

## NSW HEALTH

### HEALTH PROFESSIONAL WORKFORCE PLAN REFRESH - CONSULTATION SUMMARY REPORT

Refresh Phase 1 – Report of the current state, emerging drivers and trends impacting on the workforce in the future

August 2019



#### *Disclaimer*

*The NSW Ministry of Health commissioned Nous Group to prepare this consultation report. This report does not reflect the views of the NSW Ministry of Health or indicate the Ministry's endorsement or commitment to particular course of actions. The information in this report may share some similarities with other key strategies and plans currently under development at the NSW Ministry of Health.*

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# EXECUTIVE SUMMARY

## The context: *The need for a plan that can be a catalyst for transforming the NSW Health workforce*

*The NSW Ministry of Health has committed to refreshing the Health Professionals Workforce Plan (HPWP) to ensure that NSW has the right people delivering the right care at the right time at the right place. This consultation report is key to inform the development phase of a refreshed HPWP.*

Given the scale and pace of environmental change, and the growing pressures being placed on public health systems to do things differently and better, the Workforce Planning and Talent Development (WPTD) Branch engaged Nous Group to co-design and co-facilitate an intensive consultation process with key stakeholders in the NSW Health System to identify system priorities of the health workforce for the next five to ten years to inform the development of the refreshed Workforce Plan.

Stakeholders were invited to share their insights and opinions to shape the health workforce in NSW for the next 10 years. From November 2018 to July 2019, more than 200 participants from across NSW Health were represented, with participation from both management and frontline staff. Consultation included four roundtable events, one of which had a specific Rural and Remote focus, nine in-depth interviews with key leaders in the organisation, and a survey for frontline managers and team leaders from different discipline networks.

During the consultation, stakeholders recognised that significant workforce reforms occurred since the launch of the HPWP in 2012. They also expressed enthusiasm for a refreshed Health Workforce Plan. They appreciated the potential of an updated Plan to be a catalyst for transforming the NSW Health workforce.

The four key themes (right) which underpinned the discussions, and form the framework for this consultation summary are holistic and focused at the system level rather than on workforce specifically. Feedback from participants and key system stakeholders has confirmed that the messages emerging are current, relevant and reflective of the complex and comprehensive health system, as well as aligned to other important system-level thinking which is underway.

Four overarching macro trends were identified, and used to organise the consultation and the resulting messages

1  
Changing population health needs

2  
Increasing expectations

3  
Rapid technology advances

4  
Redefining work, the workplace and workforces

## Where to from here: *A collaborative development phase*

*This report demonstrates an urgent 'call to action' and echoes the need for an agile and up-to-date Health Workforce Plan to ensure the workforce thrives now and into the future.* The next steps will include:

- Designing, validating and agreeing on a vision for the workforce of 2030 and beyond.
- Using the three tenets of the original workforce plan, designing a 2-3 year action plan, with key deliverables that addresses key immediate needs, and sets NSW Health to deliver on the 2030 vision for the workforce.



# EXECUTIVE SUMMARY

The consultation process which this report summarises was both broad and deep. Through this engagement, key themes and reform ideas were identified, along with a number of critical system-level unlockers which will be instrumental in achieving progress. Below is a snapshot of the messages and ideas emerging from the consultation

## Key themes and reform ideas identified through consultations (Page 12)

### A broad and deep consultation process (Page 7)

The HPWP Refresh consultations brought together participants from policy-makers and funders to clinicians and educators from across NSW, in a process which harnessed open discussion and debate, elicited rich insights and established system-wide momentum and engagement for change.

 **4** roundtable events  
**129** participants

 **92** online survey responses

 **9** subject-matter expert interviews

 **State-wide engagement, including one event with a Rural & Remote focus**

Informed by

<p><b>1</b></p> <p>Changing population health needs</p>	<p><b>1</b> <b>Changing population health needs and emerging models of care require new ways of working across the health workforce</b></p> <ul style="list-style-type: none"> <li>Focus on prevention, social determinants of health and early intervention</li> <li>Greater integration of services and use of multidisciplinary team approaches</li> <li>Collaboration between health, not for profits, other government agencies, and the private sector</li> <li>Core competencies in growing health needs</li> </ul>
<p><b>2</b></p> <p>Increasing expectations</p>	<p><b>2</b> <b>Community and consumer needs must inform and guide the way the health workforce plans and delivers services</b></p> <ul style="list-style-type: none"> <li>New capabilities and roles reflective of community health needs</li> <li>Capability to engage consumers in co-design of health system, service and facility planning</li> </ul>
<p><b>3</b></p> <p>Rapid technology advances</p>	<p><b>3</b> <b>Rapid data and technology advances change what is possible in health, and significant workforce development is required to harness those opportunities</b></p> <ul style="list-style-type: none"> <li>Alignment between the workforce, consumer expectations and technology</li> <li>Enhanced workforce understanding, confidence and capability in digital health and data analytics</li> <li>New specialised roles and up/re-skilled workforce groups</li> <li>Digitally capable workforce</li> </ul>
<p><b>4</b></p> <p>Redefining work, the workplace and workforces</p>	<p><b>4.1</b> <b>Leadership capability and positive workplace culture must be prioritised to enable workforce success</b></p> <ul style="list-style-type: none"> <li>Engaging, energising and empowering workplace cultures</li> <li>Interdisciplinary teamwork</li> <li>System-wide leadership and contemporary talent development</li> </ul> <p><b>4.2</b> <b>New pathways to professional practice are needed to enable new and flexible roles and teams</b></p> <ul style="list-style-type: none"> <li>New roles and team structures</li> <li>Modern award structures</li> <li>Interdisciplinary professional pathways</li> </ul> <p><b>4.3</b> <b>Education and training needs to refocus around new and emerging skills and be delivered in a way that aligns with workforce needs and learning styles</b></p> <ul style="list-style-type: none"> <li>Expanded skills and capabilities ensure future work readiness</li> <li>Education and training supports lifelong learning and career mobility</li> </ul>

Dependent on

### Critical system unlockers (Page 10)

Across consultations, a consistent set of key system-wide barriers were identified, and were recognised as significantly inhibiting workforce progress. Addressing and 'unlocking' these barriers would open the doors for substantial progress across all of the themes raised in consultations.

-  **Develop and embed a clear vision for a holistic, connected, and patient centred future health system**
-  **Invest in the development of accessible and accurate state-wide workforce data**
-  **Implement cross-profession governance systems and structures which enable collaboration and flexibility**
-  **Modernise the industrial awards to enable a fit-for-purpose workforce and new care delivery models**
-  **Reform structures and funding mechanisms to support place-based approaches to health, including cross-sector, cross-agency collaboration**
-  **Develop the vision, infrastructure and capability to fully leverage technology built around a single user-friendly digital platform**

# Context

## Framing the HPWP Refresh and the consultation process



# CONTEXT | Purpose of the Refresh of the Health Professionals Workforce Plan

Developing a health workforce that is designed to be fit for purpose, with the capability to deliver the right skills in the right place and time, is essential to overcome challenges of Australia's rapidly changing healthcare system (*see overleaf for the new and emerging drivers which will impact the way health care is delivered now and into the future*). Released in September 2012, the Health Professionals Workforce Plan 2012-2022 (HPWP) has had an important role in shaping a fit for purpose health workforce of the future – one that is agile, nimble and value focused. The HPWP guides investment by the NSW Government into the health workforce, with a total of \$12.4 million provided each year to support the delivery of the HPWP.

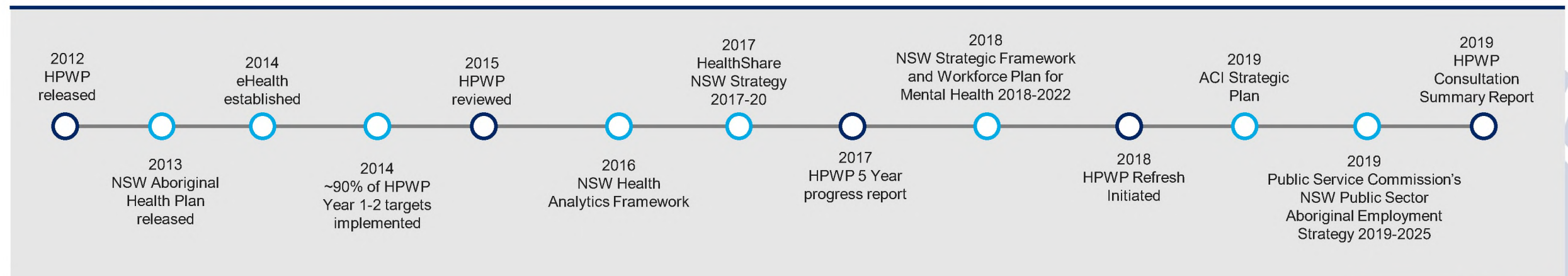
The growing and exponential pace of change in the system creates the need to review and refresh the plan to ensure its ongoing relevance in the dynamic health landscape. The HPWP was revised in 2015 to reflect the changes in NSW health system; it is now in need of a refresh. The HPWP Refresh aims to ensure that NSW Health continues to work towards achieving a fit for purpose workforce by 2030. The Refresh Project will take a staged process starting with this current state and emerging drivers report with a view to update, contemporise and strengthen its focus on emerging trends and drivers expected to impact health professionals, now and in the future.

The future HPWP aspires to achieve a strong, seamless connection between the NSW Health environment, and the strategic, tactical and operational initiatives for the health workforce to enable the right people, in the right place at the right time. Ensuring NSW trains, recruits and retains the health workforce is vital to achieving health and wider development objectives in the next decade.

The Refresh is not intended to be a retrospective review of the Plan, but provides the opportunity to update the HPWP to strengthen its focus on:

- ▶ providing a 'fit for purpose' workforce to deliver a 21<sup>st</sup> century health system for the people of NSW.
- ▶ building targets and strategies on the three-part strategic framework: *Stabilising the Foundations; Building Blocks; and Right People, Right Skills and Right Place*.
- ▶ developing targets around the Three Blocks and the Nine Guiding Principles, as outlined in the existing Health Professionals Workforce Plan 2012 – 2022.
- ▶ supporting rural, regional and remote areas of NSW.

## Timeline showing HPWP progress and other key system events



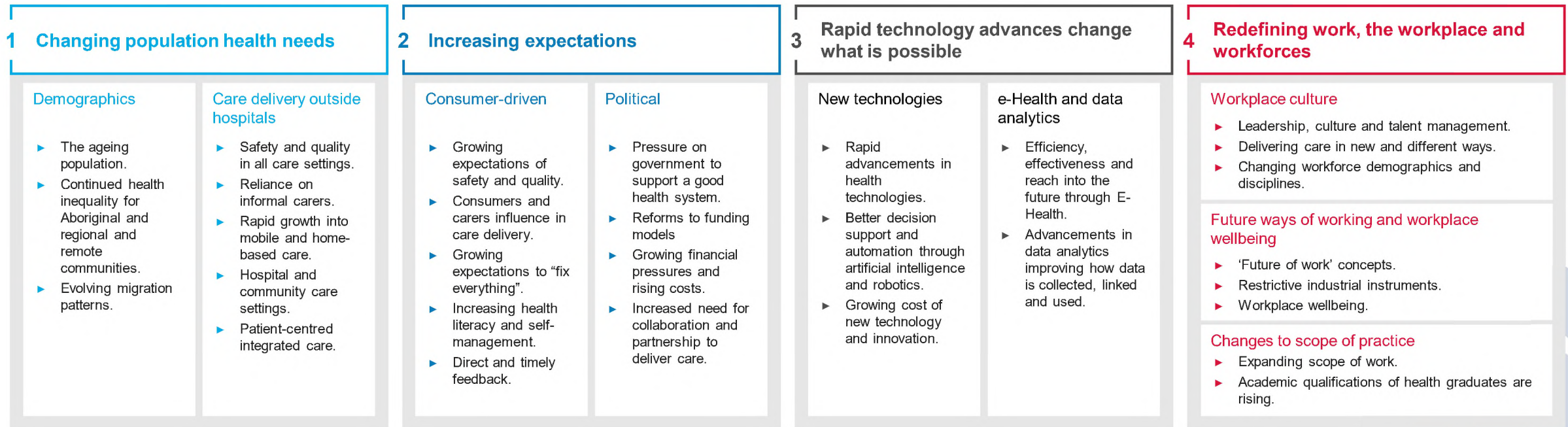
# CONTEXT | The changing health system

Health systems worldwide are having to adapt to best serve consumer and community health needs within an ever-changing external environment. The NSW Health operating context is complex, with varying pressures from evolving population health needs, consumer and funder expectations, advances in technology, and changing workforce and workplace expectations. The refreshed HPWP will operate in this dynamic environment and must reflect and address these changes through robust workforce strategies.

The key macro trends and change drivers that are expected to impact the health workforce and the health system more broadly to 2030 are summarised below. These were explored in detail in a Discussion Paper, which provided a framework upon which sector input was sought for the HPWP Refresh consultations. Attendees were provided with the Discussion Paper in advance, and asked to consider the implications of these trends and drivers for further discussion at the various consultations.

It is important to note that there was clear overlap in the ideas and observations raised across many of the change drivers, reflective of the multifaceted and interlinked nature of the NSW health system and its workforce. As such, the emerging themes outlined in this report cut across multiple change drivers.

## Macro trends and change drivers projected to impact the health professionals workforce of 2030



# CONTEXT | The consultation approach

Given the scale and pace of environmental change, and the growing pressures being placed on public health systems to do things differently and better, WPTD Branch initiated an intensive process of sector engagement around the future of the Health Professional Workforce Plan. Through a mix of interviews, a survey, and roundtable events, this consultation process was deeper and broader than ever before. The bringing together of participants from policy-makers and funders to clinicians and educators from across NSW, in a process which harnessed open discussion and debate, has elicited rich insights as well as establishing a system-wide momentum for change.

*A system-wide consultation effort, eliciting deep and rich insights and momentum for change*

From November 2018 to July 2019, the consultation process combined four key elements:

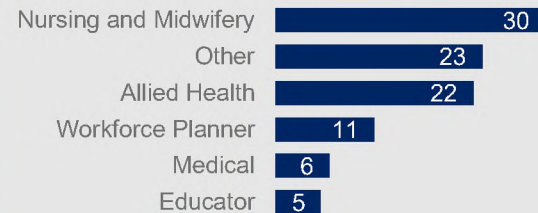
### Advisory Steering Group (ASG)

This group was established to advise and oversee the project. It is comprised of nine senior representatives from across the system, including:

- Ministry of Health
- Local Health Districts (LHD)
- Mental Health
- eHealth
- Health Education and Training Institute

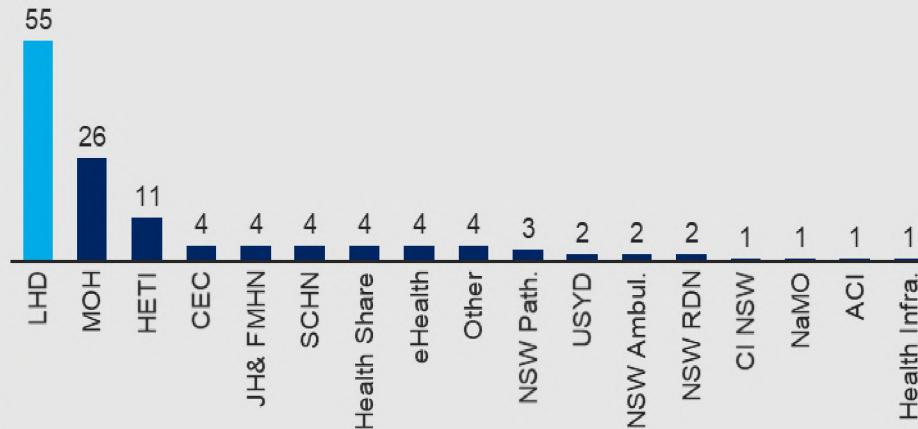
### Online survey – NSW Health

97 responses, all LHDs represented.



### Roundtable events

129 participants attended across four events, one with a specific rural and remote emphasis. Each event was attended by a mix of participants from across the system, with all LHDs represented.



### Subject Matter Expert (SME) interviews

Nine participants

- ▶ Annette Solman, Chief Executive, HETI
- ▶ Farhoud Salimi, Director Corporate IT, eHealth NSW
- ▶ Tania Skippen, Deputy Commissioner, Mental Health Commission of NSW
- ▶ Tim Shaw, Professor of eHealth & Director Research in Implementation Science and eHealth (RISe), The University of Sydney
- ▶ Geraldine Wilson, Executive Director, Centre for Aboriginal Health, NSW Ministry of Health
- ▶ Allan Groth, COO, Indigenous Allied Health Australia
- ▶ NSW Department of Industry
- ▶ Catherine Maloney, Acting CEO, Services for Australian Rural and Remote Allied Health
- ▶ Petra Miles, Director of eHealth, eHealth NSW



Feedback from across the system relating to the consultation process was overwhelmingly positive, with widespread commentary around the importance of the topic, and the value of the opportunity provided for engagement.

**We would to thank all of the individuals for their valuable insights provided through this consultation process, including the Roundtables, SME interviews and ASG focus groups.**



# HPWP progress

Snapshot of achievements  
and system-wide challenges



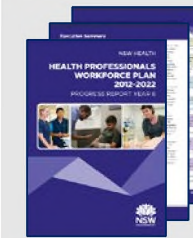
# HPWP PROGRESS | Snapshot of achievements identified from consultations

The current HPWP was launched in 2012 to run to 2022. During the seven years of implementation, there have been a range of significant achievements across the system that have positioned the NSW health workforce to get closer to the goal of having the 'right people, with the right skills, at the right place'. These range from new systems and dashboards to provide improved visibility on the distribution and utilisation of the health workforce, to the implementation of the 'Respecting the Difference' cultural training framework to improve system-wide understanding of the unique needs of Aboriginal health workers and communities.

These achievements and their impact on the health workforce were recognised as part of the HPWP Refresh consultations. Stakeholders participating in the consultations identified a range of additional or connected achievements across the health workforce over the life of the HPWP. A sample of the achievements that were shared in the consultations are provided below:

Achievement	How the achievement set up the workforce to be fit for purpose in future
 Implementation of My Health Learning and other eLearning facilities	<ul style="list-style-type: none"> <li>Supported development of baseline capabilities across the health system</li> <li>Increased the focus on tailoring learning and development solutions to the workforce</li> <li>Reduced duplication in systems and training processes for health workers moving between LHDs</li> <li>Encouraged a culture of continuous learning</li> </ul>
 The Allied Health Assistants (AHA) framework	<ul style="list-style-type: none"> <li>Enabled efficient access to services and a responsive workforce</li> <li>Removed administrative tasks from the frontline, enabling greater focus on their clinical duties</li> <li>Provided a basis for continued support to this workforce into the longer-term</li> </ul>
 Design and delivery of the Respecting the Difference cultural training program	<ul style="list-style-type: none"> <li>Created greater awareness of the challenges experienced by Aboriginal people</li> <li>Catalysed practice change and delivery of safer places to work for Aboriginal staff, in addition to recruitment and retention</li> <li>Contextualised the importance of Closing the Gap</li> <li>Enabled greater use and development of targeted positions and scholarships to grow the Aboriginal health workforce</li> </ul>
 Design and delivery of the People Management Skills Program	<ul style="list-style-type: none"> <li>Provided foundational leadership skills and expectations of leaders providing practical skills from a system perspective</li> <li>Provided a comprehensive, reflective, easy to engage leadership training program to support emerging leaders in health</li> </ul>
 Implementation of state-wide corporate IT systems	<ul style="list-style-type: none"> <li>Set foundational technology in place for workforce planning, payroll, finance, learning, rostering, and other corporate functions</li> <li>Enabled better targeted capability development, skills optimisation and quality and safety</li> <li>Increased the connectivity of smaller sites, allowing staff to access timely support and improved care delivery</li> </ul>

## Progress Report Year 6



To date, the HPWP has facilitated multiple system-wide improvements that position the future health workforce to be fit for purpose.

The Health Professionals Workforce Plan Report Year 6 provides an outline of achievements against its key priorities, and is in its seventh full year in implementation. Please see [here](#) for the Progress Report.

Examples of key achievements include:

- ▶ 2400 new graduate nurses and midwives were employed in NSW Health in 2018
- ▶ 132 Rural Preferential intern positions were filled in 2018
- ▶ Workforce reporting dashboards were developed in collaboration with eHealth, HealthShare and LHD/SHNs

# HPWP PROGRESS | Summary of system-wide barriers and unlockers

Whilst consultations highlighted a range of workforce improvement and achievements since the HPWP inception in 2012, participants also highlighted a range of system-wide barriers impacting the ability of NSW to achieve a fit for purpose health workforce now and into the future. Participants acknowledged that most of these challenges or gaps were not new, but were becoming increasingly impactful and progress inhibiting due to the exponential rate of change across the health system. 'Unlocking' these barriers was seen as critical to achieving a fit for purpose health workforce in 2030, noting that some of the participants identified strategies and reforms will not be possible or effective unless these have been addressed.

## EXISTING AND CONTINUING SYSTEMIC CHALLENGES

- ▶ **Misalignment of political, funding (state and federal) and planning cycles** contributes to discontinuity and reinforces short-termism in the planning and implementation of workforce initiatives.
- ▶ **Funding and workforce models drive a focus on acute and episodic care and treatment of disease**, rather than prevention, integrated care or broader health outcomes.
- ▶ **Lack of accessible and accurate state-wide health workforce data** limits visibility and planning capability, and prevents monitoring of credentials and performance.
- ▶ **Gaps in workforce, infrastructure and technology** continue to exist across NSW, including shortages, poor integration and maldistribution (system-wide but particularly for rural and remote workforces).
- ▶ **Traditional 9-5 models of care and employment arrangements** continue despite 24/7 care needs and infrastructure availability.
- ▶ **Variable leadership and people management capability**, impacts employee engagement, wellbeing and experience.

## SYSTEMIC CHALLENGES SEEN TO BE INCREASING IN IMPACT AND IMPORTANCE

- ▶ **Rigid and restrictive industrial awards** are seen to be increasingly inhibiting adoption of new models of care, attraction and retention of talent, and achievement of the right people, with the rights skills, in the right place.
- ▶ **Misalignment between tertiary education and training and health system needs** is contributing to skill gaps, professional siloes and workforce shortages across the health system.
- ▶ **Acceptance and value of generalists / non-specialists** is not where it needs to be, despite being vital to achieving a fit for purpose workforce.
- ▶ **Professional and discipline siloes** continue to impact skills utilisation, collaboration and productivity.
- ▶ **Fragmented information systems** create barriers to multidisciplinary care and integrated service delivery.

## NEW AND EMERGING SYSTEMIC CHALLENGES

- ▶ **Lack of cross-sector, cross-agency, cross-setting collaboration** is creating significant barriers to workforce attraction, recruitment and retention, particularly in regional and remote NSW.
- ▶ **Generational differences in incentives, and broader future of work changes**, are fundamentally changing service models and working arrangements through new ways of working and employee expectations, including around agility, flexibility, work-life balance etc.
- ▶ **More accountability is required for leadership and management to create and sustain** a progressive, inclusive, safe and healthy working environment.
- ▶ **Unclear and unattractive career pathways** impact talent acquisition and retention.
- ▶ **Organisational culture and CORE values** is seen by many to remain an afterthought.
- ▶ **Lack of clarity on the impact of new technologies, data and treatment and research advances** means the required workforce skills and capabilities are not embedded into care delivery, career and training pathway development.



Six critical system 'unlockers' were identified as vital to progress

Develop and embed a clear vision for a holistic, connected, and patient centred future health system

Invest in the development of accessible and accurate state-wide workforce data

Implement cross-profession governance systems and structures which enable collaboration and flexibility

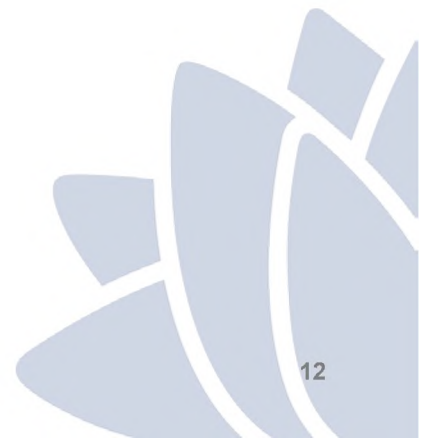
Modernise the industrial awards to enable a fit-for-purpose workforce and new care delivery models

Reform structures and funding mechanisms to support place-based approaches to health, including cross-sector, cross-agency collaboration

Develop the vision, infrastructure and capability to fully leverage technology built around a single user-friendly digital platform

# Consultation feedback

Key themes and areas  
for reform

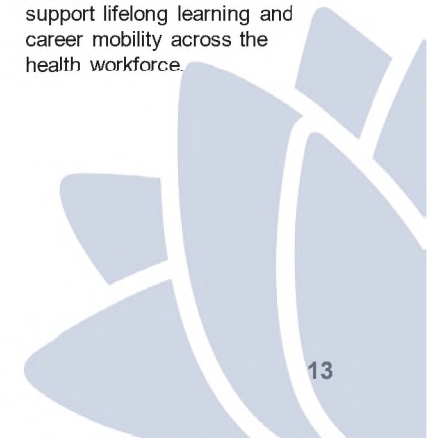


# CONSULTATION FEEDBACK | Key themes and areas for reform

This section outlines the range of priorities for the refreshed HWP that were identified through consultations in order to achieve a fit for purpose health workforce in 2030. These represent system-wide changes across health, though they vary in degrees of change: some may be met through an expansion of existing initiatives, while others may require more substantive reform. The summary below introduces the key themes and workforce reform ideas raised by stakeholders through the consultations, with each of these themes and reform ideas outlined in further detail on the following pages of this section of this report. For ease, these themes have been mapped back to the macro trends outlined in the Discussion Paper, recognising that many of these themes cut across the macro trends.

PRIMARY MACRO TREND*	1 Changing population health needs		2 Increasing expectations		3 Rapid technology advances		4 Redefining work, the workplace and workforces		
CONSULTATION THEMES	<p>1 Changing population health needs and emerging models of care require new ways of working across the health workforce</p>		<p>2 Community and consumer needs must inform and guide the way the health workforce plans and delivers services</p>		<p>3 Rapid data and technology advances change what is possible in health, and significant workforce development is required to harness those opportunities</p>		<p>4.1 Leadership capability and positive workplace culture must be prioritised to enable workforce success</p>	<p>4.2 New pathways to professional practice are needed to enable new and flexible roles and teams</p>	<p>4.3 Education and training needs to refocus around new and emerging skills and be delivered in a way that aligns with workforce needs and learning styles</p>
CONSULTATION REFORM IDEAS	<ul style="list-style-type: none"> <li>▶ The workforce needs to adapt to a new view of health; moving away from treating disease towards a focus on prevention, social determinants of health and early intervention.</li> <li>▶ Greater integration of services and use of multidisciplinary team approaches is required to streamline and improve patient experience.</li> <li>▶ Increased and formalised collaboration between health, other government agencies, NFPs and the private sector is required to enable a more person-centred workforce.</li> <li>▶ Core competencies are required across the health workforce to support growing health needs such as mental health, obesity, chronic disease and drug and alcohol misuse.</li> </ul>		<ul style="list-style-type: none"> <li>▶ New capabilities and roles are required for the health workforce to deliver culturally appropriate services reflective of community health needs.</li> <li>▶ Future health professionals need the capability to actively engage consumers for effective co-design of health systems, services and facilities.</li> </ul>		<ul style="list-style-type: none"> <li>▶ There is a need to address the current misalignment between the workforce, consumer expectations and technology to improve outcomes, practice and processes.</li> <li>▶ Enhanced workforce understanding, confidence and capability is required to unlock the latent value of digital health and data analytics.</li> <li>▶ New specialised roles and up/re-skilling of highly impacted workforce groups can address system-wide capability gaps and improve maturity of data and technology use.</li> <li>▶ Development of a digitally capable health workforce is vital, where digital skills complement rather than replace humanistic capability.</li> </ul>		<ul style="list-style-type: none"> <li>▶ Positive workplace cultures that engage, energise and empower the health workforce are critical for staff experience and continued performance in the rapidly changing environment.</li> <li>▶ Interdisciplinary teamwork and practice built on trust, collaboration, experience and patient focus, is essential for the future health workforce.</li> <li>▶ Investment in health sector leadership and contemporary system-wide talent development is a critical building block for culture change.</li> </ul>	<ul style="list-style-type: none"> <li>▶ New roles and team structures need to be developed and implemented across different health professions to meet evolving health system requirements.</li> <li>▶ Award structures should be reviewed and optimised to reflect modern operational requirements and facilitate greater workforce flexibility.</li> <li>▶ Professional pathways should be refined to remove boundaries and enable a workforce which has the skills, agility and mobility to deliver truly interdisciplinary, patient-focused healthcare.</li> </ul>	<ul style="list-style-type: none"> <li>▶ The skills and capabilities of the current and future workforce need to expand to ensure continued work readiness and ability to meet consumer needs.</li> <li>▶ Future education and training approaches should reflect the changing health system and support lifelong learning and career mobility across the health workforce.</li> </ul>

**Note:** \*Macro trends sourced from the 'Macro trends and change drivers' consultation framework used in the Discussion Paper. For more detail on what they are and the relevant change drivers beneath them, please refer to the Discussion Paper. While the 'primary macro trend' has been selected as most relevant for the associated key theme, discussions in consultations often cut across multiple macro trends.



# 1 Changing population health needs and emerging models of care require new ways of working across the health workforce (1/3)

Across consultations, participants discussed how changing population health needs across all care settings, and new models of care emerging in response to those changes, underscore the need for more collaborative, integrated workforce models and practices. For example, participants highlighted that a shift to more holistic consumer care, with a greater focus on prevention and earlier intervention would require significant changes to the way NSW trains, recruits and retains health professionals.

Stakeholder input across consultations highlighted three key areas of change to facilitate newer models of care and achieve a fit for purpose workforce for now and the future: 1) adapt workforce models and practice to support a focus on social determinants of health, prevention and early intervention, 2) better integrate services and adopt multidisciplinary team approaches to streamline the patient experience, and 3) increase formalised collaboration between health, other government agencies, NFPs and the private sector to enable a more person-centred workforce capable of delivering place-based services.

## Critical system enablers

- **Cross-government collaboration** on social determinants of health to develop a whole-of-government approach to care.
- Investment in **network and data sharing infrastructure** to facilitate collaboration across government, private and NFP organisations.
- **Interdisciplinary education and training** focused on increasing the depth and breadth of generalist expertise across NSW.

1

### The workforce needs to adapt to a new view of health; moving away from treating disease towards a focus on prevention, early intervention and social determinants of health.

The need for the health system to evolve from 'treating disease' towards 'treating health' was a consistent theme across consultations. Participants spoke in the context of growing operational and financial strains on the system, and pressure to improve health outcomes despite increasing complexity of cases. This change was articulated as translating to a wellbeing approach to care (both physical and mental) with the health workforce organised around 'healthy citizens' (rather than patients), as well as greater adoption of evidence-based prevention and early intervention approaches.

Workforce capability to support investment in social determinants of health was outlined as a critical first step. Capability to implement, use and interpret findings from genomics and predictive analytics was often raised as an example of a way to improve chronic illness prevention through facilitating earlier intervention with at-risk consumers, for example through digital notifications to see a GP. Consultations highlighted that it could be an avenue for improved efficiency in the health system through better alignment of system-wide workforce and resource planning to the areas (geographic and/or by practice) of greatest forecast need. 'Red flags' could be identified and tracked to address health issues as early as possible, and as close to home as possible.

Consultations also highlighted consumer engagement and empowerment around health awareness as critical for the future health system. Social media and its ability to drive real-time interaction was identified as an important tool to improve consumer health literacy, resulting in earlier diagnosis or intervention and increased self-care and in-turn reduce the reliance on costly acute care, for example encouraging healthy eating habits. When combined with predictive analytics and new technologies, ongoing engagement with at-risk consumers was seen to encourage earlier intervention. Realisation of these benefits, requires a workforce with the capability to manage expectations, re-direct consumers and create and distribute trusted content to consumers was identified, along with adequate training of health professionals to use social media platforms in ways consumers expect.

“ As health professionals, we need to implement more proactive models of care - screening and intervening early to prevent further deterioration and further costs to the service ”

2

### Greater integration of services and use of multidisciplinary team approaches is necessary to further streamline and improve the patient experience.

Consultations emphasised increasing consumer expectations for a more transparent and seamless healthcare experience. They recognised that this will require health professionals to be able to deliver a holistic service, in a more multidisciplinary and team-based way, whilst also delivering specialist expertise as needed. The blurring of traditional practice boundaries and service delivery was further highlighted as a result of increasingly complex chronic conditions, comorbidities, and other emerging health trends.

Stronger engagement and collaboration between clinicians and primary care providers, the allied health workforce, and others in the frontline was identified as an important workforce priority, to improve triaging and resourcing of skills to meet consumer needs. Collaboration between frontline and corporate staff within and across health organisations was also seen as a critical enabler of practice to facilitate care being organised around the patient need, as well as mobility of health professionals across boundaries.

At a system level, participants felt that there would need to be an emphasis on generalist expertise, though people were not clear on how this would happen. Some stakeholders identified the need for greater collaboration across existing practices, using modern communications technologies, such as teleconferencing, as an enabler to deliver an overall wider scope of practice, for example to enable access to acute care expertise in all settings. Others discussed the need for interdisciplinary and/or virtual teams covering sufficiently broad expertise to be capable of delivering cross-practice care. Room for individual health professionals to continuously upskill and deliver a broader remit of health services ('generalist specialists') was also proposed. Overall, there was widespread agreement that shared accountability and governance across teams was necessary to align incentives and ensure that consistent care quality and safety was being delivered.

“ Integrated care - knowing what your speciality is but also how you can best work alongside others in a connected way lets patients get all the care they need at one time, not in different times and places. [This] will lead to less hospital admissions and more community based care. ”

## 1

# Changing population health needs and emerging models of care require new ways of working across the health workforce (2/3)

## 3

**Increased and formalised collaboration between health, other government agencies, NFPs and the private sector is required to enable a more person-centred workforce.**

Better integration of system stakeholders at all levels (within and outside health) was consistently discussed as a critical enabler for patient-centred, place-based care. A transition away from traditionally siloed views of health in the broader social ecosystem, was often articulated as necessary to address today's emerging health issues in a contemporary way – responding appropriately to social, environmental and other factors that require a more holistic solution.

Within government, participants recognised the benefits of co-locating NSW Health staff into other agencies at local, state and federal levels, to ensure health considerations are incorporated into agency initiatives, and a consistent and holistic approach to complex health issues. This approach could be particularly important outside of metropolitan areas, where there are fewer dedicated or specialist support services, and many different government services are required to service relatively small numbers of people.

Education was frequently noted as central to enabling a fit for purpose workforce capable of adapting to meet changing health needs and consumer expectations. Transparent and appropriate pathways into and throughout health careers, ongoing upskilling and cross-skilling opportunities for frontline staff, and improved consumer health literacy were all identified as potential outcomes from proactive collaboration and alignment between education and health partners.

Workforce capability to facilitate collaboration with not for profits, Primary Health Networks and the private sector were also considered key enablers of better place-based systems of care by increasing the touchpoints that can service consumer health needs. Key skills included:

- Negotiation, presentation and communication skills, to support the development and ongoing sustainability of cross-organisational relationships, for example to access proprietary health data; a presently underutilised asset with potential to enable improved self-care.
- Capability to conduct holistic cost-benefit analysis and develop compelling business cases was also seen as critical to facilitate co-investment opportunities with the private sector for large-scale capex-heavy infrastructure investments, for example through partnerships with the NBN, telecoms companies and other large private sector organisations for network infrastructure.

“

*There is real opportunity to work with other government and non governmental agencies to develop a more holistic view of patient needs, through collaborative service planning, consumer data sharing, and systems integration. This is particularly relevant for rural areas.*

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“

*There is a clear role for partnerships with Universities for health system research. This will help us to monitor patient outcomes and determine what causal elements are required, [which then] helps us plan what skill mix is needed and where to distribute resources.*

”

## 4

**Core competencies are required across the health workforce to support growing health needs such as mental health, obesity, chronic disease and drug and alcohol misuse.**

Consultations also highlighted the importance of upskilling all health professionals in key areas of growing health needs, and breaking down traditional siloes in practice. In particular, discussions across consultations highlighted the importance in the health workforce being competent in mental health, obesity, chronic disease and drug and alcohol misuse.

Consultations expressed a common view that health professionals of the future will be challenged to manage cases involving mental health and other co-morbidities. Base-level understanding and capability across all health staff to manage mental health and other emerging health trends through core training was discussed, as was better collaboration between mental health services and other health services.

Many participants identified the current shortfall in workforces capable to support these newer and emerging health needs. Addressing these system-wide gaps was identified as an important enabler to delivering holistic and integrated care for consumers. The culture and behavioural change required to achieve this shift was also discussed in consultations, to breakdown existing silo mentalities in these health areas.

“

*We are whole people, we can't separate physical and mental health.*

”

## 1

# Changing population health needs and emerging models of care require new ways of working across the health workforce (3/3)

## Models of care considerations for rural and remote settings:

To progress models of care to further focus on community and patient needs, consultations identified a number of improvements and implications for rural and remote workforces:

- Cross-government collaboration with regional and remote communities is critical to attract and retain talent. Factors such as partner employment, childcare and social support are key considerations in deciding whether to move/stay.
- Place-based collective impact focus to funding, for example through social impact bonds and coordination of federal and state government funding.
- Investment in hub and spoke models or 'health hubs' can support accessibility, continuity of service, and provide a structure within which specialist expertise can be facilitated for local communities.
- Smarter uses of technology will ensure ongoing access to health services for these remote communities, and to deliver a consistently high level of care to consumers in all settings. Examples include use of apps, tele-health and robotics.



## Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

### Stabilising the Foundations

- ▶ Prioritise prevention, early intervention and wellbeing models of care in state funding.
- ▶ Embed patient reported outcome measures (PROMs) in grants as additional incentive for change towards wellbeing models of care.
- ▶ Develop health screening programs with multidisciplinary teams in multiple locations to improve prevention.
- ▶ Implement proactive models of care, for example screening and early intervention to prevent further health deterioration and cost to the service.
- ▶ Establish community health hubs and wellness centres to enable better delivery of community-based multidisciplinary services closer to home.
- ▶ Provide access to quarantined 'workforce investments funds' with embedded allowances for failure to incentivise public health organisations to test and implement new workforce models, for example development of predictive employment models for critical workforces prior to need.
- ▶ Develop bipartisan funding arrangements not tied to funding years.
- ▶ Develop flexible funding arrangements that facilitate testing of innovative models of care, for example hospital avoidance measures.

### Building Blocks

- ▶ Leverage predictive analytics to improve chronic illness prevention through facilitating earlier intervention with at-risk consumers, for example through digital notifications to see a GP.
- ▶ Collaborate with the education portfolio to build health literacy from a young age, for example in kindergarten and schools through promoting healthy eating habits.
- ▶ Rotate whole multi-disciplinary teams between hospital and community settings.
- ▶ General Practitioners and primary health practitioners working in better integration with other health professionals.
- ▶ Collaborative planning with other agencies such as the NSW Department of Planning and Environment, and Create NSW, to improve wellbeing.
- ▶ Develop 'drop in' community service hubs that provide connected health, housing, justice and family and community services.
- ▶ Working closely with local governments/councils to enable active cooperation.

### Right People, Right Skills, Right Place

- ▶ Improving workforce readiness for virtual, increasingly mobile, multidisciplinary teams by better understanding benefits and limitations of new technologies.
- ▶ Embed interdisciplinary training and education into health professional curriculums, to support multidisciplinary teamwork.
- ▶ Uplift literacy and capability in genomics and predictive analytics across the health workforce.
- ▶ Develop a baseline level of generalist health knowledge and capability across the workforce, for example in areas including genomics, mental health, social media, cultural competency.
- ▶ Facilitate culture change across the health workforce to support community care, prevention and early intervention.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising



## 2

## Community and consumer needs must inform and guide the way the health workforce plans and delivers services (1/2)

The need for a local community and consumer health-centric view of healthcare service and facility planning was raised across all consultations. Participants agreed that, while the health workforce has deep understanding of the importance of patient-centred care, it has yet to fully translate that into operational practice.

In addition to those outlined in Theme 1, stakeholder input across consultations highlighted two additional areas of change to bridge this gap and build a fit for purpose workforce of now and the future: 1) improve cultural competency through new capabilities and roles, and 2) build capability to actively engage consumers and carers to co-design their own health planning.

### Critical system enablers

- Implementation of a **leadership development approach to equip and support leaders** to drive consumer and community-centric health service planning and delivery.
- **Joint cross-sector, cross-agency structures** to enable a truly consumer-centred rather than service or agency-centred approach
- **Formal consumer-engagement structures** in place to ensure meaningful input into planning and delivery.

## 1

#### New capabilities and roles are required for the health workforce to deliver culturally appropriate services reflective of community health needs.

Consultations stressed the impact that ongoing changes to demographic and cultural community dynamics will pose for health services and the health workforce, in their ability to deliver care tailored to each community's unique health needs. Culturally and linguistically diverse (CALD) and Aboriginal communities were discussed in greatest depth.

To meet these needs, participants discussed the importance of investment in staff liaison roles capable of translating and/or delivering culturally appropriate care. It was suggested that localised resourcing approaches be employed to ensure these positions reflect the cultural and social profile of the community they operate in. As examples, cultural partners, community practitioners, liaison officers and health interpreters were noted as new roles to improve the cultural competence of the health system through their ability to convey complex health terms in ways their communities understand.

Consultations also recognised the need for new (or evolved) positions to support the consumer experience. These included care navigators, care coordinators, telehealth clinicians and technology advocates as roles to support individual consumers navigate the increasingly complex health system and enable seamless progression in their care.

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*Soft skills like communication, cross cultural competency, ethics etc. will become increasingly important. The growing and ageing population, and greater population diversity mean that cultural competency (using culture as term beyond ethnic identity) will become essential.*

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*We really need to ensure that people who work in our hospitals are representative of our community in every way. This includes Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse people, LGBTQI people and people from other socio-economic groups.*

”

## 2

#### Future health professionals need the capability to actively engage consumers for effective co-design of health systems, services and facilities.

Participants discussed the importance of ongoing engagement with local communities by both the health workforce and public health organisations to tailor care delivery to local needs.

To achieve this, the need for better engagement with LHDs and consumer groups were noted, particularly in context of facility and service planning, to ensure that health services are delivered locally, in ways best suited for the local reality. Community-based hubs for health delivery were highlighted as an example of a mechanism for improved consumer engagement, through access to care closer to home and delivery from a workforce profile well placed to deliver culturally appropriate services.

Participants also recognised the growing need for consumer representation across health services, and discussed that this must continue to be a focus. Discussion focused on the importance of meaningful – rather than tokenistic – representation, for example on LHD Boards, but also in other parts of the wider health system such as consumer advocate groups at system level. Organisational and workforce capability to co-design service and facility planning, as well as more active monitoring of consumer satisfaction, for example point-of-care feedback, access to personal health data and better use of PROMs, was also emphasised.

At the individual health worker level, capability to engage consumers and carers to co-develop their health care plans was raised, with the view of enabling greater self-management of consumer care.

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*At the end of the day, involving consumers in their health care is integral, i.e. having a conversation 'to' people rather than 'about' people.*

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“

*We need to be effectively consulting stakeholders, though at the right levels of engagement.*

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## 2

## Community and consumer needs must inform and guide the way the health workforce plans and delivers services (2/2)

### Community and consumer needs for rural and remote workforces

Rural and remote consultations primarily discussed three themes in relation to community and consumer needs:

- The need to support consumers' experiences with technology is very important in rural areas where the increase in remote/virtual delivery is likely to be much more prominent.
- The importance of engaging with the consumer around their journey across/between health and other agencies is heightened in rural and remote areas.
- Innovation in models and service delivery often grow from rural and remote settings, these experiences should be harnessed for development in metropolitan areas.



### Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

#### Stabilising the Foundations

- ▶ Develop/improve resources and interactions with an emphasis on 'plain English' to support consumer engagement.
- ▶ Formalise process and practice for cooperation between consumers and carers to partner to develop and monitor self management plans.
- ▶ Redesign role descriptions to incorporate future-aligned skills and responsibilities.
- ▶ Develop incentives to attract health professionals in areas of short supply.

#### Building Blocks

- ▶ Develop multidisciplinary satellite hubs of specialist care to support cultural groups with specific needs.
- ▶ Facilitate collaboration across health service providers to achieve defined health outcomes for a community.
- ▶ Engage the Aboriginal workforce through support, funding and local training opportunities.
- ▶ Employ a continuous improvement/evaluation mentality for service design through better use of PREMs/ PROMs.
- ▶ Build a quantitative database of community health needs to better align workforce planning with service needs.
- ▶ Support improved use and integration of appropriate/validated diagnostic apps to feed into service planning and delivery.

#### Right People, Right Skills, Right Place

- ▶ Provide state-wide cultural competency programs to boost health workforce capability.
- ▶ Develop new roles for community generalist clinicians capable of delivering physical and wellbeing services.
- ▶ Train the workforce to use new technologies such as tele-health in combination with home-based internet of things applications to ensure holistic patient care without requiring physical access.
- ▶ Implement care coordinators/navigators to support consumers to navigate the complex system and offer a 'whole-of-person' approach to care.
- ▶ Employ cultural partners, community practitioners, liaison officers and health interpreters.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising

## 3

## Rapid data and technology advances change what is possible in health, and significant workforce development is required to harness those opportunities (1/3)

Across all consultations, there was strong support for the need to build the capability and capacity of the NSW health workforce, organisations and system to better adopt and advance the use of data and technology. Data and technology was the second most commonly identified system priority in workforce for the next 5–10 years, and was described as a critical driver of improved practice and consumer outcomes.

Stakeholder input across consultations highlighted four key areas for data and technology related workforce reform: 1) resolve current misalignment between the health workforce, consumer expectations and emerging technology, 2) unlock the value of digitised and integrated data, 3) address health system capability gaps through the introduction of new specialised roles and up/re-skilling of key workforce groups, and 4) better invest in the creation of a digitally capable health workforce. Insights relating to each of these four areas of reform are described below.

### Critical system enablers

- Strict **data and digital governance**, including access, standardisation, integration, security and ethical use.
- Modernised **industrial and employment arrangements**, to reflect emerging digital skills, emerging roles, new digital career pathways and attraction given industry competition for these skills and predicted talent shortages.
- Investment in **digital infrastructure** that supports future workforce needs across NSW.

## 1

#### There is a need to address the current misalignment between the workforce, consumer expectations and technology to improve outcomes, practice and processes.

Participants described the impact that rapid technology advances were having on the current health workforce and workforce models, and there was both excitement and trepidation about the impact of accelerating technology advancements on the future health workforce. This included advanced data analytics, genomics, predictive medicine, AI/machine learning and other technological advancements. Such advances were seen to augment health practice and process, provide opportunity for revolutionary models of care that better suit consumer preferences and needs, and empower consumers and carers to manage their own care. Specific examples of the value of technology adoption that were shared in consultations include how AI-based decision supports will improve the accuracy of diagnosis, how AR/VR will provide enhanced learning retention from training, how hospital command centres/apps will monitor consumer progress 24/7 and how robotic process automation (RPA)/machine learning will automate tasks to free up clinician time.

At the same time, participants highlighted the interconnection between technology advancements and growing consumer expectations for seamless, integrated care across the patient journey. Disconnect between consumer expectations and experiences were described in consultations as a major challenge experienced by health professionals. Together, consumer expectations and technology were seen to significantly alter what is required from the health workforce, now and into the future. Overall, consultations suggested that both consumer expectations and what is possible through technology, far exceeds current health workforce models, capacity and capability, and without significant reform, this gap will continue to widen over the next 10 years.

Consultations emphasised the need for NSW Health to invest in the successful implementation of new and emerging technology and tools, as well as retrospectively support better use of existing technologies such as social media and telehealth.



*Telehealth offers the greatest opportunity for expanded access to both generalist and specialist services, particularly for rural and remote regions.*



## 2

#### Enhanced workforce understanding, confidence and capability is required to unlock the latent value of digital health and data analytics.

Participants discussed data in great depth, noting the reality that new data sources offer distinct opportunities, but also recognising the challenge inherent in appropriately collecting, managing and using the data. They discussed the need to improve the accuracy of consumer health information. This reflects that better access to and integration of health data stored in clinical and corporate systems, (and by the private sector and NGOs), enables a more holistic and accurate understanding of the consumer's condition. Triangulation of this data at all stages of the patient journey also improves visibility of outcomes, prediction of service demands and forecasts of workforce needs.

Consultations also identified the reality that new data collection methods, for example via wearable devices or social media activity, conducted through culturally and contextually appropriate approaches also provides opportunities to enable participatory healthcare and consumer engagement.

To realise the benefits of advances in data and information, consultations highlighted the need for increased workforce capability and behaviour change as vital, including:

- Fostering a workplace culture which facilitates trust in data and data sharing.
- Improving collaboration and data sharing between private and public, community and acute health workforces to support data linkage across the patient journey to consumer experiences and outcomes.
- Equipping the health workforce with the tools to support consumers to use, understand and trust new data and digital platforms that can support self-care and self-management.

Consultations also noted the opportunities to enhance the use of workforce data to conduct evidence-based workforce modelling, to identify operational efficiencies and to align allocations and rostering, ultimately enhancing health workforce experiences. The development of standardised and reliable state-wide health workforce data would enable better workforce distribution, enabling delivery of services to meet needs.

## 3

## Rapid data and technology advances change what is possible in health, and significant workforce development is required to harness those opportunities (2/3)

## 3

**New specialised roles and up/re-skilling of highly impacted workforce groups can address system-wide capability gaps and improve maturity of data and technology use.**

Consultations revealed a growing role for specialist technological and data expertise, as health conditions and models of care become more sophisticated. Professionals skilled in health economics, genomics, advanced data analytics and other innovative technology areas were identified as critical to support multidisciplinary teams. Participants identified the introduction of hubs of specialist expertise/centres of excellence and/or co-location of these specialists with other health professionals as a means for the overall workforce to access such specialised data and technology expertise, strengthen uptake and realise value.

Newer generalist roles, including virtual care navigators/care agents and workflow/workload managers, were identified in consultations to enable greater efficiencies through the use of data and technology in triaging services and delivering faster customer feedback.

Participants also emphasised the importance of proactive management for the workforce most impacted by advances in data and technology, as many frontline staff may experience a change in their scope of work with a greater use of technology. For example, diagnosis-heavy occupations such as radiology or medical imaging will experience automation replacing parts of their roles, though this also provides them opportunities through faster response times, enhanced decision support and process efficiencies. Automation and improved systems will not reduce staff numbers or requirements, but will see corporate and support staff moving away from transactional activities towards more strategic work.

“

*There will be a new area of speciality in understanding all the data that can be collected, the best ways to collect them, collate them and then interpret them. We will either need to upskill our health professionals or develop a new role of bedside health data analysts who can help healthcare teams both interpret the data they have about a patient but also find out where and how to get more data if required.*

”

## 4

**Development of a digitally capable health workforce is vital, where digital skills complement rather than replace humanistic capability.**

Consultations spoke of the changing world of work – both within healthcare and in general. Participants noted that comfort and ability to work in fully digital, data-driven and technologically-augmented environments will become an industry standard for all health professionals in the future. Consultations focused on three aspects to building digital capability:

1. Technical capability, to use new technologies and data
2. Change readiness capability, to quickly and willingly adopt new technologies and data, and
3. Complementary humanistic capabilities.

### Technical capability

Consultations revealed a growing sense of urgency to invest in building technical digital capability across the health workforce, from current students and locum staff to senior staff. Participants felt that there is a need to improve the workforce's understanding of the data and technologies that are available, and that training programs to build, this expertise is necessary. In particular, the consultations identified the need to build base-level data analytical capability to conduct, interpret and use quantitative health information and leverage the growth in available health data. Tertiary education and training for students will also need to combine practical use of current and future technologies, including corporate systems, to ensure they acquire relevant data and digital skills for when they join the workforce.

With the increased use of technology, participants noted that back-up systems and processes will become increasingly important. Consultations highlighted the importance of training health professionals in classic healthcare approaches simultaneously with new technology-driven approaches. This could ensure the future health workforce have the capability and tools to continue delivering care in instances of technological failure.

### Change readiness capability

Change readiness, versatility and openness to new approaches to care were also identified as critical to ensure the health workforce is capable of adopting new technologies. Participants noted that health professionals will also be challenged to adopt agile work practices which utilise data and technology to deliver care to consistently high quality in all contexts and communities, with or without access to complex medical instruments. In order to facilitate workforce capability to adopt to these changes, consultations identified the need to update training and education curricula. The curricula could be updated to incorporate change management and flexibility and responsiveness. Consultations also highlighted embedding data/IT specialists with non-specialists to facilitate knowledge transfer.

### Complementary humanistic capabilities

Consultations reinforced that despite the need to rapidly advance digital and data capability, health professionals must ensure they retain the interpersonal skills required to deliver quality care. Overall there was a concern that the focus on the former would result in the loss of the latter. This was seen to be increasingly important with technology augmenting some tasks, for example diagnostics, and the changing social dynamics of communities. Consultations reinforced the need to collaborate with education providers and to deliver internal training to obtain the right mix of 'digital' and 'human'.

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*A key requirement is to retrain people to work in a digital age. There are people now who have little understanding of digital mediums, and they will still be in the workforce in 30 years.*

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“

*We will always need the right mix of humanistic and technological interventions, and therefore need the right mix in terms of health workforce capabilities.*

”

## 3

## Rapid data and technology advances change what is possible in health, and significant workforce development is required to harness those opportunities (3/3)

### Technology and data considerations for rural and remote workforces:

Overall the input from the rural and remote consultations were aligned with the overall themes that emerged, although the benefits of embracing data and technology were seen to be even greater in rural and remote settings:

- Advanced procedures will be delivered in geographic regions without prior access through the use of remote technology and robotics.
- Rurally-based health workers will experience less time in transit through increased uptake of telehealth, telepractice hubs and other technologies, giving them more time for clinical purposes.
- Rural-to-rural workforce collaboration between LHDs is critical to improve overall digital capability in rural areas. Going forward, there is significant scope for rural-to-rural LHD collaboration to share best practice on what works, and to develop 'communities of technology adoption' to support investment in and use of new technologies across the workforce.
- Aboriginal Liaison Officers will have key role in translating data into culturally appropriate insights.
- Substantial opportunity for self-learning and training for rural and remote workforces through technology, enables greater access to training and upskilling without long commutes.
- Development of virtual hospital models which link together with primary and community services, as well as self management, could bring unique benefits to rural and remote locations.
- Opportunity for virtual teams with community-needs based mobile resourcing arrangement, backed with innovative technology for client follow up.



### Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

#### Stabilising the Foundations

- ▶ Equip the workforce with real-time consumer health data to inform decision making.
- ▶ Apply learnings from other NSW Government fora including combining use of predictive analytics and networking technologies to better understand and match up areas of need (geographic or by practice) with workforce availability.
- ▶ Invest in new ways of identifying and developing talent that incorporates technology and analytics.
- ▶ Implement an information sharing system to showcase successful technology-augmented workforce and care models, compelling use cases and innovation.
- ▶ Develop a standardised workforce database to provide insight on areas of need and inform workforce decisions.
- ▶ Integrate new data sources, for example wearables, into health system data.

#### Building Blocks

- ▶ Utilise data and technology enhancements to improve health workforce experiences including attraction, recruitment, onboarding and retention.
- ▶ Explore micro-credentialing to facilitate accredited upskilling in specific health technologies and data capabilities.
- ▶ Partner with education providers and accreditation bodies to ensure right balance between technical (IQ) and humanistic (EQ) capabilities.
- ▶ Develop and implement an education and training framework that supports technology and data adoption, for example core elements across genomics, data analytics, telemedicine.
- ▶ Embed use of medical technologies, data and internal systems into tertiary education curricula and training.
- ▶ Support state-wide access to structured continuing professional learning and develop programs targeting key future digital and data health skills.
- ▶ Utilise co-design techniques and targeted mentoring to support change adoption amongst senior clinicians.
- ▶ Improve the change management capability of the health system to encourage change readiness and adoption of new technologies.
- ▶ Provide standardised, ongoing training for new systems to ensure use, retention of knowledge and value realisation.

#### Right People, Right Skills, Right Place

- ▶ Build technical digital capabilities of health professionals, including base-level IT and data literacy, data analytics, interpretation and technical self-serving capability.
- ▶ Build health workforce capability to develop compelling business cases with holistic cost-benefit analysis (including training and implementation costs).
- ▶ Create and embed 'super-specialised' positions in niche areas such as clinical informatics, medical robotics, genomics, AI/machine learning, and advanced analytics.
- ▶ Implement 'technology facilitators' with generalist health and corporate systems expertise to build consistency in technology use across LHDs, and offer user support.
- ▶ Embed virtual, increasingly mobile multidisciplinary teams to drive improvements.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising

## 4.1 Leadership capability and positive workplace culture must be prioritised to enable workforce success (1/3)

Consultation participants came from locations across the State, from a range of professions, and from different backgrounds. There was agreement on the vital importance of an uplift in leadership capability at all levels, as well as a dedicated, active focus on building a positive workplace culture that values its people.

Stakeholder input across consultations highlighted three major needs in this area: 1) develop and nurture a positive culture that supports and enables staff to perform, 2) develop a truly collaborative interdisciplinary approach to care, and 3) invest heavily in leadership and contemporary system-wide talent development to support and sustain culture change.

### Critical system enablers

- A leadership development approach to equip and support leaders to deliver a positive, constructive, collaborative work environment.
- Education and training structures/programs to support and enable interdisciplinary team working.



### 1 Positive workplace cultures that engage, energise and empower the health workforce are critical for staff experience and continued performance in the rapidly changing environment.

It was recognised across consultations that the healthcare setting can be a challenging work environment, where staff often feel overworked, and are dealing with challenging technical and emotional issues in a high-risk, high-stress environment. Within this context, participants stressed the importance of a renewed focus on workplace wellbeing, with specific activities and responses in place to address current and forecast risk factors. Updated systems and structures and additional support through high workload periods were identified in consultations. This could support balance and greater flexibility in working conditions for the 'new generation' of health workers.

Participants articulated that this 'new generation' will have different expectations of their role and workplace, with a focus on job flexibility, training, mobility and satisfaction. In response, the role of health leadership in promoting and role modelling a culture of lifelong learning and continuous professional development was noted.

The broader need to curb growth in mental health issues amongst the health workforce was also noted by participants. Staff wellbeing was primarily noted in association with self-care and support ecosystems for the health workforce, as a means to embed workforce wellbeing management into standard operational practice (rather than as an afterthought or 'KPI'). Flexible working arrangements, employing adequate support staff to enable 24/7 models of care, and development of peer-to-peer mental health networks, were all discussed as strategies.

The role of health leadership as advocates of self-care, and in driving intentional organisation and system-level culture change to support it, was also discussed in depth. Stakeholders aspired to a future where leaders actively advocate for trauma-informed workplaces. Consultation also highlighted support for a feedback culture where health professionals are empowered to raise instances of bullying and other disruptive behaviour. Adoption of strengths-based approaches, support for staff to create and pursue wellbeing goals, and the provision of on-site psychologists capable of supporting the more complex mental health needs of the health workforce were also raised.



*Each organisation needs to create a plan, implement, measure its effectiveness, but in a way that is bespoke and appropriate for its staff and their needs. I think that is the current intention, but am unsure if that's what is perceived by the districts at the 'doer' level.*



*Organisations will need dedicated initiatives (including staff with right capabilities) to support physical and mental wellbeing of staff.*



## 4.1 Leadership capability and positive workplace culture must be prioritised to enable workforce success (2/3)

### 2 Interdisciplinary teamwork and practice built on trust, collaboration, experience and patient focus, is essential for the future health workforce.

Consultations recognised that workplace processes and cultures have evolved to better ensure clinical governance in this high-risk industry. However, it was noted that through this process, bureaucracy and risk management structures have often become inhibitors of creativity, collaboration and change. Participants felt that staff are currently 'hamstrung by bureaucracy', for example through restrictive KPIs and funding models, and operate a 'blame culture' which results in a workforce that are afraid to try to do things differently.

To achieve system-wide change, participants frequently discussed the need for hierarchies and structures to be flattened and more promoting of dispersed ('holacratic') decision making, where functions and divisions communicate frequently and enable a holistic view of the consumer. Risk, funding and governance frameworks were also identified as key areas for review, to ensure promotion of collaborative and patient-centred care without compromise on safety and quality. Further partnership between clinical/frontline staff and corporate/'back office' staff to break down the current 'us and them' mentality was also discussed, with a focus on delivering healthcare around the patient, and supporting all members of the multidisciplinary team to do that in the most effective way. Consultations spoke also of the importance of two-way feedback within a supportive environment, including formal channels for 360 degree feedback to build accountability for action.

Collaboration was also discussed by participants in the context of staff excellence in working across settings in multidisciplinary teams, and operating within a supportive and collegiate culture. This said, the traditional concept of 'teams' was challenged in some roundtables. New 'team' structures unrestricted by physical location were discussed, due to the forecast growth in use of virtual teams and new technologies and greater requirements for staff agility and mobility.

### 3 Investment in health sector leadership and contemporary system-wide talent development is a critical building block for culture change.

Leadership was seen as central to the delivery of high quality health services, particularly during a time of increasing public expectation, demand for services and ongoing need to manage significant reform and change.

Consultations consistently identified the need to build greater capability of all leaders across the health sectors, from executive through to on-the-ground teams. Existing hierarchies, structures and professional siloes were seen to be significant barriers to modern leadership practices in health. The need to uplift leadership capability referred to both formal and informal leadership positions, as well as clinical and non-clinical leadership.

A range of leadership capabilities were identified through the consultations. These included coaching and mentoring, succession planning, communicating direction and expectations, and promoting flexible working.

It was also noted that investment in health leadership is vital to drive the desired culture change, promote worker mental health and wellbeing, and effectively engage emerging workforces that may be differently motivated from previous workforces.

“

*We need better management capability and leadership development to grow clinical leadership and mentors.*

”

“

*I hope [future workplaces] will be more flexible and respectful, but intergenerational inheritance of authoritative structures and hierarchies are likely to maintain some of the bullying problems.*

”

“

*NSW needs better health leadership: leaders with focus, capable of working together to drive change.*

”

“

*Leaders need permission to try new things (overcome blame and fear of failure culture).*

”

“

*NSW needs to develop health leaders aligned and supportive of agile and devolved teams.*

”

# 4.1 Leadership capability and positive workplace culture must be prioritised to enable workforce success (3/3)

## Leadership considerations for rural and remote workforces:

The importance of leadership capability was system-wide, independent of setting. However, looking through the rural and remote lens, some specific issues were evident:

- Leaders who can drive and enable cross-sector and cross-organisation collaboration are even more important in regional and remote settings.
- A strong culture of collaboration will be especially important where specialists are flying in and out, or delivering care remotely.
- Rural careers need to be valued, and held with the same prestige as those in metropolitan settings.



## Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

### Stabilising the Foundations

- ▶ Implement changes to organisational culture and resourcing approaches to enable flexible working and increase awareness of health professionals' wellbeing.
- ▶ Develop a revised NSW Health Workplace Culture Framework.
- ▶ Leverage best practice and lessons learnt on culture and workforce planning from 'Highly Reliable Organisations' in other high risk industries, for example aviation and defence.
- ▶ Build a 'mission-based' culture where staff morale is driven by a sense of being valued.
- ▶ Invest in technical workforce management solutions, for example improved rostering technology, and capability development to ensure safety, skill mix, and wellbeing.

### Building Blocks

- ▶ Create more opportunities for Aboriginal and Torres Strait Islander people to hold leadership positions.
- ▶ Develop peer-to-peer support networks, mentoring programs and vicarious trauma support.
- ▶ Invest in executive leadership development to lead and build capability in the sector.
- ▶ Embed a modern health sector leadership and talent development framework for future clinical leaders.
- ▶ Build accountability for health leaders as drivers of culture change, and role models of compassion and care.
- ▶ Build on the foundational leadership capability improvements gained through the People Management Skills Program.
- ▶ Facilitate cross-agency leadership connection and networking.
- ▶ Implement a coaching and mentoring program for clinical leaders.
- ▶ Integrate workforce culture and planning imperatives into leadership development programs.

### Right People, Right Skills, Right Place

- ▶ Embed flexibility in leadership KPIs to facilitate testing of new workforce models without fear of failure.
- ▶ Build capability in transformational leadership across the health system.
- ▶ Introduce leadership assessment and development centres to support non-clinical leadership skills development.
- ▶ Establish and support leadership networks and peer-mentoring programs amongst leaders.
- ▶ Recognise leadership and interpersonal skills in career development and progression opportunities.
- ▶ Revise recruitment practices to prioritise broader leadership and culture capability (not just clinical leadership).
- ▶ Showcase great leaders across health.
- ▶ Develop leadership success profiles to articulate what a great leader looks like.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising



## 4.2 New pathways to professional practice are needed to enable new and flexible roles and teams (1/3)

All consultations involved lengthy discussions on the makeup of the current and future health professional workforce, how people are educated, trained and supported, and whether the current pathways to professional practice will enable a fit for purpose workforce into the future. There was a strong view and consensus across consultations that current education and training structures are outdated and need to be refined, but this must be done in conjunction with an overhaul of the existing award structures, which inhibit the workforce flexibility and mobility that will be vital for the next 10 years.

Stakeholder input across consultations highlighted three key areas for reform to enable new and flexible roles and skills, and it is notable the interlinked nature of these reforms: 1) identify and enable the establishment of new roles and workforce groups in line with changing needs, 2) update award structures to reflect modern operational realities and enable flexibility, and 3) redefine pathways to professional practice that deliver a fit for purpose workforce.

### Critical system enablers

- **Modernised industrial and employment arrangements**, which enable more flexible, agile roles reflecting the system and patient needs.
- **Refined education and training pathways** which deliver fit for purpose qualifications and skills.
- **Refined career pathways and support structures** encouraging a greater number of generalists.

### 1

#### New roles and team structures need to be developed and implemented across different health professions to meet evolving health system requirements.

Participants identified that the health workforce of 2030 may look vastly different from its current state, driven by a combination of demand for new skills and new professions. Roles requiring a blended mix of skills (generalist and specialised) and competencies were forecast as being in increased demand for future health systems to deliver more holistic and patient-centred care, for example as we have seen through the introduction of allied health assistants. These more 'generalist' roles were also flagged as capable of delivering greater efficiencies across the system through less duplication of activity and enabling each profession to work to the top of their scope.

Consultations also recognised the need for new roles to address changing demands from patients and the health workforce. Specific examples include:

- ▶ Community care 'listeners' or 'health translators' capable of liaising with local health workforce planners to align workforce allocation with local health needs.
- ▶ System navigators/care coordinators to provide support and guidance throughout the patient's journey, enabling better integrated care.
- ▶ Health-technology advocate roles and technology facilitators to supporting patients and the workforce use health technologies.
- ▶ Health data specialists/informaticians, to enable better collection, analysis, interpretation and use of data.

Opportunities to broaden the scope of some professions were identified as enablers of multidisciplinary teams, workforce flexibility and efficiency. Paramedics and nurses were frequently noted as case studies, for example nurses delivering prescriptions to patients.

Non-traditional health workforce groups, including families and carers, volunteers and corporate support staff, were also forecast to become more prominent roles. The consultations highlighted that this could be due to care shifting outside hospitals, and thereby enabling the clinical workforce to focus their time on higher value clinical tasks.

### 2

#### Award structures should facilitate greater workforce flexibility and reward upskilling to serve changing consumer health needs.

Industrial award structures were discussed in depth across all consultations, with conversations focusing on their complexity, rigidity and outdatedness. In their current form, industrial awards were viewed as one of the main barriers to new ways of working, with tightly controlled working arrangements, pay rates, career pathways and requirements around workplaces and work settings restricting flexibility and mobility.

Participants highlighted the need for awards and entitlements to be reviewed and simplified to reflect modern operational realities. There was wide support for recognition, through industrial rewards, of the data and technology capabilities required and the associated need to create to pathways to practice for these roles. This includes existing roles to transition into new roles, and for external specialists with this expertise to enter the public health workforce. These changes were also seen to enable roles to be tailored depending on the situation – including different settings, sectors and team environments.

## 4.2 New pathways to professional practice are needed to enable new and flexible roles and teams (2/3)

3

**Professional pathways should be refined to remove boundaries and enable a workforce which has the skills, agility and mobility to deliver truly interdisciplinary, patient-focused healthcare.**

Consultations revealed that health services are becoming increasingly mobile and being set up in new, more flexible ways. Developments such as telehealth, networking and transport infrastructure were identified, to an extent, as enabling new ways to deliver services closer to home.

For the health workforce to adapt to this change, participants highlighted the need for formal education and training, and on-the-job learning, to also evolve and reflect changes in the sector and expectations of individuals (patients and professionals). Participants also noted the misalignment between the accreditation standards that are set by peak bodies, and the expectations for relevant roles in the health system. These roles appear to be evolving as technology advances, however the accreditation standards do not reflect this. Investment to develop dynamic, lifelong professional development pathways that are recognised by industrial awards and accredited (such as micro-credentialing and collaboration with tertiary education providers described in theme 4.3) was identified as a critical first step.

It was noted that in the redesign of training and education, it is vital that education providers work closely with service providers and other relevant communities using a co-design approach to ensure that interdisciplinary care is truly enabled and supported.

“

*Health is being left behind other industries, which are well ahead of the curve in agile and innovative recruitment practices and development and adoption of innovation from the floor. Health has to get better at working smarter and leaner, and that starts with cultural change and education inspiration for the current workforce and that of the future.*

”

Participants also spoke of the fundamental requirement for a base level of capabilities to be required across all health workers, including enterprise skills such as communication, empathy and information management, in addition to clinical and technical skills.

In exploring the evolving requirements of health professionals, consultation participants spoke at length about the importance of balancing sub-specialisation with an increased focus on generalist capability, and the need for this to be dependent and informed by need, across different health professions and health settings. It was noted that shortages and oversupply of certain health professionals vary across metro, regional and rural settings, and that a more agile workforce, with a better mix of generalists and specialists can support patient needs more efficiently and smoothly. In addition, employment structures which support more creative deployment models, for example across agencies or geographic boundaries, as well as use of telehealth can support the distribution of skills and specialist knowledge where they are needed. Health services in smaller and regional communities will increasingly access specialist support through hub and spoke models delivering a mix of telehealth and in person services to local communities.

Consultations also noted the challenge presented by the reality that in the current health system, sub-specialisation is synonymous with career progression, which conflicts with the growing importance of generalists, and suggested that this needs to evolve.

Participants discussed the need for pathways to professional practice to embrace the move towards more embedded multi-disciplinary team approaches to care, as well as the need for core sets of health professional capabilities (perhaps delivered through shared training pathways) that can then be developed further across different specialist or professional areas. From a career development perspective, it needs to become easier for people to transition between specialist pathways. Consultations discussed a transition away from rigid, structured and formalised education pathways towards more lifelong learning at the point of need.

“

*Professional skills and training pathways need to address changes in models of care, and adequately equip the workforce to deliver in them.*

”

## 4.2

## New pathways to professional practice are needed to enable new and flexible roles and teams (3/3)

### Considerations for pathways to professional practice to support rural and remote settings:

Input from the rural and remote consultations were aligned with the overall themes for pathways to professional practice, though with some nuances:

- Attraction and retention will become a critical aspect of future awards structures, for example through partner employment, and family support services. They will also need to recognise the geographic mobility and flexibility required through operational realities.
- Pathways to rural practice must be clarified and invested in to increase its appeal. Standardised training pathways and clearer linkages to jobs and skills are critical to catalysing system-wide culture change to improve the perceived prestige of rural careers in health.
- Pathways should focus on competencies and the accumulation of transferrable skills.
- The shortage of generalist capability, for example paediatrics and geriatrics, will become more impactful in rural and remote settings.
- Roles that support cross-disciplinary practice will be in further demand, for example allied health assistants, nurse practitioners and rural generalists.
- The allied health workforce will play a greater role in supporting generalist health needs in rural areas.
- Regional study hubs and/or country university centres will play a key role in supporting education and training in rural and remote areas, to enable upskilling without needing to travel to metro areas.



### Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

#### Stabilising the Foundations

- ▶ Review industrial awards to enable reconfiguration of roles/skills, reflect modern operational needs for upskilling and geographic mobility, and competition for talent with the private sector.
- ▶ Redesign industrial awards around patient needs and outcomes, rather than by practice/profession or affiliations.
- ▶ Design future awards to enable (not stifle) career development, talent management and succession planning.
- ▶ Simplify existing award structures to enable greater flexibility.
- ▶ Reduce the total number of awards.
- ▶ Embed entitlements to support uptake of training and development into new awards (including leave arrangements).
- ▶ Incorporate new skills and capability requirements, such as data literacy, into industrial awards.

#### Building Blocks

- ▶ Find creative ways to redeploy the mature workforce to leverage their extensive health experience and expertise.
- ▶ Adjust planning and governance structures to enable cross-profession standards and scope.
- ▶ Establish flexible pathways to professional pathways that enable transitions across disciplines.
- ▶ Support the implementation of an Allied Health Rural Generalist Pathway to support early career professionals, and establish a career progression pathway for assistant health care workers.
- ▶ Support adoption of primary and multiple secondary disciplines to facilitate multidisciplinary roles
- ▶ Create and market clear pathways for new and emerging roles to support the health system such as health informaticians and generalist positions, for example nurse practitioners, multidisciplinary health workers.

#### Right People, Right Skills, Right Place

- ▶ Provide more training, education and mentoring options for volunteers, carers and peer workers, recognising the key role they play in supporting the health workforce.
- ▶ Invest in education support officers and other admin roles to focus clinician time on clinical activities.
- ▶ Build a new mental health workforce capable of delivering new models care that cover complex comorbidity issues in mental health.
- ▶ Support staff rotations and mobility within organisations and across organisations and settings.
- ▶ Improve the change management capability across the system to encourage change readiness and adoption of new technologies and approaches.
- ▶ Establish multi-regional roles and relationships for service delivery.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising

## 4.3

## Education and training needs to refocus around new and emerging skills and be delivered in a way that aligns with workforce needs and learning styles (1/2)

In all consultations, participants discussed emerging skill demands arising from changing consumer expectations, and how the workforce is being educated and trained to meet these needs. There was an overwhelming consensus that the current education and training structures are outdated, and need to be refined, and there is substantial opportunity to improve the work readiness of the current and future (students) workforce through further collaboration with the Department of Education, Universities and other education providers.

Stakeholder input across consultations highlighted two key areas for reform to better ensure the future workforce is fit for purpose with the right skills: 1) trained in emerging skills to ensure workforce readiness and capability to meet consumer needs, and 2) deliver new and engaging education and training to improve content retention and engagement.

### Critical system enablers

- **Clear and dynamic education and training pathways** that support generalist capabilities in mental health, data and technology.
- **Cross-government and cross-sector collaboration** to better align taught skills and curriculums with health workforce and consumer needs.
- **Lifelong, interdisciplinary learning** opportunities that focus on competencies, not professions.

1

#### The skills and capabilities of the current and future workforce need to expand to ensure continued work readiness and ability to meet consumer needs.

Consultations discussed at depth the opportunity for the health workforce to support community health needs beyond traditionally transactional relationships through better consumer engagement, as catalysts for improved consumer health literacy. Many of these skills and capabilities have already been outlined in previous themes in this report, with some key capabilities recapped below.

Consultations reinforced the importance of generalist capabilities such as communication across mediums (data, digital, verbal, etc), and interpreting and identifying health insights from data, technology, and other sources in ways consumers understand. In addition, skills to actively engage consumers and carers in shared decision making around their health and service planning were discussed. This includes informing consumers of what technology is available to monitor personal health, and teaching them how to use it, for example for dialysis and potentially diagnosis/pathology.

As care is increasingly delivered outside traditional facilities, developing workforce comfort in interpreting information from new models was reinforced as a core skill required in future. This could deliver consistently high quality care in all settings, for example understanding IoT sensors in the home or delivering advice from the car.

Consistently, consultations identified the need to improve the work readiness of health graduates, as the future of the health workforce. A need to further integrate practical use of medical technologies, systems and corporate systems into tertiary education curricula was consistently raised through consultations, with blended learning seen as a valuable means to achieve this. Participants also raised the need to improve the workforce's comfort with ambiguity, resilience, autonomy and collaboration. Consultations highlighted that this should be present from the start of their professional journey, to ensure they have the capability to adapt to new technologies, work settings and models of care.

2

#### Future education and training approaches should reflect the changing health system and support lifelong learning and career mobility across the health workforce.

Participants highlighted the increasing pace of change in health service demands, driven by local demographic changes and consumer expectations of the health system to deliver seamless interdisciplinary care. Adopting a lifelong learning approach to staff training was consistently raised as a valuable enabler to achieve this, though recognising the need for delivery in engaging and timely ways.

Collaboration with education institutions and RTOs to develop micro-credential competency-based training in emerging skills was discussed as an option. This could provide opportunities for accredited upskilling where changing community health needs create a necessity for it. This said, participants also noted that a selection process should apply in access to education and training, to prioritise health workers in communities that require the competencies most, or where value is delivered greatest.

Flexible career paths were another enabler identified, and where complemented with secondment opportunities, enable the workforce to improve its understanding of the overall health system. They also provide the opportunity to change careers later if desired. More targeted rotation programs for small but critical workforces also ensures this workforce group is retained and is capable of adapting to changing health system needs.

New and innovative approaches to formal and self-learning will also be critical to provide training on-demand. Technology offers the potential for engaging professional education and training to ensure the relevance of skills in the workforce and information retention, for example through simulation training for tele-health.

“

*There is a real need to adopt lifelong, less formal approaches to learning to ensure the workforce can continue to meet consumer health needs, now and in future.*

”

“

*Interprofessional learning and care will be paramount to meeting the needs of healthcare consumers.*

”

## 4.3

## Education and training needs to refocus around new and emerging skills and be delivered in a way that aligns with workforce needs and learning styles (2/2)

### Education and training considerations for rural and remote settings:

Rural and remote consultations identified unique challenges in education and training for the health workforce, and opportunities for improvement:

- Regional RTOs, and regional study hubs, will play an important role in promoting local opportunities for lifelong learning and incremental upskilling for rural and remote health professionals. Health system planning and needs should input directly to what courses are delivered.
- Targeted initiatives for Aboriginal health workers and students, that recognise the community concept of health in Aboriginal culture and the dual community role of Aboriginal students and workers have, for example Aboriginal rural cadetships, will support future supply.
- Clearer pathways to rural practice, marketing, increasing the enrolment of students from rural and remote areas and investment in supports will be critical to maintain the future pipeline of graduates in rural and remote areas. Trainees in public health facilities may be tasked with return of service arrangements in areas of short supply.
- Micro-credentialing competencies will be an important opportunity for the rural workforce to have new skills formally accredited.
- Future training content will focus equally on innovative/technologically-enhanced care models and traditional approaches, given issues in technology access.
- Engaging e-learning and other virtual training models will support rural and remote health workers to upskill and undertake continued professional development without having to leave their local communities and source expensive locum support.
- The metropolitan health workforce will be trained to better understand the rural and remote context and its workforce's needs.



### Examples of ideas, strategies and considerations emerging from roundtables, interviews and survey\*

#### Stabilising the Foundations

- ▶ Facilitate agility in workforce planning to enable dynamic matching of local health workforce capability with patient needs.

#### Building Blocks

- ▶ Facilitate collaboration with universities to ensure tertiary education curricula reflect changing industry needs in clinical and professional skills.
- ▶ Collaborate with tertiary institutions to create relationships with community organisations, that support Aboriginal and Torres Strait Islander students and employees throughout their education and careers to improve retention.
- ▶ Collaborate with universities to ensure student placements are allocated to areas of need (geographically and by discipline).
- ▶ Collaborate with education providers to enable lifelong learning and incremental upskilling through micro-credentialing.
- ▶ Invest in development of consumer health literacy to enable them to actively engage.
- ▶ Promote the creation of consumer advocate positions on the boards of local health districts.
- ▶ Improve data and technology to support better, easier consumer engagement, for example booking systems or EMR which can be accessed across settings.
- ▶ Develop capability frameworks that enable the 70-20-10 approach of on the job learning to education and training programs.
- ▶ Facilitate cross-industry training for health professionals to develop professional skills beyond clinical expertise, including exposure to best practice in technology adoption.
- ▶ Support modern, flexible working arrangements to meet 24/7 consumer needs, enabled by technology.
- ▶ Develop support systems and facilities to promote employee wellbeing, acknowledging the impact of vicarious trauma and burn out.

#### Right People, Right Skills, Right Place

- ▶ Embed base-level generalist skills across new technical (genomics and data analytics) and professional (resilience, agility and change readiness) skills into education and training.
- ▶ Develop consistent professional development pathways that emphasise interdisciplinary training and working in multidisciplinary teams.
- ▶ Train the workforce on wellbeing approaches to health and care, to accommodate those 'not unwell enough' for acute and specialist services.
- ▶ Invest in mental health awareness programs for families and carers.

**Note:** \*These examples were gathered through consultation. These ideas have not been validated or endorsed as action items, but demonstrate the intent of the themes and trends arising

# Appendices

Roundtable consultation  
questions and summary  
of survey responses



# Roundtable consultation questions: Generalist roundtables

Change driver	Questions
<b>Demographics</b>	<ul style="list-style-type: none"> <li>• What workforce changes enabled the NSW health workforce to meet the needs of an ageing population, with more complex and chronic conditions?</li> <li>• How the health workforce has changed to meet specific needs, including in particular those of Aboriginal, Rural and Remote, and CALD communities?</li> <li>• How did the system and workforce adapt to meet the needs of an ageing population?</li> </ul>
<b>Care delivery outside hospitals</b>	<ul style="list-style-type: none"> <li>• What types of new and expanded roles will emerge or be required to enable consistently high quality care delivery outside hospitals?</li> <li>• What workforce changes do NSW Health Organisations need to make to better integrate care across the state and care settings?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities, and team structures) are required to deliver safe, quality care in changing care settings?</li> <li>• Healthcare settings are evolving. More care is moving to the community, and hospitals are dealing with increasingly complex care. What will be the impact on specific workforce groups?</li> </ul>
<b>Consumer-driven care</b>	<ul style="list-style-type: none"> <li>• What were the implications of consumer-driven care and increasing expectations on developing a fit for purpose workforce?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) were required to deliver consumer-driven care?</li> <li>• How did increasing consumer expectations change the requirements of specific workforce groups?</li> </ul>
<b>Political</b>	<ul style="list-style-type: none"> <li>• What enablers or barriers are present in the way the system operates that could impact NSW Health on achieving a fit for purpose workforce?</li> <li>• How can NSW Health enable and support more collaboration and better partnerships across their own workforces and with others, such as other government agencies, NGOs and private sector, to enable better care?</li> <li>• How will NSW Health make changes to the workforce to support outcomes based healthcare delivery?</li> <li>• How might government regulation (or policy) evolve to enable a more productive and efficient workforce?</li> </ul>

Change driver	Questions
<b>New technologies</b>	<ul style="list-style-type: none"> <li>• What were the implications of new technology, medicines and AI on developing a fit for purpose workforce?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) were required to optimise the use of new technologies, medicines and AI to improve healthcare service delivery?</li> <li>• Which workforce groups saw the biggest changes? What were the specific implications of new technology, medicines and AI for their roles?</li> </ul>
<b>E-Health and data analytics</b>	<ul style="list-style-type: none"> <li>• What are the implications of E-health and data analytics on developing a fit for purpose workforce?</li> <li>• How will changing ICT, digital and corporate systems change how services are delivered to the workforce through E-Health?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) are required to optimise the use of E-Health and data analytics to improve healthcare service delivery?</li> <li>• Are there specific implications of eHealth and data analytics on specific workforce groups?</li> </ul>
<b>Workplace culture</b>	<ul style="list-style-type: none"> <li>• How was the health workforce equipped and organised to deliver care in new and different ways?</li> <li>• What were the enablers and barriers that were overcome to embed a positive culture and develop a fit for purpose workforce?</li> <li>• What new capabilities were health leaders equipped with to role model the desired culture and lead the delivery of high quality health services?</li> </ul>
<b>Future ways of working and workplace wellbeing</b>	<ul style="list-style-type: none"> <li>• What are the identified, emerging and future shortfalls in supply of health workers? And which will be oversupplied?</li> <li>• Where are the most significant changes in demand of health professionals likely to be?</li> <li>• How will the future health workforce be organised, for example skill sets, interdisciplinary teams, demographics?</li> <li>• What systems, tools and ways of working might support a more inter-disciplinary and flexible workforce?</li> </ul>
<b>Changing scope of practice</b>	<ul style="list-style-type: none"> <li>• How will workforce roles, responsibilities and scope change or expand in the future, and what changes are we seeing currently?</li> <li>• What changes to pathways to professional practice would enable a fit for purpose workforce?</li> <li>• What are the most important emerging roles, skills and capabilities that will impact future healthcare delivery?</li> <li>• What will be the specific workforce groups most significantly impacted by role or scope changes?</li> </ul>

# Roundtable consultation questions: Rural and remote-focused roundtable

Change driver	Questions
<b>Demographics</b>	<ul style="list-style-type: none"> <li>• What workforce changes enabled the health workforce to meet the needs of an ageing rural and remote population with more complex and chronic conditions?</li> <li>• How has the health workforce changed to meet specific needs, including in particular those of Aboriginal, Rural and Remote, and CALD communities?</li> <li>• What changes to pathways to professional practice helped to encourage newer professionals to consider rural careers?</li> </ul>
<b>Care delivery outside hospitals</b>	<ul style="list-style-type: none"> <li>• What system-wide changes are required to enable improved delivery of community-based care in rural and remote settings?</li> <li>• What types of new and expanded roles will emerge or be required to enable consistently high-quality care delivery outside hospitals, particularly in rural and remote communities?</li> <li>• What changes do NSW Health Organisations need to make to better integrate care across the state and care settings?</li> <li>• How might healthcare providers partner with community and not-for-profit health providers in rural and remote settings to support increased reach and consistency?</li> </ul>
<b>Consumer-driven care</b>	<ul style="list-style-type: none"> <li>• What were the implications of consumer-driven care and increasing expectations on developing a fit for purpose workforce?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) were required to deliver consumer-driven care in rural and remote settings?</li> <li>• How did increasing consumer expectations change the requirements of the rural and remote health workforce?</li> </ul>
<b>Political</b>	<ul style="list-style-type: none"> <li>• What enablers or barriers are present in the way the system operates that could impact NSW Health on achieving a fit for purpose workforce in rural and remote settings?</li> <li>• How can NSW Health enable and support more collaboration and better partnerships across their own workforces and with others, such as other government agencies, NGOs and private sector, to enable better care?</li> <li>• What changes are needed in government grants and other funding to ensure alignment with community needs and provision of fit for purpose services?</li> <li>• How might government regulation (or policy) evolve to enable a more productive and efficient workforce?</li> </ul>

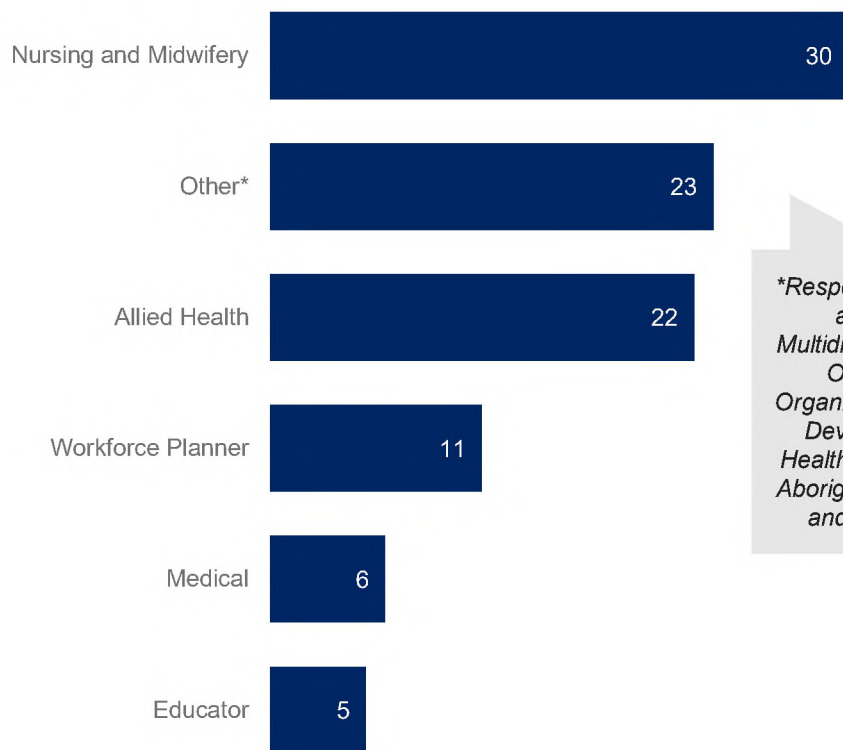
Change driver	Questions
<b>New technologies</b>	<ul style="list-style-type: none"> <li>• What were the implications of new technology, medicines and AI on developing a fit for purpose workforce?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) were required to optimise the use of new technologies, medicines and AI to improve healthcare service delivery? How was this achieved in rural and remote areas?</li> <li>• What innovative technologies and practices were leveraged to enable better integration of care, regardless of care setting?</li> </ul>
<b>E-Health and data analytics</b>	<ul style="list-style-type: none"> <li>• What are the implications of E-health and data analytics on developing a fit for purpose workforce, and are the implications the same for professionals in rural and remote settings?</li> <li>• How will changing ICT, digital and corporate systems change how services are delivered to the workforce through E-Health?</li> <li>• What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) are required to optimise the use of E-Health and data analytics to improve healthcare service delivery?</li> <li>• Are there specific implications of E-Health and data analytics on specific rural and remote workforce groups?</li> </ul>
<b>Workplace culture</b>	<ul style="list-style-type: none"> <li>• How was the health workforce equipped and organised to deliver care in new and different ways?</li> <li>• What were the enablers and barriers that were overcome to embed a positive culture and develop a fit for purpose workforce?</li> <li>• How have health leaders developed a strong and integrated culture across a dispersed workforce?</li> </ul>
<b>Future ways of working and workplace wellbeing</b>	<ul style="list-style-type: none"> <li>• What are the identified, emerging and future shortfalls in supply of health workers? And which will be oversupplied?</li> <li>• Where are the most significant changes in demand of health professionals likely to be, and will this be different in rural and remote areas?</li> <li>• How will the future health workforce be organised, for example skill sets, interdisciplinary teams, demographics?</li> <li>• How should workforce planning be improved to enable improved supply and retention of specific workforce groups in rural areas? How will the ageing workforce be addressed?</li> </ul>
<b>Changing scope of practice</b>	<ul style="list-style-type: none"> <li>• How will workforce roles, responsibilities and scope change or expand in the future, and what changes are we seeing currently?</li> <li>• What role do higher education providers and RTOs play to ensure the ongoing supply, relevance and capability of the rural and remote workforce?</li> <li>• What are the most important emerging roles, skills and capabilities that will impact future healthcare delivery, and will this be different for rural and remote areas?</li> <li>• What will be the specific workforce groups most significantly impacted by role or scope changes?</li> </ul>



# Online surveys invited health professionals from across the system to provide input

## Responses by role

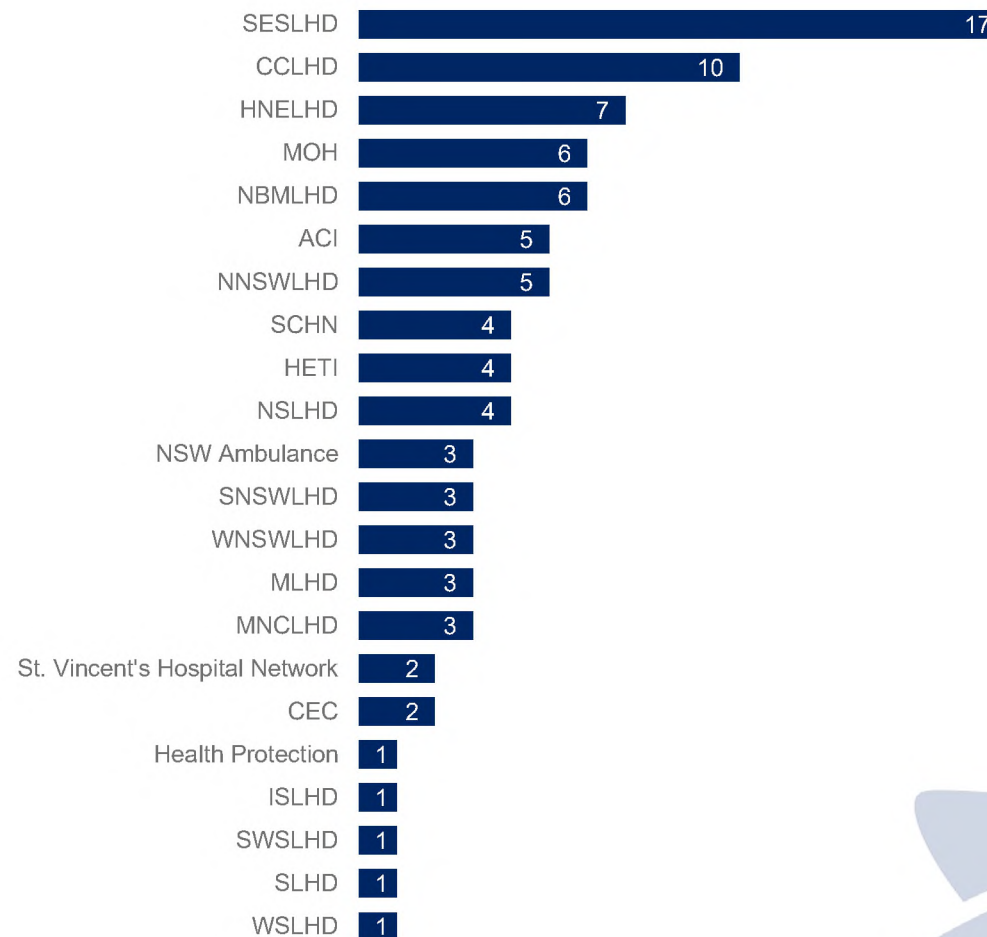
n = 97



*\*Respondents self-classified as 'other' include Multidisciplinary Community Outreach workers, Organisational Learning and Development workers, Health Services Managers, Aboriginal Health Managers and general clinicians.*

## Responses by LHD/SN

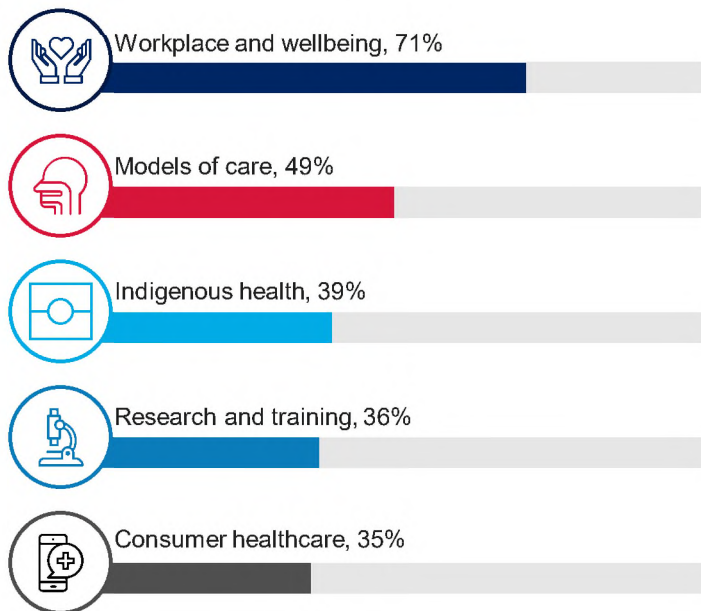
n = 92



# Online survey responses: Top interests and change drivers

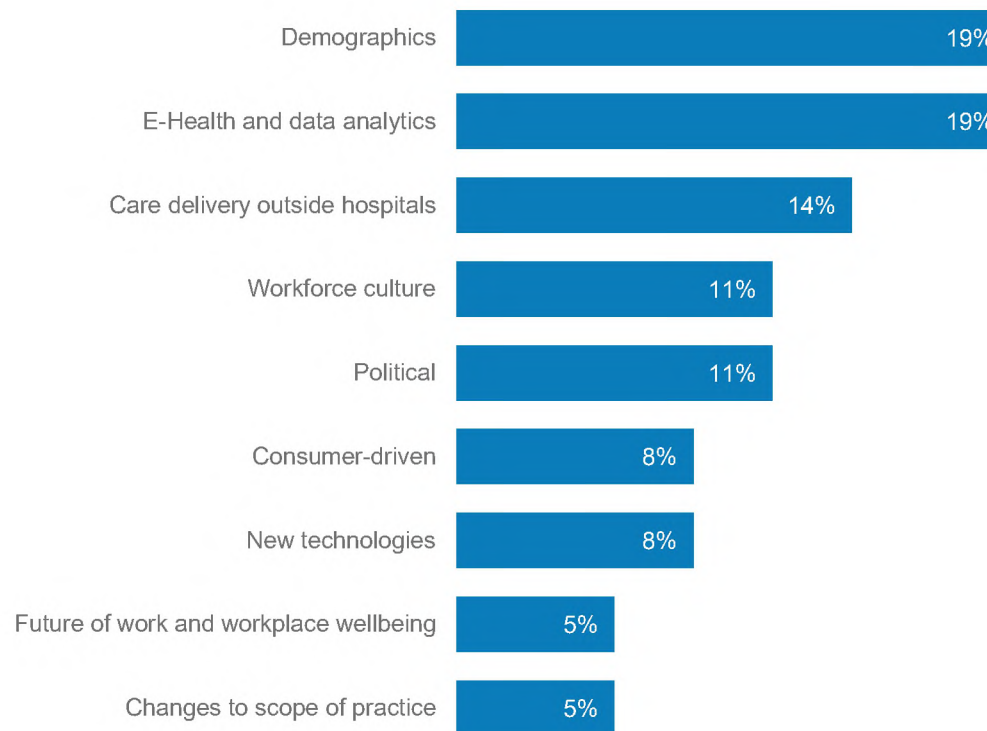
## Top five areas of interest

n = 88



## Change driver most likely to impact the health workforce of 2030

by count of top choice | n = 37



## Online survey responses: Strategies and targets

Theme	Strategy	Theme	Strategy
<b>Workforce modelling</b>	<ul style="list-style-type: none"> <li>Map the number of health workers by occupation to improve visibility of system-wide health worker availability and staff allocation to areas of greatest need</li> <li>Model local health and care needs, and the forecast impact of demographic changes on demand, to better align staffing with need</li> <li>Conduct quantitative analysis and modelling of the health workforce to forecast regions likely to experience shortfalls in supply</li> <li>Conduct cost analysis of health organisations state-wide to determine best practice on the delivery of new models of care, and share insights</li> <li>Model and grow small but critical workforce groups</li> </ul>	<b>Specific workforce groups</b>	<ul style="list-style-type: none"> <li>Conduct targeted recruitment and investment to build health workforce diversity at all levels, for example Aboriginal, CALD, women.</li> <li>Empower Aboriginal health workers through training and career progression opportunities</li> <li>Invest in cultural safety programs for the health workforce to better attract and retain the Aboriginal and CALD workforce</li> <li>Link Aboriginal program funding to Aboriginal health outcomes</li> <li>Grow the specialist clinician workforce</li> <li>Grow the generalist workforce in rural and remote areas</li> </ul>
<b>Training and education</b>	<ul style="list-style-type: none"> <li>Facilitate better access to training for rural and remote health workers</li> <li>Ensure training provision is aligned with population health trends and needs, for example through interdisciplinary training</li> <li>Provide clear professional development pathways and guidance that upskill health workers to deliver new models of care</li> <li>Clarify skill and capability requirements of future health workers to guide education pathways</li> <li>Collaborate with tertiary education providers and RTOs to develop the change readiness and interpersonal skills of health workers, and their willingness to adopt lifelong learning to meet changing health needs</li> <li>Train junior and senior medical staff in clinical governance</li> </ul>	<b>Integrated care</b>	<ul style="list-style-type: none"> <li>Facilitate partnerships between practices and health service providers to enable better integrated care</li> <li>Fund additional staff positions to enable 24/7 hospitals and health services</li> </ul>
		<b>Prevention and early intervention</b>	<ul style="list-style-type: none"> <li>Invest in prevention and early intervention initiatives such as community health checks and better eating habits</li> </ul>
		<b>Allied health workers</b>	<ul style="list-style-type: none"> <li>Better utilise the allied health workforce to enable new models of care, by first engaging them to understand changing consumer expectations</li> </ul>
		<b>Leadership and succession planning</b>	<ul style="list-style-type: none"> <li>Invest in overall health leadership capability and succession planning</li> <li>Provide leadership and people management training to senior medical staff</li> </ul>
<b>Cross-government collaboration</b>	<ul style="list-style-type: none"> <li>Develop joint targets across government departments to drive collaboration and joint initiatives to improve health outcomes, for example between Health and Education</li> </ul>	<b>Culture</b>	<ul style="list-style-type: none"> <li>Build a purpose-driven culture across the health workforce that finds meaning in working for patients and others</li> </ul>
<b>Data and technology</b>	<ul style="list-style-type: none"> <li>Develop base-level data and IT literacy across the health workforce to enable use of new systems and data</li> <li>Provide real-time access to health data for patients and clinicians, in clear and intuitive formats</li> <li>Invest in digital health infrastructure to accommodate home-based care and faster patient feedback</li> <li>Invest in automation and IT systems to improve operational efficiencies and free up clinician time for higher value add services</li> </ul>	<b>Wellbeing</b>	<ul style="list-style-type: none"> <li>Establish accountability for the wellbeing and safety of the health workforce through mandatory reporting</li> </ul>
		<b>Other</b>	<ul style="list-style-type: none"> <li>Adopt an evaluation and continuous improvement mentality to service design and professional care</li> <li>Extend the definition of health workers beyond traditional clinical roles to include support and corporate staff, reflective of the need for new skills to enable holistic consumer care</li> </ul>

# Online survey responses: Enablers and barriers to a fit for purpose workforce

## Enablers

- Access to interdisciplinary training and professional development opportunities
- Improved access to training opportunities, particularly for the rural and remote workforce, through use of new technologies
- Alignment in the level of specialisation in skills and the health needs of communities
- Collaboration across LHDs on professional development provision and staff wellbeing programs
- Consumer and health worker engagement and input to service and facility planning to best prioritise what to do and how
- Access and use of telehealth and new technologies
- Quarantined funding to explore new ways of working, with options for failure
- Workforce and workload planners/forecasters
- Consistent availability of flexible work environments
- Targeted recruitment of Aboriginal leaders, and talent management for emerging leaders
- Flexible award structures that recognise changing scope of practice
- A shift in infrastructure investment from new hospitals to digital infrastructure
- A better understanding of population health needs
- Learning organisations willing to accept best practice from other industries
- Compelling business cases that market the benefits of new models of care to clinicians
- Integrated IT systems that share and provide consistent consumer data
- Clinical leadership at all levels across professions
- Use of telemedicine to promote better access for clinicians

## Barriers

- Lack of, or lack of access to, professional development opportunities for rural and remote health workers
- Burnout amongst health workers, driven partially by insufficient resourcing
- Lack of cultural inclusion and programs to support diversity
- Limited access to technology and network infrastructure in rural and remote regions
- Disengaged leadership and lack of people management capability
- Lack of workforce management capability
- Complex, rigid and outdated awards
- High costs of providing education and training to staff
- The geographically dispersed rural and remote workforce
- Lack of a consistent approach and definitions for new models of care and consumer outcomes
- Lack of accountability for workforce wellbeing and consumer outcomes
- Siloed professional groups working without collaboration
- Change resilience amongst health workers and executives
- Rigid and bureaucratic organisational structures
- Lack of specialists in some roles

## Online survey responses: Demographics

Q: What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) are required to meet specific needs, including those of Aboriginal, Rural and Remote communities, and Culturally and Linguistically Diverse communities, etc?

Theme	Response
<b>Diversity and inclusion</b>	<ul style="list-style-type: none"> <li>• Grow the Aboriginal health workforce to deliver culturally appropriate services</li> <li>• Provide clearer pathways to senior positions for Aboriginal health workers</li> <li>• Support the growth and retention of Aboriginal and CALD health workers through developing the cultural competence of the existing workforce, and provide ongoing tailored supports to all where needed</li> <li>• Use targeted initiatives to grow select workforce groups in short supply now and in future, for example disability</li> <li>• Match the hospital workforce's diversity profile to that of the local communities they serve, for example Aboriginal, CALD, LGBTIQ+</li> </ul>
<b>Leadership capability</b>	<ul style="list-style-type: none"> <li>• Develop the leadership capability of current and emerging health leaders</li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>• Succession plan for the ageing baby boomer workforce to ensure ongoing service continuity and access</li> </ul>
<b>Work flexibility</b>	<ul style="list-style-type: none"> <li>• Develop flexible working models to enable part-time work arrangement without adding additional workload for management</li> </ul>

Theme	Response
<b>New roles</b>	<ul style="list-style-type: none"> <li>• Look to alternative models of service provision, for example nurse practitioners, technicians, GPs providing community care and practice nurses</li> </ul>
<b>Generalists and specialists</b>	<ul style="list-style-type: none"> <li>• Develop a baseline level of generalist health knowledge and capability across the workforce</li> <li>• Facilitate access to specialists in remote areas through new workforce models, for example hub and spoke, technology and liaison officers</li> <li>• Provide more skilled staff in rural and remote settings to meet demand</li> </ul>
<b>Performance management</b>	<ul style="list-style-type: none"> <li>• Incorporate patient outcome measures such as QALY and DALY into performance reviews</li> </ul>
<b>Training and education</b>	<ul style="list-style-type: none"> <li>• Collaborate with universities to develop the health IT literacy of new graduates</li> </ul>
<b>Collaboration with other agencies</b>	<ul style="list-style-type: none"> <li>• Work with government and non-government agencies to coordinate service planning and holistically incorporate consumer views</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Provide access to vehicles and transport to enable rural and remote health workers to access geographically dispersed communities</li> </ul>

## Online survey responses: Care delivery outside hospitals

Q: Healthcare settings are evolving, while hospitals are dealing with increasingly complex care, significant activity is moving to the community. What will be the impact on specific workforce groups?

Theme	Response
<b>Early intervention</b>	<ul style="list-style-type: none"> <li>Greater focus on early intervention approaches to reduce system pressures and wait times</li> </ul>
<b>Care delivery in all settings</b>	<ul style="list-style-type: none"> <li>Culture change across the health workforce and consumers that transitions perceptions that care must be delivered in hospitals</li> <li>Demands of health workers to become increasingly mobile and agile, enabled by new technologies</li> <li>Emphasis on clinical governance and risk management to ensure consistency in safety and quality of health services</li> <li>Increase in delivery of generalist services such as podiatry and occupational therapy in the home</li> </ul>
<b>Tele-health and technology</b>	<ul style="list-style-type: none"> <li>Growth in use of tele-health and teleconferencing platforms to deliver health</li> <li>Health workers required to upskill to use tele-health and manage its limitations</li> <li>Better use of secured social media and other platforms to deliver faster feedback to and from consumers</li> </ul>

Theme	Response
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>Improved partnerships with primary health to enable seamless transfer of health information between hospital and community settings</li> <li>Improved care models in primary care to deliver more complex cases in the community</li> <li>Collaboration with NGOs and other partners to deliver a patient-centred, integrated approach</li> <li>Sharing of global best practices in delivery community-based care between LHDs</li> <li>Working closer with allied health to deliver community care</li> </ul>
<b>Cultural competence</b>	<ul style="list-style-type: none"> <li>Improved cultural competence of the health workforce to deliver culturally appropriate services across different communities</li> </ul>
<b>Consumer engagement</b>	<ul style="list-style-type: none"> <li>Further awareness by the general public of available health services</li> </ul>
<b>Hospital funding</b>	<ul style="list-style-type: none"> <li>A shift in funding from new hospitals towards smaller community-based facilities closer to home</li> </ul>

## Online survey responses: Consumer-driven

Q: How are consumer expectations changing the requirements of specific workforce groups?

Theme	Response
<b>Delivery of care on demand</b>	<ul style="list-style-type: none"> <li>• Demand for timely and accurate health information at the consumer's fingertips, for example via Google</li> <li>• Demand for faster diagnosis and access to personal health data</li> <li>• Demand for care in the home that is affordable, accessible and offers an equivalent or better patient experience to acute care in facilities</li> <li>• Further use of Medical Centres, as opposed to GP clinics</li> <li>• Better utilisation of Urgent Care Centres and Short Stay Units</li> <li>• Shorter waiting times</li> <li>• Localisation of care</li> <li>• Clear and simple explanation of the consumer's care journey, tailored to meet the unique needs of local communities, for example in CALD, Aboriginal communities</li> </ul>
<b>Co-design and consumer engagement</b>	<ul style="list-style-type: none"> <li>• Shortage in skills to actively engage consumers and incorporate feedback/ decisions into their service and care planning</li> <li>• Shortage in capability to adapt to newer, patient-centred models of care</li> <li>• Increased use of PREMs and PROMs</li> <li>• Consumer involvement across the health system, from recruitment and selection panels to mortality meetings to quality improvement projects</li> </ul>

Theme	Response
<b>Improvements to consumer health literacy</b>	<ul style="list-style-type: none"> <li>• Need for the health system to set consumer expectations on what is and isn't possible given available staffing and resources</li> <li>• Greater use of tele-health to deliver care in the home</li> <li>• Pressure for higher quality and safety of care as consumers become more aware of available care</li> </ul>
<b>Demand for care coordination</b>	<ul style="list-style-type: none"> <li>• Easier navigation of, and seamless transitions through the complex health system in receiving care</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• More demand for specialised health workers, to provide rapid and expert care</li> </ul>



## Online survey responses: Political

Q: What do you think are some of the broader issues we are facing now and how will it impact the workforce in 5 years?

Theme	Response
<b>Funding constraints</b>	<ul style="list-style-type: none"> <li>Delays in access and the short-term nature of funding are resulting in discontinuity of existing health initiatives that target long-term strategic issues</li> <li>Regulatory and operational obstacles prevent implementation of new and innovative approaches to care</li> </ul>
<b>Consumer and workforce demographics</b>	<ul style="list-style-type: none"> <li>Shortfall in workforces capable to support newer health needs, for example growing need for care in drug and alcohol, mental health and obesity</li> <li>The ageing workforce, without succession planning, will restrict healthcare access in future</li> <li>'Carers' will extend from grandchildren to aged care specialists</li> </ul>
<b>Human capital management</b>	<ul style="list-style-type: none"> <li>Lack of state-wide health workforce data prevents monitoring of credentials and performance</li> <li>Retention of future talent requires improvements to the attractiveness of careers in public health</li> </ul>
<b>Rising costs of services</b>	<ul style="list-style-type: none"> <li>Unsustainable growth in healthcare costs, resulting in part from increasingly complex and chronic conditions</li> </ul>
<b>Excessive pressure to perform</b>	<ul style="list-style-type: none"> <li>Changes in political direction from leadership changes substantially impact funding availability, making planning more difficult</li> <li>Mismatch between service expectations of LHDs and available budget, creating further need for budgeting and efficiency realisation</li> <li>Lack of workforce engagement at the Minister and policy development level, resulting in unsustainable work conditions for health workers</li> </ul>

Q: How can we work better with other Health Organisations, NGOs, universities and other organisations to enable better care?

Theme	Response
<b>Training and education</b>	<ul style="list-style-type: none"> <li>Share training materials, such as My Health Learning, with NGOs</li> <li>Collaborate with universities to add industry input into undergraduate course design and training opportunities, for example adding emphasis to technological competence, consumer expectations, culture, etc.</li> </ul>
<b>Collaborative engagement opportunities</b>	<ul style="list-style-type: none"> <li>Provide roundtable forums to jointly agree priorities and coordinate approaches</li> <li>Dedicate NGO liaison roles to help facilitate use of NGO facilities</li> <li>Facilitate forums for consistent decision making across LHDs</li> <li>Engage the non-health sectors in joint initiatives, to collaboratively work on larger social and system issues and innovation</li> </ul>
<b>Research collaboration</b>	<ul style="list-style-type: none"> <li>Develop joint initiatives between universities, NGOs and Health to monitor patient outcomes and workforce skills shortages</li> </ul>
<b>Joint care models</b>	<ul style="list-style-type: none"> <li>Embed partnership approaches to models of care, with emphasis on integrated care</li> <li>Provide share spaces to develop and experiment with new collaborative models of care</li> <li>Create shared funding models tied to consumer outcomes</li> </ul>
<b>Focus on the consumer</b>	<ul style="list-style-type: none"> <li>Engage with Aboriginal consumers for input on where they want services to be made available</li> </ul>
<b>Political support</b>	<ul style="list-style-type: none"> <li>Build political buy-in as a catalyst for further partnership across the health system</li> </ul>



## Online survey responses: Political

Q: What enablers and barriers are present in the system that could impact NSW Health on achieving a fit for purpose workforce?

Theme	Enablers
<b>Patient-centrism</b>	<ul style="list-style-type: none"> <li>• Use of consumer outcomes to determine what is in the best interest of consumers</li> <li>• Progress towards use of multidisciplinary teams</li> </ul>
<b>Workforce needs</b>	<ul style="list-style-type: none"> <li>• Passion and good will of staff to support consumer needs</li> <li>• Increased awareness of the importance of staff wellbeing and culture</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Partnerships with universities and the PHNs</li> <li>• Capability to change direction and allocate funding quickly</li> </ul>

Theme	Barriers
<b>Regulation and funding</b>	<ul style="list-style-type: none"> <li>• Unclear regulation</li> <li>• Lack of budget and funding for broader health system improvements</li> <li>• Instability in government leadership and policy direction</li> </ul>
<b>Workforce distribution</b>	<ul style="list-style-type: none"> <li>• Resource allocation challenges to meet the changing health needs of local communities</li> <li>• Lack of system-wide workforce planning</li> </ul>
<b>Training and education</b>	<ul style="list-style-type: none"> <li>• Lack of scholarships and access to training</li> <li>• Lack of expertise in emerging skills such as technological competence for new models of care</li> </ul>



## Online survey responses: New technologies

*Q: What new technology and digital solutions might be supporting people's healthcare experience, and how have health professionals embraced them?*

Theme	Response
<b>Personal devices and apps</b>	<ul style="list-style-type: none"> <li>• Apps and smartphones have improved collection and engagement with consumer health information</li> <li>• Wearables, where combined with predictive analytics and AI, will enable early intervention and prevention of acute conditions</li> </ul>
<b>Tele-health</b>	<ul style="list-style-type: none"> <li>• Consumer acceptance of tele-health to deliver remote health services has improved</li> <li>• Tele-health has enabled timely access to specialist healthcare in rural and remote settings, without the need for travel</li> </ul>
<b>Online systems</b>	<ul style="list-style-type: none"> <li>• My Health Learning facilitates flexible learning</li> <li>• My Health Learning, eHealth, My Health Record, virtual clinics and virtual whiteboards are facilitating better information sharing across organisations</li> <li>• Online booking management systems have improved efficiency in GP referrals and prescriptions, freeing up time for clinical work</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• eHealth systems improved integrated models of care between acute and primary care settings</li> <li>• EMR and eMeds</li> <li>• Remote reporting and monitoring of health</li> </ul>

*Q: What are the implications of new technology, medicines and Artificial Intelligence on developing a fit for purpose workforce?*

Theme	Response
<b>Workforce education and training</b>	<ul style="list-style-type: none"> <li>• Staff require education and ongoing training opportunities to understand and effectively use new technologies</li> <li>• Roles will require new skills in technology</li> <li>• Demand for post-implementation support will grow</li> </ul>
<b>New approaches to care</b>	<ul style="list-style-type: none"> <li>• New technologies will augment, not replace, consumer care, and consumers must take ownership of their own health</li> <li>• Demand for immunotherapies and minimally invasive procedures will increase, resulting in shorter hospital stays and less pressure on clinicians to work in hospitals</li> <li>• Capability to promote health prevention and community wellness will improve</li> <li>• Advanced procedures will be delivered in geographic regions without prior access through use of remote technologies and robotics</li> <li>• Newer technologies may replace some aspects of care, for example diagnosis</li> <li>• Clarity on clinician responsibilities, and where technology provides better patient experience and outcomes, is necessary</li> <li>• Consumers and the workforce will demand health data on demand, presented in ways they can understand</li> </ul>
<b>Change management</b>	<ul style="list-style-type: none"> <li>• The ageing workforce will require support to embrace and use new technologies</li> </ul>
<b>Workforce planning</b>	<ul style="list-style-type: none"> <li>• Demand for health professionals capable of working remotely will grow</li> </ul>
<b>Business cases</b>	<ul style="list-style-type: none"> <li>• Shortfalls in capability to conduct holistic cost-benefit analysis on new technologies will emerge, to prioritise use in areas of greatest value</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Ethical standards and security will be critical to ensuring ongoing quality and safety</li> </ul>

## Online survey responses: E-Health and data analytics

Q: What workforce changes are required to optimise the use of data analytics to improve healthcare service delivery?

Theme	Response
<b>Data capability uplift</b>	<ul style="list-style-type: none"> <li>Upskilling across the health workforce to create base-level capability to interpret, use and report data to inform decisions</li> <li>Ongoing training for new systems to ensure ongoing use and retention of knowledge</li> </ul>
<b>Accessible data</b>	<ul style="list-style-type: none"> <li>Prioritisation of data collection to what can be used to immediately inform decisions, rather than a 'collect all' approach</li> <li>Improvements to systems for data collection, storage and analysis across the health system</li> <li>Access to real-time data to enable proactive decision making</li> </ul>
<b>New specialists</b>	<ul style="list-style-type: none"> <li>Health IT and data specialists that understand what data can be collected, and how to collect it, analyse it and present it.</li> </ul>
<b>Support workforces</b>	<ul style="list-style-type: none"> <li>New 'bedside health data analysts', or upskilled existing health staff, capable of interpreting data and presenting it to consumers</li> <li>Data analysts and decision support staff</li> <li>ICT support roles that provide remote and face-to-face support where needed</li> </ul>

Q: What are the implications of digital health and data analytics on developing a fit for purpose workforce?

Theme	Response
<b>Data privacy, governance and ethics</b>	<ul style="list-style-type: none"> <li>Health professionals across the NSW health system will need a strong understanding of data privacy.</li> <li>Policies, procedures and ethical governance frameworks must clearly define expected professional conduct, particularly as virtual communications technologies blur boundaries on when and how clinicians interact with consumers</li> </ul>
<b>Workforce modelling and allocation</b>	<ul style="list-style-type: none"> <li>New platforms will provide a means to triangulate quantitative activity data, workforce data and financial data, to inform future strategic and operational decisions</li> <li>Data analytics will provide greater visibility on areas of need, and capability to respond rapidly</li> </ul>
<b>'Human' care</b>	<ul style="list-style-type: none"> <li>Reliance on IT and digital systems may depersonalise care</li> </ul>
<b>Data and IT capability</b>	<ul style="list-style-type: none"> <li>The senior workforce will require targeted support to understand and adopt new systems and technologies</li> <li>The overall health workforce will require a base-level understanding of data and data-driven outputs, such that they can use it to improve practice at an individual level</li> </ul>
<b>Co-design of new technologies</b>	<ul style="list-style-type: none"> <li>Co-design with clinicians and consumers will ensure new technologies are designed fit for purpose and useable</li> </ul>

# Online survey responses: Workplace culture

Q: What do you think the workplace will look like in 5 years?

Theme	Response
<b>Younger, digitally enhanced and integrated workforce</b>	<ul style="list-style-type: none"> <li>• A skilled and younger workforce capable of using new technologies to support interdisciplinary practice</li> <li>• Students and junior medical staff embedded with an interdisciplinary work mindset, thereby supporting collaborative workplace cultures</li> <li>• A more agile, mobile, community integrated and holistic approach to care in all settings, using technology and digital health as an enabler</li> <li>• Integration of mobile and digital devices to improve care delivery on demand, for example through bed-side decision support</li> <li>• Less duplication and more integrated service provision</li> <li>• Collaboration across professions and between clinicians to break down traditional practice-based siloes</li> </ul>
<b>Safe, resilient workplaces driven by culture</b>	<ul style="list-style-type: none"> <li>• Workplaces with a strong culture promoting resilience, peer support, patient-centrism, respect, professional development and continuous improvement</li> <li>• Organisations with executive buy-in to implement detailed culture change action plans tailored for their unique staffing profile</li> </ul>

Theme	Response
<b>More staff</b>	<ul style="list-style-type: none"> <li>• Greater number of health professionals, distributed to areas of greatest need</li> <li>• Higher staff to consumer ratios in Eds</li> </ul>
<b>Greater accountability</b>	<ul style="list-style-type: none"> <li>• A stronger focus on governance, leadership and accountability across the workplace</li> <li>• Organisations pushed at the executive level to monitor and proactively manage workplace culture</li> </ul>
<b>Flexible working</b>	<ul style="list-style-type: none"> <li>• Implementation of flexible work practices to support extended working hours beyond the 9-5 standard</li> </ul>
<b>Largely unchanged</b>	<ul style="list-style-type: none"> <li>• No significant changes in 5 years, (for example burnout, under-resourced facilities, bullying), without genuine, targeted initiatives that address core issues across culture, resourcing, industry awards and health leadership capability</li> </ul>



# Online survey responses: Future ways of working and workplace wellbeing

Q: Where do you think are the most significant changes in demand of health professionals likely to be?

Theme	Response
<b>Flexible work and workplace wellbeing</b>	<ul style="list-style-type: none"> <li>• Growth in the importance of workplace safety and security</li> <li>• Promotion of self-care and wellbeing to prevent burnout despite increasing pressure to perform</li> <li>• Increased need for dedicated wellness programs and activities run by qualified staff, to support the physical and mental wellbeing of the workforce</li> <li>• Improved workplace conditions to enable the workplace to perform, for example through a collegiate and respectful culture, flexible working arrangements, secondment opportunities, options for collaborative research, and improved work-life balance</li> <li>• Management and removal of bullying and harassment from the workplace, which will escalate from increased consumer and organisational pressures to perform and the rapid pace of change</li> <li>• A push for part-time work arrangements</li> </ul>
<b>Changes to consumer needs</b>	<ul style="list-style-type: none"> <li>• Changes to skills and capabilities to meet changing consumer health needs and expectations</li> <li>• Readiness to serve new populations and demographic profiles arising from government investment in Western Sydney, new hospitals and the Aerotropolis</li> </ul>

Theme	Response
<b>Agile, adaptable and integrated workforces</b>	<ul style="list-style-type: none"> <li>• The need for further workforce adaptability and resilience in changing work environments</li> <li>• Agile workforces that can move between the hospital, clinics and the home to deliver a range of health services, for example mental health and health management</li> <li>• Growth in consumer demand for health professionals capable of using new technologies, personalised medicine, digital health etc.</li> <li>• Increased importance of clinical, ethical and data governance as new models of care are implemented</li> <li>• Need for integrated teams that communicate and partner across practices and organisations (including NGOs), to deliver more accurate, timely patient care and information</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Greater health leadership capability across the NSW health system</li> <li>• Community-based health services</li> <li>• Greater career development and progression opportunities</li> </ul>



## Online survey responses: Scope changes

Q: What do you think are the most important emerging skills in delivering a high-level of healthcare? How will these emerging skills impact future healthcare delivery?

Theme	Response
<b>Capability and willingness to adopt integrated care</b>	<ul style="list-style-type: none"> <li>Depth of expertise to deliver within a speciality, complemented with an understanding of how to work with other practices to deliver seamless, integrated care for the consumer</li> <li>Further focus on consumer-centrism and holistic care</li> <li>Improved interpersonal skills to drive patient outcomes, for example communication, listening, cultural competency, emotional intelligence, collaboration, team leadership, consumer engagement, creativity, customer service and respect</li> </ul>
<b>Adaptability</b>	<ul style="list-style-type: none"> <li>Openness to change, experimentation and collaboration</li> <li>A culture of resilience</li> </ul>
<b>Emotional intelligence and leadership</b>	<ul style="list-style-type: none"> <li>Capability to deliver compassionate care</li> <li>Emotional intelligence of leadership and clinical staff</li> <li>Transformational leadership to break down siloes</li> <li>Clinical leadership</li> </ul>
<b>Technological and digital competence</b>	<ul style="list-style-type: none"> <li>Competence across technologies required for their roles</li> <li>Digital literacy and competency</li> <li>Capability to leverage the benefits of AI and automation</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Time management</li> </ul>

Q: What changes to educational opportunities and pathways would support the future workforce?

Theme	Response
<b>Access to training pathways</b>	<ul style="list-style-type: none"> <li>Clear training and professional development pathways</li> <li>Access to training pathways for all health professions</li> <li>Access to online/e-learning/distance education opportunities, particularly for the rural and remote workforce</li> <li>Access to experiential training delivered at the site of healthcare delivery, for example in the home, remote settings</li> </ul>
<b>Cross-industry training opportunities</b>	<ul style="list-style-type: none"> <li>Opportunities to work in other industries outside health, for example in technology-oriented industries, to improve understanding of transferrable best practice and intersections with health</li> </ul>
<b>Inter-disciplinary training</b>	<ul style="list-style-type: none"> <li>Better integration of interdisciplinary training into education and training, from current students to experienced health workers</li> <li>Improved industry input into tertiary education curricula, and support for placements</li> </ul>
<b>Dedicated training time and supports</b>	<ul style="list-style-type: none"> <li>Protected learning time for all staff</li> <li>Financial support to backfill staff while on training</li> <li>Financial incentives to train, including scholarships and enhancement opportunities, for example for enrolled nurses, registered nurses, aboriginal health practitioners</li> </ul>
<b>Focus on leadership and interpersonal skills</b>	<ul style="list-style-type: none"> <li>Emphasis on leadership skills (clinical, organisational and mentorship)</li> <li>Train capability in resilience, cultural competence, collaboration, and communication (reading non-verbal cues)</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Encourage and fund alternative and non-traditional avenues for training, for example overseas placements</li> </ul>