

Office of the Chief Nurse and Midwifery Officer

Green Paper Response

**The Office of the Chief Nurse and Midwifery Officer incorporates
the Education and Training Unit**

February 2015

Part 1 - Nursing and Midwifery

Background

Australia faces a number of challenges in health care over the next ten to fifteen years due to the change in demographics, health status of the population, and rising costs.

In 2012, Health Workforce Australia (HWA) released Health Workforce 2025 Doctors, Nurses and Midwives¹ (HWA2025) providing Australia's first major, long-term, national projections. The report demonstrated that without significant changes in workforce design and service delivery models, Australia would not be able to meet the future health care needs of the population. Without reforms, Australia will have a shortage of 112,000 nurses and doctors – the majority being nurses (109,000).

Tasmania faces unique challenges to the sustainability of our health care system; our population is older than the national average and this is reflected in the nursing and midwifery workforce which also has a higher average age. The Tasmanian median age of 40 years is 2.6 years more than the national median. While this seems small it translates to approximately 500 more cases of cancer a year than if Tasmania was at the national median age².

Our population has higher rates of chronic disease than almost all other States and Territories with increasing rates of cancer, diabetes, respiratory disease, mental health conditions, arthritis, heart disease and stroke. For example, approximately eight (8) percent of the adult population has Type 2 Diabetes. Higher risk rates related to chronic disease are also evident from alcohol consumption, smoking, poor nutrition, obesity and low physical activity³.

The Tasmanian health picture reflects patterns associated with rural regions⁴ and historical socio-economic disadvantage, in addition to the age of the population. Average income and educational levels are below that of most other States with 31 percent of Tasmanian households relying on income support including aged, disability and sole parents' support. Tasmania has the highest percentage of families headed by a sole parent (17 percent) of any State or Territory, and also has the highest disability prevalence rate at 22 percent of our population⁵.

When these factors are combined, the state is facing a future where demand will outstrip resources....unless we make changes. A review of all existing Australian health workforce programs showed that it is not possible or affordable to provide for the health care needs of the future by training alone, nor to continuing to provide services using the same models of care we are using now⁶. The challenge for Tasmania is to create new service delivery models that can effectively provide care for increased numbers of people, while at the same time, take the strain off our services by reducing the burden of chronic disease and proactively keeping people well. While there is an undoubted need for the continuation of acute care and specialist services, there is a growing requirement for community based services and innovative models of ambulatory care. Reviewing the utilisation of skills amongst the workforce in the light of educational and technological advances will enable the best possible use of the skills and competencies of our workforce; an

¹ Health Workforce Australia (2012): *HW2025 Doctors, Nurses and Midwives Volumes 1,2,3*

² Department of Health and Human Services (2013): *State of Public Health*.

³ Ibid

⁴ Health Workforce Australia (2013): *National Rural and Remote Workforce Innovation and Reform Strategy*

⁵ Department of Health and Human Services (2013): *State of Public Health*.

⁶ Mason, J. (2013) *Review of Australian Government Health Workforce Programs*

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc>

increasingly important factor in achieving a sustainable health system while maintaining the quality of patient care.

A range of new and expanded roles will be required that includes (but is not limited to) roles that:

- work in inter-disciplinary collaborative teams and across the continuum of care⁷
- provide clinical leadership to team based models of care
- make better use of technologies to improve access to services – this ranges from incorporating the use of equipment into existing practice (eg Dopplers in chronic wound assessment), to the utilisation of new technology for outreach ‘virtual clinics’ and remote health monitoring and coaching⁸
- provide specialist rural health services via a generalist range of skills⁹
- make effective use of contemporary teaching and learning technologies
- provide support to health professionals, enabling the professional to utilise the full scope of their knowledge and skills.

In 2013, a discussion paper was developed that included details of the challenges, and some examples of innovative practice programs in Australia including Tasmania. Feedback informed further consultations in all regions of the State leading to the development of the Strategic Framework for Health Workforce 2013-2018. The framework is intended to cover all health professions and consists of key domains with high levels strategies that can be progressed in partnership with Tasmanian professionals and service providers¹⁰.

A key strategy of the Framework is the development of profession specific Professional Plans. While it is recognised that many challenges require interdisciplinary solutions; each professional group has unique characteristics, challenges and opportunities. Professional Plans will take into account the projected workforce requirements, educational pathways, practice standards, barriers and opportunities for change, relevant to each profession.

Nurses and midwives make up the 61 percent of the Tasmanian health workforce. We work across all sectors of health and community services and are trusted, highly educated and skilled professionals. Our professions have a long history of changing and adapting to meet the evolving health care needs of our community. Nurses and midwives are well placed to take key roles in the redesign of services to improve access and health outcomes, and to ensure our roles are as effective and productive as possible.

Our aim is to advance nursing and midwifery practice, and make certain that a viable nursing and midwifery workforce will be able to meet the future health care needs of the community by working to the fullest scope possible¹¹ and ¹².

The Strategic Framework for Health Workforce

The Tasmanian health system includes a number of organisations where nursing and/or midwifery services are provided. This includes but is not limited to public sector services; three (3) Tasmanian

⁷ World Health Organization (2010) *Framework for Action on Interprofessional Education & Collaborative Practice*

http://www.who.int/hrh/nursing_midwifery/en/

⁸ University Department of Rural Health, Tasmania *Health Informatics* <http://www.utas.edu.au/rural-health/health-informatics>

⁹ Health Workforce Australia (2013: *National Rural and Remote Workforce Innovation and Reform Strategy*)

¹⁰ Department of Health and Human services (2014) *Strategic Framework for Health Workforce*

¹¹ The Advisory Board (2013) *Achieving ‘Top of Licence’ Nursing Practice*

¹² Health Workforce Australia Expanded Scopes of Practice Program <http://www.hwa.gov.au/our-work/expanded-scopes-practice-program/expanded-scopes-practice-evaluation>

Health Organisations (THOs), Ambulance Tasmania, Population Health, and Children and Youth Services. These services are linked to the Department of Health and Human Services (DHHS) via statutory, policy and purchasing mechanisms.

The Strategic Framework for Health Workforce (the Framework) outlines seven (7) key domains with high level strategies which can be progressed across a range of sectors. The domains and strategies have been designed to enable professional plans to be developed now and into the future. The seven domains are:

- Culture of Safety and Quality
- Attraction and Workforce Distribution
- Patient and Consumer Centred Care
- Access Data and Systems
- Build Capability and Capacity to Work in New Ways
- Leadership
- Efficiency and Flexibility.

Professional Plan: Nursing and Midwifery

The changing environment brings not only challenges but opportunities for nurses and midwives to utilise their expertise in new ways. At the State-wide level, the Chief Nurse and Midwifery Officer works closely with the Executive Directors of Nursing (THOs) to ensure:

- Tasmanian nurses and midwives are linked with, and can influence, national and state professional practice initiatives
- nursing and midwifery education, policy and regulation supports innovation and professional practice change
- data and information system needs are identified to inform planning, implementation and evaluation of workforce initiatives and
- local expertise and learnings from successful strategies and outcomes can be shared for the benefit of the wider community.

Strategic priorities for Tasmanian nurses and midwives include:

1. Enhancing Evidence Based Practice
2. Developing the Future workforce
3. Leading Professional Practice

These strategic priorities are aligned with the Framework and national priorities identified for nursing and midwifery.

The following proposes key strategies and potential actions for implementation.

Priority 1: Enhancing Evidence Based Care	
Key Strategies	Potential Actions
Strengthen the translation of evidence into practice	<ul style="list-style-type: none"> • In conjunction with educational and practice development organisations - ensure nurses and midwives have access to education and skills training in: <ul style="list-style-type: none"> ○ Translation of research into practice ○ Facilitating change ○ Clinical redesign processes • In conjunction with the Safety and Quality Units - develop and implement a skills based leadership initiative for quality and safety
Demonstrate the value of nurse led quality	<ul style="list-style-type: none"> • Implement and evaluate patient/client care outcomes of evidence based nursing and midwifery interventions and services. Examples may include:

practice	<ul style="list-style-type: none"> ○ Safety and Quality Programs eg Nurse Sensitive Indicators (eg Falls, Pressure Ulcer Prevention) and 'Always Events'¹³ ○ Expanded clinical decision making. Examples include: <ul style="list-style-type: none"> ▪ Criteria Led Discharge ▪ Evidence based <ul style="list-style-type: none"> • protocols that enhance timely access to care by patients and support medical staff: for example Emergency Department Standard Operating Procedures for first line response eg asthma; • service wide protocols for reducing the incidence of catheter associated infections; • Inclusion of nursing interventions in clinical pathways or 'bundle of care' ○ Nurse and Midwifery Led Services <ul style="list-style-type: none"> ▪ Nurse Practitioner Service Outcomes ▪ Midwifery Group Practice outcomes • Examine options and develop recommendations for efficient clinical auditing and data to demonstrate outcomes and inform decision making.
Effective Person Centred Culture	<ul style="list-style-type: none"> • Implement programs to ensure: <ul style="list-style-type: none"> ○ culturally appropriate and safe care ○ consumer partnerships for improved health literacy

¹³ IHI Patient and Family Centred Care Initiatives "Always Events"
<http://www.ihi.org/resources/Pages/Tools/AlwaysEventsBlueprintandSolutionsBook.aspx>

Priority 2	Developing Future Workforce
Key Strategies	Potential Actions
Future Workforce : analysis and planning	<ul style="list-style-type: none"> • Undertake workforce and service data analysis, and workforce surveys to inform planning projections • Undertake a gap analysis of current workforce information and planning systems and work collaboratively to improve data quality, and capacity for comparing future workforce options aligned to service requirements. • Develop strategies to address projected shortages in specific nursing specialties
Address Distribution and Retention	<ul style="list-style-type: none"> • Develop and implement a Rural and Remote Nursing and Midwifery Initiative • Prioritise small but critical workforces to meet identified population health needs - eg Aboriginal and Torres Strait Islander health workforce, child and family health • Implement national initiatives to improve retention of nurses and midwives
Optimise nursing and midwifery roles	<ul style="list-style-type: none"> • Develop collaborative models of care that maximise the knowledge and skills of nurses and midwives • Implement the national prescribing pathway for protocol prescribing by nurses and midwives • Incorporate technologies into practice to enhance the productivity of the nursing and midwifery workforce • Achieve the agreed workforce skill mix of 25 percent Enrolled Nurses • Review the outcomes of the Assistant in Nursing Trial and potential for extension to other areas where clinically appropriate.
Expand Scopes of Practice	<ul style="list-style-type: none"> • Streamline the requirements for identification and establishment of Nurse Practitioner and Candidates positions • Establish practice relationships with Eligible Midwife • Link with national initiatives to develop and implement pathways for advanced practice to improve patient access in priority areas. Examples include: <ul style="list-style-type: none"> ○ Nurse endoscopist ○ Surgeons assistants ○ Expanded Scopes in Emergency Departments
Enhance the effectiveness of student clinical placements	<ul style="list-style-type: none"> • Implement the student clinical placement information system • Contribute to national research and initiatives to improve the quality and effectiveness of nursing and midwifery clinical placements • Implement the National Clinical Supervision program
Graduate Transition	<ul style="list-style-type: none"> • Increase the number of suitable places for graduate transition • Develop targeted programs for recruitment, development and retention into areas of identified need • Increase the number of nurse and midwife preceptors to support transition and on-going development

Priority 3: Leading Professional Practice

Key Strategies	Potential Actions
Enhance the application of Professional Standards	<ul style="list-style-type: none"> Implement a professional practice series to enhance the application of legislation and professional standards eg: <ul style="list-style-type: none"> application of Scope of Practice delegation and Supervision Skills
Develop and implement enabling Policy and Regulation	<ul style="list-style-type: none"> Review current legislation and policy to: <ul style="list-style-type: none"> develop policies and legislation that support enhanced and expanded scopes of practice support and enhance the industrial and legislative framework to promote and facilitate the implementation of workforce reform policy to sustain and build the rural and remote health workforce
Develop new education and training pathways	<ul style="list-style-type: none"> Work collaboratively with the Tasmanian Clinical Education Network to: <ul style="list-style-type: none"> create an educational pathway for rural and remote specialists with a generalist scope of practice strengthen post graduate options for registered and enrolled nurses; and midwives increase the number and availability of simulation learning programs increase access to e-learning and conferencing technologies Work collaboratively with other states and relevant bodies to: <ul style="list-style-type: none"> develop and implement accredited training standards and pathways for new or expanded roles increase interdisciplinary education programs
Strengthen Clinical Supervision	<ul style="list-style-type: none"> Implement the national Clinical Supervision program to enhance the skills of nurses and midwives to support learning
Foster a culture of excellence in practice, education and research	<ul style="list-style-type: none"> Work collaboratively with University of Tasmania (UTAS) and Professors to: <ul style="list-style-type: none"> develop a world class translational research program increase the opportunities for nurses and midwives to lead, or participate in, research and publication of their work. In conjunction with UTAS and other organisations: <ul style="list-style-type: none"> develop and implement a Shine Program for Excellence in Practice continue the State-wide Innovation Awards promote scholarship opportunities for education and research.
Strengthen Leadership	<ul style="list-style-type: none"> Establish programs to support <ul style="list-style-type: none"> Executive Nursing and Midwifery Leadership development Nurse Unit Managers development Leadership for Change Emerging Leaders

Collaborative and Interdisciplinary Models of Care

The World Health Organisation provides clear guidelines to the development of collaborative models. These include institutional support strategies to develop collaborative practice. Institutional mechanisms can shape the way people work collaboratively, creating synergy instead of fragmentation. Staff participating in collaborative practice requires clear governance models, structured protocols, and shared operating procedures.

Collaborative practice is effective when there are opportunities for shared decision-making. This enables health workers to decide on common goals and patient management plans, balance their individual and shared tasks, and negotiate shared resources. Structured information systems and processes, effective communication strategies, strong conflict resolution policies and regular dialogue among team and community members play an important role in establishing a good working culture¹⁴.

Working to Full Scope of Practice

Australia is well advanced in its program to ensure national consistency in the standards of health practitioners in all states and territories through accreditation of all programs of education leading to a qualification as a health care provider, registration of professionals, definitions of scopes of practice and competency standards.

A scope of practice describes those activities that a health practitioner is educated, competent and legally authorised to perform. The scope is influenced by the needs of consumers; the settings in which they practice and the policies of employers. It is important that health care workers are enabled to work to the maximum of their scope as they continuously review their practice, learn and develop.

Expanded Scopes of Practice (ESoP)

Prior to its disbandment in 2014, HWA funded a number of pilot programs to expand existing scopes of practice to enable health service professionals to redesign their services and provide improved access to care, enhance the patient journey and ultimately improve health outcomes; two projects focused on nursing¹⁵.

ESoP Nurses in Emergency Departments (ED): Projects were piloted across eight (8) sites in NSW and Victoria in response to the high volumes of patients presenting to emergency departments. In these projects, experienced ED Registered Nurses who met specified competency standards initiated and managed a range of patient care assessment and treatment protocols that were developed in a collaborative practice model.

¹⁴ World Health Organization (2010) *Framework for Action on Interprofessional Education & Collaborative Practice*

¹⁵ Health Workforce Australia, *Expanded Scope of Practice Project* <https://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/expanded-scopes-of-practice-project>.

The project aimed to:

- identify and implement models of expanded work that demonstrate improved productivity through decreased waiting times for patients in emergency departments
- allow increased medical time for more acutely ill patients
- develop guidelines and training to support take-up of these roles across Australia.

ESoP for the Nurse Endoscopist: \$2.6 million was provided to Victoria and Queensland Health for development and implementation of the Nurse Endoscopist role. Nine hospitals participated in the project. Evidence is showing that the provision of a nurse endoscopist as part of a collaborative service, improves patient access, helps reduce waiting times, and increases patient satisfaction. A national education and clinical training standard has been identified as well as the parameters for successful implementation.

Endoscopy waiting times are of concern of all governments and screening demands for early detection are increasing. The leading cause of death in Tasmania is cancer of all types and Tasmania has the second highest incident and mortality rates of Australian States and Territories. Bowel cancer is the second most common cause of death of males, and third most common cause of death of females. The nurse endoscopist program could assist in meeting the high demand and waiting times for endoscopy services in Tasmania.

Part 2 – Education and Training

Executive Summary

This submission provides a response from DHHS Education and Training (Strategic Workforce and Education; and Leadership and Management Development) to the *One State, One Health System, Better Outcomes* Green Paper and associated supplements (the 'reform package'). DHHS Education and Training welcomes the *One State, One Health System, Better Outcomes* reform package.

This submission details the alignment between the reform package and the current work of DHHS Education and Training. It outlines a number of opportunities to progress this into the future.

Broadly speaking, this takes three forms:

1

Through the policy and funding agreements established with the Australian Department of Health, DHHS Education and Training contributes to the three 'system goals' of the **One State, One Health System, Better Outcomes** reform package. This 'system level activity' helps **support and inform policy leadership** in this area, *setting the direction* for change.

System goals:

- *Best practice governance and accountability*
- *Building sustainable funding models*
- *Building sustainable workforce models*

2

Through the 'seven domains' of the **Strategic Framework for Health Workforce 2013-2018**, DHHS Education and Training contributes to the necessary **change management implementation** associated with achieving the *One State, One Health System, Better Outcomes* goals. It operationalises these goals within the system, helping connect the key professions, organisations and communities.

Domains:

*C*ulture of safety and quality
*A*ttention and workforce distribution
*P*atient and consumer centred care
*A*ccess data and systems
*B*uild ability to work in new ways
*L*eadership
*E*fficiency and flexibility

3

Leadership and management development education (with partners like the University of Tasmania) and *training* (delivering programs within the DHHS/THS) builds the **employee resilience** that builds and utilise the Tasmanian health workforce to its maximum potential. Working to the full scope of practice is largely dependent on refining organisational processes (as in 2, above), identifying systemic barriers (1) and engaging people to draw on their existing education, experience, professional networks and psychological capital (3).



Detailed Response

- **Consultation Question:**
- Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?

Yes, the Tasmanian health system requires significant changes to enable the provision of safe, high quality consumer centred care into the future.

Our vision is to provide a dynamic, competent workforce that will meet the health and wellbeing challenges in Tasmania.

Our challenge is to develop a workforce that can provide safe, high quality person centred services within changing environments and budgetary constraints. This will only be possible if our health professionals have the skills, knowledge and responsive capability to make a difference.¹⁶ This submission details the alignment between the reform package and the current work of DHHS Education and Training ('what we do today'). It also outlines a number of 'opportunities to progress' this into the future.

I. Achieving system goals through funding and policy

i. What we do today

- The National Partnership Agreement on Hospital and Health Workforce Reform, signed by Premiers in December 2008 included a Workforce Enablers section as Schedule B. This section gave effect to the decisions of the Council of Australian Governments (COAG) in November 2008 with regard to health workforce reform, when a \$1.6 billion package was announced¹⁷, of which \$539.2 million would be contributed by states and territories¹⁸.
- In 2013, DHHS successfully negotiated a further Multi-Schedule Funding Agreement with HWA for the period 1 July 2013 to 30 December 2014.
- DHHS Education and Training is responsible for the management and implementation of the Multi-Schedule Funding Agreement to increase capacity for clinical placements. Through this work, DHHS Education and Training has contributed significantly at a national level to the policy development for simulation education, clinical supervision, and innovation. This has provided the opportunity to align projects with the *Strategic Framework for Health Workforce 2013-2018* to enable implementation of the Framework.
- The Multi-Schedule Funding Agreement includes 5 schedules:
 - Schedule 1 – continuation of the Tasmanian Clinical Education Network (TCEN);
 - Schedule 2- Local Innovation Fund (LIF) to increase clinical training activity through the TCEN;
 - Schedule 3 – continuation of the Clinical Supervision Support Project;

¹⁶ *Strategic Framework for Health Workforce 2013-2018*,
<<http://www.tcen.com.au/strategic%20workforce%20framework>>

¹⁷ COAG Communiqué - 29 November 2008, <<http://www.coag.gov.au/node/294>>

¹⁸ National Partnership Agreement on Hospital and Health Workforce Reform 2008,
<www.coag.gov.au/node/337>

- Schedule 4 – introduction of a Simulated Learning Environments Lead to coordinate Simulated Learning Environments across the TCEN; and
- Schedule 5 – continuation of the Simulated Learning Environments education and training project utilising the Simulated Learning Environments equipment purchased in 2011-2013.
- DHHS Education and Training also contributed to national policy development working with HWA to develop the *Australian Health Leadership Framework*¹⁹ and the localised Tasmanian version, which incorporated health and human services.²⁰
- It also took a lead role in the *Tasmanian State Service Management and Leadership Initiative*.²¹ One of the most significant outputs of this work has been the *Senior Executive Leadership Capability Framework*, which sets out the expectations of staff employed at the level of Senior Executive Service (and clinical equivalents).²²

ii. Opportunities to progress

With regards to **funding**, building on and continuation of the National Clinical Training Reform Agenda will provide levers to much of this work:

- The Department of Health (DoH) is currently developing a variation to the Multi-Schedule Funding Agreement and it is anticipated that the DHHS will receive a further injection of funding to continue this work to 31 December 2015. This will provide an opportunity to build and implement a sustainable model for the clinical training reform projects across the TCEN.
- The DoH has also indicated the intent to continue funding Schedule 5 as a separate funding agreement also to 31 December 2015.
- The DHHS is currently piloting a clinical education framework and system to assist in the planning and management of clinical placements.

A greater understanding of workforce data is essential to meet our planning needs and national reporting obligations.

- Understanding our workforce demographics is also essential to achieving system change and developing workforce models and new workforce roles.
- Workforce data guidelines are required to ensure consistent recording and reporting mechanisms are in place. This will also provide the evidence base to support agency wide workforce change.

Further development of **policy** is necessary to ensure best practice in governance and accountability; sustainable funding; and sustainable workforce; At a national level, the disestablishment of HWA has meant that new administrative arrangements have required consolidation prior to any cohesive

¹⁹ Health Workforce Australia. (2013). Health LEADS Australia: The Australian health leadership framework. Adelaide SA: Health Workforce Australia. <https://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf>

²⁰ Department of Health and Human Services. LEADing in Health and Human Services, 2014
<http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0003/151095/Internet_Leading_in_health_and_human_services.pdf>

²¹ Tasmanian State Service Management and Leadership Initiative, 2012
<http://www.dpac.tas.gov.au/divisions/ssmo/learning_and_development/leadership>

²² Senior Executive Leadership Capability Framework, 2013
<http://www.dpac.tas.gov.au/divisions/ssmo/learning_and_development/leadership/project_no_1/senior_executive_leadership_capability>

action. Similarly, the reform of the Tasmanian health and human services has disrupted existing arrangements and has created new opportunities for change.

2. Implementing change, and the Strategic Framework

iii. What we do today

DHHS Education and Training is responsible for one of the strategies in the implementation of the *One State, One Health System, Better Outcomes* reform package. During the transition to one Tasmanian Health Service, the team will be engaging middle managers and team leaders in a series that provides a 'toolkit' of resources to assist them in leading their staff through the transition. Information about the direction the reform project; organisational changes; strategies and resources to support staff through change; and how to use the change to encourage workplace improvements at a team level will be included. This is currently being developed, with the intention of rolling it out in March or April (timing dependent on the progress of other aspects of the reform project).

This builds on the previous training in change management offered by the team, through its three streams of activity: short courses and videoconferences ('Managers' Toolkits); extended programs of integrated management and leadership development through workplace activity ('Development Program') and the partnership with the School of Medicine, University of Tasmania ('Academic Program').²³

DHHS Education and Training Unit has developed and is implementing the *Strategic Framework for Health Workforce 2013-2018* (The Framework). The Framework includes key Domains and Strategies for Action: Culture of Safety and Quality; Attraction and Workforce Distribution; Patient and Consumer Centred Care; Access to Data and Systems; Building Capability and Capacity to Work in New Ways; Leadership; and Efficiency and Flexibility. A Strategic Workforce Advisory Group and Working Groups have been established and an online Workforce Tool Kit to assist in implementing the Framework.

- Strategies for change, to help meet increasing demands on health services and population need, are outlined within The Framework and are being implemented by the team. These include:
 - Reducing the pressure on health services by providing clinical training; and by enabling the better use of technology such as Simulation Learning Environments for student placements. Extensive work has been done to determine a baseline for the number of clinical placements required. Strategies for increasing clinical training have been investigated in a series of regional workshops with the TCEN and key stakeholders. The Clinical Education and Training Information System (CETIS) has also been developed to provide accurate information on clinical placements
 - Providing support for clinical supervisors by identifying their education and training requirements; developing and coordinating education and training opportunities for supervisors; and strengthening training programs for Aboriginal and Torres Strait Islander health service delivery.

²³ Shannon, E. A., & Burchill, T. A. (2013). 'Shaping our workforce': a Tasmanian development program. *Australian Health Review*, 37(1), 131-133.

- Contributing to the sustainability of services by working collaboratively to promote the Australian Health Leadership Framework²⁴ and identifying further opportunities for developing leadership models in Tasmania. Providing a sustainable approach for rural and remote services, for all health disciplines, including dental, mental health and aged care. Leading innovation by developing an integrated clinical education and training framework that is efficient and equitable; and developing new inter-professional learning opportunities.

iv. Opportunities to progress

More flexibility is required within our workforce to meet the current and future needs. The Framework that is publicly endorsed, and referenced in the Green Paper²⁵ and in Supplement 2 on Workforce²⁶, outlines foundation work required to support the changes required to meet workforce challenges. Linkages will be essential between the Clinical Advisory Groups and the TCEN to progress the implementation of The Framework and maximise the benefits achievable.

- Workforce redesign is required in order to meet the expected increase in service delivery arising from an ageing population and the increasing burden of chronic illness. This will involve looking at who provides different levels and types of service and care, and to whom and where. There will also be a need to address the trend of increasing specialisation to ensure that all communities are able to access appropriate health care. What is clear is that more of the same is not the answer. Given the shift in balance in the age profile of the population, with a growing older population requiring care, and a shrinking proportion of working aged people, the current supply of workers will not meet future demand.
- Assistant roles provide an entry point into the healthcare workforce that can provide an entry point into a health career. Greater use of assistants may also improve retention of skilled health professionals in rural and regional areas, who are then able to deliver services that more closely align with their level of competence.
- Developing and utilising the full scope of roles for the existing workforce will support the use of extended scope of practice through the introduction and greater utilisation of support roles. A framework of safe, appropriate and timely delegation will ensure that workers have the competence and confidence to undertake all of the duties required of their roles.
- Effectively managing the workforce supply chain will ensure workforce sustainability and will meet future health service demand challenges (e.g nursing graduates and medical interns).
- Accelerating the realisation of objectives and change will result in new models of care being applied in practice. This needs to be linked to training that is aligned with workforce need in order to maximise the benefits of change.
- Supporting additional actions specific to distribution, shortages and recruitment, will accelerate implementation of innovation in skill utilisation, models of care and scopes of practice.
 - One process to enable workforce change, undertaken by public health organisations in the UK, and several jurisdictions in Australia is to develop delegation frameworks that include tools to analyse services and tasks in patient care to enable broader roles within the health workforce.

²⁴ Health Workforce Australia. (2013). Health LEADS Australia: The Australian health leadership framework. Adelaide SA: Health Workforce Australia. <https://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf>

²⁵ *Delivering Safe and Sustainable Clinical Services – Green Paper – Rebuilding Tasmania’s Health System* p.29

²⁶ *One State, One Health System, Better Outcomes - Delivering Safe and Sustainable Clinical Services - Rebuilding Tasmania’s Health System – Supplement No. 2 Tasmania’s Health Workforce* p. 4

- Continued engagement with national programs such as *Clinical Supervision and Support* and *Simulated Learning Environments* provides the opportunity to develop sustainable models to increase the quality of our health professionals.

Leadership and management development is a key enabler for change. Attention to the human element of change will, ultimately, determine the success of that change.²⁷

3. Leadership and management development for resilience

v. What we do today

DHHS Education and Training works in partnership with the University of Tasmania, School of Medicine (SOM) to provide tailored *education solutions* for DHHS/THO staff. Since 2010, approximately 350 DHHS/THO employees have registered to study under the scholarship provided by the SOM, which allows them to study HECS-free. This represents a value of approximately \$2,000 per unit, at two units per annum. There has been a steady increase in new registrations each year from 30 new registrations in semester two 2010 to 72 in 2014.

Beyond attendance, there is evidence for the efficacy of access to further education for DHHS staff, both through self-report and managers' report. DHHS/THO staff studying through the Academic Program believed that they displayed improved job performance; increased motivation to learn and improved self-esteem.²⁸

Similarly, in-house DHHS *training opportunities* have been shown to benefit both individual and organisation. For the past five (5) years the DHHS Management and Leadership Development Program has provided a combination of workshop presentations and workplace activities for over 860 DHHS and THO staff. This has been accompanied by a rigorous evaluation. Statistical analysis of participant evaluation data over time has indicated an increase in self-efficacy, resilience, dealing with opposition, resourcefulness and problem solving.²⁹

Since the announcement of the *One State, One Health System, Better Outcomes* reforms, material has been developed to boost staff resilience. Resilience coaches focus on developing staff human capital (education, experience); social capital (personal and professional networks); and psychological capital (including optimism and resiliency). This material is based on the understanding that resilience not only assists strengthening the organisational change process but is required for individual staff to work to their 'full scope of practice' as they become more senior in the health service system.³⁰

Many other short courses and videoconferences have been made available to DHHS/THO employees, and to the broader health and human services system, through DHHS Education and Training on a broad range of clinical, management and leadership topics.

²⁷ Day, G., & Shannon, E. A. (2015). Change management. In G. Day & S. Leggat (Eds.), *Leading and managing health services: An Australasian perspective*. Melbourne: Cambridge University Press.

²⁸ Gibbons, A., & Shannon, E. A. (2013). Tertiary study: Barriers and benefits for health and human services professionals. *Australian Journal of Adult Learning*, 53(3), 436-456.

²⁹ Shannon, E. A., & van Dam, P. J. (2013). Developing positive leadership in health and human services. *South African Journal of Industrial Psychology*, 39(2). doi: <http://dx.doi.org/10.4102/sajip.v39i2.1134>

³⁰ Buchhorn, H., & Shannon, E. A. (2014). From service providers to service manager: Exploring the transition experience. *Asia Pacific Journal of Health Management*, 9(3), 24-30.

The practical implications are that staff development programmes provide participants with confidence and resilience, in meeting the day-to-day challenges of services delivery, and in times of change. Organisations benefit from increased levels of employee self-efficacy as engagement and problem-solving abilities are enhanced. The Tasmanian health system benefits from the connections developed between individual organisations and parts of the same organisation located in different parts of the state.

Most importantly, the Tasmanian public benefits as they receive the high quality, safe health services delivered by an empowered, resilient workforce.

vi. Opportunities to progress

Education and training is essential to the on-going delivery of safe and sustainable health services. Regardless of the relationship of the DHHS and the THOs, the business of the organisations remains the same – to deliver better outcomes for Tasmanians. There is a strong argument for continuing the integrated approach to the delivery of education and training.

At the policy level, there are benefits in the relationships established with other jurisdictions and in the decision-making profile that Tasmania has developed at the national level. The *National Clinical Supervision Support Program*, for example, is expanding the clinical supervision capacity and competence across the educational and training continuum by developing and implementing a range of supporting measures. It is important that the DHHS Education and Training continues to engage in this program through its role in providing policy advice.

The *National Simulation Learning Environments Program* aims to increase the quality and capacity of clinical placements through increased use of technology and the development of high quality education programs. The DHHS Education and Training Unit has engaged at the national level in implementation and development of this Program. The *Tasmanian Simulation Program* has increased professional development opportunities as well as clinical training.

Clarity will also be important in developing new formalised agreements with existing Tasmanian networks such as the TCEN. This will be particularly relevant as the TCEN moves away from a clinical focus and toward a model of sustainability and extends its scope to the broader workforce agenda beyond the current funding agreement.

The University of Tasmania is in a unique position to engage with the Tasmanian community and has made this a central commitment to its work. U Tas has a strategic agreement with the Tasmanian Government to engage collaboratively to “progress the educational, economic, social, cultural, intellectual and environmental development of Tasmania”.³¹ Within U Tas, the Faculty of Health Science has had a similar, long-standing, agreement with DHHS to “work together to contribute to the health and wellbeing of the people of Tasmania through workforce education and development, quality service delivery and health research”.³²

In order to effectively underpin the SOM scholarship, the Faculty of Health Science/DHHS partnership will need to be renewed.

³¹ University of Tasmania & Tasmanian Government, 2012, *Partnership Agreement*
<http://www.utas.edu.au/university-council/>

³² Faculty of Health Science & Department of Health and Human Services, 2011, *Partners in Health*.

As a supplement to these education activities, in-house training continues to provide the workforce development required for widespread change. Within DHHS/THOs, senior management support is required for the immediate the delivery of resilience coaching across the service.

It is important that the value adding role of the DHHS Education and Training continues; the organisational changes that are anticipated in moving forward should take this into account to ensure its ongoing commitment to education and training.