

NSW HEALTH

HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

PROGRESS REPORT YEAR 5



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Executive Summary

The Health Professionals Workforce Plan 2012-2022 (The Plan) is a high level framework, aligned with the State Health Plan: Towards 2021. The Plan outlines the strategies to ensure NSW trains, recruits and retains doctors, nurses and midwives, oral health and allied health professionals to meet the future needs of the community. It also identifies who is responsible for the development and delivery of outcomes, recognising that many organisations contribute to the provision of health services across NSW Health.

The Plan was developed in 2012 through an extensive consultation process. The Health Professionals Workforce Plan Taskforce was appointed to consider and aim to address the challenges facing the health system such as an ageing population, increase in hospital presentations for people with chronic illness, and shrinking growth in the size of the labour pool.

This report highlights progress after 5 years (as at June 2017) on implementation of the strategies and actions by all NSW Health organisations with a lead role in delivering the Plan. Where relevant, feedback from the recent NSW Health People Matter Employee Survey (PMES) 2017 has supplemented these findings, providing a frontline workforce perspective on the strategies and their progress.

The report indicates that the majority of strategies and actions are on track, with NSW Health heading in the right direction to provide health services by the right people with the right skills in the right place. Some strategies and actions have been flagged for further consideration as they have limited progress or have yet to be embedded (see Figure 1 and Appendix A of the report).

Findings from this report will inform a mid-term review and a refresh of the Plan including review of the Year 5-10 targets. This will ensure that the Plan remains contemporary and is aligned with recent developments in policy and strategy.

Figure 1: Actions for further consideration



The Health Workforce

NSW Health employs over 114,000 FTE (full time equivalent) staff. Between June 2012 and June 2017:

- the NSW Health workforce increased by 12.5% (see Figure 3)
- the rural workforce increased in Medical (34.4%), Nursing and Midwifery (10.8%) and Allied Health (21.1%) fields (See Figure 2)
- the clinical workforce increased by 12.8%

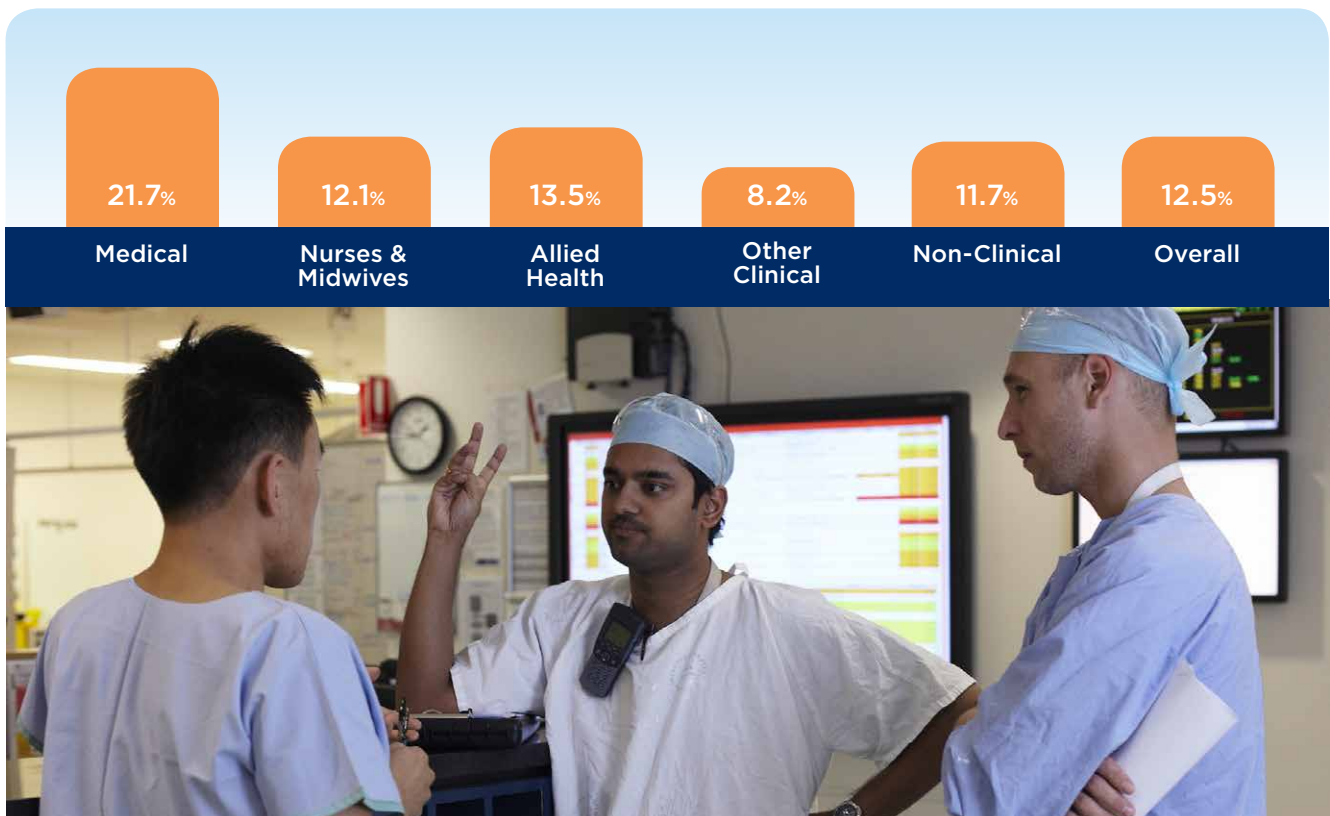
In 2017-18, NSW Health achieved, ahead of schedule, a NSW Government commitment made in 2015 to increase frontline health staff, with an investment in over 3,500 additional nurses, midwives, doctors, allied health professionals and hospital support staff.

As at June 2017 Aboriginal employment in NSW Health has remained at 2.5% (3,103 employees) and includes 93 doctors, 793 nurses and 376 Aboriginal Health Workers (including 7 Aboriginal Health Practitioners).

Figure 2: Rural Workforce - FTE 5 Year Growth 2012-2017



Figure 3: Workforce - FTE 5 Year Growth 2012-2017



Summary of Key Achievements

Details of local and state-wide achievements are provided in the report for each strategy.

Stabilising the Foundations

Integrated and comprehensive workforce planning

- Workforce modelling/forecasting
- Integration of workforce planning with service and facility planning
- Small but critical workforce planning
- Local workforce planning
- SMRS dashboards

Building Blocks

Develop effective health professional managers and leaders

- People Management Skills Program
- NSW Health Leadership Program
- The Next Generation of Leaders and Managers within NSW Health Program
- NSW Health Senior Executive Development Program

Provide effective working Arrangements

- Human Capital Management
- Local implementation of flexible work practices
- State-wide consistency in ICT corporate systems

Develop a collaborative Health System

- Metropolitan Access Scholarships Program
- HETI Teamwork modules

Support local decision making

- Financial Management Essentials Program

Right People, Right Skills, Right Place

Grow and support a skilled workforce

- Workforce growth (12.5%)
- Rural workforce growth (Medical 34.4%, Nursing and Midwifery 10.8% and Allied Health 21.1%)
- Aboriginal workforce growth (1.8% to 2.5%)
- Map My Health Career
- My Health Learning
- Respecting the Difference
- Rural Postgraduate Midwifery Student Scholarships
- Aboriginal Allied Health Cadetship Program
- Allied Health Assistant Framework
- Assistants in Nursing Framework

Recognise the value of generalist and specialist skills

- Rural Generalist Nurse Program
- Rural Generalist (Medical) Training Program
- Rural fellowship specialist positions
- Medical Specialty Training positions
- Advanced Training in General Medicine Networks
- Nurse Practitioner positions
- Allied Health training positions

Effective use of our health care workforce

- ACI Patient Reported Measures Program
- Midwifery Group Practice models of care
- Online credentialing system

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Introduction

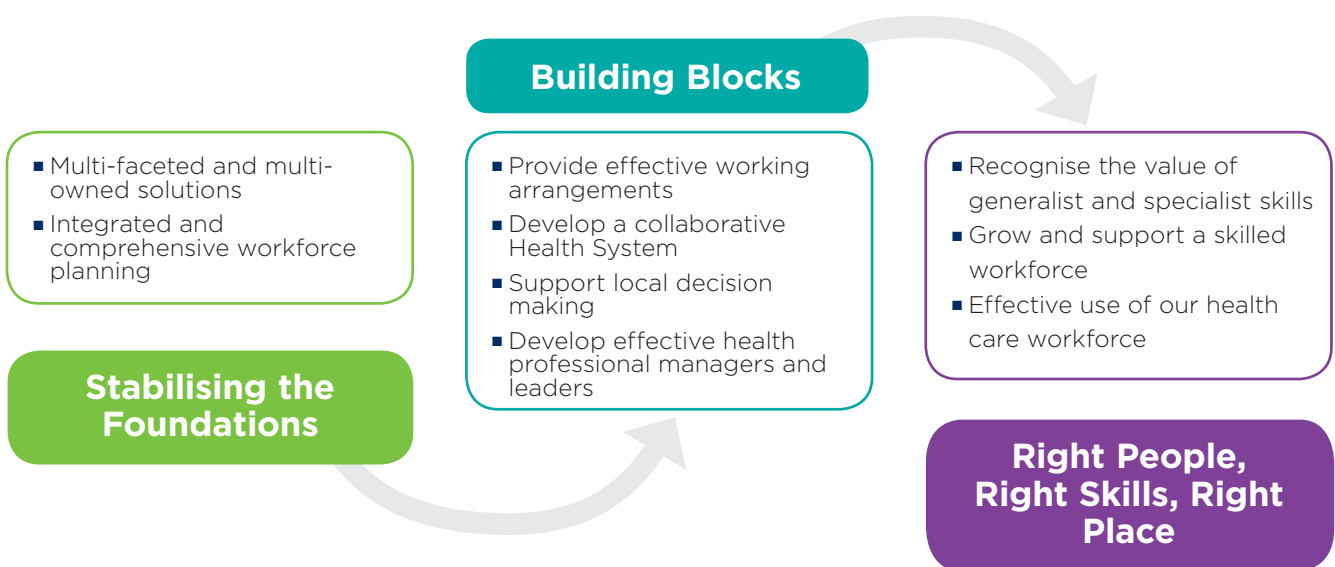
The Health Professionals Workforce Plan 2012-2022 (The Plan) is a high level framework, aligned with the State Health Plan: Towards 2021. The Plan outlines the strategies to ensure NSW trains, recruits and retains doctors, nurses and midwives, oral health and allied health professionals to meet the future needs of the community and identifies who is responsible for the development and delivery of initiatives. The strategies are grouped according to nine guiding principles (Figure 4) and identify the relevant major leads and key partners. The Plan is in its sixth year of implementation and was amended in 2015 to reflect NSW Government commitments for increases in frontline staff, training and reflect strategic developments.

This Year 5 progress report does not outline all initiatives but has highlighted key examples of progress in some strategies and how the strategies are being implemented at a Statewide level and by Local Health Districts and Speciality Health Networks (LHDNs).

Stabilising the Foundations

Many LHDNs are commencing or have completed workforce planning activities. To ensure workforce planning is integrated with local service and facility planning throughout LHDNs, the Workforce Planning and Development Branch (WPD), Ministry of Health (MoH) collaboratively review Clinical Service Plans and Workforce Plans. The implementation of workforce reporting dashboards provide relevant workforce metrics and ongoing developments will allow better access to data and options to tailor reporting. Further development of workforce capability across LHDNs, better systems integration and continued improvements in accountability and governance will enhance workforce planning outcomes.

Figure 4: The Health Professionals Workforce Plan



Building Blocks

The LHDNs have implemented a range of flexible work practices including those relating to rosters (such as shift swaps and staggered rosters) and changes to hours worked (such as reduced hours, part-time and job share arrangements, 10 hour shifts and 9 day fortnights). Improvements to recruitment practices continue with the establishment of the Human Capital Management System and e-recruitment. Responses from LHDNs and staff suggest further capability development is required.

Linkages between rural and metropolitan services were highlighted to develop a collaborative health system. While the Agency for Clinical Innovation (ACI) has supported professional development and networking activity, strategies around mentoring have not been progressed. The Advanced Training in General Medicine Networks are currently being established by the Health Education and Training Institute (HETI) and will provide trainees with access to high quality clinical and educational opportunities in accredited training sites and rotations between metropolitan and regional/rural hospitals. Greater harnessing of tele-health could better enable collaboration.

HETI has implemented a suite of people management skills programs, pathways and events, targeted to management and leadership. These are supplemented by local initiatives and continued alignment with the Public Sector Capability Framework. It is noted that capability of staff to be effective in change management requires continued improvement, as well as skills in resolution of grievances, managing poor performance and communication. Continuing to infuse contemporary leadership and culture across NSW Health is an ongoing priority for the Plan. Collaboration and effective teamwork at a unit level are supported by HETI teamwork modules and local initiatives. HETI continue to develop and build a range of strategies to enhance financial management skills in line with the Plan.

Right People, Right Skills, Right Place

A range of generalist career pathways and training initiatives are available and continue to be developed for the medical and nursing workforces. Generalism continues to be relevant, particularly in rural settings and the Rural Generalist Training Program for general practitioner (GP) trainees now has 40 funded positions available annually. This model is complemented by rural specialist fellowship positions. NSW Health has also invested in speciality training in fields such as pain medicine, palliative medicine, and specialised psychiatry positions.

A suite of workforce modelling activities has commenced across the medical, nursing and allied health fields. The workforce is supported by the medical Map My Health Career website and an allied health extension is underway. Support for new graduates transitioning to practice in NSW Health is provided through the Foundation Skills modules on MyHealth Learning (LMS) and a range of local initiatives. The HETI Governance Guide provides best practice guidelines for allied health professionals. State-wide Simulation Learning Environments are available although could be further leveraged. Continued improvement remains necessary to ensure that models of care and the workforce they utilise are informed by evidence and contemporary workforce design, and regularly evaluated.

Stabilising the Foundations

2 Integrated and comprehensive workforce planning

2.1 Integrate workforce planning with local service and facility planning

Lead: MoH (WPD), LHDNs

The Workforce Planning and Development Branch (WPD) collaboratively review *Clinical Service Plans and Workforce Plans* and provide consolidated feedback to the Ministry of Health (MoH) Health System Planning and Investment Branch (HSPI) and LHDNs. These reviews focus on:

- Systems, data and reporting
- Stakeholders, sponsorship and engagement
- Workforce capability
- Workforce planning and redesign
- Workforce and service planning alignment
- Workforce tools and resources
- Workforce as part of the Financial Impact Statement (FIS)

In addition, work has commenced on strengthening nursing workforce planning at a state and LHDN level. The future focus will be on greater integration between workforce planning and agencies such as eHealth NSW and HealthShare NSW. Some LHDN examples which illustrate local integrated workforce, service and capital planning include:

- The completion of a Workforce Plan, Allied Health Workforce Plan and Mental Health (Nursing) Workforce Plan by the Central Coast Local Health District (CCLHD); and the development of a Workforce Planning Framework, providing a step by step guide to assist managers to integrate service and workforce planning within the CCLHD.



CONSIDER

Capability development in workforce planning across NSW Health organisations

- The integration of health service and facility planning within the Capital Works Unit by the Hunter New England LHD (HNELHD). All HNELHD Unit plans articulate non-infrastructure and infrastructure solutions and include planning for future workforce needs. Planners consult with service managers, workforce, human resources and clinical as required.

Regular mention was made of attendance of the MoH Workforce Planner Advisory Forum (hosted by WPD) by respondents across a range of LHDNs.

2.2 Ensure planning for small but critical workforces

Lead: MoH (WPD)

A NSW Government commitment was made in 2015 for \$1.3 million over four years for additional training positions in allied health small but critical workforces. *Workforce planning for small but critical workforces* has been completed with recent progress including:

- The appointment of a Diagnostic Imaging Medical Physicist (DIMP) Training mentor/advisor by the HETI who will commence in October 2017.
- The awarding of three scholarships for the Master of Radiopharmaceutical Science over the past year and a further five scholarships for 2017/18.
- Support for 22 Orthotists and Prosthetists to attend professional development activities.
- The completion of a literature review (and stakeholder workshops) on the Aboriginal High Risk Foot Disease & Podiatry workforce. A project to develop Aboriginal Podiatry Support Worker roles has commenced
- The commissioning of *The Changing Landscape of the Genetic Counselling Workforce* report to gather information about the current and future challenges, influencers and emerging issues that impact this workforce. This work will contribute to the NSW Health Genomics Strategy and possibly inform the development of the National Health Genomics Policy Framework.

SPOTLIGHT

Radiopharmaceutical scientists are one of the small but critical workforces that have been a key focus of the Health Professionals Workforce Plan 2012-2022.

Radiopharmaceutical scientists play a critical role in nuclear medicine services through the manufacture and administration of radiopharmaceuticals which enable high quality imaging in patients using PET scanning technology. Prior to 2015, growth of the workforce was at severe risk given the retirement intentions of current scientists and as the Masters of Radiopharmaceutical Sciences Program at Macquarie University was decommissioned.

The NSW Ministry of Health was able to collaborate with Macquarie University to re-establish and enhance the Program. A Scholarship Program was introduced to attract and retain prospective graduates and an academic prize was created to promote excellence in the field. Eight scholarships and two academic prizes have been awarded over the past two years.

Recent graduates are about to commence work in both health service and research roles and demand for the course is increasing.

2.3 Ensure availability and access to workforce data

Lead: MoH (WPD)

A number of *workforce reporting dashboards* have been created in the Statewide Management Reporting Service (SMRS) to enable online access to workforce metrics and key performance indicators. Reporting on workforce data is possible at all organisational levels from senior executives reporting on service level agreements to cost centre managers reporting on operational workforce. Over the past year progress has been made on reporting and analytics across the suite of Corporate IT NSW systems, for example Rostering and Human Capital Management. The development of workforce reporting and workforce capability are embedded within the NSW Health Analytics Framework.

LHDNs were asked to provide feedback on their access to dashboards and the effectiveness of dashboards in contributing to service planning and local decision making. Almost all LHDNs reported using workforce reporting dashboards, for example:

- Sydney LHD (SLHD) reported easy navigation and investigation into FTE utilisation, leave balances and premium staff usage via the QlikView workforce application. The advantage of the visual and interactive interface of QlikView and the ability to 'drill down' was noted.
- South Eastern Sydney LHD (SESLHD) noted that their access to the SMRS dashboards has enabled the provision of effective and timely reporting of workforce data. Supplemented by the local QlikView workforce dashboard, details on FTE, leave type and analysis by cost centre can be made. Comparisons between selected time periods and the addition of targets can be made. Metrics such as identifying lost patient days in allied health are being used to facilitate decision making and planning.



CONSIDER

Enhancements to the dashboards which enable LHDNs to produce tailored information and ad hoc reports

Building Blocks

3 Provide effective working arrangements

3.1 Support flexible work arrangements that meet patient needs

Lead: MoH (WR)

The LHDNs continue to focus on improvements to flexible working arrangements that support the timely provision of health services. The LHDNs reported implementing a range of flexible work practices including those relating to rosters (such as shift swaps and staggered rosters) and changes to hours worked (such as reduced hours, part-time and job share arrangements, 10 hour shifts and 9 day fortnights). The use of flexible hours or overtime (to meet peak demand periods) and the nurses' career break scheme were also noted. Vacancies and high numbers of part time staff are seen as challenges to supporting flexible work options. The Temporary Individual Roster Arrangement within HealthRoster was described as somewhat helpful in implementing flexible work options. However implementing the automated roster formation was considered a more effective enhancement.

55% of NSW Health PMES (2017) respondents were satisfied with their access to flexible working arrangements

Some LHDNs note opportunities for enhancing flexible working arrangement resources including contextualising the PSC resources for Health; developing tip sheets for approving work arrangement changes; illustrating reasons for flexibility (other than carer responsibilities) such as disability or family violence; highlighting planning considerations to improve patient care or the impact on other workers; and developing short case studies to guide managers. A review of existing working practices was also suggested.

A suite of resources which support flexible working practices have been developed by the Public Service Commission (PSC) and NSW Health that provide guidance on options.

The NSW Health PMES (2017) results on staff satisfaction with their ability to access and use flexible working arrangements varies across LHDNs.

3.2 Ongoing review and adjustment of the industrial relations framework

Lead: MoH (WR)

Workplace Relations (WR) note that negotiations to changes in NSW Health awards and determinations are undertaken as required and within the current scope of Government wages policy.

3.3 Improve recruitment practices

Lead: MoH (WPD), LHDNs

The *Human Capital Management (HCM)* system is being implemented to replace eRecruit to enhance the recruitment and retention processes across NSW. The design and build of the general recruitment and on boarding (ROB) modules has been completed. A pilot rollout of ROB was undertaken in eHealth and HealthShare, with the rollout to the LHDNs scheduled for 17 November 2017. The HCM requirements for the Junior Medical Officer (JMO) modules are also being progressed.



CONSIDER

Further development of resources, or the promotion of current resources in recruitment strategies and techniques

NSW Health recruits approximately 3,600 doctors from approximately 45,000 applications each year through the *JMO recruitment campaign*. Based on recommendations from a 2014 review of the JMO recruitment campaign, a JMO Recruitment Governance Unit is currently being established. LHDNs comments regarding JMO recruitment note that many of the impediments to a smooth recruitment process during the bulk annual recruitment are addressed in the JMO Review.

LHDNs were asked to comment on any local recruitment training initiatives and activities to provide *health professional managers with skills in effective recruitment*.

The LHDNs reported activities such as the provision of remote access training, MyHealthLearning training, education sessions, workshops and coaching sessions for managers. The piloting of scenario based workshops and a recruitment training toolkit were also mentioned. The LHDNs suggest that *further capability development* is required in strategic recruitment, use of behavioural interviewing and behaviourally-anchored rating scales. Additional improvements in selection techniques other than the application and interview, culling, quality referee checks, business unit planning and job analysis were also considered necessary. LHDNs anticipate that the HCM program implementation will assist these processes. Results from the NSW Health PMES (2017) suggest there is an opportunity to improve recruitment decisions.

4 Develop a collaborative health system

4.1 Strengthen linkages within and between rural and metropolitan service and professionals to facilitate opportunities for secondments, professional development and service collaboration

Lead: ACI

The ACI reported on a range of *professional development and networking* activities. These included:

- The development and implementation of a Principles of Care Toolkit to assist staff providing care for residents who live in Residential Aged Care sections of Rural Multipurpose Services (MPS). In 2017 twenty-five MPS are undertaking small scale changes, supported through capability training, coaching, networking and site support. The intended benefits include improved staff capability in providing person-centred care for residents with a focus on quality of life and lifestyle. Early results suggest the toolkit assists with comprehensive assessment and care planning, provision of a home-like environment, recreational and leisure activities and a positive dining experience.
- The delivery of training through the *ACI Centre for Healthcare Redesign* in Project Management, Implementation and Service Redesign to groups of metropolitan and rural staff. The programs vary from the Graduate Certificate in Clinical Redesign to two day programs. Strong networks formed from learning in groups endure beyond the completion of the program.

- The *Spinal Cord Injuries/Spina Bifida Pressure Injury Clinical Champions Group* continues to grow, with 52 members across 12 LHDs. Nine education days are provided each year across rural LHDs.

\$1.2 million for 60 Metropolitan Access Scholarships over 4 years

A NSW Government commitment provided \$1.2 million for 60 *Metropolitan Access Scholarships* over four years to support rural-based medical trainees to undertake metropolitan rotations as part of their training. Established in 2016 and administered by the Ministry of Health, to date 38 scholarships have been awarded, including 23 scholarships in 2017.



CONSIDER

Whether the mentoring strategy to support health professionals in rural locations remains relevant

The implementation (and evaluation) of a targeted mentoring program to support new and relocating health professionals in rural locations has been **FLAGGED** for consideration given no progress on this strategy by ACI.

The *Advanced Training in General Medicine Networks in NSW* is being established by HETI. This initiative is described in more detail in section 7.4.

4.2 Develop skills for collaboration and effective team work and support clinical teams to operate effectively as a unit

Lead: HETI, LHDNs

The *Foundations suite of resources* was implemented by HETI in the 2015-2016 financial year and the *evaluation of the resources* is due for completion in December 2017. More information about these modules can be found in section 8.2. The *team work modules* continue to be used by health professionals within LHDNs and over the past year completions have included Building Effective Teams (523); Team Work – Personalities and Flexible Team Interactions (108); and Team Work – Team Processes (90).



CONSIDER

Active promotion of the Foundation suite of resources

LHDNs report using both the HETI modules and implementing local initiatives to develop skills for collaboration and team work, for example:

- Far West Local Health District (FWLHD) described using the HETI teamwork modules as a general education tool, and one to overcome grievances in the workplace. The modules are part of the New Manager Pathway to orientate managers to workplace expectations and provide them with collaboration skills and effective support.
- Murrumbidgee Local Health District (MLHD) noted that CORE Chat training is currently being rolled out at the main facilities. Additionally, the People Management Skills Program and the Clinical Leadership Program provide information around fostering effective team work. The cultural framework for the district, based on the Studer model also provides additional resources in this space.



CONSIDER

Targeted implementation of team modules in LHDNs which demonstrate most need, based on NSW Health PMES (2017) results

The NSW Health PMES (2017) results indicate that staff generally agree their workgroup is collaborative (77%). SLHD had highest score on this question, with Ambulance NSW having lowest score on this question. However, as discussed in Section 6.1 there are opportunities for continued improvement across all LHDNs.

5 Support local decision making

5.1 Provide health professionals with the financial management skills to effectively manage services and participate in local decision making Implementation of Foundations Program across all LHDNs

Lead: HETI, LHDNs

The *Financial Management Essentials Course* (FME) enables cost centre managers to develop the knowledge and capabilities required to manage cost centres effectively and efficiently within the health environment. From initiation until 30 June 2017, a total of 4870 NSW Health employees have commenced the course, with 59% of these having completed the course. Most participants (78%) self-nominated for the course and 98% of completing participants reported they could apply what they have learnt from the course in the workplace. Feedback from LHDNs about the FME course indicates that completing participants thought the program enhanced their knowledge and capabilities in financial management. However, many staff found the time required to study was difficult to manage within their existing workloads and did not complete the course.

Some LHDN strategies which provide alternatives to, or supplement the FME course are noted below:

- HNELHD have attached a management accountant to each cost centre manager. As a result, managers have access to expert support and advice when making financial decisions within their delegation.
- Western Sydney Local Health District (WSLHD) have developed a local program for all cost centre managers (based on FME participant feedback).
- MLHD have reported supporting a culture of effective financial management through the application of the PSC Capability Framework Conduct and Performance Excellence (CAPE) system which highlights financial capabilities as a management responsibility. Conversations can occur around skilling, goal setting and KPIs. Financial management master classes are also implemented within the MLHD, connecting internal experts with managers to deep dive into MLHD processes.

HETI has implemented several new financial management skills-related programs over the past year and include 'Managing Health Resources: A Foundation', 'Effective Business Case Design' and 'Mentoring for Financial Management'.

6 Develop effective health professional managers and leaders

6.1 Implement a People Management Skills Program

Lead: HETI, LHDNs

CONSIDER

Further development of change management modules to complement HETI programs and local initiatives



Within NSW Health 817 people commenced the *People Management Skills Program* (PMSP) over the past year. The program expanded in 2017 to include the *Management Solution Series* which supports managers and leaders to gain knowledge and skills through a series of workshops such as Positively Resolving Workplace Conflict, Emotional Intelligence in Practice, Purposeful Meetings and Strategic Time Management. Within the Management Solution Series, 26 workshops were delivered to 358 NSW Health employees.

The LHDNs provided comment on the effectiveness of implementing leadership and management strategies within their LHDN:

- HNELHD noted that aligning goals, behaviours and processes through an Evidence Based Leadership model (based on the PSC Capability Framework) has resulted in consistent expectations and language for leaders, to which they can be held accountable. The LHD is also progressively mapping position descriptions to the Capability Framework to support targeted development strategies for leadership and management positions. Nursing and Midwifery have implemented the Excellence Framework and Essentials of Care across the LHD. The use of 90-Day action plans and monthly accountability meetings support accountability.

- MLHD noted that an open, consultative leadership style is important to achieving high-quality and safe patient care with evidence of cultural and engagement improvements where the leader is consultative and supportive. In some cases leadership development has not improved capability rather recruiting for the right leadership qualities has been more effective. The Studer model, an evidence based leadership framework, is applied within the LHDN.

41% of NSW Health PMES (2017) respondents felt change was well managed within their organisation

Effective change management and communication have been identified as key drivers of engagement within the NSW Health PMES (2017). The PMES results also indicate that there are opportunities for further improvement across NSW Health in effective change management, resolving grievances, managing poor performance and communication with senior managers.

6.2 Implement a leadership and management pathway for managers of health professionals

Lead: HETI, LHDNs

The implementation of the *NSW Health Leadership Program* by HETI has continued in three LHDNs over the past year and ten LHDNs were engaged in the sustainability phase of the program. The *HETI Leadership and Management Compendium* provides a comprehensive resource for managers and leaders to identify training relevant to their development needs.

All LHDNs indicated that they had planned or implemented activities to ensure *orientation and support for managers* of health professionals. Some examples of LHDN responses included:

- WSLHD provides Corporate Orientation for non-clinical and clinical staff. Managers are further supported by the Employee Journey initiative which provides training, coaching and mentoring in recruitment, orientation, induction and performance processes. Over 400 managers have participated in the program. Templates to support good practice are available online.

- MLHD recently implemented an Operations orientation and induction kit which provides managers with comprehensive information on their role, the organisation, the operations function and HR processes/systems. Other orientation and support activities include coaching and up-skilling, for example bi-monthly coaching sessions from subject matter experts.

The NSW Health PMES (2017) results indicate that around half of NSW Health employees are satisfied with the opportunities available to them for career development within their organisation. This variable is a key driver of engagement.

51% of NSW Health PMES (2017) respondents were satisfied with their career development opportunities

6.3 Select, develop and recognise clinical leaders Managers and clinicians

Lead: HETI, LHDNs

The *Senior Executive Development Program* was piloted by HETI over the past year within 11 LHDNs and included 21 participants. Participant feedback has indicated that the program met its objectives and the content was personally challenging, and relevant to both current and future career development. The participants described learning about cultural change and applying this change to the workplace as a key outcome.

Five *Leadership Quarter* events were hosted by HETI and attended by 400 participants over the past year. The events were perceived by participants as thought-provoking and relevant, enabling reflective practice and reinforcing the positive aspects of their leadership style. Topics included healthcare leadership; how talented women thrive; leading effectively across genders, generations and cultures; building effective cultures through person centred leadership; mindful, compassionate leadership and the wisdom of learning through failure.

The *Next Generation of Leaders and Managers* within NSW Health launched in 2017 with 26 people from 11 LHDNs participating, including five participants who identified as being Aboriginal or Torres Strait Islander. All participants are enrolled in the *Diploma of Leadership and Management* delivered by Sydney

TAFE. An evaluation framework has been developed by the University of Wollongong.

Some examples of local LHDN initiatives to facilitate the implementation of the leadership framework included:

- The implementation of the Studer leadership framework by FWLHD which has improved employee engagement within the organisation. Two staff are enrolled in Next Generation of Leaders and Managers program pilot.
- The application of the PSC Capability Framework by HNELHD which includes both leadership and management capabilities. HNELHD has developed generic capability profiles for management roles and mapped these to the capability framework to support individual and team development activities. Well written position descriptions including a capability profile enable the identification of capability gaps. Targeted Master Classes for manager and leaders have been implemented.
- The principles of the NSW Leadership Framework have been translated into an operational plan by Northern Sydney Local Health District (NSLHD). Leaders are guided through the process of a gap analysis, identification of learning needs and learning opportunities. Leaders are able to access coaching, supervision and mentoring.

6.4 Improve medical workforce management and leadership capability

Lead: HETI, LHDNs

Recruitment to *Medical Administration Trainee* posts has been successful with the number of trainees exceeding the quota of four on all occasions. Ten Medical Administration Trainee posts were filled successfully over the past year within a range of rural and metropolitan LHDs. A position at the HETI / Rural Doctors' Network was also filled.

The *Medical Manager Training Program* commenced in the past year and included 3 workshops. To date, 51 NSW Health Medical Managers have participated. The Leadership Development Programs LEAD and LEAP continue and were delivered to 29 participants this year.

Right People, Right Skills, Right Place

7 Recognise the value of generalist and specialist skills

7.1 Ensure support for generalist health professional career pathways and the development and utilisation of general clinical skills that align with patient needs

Lead: HETI, LHDNs, MoH (WPD)

The *HETI Rural Generalist Nurse* program was launched in 2016. The content was based on a needs analysis conducted with rural LHDs and spans mental health, paediatrics, aged care, palliative care and comprehensive assessment. Over the past year participants have completed 854 modules. Completions were highest for aged and palliative care modules. The LHDNs reported implementing a range of strategies to build generalist skills such as the employment of an Education Support Officer to take a more comprehensive approach to training; and offering professional development courses to staff such as the Hospital Skills Program, the Rural Generalist Nurse Program, First Line Emergency Care Course, Enrolled Nurse Emergency Care Course and Advanced Life Support program. SESLHD have implemented a Leading for Clinician Engagement talent stream program which enables participants within the SESLHD to access coaching to build community engagement capabilities. Other generalist initiatives are discussed in sections 7.4 and 7.5.

WPD and HETI undertake a range of scanning and research activities to inform strategies and programs to support generalist careers.

7.2 Establish a rural generalist training program and pathway for rural general practice training

Lead: HETI, LHDNs

The *NSW Rural Generalist (Medical) Training Program* (RGTP) provides a supported training pathway for junior doctors wishing to pursue a career as a rural general practitioner. It enables doctors to provide primary care in a community general practice setting as well as advanced services and/or procedural skills within a rural hospital.

Forty positions are available in 2017 spanning advanced skills training in areas such as mental health, palliative care, anaesthetics, obstetrics and emergency medicine.

Additional positions will be offered over the next two years. An evaluation of the program, due for completion later in the year is currently being conducted by Deloitte Access Economics. Western NSW Local Health District (WNSWLHD) has described local activities supporting this program (see below).

SPOTLIGHT

WNSW LHD works collaboratively with HETI to recruit to the Rural Generalist (Medical) Training Program (RGTP). Great care is taken to place trainees in appropriate facilities to ensure that they can train and practice in a supported environment. The recent appointment of a Network Director of Hospital Training is anticipated to enhance generalist program outcomes.

WNSW LHD aims to rebuild rural generalism as a career pathway for doctors. Collaboration with a range of organisations such as the Deans of Medical Schools, HETI, GP Synergy and the leads for the RGTP and Hospital Skills Program, has resulted in activities such as rewriting medical curriculum, outlining a clear rural training pathway for doctors, providing opportunities for a rural GP experience and ultimately developing a rural career pathway.

7.3 Align specialist medical workforce supply with forecast health service demand and delivery requirements

Lead: LHDNs, MoH (WPD)

A suite of workforce *modelling* activities have been undertaken and include the completion of the initial versions of the Medical, Nursing and Allied Health workforces. The second edition of the Medical Specialty workforce modelling is expected to be released in February 2018 and will span 73 specialities. The outputs of the modelling will be utilised to update the Map My Careers Website for medicine.

NSW Health is investing \$15 million over four years (2015-2019) for *60 Medical Specialty Training positions*. Each year 15 positions are identified through an expression of interest process and 30 training positions have been offered since 2015. Nine positions remain unfilled and recruitment action to fill these positions continues. The recruited positions span haematology, pain medicine, dermatology, palliative medicine, endocrinology, ophthalmology, paediatric surgery for adult general surgeons, child and adolescent psychiatry, addiction psychiatry and addiction medicine.

Two oral and maxillofacial surgery training positions have been established in Nepean Blue Mountains Local Health District (NBMLHD) and WSLHD.

7.4 Fully develop the generalist medicine training pathway for metropolitan and rural hospitals

Lead: HETI, MoH (WPD)

HETI is establishing *Advanced Training in General Medicine Networks in NSW*. The Networks will provide trainees with access to high quality clinical and educational opportunities in accredited training sites and rotations between metropolitan and regional/rural hospitals. The networks are based around a lead hospital which meets a minimum set of standards. Three hospitals currently meet this criteria and a further two hospitals are being supported to achieve this status.

Since 2012, the NSW Government has funded 23 new general medicine specialist training positions, including dual training positions. Positions have been funded in the following locations: Bathurst, Blue Mountains, Dubbo, Bankstown, Coffs Harbour, Port

Macquarie, Lismore, Wollongong, Nepean, Shellharbour, Wagga Wagga, Wyong, South East Regional Hospitals.

In addition a new general medicine specialist training position has been funded at Dubbo to commence in 2018.

The NSW Rural Generalist Training Program is a state-wide program aimed at producing doctors who are general practitioners with advanced skills able to deliver services to rural communities. The number of Rural Generalist training positions has increased from 15 in 2013 to 40 funded positions in 2017. This program is managed by HETI.

The Hospital Skills Program supports doctors who are not in a medical speciality training program to obtain a range of skills in different speciality areas including emergency medicine and psychiatry.

Each year, HETI award scholarships to doctors in training through the *Rural Scholarships Program*. These scholarships provide trainees with assistance for educational expenses associated with the continuing professional development needs of doctors in training. Over the past, year 81 scholarships were awarded.

7.5 Establish and grow a suitable generalist medical workforce for the NSW hospital system

Lead: HETI, MoH (WPD) – This strategy is **FLAGGED** for further consideration.

The *Senior Hospitalist Initiative* was established to support the growth of a highly skilled generalist medical workforce with advanced clinical leadership and care coordination skills. Funding was made available for 10 positions to provide leadership in systems and quality improvement, education and training. A review of these positions (2016) found the roles have not entirely achieved the aim of the initiatives, to improve the streamlining of the patient journey. As such the MoH is reviewing the program and funding for these roles was discontinued.



CONSIDER

Alternative initiatives supporting the generalist medical workforce

The *Master of Clinical Medicine (Leadership and Management)* is designed to develop hospital doctors to be clinical leaders. Delivered through the University of Newcastle and managed by HETI, the course provides doctors with a broad perspective on patient care and hospital management. Last financial year four scholarships were awarded through the Master of Clinical Medicine.

7.6 Establish additional rural fellowship specialist positions

Lead: ACI – This strategy is *FLAGGED* for further consideration.

ACI led the establishment of seven rural fellowship specialist positions, with funding of \$8.8M which commenced in the 2011/12 financial year. Selected LHDs were funded \$250,000 per fellow per annum to encourage the employment of newly qualified surgeons in rural hospitals. Annualised funding for these positions was provided to HNELHD, Mid North Coast (MNCLHD), NNSWLHD, Illawarra Shoalhaven Local Health District (ISLHD), SNSWLHD, WLHD and MLHD.

The positions will continue to be monitored by MOH.

7.7 Grow Nursing and Midwifery workforce in line with forecast health service demand and delivery requirements

Lead: HETI, LHDNs, MOH (WPD/NaMO)

The *nursing and midwifery workforce has increased* by 12% (from 42,195 to 47,282 FTE) between June 2012 and June 2017. Workforce modelling has been undertaken for the nursing workforce at state level for both the public and private health sectors. Modelling for Registered Nurses, Midwives and Enrolled Nurses has occurred at a State and LHDN level. Presentations to assist with workforce planning are currently being made to the LHDNs.

Enrolled Nurse Scholarships continue to be offered annually by NSW Health, with more than 1,200 scholarships being awarded over the past five years. Approximately one third of scholarships offered in 2017 were to people living in rural areas and the scholarships include employment with NSW Health on course completion. The program will be offered again in 2018. Since the introduction of the Enrolled Nurse Scholarship Program there has been an increase in the number of Enrolled Nurses employed by NSW Health.

LHDNs were asked to provide an overview of local strategies to *increase training capacity and support* for nursing and midwifery staff. All LHDNs provided examples of current or planned activities.

LHDNs noted that:

- HNELHD offer Enrolled Nurse Scholarship places across the District to maximise opportunities for participants to undertake clinical placements close to home. In addition, the majority of school based Traineeships in nursing are offered in rural and remote facilities within the district. This Grow Your Own strategy has proven to be extremely successful, with the majority of trainees continuing to TAFE or University and then returning to their community on graduation.
- FWLHD has engaged the Australian College of Nursing to provide professional development for Enrolled Nurses. Assistants in Nursing and Enrolled Nurses have access to simulation and online training. The FWLHD has employed two roving Clinical Nurse Educators to provide regular training to remote sites. Current and future training needs are identified through quarterly meetings with nursing training providers and local stakeholders. The FWLHD also aims to expand their remote relieving workforce model (Skills Exchange) to enable permanent remote service nursing staff to attend education and training to increase their knowledge, competency and skills. The FWLHD supports the recruitment of Assistants in Nursing and Enrolled Nurses as a career pathway into Nursing. The pathway employs and supports students through study leave and clinical placements.

Investment in *60 Nurse Practitioner positions* across NSW by 2019 continues, with 45 positions allocated to LHDNs to date. The remaining 15 positions will be allocated in 2018/19. The service needs analysis tool has been developed by the Nursing and Midwifery Office (NaMO) and is now available for use by LHDNs. The *Nurse Practitioner Implementation Guideline* provides health service planning, model development and evaluation advice to support the development and implementation of Nurse Practitioner roles across NSW.

SPOTLIGHT

The Primary Health Nurse Practitioner (NP) role plays a valuable part in the improvement of health care for patients within the criminal justice system, supporting a highly vulnerable patient population with complex needs. Within the Justice Health and Forensic Mental Health Network (JH&FHN) Primary and Women's Health stream, NPs complement the work of Medical Officers enhancing clinical services and reducing waiting times for clients. Employment of a NP has enabled a Remote off Site Afterhours Medical Service and increased the capacity to provide tele-health for patients at rural and remote sites throughout NSW.

A NP Multidisciplinary Support Committee has been established to govern the development of the NP role within JH&FHN. This committee identifies potential opportunities for NPs to fill service gaps and supports the development, implementation and evaluation of the NP model of care. A NP Professional Council provides professional and peer support to NPs, tailored to the custodial health care environment.

A range of activities associated with establishing and implementing Nurse Practitioner roles are reported by LHDNs. These include establishing governance mechanisms and reviewing scope of practice documents such as position descriptions, performance effectiveness and development. Identifying service gaps that could be aligned with Nurse Practitioner models of care and transitioning staff to Nurse Practitioner through further education were also mentioned.

The Nurse Practitioner roles were seen as relevant to aged care (advanced assessment and avoidable Emergency Department (ED) presentation), chronic and complex care (respiratory and cardiac focused), diabetes, ED point of care services, haematology, hepatology, palliative care, SCHN intensive care outreach service, tele-health, renal care and wound management.

As a result of national registration, a Recency of Practice standard was introduced for nurses and midwives in 2010. Since then a decreasing number of nurses and midwives have sought support to *re-enter practice after a lapsed registration*. No NSW Health scholarships were awarded in the past year.

7.8 Grow Allied Health workforce in line with forecast health service demand and delivery requirements

Lead: HETI, LHDNs, MOH (WPD)

Initial *workforce modelling* has been undertaken for nominated Allied Health Professions and the findings have been presented to the Deans of Allied Health and senior stakeholders in May 2017. Workforce horizon scanning has been completed for Podiatry, Pharmacy, Psychology, Physiotherapy and Occupational Therapy. Scanning for Social Work and the three allied health professions falling within Medical Radiation will scope the roles within these professions and identify the challenges and drivers that may influence these professions in the future.

Pre-registration funding support for 30 Radiography and Nuclear Medicine positions was extended in 2017.

LHDNs were asked about activities they had conducted to *increase the capacity for Allied Health Assistant* training within their district, with some responses highlighted below:

- CCLHD implemented a Cross Disciplinary Allied Health Assistant Training Plan in 2015-2016 to provide all Allied Health Assistants with the training they require to meet the scope of practice when working in a cross disciplinary role. An evaluation indicated that the plan was effective and well received. A group supervision model based on the reflective practice model described in the HETI Super-guide was also trialled and implemented.
- Within ISLHD Allied Health Assistant training includes face to face training sessions in Parkinson's, dementia and cardiopulmonary rehabilitation. HETI workplace learning grants have been applied to workshops in 'Conversations for Life', to equip Allied Health Assistants with strategies and skills for having critical conversations with patients who may be contemplating suicide. The implementation of competencies for Allied Health Assistants in working with people with dysphagia, check lists in basic spirometry testing, removal of casts and application of walking boots have also been applied.
- Within MLHD, Allied Health Assistants positions form part of a rehabilitation outreach program. Two Leisure and Health positions have been established at multipurpose sites (aligned with the TAFE NSW: Certificate IV in Allied Health Assistance with Leisure and Lifestyle Electives).

LHDNs also commented on the *increased availability for Allied Health Pathways* from school to professional qualifications, especially in rural areas. Some examples are included below:

- The MLHD has established an Allied Health Rural Generalist Pathway. In 2017, this included three trainee positions in physiotherapy roles that have been difficult to fill. A Senior Physiotherapist, Rural Generalist Program, was established to provide supervision and support to the trainees. Through the MLHD's Allied Health Education & Training Action Plan (2015 – 2018), organisational self-assessment has identified a gap in Allied Health Educator positions. To address this gap, senior positions with a training component will be established. The MLHD also utilises the Smart and Skilled Trainee Program through Apprenticeships Australia to support unskilled and school level entries into workforce.
- WNSWLHD is currently participating in a joint research project with the Poche Centre, part of the University of Sydney, for Indigenous Health. This has included employing five Aboriginal Allied Health Assistant cadets who are assisted financially to complete the Certificate IV in Allied Health Assistance.

The NSW government has provided \$1.3 million over four years (2015-2019), administered by the Ministry of Health and HETI, for *68 additional training positions* in allied health fields for small but critical workforces in areas such as prosthetics and orthotics, diagnostic imaging, medical physicists and radiopharmaceutical scientists (see Section 2.2).

8 Grow and support a skilled workforce

8.1 Invest in the workforce through the provision of career resources for health professionals, to ensure career plans are aligned with service needs

Lead: LHDNs, MoH (WPD)

The medical *Map My Health Career website* is regularly updated with timely statistics and video interviews with specialists. An Allied Health extension to the website is under development and due for release in October 2017. The website is located at:

<http://www.mapmycareer.health.nsw.gov.au>

8.2 Support new health practitioners in undertaking their roles in the public health system

Lead: HETI, LHDNs

The *Foundation Skills modules* are designed to support new graduates, doctors, nurses, midwives and allied health staff in their transition to NSW Health. As noted in 4.2 the Foundations modules are currently being evaluated. Whilst not mandatory, a number of LHDNs promote the Foundation modules to all new health practitioners. Completions of the Foundation modules over the past year were as follows:

- Breaking Bad News - 526
- Care Coordination - 3004
- Communicating During Challenging Situations - 489
- Conflict Resolution - 263
- Family Centred Care - 383
- Inter-professional Communication - 543
- Inter-professional Practice - 172
- Introduction to the Course - 96
- Managing Your Time - 224
- Mental Health Basics - 201
- Negotiation Skills - 416
- Person Centred Care - 3254
- Working in Culturally Diverse Contexts - 1164



CONSIDER

Opportunity to add value to a systematic approach to orientation for health professionals

Some LHDNs noted a systemic approach to orientation for health professional across their district, for example:

- It is a requirement that MyHealth Learning mandatory training is completed by all practitioners within NBMLHD. All clinical units have an orientation manual that includes sign off for mandatory training, service foundation modules, generic and specific competency skills assessments. An on-boarding Toolkit and Checklist prompt the completion of relevant mandatory training. This is monitored and actioned by managers on an ongoing basis and a monthly performance report requirement.
- WNSWLHD have an extensive Transition to Professional Practice program for new graduate Registered Nurses and Registered Midwives which includes mentoring, support, debriefing, mandatory education, skills development, competency assessment and study days. Dedicated resources, through the implementation of new positions within the LHD, provide staff with orientation assistance. For example a Clinical Nurse Educator Transition to Rural & Remote nursing has been employed to support and up-skill nurses relocating from metropolitan facilities or overseas. In addition to the week-long orientation as per the HETI / NSW Health guidelines, WNSWLHD has developed its own orientation program.

The NSW Health PMES (2017) results indicate that employees report they understand what is expected of them to do well in their role (91%). However fewer employees reported receiving the support they needed to do their best (64%) or appropriate training and development to do their job well (68%).



CONSIDER

What else is required to better equip staff to do their job well

8.3 Ensure that the skills of non-specialist health professionals are maintained

Lead: HETI, LHDNs

The *Hospital Skills Program* provides continuing professional development for non-specialist doctors working in NSW Health. Over the past year, HETI reported that 1,014 doctors participated in the Hospital Skills Program across 10 networks.

LHDNs were asked to describe activities undertaken to ensure that non-specialist medical practitioners had access to ongoing professional development.

They noted a range of activities including:

- Mandatory training reviews are conducted within the CCLHD to ensure that medical officers have undertaken and maintained the necessary clinical training (such as Basic Life Support). Participation in resident medical officer education days (protected teaching held five times per year) is provided. Encouragement is also provided to participate in the Hospital Skills Program, Surgical Skills Program, Clinical Leadership Program, Health Leadership Program and Teaching on the Run.
- MLHD reported that a range of workshops are provided to staff at various locations including Advanced Life Support, Ultrasound, Multidisciplinary Burns, Respiratory Management and Stroke Management. Skills for non-specialists are maintained through on-site education provided by visiting educators. Grand Rounds, education on topics such as medico-legal, ENT, Trauma, HRT and OH&S, simulation courses and department specific in-services are also offered.

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

Lead: HETI, LHDNs

The *HETI Governance Guide* provides best practice guidelines for the establishment of systems of governance for allied health education and training within NSW Health. To assist with implementation, a local tool kit was developed.

Some examples of initiatives implemented by the LHDNs included:

- Reviewing the scope of practice and skills required for rural allied health positions within FWLHD. Activities such as developing position descriptions, core competencies for management, clinical leadership pathways, succession planning reviews and career progression needs within FWLHD are also occurring. FWLHD is also providing relevant IT training for allied health team to ensure efficient service delivery is underway.
- Within ISLHD, the Governance Guide prompted the planning of the Allied Health Education and Training Showcase to be delivered late 2017, illustrating innovative training modalities and resource/tools for Allied Health staff to incorporate into their professional development activities.

To date 95 of the proposed 180 specialised nursing and midwifery positions have been allocated, with the remaining 85 positions to be allocated over the next two years. Over the past year, 50 specialised nursing and midwifery positions were allocated to LHDNs including Clinical Nurse/ Midwifery Educators (30), Clinical Nurse Consultants (5), Clinical Midwifery Consultants (5) and Mental Health Clinical Nurse Educators (10).

The HETI *Workplace Learning Grants* program provides financial support to groups of allied health professionals or assistants, seeking to develop their knowledge and skills through workplace learning opportunities. Eligible teams are able to apply for one-off grants of up to \$4,000 to support access to these workplace learning opportunities. Over the past year, 199 grants were delivered to teams across NSW from 16 LHDNs. The Workplace Learning Grants Program will be evaluated in 2017.

The *Empowering the Educator* suite of training modules consists of eleven modules which were implemented in June 2016.

The completion rates over the year were as follows:

- Adult Learning Theories & Principles – 158
- Assessing Others – 243
- Assessing Others Part 2 – 161
- Assessing Others Part 3 – 129
- Empowering All to Educate – 97
- Empowering the Educator: Capability Framework Self-Assessment – 70
- Engaging and Motivating Learners – 65
- Evaluating Education and Training – 48
- Exploring Education Delivery Methods – 35
- Facilitating for Learner Success – 47
- Getting Started with eLearning Design – 9

Six Connected Teaching and Learning Webinars were delivered over the past year and attended by 377 health professionals from nursing, midwifery and allied health disciplines.

CONSIDER

Further promotion of the role of clinical supervision in empowering and engaging staff, and enhancing the quality and safety of patient care



The *Clinical Supervision Training Space* continues to be maintained by HETI since the federally funded program closed in June 2016. Over the past year there were 380 completions of the self-assessment tool and 7,200 visitors to the training space. The site hosts 183 resources related to clinical supervision. In 2016-17, HETI undertook a research project into the impact of the Clinical Supervision for Allied Health Professionals training package, on the supervision practices of allied health professionals. The findings will be used to improve the training.

8.5 Improve access to education and continuing professional development across the NSW Health system

Lead: HETI, LHDNs

The state-wide *Simulation Learning Environment* (SLE) Advisory Committee supports the informal NSW Health community of practice and met four times during 2016-2017. The Mobile Simulation Centre visited five LHDNs over the past year and trained 680 health professionals from varying disciplines including nursing, medicine, allied health and para-medicine. The Emergency Masterclass was delivered to 61 staff from five rural sites, with feedback remaining positive. A Perinatal Masterclass for non-birthing sites was developed and delivered to 13 paramedics.

CONSIDER

Broader application of SLE



The NHET-Sim Program is a free nationwide training program for healthcare professionals aimed at improving clinical training capacity and consists of workshops and e-learning modules on simulation-based education. The course continues to be recognised as appropriate for NSW Health staff. Over the past year, HETI provided two face to face workshops for the practical component of the course and supported four staff to attend a NHET-Sim faculty update. The *Health Simulation Educator Professional Learning Pathway*, which supports the *Empowering the Educator Framework*, is being revised after feedback from key stakeholders.

Some feedback provided by LHDNs on simulation learning is provided below:

- The HNELHD Simulation Centre based at John Hunter Hospital delivers training to approximately 4,000 healthcare professionals each year and is one of the busiest and longest running simulation centres in Australia. Simulation based education enables participants to develop clinical, teamwork and non-technical skills, and teams to 'rehearse' in simulated challenging situations.

- MLHD has the RivSim Mobile Simulation Van and access to simulation equipment at the Rural Medical School's campus of both the Wagga Wagga Rural Referral Hospital and, for targeted education at Charles Sturt University. The Sister Alison Bush Bus, a mobile simulation centre, is booked between September and December 2017 and travels to 6 primary sites across the MLHD. Many of the Clinical Nurse/Midwife Consultants have their own simulation equipment for education purposes. The appointment of a Director of Education and Training in 2015 has assisted with better co-ordination of educational activities with HETI and MoH.



CONSIDER

Expansion of opportunities for blended learning to enhance training resources

MyHealth Learning has been fully implemented across the LHDNs. EHealth is leading the role out of the *Performance Management* component of *MyHealth Learning* and HETI continues to host the learning content.

Some comments from the LHDNs on *MyHealth Learning* are provided below:

- Within the NSLHD *MyHealth Learning* is fully implemented online and recent improvements in the functionality and quality of the online education have resulted in greater accessibility, ease of use and navigation. Blended learning continues to be valuable. Regular reviews of user feedback will continue to enhance the e-learning resources. There is a range of non-mandated eLearning modules which are useful for individual professional development or mapped to local workshops and learning pathways. It is more useful in the foundational space.



CONSIDER

Improvements to the quality and consistency of *MyHealth Learning* reports

- Within the ISLHD *MyHealth Learning* is excellent for tracking compliance of mandatory training as all health staff are enabled to either complete the modules individually or as groups. Reports can be generated to give managers and executives visibility of compliance. However the compliance reports can be confusing and require further improvements to enhance usability and the quality of the data.

8.6 Develop effective clinical, professional and social support and incentives for rural employment

Lead: LHDNs, MoH (WPD/WR)

LHDNs were asked to describe activities they had undertaken to *support the attraction and retention of health professionals in rural districts*. Some responses included:

- FWLHD works closely with the Broken Hill City Council and other local government departments to seek employment opportunities for the spouses of staff. The FWLHD also collaborates with Departments such as Family and Communities and Education and Communities to expand health professional teams and collegiate support. Strategies to welcome staff and their families who have relocated to the District include engaging community groups to orientate new staff and their families to town and partnering with local agencies around community engagement programs.
- WNSWLHD have implemented a range of activities including marketing health roles through education providers and the development of incentives. Collaborative partnerships exist with the Western NSW Primary Health Network, Bila Muuji, Local Councils and the University (through Regional Training Hubs). The WNSWLHD Country Careers Co-Ordinator is responsible for liaising with newly appointed medical staff to assist them with the transition to their new location. This includes providing information on local services and community groups.

8.7 Support the rural Midwifery workforce

Lead: MoH (NAMO)

The *Rural Postgraduate Midwifery Student Scholarship Initiative* was evaluated by the SAX Institute in 2015. Results indicate that all scholarship recipients gained registration as a midwife with the large majority (80-90%) employed in the rural maternity unit. The Initiative was perceived as a valuable strategy to both 'grow your own' workforce and enhance the sustainability of the midwifery workforce in rural NSW. This initiative has been continued in 2016/17 with a further 10 scholarships funded.

8.8 Create opportunities for entry level Aboriginal health professionals

Lead: HETI, MoH (WPD/ NAMO/ Centre for Oral Health Strategy)

Aboriginal Nursing and Midwifery Cadetships provide opportunities for Aboriginal people to gain education and employment in the field of nursing and midwifery. The cadetships provide financial assistance and support for Aboriginal people enrolled in either nursing or midwifery studies. Ongoing employment is offered on successful completion of studies. Currently 69 cadets are enrolled in the program. A total of 133 cadets have graduated since the program's inception including 78 cadets graduating since 2012.

The *Aboriginal Allied Health Cadetship Program* aims to increase the number of Aboriginal allied health professionals working within NSW Health. Cadetship positions are offered to Aboriginal people living in NSW who are studying, or intending to study an allied health undergraduate degree while being employed in a NSW Public Health facility. The program aims for 20 cadetships per annum. Ten cadetships were awarded in 2016/17.



CONSIDER

Alignment of targets with the priorities in the Aboriginal Workforce Strategic Framework

The *Aboriginal Medical Workforce Recruitment Pathway* aims to promote the success of Aboriginal medical graduates in the NSW health workforce by recruiting Aboriginal people to prevocational training positions in a rural preferential hospital or prevocational training network of their choice.

Applications for the 2018 intake were reviewed in June this year and 22 offers were accepted.

The *Aboriginal Dental Assistant Program* aims to increase the proportion of Aboriginal people in the public sector oral health workforce. In 2015 the NSW government made a commitment of \$1m for 96 additional Aboriginal dental assistant traineeships in the rural public sector and Aboriginal Medical Services over four years to 2019. To date the program has been very successful with 46 students graduating in 2016 with either a Certificate III in Dental Assisting (39 people) or a Radiology Certificate (7 people).

This year 28 students are enrolled in Certificate III in Dental Assisting (20 people) and Radiology (8 people). An intake of 32 students is planned for 2018 and will be advertised in late 2017.

8.9 Develop the role of registered Aboriginal Health Practitioners for NSW Health

Lead: MoH (WPD)

As at June 2017 Aboriginal employment in NSW Health remains at 2.5% (3,103 employees) and includes 93 doctors, 793 nurses, 376 Aboriginal Health Workers and 7 Aboriginal Health Practitioners.

The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016 – 2020 aims to support LHDNs to grow and develop the Aboriginal workforce. The workforce development priorities and actions within the framework include themes such as building cultural understanding and respect, attracting, recruiting, developing the capability of and retaining Aboriginal staff.

The *Aboriginal Health Worker Guidelines* have been developed to provide a framework for supporting Aboriginal Health Workers and Aboriginal Health Practitioners within NSW Health. 19 workshops (one Sydney workshop hosted 3 SHNs) across NSW were conducted to assist health services to better understand the roles of Aboriginal Health Workers and Aboriginal Health Practitioners and how best to utilise their skills and expertise.

LHDNs developed plans for the Aboriginal Health Worker and Aboriginal Health Practitioner as a result of these workshops. There was also a pilot workshop with ISHLHD and a Train the Trainer day held for the Managers Aboriginal Workforce Development.

8.10 Support the Paramedic workforce

Lead: NSW Ambulance

The enhancement for an additional 53 paramedics have been recruited and filled. The 35 paramedic specialists have been located based on their position, and area of need which were identified through workforce forecasts and plans. The 18 retrieval paramedic positions are located at the aeromedical bases in Lismore, Bankstown, Tamworth, Newcastle, Wollongong and Orange. The NSW Health PMES (2017) results suggest more work is required to support the paramedic workforce who are proud of their work and supported by their team but rate their organisation poorly on many indicators.

\$15.8 million for an additional 53 paramedic staff

9 Effective use of our health care workforce

9.1 Ensure that models of care take an evidence based approach to efficient utilisation of the health care workforce

Lead: ACI, LHDNs, MoH (WPD)

The ACI *Patient Reported Measures Program* continues to lead the co-design and implementation of Patient Reported Measures (PRMs) across NSW. As a key enabler of the NSW Health Integrated Care Strategy, PRMs enable patients to provide direct, timely feedback about their health related outcomes and experiences. The results are used to drive improved shared decision making, appropriate care, treatment, referrals and service delivery. The PRMs Program is supporting 11 Proof of Concept Sites (geographic regions) across LHDNs through the development of a suite of resources. A formative evaluation of the PRM program has been completed which assessed the program design, early implementation and early outcomes.



CONSIDER

The role of CEC and ACI in the link between models of care and the health care workforce

The ACI has advised that when implementing ACI models of care, LHDNs are responsible for workforce design. Some examples of LHDN comments on how models of care incorporate workforce design are highlighted below:

- The CCLHD utilises the ACI clinical redesign methodology to undertake patient focussed redesign and innovation projects. The Solution step in the methodology allows consideration of workforce design including supporting management to have the skills and tools they need for implementation. The methodology also guides the user through the workforce planning process when reviewing models of care. The Clinical Redesign Manager guides the projects to ensure recommendations and outcomes are evidence based.

The *Excellence and Innovation in Healthcare Portal* is a joint initiative of the ACI and the Clinical Excellence Commission (CEC) and provides a centralised hub for resources. The site was evaluated in 2015 with recommendations for improvement centred around governance, context, usability and identity (<http://www.eih.health.nsw.gov.au>).

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

Lead: LHDNs, MoH (Health and Social Policy)

Several LHDNs referenced implementation of the Midwifery Group Practice models of care, which demonstrate improved clinical outcomes for women and babies, reduce the rate of prematurity and the level of interventions in birth with improved maternal satisfaction rates.

Other models of care for maternal services which were mentioned included women centred care best practice models of care such as GP shared care, outreach maternity services, midwifery clinics, home-birthing models and Aboriginal Maternity Services and Family Care midwives for women with vulnerabilities.

9.3 Development of state-wide guidelines and system to assist with effective Health Professional Credentialing and appointment scope of practice

Lead: MoH (WPD)

The MoH and eHealth have completed the roll out of an *online credentialing system* to assist LHDNs to manage their credentialing processes for senior medical and dental officers. The NSW Health Scope of Practice Unit is progressively developing model scope of clinical practice documents for all recognised medical specialties, with an expected completion date of end 2018.

9.4 Ensure that the registration of health professionals meets the needs of NSW Health

Lead: MoH (WPD)

The National Registration and Accreditation Scheme (NRAS) for health practitioners commenced in 2010. NSW Health is represented on various committees overseeing reforms to the NRAS. Recent progress includes:

- the registration of paramedics under the NRAS
- legislation to implement the first tranche of NRAS review recommendations
- the completion of a review by AHPRA and jurisdictions on the governance of the NRAS, and
- the completion of an independent review on accreditation arrangements under the NRAS.

9.5 Effectively use Clinical Support Officers as a ward/unit based resource

Lead: MoH (NaMO/ WPD)

Districts report that Clinical Support Officers provide highly valued administrative, secretarial and transactional services for clinical staff and managers on designated wards and units, releasing staff to focus on providing patient care.



Conclusion and Next Steps

The information provided by NSW Health organisations for reporting against the Year 5 targets of the Plan indicates that implementation is largely on track, although some strategies have lost momentum or need to be reshaped. The findings of this report will inform a mid-term review which will assess whether the Plan was implemented as intended, whether it remains contemporary and whether it reflects emerging strategic priorities. Serious consideration will be given to setting realistic but aspirational targets for the next 5 years in workforce development. It is anticipated that the revised Plan will be drafted by mid-2018.



APPENDIX A

Health Professionals Workforce Plan Strategies, Goals and Actions to consider

| | | Flagged ¹ | Actions for Consideration |
|------------------------------------|---|----------------------|--|
| Stabilising The Foundations | | | |
| 2.1 | Integrate workforce planning with local service and facility planning | | |
| | <ul style="list-style-type: none"> LHDN plans effectively and regularly identify workforce requirements | | <ul style="list-style-type: none"> Capability development in workforce planning across LHDNs |
| 2.2 | Ensure planning for small but critical workforces | | |
| | <ul style="list-style-type: none"> Implementation of the actions identified in the action plans Monitoring of workforce numbers used to determine effectiveness of implementation | | |
| 2.3 | Ensure availability and access to workforce data | | |
| | <ul style="list-style-type: none"> Establishment of on-line access to workforce reporting dashboard | | <ul style="list-style-type: none"> Enhancements to the dashboards which enable LHDNs to produce tailor information and ad hoc reports |

¹ All Strategies are on track other than those marked as flagged for consideration



| Building Blocks | | | |
|-----------------|--|---------|---|
| 3.1 | Support flexible work arrangements that meet patient needs | | |
| | <ul style="list-style-type: none"> Information and tools available to assist health managers effectively implement and manage flexible work practices in the local operating environment | | |
| 3.2 | Ongoing review and adjustment of the industrial relations framework | | |
| | <ul style="list-style-type: none"> Negotiate changes to Awards consistent with Government wages policy to support priority workforce reforms | | |
| 3.3 | Improve recruitment practices | | |
| | <ul style="list-style-type: none"> 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 | | <ul style="list-style-type: none"> Further developments of resources, or promotion of existing resources in recruitment strategies and techniques |
| 4.1 | Strengthen linkages within and between rural and metropolitan services and professionals to facilitate opportunities for secondments, professional development and service collaboration | | |
| | <ul style="list-style-type: none"> Health professional networks continue to grow across rural and metropolitan districts Implement a targeted mentoring program to support new and relocating health professionals in rural locations Evaluate and adjust mentoring program to ensure outcomes support expansion of program to all rural LHDs Provide 60 Metropolitan Access Scholarships for rural-based medical trainees to support training at metropolitan hospitals by 2019 | Flagged | |
| | | Flagged | |
| 4.2 | Develop skills for collaboration and effective team work and support clinical teams to operate effectively as a unit | | |
| | <ul style="list-style-type: none"> Implementation of Foundations Program across all LHDNs Team Work modules are utilised by health professionals in LHDNs Evaluation of Foundations Program undertaken to determine the long term impact on inter-professional practice | | <ul style="list-style-type: none"> Active promotion of the Foundation suite of resources Targeted implementation of resources in the LHDNs which demonstrate most need of assistance in team work based on the NSW Health PMES (2017) results |
| 5.1 | Provide health professionals with the financial management skills to effectively manage services and participate in local decision making. | | |
| | <ul style="list-style-type: none"> 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 | | |
| 6.1 | Implement a People Management Skills Framework (PMSF) which includes health professional managers | | |
| | <ul style="list-style-type: none"> Improvement in people management capabilities as measured in workplace culture surveys and other feedback measures | | <ul style="list-style-type: none"> Development (or promotion of) change management modules to complement existing HETI programs, courses and local initiatives |
| 6.2 | Implement a Leadership and Management Pathway for managers of health professionals | | |
| | <ul style="list-style-type: none"> Managers and clinicians together undertake the NSW Health Leadership Program New managers routinely orientated and supported in their roles by senior colleagues | | |
| 6.3 | Select, develop and recognise clinical leaders | | |
| | <ul style="list-style-type: none"> Implementation of Leadership framework and programs well progressed | | |
| 6.4 | Improve medical workforce management and leadership capability | | |
| | <ul style="list-style-type: none"> 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 | | |

| Right People, Right Skills, Right Place | | | |
|---|--|---------|---|
| 7.1 | Ensure support for generalist health professional career pathways and the development and utilisation of general clinical skills that align with patient needs | | |
| | <ul style="list-style-type: none"> 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 | | |
| 7.2 | Establish a rural generalist training program and pathway for rural general practice training | | |
| | <ul style="list-style-type: none"> Further investment to provide 5 additional training places each year to achieve 50 training places per annum by 2019 | | |
| 7.3 | Align specialist medical workforce supply with forecast health service demand and delivery requirements | | |
| | <ul style="list-style-type: none"> 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 | | |
| 7.4 | Fully develop the generalist medicine training pathway for metropolitan and rural hospitals | | |
| | <ul style="list-style-type: none"> Establish a general medicine training pathway with an additional 5 general medicine training places - with 2 available as dual training pathways Professional development available to all physicians to maintain general physician rosters | | |
| 7.5 | Establish and grow a suitable generalist medical workforce for the NSW hospital system. | Flagged | |
| | <ul style="list-style-type: none"> Increased opportunities for Hospitalist employment following training in Local Health Districts/ Networks. | | <ul style="list-style-type: none"> Reallocating resources to an alternative initiative supporting the generalist medical workforce |
| 7.6 | Establish additional rural fellowship specialist positions | Flagged | |
| | <ul style="list-style-type: none"> Monitor and adjust fellowship positions to meet service need | | |
| 7.7 | Grow Nursing and Midwifery workforce in line with forecast health service demand and delivery requirements | | |
| | <ul style="list-style-type: none"> Regularly review and update workforce modelling projections for the Nursing and Midwifery workforce Nursing and midwifery staff increased by 4575 between 2012 and 2019 Increased capacity for EN and AIN training across a range of LHDNs Increased availability of local training for EN and AIN roles in rural areas Evaluation of Re-entry to Nursing Scholarships Investment to include 60 Nurse Practitioner positions across NSW in line with current LHDN priorities by 2019 Develop service analysis and Nurse Practitioner implementation frameworks Increased opportunities for Nurse Practitioner service development in areas of need, including integrated care and services in rural locations | | |
| 7.8 | Grow Allied Health workforce in line with forecast health service demand and delivery requirements | | |
| | <ul style="list-style-type: none"> 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 Provide an additional 68 training positions by 2019 in allied health fields including prosthetics and orthotics, diagnostic imaging, medical physicists and radiopharmaceutical scientists | | |

| Right People, Right Skills, Right Place | | | |
|---|--|--|---|
| 8.1 | Invest in the workforce through the provision of career resources for health professionals, to ensure career plans are aligned with service needs | | |
| | <ul style="list-style-type: none"> Implement career information and resources for health professionals to inform individual career plans Evaluation undertaken and career resources adjusted | | |
| 8.2 | Support new health practitioners in undertaking their roles in the public health system | | <ul style="list-style-type: none"> What else is required for a systematic approach to orientation for health professionals |
| | <ul style="list-style-type: none"> Foundation Modules are utilised by new health practitioners in LHDNs | | <ul style="list-style-type: none"> What else is required to better equip staff to do their job well |
| 8.3 | Ensure that the skills of non-specialist health professionals are maintained | | |
| | <ul style="list-style-type: none"> Ensure that non-specialist medical practitioners have access to ongoing professional development | | |
| 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 | | |
| | <ul style="list-style-type: none"> Framework for Allied Health clinical education provides appropriate opportunities for continuing professional development Additional investment to include 180 new specialised Nursing & 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. Develop a role of interdisciplinary clinical educators to develop a framework for education in core clinical competencies Clinical Supervision Support Program implemented, with resources available to support clinical supervisors | | <ul style="list-style-type: none"> Further promotion of the role of clinical supervision in empowering and engaging staff, and enhancing the quality and safety of patient care |
| 8.5 | Improve access to education and continuing professional development across the NSW Health system | | |
| | <ul style="list-style-type: none"> SLE governance model established Evaluate and adjust mobile simulation lab operation to ensure that professional development opportunities in rural LHDs are enhanced State-wide coordinated approach to curriculum and resource development SLE teaching skills program rolled out across NSW HETI On-line fully implemented across all LHDNs Performance management components of HETI On-line become functional within system | | <ul style="list-style-type: none"> Broader application of Simulation Learning Environments Access to Simulation Learning Environments across the State Expansion of opportunities for blended learning to enhance training resources Improvements to quality and consistency of MyHealth Learning reports |
| 8.6 | Develop effective clinical, professional and social support and incentives for rural employment | | |
| | <ul style="list-style-type: none"> Utilise information from available research to review and adjust government policies and programs Increased involvement of industry and local communities in the employment of health professionals in rural areas | | |
| 8.7 | Support the rural Midwifery workforce | | |
| | <ul style="list-style-type: none"> Evaluate impact of scholarship places and adjust program to enable sustainability of rural midwifery services | | |
| 8.8 | Create opportunities for entry level Aboriginal health professionals | | <ul style="list-style-type: none"> Alignment with the priorities in the Aboriginal Workforce Strategic Framework |
| | <ul style="list-style-type: none"> 120 Aboriginal cadetships for Nursing and Midwifery by 2017 20 Aboriginal cadetships for Allied Health Practitioners pa 4 cadetships for Medical graduates pa 96 additional traineeships available under the Aboriginal Dental Assistants in the rural public sector and Aboriginal Medical Services program by 2019. | | |

| Right People, Right Skills, Right Place | | | |
|---|--|--|--|
| 8.9 | Develop the role of registered Aboriginal Health Practitioners for NSW Health | | |
| | <ul style="list-style-type: none"> Implementation of a Recognition of Prior Learning process to enable existing NSW Health Aboriginal Health Workers to assume new Aboriginal Health Practitioner role Health professional workforce understands and supports role of AHPs in providing services | | |
| 8.10 | Support the Paramedic workforce | | |
| | <ul style="list-style-type: none"> Employ an extra 53 Paramedics, including 35 specialist Paramedics and 18 Paramedics for the Helicopter retrieval Network by 2019 | | |
| 9.1 | Ensure that models of care take an evidence based approach to efficient utilisation of the health care workforce | | <ul style="list-style-type: none"> The role of the CEC and ACI in the link between models of care and the health care workforce |
| | <ul style="list-style-type: none"> 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 | | |
| 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 | | |
| | <ul style="list-style-type: none"> Development of patient focussed models of care for maternal services supported by evidence based workforce design | | |
| 9.3 | Development of state-wide guidelines and system to assist with effective Health Professional Credentialing and appointment scope of practice | | |
| | <ul style="list-style-type: none"> Streamlined local credentialing of medical specialists across facilities utilising centralised information system Credentialing targeted to certain other health professional groups, where warranted | | |
| 9.4 | Ensure that the registration of health professionals meets the needs of NSW Health | | |
| | <ul style="list-style-type: none"> 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 | | |
| 9.5 | Effectively use Clinical Support Officers as a ward/unit based resource. | | |
| | <ul style="list-style-type: none"> An additional 120 Clinical Support Officer roles created by 2019 in line with outcomes of the evaluation | | |



