

# Reshaping the Allied Health Workforce Mix – What Should it Look Like and What is the Value

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# The Mater

- **Private not for profit health service**
- **Public and Private services**
- **Acute inpatient and outpatient services**
- **Secondary & Tertiary services**



# Background

- New Allied Health classification system introduced in 2007-Increased advanced Allied Health levels
- Establishment of New Queensland Children's Hospital(QCH)- Public Paediatric Services transferred from Mater Health to QCH
- Reduction to Mater Allied Health workforce (70 FTE transferred to QCH)
- Financial issues associated with transfer of public paediatric services

# Allied Health Workforce Mix 2015

- Assistants -14%\* Included 10 (50%) Nutrition assistants
- HP3 34%
- HP4 31%
- HP5 and above 21%

# The Future of Health

- Increasing demand for services – aging population
- Increasing technology
- Funding available unable to grow at the rate of increased demand – sustainability
- Workforce trends– reducing workforce relative to aging population, lack of supply of health professionals

# Our Aim

- A **flexible and adaptable workforce responsive to service demand**
- Ensure workforce structures provide:
  - A **balanced workforce** of appropriate skill mix including use **of assistants**,
  - All staff working to top of scope
  - Supervision and support for staff, and
  - career progression opportunities**
- **Clear governance** structure to support safe and quality Allied Health services
- Models of care which:
  - Support efficient, effective and safe service delivery
  - Ensure **services are provided in the most appropriate setting**
- Allied Health structure and services are **financially sustainable**
- **Foster innovation and research into emerging** models of care

# Methodology

- Review of existing workforce roles - scope – mapping identified 30% of tasks that could be delegated to assistants
- Staff and union consultation on proposed workforce mix
- Set Workforce Mix Targets
- Review of Literature & environmental scan – emerging trends in Health & workforce
- Implementation plans over 3 years

# The Literature

The Mason report identified the need to better use nursing and allied health workforce and, specific priorities for allied health including greater multi professional education and working patterns, role development, and further development of Allied Health assistant roles.(1)



# Workforce Mix Targets

- Assistants- minimum 20%
- HP3- minimum 40%
- HP4 - maximum of 20%
- HP5 and above- maximum of 20%

# Process to achieve change in Workforce Mix

- Review of roles as they became vacant - reorganisation of work and role scope to increase Assistant & HP3 roles
- Review of models of care- Introduction of AH led services
- Staff training - delegation training as well as technical skills
- Voluntary redundancies

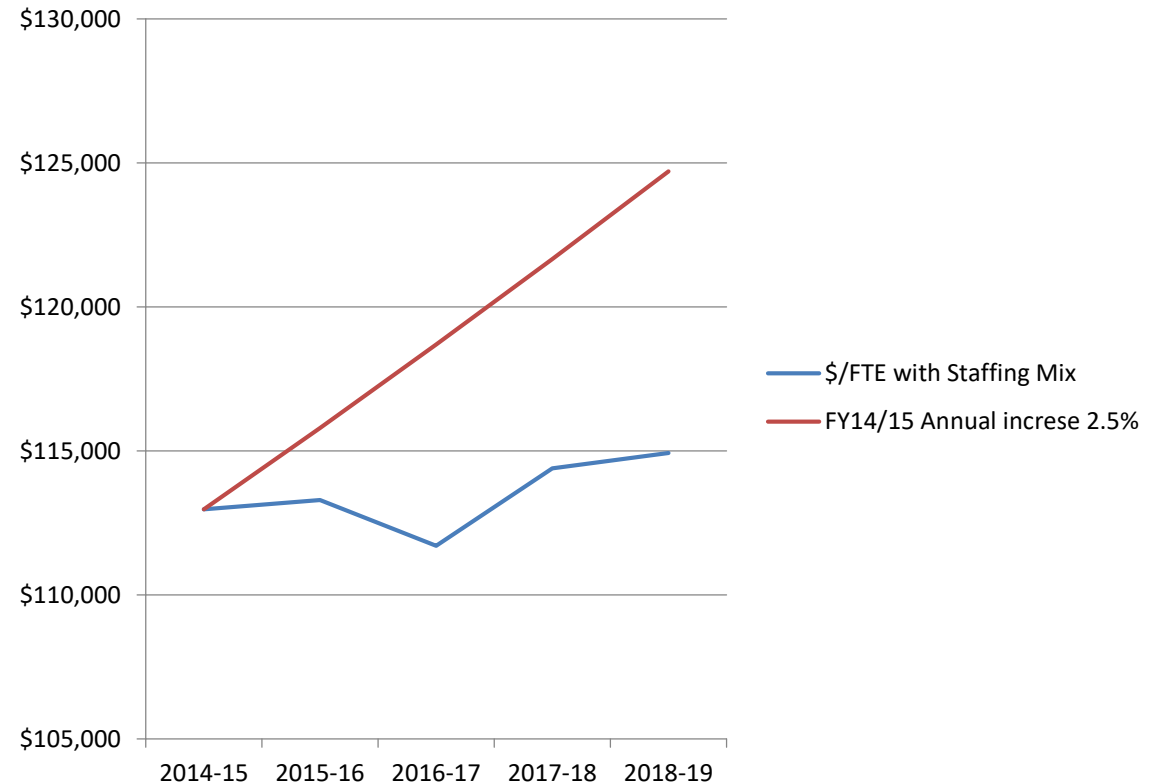
# Where are we Now

- Nutrition assistants accounted for 10FTE which are no longer within Allied Health Services - AHA's have increased in numbers from 9.5 to 15 FTE during the period.
- AH led services introduced in Physiotherapy, OT, Audiology and Speech Pathology

Level	Goal	2014	2019
Assistants	>20%	14%*	13%
HP3	>40%	34%	44%
HP4	<20%	31%	25%
HP5 and above	<20%	21%	18%

# Benefits

- Financial sustainability
- Increased number of patients seen -20%
- Time per patient attendance remained the same



# Challenges

- Consistent delegation of tasks to assistants
- Uniqueness of Assistant roles & availability of trained Assistants- significant on the job training
- Reduced opportunity for career progression
- Expanded scope of practice
  - Allied Health and medical clinician resistance to change,
  - time for redesign of complex systems

# The Future

- **Workforce trends**
  - 1 in 5 people will be over 65 by 2050 – was 1 in 15
  - By 2030 global demand for Health workers will rise to 80 million, double the 2013 stock of health workers. worldwide net shortage of 15 million health workers.(2)
- **Models of care**
  - Two main factors will shift health care:
    - Seamless services away from centre based care with a focus on prevention & early intervention and
    - Individualised care within a persons own ecosystem with greater impact from the person themselves – use of telehealth, wearables, sending and receiving of information to inform them of intervention required and promote healthy behaviours and sustained behavioural change. (3)
- **Technology**
  - 200 new apps every day related to health. (3)

# What next for the Mater

- **Workforce**

- **AHA growth strategy**

- Consistent delegation
  - Role review, increase scope
  - Multidisciplinary assistants
  - Assistant capability & engagement
- **Optimising the utilisation of our workforce**
  - Unpaid Workforce - Students and Volunteers
  - AH Clinical leads working to top of scope

- **Models of Care**

- AH led services
- Increased use of technology for services to be provided in home

## References

1. The Mason Review of Government Health Workforce Programme (April 2013)
2. “Global Health workforce Labour market projections for 2030” by Jenny x. Liu et al – Human Resources for Health, February 2017
3. Health and Healthcare in the Fourth Industrial Revolution Global Future Council on the Future of Health and Healthcare 2016-2018, April 2019, World Economic



Thank you