programs for generalist skills and roles  Utilise information from research to review and adjust programs and strategies to support generalist careers	Generalist skills and roles are valued and supported, as evidenced by health professionals participating in relevant training and the establishment of generalist models of care
7.2	Establish a rural generalist training program and pathway for rural general practice training	HETI LHDN	<ul style="list-style-type: none"> <li>■ MoH</li> <li>■ Medical Colleges</li> <li>■ Regional Training Providers</li> </ul>		Commencement of the Rural Generalist Training Program - with an initial investment of 15 training positions in 2013	Further investment to provide 5 additional training places each year to achieve 50 training places per annum by 2019	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"> <li>■ HETI</li> <li>■ Medical Colleges</li> </ul>	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 15 training places (to 37 per annum) in specialties to be determined following review of medical specialist modelling and targeted expression of interest process  Provide an extra two oral and maxillofacial training positions	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"> <li>■ Medical Colleges</li> <li>■ LHDN</li> </ul>	6.2 7.3	<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> <p>Professional development available to all physicians to maintain general physician rosters</p>	<p>Establish a general medicine training pathway with an additional 5 general medicine training places – with 2 available as dual training pathways</p> <p>Increased opportunities for Hospitalist employment following training in Local Health Districts/ Networks</p>	<p>Adequate intake of physicians available for general medicine roster</p> <p>Tertiary education market for Hospitalist roles matched to service need</p>
7.5	Establish and grow a suitable generalist medical workforce for the NSW hospital system	MoH HETI	<ul style="list-style-type: none"> <li>■ LHDN</li> <li>■ Education providers</li> </ul>	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> <p>Investment to include seven additional rural fellowship specialist positions in Anaesthetics and Surgery</p>	<p>Monitor and adjust fellowship positions to meet service need</p>	<p>Supply of local Surgical and Anaesthetics specialists meet service need</p>
7.6	Establish additional rural fellowship specialist positions	ACI	<ul style="list-style-type: none"> <li>■ LHDN</li> <li>■ HETI</li> </ul>	6.2			

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
7.7	Grow Nursing and Midwifery workforce in line with forecast health service demand and delivery requirements	MoH HETI LHDN	<ul style="list-style-type: none"> <li>Education providers</li> </ul>	2.1 2.3 3.1 6.1 7.1 7.2 7.3 7.8 8.1 8.2 8.4	<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 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 and midwifery staff increased by 4575 between 2012 and 2019</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>Investment to include 60 Nurse Practitioner positions across NSW in line with current LHDN priorities by 2019</p> <p>Develop service analysis and Nurse Practitioner implementation frameworks</p> <p>Increased opportunities for Nurse Practitioner service development in areas of need, including integrated care and services in rural location</p>	<p>Nursing and midwifery workforce aligns with service demand to meet the needs of patients</p>

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
7.8	Grow Allied Health workforce in line with forecast health service demand and delivery requirements	MoH HETI LHDN	<ul style="list-style-type: none"> <li>Education providers</li> </ul>	2.1 2.2 2.3 3.1 3.2 7.1 7.2 7.3 7.4 8.1	<p>Development of workforce modelling projections for the Allied Health workforce</p> <p>Investment to include an additional 15 pre-registration positions for radiography and nuclear medicine</p> <p>Review rural Allied Health Scholarship to ensure appropriate targeting of scholarships to service need</p> <p>Development of evidence based Allied Health Care Assistant Framework</p> <p>Increased uptake of school based traineeships in Human Services Industry Curriculum framework</p>	<p>Regularly review and update workforce modelling projections for the Allied Health workforce</p> <p>Continuation of pre-registration places determined on outcomes of Allied Health modelling and targeted expression of interest process</p> <p>Increased capacity for Allied Health Care Assistant training across a range of LHDNs</p> <p>Increased availability for Allied Health pathways from school to professional qualifications, especially in rural areas</p> <p>Provide an additional 68 training positions by 2019 in allied health fields including prosthetics and orthotics, diagnostic imaging, medical physicists and radiopharmaceutical scientists</p>	<p>Allied Health workforce aligns with service demand to meet the needs of patients</p>

## 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 resources for health professionals, to ensure career plans are aligned with service needs	MoH LHDN	<ul style="list-style-type: none"> <li>■ Department of Education and Communities</li> <li>■ Education providers</li> <li>■ Medical Colleges</li> <li>■ Professional Associations</li> <li>■ HETI</li> </ul>	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	Implement career information and resources for health professionals to inform individual career plans  Evaluation undertaken and career resources adjusted	Better alignment between service need and workforce availability and capability  All commencing health graduates have access to resources to assist them in making informed career decisions 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 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	Foundation Modules are utilised by new health practitioners in LHDNs	Foundations 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 LHDN	<ul style="list-style-type: none"> <li>■ Education providers</li> </ul>	3.3 6.1	100% of non-specialist medical practitioners enrolled in or undertaken Hospital Skills Program	Ensure that non-specialist medical practitioners have access to ongoing professional development	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"> <li>■ Education providers</li> <li>■ MoH</li> </ul>	<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 180 new specialised Nursing &amp; Midwifery positions by 2019, including 120 Clinical Nurse/Midwifery Educators, 20 Mental Health Clinical Nurse Educators and 20 Clinical Nurse Consultants and 20 Clinical Midwifery Consultants.</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 implemented, 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 LHDN	<ul style="list-style-type: none"> <li>■ MoH</li> <li>■ Education providers</li> <li>■ Professional Registration Bodies</li> </ul>	<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>SLE governance model established</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>HETI Online fully implemented across all LHDNs</p> <p>Performance management components of HETI Online 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 HETI Online</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"> <li>■ HETI</li> <li>■ Non-government agencies</li> </ul>	<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 information from available research to review and adjust government policies and programs</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"> <li>■ LHDN</li> <li>■ HETI</li> </ul>	<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 CFO HS	<ul style="list-style-type: none"> <li>■ LHDN</li> <li>■ Aboriginal Employment Services</li> <li>■ Medical Services</li> <li>■ Dental Schools</li> <li>■ Poche Centre for Indigenous Health</li> <li>■ Rotary Sydney</li> </ul>	<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 by 2017</p> <p>20 Aboriginal cadetships for Allied Health Practitioners pa</p> <p>4 cadetships for Medical graduates pa</p> <p>96 additional traineeships available under the Aboriginal Dental Assistants in the rural public sector and Aboriginal Medical Services program by 2019.</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"> <li>■ LHDN</li> <li>■ ACI</li> <li>■ NSWK&amp;F</li> <li>■ HETI</li> </ul>	<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>
8.10	Support the Paramedic workforce	Ambulance Service of NSW	<ul style="list-style-type: none"> <li>■ MoH</li> </ul>	<p>2.1</p> <p>7.8</p> <p>8.1</p>	<p>New strategy, developed after year 1-2 bracket.</p>	<p>Employ an extra 53 Paramedics, including 35 specialist Paramedics and 18 Paramedics for the Helicopter retrieval Network by 2019</p>	<p>Growing the Paramedic and helicopter retrieval network workforce in line with forecast health service demand and delivery requirements</p>

Ministry of Health (MoH), Local Health Districts and Specialty Health Networks (LHDN) Agency for Clinical Innovation (ACI) Health Education and Training Institute (HETI) Clinical Excellence Commission (CEC) Bureau of Health Information (BHI) NSW Kids and Families (NSWK&F) Health Workforce Australia (HWA)

## 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"> <li>■ HETI</li> <li>■ CEC</li> <li>■ BHI</li> </ul>	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 focused 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"> <li>■ ACI</li> <li>■ CEC</li> <li>■ BHI</li> </ul>	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 focused 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"> <li>■ CEC</li> <li>■ LHDN</li> <li>■ Medical Colleges</li> <li>■ HWA</li> <li>■ National Health Professional Boards</li> </ul>	6.2	Streamlined local credentialing and appointment scope of practice of medical specialists across facilities utilising centralised information system	Streamlined local credentialing of medical specialists across facilities utilising centralised information 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"> <li>■ Professional Associations</li> </ul>	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	Work with jurisdictions and the Australian Health Practitioner Regulation Agency (AHPRA) to implement improvements to the National Registration & Accreditation Scheme (NRAS) identified by independent review	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"> <li>■ Employee and Professional Associations</li> </ul>	8.1	Undertake evaluation of the implementation of the Clinical Support Officer role	An additional 120 Clinical Support Officer roles created by 2019 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

Ministry of Health (MoH), Local Health Districts and Specialty Health Networks (LHDN) Agency for Clinical Innovation (ACI) Health Education and Training Institute (HETI) Clinical Excellence Commission (CEC) Bureau of Health Information (BHI) NSW Kids and Families (NSWK&F)

# Appendices

## Appendix A: Small but Critical Workforces

Small but critical workforces are defined as 'Workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet system needs now and into the future'.

Five critical workforces currently have action plans developed in accordance with Strategy 2.2:

Small but Critical Workforce	Issues Identified
1. Radiopharmaceutical Science	<ul style="list-style-type: none"><li>• Ageing workforce</li><li>• Unable to attract adequate workforce</li><li>• Slow training pathway</li></ul>
2. Audiology	<ul style="list-style-type: none"><li>• Inability to recruit to public health system</li><li>• Limited capacity of public health system to provide training</li></ul>
3. Sonography	<ul style="list-style-type: none"><li>• Workforce mainly in Metropolitan areas, with limited distribution in rural/regional areas</li><li>• Student sourced postgraduate clinical training positions barrier to entry into the profession</li></ul>
4. Orthotics/Prosthetics	<ul style="list-style-type: none"><li>• Training based in Victoria</li><li>• Poor distribution in regional settings</li><li>• Public and private service mix</li></ul>
5. Diagnostic Imaging Medical Physics	<ul style="list-style-type: none"><li>• Lengthy training process and small numbers entering training pathway</li><li>• Lack of understanding of the role in the system</li></ul>

## Other Small but Critical Workforces

The Ministry's Workforce Planning and Development Branch are aware that there are other small but critical workforces that are emerging, and work is commencing on these workforces.

# Appendices

## Appendix B: Projections of medical specialty workforce requirements

The Ministry of Health has undertaken workforce modelling for individual medical specialties in NSW to project the workforce growth required to meet service needs projected to 2025.

Modelling scenarios have been developed using the National Health Workforce Taskforce (NHWT) modelling tool, which is a standard process used for modelling in NSW Health and nationally. This tool requires a number of data items which have been sourced from the Australian Institute Health and Welfare (AIHW) Medical Workforce 2010 dataset, NSW Medical Labour Force Profile 2009, NSW Health Information Exchange, Acute Inpatient Modelling (AIM) dataset, NSW Health Statistics, Sub Acute Inpatient Modelling (SIAM), Medicare Australia data and Visiting Medical Officer (VMO) data VMoney.

The initial year or base year of the workforce profile was used to construct a number of indicators required in the model; including workforce status, continuous workforce, new starters, re-entry and wastage.

Data items and assumptions such as demand were used to estimate the likely workforce outcome for a projected period of time. Outputs were projected by supply and demand by age-cohort, gender and workforce status for each year in the model period. The scenarios were then able to provide likely outcomes of projections of future wastage, new starters, re-entry, continuous staff and extra workforce required to sustain existing services into the future.

A number of common workforce risks have been identified that would have a consequence or impact on health service provision. These risks are ageing workforces; small workforces; retirement intentions; new fellow requirements and availability of training supervision.

A large number of medical specialist workforces were affected by ageing workforces, small workforces or high retirement intentions. The

reduction of hours worked and high workforce losses also impacted on many specialties.

Alone this may not create a critical shortage, but if there is not adequate entry in the specialty through adequate training to meet service need or migration, 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).

Consultation has been undertaken with Medical Colleges, Faculties and Chapters, Staffing associations and Local Health Districts and Specialty Health Networks. Some concerns raised by medical colleges include:

- 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.
- 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.
- Further information and detail on each of the specialties can be found on the NSW Health website at: <http://www.health.nsw.gov.au/careers/Pages/career-planning.aspx>.

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 have required review and revision to ensure they remain relevant, the process and outcomes of workforce modelling also requires revision to ensure that they are current and incorporate changes in both workforce supply and service demands. This process is due to be undertaken again in 2016.



Medical Workforce Modelling by Specialty 2009-2010

<b>Major Priority for Workforce Planning</b>	Psychiatry		
	Clinical Genetics		
	General Medicine		
	Clinical Pharmacology		
<b>Moderate Priority for Workforce Planning</b>	Addiction Medicine	METRO / SMALL	RURAL / SMALL
	Pain Medicine		
	General Pathology & Genetics		
	Haematology (Pathology and Physician)		
	Nuclear Medicine – Physician & Radiology		
	Ophthalmology		
	Anatomical Pathology (including Cytopathology)		
	Endocrinology		
	Rheumatology		
	Sexual Health Medicine		
<b>Minor Priority for Workforce Planning</b>	Diagnostic Radiology		
	Forensic Pathology		
	Microbiology		
	Respiratory and Sleep Medicine		
	Dermatology		
	Palliative Medicine		
	Gastroenterology and Hepatology		
	General Surgery		
	Chemical Pathology		
	Oral and Maxillofacial Surgery	METRO / SMALL	
<b>Minimal Priority for Workforce Planning</b>	Immunology		
	Immunology and Allergy		
	Infectious Diseases		
	Paediatric Surgery		RURAL / SMALL
	Emergency Medicine		
	Geriatric Medicine		
	Medical Administration		
	Medical Oncology		
	Nephrology		
	Obstetrics and Gynaecology		
	Occupational and Environmental Medicine		
	Neurology		
	Radiation Oncology		
	Rehabilitation Medicine		
Otolaryngology – Head and Neck Surgery			
<b>Supply in Balance</b>	Anaesthesia		
	Intensive Care Medicine		
	Paediatrics and Child Health		
	Cardiology		
	Public Health Medicine		
	Sport and Exercise Medicine		
	Cardiothoracic Surgery		
	Neurosurgery		
	Orthopaedic Surgery		
	Plastic Surgery		
	Urology		
	Vascular Surgery		

**Definition of Priority:** Workforce Modelling new fellow requirements – Additional fellows required from outcome of workforce modelling divided by trainee numbers

- Major Priority for Further Growth – Major Risk and 60%+ increase over current trainee numbers
- Moderate Priority for Further Growth – Moderate Risk and 40% to 60% increase over current trainee numbers
- Minor Priority for Further Growth – Minor Risk and 20% to 40% increase over current trainee numbers
- Minimal Priority for Further Growth – Minimal Risk and 1% to 20% increase over current trainee numbers and 0% increase required but Small Workforce in Regional/Rural
- Supply in Balance – Minimal Risk and 0% workforce shortage

**Definition of Small Workforces:** Count of Districts/networks with less than 5 specialist workforce divided by the total count of workforce districts. Included all risk from minor (20%) to major (60% to 80%)

\*General Practitioners not modelled.

# Appendices

## 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
<b>Dr Denis Lennox</b>	Exec Director of Rural and Remote Medical Services, Office of Rural and Remote Health	Queensland Health
<b>Assoc Professor John Collins</b>	Member Royal Australian College of Surgeons	Royal Australian College of Surgeons
<b>Ms Helen Gunn</b>	Director Nursing and Midwifery Royal Hospital for Women	South Eastern Sydney LHD
<b>Ms Kim Olesen</b>	Director of Nursing and Midwifery Services	South Eastern Sydney LHD
<b>Mira Haramis</b>	Director, Centre for Education and Workforce Development	South Western Sydney LHD
<b>Mr Brett Oliver</b>	Director Of Medical Services	South Western Sydney LHD
<b>Mr Nicholas Marlow</b>	Director Nursing and Midwifery Community	South Western Sydney LHD
<b>Ms Clair Edwards</b>	Director Mental Health Nursing	South Western Sydney LHD
<b>Prof Iain Graham</b>	Head of School - Health and Human Sciences	Southern Cross University
<b>Ms Annette Solman</b>	Director Nursing and Midwifery	Sydney Children's Hospital Network
<b>Katharine Sztiniak</b>	Director Nursing and Midwifery Sydney LHD	Sydney LHD
<b>Assoc Prof Tracey Thornley</b>	Deputy Head, Dean of the School of Nursing	University of Notre Dame
<b>Associate Professor Graeme Richardson</b>	Director of Post Graduate Training at Wagga Wagga Base Hospital	UNSW Rural Clinical School of Medicine
<b>Dr Louis Christie</b>	Director of Medical Services - Orange Base Hospital	Western NSW LHD
<b>Mr Richard Cheney</b>	Area Manager - Allied Health Services	Western NSW LHD
<b>Ms Jennifer Floyd</b>	Area Manager   Oral Health Services Western NSW & Far West Local Health Districts	Western NSW LHD
<b>Ms Linda Cutler</b>	Executive Director, NSW Institute of Rural Clinical Services & Teaching	Western NSW LHD
<b>Dr Kim Hill</b>	Executive Medical Director	Western Sydney LHD
<b>Mr Clive Wright</b>	Chief Dental Officer	Western Sydney LHD
<b>Mr David Simmonds</b>	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
<b>Answered question</b>		<b>74</b>

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.







