Creating workforce agility: Right task, right worker

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Background
In order to address skills shortages, increasing demands, and costs, the health workforce must be fit for purpose with the right structure across the continuum of care. These challenges suggest new models of care need to be considered to enable health services to respond effectively and flexibly to the needs of the community1,2,3.

Methods
The Victorian Assistant Workforce Model (VAWM) – allied health is a step by step guide to assistant workforce (allied health) reform. The VAWM’s goal is to build the capacity, productivity, and efficiency of the allied health workforce. The VAWM methodology is based on principles of consultation, organisational priority, and change management. The VAWM is implemented in three phases consisting of six elements which include recommended activities to support implementation of the model.

Results
In 2012-15, the VAWM methodology was implemented in three stages across 112 health services (176 sites). Participants totalled 4,357 allied health staff (3,867 Allied Health Practitioners (AHPs) and 490 Allied Health Assistants (AHAs). AHPs identified 11%-24% of time in tasks that could safely be delegated to an appropriately qualified and supervised AHA. AHPs reported high confidence in delegating clinical tasks as well as high satisfaction in utilising the AHA workforce. A key outcome of implementing the VAWM is the development of organisational strategic allied health plans to integrate the AHA workforce within health services.

Discussion
A statewide consistent approach to implementing the VAWM provides a compelling business case for clinicians, managers and policy makers to drive and sustain workforce redesign. The VAWM has been piloted across community, sub-acute and acute inpatient and outpatient settings and has shown that the model can be successfully replicated. An improved workforce structure with the right person completing the right tasks will lead to improved efficiency, service capacity and enhanced patient outcomes.

References
