OUR **HEALTHCARE** FUTURE

HEALTH WORKFORCE 2040

STRATEGY

Department of Health

Tasmanian Government

The Tasmanian Department of Health acknowledges the Aboriginal custodians of Lutruwita (Tasmania). We pay respect to Tasmanian Aboriginal people, including Elders past and present.

Throughout *Health Workforce 2040*, the term 'Aboriginal' refers to all Aboriginal and Torres Strait Islander people.

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EXECUTIVE SUMMARY

Together we provide access to services that help Tasmanians to lead healthier lives.

Health Workforce 2040 is Tasmania's first comprehensive health workforce strategy. It comes at a time of increasing demand for health services in Tasmania driven by an ageing population, changing patterns of disease and increasing multi-morbidity, increasing patient expectations, and emerging technologies.

More recently the COVID-19 pandemic has demonstrated that health service priorities and demands can change suddenly with significant impacts on the health workforce.

For many years, Tasmania has experienced challenges in attracting and retaining the health workforce required to support Tasmania's health system. This difficulty is most felt in regional and rural communities and in some areas of practice like critical care and mental health.

It is imperative that we have a health workforce strategy that supports the delivery of sustainable, high quality health services for all Tasmanians into the future, provided by a highly skilled, competent and flexible workforce of the right size and shape providing access to services across Tasmania.

The Tasmanian Government Fiscal Sustainability Report (2019)[1] indicates that projected health expenditure is the single most significant driver of the State's projected future fiscal challenges. Health expenditure is the single largest category of expenditure within the State Budget (32.6% in 2020-21) and has been growing at an average rate of 5.5 per cent per annum over the past decade[2].

While there is no single source of information on the national cost of the health workforce, payments to health workers are estimated to make up around two thirds of health system costs.[3]

Building a health professional workforce of the right size and shape that is delivering effective and efficient health care services is a cornerstone not only for the sustainability of the health services in Tasmania, but for the broader financial sustainability of Tasmania.

APPROACH AND SCOPE

The development of this strategy aligns with the *Our Healthcare Future* health reforms and is the commencement of an integrated approach linking health workforce priorities with clinical service priorities.

The strategy has three aims:

1. To provide a detailed overview of the allied health, medical and nursing and midwifery professional workforces in Tasmania, and the education and training pathways that deliver entrants into these workforces. This would include the public and private sectors, recognising the interdependencies between the two.
2. To provide an overview of key challenges we face maintaining a health professional workforce in Tasmania.

[1] Tasmanian Government Department of Treasury and Finance 2019, *Fiscal Sustainability Report October 2019*, viewed 24 Jul 2020, https://www.treasury.tas.gov.au/budget-and-financial-management/budget-reports/fiscal-sustainability-report-2019

[2] Tasmanian Government – Department of Premier and Cabinet 2020, *Tasmanian Budget 2020-21*, viewed 12 Apr 2021, http://www.premier.tas.gov.au/budget_2020/budget_releases/massive_boost_in_health_spending_to_deliver_on_our_plan

[3] Australian Government - Health Workforce Australia 2014, *Australia's Future Health Workforce – Doctors report*, Health Workforce Australia, Adelaide, SA, viewed 15 Jul 2019, https://www1.health.gov.au/internet/main/publishing.nsf/Content/F3F2910B39DF55FDCA257D94007862F9/$File/AFHW%20-%20Doctors%20report.pdf

3. To outline a strategy that will enable the Tasmanian health system- including the private sector and education partners- to address these challenges to strengthen the current workforce and ensure its sustainability over time.

The data informing the overview of the health professional workforce is drawn predominantly from the National Registration and Accreditation Scheme (NRAS), administered by the Australian Health Practitioners Regulation Authority (Ahpra). This scheme regulates 16 health professions - Aboriginal and Torres Strait Islander Health Practitioners, Chinese Medicine Practitioners, Chiropractors, Dental Practitioners, Medical Practitioners, Medical Radiation Practice, Nurses, Midwives, Occupational Therapists, Optometrists, Osteopaths, Paramedics, Pharmacists, Physiotherapists, Podiatrists, and Psychologists.

Many of these professions have a range of specialties and fields of specialty practice. Over 80 health workforce profiles have been developed as part of this report (see Appendix B).

The majority of allied health professions are self-regulated rather than falling under the NRAS. Where self-regulated allied health professions have a public sector workforce, Department of Health employment data has been used to profile these professions While this report is focussed in the first instance on those health professions that are regulated, it is recognised that the assistant and support workforce play vital roles across the public and private sector and are increasingly important members of the healthcare team.

This strategy does not:

- Provide sector-specific workforce strategies. For example, while this report profiles a number of the health workforces that are vital to the delivery of mental health services, it does not take a whole of mental health service approach. The strategy does however identify where there are workforce challenges and makes recommendations for future sector-specific work that would then enable consideration of key additional workforces such as Peer workers.
- Make pronouncements on the ideal numbers of the health workforce in Tasmania. This work will be dependent on having an agreed clinical services profile, workforce, and service models. It does however identify where there are current pressure points and potential future issues identified through workforce profiling.

In addition to identifying a range of actions, the strategy provides useful tools for health service planning and sector-specific workforce planning. More than 80 profiles are included, providing key workforce information that can support more in-depth analysis of individual service or specialty areas.

Many stakeholders have been enthusiastically involved in the development of this work, providing their expert views, discussing future trends and directions, and advising on future actions in a collaborative effort to shape a health workforce equipped to deliver services to Tasmanians over the next 20 years (see Appendix A).

Health Workforce 2040: Strategy has three supporting documents, with in-depth analysis of the medical nursing and midwifery, and allied health workforces. These provide a more detailed analysis of the individual professions, including workforce profiles at the level of profession (allied health), speciality (medicine) and division of registration or area of practice (nursing and midwifery).

KEY FINDINGS - GENERAL

AS A WHOLE, TASMANIA HAS A HEALTH PROFESSIONAL WORKFORCE THAT IS COMPARABLE IN SIZE PER CAPITA TO OTHER JURISDICTIONS IN AUSTRALIA. HOWEVER, DIFFERENCE EXIST BETWEEN THE PROFESSIONAL GROUPS. WHERE THEY WORK AND IN WHAT SPECIALTY AREAS OF PRACTICE DOES NOT ALWAYS ALIGN WITH HEALTH SERVICE NEED.

The number of registered health professionals in Tasmania per head of population is comparable to Australia as a whole. We are above the national average in nursing and midwifery, slightly above for medicine and below in the allied health professions.

Despite this, recruitment of health professionals remains difficult in some professions and to regional and rural areas. These professional areas include but are not limited to critical care, maternity services, mental health services and aged care services.

The North West has a lower density of allied health professionals, medical professionals and nurses and midwives than elsewhere in Tasmania. While some additional health professionals would be expected in the South and North as a reflection of the State's clinical services profile, this disparity is larger than expected.

The overall supply of many of the allied health professions in Tasmania is low compared to the Australian average, in particular for occupational therapy statewide, but also for dentists, optometry, physiotherapy, and psychology in the North and North West. There is a distribution challenge and a current lack of local, entry-level training opportunities in Tasmania.

In medicine, there are a number of specialty areas with a lower supply than the national average, an overwhelming picture of decreasing supply relative to population from the South to the North to the North West, a large number of specialties with a workforce size of 10 or less, a high reliance on overseas trained specialists, and a large number of specialties with a high proportion of the workforce over 60.

In nursing and midwifery, the North West has a lower number of Registered Nurses and Midwives per capita compared to Tasmanian and national rates. Aged care and mental health have low workforce growth rates and the highest proportion of nurses over 60 years of age, and there are fewer nurses and midwives per capita than the national average working in critical care and in midwifery respectively.

THE COVID-19 PANDEMIC HAS MAGNIFIED OUR EXISTING WORKFORCE DIFFICULTIES AND HIGHLIGHTED THE NEED TO ACTIVELY BUILD AND MAINTAIN WORKFORCE FLEXIBILITY.

In March 2020, at the onset of the COVID-19 pandemic, there was uncertainty as to its potential impact in Tasmania. The key workforce priority was to ensure there was a surge workforce capability to respond to COVID-19 cases, in particular those critically unwell patients who required intensive respiratory support including ventilation.

Steps taken at that stage included:

- The development of workforce registers across professional groups to ensure that there were pathways for registering interest in working in the response.
- The establishment by Ahpra of a pandemic subregister which potentially enabled health professionals who had recently ceased registration to be re-registered and returned to active practice.
- The development of new categories of workforce such as Medical Assistants, which drew upon the senior health professional student workforce.

- The upskilling of existing staff across the health service both to manage COVID-19 patients safely and to expand the workforce that could manage critically unwell patients.
- The development of agreements enabling the utilisation of the private sector, including the workforce.

The public health response also required a significant uplift in staff, including health professionals, to meet public health responsibilities including contact tracing, hotline staffing and policy development.

The early impact of COVID-19 in Tasmania included an outbreak of COVID-19 in the North West of the state. The experience in the North West, and subsequently in other jurisdictions, highlighted the workforce risk resulting from a staff outbreak of COVID-19 and subsequent inability for large numbers of existing staff to work due to quarantine requirements. Coupled with this was the impact of border closures preventing locum staff from entering the state and a requirement to restrict the movement of health professionals across service sites.

Additional steps required to manage this included:

- Deploying a whole new emergency workforce for the North West with the support of Australian Medical Assistance Team (AUSMAT) and the Australian Defence Force.
- Enabling internal mobility of health professionals across the Tasmanian Health Service. This provided support to the emergency departments, maternity services, intensive care services and anaesthetic services.

Emerging and sustained health workforce impacts include the requirements to staff testing facilities, hotel quarantine facilities and vaccination clinics. The nursing workforce has been the backbone of these services. Staffing these areas has had a flow-on impact to other service areas within the Tasmanian Health Service, with many nursing staff being existing employees. This has contributed to higher levels of vacancies within the health services and a loss of some flexibility to fill short term roster gaps.

In the private sector, the immediate response and ongoing vaccination program has created a significant additional workload which will continue throughout 2021 and potentially 2022.

ENSURING THE SUSTAINABILITY OF HEALTH SERVICES WILL BE RELIANT ON SUPPORTING NEW GRADUATES INTO THE WORKFORCE, UTILISING INNOVATIVE AND EFFECTIVE WORKFORCE MODELS AND SUPPORTING AND USING CONTEMPORARY TECHNOLOGY

The future health workforce needs to be equipped to manage the health service needs of a growing and ageing population, be adaptable to deal with increasing levels of technology in health, and have the right mix of health professions working in teams to deliver the most effective healthcare.

Continued attention needs to be applied to supporting growth in new health professional entrants to the workforce and their pathways into practice, as well as retaining the current workforce.

In addition, to ensure a sustainable health workforce, innovative and effective workforce models must be pursued, including multidisciplinary skill sharing and extended scopes of practice, supported by technological solutions.

AN ONGOING FOCUS ON SUPPORTING GENERALIST CAREERS IS REQUIRED TO SUPPORT HOLISTIC, PERSON-CENTERED HEALTH CARE IN TASMANIA

Given the size and distribution of the population in Tasmania, generalist health professionals are a vital part of our health workforce that enable the sustainable local delivery of healthcare. The need for a renewed focus on generalism has also been a focus of the health workforce discussion nationally.

While there has been some improvement in the numbers of generalist medical practitioners, ongoing effort is required to ensure that the trend to increasing specialisation is kept in balance to provide the appropriate mix of generalists and specialists for the Tasmanian health environment.

A continued and increased focus needs to be applied to training and employment opportunities for generalist health professionals.

HAVING STRONG EDUCATION AND TRAINING PATHWAYS IN TASMANIA IS AN ESSENTIAL PART OF BUILDING A SUSTAINABLE HEALTH PROFESSIONAL WORKFORCE

Education and training play an important role in addressing geographic distribution and over and undersupply of professional or specialty areas of practice.

It plays an important role in upskilling and reorienting the workforce to manage emerging health needs, like responding to the COVID-19 pandemic. An example of this is in upskilling nurses with experience or complementary skills in critical care/ventilatory support. This requirement has demonstrated that off-site providers and on-line learning needs to be paired with supervised and supported on-site clinical experiential learning.

Further, it has been identified that ready access to learning and professional development opportunities is a key motivator for individuals when considering rural and regional practice.

There are opportunities to strengthen and build education and training pathways into all health professions and to link these to ongoing professional development. To achieve this requires good relationships with education providers including the higher education sector, medical colleges, and vocational training providers. The DoH is working closely with the University of Tasmania to support their plans to introduce a suite of allied health programs, including occupational therapy, physiotherapy, and speech pathology. This will have a positive impact on the supply of these professions in Tasmania and provide professional development and diversity in career options for Tasmania's allied health professionals.

ABORIGINAL EMPLOYMENT IN THE HEALTH WORKFORCE NEEDS INVESTMENT TO SUPPORT BETTER HEALTH OUTCOMES

In the 2016 Census, 4.6 per cent of people living in Tasmania identified as Aboriginal and/or Torres Strait Islander.[4] Of Tasmanian registered health professionals in 2019, 0.8 per cent of medical practitioners, 2.6 per cent of nurses and midwives and 1.2 per cent of allied health practitioners identified as Aboriginal.

Actions to increase the number of Aboriginal health professionals in the Tasmanian health workforce, aligned with the *Tasmanian State Service Aboriginal Employment Strategy*[5] and the *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026*[6] are urgently required. While some primary education providers, specialist medical colleges and related bodies include Aboriginal and Torres Strait Islander inclusion as a strategic focus, Tasmania must also explore mechanisms to achieve this.

THE CULTURE IN HEALTHCARE ORGANISATIONS SHOULD IMPROVE TO SUPPORT THE WORK OF HEALTH PROFESSIONALS

The health professional workforce is the backbone of the health system. Health professionals work around the clock in the most difficult of circumstances, supporting Tasmanians and their families in times of greatest need.

[4] Australian Government - Australian Bureau of Statistics 2018, 2071.0 - *Aboriginal and Torres Strait Islander population, 2016*, Australian Government, Canberra, ACT, viewed 22 Feb 2019, www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20islander%20Population%20Article~12

[5] Tasmanian Government – Tasmanian State Service 2019, *Aboriginal Employment Strategy to 2022,* Tasmanian Government, Hobart, TAS, viewed 15 Jul 2019, http://www.dpac.tas.gov.au/__data/assets/pdf_file/0010/463087/DPAC4456_Aboriginal_Employment_Strat_210_x_210_WEB.pdf

[6] Australian Government - Australian Health Ministers' Advisory Council 2016, *Cultural respect framework 2016-2026 for Aboriginal and Torres Islander health*, Australian Health Ministers' Advisory Council, Canberra, ACT, viewed 4 Apr 2019, http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

In an already difficult environment, the wellbeing of the workforce is not always supported by the workplace culture. In addition, working in health care, particularly during a pandemic, adds additional stress on the health workforce. There will be fears of both personal wellbeing and the wellbeing of close family and friends. Clinical leadership development is required at all levels to build healthy and empowering cultures. Improving culture and increasing the wellbeing of the workforce benefits not only individuals but the wider community, with evidence clearly indicating good culture drives better health service outcomes for the community.

WORKFORCE INDICATORS

A series of 'workforce indicators' have been developed using relevant workforce metrics, to enable comparison between professions and help identify areas of concern and planning priorities.

In the tables below, when a profession scores positively against a workforce indicator the shading is light. A neutral or slightly concerning score is represented by mid shading and a more concerning score is represented with dark shading.

The workforce indicators are largely drawn from the National Health Workforce Data Set (2019) and include the workforces in both the public and private sectors. This enables a detailed assessment of where there may be current and future workforce risks in Tasmania.

Workforce indicator metric	**What does it tell us?**
Proportion of the workforce over 60 years of age	Workers over 60 years of age are at higher risk of exiting the workforce within the next few years. Workforces with a high proportion of over 60s workforces require planning to ensure future workforce sustainability.
Training availability in Tasmania (refers to specialty training for the medical specialties)	There are links between the availability of training in Tasmania and ease or adequacy of recruitment. Education and training are essential to 'growing your own workforce'. This indicator is used in allied health and nursing and midwifery to identify training availability for professional entry. In medicine, the indicator is used to identify the availability of specialty (or vocational) training. Where there are both Basic and Advanced components to the training pathway, it refers to the Advanced component of vocational training. It is important to note that in medicine, training availability can fluctuate due to changes in training post funding, supervisory capacity, and accreditation status.
Proportion of the professional group with the first specialty qualification gained overseas (for medical specialties only)	This is provided for the medical specialties and is an indicator on the reliance of immigration for workforce supply. This metric may be impacted in future years by the changes in migration patterns globally due to COVID-19.
Professional FTE in Tasmania and its regions per 100,000,	This measures the FTE of health professionals per capita in Tasmania and its regions compared to national rates. Workforce density does not provide an assessment of

compared to the Australian rate	how many is the right number of practitioners per population, rather an observational assessment of supply relative to the national average. There is an acknowledged complexity in that if the national supply of a profession is not considered to be adequate, we are basing the indicator on a starting point of relative undersupply. The same is true in cases of national oversupply. In the medical specialties, the density of medical practitioners across the regions has been undertaken with reference to the Tasmanian Role Delineation Framework (TRDF) and Clinical Services Profile (CSP). The TRDF and CSP provide an indicator of the core medical specialties you would expect to find in each region. For example, cardiothoracic surgery is a statewide service and therefore the data is provided as a statewide figure (not broken into each region). The region of work is self-reported by the health professional. In some cases, the region is not known. This means that in some instances the density of practitioners to population will be under-represented.
The workforce size, in headcount	The workforce size serves as a reminder that even small movements in the workforce, such as retirement, leave or resignation, can have a significant impact on the availability of a health profession and service.

THE ALLIED HEALTH WORKFORCE

The allied health workforce indicators (Figure 1) illustrate:

- the lower supply of allied health professionals in Tasmania compared to the Australian average
- the geographic distribution of most of the allied health professions favours the South and demonstrates the workforce challenges faced particularly by the North West region
- the significantly low densities of the occupational therapy workforce across Tasmania
- Aboriginal and Torres Strait Islander Health Practitioners are the only workforce with three or less professionals statewide
- the limitation on local, entry-level training opportunities in allied health in Tasmania
- there is a reasonably low proportion of the workforce over 60 years old in all professions (dental prosthetists have the highest, with 17 per cent being over 60).

Figure 1 Allied health (registered) professions with selected workforce indicators 2019

Profession	Over 60 years	Training in Tas	FTE per 100,000 population				Workforce size
			Tas	South	North	North West	
Aboriginal and Torres Strait Islander Health Practitioners	0%	No	0.2	0.0	0.0	1.0	3 or less
Chiropractors	7%	No	8.7	8.0	10.9	7.4	54
Dentists	16%	No	44.4	50.1	42.6	32.9	374
Dental prosthetists	17%	No	8.0	8.8	8.3	5.6	42
Oral and dental therapists*	10%	No	13.0	11.4	14.5	15.0	77
Medical radiation practitioners**	9%	No	53.7	56.5	54.2	46.4	313
Occupational therapists	6%	No	47.2	51.3	49.0	34.8	305
Optometrists	13%	No	16.2	19.2	12.6	13.4	99
Osteopaths	5%	No	7.7	8.5	10.0	2.7	47
Paramedics	6%	Yes	87.8	86.8	81.3	99.1	413
Pharmacists	9%	Yes	108.5	122.8	98.2	87.2	647
Physiotherapists	8%	No	80.7	89.7	76.8	64.1	491
Podiatrists	5%	No	18.9	19.6	19.2	16.7	111
Psychologists	15%	Yes	75.1	98.9	49.8	52.4	496

** includes dental therapists, dental hygienists, oral health therapists*

*** Includes diagnostic radiographers, nuclear medicine technologists, and radiation therapists*

Key to shading

(Proportion of workforce) over 60 years	*0-10%*	*11-24%*	*25% plus*
Entry-level training available in Tasmania	*Yes*		*No*
FTE of professionals per 100,000 population compared to Aus	*At or above*	*Below*	*Significantly below (by 25% or more)*
Workforce size (using headcount)	*More than 10*		*10 or fewer*

MEDICAL SPECIALTY WORKFORCE

The medical specialty workforce indicators (Figure 2) illustrate:

- Tasmania has the national average supply or more in about one third of the specialties, but there are four specialties where the supply is 25 per cent or more below the national density. These are dermatology, neurology, rehabilitation medicine, and oral and maxillofacial surgery.
- There is an overwhelming picture of decreasing supply relative to the population from the South to the North to the North West.
- 21 of the 43 medical specialties represented have a workforce size (headcount) of 10 or fewer. While this may represent an appropriate workforce size, it does mean that even small movements in the workforce (such as retirement, leave or resignation) may impact significantly on the availability of a health profession and service. There will also be ongoing vulnerabilities in medical specialty workforce supply over time.
- 21 medical specialties have a high proportion (25 per cent or more) of their workforce over 60 years old. Addiction medicine specialists have the highest proportion in the over 60 category at 75 per cent, followed by otolaryngologists (60 per cent), pain medicine specialists and medical administrators (50 per cent), nuclear medicine physicians (43 per cent) and cardiologists (41 per cent).
- Most specialties offer some components of their training program in Tasmania.
- There is an ongoing reliance on overseas trained medical practitioners in the workforce with six specialties having greater than 50 per cent of their workforce having gained their specialty qualification overseas.

Figure 2 Medical specialties with selected workforce indicators 2019

Profession	Over 60 years	Overseas trained	Specialty training in Tas	FTE per 100,000 population				Work-force size
				Tas	South	North	North West	
Addiction medicine specialists	75%	50%	Yes			0.8		4
Anaesthetists	12%	17%	Yes	22.1	26.3	22.8	11.2	115
Dermatologists	20%	20%	No	1.3	1.5	2.0	0.0	5
Emergency physicians	5%	11%	Yes	10.0	11.9	7.3	9.0	57
General practitioners	28%	10%	Yes	102.1	114.8	89.0	88.5	607
Intensive care specialists	0%	18%	Yes	3.0	3.6	2.1	2.7	11
Medical administrators	50%	0%	Yes	1.4	1.8	2.0	0.0	6
Obs. and gynaecologists	8%	18%	Yes	8.6	10.7	7.0	5.6	38
Occ. and enviro. specialists	75%	25%	Some	0.5	0.5	0.7	0.0	4
Ophthalmologists	22%	35%	Some	4.2	5.1	4.0	2.7	23
Paediatricians	16%	34%	Some	7.2	8.6	3.7	8.6	38
Pain medicine specialists	50%	33%	Yes	0.9	1.5	1.1		6
Palliative medicine specialists	33%	17%	Yes	1.1	1.3	0.0	0.0	6
Pathologists	27%	27%	Yes			6.1		33
Cardiologists	41%	36%	Some	4.9	5.1	4.6		22
Endocrinologists	18%	18%	Some	1.9	2.3	1.8	0.9	11
Gastroenterologists	23%	15%	Some	3.0	3.7	2.7	2.0	13
General physicians	19%	25%	Yes	6.4	4.3	9.7	7.1	32
Geriatricians	25%	25%	Some	2.7	4.2	1.1		12
Haematologists	0%	42%	Some	2.2	1.7	2.6		12
Immunology and allergy phy…	33%	0%	No			0.4		3 or less
Infectious disease physicians	17%	33%	Yes	1.2	1.6	0.8		6
Medical oncologists	7%	21%	Yes	2.6	3.1	2.1		14
Nephrologists	10%	20%	Yes	2.1	2.1	2.1		10
Neurologists	8%	17%	Yes	1.8	2.6	0.9		12
Nuclear medicine physicians	43%	29%	Some	1.1	1.7	0.6		7
Respiratory and sleep med…	31%	15%	Some	2.5	2.2	2.7		13
Rheumatologists	10%	10%	Some	2.0	3.1	0.8		10
Psychiatrists	35%	26%	Yes	13.2	17.6	9.3	7.5	77
Public health physicians	29%	14%	Yes			1.4		7
Radiation oncologists	25%	0%	Some	1.7	1.3	3.0	1.0	8
Radiologists	18%	36%	Yes	8.6	11.7	6.4	4.0	45
Rehabilitation physicians	17%	0%	Some	1.3	2.2	0.4		6
Sexual health physicians	0%	50%	Some	0.4	0.7	0.0		3 or less
Sport and exercise specialists	50%	0%	Some	0.3	0.6	0.0	0.0	3 or less
Cardiothoracic surgeons	25%	25%	Some			0.8		4
General surgeons	34%	24%	Some	6.4	6.8	7.7	3.5	29
Neurosurgeons	25%	50%	Some			1.1		4
Oral and maxillofacial surgeons	0%	0%	Some			0.4		3 or less
Orthopaedic surgeons	26%	19%	Yes	6.0	6.7	6.2	3.8	27
Otolaryngologists	60%	20%	Some	1.7	1.8	2.2	0.9	10
Paediatric surgeons	0%	50%	Some			0.5		3 or less
Plastic surgeons	23%	69%	Some	2.7	3.2	2.1		13
Urologists	30%	50%	Some	2.2	2.4	1.9		10
Vascular surgeons	25%	25%	Some			0.8		4

Key to shading

(Proportion of workforce) over 60 years	*0-10%*	*11-24%*	*25% plus*
Specialty training available in Tasmania	*Yes*		*No*
FTE of professionals per 100,000 population compared to Aus	*At or above*	*Below*	*Significantly below (by 25% or more)*
Overseas trained (proportion of workforce with first specialty from overseas)	*0-15%*	*16-29%*	*30% plus*
Workforce size (using headcount)	*More than 10*		*10 or fewer*

NURSING AND MIDWIFERY WORKFORCE

The nursing and midwifery workforce indicators (Figure 3) illustrate:

- The number of nurses per capita in Tasmania is at or above the national rate for Enrolled Nurses and Registered Nurses.
- The North West region has a lower number of Registered Nurses and Midwives per capita compared to Tasmanian and national rates, as do the areas of practice of critical care, maternity services, mental health and perioperative nursing.
- The enrolled nursing workforce is relatively evenly distributed across the regions.
- Nurses working in aged care and mental health have the highest proportion of nurses over 60 years of age. This indicates a need to plan proactively to ensure a sustainable workforce supply in these areas.
- Critical care and midwifery have fewer nurses per capita in Tasmania than the national average. This disparity is particularly severe in the North West.

Figure 3 Nursing and midwifery professions and selected areas of practice with selected workforce indicators 2019

Profession or area of practice	Over 60 years	Training in Tas	FTE per 100,000 population				Workforce size
			Tas	South	North	North West	
All Enrolled Nurses	13%	Yes	228.6	211.9	257.7	230.7	1461
All Registered Nurses	13%	Yes	1155.3	1193.9	1264.8	917.8	7124
All Midwives	14%	Yes	90.4	90.8	103.0	73.1	552
Nurse Practitioners*	7%	No	8.3	8.8	8.8	6.5	41
Area of practice:							
Aged care nurses	18%	Yes	216.9	201.2	241.2	223.0	1348
Critical care nurses	9%	Yes	68.0	78.9	70.5	38.1	404
Emergency nurses	6%	Yes	87.4	73.8	96.2	108.9	538
Mental health nurses	23%	Yes	90.0	114.3	62.4	67.5	532
Peri-operative nurses	12%	Yes	113.3	132.8	104.9	77.1	729
Practice nurses	16%	Yes	56.4	54.0	59.1	58.5	406

** 'Nurse Practitioner' is an endorsement not a registration division or area of practice.*

Key to shading

(Proportion of workforce) over 60 years old	*0-10%*	*11-24%*	*25% plus*
Entry-level training available in Tasmania	*Yes*		*No*
FTE of professionals per 100,000 population compared to Aus	*At or above*	*Below*	*Significantly below (by 25% or more)*
Workforce size (using headcount)	*More than 10*		*10 or fewer*

FOCUS AREAS AND ACTIONS

The focus areas for action for *Health Workforce 2040* have been developed and informed by:

- a detailed analysis of the health professional workforce,
- an extensive consultation process across the Tasmanian health system, and
- the responses to the consultation draft of the strategy.

There are six focus areas:

1. Shaping the health workforce
2. Education and training
3. Fostering innovation
4. Enhancing culture and wellbeing
5. Recruitment and effective working arrangements
6. Planning.

Within each of these focus areas there is a corresponding objective relating to where we want to be in 20 years, a range of actions that seek to respond to the key findings, and a description of the next steps that will be taken to address these action.

When it comes to the challenges faced in sustainably recruiting and retaining a health professional workforce, there are many areas of commonality across our health professional groups. In many cases, the actions will be relevant across professional groups, while in others the actions will pertain only to a particular health profession.

It is also important to recognise that there are numerous existing programs and projects aimed at providing improvements in the health workforce. In addition to identifying future actions, this strategy aims to provide a framework through which these existing projects can be continued and supported where appropriate, and additional actions can be developed to address ongoing gaps.

1. Shaping the health workforce

In 2040, Tasmania's health workforce will be better aligned with the needs of the community, with an appropriate mix of generalist and specialist services and a fair distribution of the workforce in the North West.

Focus area 1 | Focus area 2 | Focus area 3 | Focus area 4 | Focus area 5 | Focus area 6

#	Action	Next step	Lead
1.01	Develop a North West health workforce plan that is responsive to health service demands and aligns with *Health Workforce 2040* focus areas.	Appoint a Project Manager to coordinate and deliver a tailored workforce plan for the region.	HWPU
1.02	Develop local North West career pathways in nursing and midwifery.	Work with UTAS to maximise the regional workforce benefit from having a local pathway into registered nursing. This includes looking at how best to support local students' selection into the UTAS NW school.	CQRA
1.03	Increase medical training opportunities and recruitment in the North West by optimising accredited training programs and developing end to end training pathways from early career to specialist practitioners.	Increase the availability of Directors of Clinical Training in the North West and North provide better support for junior doctors.	THS-NNW
		Establish a new Rural Medical Workforce Centre at the Mersey Community Hospital.	CQRA THS- NNW
1.04	Develop a statewide mental health workforce strategy and action plan to reflect international and national trends and local needs.	Establish a statewide mental health workforce planning and development team.	SMHS
		Contribute to the draft National Mental Health Workforce Strategy.	SMHS
1.05	Grow professional development opportunities and specialist capability for health professionals working in rural and remote services.	Develop nursing scholarships and leadership programs targeted at rural and remote health professionals.	OCNM
		Establish a new Rural Medical Workforce Centre at the Mersey Community Hospital.	CQRA THS- NNW
1.06	Employ more health professionals to provide services across Tasmania rather than in a single facility or region.	Promote employment practices in the THS that support the provision of services and training across regions.	People managers, HR
1.07	Rebuild the rural generalist workforce in rural and remote Tasmania to align the workforce with community health needs.	Establish a Tasmanian rural generalist training program with dedicated training positions for rural generalist doctors in the North and North West.	CQRA THS- NNW

#	Action	Next step	Lead
		Develop whole-of-training length contracts to provide more stability to doctors in training.	CQRA HR
1.08	Support the development of the allied health rural generalist pathway.	Develop an allied health rural generalist model for the North and North West of Tasmania.	CAHA

CAHA – Chief Allied Health Advisor | CQRA - Clinical, Quality, Regulation and Accreditation | HWPU – Health Workforce Planning Unit | HR – Human Resources | IMTS – Information Management and Technology Services | OCNM – Office of the Chief Nurse and Midwife | PPPR – Health Planning, Policy, Purchasing and Reform | SMHS – Statewide Mental Health Services | SSMO – State Service Management Office | TEW – Training, Education and Workforce subcommittee of the Clinical Executive |THS – Tasmanian Health Service

2. Education and training

In 2040, education and training will be aligned with identified workforce priorities and career pathways. The health workforce will be supported with training and education at all stages of their career and will engage in lifelong learning.

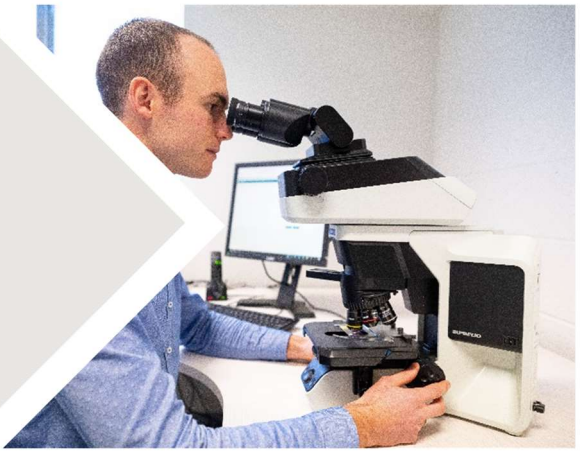
Focus area 1 | Focus area 2 | Focus area 3 | Focus area 4 | Focus area 5 | Focus area 6

#	Action	Next step	Lead
2.01	Work with education providers to: • improve workforce supply through the development of training pathways • improve access to professional development opportunities • design placement plans to align with career opportunities and workforce priorities.	Establish the Training, Education and Workforce subcommittee of the Clinical Executive.	CQRA
		Collaborate with the University of Tasmania on the Allied Health Expansion Project.	CAHA
		Design and implement the Allied Health Governance Framework and Allied Health Supervision Guide.	CAHA
2.02	Develop employment and training pathways in aged care nursing, mental health nursing and midwifery to meet current and future service needs supported by an advanced practice framework. This may include direct entry midwifery programs, Advanced Diploma of Nursing programs for Enrolled Nurses and Nurse Practitioner candidate pathways.	Develop nurse practitioner candidate and enrolled nurse roles.	OCNM
2.03	Develop a statewide supervised practice framework for nurses and midwives returning to practice or seeking to change their context of practice.	Launch a refresher program to attract nurses with a focus on areas of workforce need.	OCNM
2.04	Develop networked training programs in Tasmania to improve self-sufficiency and distribution, in consultation with colleges.	Work with the University of Tasmania's Rural and Regional Postgraduate Medical Training Hub and the Royal Australasian College of Physicians to establish a network training model for Basic Physician Training.	CQRA
2.05	Better coordination of the Specialist Training Program positions in Tasmania to support specialties and regions in greatest need.	Audit current training positions and develop a strategy to influence the distribution of future positions.	CQRA, HR, THS
2.07	Provide more medical specialty training in rural and regional areas of Tasmania.	Work with the University of Tasmania's Rural and Regional Postgraduate Medical Training Hub to maximise rural training opportunities in medical specialties.	CQRA

		Work with medical colleges to enhance rural selection into training programs and opportunities to provide more training in rural areas.	CQRA
2.08	Ensure staff and consumers involved in clinical trials are qualified by education, training and experience in the conduct research and clinical trials.	Implement a mandatory training program for Good Clinical Practice for the conduct of clinical trials.	CQRA
		Develop an ongoing education and training program for early career researchers in the responsible conduct of research.	CQRA

3. Fostering innovation

In 2040, Tasmania will embrace new and innovative health workforce roles and models to respond to the changing needs of communities. The health workforce will be confidently using technology to drive innovation and harnessing the benefits to support health service delivery and quality.



Focus area 1 | Focus area 2 | Focus area 3 | Focus area 4 | Focus area 5 | Focus area 6

#	Action	Next step	Lead
3.01	Progress innovative health workforce models aligned with health service needs and organisational priorities.	Establish the Training, Education and Workforce subcommittee of the Clinical Executive.	CQRA
3.02	Establish service models that enable health professionals to work to their full scope of practice.	Finalise implementation and evaluate the Southern Hospital in the Home Trial.	PPPR
		Establish podiatry prescribing in the THS.	CAHA
		Consult stakeholders on the Urgent Care Centre Feasibility Study and finalise future service delivery models.	PPPR
		Develop and implement a service that provides GPs and other primary care professionals with timely access to specialists in the North and North West.	PPPR
		Implement a telehealth strategy that provides high quality patient care and integrates service delivery.	PPPR
		Develop an advanced practice framework to support emerging models of care for nurses and midwives working in rural and remote services across the acute and community service interface.	OCNM
3.03	Grow the current enrolled nurse workforce to achieve the agreed industrial level of 25 per cent where clinically appropriate.	Develop an enrolled nurse workforce strategy.	OCNM
3.04	Grow midwifery continuity of care models that support improved access to midwifery outreach services and greater integration of General Practice.	Evaluate current models of care and access.	OCNM
		Strengthen workforce recruitment to this model of care.	OCNM
		Evaluate access to shared-care GP models.	OCNM
3.05	Develop a workforce that confidently uses digital health technologies to deliver health and care.	Work with IMTS to ensure that the capability uplift of the health workforce professions is a core consideration of the Health ICT Strategic Plan 2021-2031.	IMTS

4. Enhancing culture & wellbeing

In 2040, the Tasmanian public health sector will be a workplace of choice. A collaborative statewide working environment will celebrate success and encourage positive risk taking and sharing of learning. Health leaders will drive a culture of high quality, safe, person centered service delivery. Promoting and supporting the health and wellbeing of the health workforce will be a priority.

Focus area 1 | Focus area 2 | Focus area 3 | Focus area 4 | Focus area 5 | Focus area 6

#	Action	Next step	Lead
4.01	Develop a better understanding of people's workplace experience in the Department of Health – including bullying and discrimination – and use outcomes as a basis for improvement in workplace culture.	Review current staff feedback tools and results to determine if they adequately capture the experiences within and culture of the workplace.	HR
4.02	Support the development of Statewide Clinical Networks and other engagement mechanisms that provide an opportunity for employees across the regions to share lessons learned and collaborate in joint planning, training, and workforce opportunities.	Commence community consultation regarding the co-design development of a clinical senate in Tasmania.	PPPR
		Review governance structures of clinical networks to ensure integration across all tiers of clinical engagement.	PPPR
4.03	Ensure all Department of Health employees complete a comprehensive orientation program tailored to their role.	Review current orientation processes and delivery across the agency.	HR
4.04	Progress the major hospitals within the THS to Pathways to Excellence recognition.	Build shared governance models that enable health professional input at all levels of organisational decision making.	THS
4.05	Increase the employment rates of Aboriginal Tasmanians in the health workforce.	Fund Aboriginal Health Worker traineeships to build the AHW workforce and a platform into health careers.	DoH
		Contribute to and endorse the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031.	CQRA
		Co-design a Tasmanian Aboriginal health workforce plan.	CQRA
		Implement the Tasmanian Cultural Respect Framework Action Plan.	PHS
4.06	Promote gender equality and inclusivity within the health professional workforce.	Work with Our Watch, a non-government organisation focused on gender equality, to undertake a 'Workplace Equality and Respect Standards' self-assessment.	HR
		Review all forms, processes and systems that allow staff to be recognised as their identified gender, in line with the Justice & Related Legislation Act 2019.	HR

#	Action	Next step	Lead
4.07	Develop leadership capability by: • identifying clinical leaders across health professional groups • establishing strong mentoring programs • increasing female representation in leadership roles.	Partner with a training organisation to deliver a health leadership and management program for existing and emerging clinical leaders across the state and across professions.	CQRA
		Develop a nursing and midwifery leadership strategy that builds capability and capacity across the professional career spectrum through targeted leadership programs.	OCNM
		Develop education and training that supports succession planning for Nurse and Midwife Unit Managers and capability development around workforce management and workforce planning.	OCNM

5. Recruitment & effective working arrangements

In 2040, Tasmania's public health workforce will be supported by a framework for employment that is fit for purpose, with efficient and effective recruitment processes. The Tasmanian public health sector will be a workplace of choice.

#	Action	Next step	Lead
5.01	Investigate challenges in recruitment processes in the public health workforce.	Establish a health recruitment taskforce.	DoH
5.02	Support clinical leaders to recruit efficiently and effectively.	Establish HR administration roles across the state to streamline nursing and midwifery recruitment.	HR
5.03	Align employment arrangements with training requirements of medical specialist trainees.	Review the current links between training programs and employment practices.	HR, CQRA
		Develop criteria to identify training programs that would benefit from the provision of length-of-training contracts.	HR, HWPU
		Work with SSMO to develop and implement.	HWPU
5.04	Leverage Tasmania's brand (Brand Tasmania) to attract health professionals to work in Tasmania.	Engage Brand Tasmania to review current advertising and recruitment strategies and advise on improvements, prioritising the North and North West.	HR, CQRA
5.05	Partner with the private sector and educational institutions for shared recruitment and employment strategies.	Establish the Training, Education and Workforce (TEW) subcommittee of the Clinical Executive.	CQRA
		Develop an agreed approach to conjoint appointments with the University of Tasmania.	TEW
5.06	Improve the current structure and content of industrial instruments for simplicity, clarity, and ease of use.	Work with SSMO on behalf of the Head of State Service to gain support for reform of the industrial instruments.	HR
		Where possible, increase authority to influence structure and content of instruments on an ongoing basis.	HR
5.07	Reform the employment framework to meet demand most efficiently for services and	Assign resources to develop reform options for employment framework elements such as	HR

	facilitate the development of innovative health workforce models.	Employment Directions, Policies, Practices, and Standards, and Regulation.	
5.08	Review accommodation options that support the recruitment and retention of health professionals and students in rural Tasmania.	Review current staff accommodation policy and assets to understand the gaps and develop a framework for addressing the gaps.	CQRA, Infrastructure

6. Planning

In 2040, Tasmania's public health sector will have accurate workforce data to inform evidence-based decision and policy making and to provide more effective and efficient procedures.

Focus area 1 | Focus area 2 | Focus area 3 | Focus area 4 | Focus area 5 | Focus area 6

#	Action	Next step	Lead
6.01	Develop system capability to automate data extraction from the National Health Workforce Data Set (NHWDS).	Review existing health data extraction tools.	CQRA
		Develop a business case to support the implementation of a system to enable automated data extraction from the NHWDS.	CQRA
6.02	Develop and implement a system for capturing clinical placement activity across all health professions to support the move towards Activity Based Funding for Teaching and Training.	Review current systems utilised across Australia.	CQRA
6.03	Update public sector human resources systems to identify the health profession of employees.	Work with Human Resources (HR) to ensure workforce planning, policy and management needs are scoped for in the development of the new Human Resources Information System (HRIS).	CQRA, HR
6.04	Implement automated registration verification for all registerable health professionals employed in the public health workforce.		
6.05	Support statewide operational workforce planning.	Engage with operational areas identified in *Health Workforce 2040* as a priority for planning.	HWPU
		Develop a program of work and support materials to support business units to undertake workforce analysis.	HWPU, HR
6.06	Work with federal, state and territory governments and agencies to ensure Tasmania is well placed to contribute to, and benefit from, national health workforce policy, planning and information sharing.	Contribute to the *National Medical Workforce Strategy*.	HWPU
		Contribute to the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*.	HWPU

PROFILE OF TASMANIA

Tasmania had a population of 534,457 in 2019, widely dispersed across the South, North and North West. The population is the oldest in the country with residents aged over 85 the fastest growing age group. These factors, along with lower socio-economic status, contribute to high demand for the health professional workforce.

Tasmania's population grew by almost 4 per cent between 2014 and 2019. This is an average of 0.79 per cent per year with increased growth in the last two years.

The fastest growing segment of the population is the older age cohorts, in particular those over 85. Older age groups use more health services than other groups and drive a greater requirement for health professionals. For instance, a person aged 85+ has longer and nearly four times as many GP consultations per year than the average number of consultations across all age groups[7].

Immigration of older age groups to Tasmania and emigration of younger age groups out of the state has been a pattern experienced in Tasmania for many years. This contributes to the structural ageing of the population[8] and the associated financial challenges of managing a shrinking proportion of working age people in the population.

HEALTH

Tasmanians are older and more disadvantaged[9], less well educated, and have a lower life expectancy[10] than other Australians. People living in rural and remote Tasmania are disproportionally impacted.

Tasmania has more disabled people in the working age range[11], smokers[12], and people with chronic health issues such as obesity, diabetes, mental illness, heart, and lung diseases.[13]

These factors drive demand for health services and the health workforce, although sometimes demand appears low because a service is not offered, it cannot safely be provided in that area, or high out of pocket costs inhibit service uptake.

[7] Australian Government 2021, Services Australia - Statistics - *Medicare Item Reports by Patient Demographics*, Humanservices.gov.au, viewed 13 May 2021, http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp

[8] Australian Government – Australian Bureau of Statistics 2020, *Regional internal migration estimates, provisional, September 2020*, Statistics - People – Population, viewed 14 Apr 2021, https://www.abs.gov.au/statistics/people/population/regional-internal-migration-estimates-provisional/latest-release

[9] Australian Government – Australian Bureau of Statistics 2018, *Details - Socio-Economic Indexes for Areas (SEIFA) 2016*, Statistics - Census 20133.0.55.001 Census of Population and Housing - Socio-economic Indices, viewed 14 Apr 2021, https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016?OpenDocument.

[10] Australian Government – Australian Bureau of Statistics 2020, *Life tables, 2017 – 2019,* Statistics - People - Population. Australian Bureau of Statistics, viewed 14 Apr 2021, https://www.abs.gov.au/statistics/people/population/life-tables/latest-release

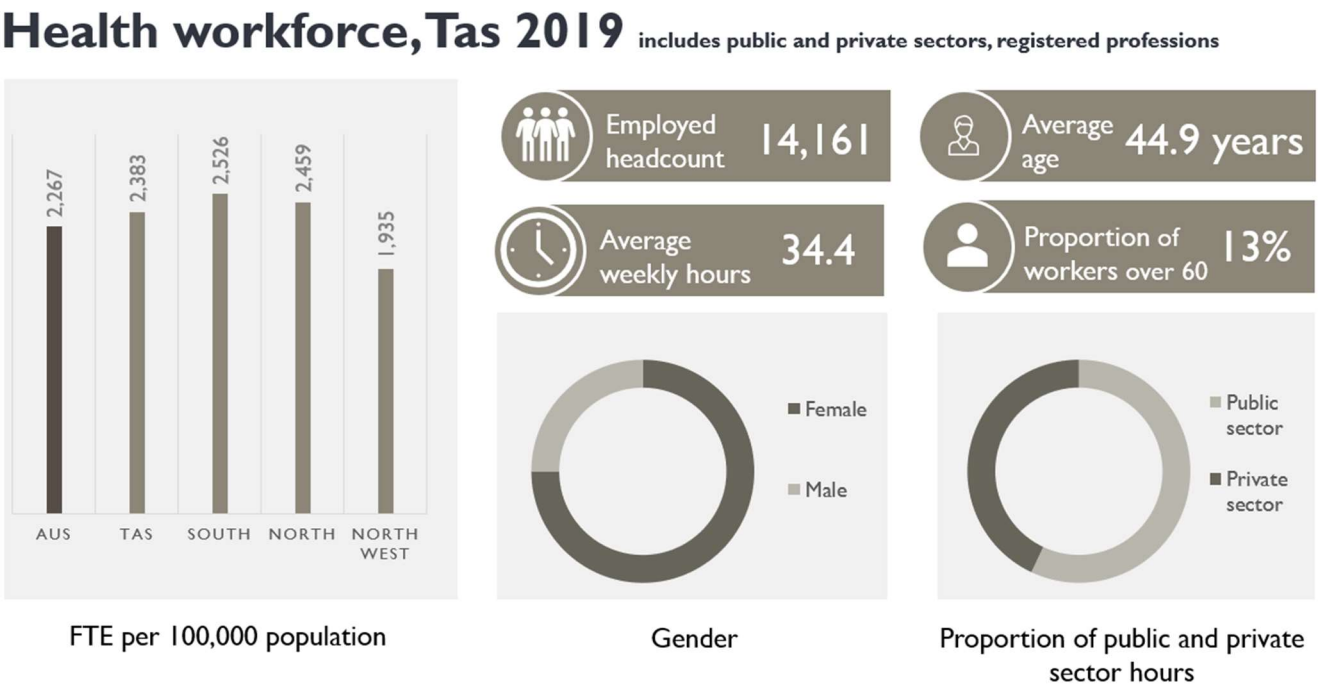
[11] Australian Government - Australian Bureau of Statistics 2021, *Census Time Series 2016, 2011, 2006: People - People and Communities - Disability - T14 Core Activity Need for Assistance*, ABS.StatBeta, viewed 29 April 2021, http://stat.data.abs.gov.au/

[12] Australian Government – Australia Bureau of Statistics 2018, 4364.0.55.001 - *National Health Survey: First Results, 2017-18*, viewed 3 Jul 2019, https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Tasmania~10007

[13] Tasmanian Government - Department of Health 2019, *The State of Public Health Tasmania 2018*, Public Health, viewed 11 June 2021, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/375025/The_State_of_Public_Health_Tasmania_2018_v10.pdf

FOCUS AREA ONE: SHAPING THE HEALTH WORKFORCE

In 2040, Tasmania's health workforce will be better aligned with the needs of the community, with an appropriate mix of generalist and specialist services and a fair distribution of the workforce in the North West.



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2019), ABS population data (2019 | Note: Snapshot is of the registered allied health professions except Chinese Medicine .

The number of health professionals in Tasmania per head of population is broadly comparable to Australia as a whole. Tasmania has more than the national average number of nurses and midwives, slightly more than the national average for medicine and fewer than the national average in the registered allied health professions (demonstrated in Figure 4 and Figure 5

The recruitment of health professionals in some professions and to regional and rural areas remains difficult.

Considering the range and type of health services currently delivered in each region of Tasmania and the population, the health professional workforce is not equitably distributed. The North West has a lower density of allied health professionals, medical professionals and nurses and midwives.

More than 30,000 Tasmanians nominated Health Care and Social Assistance as the industry they worked in in the 2016 census.[14] *Health Workforce 2040* looks at a subset of this workforce that includes more than 13,000 registered and employed allied health professionals, doctors, nurses and midwives. The data is from 2019,

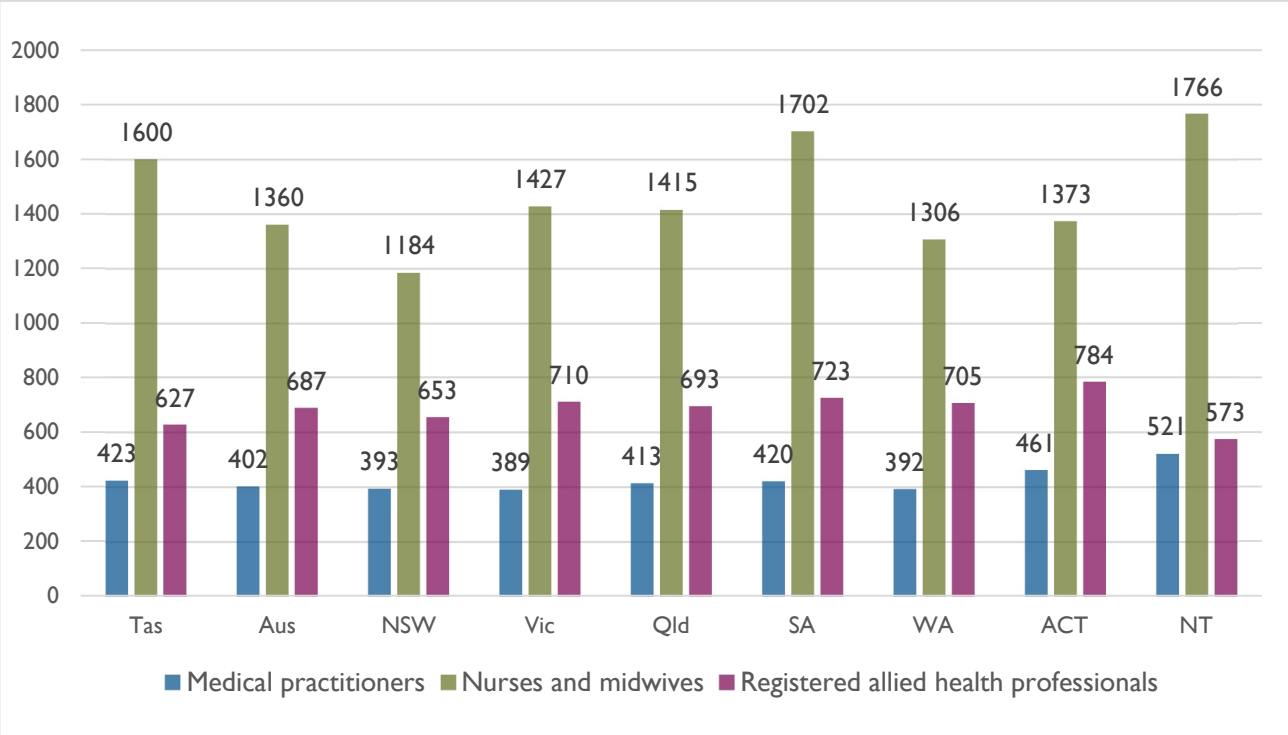
[14] Australian Government - Australian Bureau of Statistics 2016, *Home is where the heart is for Tasmanians, Census reveals, Media Release139/2017*, 23 Oct 2017, Canberra, ACT, viewed 19 Jul 2019, https://www.abs.gov.au/Ausstats/abs@.nsf/dd0ca10eed681f12ca2570ce0082655d/1ccbb053bd0aa548ca2581bf001f6a9c!OpenDocument

which is the latest available from the National Health Workforce Dataset. This data includes registration information and responses to the re-registration workforce survey at the point of registration.

Given paramedicine became a registered health profession in December 2018, paramedicine re-registration data was available for the first time in 2019. However, when comparing with previous years, exclusion of the paramedic headcount gives a clearer picture of the change in allied health.

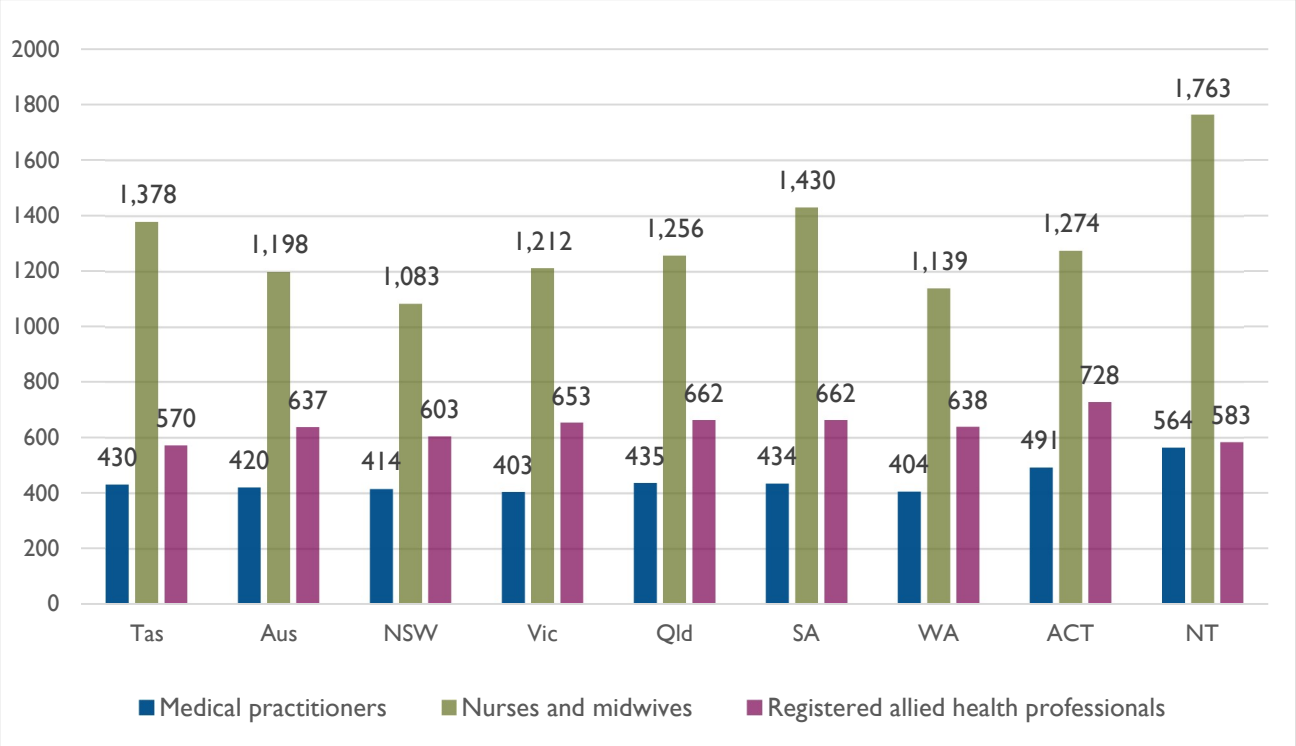
The largest group, nursing and midwifery, had 8,551 practitioners. There were 2,259 medical practitioners, and 2938 other regulated health professionals from the allied health professional groups excluding paramedicine. This rose to 3551 by including the 413 paramedics who re-registered for the first time in 2019.

Figure 4 Health practitioners (headcount) per 100,000 population, Tas, Aus and jurisdictions 2019



Source: National Health Workforce Data Set (2019), ABS Population Statistics Catalogue 3235.0 Regional Population (2019)

Figure 5 Health practitioners (FTE) per 100,000 population Tas, Aus and jurisdictions 2019



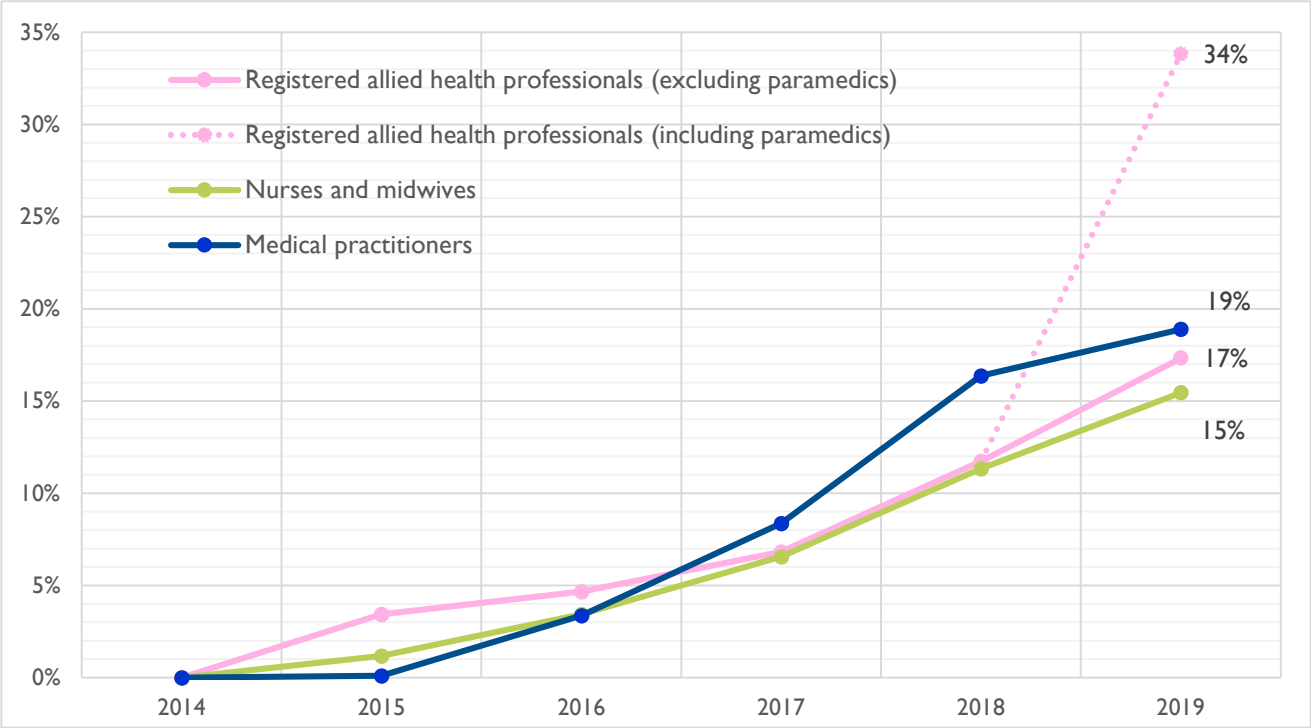
Source: National Health Workforce Data Set (2019), ABS Population Statistics Catalogue 3235.0 Regional Population (2019)

WORKFORCE GROWTH

Australia has recently experienced a period of significant growth in the health workforce, beyond expected population growth alone.

In Tasmania, between 2014 and 2019, the headcount of registered allied health professionals grew 17 per cent based on the same professions included in the data for the years 2014-18 (excludes paramedics). The medical workforce grew by 19 per cent and nursing and midwifery grew by 15 per cent (Figure 6). This compares to a growth in the population of 3.97 per cent over the same period and reflects growth in both the public and private sectors.

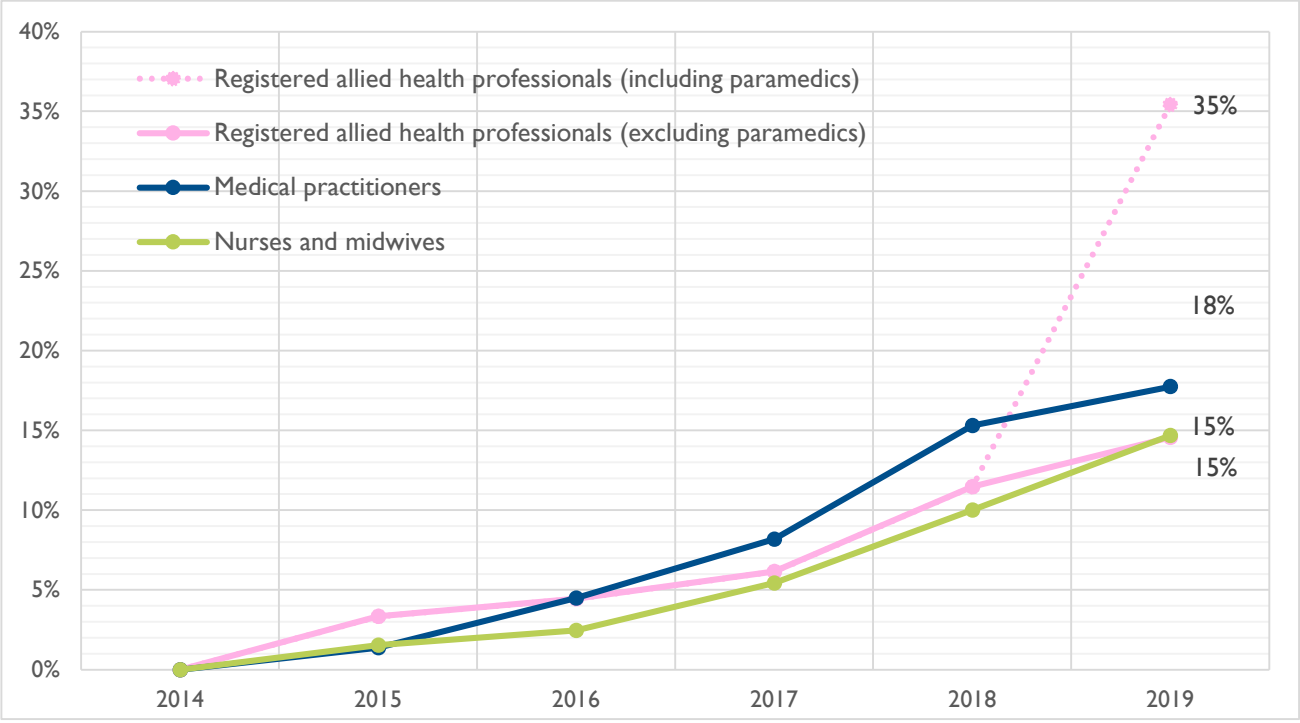
Figure 6 Change (%) in employed headcount of the health workforce, Tas 2014-19



Source: National Health Workforce Data Set

The full-time equivalent (FTE) growth is slightly less than the headcount growth for allied health and medicine, reflecting a decrease in the average hours worked (Figure 7).

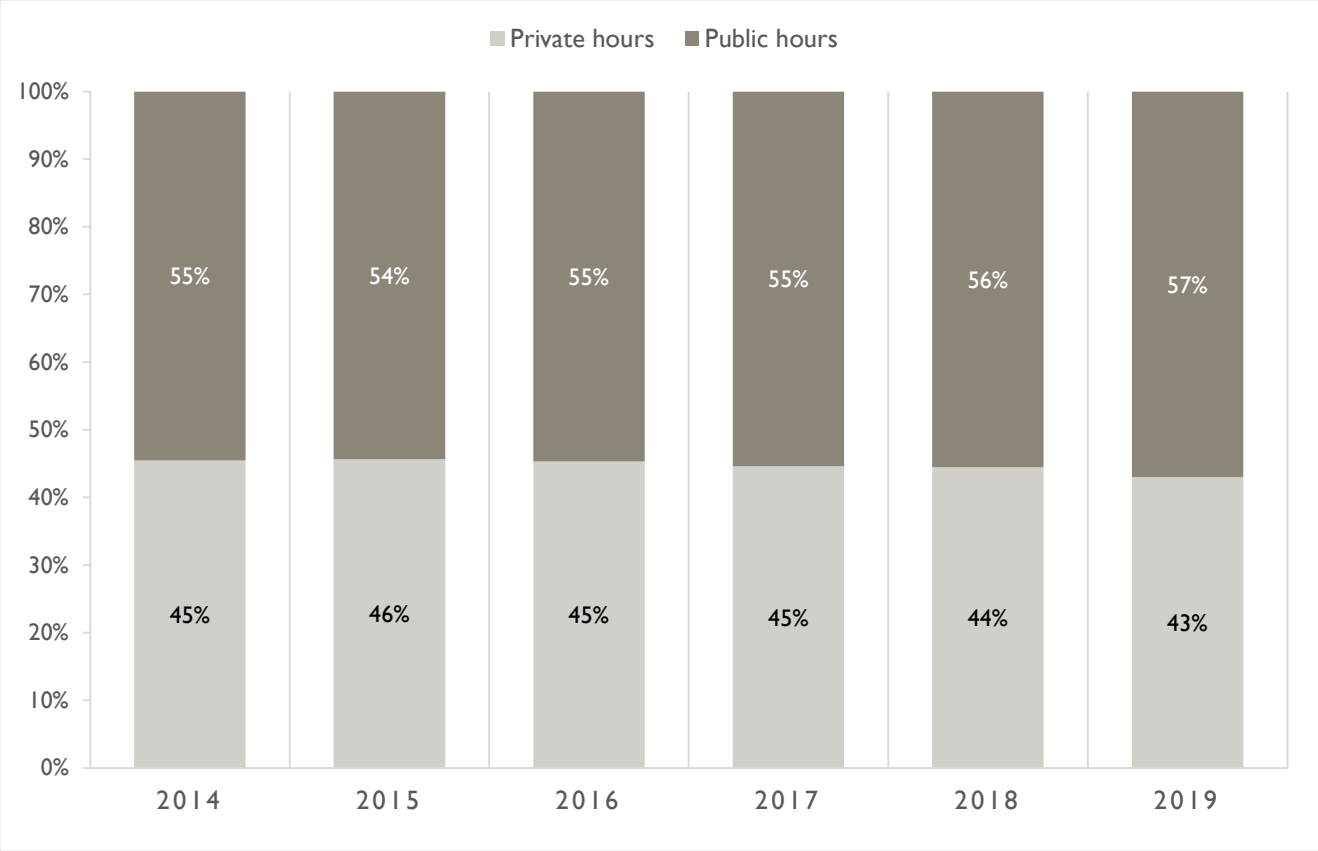
Figure 7 Change (%) in employed FTE of the health workforce Tas, 2014-19



Source: National Health Workforce Data Set

Growth rates have also varied between the public sector and the private sector (inclusive of aged care, general practice, and private hospitals) in Tasmania, with public sector growth being greater than private sector growth when all registered health professions are considered. There is variation in this trend however with some allied health professions, such as occupational therapy, demonstrating higher private sector growth. Figure 8 illustrates the proportion of the total clinical hours worked in the public and private sectors and the change over time due to the increasing public sector proportion.

Figure 8 Proportion of clinical hours worked in public and private health sectors, Tas 2014-19



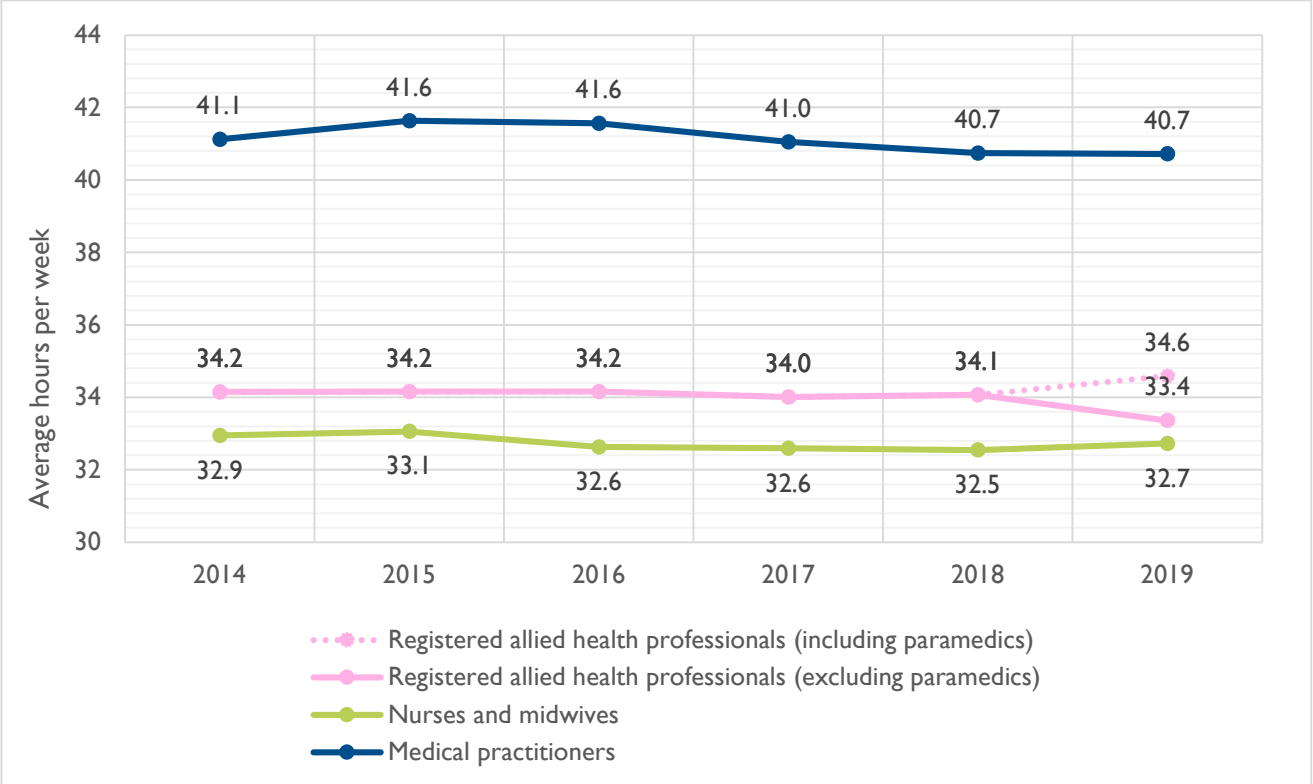
Source: National Health Workforce Data Set

HOURS WORKED

The average number of hours reported by employed health professionals working in Tasmania has decreased by 1 per cent over the period 2014 to 2019.

The average hours worked by medical practitioners declined from 41.1 in 2014 to 40.7 in 2019. For allied health professionals, excluding paramedics, the average hours fell to 33.4 per week, but rose to 34.6 if paramedics are included. For nursing and midwifery, the average hours have varied within a narrow range from 32.9 in 2014 to 32.7 in 2019. See Figure 9.

Figure 9 Average hours worked, Tas 2014-19



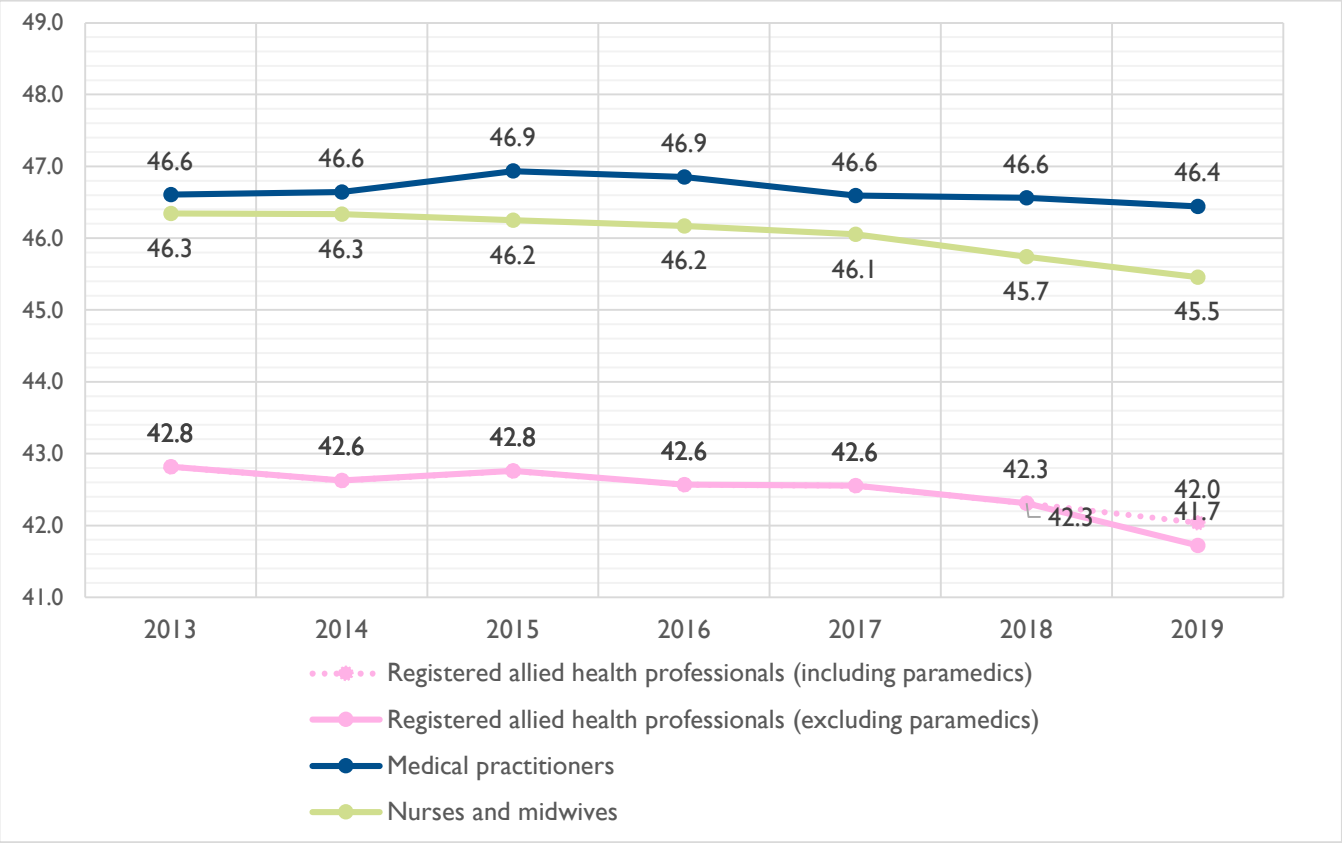
Source: National Health Workforce Data Set

AVERAGE AGE

The average age of the health professional workforce varies from 41.7 years for allied health professionals (excluding paramedics) to 46.4 years for the medical profession.

As Figure 10 shows, the medical workforce average age has remained fairly consistent from 2014 to 2019, whereas the allied health and nursing and midwifery workforce average age has decreased by 2 per cent over this period. There is significant variation within the professional groups. For example, dental therapists have an average age of 51.6, while oral health therapists have an average age of 30.7.

Figure 10 Comparison of workforce average age (years), Tas 2014-19



Source: National Health Workforce Data Set

THE GEOGRAPHIC DISTRIBUTION OF THE HEALTH WORKFORCE

Ensuring local access to health professionals is a key element of providing universal healthcare. Rather than having every type of subspecialist in every local town, this means having access to the appropriate range of health professionals for the size and location of the population, with links to centres with a higher level of service for highly specialised services.

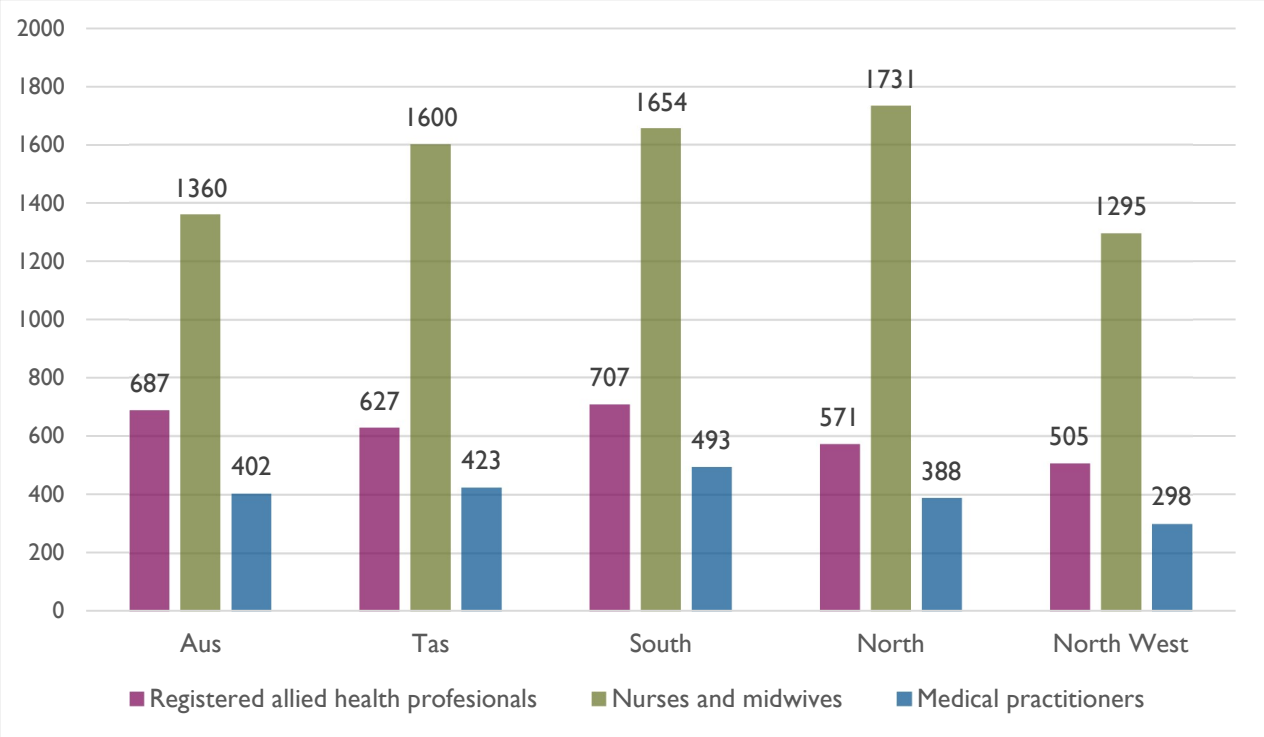
Some variation in supply is expected as not all specialty services are appropriate to be provided in all locations. This would suggest that a higher overall supply would be found in the South where the tertiary hospital facility is located, followed by the North and then the North West. However, in line with the Tasmanian Role Delineation Framework (TRDF), we expect to see comparatively similar levels of the "core" health professions to support the role delineation of services in the North West. This includes nursing and midwifery, physiotherapists, occupational therapists, dental practitioners, psychologists, general practitioners, emergency medicine physicians, general physicians and surgeons, psychiatrists, orthopaedic surgeons, paediatricians, obstetricians and gynaecologists.

Rural/urban imbalances in the health workforce are a matter of concern for nearly all countries, including Australia. Where there are overall shortages of health workers, this tends to be exacerbated by urban-rural maldistribution and internal migration of the workforce. This is evidenced by lower availability of health workers and higher turnover rates of staff within regional health services.

In Tasmania, the North West has the lowest density in all health professional groups, the North has the highest number of nurses and midwives, and the South has the highest number of medical practitioners and registered allied health professionals (Figure 11 and Figure 12).

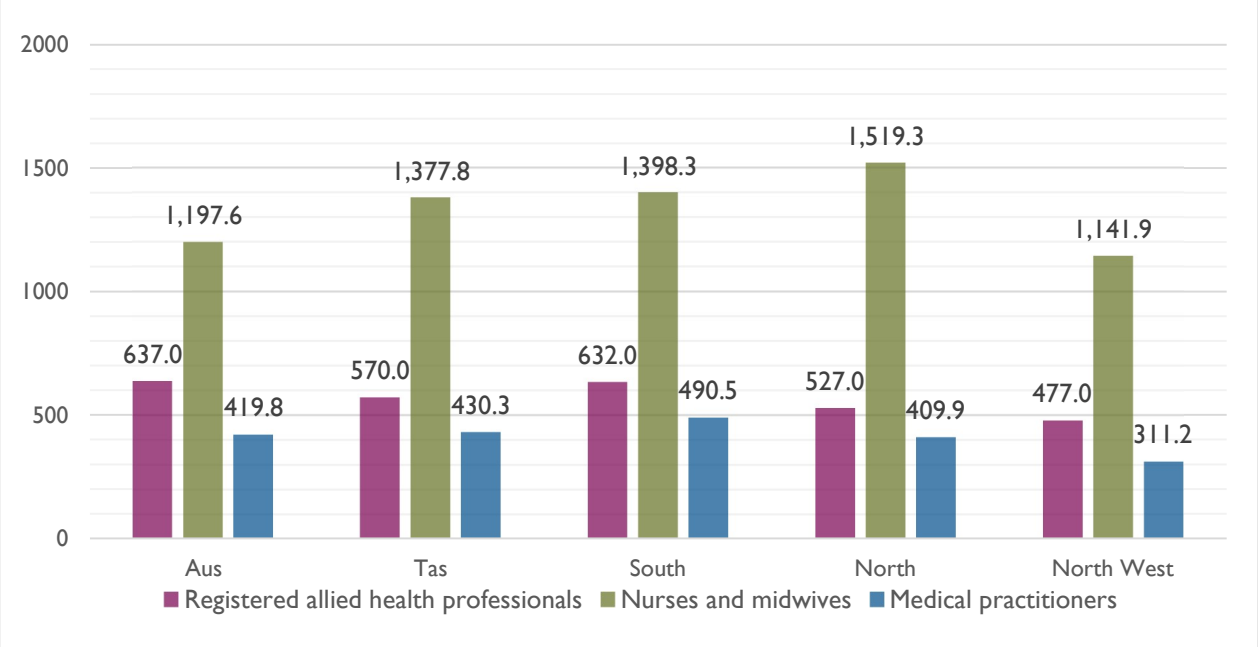
When we look at individual professions, specialties or divisions of registration, we can see that the distribution of almost every part of the health workforce, including the generalist professions, have lower FTE per head of population in the North West than in other regions of Tasmania. The exceptions to this in 2019 in the registered health professions are paramedics, the enrolled nurse workforce, the grouped oral and dental therapists, paediatricians, palliative medicine physicians, and general physicians.

Figure 11 Health practitioners (headcount) per 100,000 population, Aus, Tas and regions, 2019



Source: National Health Workforce Data Set (2019), ABS Population Statistics Catalogue 3235.0 Regional Population (2019)

Figure 12 Health practitioners (FTE) per 100,000 population, Aus, Tas and regions 2019



Source: National Health Workforce Data Set (2019), ABS Population Statistics Catalogue 3235.0 Regional Population (2019)

IMPROVING THE GEOGRAPHIC DISTRIBUTION OF THE HEALTH WORKFORCE

The challenge of recruiting and retaining a health workforce in regional and rural areas is a significant one that is also experienced across other Australian jurisdictions and other countries.

Despite the burden of disease being higher and the population older in regional and rural Tasmania, there are fewer health professionals than in the healthier urban areas.

Some variation in health workforce supply is expected as not all specialty services are provided in all locations. For example, cardiothoracic surgery is only provided in Hobart, in both the public and private sectors. This will be reflected in the distribution of cardiothoracic surgeons as well as perfusionists and critical care nursing staff.

This variation will be aligned in part to the clinical services delivery framework in the Tasmanian public sector, as outlined in the Tasmanian Role Delineation Framework (TRDF) and the Clinical Services Profile (CSP). These documents outline the range and level of clinical services provided across our four major hospitals.

A higher overall supply of health professionals in the South is expected, given this is where the public tertiary hospital facility, the largest private facilities and a range of other community-based specialty services are located. A range of services are also delivered from the North to the North West region, which again introduces a slight differential in those service areas.

We should, however, still expect to see comparatively similar levels of the 'core' health professions across our regions. This includes but is not limited to physiotherapists, occupational therapists, pharmacists, general practitioners, emergency medicine physicians, anaesthetists, general physicians, surgeons, registered and enrolled nurses, and midwives.

What we do see (outlined in the workforce indicators at Figure 2) is an almost universal distribution in these specialties favouring the South and the North.

Impact of COVID-19

COVID-19 has had a significant impact on the heath professional workforce. This impact has varied as the COVID-19 pandemic has progressed but includes:

- increased workforce requirements to resource infection control measures, testing programs, public health responses and vaccination
- need for updating knowledge and skills
- fatigue and psychological stress
- difficulty in the recruitment of locum medical practitioners and nurses due to border closures.

These impacts are magnified in a regional area that has pre-existing workforce challenges with a high reliance on locums.

What works to address geographic maldistribution

The World Health Organization has looked at evidence-based recommendations to improve the attraction and recruitment of health workers in remote and rural areas.[15] It has identified a range of interventions with some level of impact that provides a useful matrix to consider where existing efforts lie and where future efforts might be directed. These are outlined in the first two columns of Figure 13

[15] World Health Organization 2010, *Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations,* viewed 3 Jul 2019, https://www.who.int/hrh/retention/guidelines/en

Figure 13 Categories of interventions used to improve attraction, recruitment, and retention of health workers in remote and rural areas

with the third column highlighting some of the existing initiatives in Tasmania aimed at improving the geographic distribution of the workforce.

A range of actions are proposed to progress Tasmania toward a more equitable distribution of the workforce in the North West. These focus on building education and training opportunities within the region and aligning contracts and incentives to better support recruitment. While the actions proposed are focussed on the public sector, it is acknowledged that many health professionals work in primary and community care, in a private capacity, or for non-government organisations.

Figure 13 Categories of interventions used to improve attraction, recruitment, and retention of health workers in remote and rural areas

Category	Examples	Existing initiatives in Tasmania
Education	Students from rural backgrounds	Rural intake quotas in medical school Rural Application Process and Tasmanian Medical Student Rural Application Process Funding Scheme Grant
	Health professional schools outside of major cities	University of Tasmania School of Nursing - Launceston University of Tasmania Launceston Clinical School University of Tasmania Rural Clinical School - Burnie University Department of Rural Health Postgraduate Rural and Regional Training Hub - Burnie
	Clinical rotations in rural areas	Clinical placements across allied health, medicine and nursing Integrated Rural training Pathway - STP positions Rural Junior Doctor Training Innovation Fund
	Curricula that reflect rural health issues	Rural Clinical School training cohort
	Continuous professional development for health professionals	Award entitlements for CPD, however do not preference health professionals working in regional or rural areas
Regulatory	Enhanced scope of practice	Allied Health Rural Generalist- skill sharing
	Different types of health workers	
	Compulsory service	
	Subsidised education for return of service	Bonded Medical Placements Scheme
Financial incentives	Appropriate financial incentives	North West incentive for medical practitioners in the public sector Rural bulk billing incentives (MBS) General practice rural incentive payments Rural and remote, district and Bass Strait Islands allowances for nurses and midwives Rural and Remote Professional Development Package
	Better living conditions	Accommodation support for rural placements

Professional and personal support	Safe and supportive working environment	
	Outreach support	Clinical networks and upskilling programs
	Career development programs	Tasmanian Rural Generalist Pathway Centre of Antarctic Remote & Maritime Medicine (CARMM)
	Professional networks	Mentorship program for rural interns Rustica (Rural Health Student Network) Rural Doctors Association of Tasmania

THE ROLE OF GENERALISTS

Generalists are health professionals whose scope of practice is across multiple conditions and multiple organ systems (medicine) or across a full spectrum of the profession (allied health and nursing). They often have a scope of practice that overlaps with many specialised areas of practice. Examples of generalists in the workforce are general practitioners, rural generalists, emergency physicians, general physicians and surgeons, and registered nurses and allied health professionals with a broad scope of practice. For example, a generalist physiotherapist with a scope of practice across the lifespan from paediatrics to geriatrics and encompassing musculoskeletal, cardiorespiratory, and neurological physiotherapy practices.

There is a need for both generalists and specialists across the health workforce, with the balance being increasingly important for smaller communities where a broad range of health conditions need to be managed by smaller numbers of health professionals.

Concerns have been raised about the declining proportion of health professionals with generalist skills, in medicine and allied health, and the impacts this may have, which include:

- increasing fragmentation of healthcare, particularly for those with chronic and complex health care needs
- increasing costs of healthcare
- decreasing flexibility of the health workforce
- negative impact on sustainability of health services, in particular in regional and rural areas.

At the same time, Tasmania experiences difficulty in recruiting some specialist workforces, for example mental health nurses, intensive care nurses, endocrinologists, and neurologists. This highlights the complexity of the issue of getting the right balance of generalists and specialists to meet the service needs of a particular community. That balance will be different depending on the size of the population being served by the health service and the ability to maintain a sustainable workforce in each service area.

Supporting a generalist workforce also requires the active and deliberate provision of support networks whereby generalists can seek advice from their subspecialist colleagues and receive it in a timely fashion.

In the public sector, the Tasmanian Role Delineation Framework, and the Clinical Services Profile help to define the workforce requirements of the clinical services at each of Tasmania's four major acute hospitals. This helps to identify where a more generalist workforce is more appropriate to meet the service needs. For example, the North West Regional Hospital is designated Level 4 for Cardiology services. While this provides for an inpatient and outpatient cardiology service, the minimum workforce requirements are for an on-site medical specialist with experience in cardiology with outreach services provided by visiting cardiologists. The on-site medical specialist could be a general physician. In contrast, a Level 5 service such as the Launceston general Hospital requires a specialist cardiology workforce on-site.

In Tasmania, there has been a recent focus on developing training pathways for rural generalists in medicine and allied health to give rural communities' better access to health services and to provide greater stability to the rural health workforce. More information on this can be found in the Medical and Allied Health volumes of *Health Workforce 2040*.

While there has been some improvement in the numbers of generalist medical practitioners, ongoing effort is required to ensure that the trend to increasing specialisation is kept in balance to provide the appropriate mix of generalists and specialists for the Tasmanian health environment.

FOCUS AREA TWO: EDUCATION AND TRAINING

In 2040, education and training will be aligned with identified workforce priorities and career pathways. The health workforce will be supported with training and education at all stages of their career and will engage in lifelong learning.

Health workforce education and training, across the whole of the health career journey, should be aligned with both individual and community needs and identified health workforce priorities.

PROFESSIONAL ENTRY TRAINING

While many health professionals, including medical practitioners, registered nurses and allied health professionals, are educated within the university sector, other important health professionals such as enrolled nurses, and Aboriginal health practitioners gain their qualifications through VET courses, ranging from certificate to diploma level.

Responsibility for, and influence over, health education and training are shared across a range of players, including Commonwealth and state/territory governments, universities and other tertiary and vocational education providers, registration and accreditation boards, and professional colleges.

The Commonwealth provides funding for university-delivered health education and while the Commonwealth also contributes funding to the VET sector, the allocation of funding is the responsibility of state and territory governments.

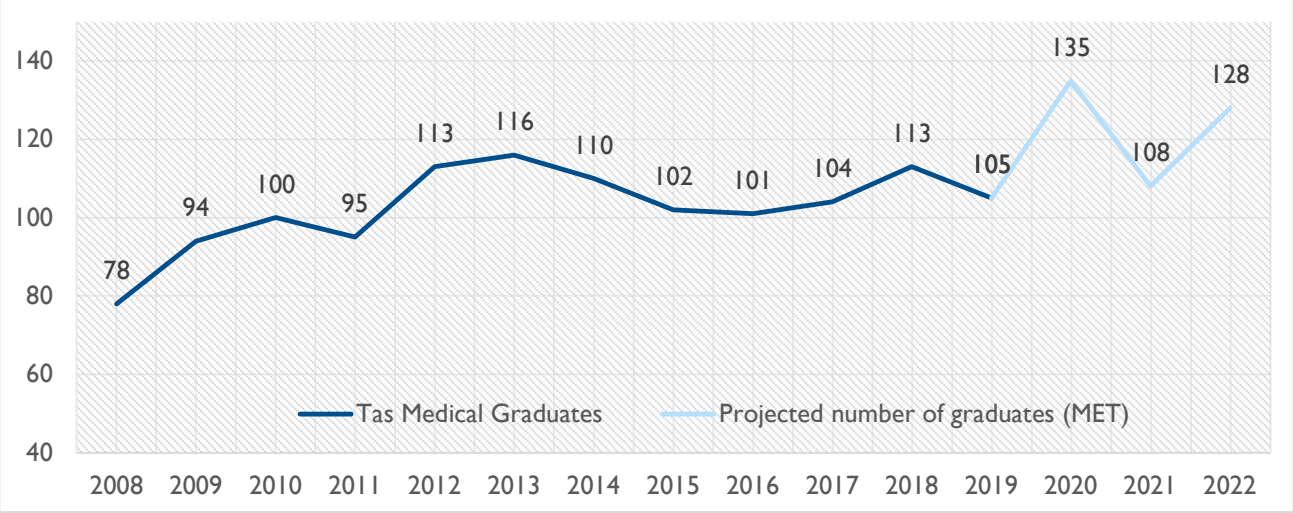
These complex relationships mean that there is not always good alignment between the health services that the community needs, the workforce required to deliver them, and the education and training of the health professional workforce.

Currently, other than in medicine, the number of places that can be offered by Universities is not capped. This means that where there is a demand for a course and a university wants to and is accredited to provide it, that university will be able to source funding through the Commonwealth Supported Places scheme. Alongside the increase in medical student places, this has resulted in a significant increase in the number of medical, nursing, and allied health students across Australia.

Clinical training placements are a key constraint on professional entry training numbers. The majority of clinical placements across disciplines are provided in public health systems. Training the next generation of health professionals is and should be a key role of the public health system, however this requires the development of safe training environments for students and patients and must be supported by adequate investment in supervisors, educators, and mentors.

In Tasmania, the growth in medical graduates between 2008 and 2019 was 12 per cent (Figure 14). This is significantly lower than the national growth of 54 per cent over the same period.[16]

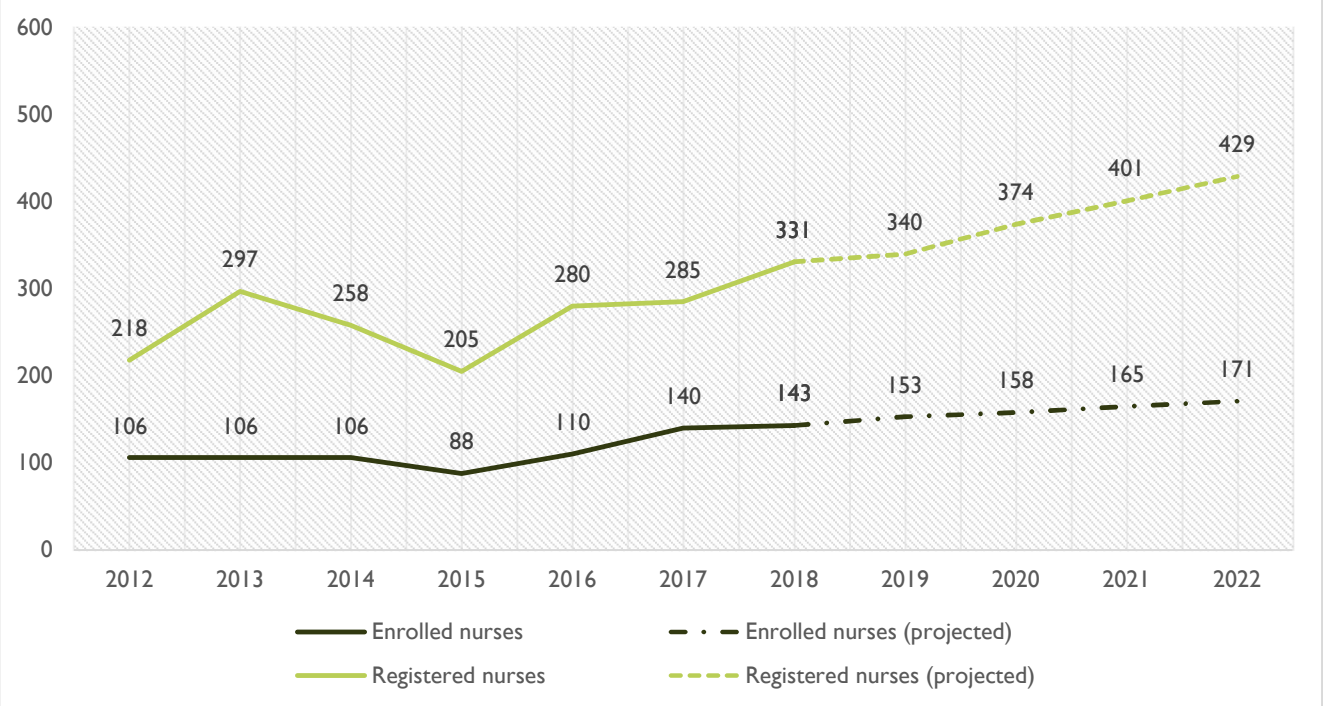
Figure 14 UTAS medical graduates (headcount) 2008-19 and projections to 2022



Source: Medical Deans 2021 Student Statistics 2007-19, Medical Education & Training Data (2016-19)

The number of nursing graduates in Tasmania continues to increase with the production of registered nurses projected to increase at a faster rate than enrolled nurses. While there is some movement between states and territories, most Tasmanian graduates seek employment in Tasmania.

Figure 15 Nursing graduates (headcount) 2012-18 and projected to 2022



Sources: UCube, MET 1-4, Medical Deans, UTAS, TasTAFE & Health Education and Research Centre internal data

[16] Medical Deans Australia and New Zealand 2021, *Student Statistics Tables*, Medical Deans Australia and New Zealand, viewed 26 March 2021, https://medicaldeans.org.au/data/

While there is currently no professional entry midwifery course offered by the University of Tasmania, a local pipeline of midwifery graduates has been developed through the establishment of innovative models that partner with an interstate higher education provider to provide the theoretical component, with the clinical/residential school component led by the Department of Health and Tasmanian maternity services.

Many of the allied health professions in Tasmania do not have local training providers. A range of partnerships with higher education institutions in other states and territories have enabled Tasmania to provide a range of clinical placements within the public health sector, such as in dentistry, physiotherapy, occupational therapy, and others.

This approach assists in developing a pipeline of new health professionals that have experienced working in the Tasmanian health system, improving the ability to recruit locally.

The University of Tasmania is planning to introduce Masters of Physiotherapy, Occupational Therapy and Speech Pathology from 2022, which will have a positive impact on the supply of these professions into the Tasmanian market. Other allied health professions will remain reliant on interstate universities to supply the future allied health workforce.

POSTGRADUATE TRAINING

Most allied health professionals are educated to a minimum bachelor's degree level, with some professions also offering pathways to qualification through accredited Master's level programs. Psychology and pharmacy are the only nationally registered allied health professions with a compulsory postgraduate internship requirement, resulting in longer training times.

In medicine, after graduating from an under- or postgraduate university medical degree, there is a training pipeline through internship, one or more years as a resident, and, for most, vocational training leading to a specialist qualification.

In nursing and midwifery, a range of postgraduate training pathways lead to areas of specialised practice in nursing, midwifery practice and recognised advanced practice roles including the endorsed nurse practitioner.

The availability and type of postgraduate training does not always align with workforce need. This can be exacerbated in a smaller jurisdiction like Tasmania that, in many cases, cannot support training locally, making it more difficult to sustain some health workforces.

Further discussion on postgraduate training and training pipelines can be found in the accompanying volumes on Allied Health, Medicine, and Nursing and Midwifery.

USING EDUCATION TO IMPROVE THE DISTRIBUTION OF THE HEALTH WORKFORCE

Education plays a key role in addressing maldistribution issues. Some of the factors that have been shown to assist include:

- selecting students from rural backgrounds
- providing health professional training outside of major cities
- providing clinical rotations in rural areas
- developing curricula that reflect rural health issues
- supporting continuous professional development for health professionals working in regional and rural areas.

Providing a pathway into health-related employment that can be entered from school completion can improve the participation of young people in the health workforce. This should be supported by programs that

articulate into health professional training where appropriate. This is another important mechanism to facilitate local recruitment into regional and rural health services.

Despite efforts already being made, distribution issues persist, necessitating a continued and renewed focus on these measures.

ENGAGEMENT IN LEARNING THROUGHOUT THE CAREER LIFESPAN

All health professionals should engage in lifelong learning to ensure that their knowledge and expertise remain current and refreshed, and so that the professional workforce is able to respond to changes to health system demand. The necessity of this responsiveness has been highlighted during the response to the COVID-19 pandemic. For example, upskilling and providing refresher training in critical care to the existing nursing workforce has been an important part of developing a surge workforce capacity for intensive care services.

Continuing professional development (CPD) is also a requirement of continued practitioner registration under the National Registration and Accreditation Scheme as well as for self-regulated allied health professions.

Rural health professionals tend to work in smaller teams, have higher on-call requirements, work in relative isolation from their peers, and have to travel to access education programs. This makes it more difficult for rural practitioners to access education programs, while their often-isolated practice and broad generalist skill base means that it is particularly important that they do access ongoing education and upskilling.

SUPPORTING RESEARCH

Building a health professional workforce that is committed to research, innovation and evidence-based practice is more important than ever as we continue to work to provide safe and high quality healthcare services to the community. Building research capacity in the health professional workforce can support health services to develop innovative and effective change. Studies have shown that clinical staff who undertake clinical research may have better training and specialisation range as well as being more highly skilled in the conduct of clinical trials. When health professionals are engaged in clinical research they are also exposed to the frontline of clinical research and future standard of care, helping to embed evidence-based findings into clinical practice.

Researchers who participate in industry-funded clinical research often have a strong sense of improving care, bring Australian research outcomes to a wider global audience, bring in additional funds for academic research, and assist in retaining researchers within the Australian health and hospital system.[17]

In Tasmania, there is an opportunity to build a culture of research and innovation through ongoing education and training initiatives. This will require the development of clear leadership and governance structures and a concerted ongoing effort to embed the research governance framework across health services.

Research has also shown that sites with dedicated clinical trial offices with clinical research staff are more successful in recruiting patients to participate in research, who in turn get early access to new interventions and medicines. In Australia in 2015, there were an estimated 2,200 clinical staff supporting clinical trials

[17] Clinical Oncological Society of Australia and Cancer Council Australia 2011, *Joint Submission to the Clinical Trials Action Group: Enhancing Australia's position as a preferred destination for clinical trials.* p. 7, Clinical Oncological Society of Australia, Sydney, NSW, viewed 19 Jul 2019, https://www.cosa.org.au/media/1082/cosa_submission_cca_-aust-preferred-destination-for-ct_feb2010.pdf

programs. This is only an estimate as many clinical staff only work part-time at most in the clinical trials space compared to their clinical roles.[18]

Hospitals can retain high quality staff by supporting clinical research through a 'pro-research' culture, providing appropriate infrastructure, protecting time for research and related activities, and ensuring clear career pathways.[19]

[18] MTPConnect 2017, *Clinical Trials in Australia: The economic profile and competitive advantage of the sector*, viewed 19 Jul 2019, https://www.mtpconnect.org.au/images/MTPConnect%202017%20Clinical%20Trials%20in%20Australia%20Report.pdf

[19] Clinical Oncological Society of Australia and Cancer Council Australia 2011, *Joint Submission to the Clinical Trials Action Group: Enhancing Australia's position as a preferred destination for clinical trials.* p. 7, Clinical Oncological Society of Australia, Sydney, NSW, viewed 19 Jul 2019, https://www.cosa.org.au/media/1082/cosa_submission_cca_-aust-preferred-destination-for-ct_feb2010.pdf

FOCUS AREA THREE: FOSTERING INNOVATION

In 2040, Tasmania will embrace new and innovative health workforce roles and models to respond to the changing needs of communities. The health workforce will be confidently using technology to drive innovation and harnessing the benefits to support health service delivery and quality.

Reform and innovations in healthcare delivery are necessary to ensure a high quality, sustainable and affordable health workforce into the future.

Service and workforce reforms encompass changing models of care, adjustments to skill mix, health professionals working to their full or expanded scope of practice, and changes in the way technology contributes to health services and is used by health professionals. Health workforce reforms should not be constrained by professional boundaries. Rather, they should be pursued across health professional streams to build workforce models that provide safe, effective, and appropriate care.

Reforms should be targeted toward achieving outcomes that address existing or emerging problems. An example is addressing waiting times for endoscopies in rural and regional communities, by looking at who else can provide them, ensuring the health workforce mix provides the best outcome for patients and is also sustainable into the future.

Health workforce planning work undertaken by Health Workforce Australia indicated that service and workforce reforms had a significant downward impact on the future requirement for health professionals.

Recent experience with the COVID-19 pandemic has demonstrated that both the workforce and the community are able to adapt rapidly to a changing health care environment that enables telehealth, driven by a motive to decrease face to face contact where possible. and enabled by appropriate financial models. At the peak of telehealth activity in April 2020, 35.6% of MBS services were delivered by telehealth, with 90.7% of these by telephone and the remainder by videoconference.[20]

WORKFORCE AND SERVICE MODEL REFORM

Health workforce change is required. This will need a critical look at what health professionals do, how they are paid and where they work.[21]

Many health professionals spend time doing work that other people can do. Consultation for this report, for example, told us that some (usually senior) nurses spend many hours recruiting and onboarding new staff. Tasks include police checks, reference checks, and submitting application forms to security and IT. These are administrative tasks, not clinical. This can increase the overall cost of the health workforce, resulting in valuable resources not being available for increasing services, and exacerbating workforce shortages.

Looking at the roles of each health professional group, enabling health professionals to work to a full or expanded scope of practice, and improving collaboration between health professional groups can help to ensure that the health workforce is maximally utilised.

[20] University of Queensland, Centre for Online Health 2021, viewed 29 Apr 2021, https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia

[21] Duckett, S. 2016, *Three challenges facing health workforce reform,* Grattan Institute, Carlton, VIC, viewed 18 Jul 2019, https://grattan.edu.au/news/three-challenges-facing-health-workforce-reform/

Some examples of workforce reform designed to improve access to health services include:

- the development of new workforce roles such as rural medical generalists
- better use of the assistant workforces, for example allied health assistants
- achieving a better balance between the generalist and the specialist workforces
- using administration professionals to complete administrative tasks.

There are a number of barriers to workforce reform within the complex health system environment. This means that reform efforts are often slow to develop and implement.

Changes in the way health services are structured and operate have the potential to lead to changes in health workforce requirements.

The Community Rapid Response Service (ComRRS) is a hospital avoidance program providing care outside of the hospital setting. It aims to keep people out of emergency departments. A survey of GPs found 96 per cent agreed the patients referred would otherwise have needed to go to the emergency department for intervention or hospitalisation, which indicates the service is fulfilling its intended purpose. This type of service model can therefore support nurses working in the community to their full scope of practice, thereby decreasing the requirements for the range of staff in emergency departments and hospital admissions.

Shifting the balance in the health system away from the acute sector and toward primary care and prevention has also shown to not only provide better health outcomes but to also reduce demand for higher cost acute care.

DIGITALLY CAPABLE WORKFORCE

The World Health Organization (WHO) defines digital health as the use of digital, mobile, and wireless technologies to support the achievement of health objectives. Digital health includes the use of information and communication technologies for health as well as advanced technologies for managing data and information such as artificial intelligence and genomics.[22]

'Digital health is a critical part of any modern healthcare industry and its adoption is key to improving patient care outcomes, improving clinical utility, and increasing sustainability of the Australian healthcare system.'[23]

Improved technologies have the potential to reduce costs and distribute care in a more even and timely way. Digital technology has the potential to provide greater access to health information and healthcare, regardless of a patient's geographic location. This can, in turn, decrease the gap in healthcare services in rural and remote areas and improve the health and wellbeing of the people living in those areas.

To leverage digital health, the health workforce must be able to confidently use digital technologies to design, deliver and continuously improve care. Clinical roles and functions, and how professionals and teams work together, need to evolve. This requires a digitally capable workforce.

[22] World Health Organization (WHO). (2019). WHO guideline: recommendations on digital interventions for health system strengthening, Geneva. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/324998/WHO-RHR-19.7-eng.pdf

[23] https://www.digitalhealth.gov.au/sites/default/files/2020-11/National_Nursing_and_Midwifery_Digital_Health_Capability_Framework_publication.pdf

With COVID-19 came an acceleration in the use of technologies to treat patients, with particular growth in the use of telehealth. This acceleration was not related to the availability of appropriate technology but due to the change in policy settings and financial arrangements to enable that technology to be used. 30 per cent of Australians reported they now *prefer* to access health related services online more than they did before the COVID-19 pandemic. Of those who used a telehealth service in April 2021, the most common reasons were:

- convenience (63 per cent)
- saves time (42 per cent)
- don't have to travel (38 per cent). [24]

The workforce adapted quickly, but for sustained change, ongoing learning must be embedded, and change management must be effective.

NATIONAL DIGITAL HEALTH STRATEGY

The Australian Government, with support from the Tasmanian and other jurisdictional governments, established the Digital Health Agency in 2016, to develop a National Digital Health Strategy.

The seven priorities identified in the National Digital Health Strategy are:

1. Health information that is available whenever and wherever it is needed
2. Health information that can be exchanged securely
3. High quality data with a commonly understood meaning that can be used with confidence
4. Better availability and access to prescriptions and medicines information
5. Digitally enabled models of care that improve accessibility, quality, safety and efficiency
6. A workforce confidently using digital health technologies to deliver health and care
7. A thriving digital health industry delivering world-class innovation.[25]

The Commonwealth, state and territory governments, and the private sector, are already recognising and prioritising advancements in digital health technology.

'Given the progress that is being made within geographic areas, individual health services or within a health sector, there is a risk that uncoordinated investment in technology that does not meet a common set of standards will exacerbate siloing in the health system, with each service or sector using a different system.'[26]

For health technologies to work, they need to be patient-centric and developed in collaboration with all relevant touchpoints. Ultimately, it is important for Tasmania to prioritise health innovations and it is integral to use a holistic approach, with national and broad collaboration.

[24] Australian Government – Australian Bureau of Statistics 2021, *Household Impacts of Covid-19 Survey*, viewed 11 June 2021, https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/apr-2021.

[25] Australian Government 2017, *Australian National Digital Health Strategy: Safe, seamless and secure: evolving health and care to meet the needs of modern Australia, viewed 11 June 2021, https://www.digitalhealth.gov.au/sites/default/files/2020-11/Australia%27s%20National%20Digital%20Health%20Strategy%20-%20Safe%2C%20seamless%20and%20secure.pdf.*

[26] Australian Government 2017, *Australian National Digital Health Strategy: Safe, seamless and secure: evolving health and care to meet the needs of modern Australia, viewed 11 June 2021, https://www.digitalhealth.gov.au/sites/default/files/2020-11/Australia%27s%20National%20Digital%20Health%20Strategy%20-%20Safe%2C%20seamless%20and%20secure.pdf.*

DIGITALLY ENABLED SYSTEMS

An important enabler for developing a digitally competent health professional workforce is the systems that are in use in the workplaces.

IT systems are expensive, depreciate over time and require ongoing maintenance and support within a risk aware environment. This mean that the systems in which health professionals work are often characterised by multiple systems solutions that are poorly integrated and difficult to navigate.

The Tasmanian Government has committed to the procurement and implementation of a new fully integrated Human Resources Information System (HRIS) to replace current payroll, rostering, workplace health and safety, conduct and leave management, and credentialing systems.

HRIS will have a number of benefits including:

- capabilities that largely eliminate manual, laborious processes that distract the health workforce from its key objective of delivering high quality healthcare to the Tasmanian community
- a contemporary, engaging and 'frictionless' process that streamlines the recruitment journey (including onboarding)
- mechanisms through which a consistent and integrated individual performance and development management framework can be established
- reliable, accessible, and up-to-date data, critical to enable informed, evidence-based decision making.

Future challenges for Tasmania include the development of a full electronic medical record and integration across the acute and primary care sectors and the public and private systems, to better provide continuity of care for patients.

FOCUS AREA FOUR: ENHANCING CULTURE AND WELLBEING

In 2040, the Tasmanian public health sector will be a workplace of choice. A collaborative statewide working environment will celebrate success and encourage positive risk taking and sharing of learning. Health leaders will drive a culture of high quality, safe, person centred service delivery. Promoting and supporting the health and wellbeing of the health workforce will be a priority.

Good leadership and an inclusive culture are key features of high performing organisations that are workplaces of choice. Workplace culture, workforce wellbeing and inclusion are interconnected. When these building blocks are healthy, the organisation will be better equipped to deliver high quality health services to the community. The 2020 Tasmania State Service employee survey[27] found that the top three most rewarding things about working in the Tasmanian Health Service were:

1. Working in a good team environment
2. Serving the Tasmanian community and making a difference to it
3. Job security.

In contrast the top three areas for improvement were:

1. Training and development opportunities
2. Management/leadership
3. Focus on positive work behaviours/cultures.

Having a strong focus on developing leadership within the health services and building a high performance culture is important in supporting the health workforce to have satisfying and rewarding work and in increasing the performance of the service.

CULTURE

Organisational culture emerges from shared beliefs, values and norms of behaviour - the 'way things are done around here', as well as the way things are understood, judged and valued.[28]

> "Organisational culture represents the shared ways of thinking, feeling and behaving in healthcare organisations." [29]

[27] Tasmanian Government – Department of Premier and Cabinet 2021, *2020 State Service Employee Survey Full Results*, viewed 11 June 2021, http://www.dpac.tas.gov.au/divisions/ssmo/Employee_Surveys/2020_state_service_employee_survey/2020_employeesurvey_full

[28] Davies, HTO, Nutley, SM, & Mannion R 2000, Organisational culture and quality of health care. *BMJ Quality and Safety*, Vol. 9: pp. 111-119, London, UK, viewed 25 Jul 2019, https://qualitysafety.bmj.com/content/qhc/9/2/111.full.pdf

[29] Mannion, R & Davies, H 2018 'Understanding organisational culture for healthcare quality improvement', *BMJ* Vol. 363, pp. k4907, London, UK, viewed 23 Jul 2019, https://risweb.st-andrews.ac.uk/portal/en/researchoutput/understanding-organisational-culture-for-healthcare-quality-improvement(a79882bd-9b34-49db-ba32-45b8ad617fc2)/export.html

Organisational culture:

- is about how things are done within the workplace
- is the way things are done within teams and is heavily influenced by unwritten rules
- reflects what has worked well in the past.[30]

Healthy organisations typically have a culture that promotes trust, openness and engagement and enables continuous learning and improvement. There is a 'can do' culture, supported by effective working processes.

Poor culture is often identified as the culprit in healthcare scandals and reviews of poor healthcare system performance. Flowing from this, prescriptions for cultural improvement are often identified as the way to improve performance[31]. For example, the recent Report of the Auditor General into the performance of Tasmania's emergency department services identifies that a range of reviews have highlighted ingrained cultural challenges and recommends that the Tasmanian Health Service (THS) and Department of Health urgently implement a culture improvement program and initiatives with clearly defined goals, accountabilities and timeframes.[32]

Every leader casts a shadow across their organisation that impacts its culture.[33]

Similarly, the Royal Hobart Hospital Access Solutions Action Plan, which aims to improve patient flow and maximise emergency department efficiency, has an action that is focussed on cultural improvement. Specifically, this is aimed at supporting departments and staff to work collaboratively, prioritise the interests of patients and eliminate silos.

Increasingly, evidence suggests that culture is linked to the quality of healthcare service provision across multiple settings.

There are four fundamental elements of a culture for innovative and high quality healthcare:

1. Inspiring vision and strategy
2. Positive inclusion and participation
3. Enthusiastic team and cross-boundary working
4. Support and autonomy for staff to innovate.[34]

Fostering these elements within an organisation and creating an environment for developing high quality healthcare requires leadership.

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[30] NHS Institute for Innovation and Improvement 2005, *Improvement leaders' guide: building and nurturing an improvement culture',* Personal and organisational development, Coventry, UK, viewed 19 Jul 2019, https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/ILG-3.3-Building-and-Nurturing-an-Improvement-Culture.pdf

[31] Mannion, R & Davies, H 2018 'Understanding organisational culture for healthcare quality improvement', *BMJ* Vol. 363, pp. k4907, London, UK, viewed 23 Jul 2019, https://risweb.st-andrews.ac.uk/portal/en/researchoutput/understanding-organisational-culture-for-healthcare-quality-improvement(a79882bd-9b34-49db-ba32-45b8ad617fc2)/export.html.

[32] Tasmanian Government - Tasmanian Audit Office 2019, *Report of the Auditor- General No.11 of 2018-19: Performance of Tasmania's four major hospitals in the delivery of Emergency Department services,* 2019, Parliament of Tasmania, Hobart, TAS, viewed 19 Jul 2019, https://www.audit.tas.gov.au/wp-content/uploads/Report-No11-Emergency-Department-Services-Full-Report.pdf

[33] Senn and Hart 2013, *Winning Teams, Winning Cultures*, viewed 11 July 2021, www.sendelaney.com/books.html

[34] West M, Eckert R, Collins B, Chowla R 2017, *Caring to Change: How compassionate leadership can stimulate innovation in healthcare*. The King's Fund, London, UK, viewed 19 Jul 2019, https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Caring_to_change_Kings_Fund_May_2017.pdf

LEADERSHIP

Leadership is the most influential factor in shaping organisational culture, so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental.[35] Leaders affect those around them, their satisfaction and happiness at work, trust in management and the health system, individual and team effectiveness, and the culture of healthcare organisations.

The Commission on the Delivery of Health Services in Tasmania (2014) noted that there were problems with leadership at all levels of Tasmania's health system. They further pointed out that a well-led health system is characterised by mutual respect, a willingness to listen and a shared common purpose.[36]

The quality of health leadership directly and indirectly affects the quality of patient care and is an important factor supporting best practice.

Three key principles of leadership in health are relevant to the Tasmanian healthcare system:

1. Everyone owns leadership
2. Developing capable leaders builds health leadership capacity
3. The person you are is the leader you are.[37]

Leadership development within the Tasmanian healthcare sector needs to be recognised and supported as an important measure to enhance culture, improve employee wellbeing, and most importantly support a higher quality of care for Tasmanians.

To do this, we need to:

- link and strengthen health leadership training and development opportunities
- embed leadership in health education, training and continuing professional development
- promote inter-professional leadership collaboration
- recognise leadership positions in health that could be undertaken by any health professional.

WELLBEING

Health services can be satisfying and empowering places to work. It allows individuals to work with patients and their families to provide treatment and care when consumers are at their most vulnerable.

Conversely, working in complex healthcare teams and with individuals and families at times of illness and loss is difficult. There are high emotions, life and death issues and ongoing service demands to be met.

Long hours, unpredictable workloads, on-call requirements, distressed and angry patients and families, long training times, increasing competition for health professional training, hierarchical systems, bullying and a loss of empowerment to effect change are all experiences within health services that have been raised in consultation.

In addition, working in health care during times of heightened pressure (such as during the COVID-19 pandemic) adds additional stress on the health workforce. There will be fears for both personal safety and the wellbeing of close family and friends.

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[35] West, M, Armit, K, Loewenthal, L, Eckert, R, West, T, & Lee, A 2015, *Leadership and Leadership Development in Health Care: The Evidence Base.* Faculty of Medical Leadership and Management, Center for Creative Leadership, The Kind's Fund, London, UK, viewed 25 Jul 2019, https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

[36] Australian Government - Department of Health 2014, *The Commission on the Delivery of Health Services in Tasmania*, Australian Government, Canberra, ACT, viewed 23 Jul 2019, https://www.tasmaniahealthcommission.gov.au/

[37] Australian Government - Health Workforce Australia 2013, *Health LEADS Australia: the Australian Health Leadership Framework*, Health Workforce Australia, Adelaide, SA, viewed 22 Jul 2019, https://www.aims.org.au/documents/item/352

Racial discrimination has also been found throughout Australia's health system. While the number of Indigenous survey respondents was low, the Beyond Blue *National Mental Health Survey of Doctors and Medical Students* showed that Indigenous doctors reported bullying as a source of major stress at 5.5 times and racism at nearly ten times the rate of their non-Indigenous counterparts. The same report also showed that 27 per cent of Indigenous students reported being very stressed by racism.[38]

These findings are supported by a report commissioned by the Royal Australasian College of Surgeons, which confirmed that bullying, sexual harassment, and discrimination - including racial discrimination - are far more widespread and common throughout the health system than anticipated.[39]

This means that in health, we need to focus on fostering a safe and healthy culture to improve the wellbeing of the workforce.

The 2020 Tasmania State Service employee survey found that only 57 per cent of respondents in the THS indicated that they had both the opportunity and the resources at work to support their health and wellbeing, and only 60 per cent of respondents felt that all staff are treated fairly and with respect. While there are many factors that influence these wellbeing and diversity metrics, it is hoped that these would improve over time with the implementation of the Actions identified in the workforce strategy.

Less sick leave, lower staff turnover/better staff retention, lower incidence of work-place stress, and lower rates of workplace injury are all positive outcomes of a happier and healthier health workforce.

WORKFORCE INCLUSION

ABORIGINAL EMPLOYMENT IN THE HEALTH PROFESSIONAL WORKFORCE

Providing culturally respectful healthcare and increasing the size of the Aboriginal health workforce is a fundamental step towards improving health outcomes for Aboriginal people and closing the gap in Aboriginal life expectancy.[40]

> 'Aboriginal and Torres Strait Islander people and their cultures have prevailed and endured despite too many experiencing entrenched disadvantage, political exclusion, intergenerational trauma and ongoing institutional racism.' - National Agreement on Closing the Gap, 2020

As a population group, Aboriginal people in Tasmania have worse health outcomes than the non-Aboriginal population. For example:

- 37 per cent of Aboriginal people report excellent or very good health, compared with 51 per cent of the whole population
- 70 per cent of Aboriginal people report having a long-term health condition, compared with 52 per cent of the whole population
- 27 per cent of Aboriginal people report experiencing high or very high rates of psychological distress, compared with 13 per cent of the whole population.

[38] Beyond Blue 2013, *National Mental Health Survey of Doctors and Medical Students*, Beyond Blue, Hawthorn, VIC, viewed 24 Jul 2019, https://www.beyondblue.org.au/about-us/our-work-in-improving-workplace-mental-health/health-services-program/national-mental-health-survey-of-doctors-and-medical-students

[39] Expert Advisory Group on discrimination, bullying and sexual harassment 2015, Report to the Royal Australasian College of Surgeons, viewed 24 Jul 2019, https://umbraco.surgeons.org/media/1018/eag-report-to-racs-final-28-september-2015.pdf

[40] Australian Government 2014, *Aboriginal and Torres Strait Islander Health Performance Framework Report*. Department of Prime Minister and Cabinet, Canberra, viewed 18 Jul 2019, www.pmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-3-health-system-performance/312-aboriginal-and-torres-strait-islander-people-health-workforce.html

Many Aboriginal people in Tasmania have reported reluctance accessing government and other mainstream health services.[41]

Aboriginal people's poorer health outcomes are a direct result of invasion, dispossession and oppression, and the historical social, economic, and racist legacies that have, and continue to, disadvantaged Aboriginal people.

Aboriginal people are more likely to access health services where Aboriginal people are part of the healthcare team. Respectful communication and good relationships with Aboriginal communities including an awareness of the underlying social issues and local culture are also factors that support better access for Aboriginal people in health services.[42]

Aboriginal people working in healthcare professions can bring new perspectives and strengths to the workforce and support the provision of culturally respectful services.

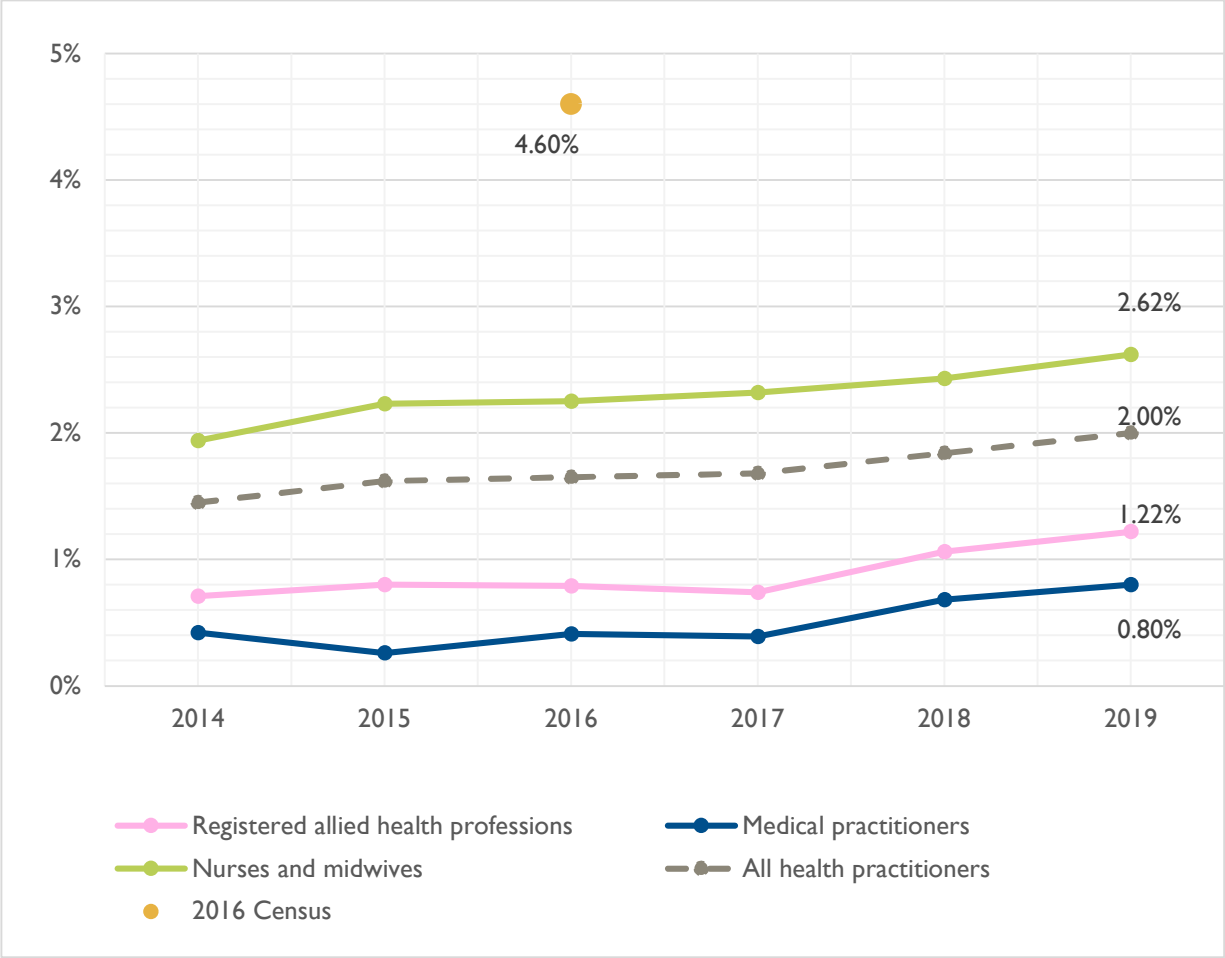
Aboriginal participation in the Tasmanian health workforce

In the 2016 Census, 4.6% of people living in Tasmania identified as Aboriginal and/or Torres Strait Islander, however only 2.0% of the Tasmanian health workforce identified as Aboriginal and/or Torres Strait Islander in their 2019 re-registration survey. Figure 16 demonstrates the proportion of the Tasmanian registered health workforce that identify as Aboriginal, from 2014-19. There has been a small increase in that period (the Tasmanian Aboriginal population in 2016, as reported in the Census, is provided for comparison).

[41] Tasmanian Government Department of Health 2018, *Aboriginal Cultural Respect in Tasmania's Health Services – Community Consultation Report*, Hobart, TAS, viewed 11 Jul 2019, www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/349465/CRF_Community_Consultation_Report_FINAL.pdf

[42] Australian Government - Australian Health Ministers' Advisory Council 2016, *Cultural respect framework 2016-2026 for Aboriginal and Torres Islander health*, Australian Health Ministers' Advisory Council, Canberra, ACT, viewed 4 Apr 2019, http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016_2026_2.pdf

Figure 16 Aboriginal employment (%) in the health workforce, Tas 2014-19



Source: National Health Workforce Data Set, ABS Census (2016)

Through the *Tasmanian Government Aboriginal Employment Strategy to 2022* (2019), the Tasmanian Government aims to increase the number of Aboriginal employees as a proportion of the entire State Service to 3.5 per cent by 2022.[43]

Overcoming the barriers to recruiting and retaining Aboriginal healthcare workers is an important part of that strategy.

Aboriginal and Torres Strait Islander Health Practitioners and Health Workers

Nationally, 'Aboriginal and Torres Strait Islander Health Practitioners' and 'Aboriginal Health Workers' make a valuable contribution both to specialised Aboriginal health service delivery and in a wide range of mainstream healthcare services.

Aboriginal and Torres Strait Islander Health Practitioners are registered health professionals requiring a minimum certificate IV program of study approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

The role of an Aboriginal and Torres Strait Islander Health Practitioner may include clinical services (for example vaccinations and diabetes care), assessment and screening activities, implementing wellbeing and health promotion programs, administering and supplying medications, supporting clients to self-manage traditional and Western medications and advocating for clients, including interpreting and translating language.

[43] Tasmanian Government - Tasmanian State Service 2019, *Aboriginal Employment Strategy to 2022*, viewed 15 Jul 2019, http://www.dpac.tas.gov.au/__data/assets/pdf_file/0010/463087/DPAC4456_Aboriginal_Employment_Strat_210_x_210_WEB.pdf

They may also provide advice and training on cultural safety to other health professionals, policy makers, researchers, and educators.

While Aboriginal Health Workers are not registered health practitioners and will not show up in registration-based data. they must complete an Aboriginal and Torres Strait Islander Primary Health course. Aboriginal Health Workers perform a vital support, liaison, and health promotion role.

In Tasmania, Aboriginal and Torres Strait Islander Health Practitioners and Health Workers are employed by Aboriginal community-controlled health organisations. There are no Aboriginal Health Workers or Practitioners employed in the Tasmanian Government health sector and working in those specific roles.

'It is the responsibility of the whole health system to provide culturally appropriate health care for Australians from diverse backgrounds. But increasing the representation of Aboriginal and Torres Strait Islander people in the health workforce is one way to improve access to culturally appropriate health services for Indigenous Australians.' - AIHW, Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report

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Cultural Respect

Tasmania has recently released its *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026*. The Plan was developed following consultation with Aboriginal people who shared their experiences and priorities for improving cultural respect.

The following principles underpin the Action Plan:

1. Improving Aboriginal cultural respect is everyone's business
2. Providing culturally respectful healthcare is essential to improve the health and wellbeing of Aboriginal people
3. 'Treating everyone the same' is not culturally respectful or helpful
4. To be effective, cultural respect must be embedded throughout the health system
5. Cultural respect is achieved when the health system is safe, accessible, and responsive for Aboriginal people
6. Respectful and effective partnerships and collaboration between Aboriginal organisations and healthcare providers are vital.

The national agenda

The new *National Agreement on Closing the Gap* recognises that a shift is required in the way governments work to close the gap. It acknowledges that 'Aboriginal and Torres Strait Islander people must determine, drive and own the desired outcomes, alongside all governments'.[44]

The draft *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* aims to increase Aboriginal and Torres Strait Islander representation in all health roles and locations across the Australian health system, to improve the health, mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. The Plan is due to be completed in 2021 and the Tasmanian Department of Health is actively contributing to it.

[44] Australian Government and the Joint Council on Closing the Gap, n.d., *Closing The Gap In Partnership*, viewed 11 June 2021, https://www.closingthegap.gov.au/.

SUPPORTING AN AGEING WORKFORCE

The Tasmanian population is the oldest of all states and territories of Australia, with a median age in 2020 of 42.3 years. Interstate migration of younger adults from Tasmania to the Australian mainland has contributed to this accelerated ageing.[45]

While the average age of the health workforce in Tasmania has decreased slightly, with 13 per cent of the workforce over 60, it is still important to recognise and support older workers in the health professional workforce.

Supporting an ageing workforce brings many potential benefits to health services. These include:

- workforce stability
- succession planning
- retention of industry knowledge and experience
- mentoring of younger or less experienced workers.

In order to harness these benefits, health services can promote flexible work options, ensure that workplace health and safety systems recognise and reduce the increased risk of injury, provide support for continuing professional development, and undertake succession planning to ensure continuity of service provision when retirements inevitably occur.

GENDER

While significant progress has been made towards gender equality, the gap between men and women in the Australian workforce is still prevalent. Women continue to earn less than men, are less likely to advance their careers, and accumulate less retirement or superannuation savings.

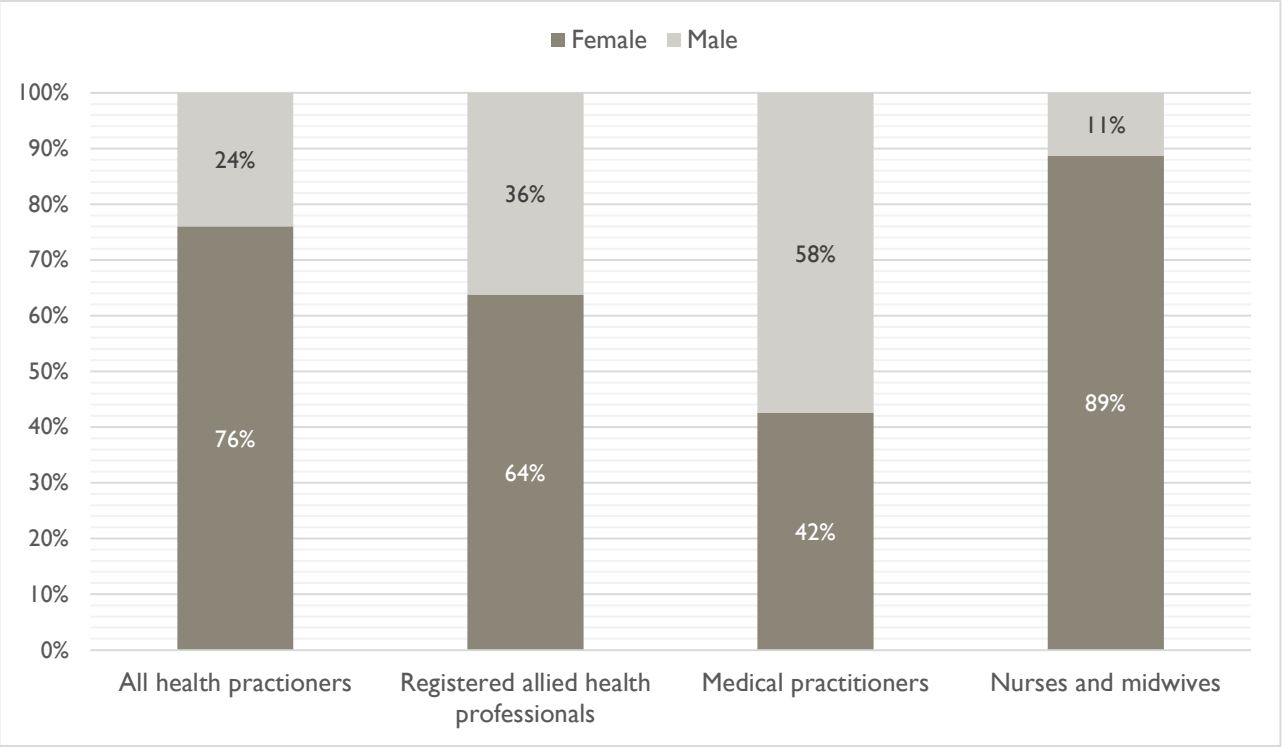
The aim of gender equality in the workplace is to achieve broadly equal opportunities and outcomes.

Achieving this requires the provision of equal pay for work of equal or comparable value, removal of barriers to the full and equal participation of all members of the workforce, access to all occupations and industries regardless of gender, (including in leadership roles) and the elimination of discrimination on the basis of gender, particularly in relation to family and caring responsibilities.

Three quarters of all health professional workers in Tasmania are female. The nursing and midwifery workforce is the most gendered with 89 per cent being female (see Figure 17).

[45] Australian Government – Australian Bureau of Statistics 2020, *Twenty years of population change*, viewed 9 June 2021, https://www.abs.gov.au/articles/twenty-years-population-change.

Figure 17 Workforce gender, Tas 2019



Source: National Health Workforce Data Set, 2019

Within the public sector, efforts to foster gender equality in our workplaces are informed by the *Tasmanian Women's Strategy 2018-2021* and the *Gender Diversity in the State Service* strategy. Key actions include removing outdated employment processes, updating leave provisions to support non-birth parents in raising families, acting against violence against women, and supporting inclusive employment practices, such as working to increase access to flexible work provisions.

Alongside the focus on fostering equality between men and women, we are conscious that gender diversity is also about acknowledging and respecting that there are many people who identify outside of binary male and female classifications[46].

In our workplaces, we know we need to do more to ensure gender inclusiveness. Our LGBTIQ+ Working Group has been working on initiatives to improve the inclusiveness of health services, such as the provision of LGBTIQ+ awareness training to staff to ensure staff-to-staff and staff-to-client interactions are respectful, ensuring our workers use appropriate pronouns and language, and working to remove outdated process barriers, including providing alternative gender/sex options on paperwork (outside the standard male/female) and providing toilet facilities suitable for all people.

Following changes in April 2019 to the *Justice & Related Legislation (Marriage and Gender Amendments) Act* 2019 (the JRL Act), the Department of Health and the Tasmanian Health Service have committed to moving toward more inclusive data collection in relation to sex and gender information.

[46] Newman, C 2014, 'Time to address gender discrimination and inequality in the health workforce', *Human Resource for Health,* Vol. 12, no. 25, pp. 12-25, viewed 9 Apr 2019, https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-12-25

FOCUS AREA FIVE: RECRUITMENT AND EFFECTIVE WORKING ARRANGEMENTS

In 2040, Tasmania's public health workforce will be supported by a framework for employment that is fit for purpose, with efficient and effective recruitment processes. The Tasmanian public health sector will be a workplace of choice.

The public health workforce makes up the largest proportion of the State Service. The important task of managing a workforce of this size requires constant attention and review.

The health workforce profiles and workforce analysis in *Health Workforce 2040* look at the Tasmanian health professional workforce data and information at the whole of state level.

This chapter focusses on the Tasmanian public sector health workforce and the processes around attracting, recruiting, employing and managing the health professional workforce.

ATTRACTING HEALTH PROFESSIONALS TO WORK IN TASMANIA

For many years, Tasmania has experienced significant difficulty attracting and maintaining the health workforce required to support Tasmania's health system. This difficulty is particularly acute in our regional and rural communities and in some areas of specialty practice. There are numerous reasons for this including an ageing workforce, long training times, limited or no availability of training in Tasmania for many health professions, and long lead times associated with end-to-end recruitment processes.

While the lifestyle that Tasmania can offer is a strong incentive and lever for recruitment, ongoing negative public discourse about the health service and frequent structural change act as disincentives. There is opportunity to work with Brand Tasmania to better coordinate and market Tasmania as a destination to live and to pursue a career in health.

Tasmania has a small and dispersed population. Supporting mechanisms that allow people to work across public and private settings, and to undertake a diverse spectrum of work including research and teaching, can assist in the recruitment and the retention of health professionals. It both provides personal career satisfaction and contributes to health service provision across sectors.

There is opportunity to work with education providers and the private sector to build better opportunities and processes to achieve this.

RECRUITMENT

It is important to have efficient and effective recruitment processes to ensure that the right person with the right skills is employed to provide the right healthcare services to the Tasmanian community.

Recruitment often occurs in an environment where there are hard to fill vacancies, due either to a poor overall supply of the health profession, or difficulties in attracting and retaining specialist staff in regional and rural areas.

In addition, there are high volumes of recruitment due to the size of the workforce creating expected exits, and due to turnover. The turnover rate is due to many factors, including dissatisfaction with the work or the

workplace, burnout, movement to pursue career or training opportunities, and professionals moving through training pathways toward specialised areas of practice.

Often, the recruitment task falls to clinical leaders. During consultation, these leaders expressed concern about the complexity of the recruitment process, the time required to complete it well, and the long times it takes to fill vacancies.

Consequences include:

- service gaps that are filled with overtime or double shifts or high cost agency or locum staff
- applicants seeking and accepting other employment opportunities while waiting for the outcomes of our processes.

A Health Professional Recruitment Taskforce has been developed to better understand these recruitment challenges and to assist in developing and prioritising actions that work together to address these.

EMPLOYMENT FRAMEWORKS AND INDUSTRIAL INSTRUMENTS

The current statutory and subordinate frameworks governing employment in Tasmania's public health sector have structural inefficiencies and inflexibilities that do not promote easy alignment of health staffing with community demand for high quality health services.

State Service employment frameworks are largely designed to meet the needs of government organisations with relatively static service delivery demands rather than dynamic, patient- and client-driven demand factors.

It is desirable to render more flexible and efficient employment frameworks for the public health sector, including employment relationships that involve external employers.

The Review of the Tasmanian State Service – Interim Report[47] was released in November 2020. The final report is due in 2021. Recommendations that help to progress with more efficient management of the sizeable health professional workforce would be welcome.

Similarly, the structure of Awards and Agreements covering the disparate health workforce is confusing, contradictory, and inconsistent. Currently the authority to conduct industrial work concerning the nature of Awards and Agreements resides outside the Department. It is desirable to address the unnecessarily complex disposition of the industrial instruments governing wages and conditions for the health workforce.

REGISTRATION AND CREDENTIALING

It is important to ensure that the health professionals are appropriately registered and credentialed to work in health services. There are 16 professions that are regulated in Australia through profession specific boards, supported by the Australian Health Practitioner Regulation Agency (Ahpra).

Health professionals in these groups are obliged to maintain their registration in order to practise. As part of this, they must comply with continuing education requirements.

There are opportunities for the Tasmanian public health service to develop systems to provide regular registration status checks beyond those conducted at the time of employment.

Credentialing is a formal process that is used to verify the qualifications, experience, and professional standing of health professionals for the purposes of evaluating their competence, performance, and professional suitability to provide high quality healthcare for patients. In addition to medical staff, credentialing is also used

[47] Watt 2020, *Review of the Tasmanian State Service, Interim Report, November 2020*, Crown in the Right of Tasmania – Department of Premier and Cabinet, viewed 11 June 2021, www.depac.tas.gov.au/_data/assetts/pdf_file/0010/562591/Interim_Report_-_FINAL.pdf

for allied health and nursing and midwifery in certain circumstances, such as nurse practitioners and podiatry prescribing.

The scope of clinical practice of individual health professionals is defined with reference to both their credentialing and the role delineation, or clinical service profile of the service in which they work. For example, a neurosurgeon may have the qualifications, experience and competence to undertake operative neurosurgery, however if the employing facility does not have the relevant support services and infrastructure to undertake neurosurgical procedures and care for patients post-operatively, then the scope of practice of that individual in that facility will not include operative neurosurgery.

By modernising and updating the HR information system, there are opportunities for the Tasmanian public health system to better link the credentialing processes with the HR information systems to reduce duplication, increase efficiency, improve the safety of our services, and enhance information capture and monitoring of the credentialing status of the workforce that is subject to credentialing.

WORKFORCE MANAGEMENT

Good clinical governance, supported by empowered and skilled clinical managers, contributes to better patient outcomes and experiences and a positive culture.

Clinical managers are found at many levels in the health system. This includes at the ward level, the service or clinical stream level, the level of the health service facility and at the health system management level, and for allied health, medicine and nursing and midwifery. Key functions of clinical managers include:

- providing professional and strategic direction
- managing teams, including recruitment
- managing staffing of operational units and rostering
- supporting career planning and development
- building supportive practice environments
- being part of quality and patient safety teams
- promoting a pro-research culture
- working as part of a broader shared governance of the health services.

Consultation with clinical mangers indicated that the support that is provided to clinical managers to undertake these functions is often lacking, and it is often assumed that good clinical practitioners will automatically be good clinical managers.

The development of management training opportunities would assist in building capacity for workforce management at all levels and across all health professional groups.

FOCUS AREA SIX: PLANNING

In 2040, Tasmania will have accurate and timely workforce data to improve evidence-based decision and policy making and to provide more effective and efficient procedures.

There is significant opportunity to improve the Tasmanian Department of Health's capacity to store, access and share workforce data for the purpose of planning. This includes updating systems to ensure that the health profession of employees is identified in the human resource systems. In addition to ensuring that the appropriate qualifications and/ or registration is held, this will also assist in operational workforce planning. This is particularly important for allied health professions due to the mix of registered and self-regulated professions, as an individual employees profession cannot always be ascertained by the position description, particularly in multidisciplinary teams, and there are different requirements for different allied health professions.

A significant amount of the data used to form this report was taken from the Australian Government's National Health Workforce Data Set. This is a mixture of registration and survey data collected from the registration renewal process for registered health practitioners[48]

The 2019 data is the most recent data available for analysis. Because it is taken at registration renewal, first time registrants are not captured.

This workforce strategy has used a detailed analysis of this data set. There are opportunities to develop system capability to automate some of this analysis, making it both less resource intensive and more widely available across the system to support workforce planning and decisions.

Additional data sources are needed to:

- consider burden of disease and ageing population effects on health service utilisation
- determine the impact of health service models and models of care on the demand for health professions and occupations
- understand the amount and type of clinical placement activity for health professional students and postgraduate training places and identify appropriate investment.

Partnerships with the Commonwealth Government, non-government organisations and educational institutions can improve the breadth and depth of the health workforce data. This in turn will improve decisions and actions that impact on the health workforce.

The ongoing monitoring of Tasmania's health workforce through data analysis is a core component of decisions that grow and distribute the workforce to the community equitably. This makes it important to invest in system and human resource capability to support health workforce planning.

[48] Australian Government – Australian Institute of Health and Welfare 2017, *National Health Workforce Data Set,* viewed 22 Jul 2019, https://www.aihw.gov.au/about-our-data/our-data-collections/national-health-workforce-dataset

DATA AND METHODOLOGY

DATA SOURCES

The data used to inform this report include:

- Australian Government – Australian Bureau of Statistics 2020, *3235.0 Regional Population by Age and Sex, Australia, 2019*, Austats Statistics by Catalogue Number
- Australian Government – Australian Bureau of Statistics 2017, *2016 Census QuickStats: Tasmania*
- Australian Government – Australian Bureau of Statistics 2017, *Home is where the heart is for Tasmanians, Census reveals, Media Release139/2017*, 23 October 2017
- Australian Government – Australian Bureau of Statistics 2018, *4364.0.55.001 - National Health Survey: First Results, 2017-18*
- Australian Health Practitioner Regulation Agency - Statistics 2020
- Australian Government – Department of Education, Skills and Employment 2020a, Selected Higher Education Statistics – *2019 Student data*
- Australian Government – Department of Education, Skills and Employment 2020, *uCube – Higher Education Data Cube*
- Australian Government – Department of Home Affairs 2019, *2018-19 Migration Program Report*, Research and Statistics Reports
- Australian Government – Department of Home Affairs 2020, *2019 -20 Migration Program Report*, Migration Program Reports
- Australian Government – Department of Home Affairs 2021, *Australia's 2021-22 Migration Program*, Research and Statistics Reports
- Australian Government – Department of Home Affairs 2021, *Migration program visa statistics live data*, Research and Statistics Reports
- Australian Government – DATA.GOV.AU 2021, *Australian Migration Statistics*, Australian Migration Statistics Dataset
- Australian Government – Department of Human Services, Services Australia 2021, *Statistics - Medicare Group Reports - Broad Type of Service*
- Australian Government – Department of Health 2020, *Health Workforce Data - Data Tool*, National Health Workforce Data Set
- Australian Government - Department of Health 2018, *Medical Training Review Panel* publications, Health Workforce Resources
- Australian Government - Department of Health 2021, *Health Workforce Data - Medical Education and Training (MET)*, Health Workforce Data - Medical Education and Training
- Australian Government - Department of Health 2021, *Health Workforce Data - MET 4th*, Health Workforce Data - Medical Education and Training (4th) report tables
- Education provider student numbers University of Tasmania, TasTAFE and the Health and Education Research Centre
- Medical Deans Australia and New Zealand 2021, *Student Statistics Tables*
- Tasmanian Government – Department of Health 2021, *HealthStats system dashboard*
- Tasmanian Government – Department of Health, Public Sector Establishment and Payroll Data (30 Nov, 2019) unpublished internal data
- Tasmanian Government – Department of Treasury and Finance 2019, *Fiscal Sustainability Report October 2019*
- Tasmanian Government – Department of Treasury and Finance 2019, *2019 Population projections for Tasmania and its LGAs*
- Tasmanian unit record data – Re-registration survey responses (2014-2019) subset of the NHWDS.

DATA TREATMENT

Registration Statistics collected from the Australian Health Practitioner Regulation Agency and re-registration survey responses in the Tasmanian Unit Record subset of the National Health Workforce Data Set (NHWDS) (2014-2019) were filtered to only include people who are employed and working in Tasmania. This includes respondents on leave for up to three months.

Registered health professions included in workforce totals are: Nurse, midwife, chiropractor, dental practitioner, medical practitioner, osteopath, optometrist, paramedicine, pharmacist, physiotherapist, podiatrist, psychologist, occupational therapist, medical radiation practitioner, and Aboriginal and Torres Strait Islander health practitioner.

Non-regulated and self-regulated allied health professions are not included in the NHWDS. Data provided on these professions is taken from the Public Sector Establishment and Payroll Data (30 Nov, 2019).

References to **employed headcount**, **employed FTE**, **change in FTE** 2014-2019, **average working hours**, and **hours in public/private sector** data are self-reported responses to the re-registration survey from the Tasmanian Unit Record Data (2014-2019). This is a subset of the National Health Workforce Data Set. The National Health Workforce Data Set is publicly available but cannot be viewed at the unit record level, and some comparisons are not possible because of the aggregation and reporting methods used in the National Health Workforce Data Set tool online.

Age and **gender** related measures come from registration information included in the Tasmanian Unit Record Data (2014-2019). These data relate to the whole of Tasmania including both public and private sectors.

References to **employed headcount per 100,000 population** and **professional FTE per 100,000 population** for Tasmania and its regions draw headcount from the Tasmanian Unit Record Data (2014-2019) and the NHWDS for the national comparison. Both public and private sectors are included in the numerator headcount. Population figures used as the denominator for this calculation in all cases are drawn from the Australian Bureau of Statistics Population data Cat. 3235.0 for the year of the headcount numerator (2014-2019), with the population for Tasmanian regions summed across relevant Local Government Areas.

While there is no nationally agreed number of health professionals per population in Australia, this method can be used to assess the relative supply of one region against another and can also be measured over time.

Using this measure does have some limitations because it does not consider several other variables including, the population structure, burden of disease, patterns of service and provider utilisation, the actual "type" of services provided and socio-demographic characteristics.

Regional density can be affected by incomplete survey responses which mean a region cannot be assigned for the practitioner, but they still contribute to the Tasmanian density figure.

NEXT STEPS

The health workforce is the main asset in health and we must plan to ensure that we can sustain a modern, contemporary health workforce in an increasingly complex environment that spans education and health, across the public and private sector, and is impacts by policy settings governed by all levels of government.

The development of this health workforce strategy, *Health Workforce 2040*, is a starting point for better understanding our existing workforce, the current challenges and the emerging environment. The focus areas, actions and next steps have been developed in response to this.

While many of the key strategic directions will remain relevant and contemporary for many years, they do need to be regularly reviewed and updated to ensure that the strategy remains relevant and reflective of current workforce challenges in a constantly changing environment.

ANNUAL REPORTING

The coordination of and monitoring of the implementation of the strategies outlined in this document will be undertaken by the Department of Health.

Annual reporting on progress will provide a summary of the activity that is being undertaken to support the actions in *Health Workforce 2040*.

In addition, regular updates of the workforce profiles will be provided.

GOVERNANCE

The Training, Education and Workforce subcommittee of Clinical Executive will provide oversight of the annual reporting process and make recommendations for further strategic planning work required.

ACKNOWLEDGMENTS

The Department of Health is grateful to everyone who has taken the time to engage and contribute to Tasmania's first health workforce strategy.

The Health Workforce Planning Unit appreciates the assistance and guidance provided by the health professional leads in the Department of Health and the Tasmanian Health Service, and the Commonwealth Department of Health, Workforce Division.

The project used data from several collections held outside of the Department of Health and publicly available sources. We thank the Commonwealth Department of Health, TasTAFE, the University of Tasmania and a number of medical colleges for sharing data and information relevant to the development of the health workforce strategy.

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ACRONYMS

AASW	Australian Association of Social Workers
ABS	Australian Bureau of Statistics
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACN	Australian College of Nursing
ACPSEM	Australian College of Physical Scientists and Engineers in Medicine
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AHP	Allied Health Professions
Ahpra	Australian Health Practitioner Regulation Agency
AHRG	Allied Health Rural Generalist
AI	Artificial Intelligence
AMA	Australian Medical Association
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANMF	Australian Nursing and Midwifery Federation
ANZCA	Australian and New Zealand College Of Anaesthetists
AOPA	Australian Orthotic Prosthetic Association
APNA	Australian Primary Health Care Nurses Association
AT	Ambulance Tasmania
CARMM	Centre for Antarctic, Remote & Maritime Medicine
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CICM	College of Intensive Care Medicine
CommRRS	Community Rapid Response Service
CPD	Continuous Professional Development
CPI	Consumer Price Index
CRF	Cultural Respect Framework
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CSP	Clinical Services Profile
DAA	Dietitians Association of Australia
DoE	Department of Education
DoH	Department of Health Tasmania (Inclusive of the Tasmanian Health Service)
ED	Emergency Department
EHA	Environmental Health Australia
EN	Enrolled Nurse
EN-RN	Enrolled Nurse – Registered Nurse (dual registrant)
FACEM	Fellow of the Australasian College for Emergency Medicine
FYI	For Your Information (Executive Report System - Department of Health Tasmanian)
GP	General Practitioner
IRTP-STP	Integrated Rural Training Program – Specialist Training Program
ITP	Integrated Training Program
LAP	Locum Assistance Program – Rural (referred to as Rural LAP)
LGBTIQ+	Lesbian Gay Bisexual Transgender Intersex Queer Plus
LGH	Launceston General Hospital

MBS	Medicare Benefits Schedule
MET	Medical Education and Training (data set)
NDIS	National Disability Insurance Scheme
NHWDS	National Health Workforce Dataset
NMBA	Nursing and Midwifery Board of Australia
NMCS	Nursing and Midwifery Career Structure
NP	Nurse Practitioner
NRAS	National Registration and Accreditation Scheme
NWRH	North West Regional Hospital
OCNMO	Office of the Chief Nurse and Midwifery Officer
OECD	Organisation for Economic Co-operation and Development
PNIP	Practice Nurse Incentive Program
RACDS	Royal Australasian College of Dental Surgeons
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australasian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia
RHH	Royal Hobart Hospital
RM	Registered Midwife
RN	Registered Nurse
RN-RM	Registered Nurse – Registered Midwife (dual registrant)
RTO	Registered Training Organisation
Rural LAP	Rural Locum Assistance Program
SEN	Specialist Enrolled Nurse
SET	Surgical Education and Training
STP	Specialist Training Program
TATP	Tasmanian Anaesthetic Training Program
THS	Tasmanian Health Service
TtP	Transition to Practice Program
UTAS	University of Tasmania
VET	Vocational Education Training
WHO	World Health Organization

FIGURES

APPENDIX A: EXTERNAL CONSULTATION

The following external organisations were consulted during the development of *Health Workforce 2040*.

Their contributions are sincerely appreciated and have informed the development of this work.

Australasian College for Emergency Medicine (ACEM)
Australasian College of Dermatologists (ACD)
Australian and New Zealand College of Anaesthetics (ANZCA)
Australian College of Rural and Remote Medicine (ACRRM)
Australasian College of Sport and Exercise Physicians (ACSEP)
Australian Health Practitioner Regulation Agency (Ahpra)
Australian Medical Council (AMC)
Australian Medical Association (AMA)
Australian Nursing and Midwifery Accreditation Council (ANMAC)
Australian Nursing and Midwifery Federation (ANMF)
Calvary Health care
College of Intensive Care Medicine Of Australia and New Zealand (CICM)
Commonwealth Department of Health - Workforce Division
Cradle Coast Authority
Department of Health and Human Services Victoria - Workforce Unit
Department of Premier and Cabinet (DPAC)
Health and Community Services Union (HACSU)
Hobart Private and St Helens Private Hospitals
HR+
Jurisdictional Workforce Planners Community of Practice
Northwest Private Hospital
Postgraduate Medical Council of Tasmania (PMCT)
Primary Health Tasmania (PHT)
Royal Australasian College of Medical Administrators (RACMA)
Royal Australian College of Obstetricians and Gynaecologists (RANZCOG)
Royal Australasian College of Physicians (RACP)
Royal Australasian College of Surgeons (RACS)
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
Royal Australian and New Zealand College of Psychiatrists (RANZCP)
Royal Australian and New Zealand College of Radiologists (RANZCR)
Royal Australian College of General Practitioners (RACGP)
Royal College of Pathologists of Australasia (RCPA)
Royal Flying Doctors Service of Australia (RFDS)
Rural Doctors Association Australia (Tasmania) (RDAT)
TasTAFE
Tasmanian University Medical Students' Society (TUMSS)
The Hobart Clinic
University of Tasmania (Utas)

APPENDIX B: HEALTH PROFESSIONS PROFILED IN *HEALTH WORKFORCE 2040*

Allied health

- Aboriginal and Torres Strait Islander Health Practitioners
- Audiologists
- Cardiac physiologists / echocardiographers
- Chiropractors
- Counsellors
- Dental hygienists
- Dental prosthetists
- Dental therapists
- Dentists
- Diagnostic radiographers
- Dietitians / Nutritionists
- Environmental / Public health officers
- Epidemiologists
- Exercise physiologists
- Genetic counsellors
- Mammographic technologists
- Medical physicists
- Medical scientists
- Microbiologists
- Nuclear medicine technologists
- Occupational therapists
- Optometrists
- Oral health therapists
- Orthotists and prosthetists
- Osteopaths
- Paramedics
- Perfusionists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists
- Radiation therapists
- Social workers
- Sonographers
- Speech pathologists

Medicine

- Addiction medicine specialists
- Anaesthetists
- Dermatologists
- Emergency physicians
- General practitioners
- Intensive care specialists
- Medical administrators
- Obstetricians and gynaecologists
- Occupational and environmental specialists
- Ophthalmologists
- Paediatrician and child health specialists
- Pain medicine specialists
- Palliative medicine specialists
- Pathologists
- Physicians
    - Cardiologists
    - Endocrinologists
    - Gastroenterologists
    - General physicians
    - Geriatricians
    - Haematologists
    - Immunology and allergy physicians
    - Infectious disease physicians
    - Medical oncologists
    - Nephrologists
    - Neurologists
    - Nuclear medicine physicians
    - Respiratory and sleep medicine specialists
    - Rheumatologists
- Psychiatrists
- Public health specialists
- Radiation oncologists
- Radiologists
- Rehabilitation physicians
- Sexual health physicians
- Sport and exercise specialists
- Surgeons
    - Cardiothoracic
    - General
    - Neurosurgeons
    - Oral maxillofacial
    - Orthopaedic
    - Otolaryngologists
    - Paediatric
    - Plastic
    - Urologists
    - Vascular

Job area:

- Specialists in training
- General practitioners
- Hospital non-specialists

Nursing and midwifery

- Enrolled Nurses
- Registered Nurses
- Midwives
- Nurse Practitioners

Areas of Practice:

- Aged care nursing
- Critical care nursing
- Emergency nursing
- Mental health nursing
- Peri-operative nursing
- Practice nursing

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