

**INDEPENDENT REVIEW OF REGULATORY SETTINGS  
DISCUSSION QUESTIONS**

Discussion Question	SA Health Response
<p>1. The Review is considering recommendations to ease skills shortages in registered health professions including medicine, nursing, midwifery, psychology, pharmacy, occupational therapy and paramedicine on the basis of current and projected labour market shortages.</p> <p>A. Do you agree there are current and/or projected skills shortages in these professions?</p> <p>B. If yes, is there any data or evidence you can provide to demonstrate these shortages?</p>	<p><b>Question A:</b></p> <ul style="list-style-type: none"> <li>• There are current workforce shortage in South Australia (and Australia more broadly), which will persist for the foreseeable future across medicine, nursing, midwifery and allied health professions. Critical areas of shortage in mental health, aged care and rural/remote areas.</li> </ul> <p><b>Question B:</b></p> <ul style="list-style-type: none"> <li>• Even without the COVID-19 pandemic SA Health has been experiencing a shortage of workforce supply, particularly in our rural areas, across all disciplines. Examples include: <ul style="list-style-type: none"> <li>○ Medical – Shortages of Doctors in Training and Senior Medical Staff have been identified across the system and impact in particular upon service delivery in regional LHNs. Whilst psychiatry continues to experience vacancies, General Medicine and Geriatrics have emerged as being of concern in the metropolitan LHNs. Staffing emergency departments with FACEM medical consultants is challenging in some metropolitan LHNs but particular issues have been identified in our regional centres, even those closer to Adelaide. Also, General Practitioners with procedural skills are required in all regional areas along with Anaesthetists and Obstetrics and Gynaecology specialists.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"><li>○ Nursing and Midwifery – there is a shortage of experienced nurses and midwives across the whole of SA, and in particular regional SA and consequently the career pipeline is disrupted and graduate nurses are not easily supported. The attraction and retention of highly skilled and experienced nurses and midwives across the regional system is a priority. Encouragement and support for nurses to develop specialist skills, particularly in Mental Health, Intensive Care, Emergency Care, Renal Care, and Aged Care is also a priority. Changes in roles and models of care could create a more agile workforce with opportunities that enable the development of the Nurse Practitioner model across the system.</li><li>○ Allied and Scientific Health – there is a shortage of Allied and Scientific Health disciplines in SA which in turn is exacerbated by regional location. The main areas of focus for regional areas are Occupational Therapists, Physiotherapists, Psychologists and Social Workers. Further development of the Allied Health Assistant role will assist with some of the issues being experienced. The National Disability Insurance Scheme continues to have a marked impact on this workforce, particularly in regional areas. SA Health system-wide areas of focus for the short-term are psychologists and occupational therapists.</li><li>○ For the dental professions, SA Dental is aware of several rural locations in South Australia where there are dental practices but either no dentists or a deficit in dentist numbers compared with demand levels. For example, each of Ceduna and Streaky Bay have been without a private dentist for several months and Peterborough has been without a dentist for 7 months.</li><li>○ To deliver the commitment of our <a href="#">Rural Health Workforce Strategy 2018–2022</a>, the below six comprehensive rural workforce plans</li></ul>
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	<p>were developed for different professions that describe the unique challenges including workforce and skills shortages and current workforce strategies in place to address these:</p> <ul style="list-style-type: none"> <li>○ <a href="#">SA Rural Medical Workforce Plan 2019-24</a></li> <li>○ <a href="#">SA Ambulance Service Workforce Plan 2020-25</a></li> <li>○ <a href="#">SA Rural Nursing and Midwifery Workforce Plan 2021-26</a></li> <li>○ <a href="#">SA Rural Allied and Scientific Health Workforce Plan 2021-26</a></li> <li>○ <a href="#">SA Rural Aboriginal Health Workforce Plan 2021-26</a></li> <li>○ <a href="#">SA Rural Oral Health Plan 2021-26</a>.</li> </ul>
<p><b>Discussion Question</b></p>	<p><b>SA Health Response</b></p>
<p>2. What, in your view, are the key strengths and weaknesses of the current regulatory settings relating to health practitioner registration and qualification recognition for overseas-trained health practitioners?</p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Strong and robust governance and regulation to ensure competent and safe health practitioners and health systems for people.</li> <li>• High standards of evaluation for overseas medical and health practitioners resulting in highly skilled overseas-trained health workforce in Australia.</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Complex processes and multiple organisations involved in the assessment and recognition of qualifications and experience of overseas-trained health practitioners, resulting in delays and inefficiencies. For example, medical practitioners need to go through several organisations like EPIC (Electronic Portfolio of International Credentials), the Australian Medical Council (AMC), Specialist Medical Colleges and health service organisations etc, for different parts of their assessment process. These organisational processes are sequential, further increasing the potential delays at every step.</li> </ul>

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	<ul style="list-style-type: none"><li>• Lack of coordination and distinct and separate processes for qualification recognition and recruitment resulting in delays in health practitioners commencing their roles.</li><li>• Prolonged processing times for visas by Immigration.</li><li>• High costs associated with application for recognition of overseas health qualifications as compared to other countries like Canada, United States of America and the United Kingdom.</li><li>• There is notable skills variability between IMGs, more so when they are in the standard pathway, suggesting the need for a review of the assessments like AMC part 1 and the AMC clinical exam.</li><li>• No single point of contact for employers/Local Health Networks within Ahpra (having to deal with multiple people). The restriction on the potential employer communicating with Ahpra on behalf of the applicant is challenging – often processing times will blow out when one piece of documentation is missing/incorrect/incomplete, but this may not be communicated to the potential employer.</li><li>• Lack of communication by Ahpra when there has been a change to the system or the way applications will be processed and assessed.</li><li>• Currently only 25% of National Scheme accrediting authorities fully participate in the assessment of overseas accrediting authorities and only 62.5% conduct assessments of overseas-qualified practitioners. In view of current national workforce challenges, in particular in regional areas, our accrediting authorities could be encouraged to place a greater emphasis on the assessment of overseas accrediting authorities and overseas-qualified practitioners.</li><li>• The health system would benefit from a consistent and centrally coordinated approach to address migration and professional registration matters including:</li></ul>
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	<ul style="list-style-type: none"> <li>○ Health practitioner registration with Ahpra and the National Boards (including English language assessment, outcomes-based assessment pathway criminal history checks etc)</li> <li>○ Credentialling</li> <li>○ Application for Medicare provider number etc</li> <li>○ Immigration requirements</li> <li>○</li> </ul>
<p>3. During the pandemic, a range of regulatory settings and processes relating to registration and qualification recognition of overseas-trained health practitioners were temporarily waived, relaxed or had greater flexibility.</p> <p>A Are there settings or processes that were particularly beneficial or challenging from a professional or employer perspective?</p> <p>B Do you believe any of these temporary changes were beneficial or potentially detrimental to patient safety?</p> <p>C. What opportunities/challenges may arise if these settings and/or processes are retained permanently?</p>	<p><b>Question A:</b></p> <p>With the paucity of IMG's entering Australia, especially SA, we did not notice a significant change – other than an increase in processing times for applications. Regarding Medical Practitioners, the cancellation of the AMC part 2 exam for a significant portion of the first 2 years of the pandemic was noted by Local Health Networks as difficult and challenging for International Medical Graduates, especially those nearing their final renewals. Ahpra and the Medical Board, gave no consideration to the cancellation, but requested explanations and threatened loss of registration to those International Medical Graduates on their final renewal, who had not passed the exam because there had been no exam to sit. As an employer, this required significant time and effort to support these the International Medical Graduates. Far more care and understanding should have been shown by the regulatory bodies.</p> <p><b>Question B:</b></p> <p>It is difficult to assess the impact of this as a contributing factor for patient safety. The above mentioned increase in processing times (at one stage</p>

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	<p>close to 14 weeks) could be viewed as a possible patient safety issue due to short staffing within the Local Health Networks which was exacerbated by COVID leave and furloughing of staff.</p> <p><b>Question C:</b></p> <p>It is difficult to fully understand the opportunities and challenges without a summary of the impact of the short-term changes/interventions implemented to assist with alleviating health workforce shortfalls.</p>
<p>4. The end-to-end process for overseas health practitioners seeking to work in Australia can be complex, time-consuming and costly. Current regulatory requirements may set unduly restrictive barriers, which in turn may deter potential practitioners from seeking to work in Australia.</p> <p>A Do you agree with this premise? If so, why?</p> <p>B What practical changes could be made to current regulatory settings to most significantly improve the end-to-end process:</p> <p>i. over the next 12 months</p> <p>ii. in the medium- to longer-term?</p>	<p><b>Question A:</b></p> <p>Yes, the end-to-end process for overseas health practitioners for recognition and starting work in Australia is quite complex involving multiple requirements by different organisations often without coordination between one another.</p> <p><b>Question B i:</b></p> <p>Efforts to improve process, coordination, centralisation and administration support will assist with the initiatives identified by the Independent Reviewer and her team both in the short term and longer term. These should include but not be limited to:</p> <ul style="list-style-type: none"> <li>○ Creating and appointing a single, state-based point of contact for employers</li> <li>○ Minimising duplication across the immigration and registration process, for example, credentialing documentation often needs to be submitted to more than one authority</li> <li>○ Provision of detailed information available to overseas health practitioner with clear requirements and processes involved</li> </ul>

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	<ul style="list-style-type: none"><li>○ Increased transparency regarding timeframes for processing visa applications.</li></ul> <p><b>Question B ii:</b></p> <p>Practical changes over the medium to longer term to improve the end-to-end process should include:</p> <ul style="list-style-type: none"><li>● Establishment of a central agency to help guide overseas health practitioners in getting their qualifications and experience recognised.</li><li>● Establishment of alternate integrated pathways like bridging programs to help orientate overseas-trained health practitioners and complete the assessments during the program instead of a one-time examination.</li><li>● A review of approved jurisdictions to include more countries as the standards of training have evolved over a period of time. Current approved jurisdictions and recognised specialties are limited to a few countries.</li><li>● A review of the current assessments to determine if they are assessing all the relevant clinical skills and competencies needed for overseas-trained health practitioners to determine their readiness to work.</li><li>● Exploring reduction/exemption of labour market testing requirements</li><li>● A review of the AMC part 2 exam with an aim of providing greater transparency.</li><li>● Standardising and expanding the Work Based Assessment program. Currently the program has limited availability.</li><li>● Aligning IMG pathways with the new AMC 2year framework for prevocational medical training</li></ul>
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<p>5. If you are an overseas health practitioner or employer – are there any thoughts you would like to share in terms of your experience of the end-to-end process for working in Australia or employing an overseas-trained health practitioner?</p>	<p>Any review of processes which expedite the attraction and onboarding of Internationally Qualified Health Practitioners should be balanced against Australian regulatory health workforce processes (by National Boards for example) which ensure the protection of the public.</p> <p>IMG's find the communications they receive from Ahpra often intimidating – implying they are at risk of losing their registration.</p>
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Ms Robyn Kruk AO  
Independent Reviewer  
Health Practitioner Regulatory Settings

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Dear ~~Ms~~ <sup>Robyn</sup> Kruk

**RE: SA HEALTH'S SUBMISSION TO THE INDEPENDENT REVIEW OF HEALTH PRACTITIONER REGULATORY SETTINGS (THE INDEPENDENT REVIEW)**

Thank you for your recent letter inviting SA Health to provide a submission to the Independent Review.

I thank you for taking the time to meet with Chief Executives at recent meetings of the Health Chief Executive Forum. The opportunity to discuss the Independent Review and hear updates from you on progress has been of great value.

South Australia has a number of challenges to meet in order to maintain and sustain a workforce that can adapt to a changing context and ensure that we have the right workforce in the right place at the right time to provide the best health services to South Australians.

Even without the COVID-19 pandemic SA Health has been experiencing workforce supply shortages, particularly in our rural areas, across all disciplines. Examples include:

- Medical – Shortages of Doctors in Training and Senior Medical Staff have been identified across the system and impact upon service delivery in the regional LHNs in particular. Whilst psychiatry continues to experience vacancies General Medicine and Geriatrics has emerged as being of concern in the metropolitan LHNs. Staffing emergency departments with FACEM medical consultants is challenging in some metropolitan LHNs but particular issues have been identified in our regional centres, even those closer to Adelaide. Also General Practitioners with procedural skills are required in all regional areas along with Anaesthetists and Obstetrics and Gynaecology specialists.
- Nursing and Midwifery – there is a shortage of experienced nurses and midwives across the whole of SA, and in particular regional SA and consequently the career pipeline is disrupted and graduate nurses are not easily supported. The attraction and retention of highly skilled and experienced nurses and midwives across the regional system is a priority. Encouragement and support for nurses to develop specialist skills, particularly in Mental Health, Intensive Care, Emergency Care, Renal Care, and Aged Care is also a priority. Changes in roles and models of care could create a more agile workforce with opportunities that enable the development of the Nurse Practitioner model across the system.

- Allied and Scientific Health – there is a shortage of Allied and Scientific Health disciplines in SA which in turn is exacerbated by regional location. The main areas of focus for regional areas are Occupational Therapists, Physiotherapists, Psychologists, Medical Imagists and Social Workers. Further development of the Allied Health Assistant role will assist with some of the issues being experienced. The National Disability Insurance Scheme has had a marked impact on this workforce, particularly in regional areas. SA Health system-wide areas of focus for the short-term are psychologists and occupational therapists.

The SA Health Workforce Strategic Directions 2022 contains a Roadmap which has been developed to provide direction for the complex work required to navigate the development and implementation of the SA Health Strategic Workforce Plan 2022-2032 for the longer term whilst ensuring that we are tackling urgent and critical issues and workforce gaps.

The Roadmap is made up of four phases of activity to be implemented across three time horizons comprising of up to two years; up to five years; and five to ten years:

- Phase 1 - Reviewing and prioritising critical strategic issues
- Phase 2 - Development of critical targeted workforce plans and progression of targeted initiatives
- Phase 3 - Development of the SA Health Strategic Workforce Plan 2022-2032
- Phase 4 - Development of SA Health Workforce Planning Framework and Tools.

I enclose responses to the specific discussion questions asked within the consultation paper for your consideration. I also enclose a copy of the above referenced SA Health Workforce Strategic Directions 2022 for your information.

Yours sincerely



**DR ROBYN LAWRENCE**  
Chief Executive

6 / 3 / 2023

Enc. Completed Consultation Discussion Questions  
SA Health Workforce Strategic Directions 2022



# SA HEALTH WORKFORCE STRATEGIC DIRECTIONS 2022

DECEMBER 2022



*The right workforce in the right place at the right time to  
provide the best health services to South Australia*



Government of South Australia  
SA Health

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## ACKNOWLEDGEMENT

We acknowledge the traditional owners of the lands on which SA Health provides health services and honour their Elders past, present and emerging. We recognise Aboriginal cultural authority, and the ongoing spiritual connection to country.



# EXECUTIVE SUMMARY

**The development of the SA Health Workforce Strategic Directions 2022 is an acknowledgement that our workforce is our most critical asset to provide the best and safest delivery of our health services across the continuum of care.**

South Australia has a number of challenges to meet in order to maintain and sustain a workforce that can adapt to a changing context.

SA Health has the largest and most complex public sector workforce in South Australia with around 47,000 employees performing medical, nursing and midwifery, allied health and science, paramedic, administration, technical and ancillary roles. Our services span the whole of South Australia with ten local health networks, ambulance services and clinical support services.

The SA Health and Wellbeing Strategy 2020-2025 and the SA Health Strategic Clinical Services Plan 2021-2031 are pivotal to providing the direction for workforce strategy and planning for SA Health. The landscape is also significantly influenced by:

- > SA Health service strategies and plans including the SA Health Mental Health Services Plan 2020-2025, the SA Health Digital Health Strategy, and the Aged Care Strategy 2021-2025.
- > National service strategies and plans including the National Mental Health and Suicide Prevention Plan, Australia's Long Term National Health Plan, the National Women's Health Strategy 2020-2030, and the National Men's Health Strategy 2020-2030.
- > SA Health workforce strategies and plans including the Rural Health Workforce Strategy and associated Plans, the Mental Health Nursing Workforce Strategy 2020-2030, the SA Health Aboriginal Health Workforce Framework and LHN workforce strategies and plans; and
- > National Workforce Strategies which include the National Medical Workforce Strategy 2021-2031, and the National Digital Health Workforce and Education Roadmap, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 and the soon to be released National Mental Health Workforce Strategy, 2022-2032.



We need to overcome many challenges in our quest to ensure that we have the right workforce in the right place at the right time to provide the best health services to South Australia. The COVID-19 pandemic has been an unpredictable driver for workforce planning for both the immediate future and the longer term and has surfaced many challenges that were not foreseen previously.

Even without the pandemic SA Health has been experiencing a shortage of workforce supply, particularly in our rural areas, across all disciplines. Another challenge is in population demographics and predicting service demand well ahead of time so that workforce strategies and plans can be put into place to meet those demands.

The SA Health Workforce Strategic Directions 2022 contains a Roadmap which has been developed to provide direction for the complex work required to navigate the development and implementation of the SA Health Strategic Workforce Plan 2022-2032 for the longer term, whilst ensuring that we are tackling urgent and critical issues and workforce gaps now. The Roadmap is made up of four phases of activity to be implemented across three time horizons - up to two years; up to five years; and five to ten years:

- > **Phase 1** - Reviewing and prioritising critical strategic issues
- > **Phase 2** - Development of critical targeted workforce plans and progression of targeted initiatives
- > **Phase 3** - Development of the SA Health Strategic Workforce Plan (SAHSWP) 2022-2032
- > **Phase 4** - Development of SA Health Workforce Planning Framework and Tools.

**Phase 1** commenced with a review of national and international approaches, stakeholder consultation and the identification of critical skill shortages. SA Health's response to the COVID-19 pandemic has provided the opportunity to identify ways in which the system can work in a more agile fashion in order to meet the needs of the changing health landscape. Concerted efforts are being made to modify the coordination of our workforce to meet the increasing demand for a skilled workforce. These changes include modification of recruitment processes, the development of national and international campaigns, increasing the number of graduate nurses and midwives entering the system with the assistance of a transition program (Transition to Professional Practice Program), and investment in personnel dedicated to the development of strategies to increase and support the workforce, in particular for the mental health and Aboriginal workforces.

**Phase 2** sees the development of specific strategies to address the critical skill shortages and priorities identified in phase one, and will also ensure that work commences on the important workforce initiatives related to the election commitments made by the government. Working to a set of common principles, multiple initiatives are to be implemented covering rural workforce; students and graduates; allied and scientific health; utilisation of clinical staff, recruitment, and onboarding; and medical. These initiatives will be the focus of work over the first 12 – 24 months.

**Phase 3** is the development of the SA Health Strategic Workforce Plan 2022-2032 (SAHSWP). This will include an integrated workforce model and a strategic workforce plan. It will cover the longer term strategies of up to five years (Horizon 2) and those up to ten years (Horizon 3).

**Phase 4** focuses on integrating workforce planning into existing business planning and improving the capacity and capability of the organisation to ensure that workforce planning is successful and sustainable over the longer term.

# INTRODUCTION

**Australia has an excellent health system by world standards. It is jointly run by all levels of Australian government – federal, state and territory, and local.**

In principle all citizens have access to the health services they require through the universal health care system, Medicare. We generally have high quality health facilities supported by modern technology and health professionals trained to high standards. This has not happened by chance. There is significant time and effort required to ensure the adequate provision of health services to meet community demand. Clinical service plans and models of care seek to systematise the way in which the appropriate workforce, having the right skills and capabilities, is established, and configured.

It is common, however, for the broader matters of workforce, such as the way in which we source and gain the supply of our health professionals, not to be addressed in service planning. This can lead to disparities in the supply and distribution of various types of health workers across Australia and within South Australia. A lack of attention to our future health needs may also mean that we are not ready for the use of, or the impact of, new technologies or medications. Changes in the size, distribution and makeup of the population can catch the health system off guard if it is not monitored in reference to the workforce service, demand, and supply. A sound understanding of the workforce characteristics and training requirements is also required to be able to predict possible skill shortages and plan to circumvent the skill gaps or even to take remedial action. The lack of attention to such characteristics can be particularly problematic for professions requiring long periods of training such as medical specialists and psychologists, as they cannot be quickly trained to fill gaps. The risk of over supply also needs to be monitored.

Many years of training are required to be qualified and to be competent. The ageing workforce means that retirement is looming for many highly qualified and experienced staff and, in some areas, there are not enough in training to replace them.

In 2019 the Hugo Centre for Migration and Population Research was commissioned to write a scoping report as the first step in creating a health workforce planning strategy for South Australia. While this report does not cover every aspect of health workforce planning it does provide a literature review that identifies alternative national, state, and local datasets which will aid in future workforce modelling.

New workforce planning models and issues with current models are common themes in the literature which can provide the basis for recommended improvements to current modelling. New tested innovations in service delivery and current gaps in the continuum of care are also identified.

The paper explores clinical workforce requirements and suggests that analysis of the Clinical Service Capability Framework can determine workforce gaps at the SA Health and Local Health Network levels. The scoping paper provides a comprehensive overview of the wide-ranging consultation that was conducted with existing stakeholders. It outlines many issues believed to hamper the development of workforce plans with common themes reported across the stakeholders being workforce planning data, business processes (particularly with recruitment), and communication. Evidence provided for these issues is: local datasets produced as workarounds to the lack of data from the CHRIS21 system; lack of engagement with the education sector; and poaching of workforce between entities. The removal of barriers within the health system and the implementation of identified enablers will assist in the development of a comprehensive strategic health workforce plan for SA Health and South Australia.

We need to overcome many challenges in our quest to ensure that we have the right workforce in the right place at the right time to provide the best health services to South Australia. The COVID-19 pandemic has been an unpredictable driver for workforce planning for both the immediate future and the longer term and has surfaced many challenges that were not foreseen previously. This includes our reliance on specific workforces and the need to be able to change our models of care in a more agile and responsive way into the future. Border closures and lockdowns meant that some previously available sources of supply of the workforce were not available when needed.

Even without the pandemic SA Health has been experiencing a shortage of workforce supply, particularly in our rural areas, across all disciplines. Another challenge is in population demographics and predicting service demand well ahead of time so that workforce strategies and plans can be put into place to meet those demands. As our population ages so too does our workforce and age projections depict some real risks for our skilled workforce in the short and long term. Other challenges include the need for us to become a more diverse and inclusive organisation to better reflect the population we serve; getting the right data and information to ensure we fully understand our current state and are we able to predict our future needs with reasonable accuracy; the necessarily high bar set for the education and regulation of our workforce; and the need for contemporary, attractive, and efficient recruitment and onboarding processes and practices.

SA Health Workforce Strategic Directions 2022 has been developed to provide direction for the complex work required to navigate the development and implementation of initiatives required for the short, medium, and long term sustainability of our workforce.

# PRINCIPLES

**The Strategic Directions document aims to fill critical gaps that exist currently whilst also future proofing the SA Health wide workforce supply, and to mitigate risks in meeting health service demand, through:**

- > Responding in the first instance to critical shortages already being experienced in our services, including strategies such as maximising clinical scope of practice, advancing professional training, models of care and service delivery that maximise the use of resources, and a whole of SA Health approach to workforce.
- > Developing the SA Health Strategic Workforce Plan (SAHSWP) for the next 10 years whilst in parallel ensuring analysis of the workforce supply to facilitate prediction and early identification of shortages in relation to predicted and planned service demands; and
- > Ensuring that our future workforce plans are developed in conjunction with the development of our business and service plans through a consistent methodology.

This work will explore innovative methods for filling identified workforce gaps and work with key stakeholders to assess the viability of these methods. For example, gaining flexibility and agility in the workforce may be achieved through analysis of the intersections between the roles of different health professionals in order to exploit commonalities and specialisations that may serve to deliver existing or emerging health service demands.

The SA Health Strategic Workforce Plan will align with the demand model used in the SA Health Strategic Clinical Services Plan 2021-31. A core component of the Plan will be the development of specific strategies and plans to provide the workforce required for the service demand. In addition, it will take a broader view of service provision including services provided outside of the hospital environment. Its focus will be on the supply of a skilled workforce, identifying future skill requirements, and identifying avenues for the development of required skills.

The modelling of workforce supply will include scenario based and will draw on different data sources, including trends over time, to forecast the available workforce.

The assumptions underlying the development of the SAHSWP will reflect the goals of the SA Health and Wellbeing Strategy 2020-2025 and the SA Health Strategic Clinical Services Plan 2021-2031. The Strategy emphasises approaches to service delivery that variously impact the workforce, such as person centred and integrated care, increased use of technology, the co-design of services with

consumers, and out of hospital care. It is intended that the implementation of the SAHSWP will include the evolution of health worker roles and significant training and development of employees designed to support them through change. It will include the skilling of leaders to assist in shaping cultural change and training of staff to adjust to new clinical practices, technologies, and devices.

Assumptions will need to be made regarding the current workforce (due to challenges with data and information) and future demand and supply metrics based on information available through any source. DHW will work in partnership with the Local Health Networks to achieve these ends.

Strong engagement with leadership, clinicians and the broader workforce, and the organisations that represent our employees, such as unions and professional bodies, throughout the development process, will provide the means for the co-design of the SAHSWP. Principal unions include the South Australian Salaried Medical Officers Association (SASMOA), Australian Nursing and Midwifery Association (ANMF), Ambulance Employees Association (AEA), Health Services Union (HSU), Public Service Association (PSA), United Workers Union (UWU) and Professionals Australia (PA).

The key themes to be covered in the SA Health Strategic Workforce Plan and related initiatives, plans and strategies are:

- > Addressing the disparate distribution of health workforce and supply
- > Ensuring integrated health care, with reference particularly to generalist health care skill sets
- > Meeting the workforce supply requirements based on service demand
- > Creating agility in the workforce
- > Building a workforce that reflects and truly represents the diversity of the community
- > Responding to changing models of care, with specific attention to non-hospital based care
- > Creating an organisational culture that supports the change in the strategic direction of the health system
- > Increasing connectedness in communication across functions and governance structure to reduce duplication, and increase responsiveness and efficiency
- > Responding to new and emerging health care roles, including new technologies.



# ELECTION COMMITMENTS

**The Government has committed to new infrastructure and beds and increased numbers and types of health professionals, to address shortfalls in meeting the current and predicted demand for health services.**

It will see the employment of over 300 more nurses to support the establishment of 300 new beds across the state. Almost one third of the new beds are dedicated to mental health services. Nurses will be employed in priority areas of need, such as palliative care community teams, and through grant funding arrangements with non-government organisations, such as Epilepsy SA and Lung Foundation Australia.

More doctors are being employed across the metropolitan hospitals with attention to specialist skills for the provision of mental health and cancer services to children. Specialist doctors are also being recruited to service country public hospitals.

Further commitments made by the Government address the longer term workforce needs of our state including shortages in country locations, allied health, alcohol and drug services, the training needs of nurses and midwives. Longer term workforce planning will occur in Phase 3 and DHW will work with the Drug and Alcohol Services SA (DASSA) and the Allied and Scientific Health Office to develop their individual workforce plans in alignment with the SAHSWP. Other election commitments cover the enshrining of nurse to patient ratios in legislation, promoting advanced Nurse Practitioner roles, and ending nursing redundancies across the health system.





# ROADMAP

SA Health is employing a phased approach to the development and implementation of workforce strategies and plans. While the actions included in each phase cohere logically around specific objectives, the strategies and plans associated with each phase can be developed and implemented concurrently.

There are four phases to this approach:

**Phase 1 Reviewing and prioritising critical strategic issues 2019-2021**

**Phase 2 Development of critical targeted workforce plans 2022-2023**

**Phase 3 Development of the SA Health Strategic Workforce Plan 2022-2032 (SAHSWP)**

**Phase 4 Development of the SA Health Workforce Planning Framework and Tools**

There will be three distinct time horizons within the framework:

**Horizon 1 up to 2 years**

**Horizon 2 up to 5 years**

**Horizon 3 5 to 10 years and beyond**

Governance and accountability for the implementation of the Workforce Strategy for the system will be through the formation of a Workforce Strategy Committee. The Committee will report into the Health Chief Executive Council and will create a platform to support partnerships across the SA Health system.

The initial phase of this work will seek to strengthen the partnerships, between DHW and the LHNs and SAAS, by identifying the roles that each party plays, how the whole system is supported (avoiding the detrimental effects of competition for resources), and the ways in which engagement and collaboration can occur. Specific working groups will be formed to ensure effective participation and input across the system. Key stakeholders will be consulted and involved throughout the further development and implementation of initiatives and plans.

## PHASE 1 – REVIEWING AND PRIORITISING CRITICAL STRATEGIC ISSUES 2019 - 2021

In 2019 the Hugo Centre for Migration and Population Research was commissioned to write a scoping report as the first step in creating a health workforce planning strategy for South Australia. This began the journey in developing an understanding of workforce strategies required for SA Health. The Rural Workforce Strategy was then the focus of workforce strategy and planning, for the SA Health system. The Strategy aims to address the many challenges in recruiting, training, and developing the health professionals and skilled volunteers needed to deliver public health services in rural areas. Rural Workforce Plans have been developed for Medical, Nursing & Midwifery, Allied and Scientific Health, Ambulance, Aboriginal and Oral Health workforces as a result.

Research was conducted in 2021 consisting of: a review of approaches adopted in other jurisdictions nationally and internationally; a review of current and emerging strategies and plans that will impact the work we do on workforce strategy within SA Health and nationally; and key stakeholder discussions to ascertain current and future challenges identified. During the stakeholder discussions it was acknowledged that work has already been done or commenced to support the capacity and capability of different workforces across the system, but that the primary focus of these discussions and research was on what we may achieve in Phase 1.

Work commenced in 2021, which will continue to be implemented, includes:

- > **COVID 19** – the whole SA Health system has been engaging in planning for each element of our response to COVID 19 across acute health services, contact tracing, quarantine, testing and vaccination. These plans have been modified, and implemented as required, to ensure that our workforce is utilised as efficiently and effectively as possible. Planning will continue with a focus on preparing for future waves and variants of COVID-19 in the short to medium term in particular.
- > **International and national recruitment campaign** - In line with South Australia's COVID-Ready Plan, the additional recruitment of health professionals from interstate and overseas is required to ensure adequate staffing of our health services to manage the increasing demand on the South Australian public health system. A campaign commenced in February 2022 and targeted Nursing and Midwifery; Medical Practitioners; and Allied and Scientific Health professionals. Further campaigns will be considered and developed to ensure that SA Health is able to attract candidates from around Australia and internationally into the future.
- > **The Transition to Professional Practice Program for Registered Nurses and Midwives (TPPP)** – a significant increase in the 2022 intake of graduate nurses and midwives has provided a foundational workforce uplift of both metro and regional areas workforce, filling critical gaps, both current and anticipated, in both metro and regional areas. A large cohort of nurses and midwives are reaching retirement age creating a loss of experienced nurses and midwives to support and train more junior nurses. The Nursing and Midwifery Office (NMO) is working with the nursing and midwifery leads across SA Health to place, train, and nurture graduates into general roles and to support them into specialist pathways for the future. The TPPP intake for 2023 will also be significantly increased and will benefit from lessons learned and processes developed from the 2022 intake.
- > **Mental Health** – gaps in the workforce for Mental Health have been evident for a significant period and this is the case nationally and internationally. The medical, nursing, and allied health workforces within Mental Health are all impacted. The Chief Psychiatrist Office has engaged with all LHNs to identify the causal factors and potential strategies to mitigate the issues identified. \$5 million dollars over two years (2021 – 2023) has been provided to fund specific initiatives identified for implementation in the short term, and specific planning for Mental Health in the longer term. A SA Health Mental Health Workforce Plan will be developed as part of this work.
- > **Aboriginal Workforce** – the efforts of SA Health over the recent past has seen a modest increase in the participation of Aboriginal people in our workforce. It has been recognised that much more needs to be done. Resourcing for Aboriginal Workforce has been increased to focus on specific streams of work – the review of the current SA Health Aboriginal Employment Framework; the development of a new Aboriginal Employment Framework; and the wider implementation of the Aboriginal Health Practitioner role in SA.
- > **Health and Medical Research (HMR)** – The South Australian Productivity Commission (SAPC) in the Final Report of its Inquiry into Health and Medical Research identified the need to raise the size, proficiency and effectiveness of the HMR workforce to increase the quantum and quality of HMR being delivered. The development of the state's first HMR Strategy will seek to take a whole of system view of our health and medical workforce, not just those who are currently research active. Ensuring opportunities exist in South Australia for



our workforce to undertake research as part of broader clinical practice will form a key component of the state-wide Strategy, with the overall aim to build a culture that values and embeds HMR at all levels of the health system to support and empower a continually learning workforce. Addressing the SAPC's workforce-related recommendations forms one component of a range of initiatives across SA Health to enhance capabilities, attract and retain talent across all fields including medical, nursing and midwifery, allied health, pharmacy, Aboriginal health, and mental health as well as the introduction of new skills and expertise to SA Health, required to support uptake of future health care advancements. Future strategies will need to consider the realities of an ageing workforce through proactive succession planning.

## PHASE 2 - TARGETED SA HEALTH WORKFORCE INITIATIVES 2022-2023

A workshop involving the Chief Executive SA Health; all Chief Executive Officers (CEOs) from LHNs, SAAS and SCSS; the Chief Medical Officer, Chief Nurse and Midwifery Officer, Chief Allied Health and Scientific Officer; and the Deputy Chief Executives for SA Health, was conducted in October 2021. The stakeholder input was acknowledged and the approach to the different phases and horizons of the SA Health Workforce Strategic Directions were endorsed. The objective of the workshop was to determine the priority work of Phase 2.

Phase 2 will see the development and implementation of specific initiatives for high priority workforce challenges already being experienced by the health system. Horizon 1 covers the time span of 12-24 months (2022-2023) and work on the initiatives will clearly define the problems to be resolved, and the intended shorter-term solutions with an eye on the longer term, regarding current critical workforce and skill shortages.

Work will continue on the priorities already in train from Phase 1.

Principles for all phases of workforce planning were acknowledged, in the CEO workshop, including:

- > Maximising the scope of clinical practice for all roles i.e., ensuring work is done at the top of the scope of practice
- > Maintaining professional training across the spectrum, from novice to expert, to "grow our own"
- > Supporting connectedness across the system for the best use of workforce in all areas and to reduce the effect of one part of the system drawing on, and competing for, workforce from other parts of the system

- > Ensuring models of care and service delivery result in the best use of all resources and modified, agile and responsive workforces and workforce practices
- > Leveraging excellence already in the system and learning from other centres of excellence in other jurisdictions

The following priority initiatives were agreed for focus in Phase 2. It should be noted that work on these initiatives will flow into Phase 3.

### Initiative 1 – “Well Workplaces” Wellbeing Strategy

The Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services, published on 18 February 2020, recognised fatigue as a significant risk factor within SA Health. Since this time, the onset, and continuation of the COVID-19 pandemic has exacerbated this risk and necessitates the need for further solutions to target the fatigue and burnout being experienced by staff and to support the wellbeing of our healthcare workers.

Early indications from consultation with LHNs, unions and the analysis of SA Health data, suggest that there are four consistent themes for focus to improve wellbeing - resourcing, rostering, leave management and fatigue management.

Work conducted by the Commission on Excellence and Innovation in Health (CEIH) has also identified a number of critical enabling factors which require attention to support the system to create a workplace wellbeing culture across SA Health. These include; leadership commitment, accountability and governance, capability building, increased capacity, creation of actionable data insights, and the development of systems to rapidly identify, escalate and address work-related factors impeding workforce health, wellbeing and safety.

There are a number of initiatives and programs already underway across SA Health, some of which were pre-existing initiatives, some implemented in response to the Inquiry into Workplace Fatigue and Bullying, some identified by the LHNs and services across the system to support staff, some as action items in response to the Office for the Commissioner for Public Sector's (OCPSE) I Work for SA Survey, some which have been implemented as a specific response to the pandemic, and some more recently related to government priorities.

To gain an understanding of the landscape within these themes, and to build a collaborative approach to further action, SA Health is engaging with stakeholders across the system with the intended outcome to develop recommendations that could be realistically implemented in the short term whilst working on the medium to longer term plans which will ultimately deal with the consistent themes.

SA Health will also collaborate with the CEIH to further develop initiatives aimed at improving the wellbeing of our staff which will also contribute positively to optimum clinical outcomes for our consumers.

### **Initiative 2 – Regional and Metro LHN partnerships**

CEOs of LHNs have commenced work on this initiative with agreement, in October 2021, that specific connections will support the best utilisation of workforce, to ensure that services are provided efficiently and effectively in country locations. Work will continue with support from governance mechanisms and structures.

### **Initiative 3 - Rural Workforce – System Wide Support**

Attracting a skilled workforce to regional areas; supporting the community to choose a career in health and stay in regional areas; looking at new ways of doing things through multi-discipline reviews of the models of care and new roles; and ensuring the supports and enablers are available in each of the unique situations in rural SA, are all common themes across the gamut of concerns raised about rural resourcing. Mental Health resourcing is a particular need in regional locations and work to attract this workforce to country locations will be a feature of the Mental Health Workforce Plan. Whilst supporting the critical work of the Rural Health Workforce Strategy, it was concluded that further system wide work is required to supplement these initiatives across all cohorts in specific locations including:

- > Medical – attracting and retaining Junior Medical Officers in larger centres; attracting and retaining General Practitioners in all locations, particularly smaller centres; better use of Telemedicine or models that could better utilise a remote workforce; specific campaigns to ensure specialties are available where needed – anaesthetics, obstetrics, paediatrics and surgery in particular and with recruitment to country hospitals; better leveraging relationships with metro LHN partners to ensure senior medical officer supply where and when needed. Training of doctors will be supported by increasing the number of resident doctors across metropolitan hospitals.
- > Nursing and Midwifery – there is a shortage of experienced nurses and midwives across the whole of SA, and in particular regional SA and consequently the career pipeline is disrupted, and graduate nurses and midwives are not easily supported. The attraction and retention of highly skilled and experienced nurses and midwives across the regional system is a priority. Encouragement and support for nurses and midwives to develop specialist skills is also a priority. Changes in roles and models of care could create a more agile workforce with opportunities that enable the development of the Nurse Practitioner model of care and Advanced Practice Nurse model of care, across the system.

- > Allied and Scientific Health – there is a shortage of Allied and Scientific Health disciplines in SA which in turn is exacerbated in regional locations. The main areas of focus for regional areas are Occupational Therapists, Physiotherapists, Psychologists and Social Workers. Further development of the Allied Health Assistant role will assist with some of the issues being experienced. The NDIS effect on this workforce is marked, particularly in regional areas.

Plans will be developed specifically designed to support the work already commenced through the Rural Workforce Strategy and associated plans. They will focus on the enablers and infrastructure required to attract, incentivise, and retain critical workforces in rural locations. This will include a focus on the availability of housing accommodation; relocation assistance; permanent employment where only temporary opportunities have been provided previously; streamlined recruitment processes; incentives to live and work in rural locations; examination of different models including planning to the flow of mobility through encouraging transient, short term workforces or centralised deployable workforces for rural locations.

### **Initiative 4 - Allied Health and Scientific Health**

Initiatives 3, 5, 9, 10 and 11 will positively impact the shortages currently being experienced by Allied and Scientific Health across the system. This professional grouping is made up of many and varied professions, each with their own specific requirements and considerations. Strong engagement with the professions that are in critical shortage will be required to establish the most effective and targeted approaches. The Chief Allied and Scientific Health Officer will be supported to implement initiatives specific to improving the supply of Occupational Therapists, Physiotherapists, Psychologists, Social Workers, and Orthotists and Prosthetists, and other professions as identified, to SA Health. A gap analysis will identify specific types, and number, of allied health workforce required to meet service needs and the risks associated with the current shortages. This will form the foundation for a long term workforce plan. An improved career pathway for Allied and Scientific Health Professionals will be established, including consideration of advanced and specialised scopes of practice.

Allied and Scientific Health Officers are currently employed under the Health Care Act 2008 and are covered by the SA Public Sector Salaried Employees Interim Award. The South Australian Public Sector Enterprise Agreement: Salaried 2021 will be examined in light of competitor job markets in other jurisdictions. Recommendations will be made in relation to changes to the current enterprise agreement, or whether there may be a need for the formation of a separate enterprise agreement for this group.

Supports specific to graduates in Allied and Scientific Health Professions, such as dedicated educator positions, will be examined with the view to increase work readiness. The potential for a new and broader Transition to Professional Practice Program (TPPP) will be explored.

### **Initiative 5 - Allied Health Assistants model**

The training and utilisation of Allied Health Assistants will be expanded to assist in filling critical shortage gaps identified across the system noting the requirements for supervision by experienced AHPs. The use of AHAs will assist AHP to work to the top of their scope of practice.

### **Initiative 6 - Nursing and Midwifery**

Working in partnership Workforce Services, the NMO and the Rural Support Service will support the development and implementation of nursing and midwifery planning initiatives 3, 9, 10 and 11 and the specific avenues of specialisation including ICU, ED, Perioperative and Midwives. Strategies for the retention of front line nurses and midwives will be developed including workplace conditions that ensure security of employment, safety, and wellbeing. The TPPP intake for 2023 recruitment process has commenced early to ensure the best possible opportunity to secure new graduates for positions in SA Health. Workforce Services will work with the NMO, industrial bodies, and the nursing and midwifery industry and education partners, to develop workforce planning for nurses and midwives, capitalising on the early work of this initiative aligned to the Clinical Service Plan, including leadership development.

### **Initiative 7 – Medical Officers**

Shortages of Senior Medical Staff have been identified across the system and impact upon service delivery in the regional LHNs in particular. Whilst psychiatry continues to experience vacancies General Medicine and Geriatrics has emerged as being of concern in metropolitan LHNs. Staffing emergency departments with FACEM medical consultants is challenging in some metropolitan LHNs and particular issues have been identified in our regional centres, even those closer to Adelaide. Also, General Practitioners with procedural skills are required in all regional areas along with Anaesthetists and Obstetrics and Gynaecology specialists.

Australia has had a longstanding reliance on a supply of Junior Medical Officers who come from overseas. Global shortages, border closures and travel restrictions associated with COVID-19 exacerbated shortages of Junior Medical Officers. These shortages are not uniform within the system impacting upon particular services and localities which vary with time. It is important this be captured within workforce planning to ensure an appropriate supply of medical officers into specialties over the longer term. The attraction, retention and mobility of JMOs will need to be planned and supported system wide.

The Chief Medical Officer (CMO) will be supported to develop and implement workforce plans aimed at identifying specific areas of need and increasing the supply of senior and junior medical staff, and to ensure this is an ongoing focus with alignment to the Clinical Service Plan.

### **Initiative 8 – Paramedics and Ambulance Officers**

SAAS will be supported in the recruitment of significant numbers of paramedics and ambulance officers across metropolitan and regional areas, with attention to training and career pathways. SAAS has established governance mechanisms to enable workforce planning and well planned recruitment and onboarding processes.

SAAS is implementing talent management and succession planning processes, as well as a graduated paramedic training program, to support career development.

### **Initiative 9 – Graduates and Students**

A specific strategy regarding graduates and one for students across medical, nursing and midwifery, and allied health will be developed. Professional development, education and training programs resources will be reviewed to ensure that the “wrap arounds” and mentorship support are available in all locations and settings to train and nurture graduates and attract them to future opportunities within SA Health. Student clinical placement processes will be reviewed to ensure they can meet the requirements of their education institution and RTO, including clinical supervision requirements, and to provide a positive experience of SA Health as an employer.

Universities will be engaged to create better partnerships as we move forward into future Horizons, and to ensure that education courses, and transition supports within SA Health, are geared to making graduates “job ready”.

The employment of students, especially in their final year of study, is becoming increasingly supported by SA Health. The employment of student nurses and midwives through the COVID-19 pandemic set a precedent that other professions are now seeking to follow. This required significant development of instruments including new role descriptions, training specifications and a deed of agreement to establish the new classification. Further models of employment for students enrolled in tertiary courses in health professions may be explored.

### **Initiative 10 – Optimising the utilisation of clinical workforces**

Work will be undertaken to better understand how to reduce reliance and pressures on the clinical workforce. This will be based on clinical staff working to the top of their scope of practice; the use of nurse practitioners; the use of nurses, midwives, and allied and scientific health professionals in advanced practice and extended scope of practice; multidisciplinary models of care; reviewing administrative support models where clinical shortages exist to free up clinical resources (e.g., medical scribes); increasing regional training programs for phlebotomy and pharmacy support; exploring the ability of pharmacists to prescribe; the increased use of Telehealth and virtual platforms for clinicians; and training managers in rostering, staff planning and workforce planning.

### **Initiative 11 – Recruitment, Attraction, Onboarding and Retention – attractive, agile, and responsive**

Recruitment processes will be reviewed to ensure efficient and timely processes, and to maintain the fairness and integrity they are designed to support. The revision of processes will aim to make SA Health's recruitment more agile and contemporary in order to improve the candidate's experience and attract the number and calibre of candidates needed to fill our positions. Onboarding processes will also be updated to ensure that new employees are ready to work in our system and are supported from the start to do their best for our community. Recruitment campaigns will be developed where identified to support all identified initiatives.

It is essential that our more skilled and experienced staff are nurtured and encouraged to stay in order to not only sustain our system at maximum effectiveness and professionalism, but to support the development of newly recruited professionals. Strategies to encourage senior staff to stay working and to transfer their skills and knowledge will be developed and implemented across SA Health. Enabling career pathways, or in some cases creating clear pathways, through further development of leadership roles, using talent management and succession planning, will also be considered. This will also contribute to increasing SA Health's competitiveness in Australian and international markets.

Ensuring that we leverage our great state as a location of choice to live and work there will be a focus on continuing a general marketing and recruitment campaign developed in 2022 – 'For Work .For Life.' SA Health will work at the national level with the Department of Health and the inter-jurisdictional body, the Health Workforce Taskforce, to identify more efficient processes for the recruitment of overseas health workers and to improve health workforce data.

SA Health will be positioned as an employer of choice highlighting the improved career support and pathways, and the varied opportunities on offer. This will include the attraction and repatriation of SA staff who may have ventured overseas or to other jurisdictions, and the attraction of new staff from other national and international locations or attracting previous employees back from competition in the local market such as private practice. The SA Public Sector conditions of employment, such as long service and maternity leave, will be highlighted.

### **Initiative 12 - Data and resources**

A significant contributor to sound workforce planning is reliable data. It is recognised that the quality of the available workforce data will need to be improved to ensure the most accurate conclusions about current workforce and future workforce needs.

The health workforce is the most complex workforce of any organisation, and whilst each LHN has some level of resourcing for operational planning, it has been identified that workforce strategy and data analytics capacity and capability will need to be increased to support the journey across the Phases and Time Horizons. Improving the integrity of the data will require collaboration across Shared Services SA, OCPSE, and the LHNs. More sophisticated analytics, and use of more data sources, will allow greater accuracy in the prediction of workforce needs in relation to health care and service needs.

### **Initiative 13 - Public Health**

The COVID-19 pandemic has brought into sharp focus the critical role played by the Public Health workforce in safeguarding the health of the population. The public health workforce provides a range of services including strategic policy development, regulation and compliance management, and the delivery of a diverse range of programs aimed at protecting and improving the health of South Australians. The changing context of public health (brought about by challenges including climate change, emerging and re-emerging infectious diseases, and the increased prevalence of chronic and non-communicable diseases) presents significant challenges to the public health workforce. Workforce shortages across many public health professions are well documented locally and internationally, with the most severe shortages being experienced in the fields of epidemiology, nursing, midwifery, laboratory sciences, and environmental health.

## PHASE 3 – SA HEALTH STRATEGIC WORKFORCE PLAN 2022-2032 (SAHSWP)

Phase 3 will see the development of an integrated workforce model and strategic workforce plan for SA Health. This will bring together the workforce initiatives of all current organisational, state, and national strategies and the impacts of implementing the SA Health Workforce Strategic Directions 2022. It will also provide for an integrated approach to the whole workforce rather than siloing segments of the health workforce. The SAHSWP will also lay the groundwork for future workforce planning and will align with further strategies, and population and workforce projections. The total workforce supply and competition for this supply both within SA and SA Health, and with other public sector agencies, will be considered. The broader themes of workforce attraction to SA, regional areas, and to SA Health, and its retention, will also be a focus. This will ensure that the multi-faceted issues impacting our ability to have the right workforce in the right place with the right skills at the right time are identified and addressed.

Phase 3 will provide further direction for two time Horizons. Horizon 2 - a medium-term time span of up to five years (2022-2027), and Horizon 3 - a longer term time span of 10 years (2027-2032). The SA Health Strategic Clinical Services Plan 2021-2031 will provide a strong basis for understanding the projected hospital service demands over the next 10 years, as well as international and national workforce projections and strategies. Phase 3 will include annual progress reports and a review of the SAHSWP 2022-2032.

There will be further focus on industrial levers required for changes needed to better support our current workforce, and to develop our future workforce, including the possibility of new roles to support a changing health service. There will also be a focus on digital transformation and what this means for the activities of, and roles in, our workforce going forward.

Universities and education providers will feature prominently to form long term partnerships designed to support our strategic intentions, and to address issues regarding the “job readiness” of graduates in our different health settings. Supporting our students and graduates with the right educators, clinical facilitation and support structures, and rotations will be important in this work.

Phase 3 will also address the challenges and opportunities, identified through stakeholder engagement, as important for the system to acknowledge and work on further into the next time horizon:

- > Identifying opportunities to review models of care / service delivery and associated workforces and changing roles to support a new way of working

- > Support for non-health disciplines requiring general business acumen, which are critical to the functioning of our services e.g., Engineering, Finance, IT, HR
- > Continued engagement with universities and training providers to ensure alignment between training and Health roles, and that graduates are job ready and have the best chance of individual and collective success
- > Detailed environmental scans of competing markets in other jurisdictions, reviewing their attraction, retention, and remuneration practices to ensure SA Health implements international best practice and is competitive
- > Reviewing industrial and legislative instruments for barriers and opportunities for change into the future
- > Examining the impact of changing technology and automation on, and advantages to, the workforce
- > Expanding the use of student workforces
- > Supporting flexibility for our workforce whilst also being able to provide the services we need to provide
- > Planning for life-long learning for our workforce in line with a “growing and retaining our own” approach with associated capability frameworks, inclusive of management and leadership capability
- > Promoting and increasing diversity and inclusion in our workforce to ensure that we reflect, support, and serve our diverse community
- > Further developing and implementing the cultural initiatives.

## PHASE 4 – SA HEALTH WORKFORCE PLANNING FRAMEWORK AND TOOLS

The main objective of Phase 4 is to embed workforce planning into existing planning activities such as models of care and clinical service plans. This will be facilitated by the current SA Health Planning Framework which is a resource to support improved health system and health service planning processes and define governance, roles, and responsibilities in planning. It will also be assisted by the development of workforce planning training and resources.

It is intended that this Phase will see the improved quality of workforce data, and availability of information about our workforce, our workforce supply, and the global and national landscape. SA Health can then continue to sustainably deliver the right workforce, in the right place, at the right time, to provide the best health services to South Australia.





## PHASE 1 ▲

Reviewing and prioritising critical strategic issues 2019-2021

- Rural workforce commenced and plans developed
- Research into jurisdictional approaches
- Review of current and emerging workforce strategies and plans within SA Health
- Identified current and future challenges through stakeholder consultation



**HORIZON 1** - up to 2 years



**HORIZON 2** - up to 5 years



**HORIZON 3** - 5-10 years and beyond



## PHASE 2 ▲▲

Targeted SA Health Workforce Initiatives 2022-2023

- Form Workforce Strategy Committee reporting to the Health Chief Executive Council
- Strengthen DHW-LHN partnerships in workforce strategies and planning with role clarification
- Targeted Workforce Initiatives being implemented



## PHASE 3 ▲▲▲

Development of the SA Health Strategic Workforce Plan 2022-2032 (SAHWP) including:

- Reviewing models of care and associated workforce
- Continued engagement with educational providers
- Profession specific plans
- Reviewing industrial and legislative instruments
- Diversity and inclusion
- Increasing workforce flexibility



## PHASE 4 ▲▲▲

SA Health Workforce Planning and Tools

- Embedding framework and tools across SA Health
- Embedding workforce planning into clinical service planning
- Development of workforce planning training and resources



## THE STRATEGIC LANDSCAPE

The strategic direction for SA Health is outlined in the **SA Health and Wellbeing Strategy 2020-2025 (the Strategy)**. It outlines the actions required to refocus the health system from treatment to an emphasis on maintaining good health and wellbeing through prevention, promotion, and early intervention initiatives.

An ageing population and growing levels of complex, chronic disease is creating greater demand on health care services. The demand is likely to increase given that the large 'baby boomer' cohort is now over sixty years of age. Lifestyle choices have also created increasing levels of co-morbidity across the generations.

A cultural shift is occurring in the way clinicians engage with consumers of health services. The person-centred approach to clinical care aims to create partnership in decision making and in the continuity of the consumer's care. This is a shift from traditional models of care.

The strategies developed by SA Health seek to meet the health service demands now and into the future through strategies that address cultural change, skill development, professional training, and attraction and retention.

## THE OFFICE OF THE COMMISSIONER FOR PUBLIC SECTOR EMPLOYMENT (OCPSE)

The Office of the Commissioner for Public Sector Employment (OCPSE) is an attached office of the Attorney-General's Department. The Commissioner for Public Sector Employment has statutory responsibilities under the Public Sector Act. The functions under the Act include, but are not limited to, promoting observance of the public sector principles that relate to public sector employment; issuing, monitoring, and reporting on the public sector code of conduct and the public sector employment determinations; and issuing guidelines relating to public sector employment matters and providing advice on such matters. Workforce strategies must align with public sector principles and determinations under the Public Sector Act and take into consideration, and capitalise on, public sector wide strategies.

OCPSE provides central support to public sector agencies on workforce functions such as:

- > Leadership development; HR policy development and advice; workforce data analysis and strategy development; work health and safety and workers' compensation; public sector reform; and performance and policy.

## THE SOUTH AUSTRALIAN HEALTH AND WELLBEING STRATEGY 2020-2025

This Strategy informs the work, priorities, and direction for the public health system for the next five years and beyond. Its focus is on the prevention of illness, health promotion and early intervention initiatives. The way in which the services are delivered is a critical factor in meeting demand.

The Strategy therefore looks to expand our service capacity in community settings to support people to avoid hospital admission and services. The Strategy includes further partnering with private and not for profit organisations not only to meet the demand for health services, but to deliver them in a way that keeps people in their community.

The continuing development of technology for monitoring, assessment and treatment play a pivotal role in self-care and service delivery. Innovation and excellence are important considerations in existing and future models of service.

The Strategy is based on a deep analysis of recent trends in service usage and demand, as well as estimation of the types of increasing demand when considering factors such as a growing and ageing population, chronic diseases, and co-morbidities. There is recognition that this is driving a more resource intensive type of health care.

The Strategy includes the development of a SA Health Workforce Strategy to guide workforce planning to:

- > Build workforce agility, capability and capacity, skills to transition to new service requirement
- > Identify the workforce numbers, skills and capabilities required to match health needs of future populations
- > Optimise the utilisation of existing skills within the current workforce

The desired outcome is to ensure the “ongoing provision of the right roles at the right time, into the future.”

## THE SA HEALTH STRATEGIC CLINICAL SERVICES PLAN 2021-2031

The SA Health Strategic Clinical Services Plan 2021-2031 encourages SA Health to challenge existing service arrangements to develop new and flexible ways of working and meet the anticipated demand. The plan is designed to support the SA Health Clinical Commissioning Plan, the SA Health 20-year Infrastructure Plan and workforce planning for SA Health’s workforce. It does this by examining in detail

the current and projected inpatient hospital activity using historical trends and projected population growth across SA. This will inform the strategic direction and commissioning priorities of SA Health

The plan is based on the premise that trends in the use of hospital services are known to be robust indicators of the health of a population. It provides detailed data on service usage at the Local Health Network level. Priority population groups identified are:

- > Aboriginal and Torres Strait Islander people
- > Children and younger people
- > Older people
- > Culturally and linguistically diverse (CALD) communities
- > People living in rural and remote areas
- > People living with a disability
- > People leaving the Justice system.

## COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH (CEIH)

The Commission on Excellence and Innovation in Health (CEIH) was established as an attached office to the Department for Health and Wellbeing (DHW) under the Public Sector Act 2009 on 6 January 2020. The CEIH has a mission to provide leadership, advice, and support for further development of excellence and innovation across healthcare in South Australia. This is achieved by seeking novel perspectives and solutions to health system challenges, while partnering with key stakeholders and consumers to deliver evidence-based approaches to delivering better healthcare.

Clinician and Consumer voice is critical to the system leadership provided by CEIH. The Statewide Clinical Networks bring together clinicians, health service organisations, researchers, industry, consumers and carers to improve health services provided to the South Australian community. CEIH enables the health system through critical data insights and building capability in clinical informatics. Partnerships, co-design and innovation are central to CEIH’s approach, and programs of work include a focus on workforce health and wellbeing for the health sector.

## WELLBEING SA

Wellbeing SA was established as a new agency, attached to the Department for Health and Wellbeing, in 2020. It has a significant and renewed focus on the prevention of ill health and the promotion of wellbeing in South Australia. It leads community-wide action on the determinants and risk factors impacting on health and wellbeing, and on developing models for care in the community. Wellbeing SA supports the move to a health system that goes beyond treatment of ill health to maximising good health across the community. It is made up of three directorates: Prevention and Population Health; Integrated Care Systems; Mental Health and Wellbeing.

## HEALTH AND MEDICAL RESEARCH (HMR)

Driven by the South Australian Productivity Commission's Inquiry into Health and Medical Research (HMR), SA Health is leading the development of a state-wide South Australian HMR Strategy (the Strategy) to support long-term thinking about South Australia's HMR workforce needs from a whole-of-system perspective and to provide the blueprint for holistic future planning and action over the next five years.

The Strategy will identify focussed areas of research strength, priority and interest for the state and opportunities for enhanced collaboration across sector stakeholders to address current and emerging challenges facing the health system, including workforce sustainability.

Workforce-specific recommendations being considered by government as part of this project include:

- > Defining the HMR workforce and clinical researchers, including nurses and allied and scientific health professionals
- > Training and development to address identified skill requirements
- > Incentives to encourage taking up a research career
- > Succession planning for key HMR leadership roles
- > Mentoring early and mid-career scientists
- > Facilitating collaboration between SA Health and the universities, research institutes, and industry
- > Clearly articulated research expectations and performance outcomes in HMR role statements; and
- > Ensuring the roles of clinical researchers incorporate sufficient time to do research effectively.

The Allied and Scientific Health Office has developed a 10 year research strategy, 'Clinical Excellence: Developing Strategic Directions to Build Allied Health Research and Translation Capacity 2019-2029'. This research strategy outlines the commencement of a process to build allied health research capacity and enable Allied Health professionals to ensure best health care outcomes for current and future South Australians. It proposes to;

- > Promote clinical allied health research as a driver of better health and better health care for all South Australians
- > Support the provision of high impact, innovative allied health care
- > Ensure that research led by or involving Allied Health Professionals is embedded and sustained in all health services
- > Ensure that allied health research is valued for excellence, improving patient outcomes, innovations, and service efficiencies.

## SA HEALTH SERVICE STRATEGIES

### SA Health Mental Health Services Plan 2020-2025

The Plan sets out the proposed future direction for the Department for Health and Wellbeing commissioned mental health services. The aim is to rebalance the system towards community alternatives focused on early intervention and prevention, reduced reliance upon emergency services, and improved service accessibility, integration, and continuity across the continuum of care, whilst at the same time seeking to partner with, and empower consumers in their health care. It includes but is not limited to:

- > Towards Zero Suicide Initiative
- > The Older Persons Mental Health
- > Urgent Mental Health Care Centre
- > Non-Government Organisation alignment redesign.

### SA Health Regional Aged Care Strategy 2021-2025

In response to changing aged care service demands and national reforms, SA Health has developed the SA Health Regional Aged Care Strategy. The aim of this strategy is to support system reforms to SA Health's aged care service delivery across the regional LHNs, as large service providers across regional South Australia.



A critical component of implementing the strategy is the development of aged care workforce plans across each of the regional LHNs, aligned to their future service delivery models. These workforce plans will feed into broader, system wide, SA Health workforce planning considerations. This system wide approach should consider the future workforce needs for SA Health as an aged care service provider in regional areas, a program provider for services such as the Aged Care Assessment Program, and a health service provider to older people, with reforms to interface with the aged care system aimed at improving access and enhancing health outcomes for older people.

Future SA Health workforce planning should support the system to proactively respond to and implement reforms emerging from the once in a generation reforms of aged care underway nationally, driven by responses to the Royal Commission into Aged Care Quality and Safety. The Commonwealth Government is taking action across five pillars of reform: home care, residential aged care services and sustainability, residential aged care quality and safety, workforce and governance and the agenda will have significant impact on our services and communities. For example, the Aged Care Amendment (Implementing Care Reform) Act 2022 provides that every residential aged care home has a registered nurse onsite and on duty 24 hours a day, 7 days a week in from 1 July 2023. Key considerations include:

- > Alignment of the workforce to future service delivery models across each LHN– considering increased home and virtual care supports, and the changing role of residential community based aged care provision.
- > The growing need for health service integration into aged care and the workforce skill mix required to deliver this.
- > Culture change - building the aged care workforce will be as much about the culture change as the numbers of staff required, particularly for those working across acute and aged care service delivery.
- > Competition for recruitment and retention - Growth in services across the sector will see increased competition for workforce recruitment and retention. This will impact both aged care and health services competing for professional workforces.

## Digital Health Strategy

Over the next few years SA Health will work towards transforming the way South Australians access and receive health care by delivering world-class digital health services to patients and the SA Health workforce. The Digital Health Strategy aims to improve the options available to consumers by providing a range of engagement channels such as telehealth and remote monitoring, connecting patients to clinicians. A significant component of this work is educating clinicians in the adoption of digital health.

## SA HEALTH WORKFORCE STRATEGIES

### Rural Health Workforce Strategy

The Rural Health Workforce Strategy and related plans were developed over the course of 2018 to 2022, to address the many challenges in recruiting, training, and developing the health professionals and skilled volunteers needed to deliver public health services in rural areas. The Strategy was to cover the expansion of the Digital Telehealth Network (DTN), simulation and training equipment, mental health education for suicide prevention and patient management, improvement services for long-term, high-quality maternity care, further specialised training for allied and scientific health professionals, and additional training and career opportunities for Aboriginal and Torres Strait Islander health practitioners.

Further work aims to cover expanding training opportunities for community support workers, supporting the rural community nursing workforce to manage more complex clients in rural areas, registered nurse/registered midwife collaborative graduate programs, rural dental workshops to attract dental professionals, expanding the skills of the allied and scientific health workforce to improve the care for older people in rural South Australia, and additional training and career opportunities for Aboriginal and Torres Strait Islander health practitioners. Funding has also allowed the implementation of training in specific health areas such as mental health.

Rural workforce plans have been developed including medical, nursing and midwifery, oral health, and allied and scientific health, as well as the rural Aboriginal workforce and the rural SA Ambulance Service. All plans are unique to the needs of the different workforces the plans are responding to, but come together across three main themes in each plan – “building a skilled workforce”; “new and sustainable workforce models for rural care”; and “developing a collaborative and coordinated health system”.

## SA Health Aboriginal Health Workforce Framework 2023-2028

The draft SA Health Aboriginal Workforce Framework 2023 – 2028 ('the Framework') outlines an evidence-based strategic approach to building the representation of Aboriginal people in the health workforce across South Australia.

The Framework recognises that the Aboriginal workforce plays an integral role in ensuring the health system is ready to address the needs of Aboriginal people. It has been developed to guide SA Health planning and investment in the delivery of effective, equitable, appropriate, and accessible health services that contribute to the longevity, social well-being, and health of Aboriginal people.

## Nursing and Midwifery Workforce Strategies

### Mental Health Nursing Workforce Strategy 2020-2030

This strategy seeks to develop a compassionate, capable, and committed mental health nursing workforce across the community through early career exposure to mental health nursing, development pathways, new education models and building capacity through skillful leadership.

### SA Health Nursing and Midwifery Strategic Directions

The Strategic Directions documents the vision, mission, values, priorities and enablers for the nursing and midwifery professions in SA Health. Safe, effective and person centred care is a high priority in service delivery. The Strategic Directions highlights the need to develop a sustainable workforce that is agile and adaptable. Recognition, life long learning, and opportunities across the career pathway, inclusive of leadership, are critical factors in achieving the identified strategic directions.

## LHN WORKFORCE STRATEGIES

The LHNs use their clinical service plans and models of care to establish their workforce requirements and to develop workforce plans. The rural LHNs are aligning their workforce strategies with the Rural Health Workforce Strategy. SA Ambulance Service has also aligned with this Strategy to produce the Rural SA Ambulance Service Workforce Plan 2020–25. Each LHN has strategies relating to specific segments of their workforce, such as nurses and midwives, and Aboriginal workforce.

An example of an LHN based strategy is the CALHN '2021-2026 and beyond, People First Strategy'. Its objective is to be one of the top five performing health services in Australia and one of the top 50 performing health services in the world by 2026. Its people are clearly identified as underpinning this objective with three priorities for strategy: 1) Set Our People up for Success; 2) Create the Right Environment and 3) Build for the Future. WCHN has aligned the strategies related to workforce as part of the enablers for their 'Realising Potential Strategy 2026' in their strategic plan 2020-2026.



## NATIONAL WORKFORCE STRATEGIES

Responding to current and future challenges in South Australia cannot be undertaken in isolation from the broader health services environment in Australia as the two are inextricably linked through the national government's policy direction and funding arrangements. Several recent national strategies, and others yet to be released, such as the National Alcohol and other Drug Workforce Development Strategy, will inform the plan for the health workforce in South Australia. Some national strategies focus on discrete components of the workforce, while others include workforce as an enabler of specific services. Those listed below have relevance to South Australia at this time.

### National Medical Workforce Strategy 2021–2031

The National Medical Workforce Strategy (NMWS) was developed with the involvement of a wide range of stakeholder groups, including governments, professional bodies, and the medical education and training sector. The NMWS focuses on responding to long-standing challenges associated with the medical workforce in Australia. Five priorities for action have been identified:

1. Collaborate on planning and design
2. Rebalance supply and distribution
3. Reform the training pathway
4. Build the generalist capability of the workforce
5. Build a flexible and responsive medical workforce.

In addition, three cross cutting themes have been highlighted: doctor well-being, culture, and leadership in the medical workforce; growing the number of Aboriginal and Torres Strait Islander doctors and having a culturally safe workforce; and service delivery and changing models of care.

Implementation of the NMWS will require collaboration across different groups and will raise both challenges and opportunities for SA Health.

### National Nursing Strategy

Development of a National Nursing Strategy will enable nurses and midwives to work to their full scope of practice in primary care, mental health and aged care.

The federal Minister for Health has also committed to establishing a key stakeholder group to inform development of a Nurse Practitioner 10 Year Plan (NP 10 year plan), with one to three, five and 10 year goals. The purpose of this

plan is to describe a set of actions for addressing nurse practitioner workforce issues of national significance and enhance the delivery of nursing care to the Australian community.

The development of the NP 10 year plan will occur concurrently with development of the National Nursing Strategy.

### National Digital Health Workforce and Education Roadmap

The COVID-19 epidemic has highlighted that it is essential for the health workforce to maximise the effective use of digital information and modern technologies in order to deliver contemporary care. It has, for example, led to a significant expansion in the use of telehealth, as well as the Commonwealth's introduction of electronic prescribing. The National Digital Health Workforce and Education Roadmap, released in September 2020, outlines a strategy for enabling the health workforce to confidently embrace the digital transformation of health services to meet community demand.

The challenges for SA Health include increasing levels of digital literacy across the workforce; reshaping functions and introducing new roles and models of care in response to the impact of new and emerging technologies; and developing leadership capabilities for navigating and leading the transformation of healthcare.

### National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (National Workforce Plan) is the first national health workforce plan of its kind. Co-designed in genuine partnership with Aboriginal and Torres Strait Islander people, it sets an ambitious, yet achievable target that Aboriginal and Torres Strait Islander peoples are fully represented in the health workforce by 2031.

A strong Aboriginal and Torres Strait Islander workforce is a powerful driver of change and evidence clearly shows that an Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander peoples.

## NATIONAL HEALTH SERVICE STRATEGIES

### Prevention Compassion Care: National Mental Health and Suicide Prevention Plan

The National Mental Health and Suicide Prevention Plan (NMHSPP) was released early in 2021, aligned with the Australian Government's Budget. The NMHSPP recognises that bushfires and COVID-19 have increased the demand on services, and that many Australians have been impacted by job interruption, job loss and long periods in isolation. A coordinated focus is required to improve mental health services across Australia and the NMHSPP is based on five pillars: prevention and early intervention; suicide prevention; treatment; supporting the vulnerable; and workforce and governance.

To meet the requirements and obligations of this plan, SA Health, and the broader health system will need to expand, strengthen, and upskill the mental health workforce.

The representation of Aboriginal and Torres Strait Islander peoples in the mental health workforce will need to be increased to assist in providing culturally safe treatment for Aboriginal and Torres Strait Islander people. Our workplaces will need to build capacity for addressing racism.

The capability of the broad health and aged care workforces will need to be strengthened in order to be responsive to the mental health needs of those in their care. This will include increasing the use of digital technology to reach people in need.

In addition, greater support for the mental health of the health workforce is required, given that Australia's healthcare workers generally have a higher prevalence of depression, anxiety, and stress than the population average.

### Australia's Long Term National Health Plan

The Long Term National Health Plan was established in 2019 with a 3-10 year time period. The Plan sets out the actions required to continue to improve our health system through partnering with consumers and the health sector, and to promote health and prevent disease.

It includes:

- > The 2030 mental health vision, including a new strategy specifically for children under 12 years
- > The 10-year Primary Health Care Plan
- > Continued improvement of private health insurance
- > The 10-year National Preventive Health Strategy (currently in draft and due for release)
- > The 10-year Medical Research Future Fund investment plan.

The Long Term National Health Plan is based on four pillars:

- > Pillar One: Guaranteeing Medicare, stronger primary care and improving access to medicines through the PBS
- > Pillar Two: Supporting our public and private hospitals, including improvements to private health insurance
- > Pillar Three: Mental health and preventive health
- > Pillar Four: Medical research to save lives and boost our economy

It also includes a focus on support for ageing well and at home, and aged care. It highlights the need for more skilled workers.

### National Women's Health Strategy 2020-2030

Established in 2019 the strategy recognises five priority areas to improve the health and wellbeing of all women: maternal, sexual, and reproductive health; healthy ageing; chronic conditions and preventative mental health; and the health impacts of violence against women and girls.

### National Men's Health Strategy 2020-2030

The strategy has five priority areas: mental health; chronic conditions; sexual and reproductive health and conditions where men are over-represented; injuries and risk taking; and healthy ageing. The Strategy advocates for a life-course approach in tailoring interventions to engage and support Australia's diverse men and boys across all stages of their lives.

There is also a National Action Plan for the Health of Children and Young People 2020–2030.





# WORKFORCE CHALLENGES

## COVID-19

The COVID-19 pandemic is an unpredictable driver for workforce planning for the immediate future and the longer term. For example, in 2020 a contact tracing workforce was not considered to be a medium term requirement but rather one that would be stood up on a temporary basis. The need for staff to take swabs, vaccinate and provide administration for quarantine stations also was not considered a medium term concern. The virus also created unpredicted demand in SA Pharmacy and in SA Pathology. Whilst surge workforces in our clinical environments were thought to be required at the beginning of the COVID-19 response it is evident that ongoing surge plans are required.

The pandemic has brought to the fore the increasing need for public and private healthcare provider partnerships to tackle health matters that affect the whole community and to ensure a workforce to meet the need.

Similarly, the closure of borders for an extended period meant cessation in the use of internationally trained medical practitioners. This was further exacerbated by the increased global dependence on the health workforce. Australia's Eastern states also saw a higher demand for health professionals due to the large number of COVID-19 cases and this has had the potential to impact the workforce supply in South Australia. Managing the supply of workforce internal to SA Health has also been challenging with sourcing staff and relocating them taking too long to meet urgent demands. Furloughing of staff due to exposure to COVID-19 created staff shortages across the system, and fatigue continues to impact.

## POPULATION DEMOGRAPHICS

The natural birth rate in SA has been declining. The rapid population growth in recent years (prior to 2021) has been the result of high levels of migration. Keeping up with the demand for services with such rapid population growth creates challenges not only in the supply of workforce generally but in the supply of a workforce that is representative of the cultural background of the increasingly varied migrant populations.

Inconsistent patterns of population growth across SA creates challenges in predicting service demand and workforce requirements. In the metropolitan area this manifests in such issues as the preference for larger, affordable land blocks by young families contributing to growth in areas such as in the Northern suburbs.



The population of regional areas has been diminishing over many years. Communities struggle to staff their health services and there is an increasing reliance on health professionals, such as nurses and doctors, on visas such as the Temporary Skill Shortage visas.

### Current Workforce Shortage Areas

Medical specialists and generalists are not always distributed across SA Health in a manner that meets demand, with challenges experienced in rural areas. Long term strategies are required to ensure adequate lead time for specialist training alongside short-term strategies to retain existing employees in high demand specialisations. Other strategies to increase the number of medical generalists will need to focus on retention and encouragement of medical staff to remain generalists rather than specialise.

The National Medical Workforce Strategy Data Group has identified neonatology, obstetrics, nephrology, and medical oncology as medical specialisations in short supply across Australia. The picture in SA is less clear and requires further scrutiny.

The work of the SA Health Strategic Clinical Services Plan 2021-2031, has identified the areas of demand in SA to be:

- > Caring for older people (Geriatrics, Neurology)
- > Chronic disease management
- > Child and adolescent development (including gender identity services)
- > Kidney and renal disease
- > Early screening (colonoscopy and endoscopy)
- > General medicine
- > Psychiatry (including older persons mental health)
- > Orthopaedic surgery.

Universities and education providers continue to prepare and provide South Australia a significant number of nursing and midwifery graduates to meet system demand. The pandemic however has negatively impacted the nurse and midwife workforce due to an ageing workforce and increased system demand. Anecdotally, health professionals may choose to retire earlier due to the impact from the COVID 19 pandemic. Over the course of the pandemic nurses have been the primary workforce for the staffing of testing clinics, medi-hotels, and vaccination clinics. In some of these environments the turnover rate has been high due to the unique demands of these environments. In response to the demand for nurses and midwives the number of places available to graduate nurses and midwives to undertake the Transition to Professional Practice Program (TPPP) has been doubled. Further, a strategy to gain staff to provide the requisite professional education and support for new graduates has been put in place where required.

Nurses and midwives with specialised skills can be difficult to source. Specialised pathways for nurses are required to fill shortages identified in midwifery, perioperative roles, Intensive Care Unit (ICU) and Emergency Department (ED) in particular. A review of the TPPP is seeking to address these shortfalls. The demand, supply, and role of nurses in SA will need to be closely monitored and managed.

There are also challenges in meeting the workforce demands created by the establishment of the National Disability Insurance Scheme (NDIS). Experienced staff in allied health professions, such as psychology, physiotherapy, occupational therapy, and speech pathology, have been attracted to the conditions of work provided by the NDIS and the ability to be a private provider.

### **Aboriginal Workforce**

The attraction and retention of a skilled Aboriginal health workforce is critical to meeting the health needs of Aboriginal people and communities in SA. The proportionately low population of Aboriginal people of working age compared with non-Aboriginal people, combined with some educational challenges brought about through institutionalised disadvantage, creates a significant barrier to gaining the required number of skilled Aboriginal people in the SA Health workforce. The need for Aboriginal health professionals is disproportionately higher than for non-Aboriginal people due to the number of Aboriginal people in the community with complex conditions requiring health services and support.

### **Organisational Culture and Change**

The effect of a positive organisational culture on patient outcomes is well documented globally and is a pivotal factor in any workforce strategy. All parts of the SA Health system are engaged in attempting to improve culture in different ways and there has been some success. The 2021 IWorkforSA staff survey demonstrated that our system continues to face challenges associated with organisational trust, leadership, and respectful behaviour. The SA Health Culture Evolution Pathway went some way to providing a foundation for the development of a culture of integrity in the organisation but there is a need for ongoing work for the longer term aligned with our overall goals for our workforce.

The strategic direction outlined in the SA Health and Wellbeing Strategy will require a shift in orientation for clinical services so that health and wellbeing are a primary focus with the aim of keeping greater numbers of people out of the hospital system. A view of health services that goes beyond the treatment of ill health is being encouraged.

This change in orientation, and the need to have a workforce that reflects this reorientation, will mean that existing employees will require encouragement and support to accept changes to the way work is being conducted and away from the traditional models. Models of care will change and with them expected outcomes. New roles, skills and knowledge will all be required. New roles may be designed to complement, or to substitute for, existing roles or they may be entirely new roles developed in response to changing clinical practice. A shift in the mode of operating away from that which health workers have utilised traditionally may be challenging if it does not reflect what health workers originally learned in their professional training. The allocation of dedicated resources will be required to assist in cultural change and in the upskilling of the workforce.

### **Ageing Workforce**

Age projections of the workforce depict some real risks for our skilled workforce in the short and long term. An ageing health workforce requires a focus on skill and knowledge transfer, alongside of attraction and retention strategies, to ensure SA Health has the capacity to meet service demands. The loss of senior, experienced staff prior to the transfer of skills to other employees, and the current lack of capacity for supervision or mentoring by skilled and experienced staff members, are real risks to be managed.

### **Diversity and Inclusion**

The increasing cultural diversity of the community demands a workforce that reflects that diversity. This includes people with disability; those from culturally and linguistically diverse (CALD) backgrounds; LGBTIQ+ people; and younger and older ages. SA Health will need to ensure people from diverse backgrounds are attracted to health professions and the health environment. Public communications and partnerships with training organisations will form part of the strategies to attract a diverse workforce. The organisational culture must nurture and support this workforce to ensure that it is retained, and that SA Health workplaces are attractive. Cultural awareness training and sound leadership will be essential to creating a safe and equitable workplace.

## Data and Information

A significant contributor to sound workforce planning is sound and reliable data. The quality of the available workforce data will need to be improved to gain the most accurate outcomes. We also require more information than is currently available. For example, we need to improve information on the skill sets of our workforce as it is imperative to creating flexibility in workforce utilisation. Ongoing monitoring of the makeup of our workforce, in relation to the demand in our service areas, will provide early triggers for action to facilitate appropriate and adequate workforce supply. Consistent and user-friendly reporting will support local level responses.

The use of national and jurisdictional data for comparison and for the sourcing of workforce also presents challenges. Differences between health systems makes comparison difficult. For example, NSW's health system is configured in a similar way to SA's with Districts and Local Health Networks being comparable. Victoria however has a different configuration for health service delivery. Data definitions across the jurisdictions are inconsistent and this consequently creates difficulty in benchmarking and interpretation of the data. Some data is simply not available.

## Regulation and Education

Training in new and emerging fields of health care may require years of training so early uptake by tertiary students or existing employees will be important. Clearly identifying the fields of study that may be needed in the future will require advice from experts who are at the forefront of research on health care and services. Forging strong relationships and ongoing engagement with the universities and vocational training providers will form a crucial part of the workforce strategy. Creating networks with course developers, organisations dedicated to the establishment of skills standards (e.g., Skills IQ) and skills development (e.g., Department for Innovation and Skills) will allow the early identification of required skills and pathways for skilling and employment.

SA Health is the single biggest employer of health practitioners in South Australia and plays a major role in training and developing students and practitioner employees. Students of nursing, midwifery, and allied and scientific health professions undertake clinical placements across SA Health. The Better Placed team within the Clinical Collaborative in DHW, work in conjunction with Local Health Networks and Education Providers to facilitate the coordinated administration of placements. This is underpinned by a statewide governance framework, with a statewide committee structure to provide strategic oversight of clinical placements across the system, overseen by the

SA Clinical Training Council. The online clinical placement management system, Placeright, provides a secure online platform for the administration and management of clinical placements. Placeright can be accessed by SA Health sites and Education Providers for transparent and accurate recording of clinical placement activity. The systems and established communication channels have created a strong relationship between SA Health and Education Providers, helping to deliver high quality clinical placements in South Australia.

There are specialist areas of training that present some challenges for SA Health. An increased focus on child protection is highlighting skill deficits across the social workers, psychologists, and doctors. Each of these professional groups require development that is specific to their roles in child protection. A specific strategy may need to be created to address this development need.

Training the health workforce presents many challenges. Most health professionals are required to complete at least 3-5 years at university to attain an undergraduate degree and further years to achieve post graduate, specialist qualifications. Ongoing professional development is a requirement of all Ahpra regulated professions to ensure high quality, up to date practice. Undertaking this development can be difficult for staff who work rosters. It can be difficult to find suitable times especially if the training is not on site. In some professions, such as medicine, the time dedicated to training while working can create a pressurised work experience. Junior doctors have expressed concerns over their capacity to manage long work hours as well as meeting training requirements and managing their personal lives. Retaining junior doctors can therefore be challenging, and the more lucrative work as a locum doctor can prove attractive. The retention of junior doctors requires some concerted attention. One aspect of this is the review of training that is considered mandatory for all employees with a view to reducing the demand on this group.

The attraction and retention of medical specialists is critical to providing a comprehensive health service. The loss of any one specialist represents years of medical training and replacement is a long-term proposition. This is also true of other specialised professions such as clinical psychologists.



The Australian Health Practitioner Regulation Agency, Ahpra, works in partnership with the 15 National Boards to help protect the public by regulating Australia's registered health practitioners to ensure a safe health workforce across 16 health professions registered under the National Registration and Accreditation Scheme. Every decision is guided by the Health Practitioner Regulation National Law, as in force in each state and territory.

Registration standards define the requirements that applicants and registrants need to meet to be registered. The 16 health professions each have five core registration standards (for example, recency of practice, criminal history) and these are an important part of the regulation of each profession. They bring consistency across Australia, make each Boards' requirements clear, and the registration standards inform decision-making when concerns are raised about practitioners' conduct, health, or performance.

Ahpra works with accreditation authorities (which may be a committee of a National Board, or a separate organisation) to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner. Course accreditation ensures that the education and training through a program of study leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely. Accreditation authorities also use accreditation standards for monitoring programs of study to ensure the program and its education providers continue to meet the standards set.

### Recruitment and Onboarding

The relationship between a prospective employee and an organisation starts from that person's first awareness of, or contact with, the organisation. Our health system is by necessity focused on the immediate health service needs of the community. This has meant that our ongoing need to attract people to work in the system has been in large part neglected. Increasingly we need to compete with the private sector. This means that we need to measure up to, if not surpass, what is on offer. Our methods of attracting new candidates for the most part lag other industries, partly due to limited promotional activity, but also because the process of applying for a position is lengthy and cumbersome. We provide little ongoing contact with candidates throughout what is often a time-consuming selection process. We can lose good candidates during this time. The recruitment process will be reviewed with the aim of attracting more high-quality candidates to apply and to streamlining the process for both the candidates and the recruiting manager. Work will also be undertaken to ensure that, once employed, staff are supported and retained throughout the whole of the employment life cycle.



# CURRENT WORKFORCE SNAPSHOT

SA Health is one of the largest employers in South Australia (SA). Its workforce consists of the deepest and broadest range of occupations in comparison to the wider Public Sector and private industry, covering health and other types of professions and vocations.

SA Health is the brand name for the portfolio of services and agencies responsible to the Minister for Health and Wellbeing. The portfolio is made up of four metropolitan Local Health Networks (Southern Adelaide, Central Adelaide, Northern Adelaide and Women’s and Children’s Health Network) and six regional Local Health Networks (Barossa Hills Fleurieu


Eyre and Far North; Flinders and Upper North; Limestone Coast; Riverland Mallee Coorong; Yorke and Northern); SA Ambulance Services; the Department for Health and Wellbeing; Wellbeing SA; and the Commission on Excellence and Innovation in Health (CEIH) . The Statewide Clinical Support Services, within the Central Adelaide Local Health Network (CALHN) incorporates SA Pathology, SA Medical Imaging, SA Pharmacy and Breastsreen SA.

There are currently approximately 47,000 people employed by SA Health. In addition to this workforce there are staff employed through private agencies and volunteers.

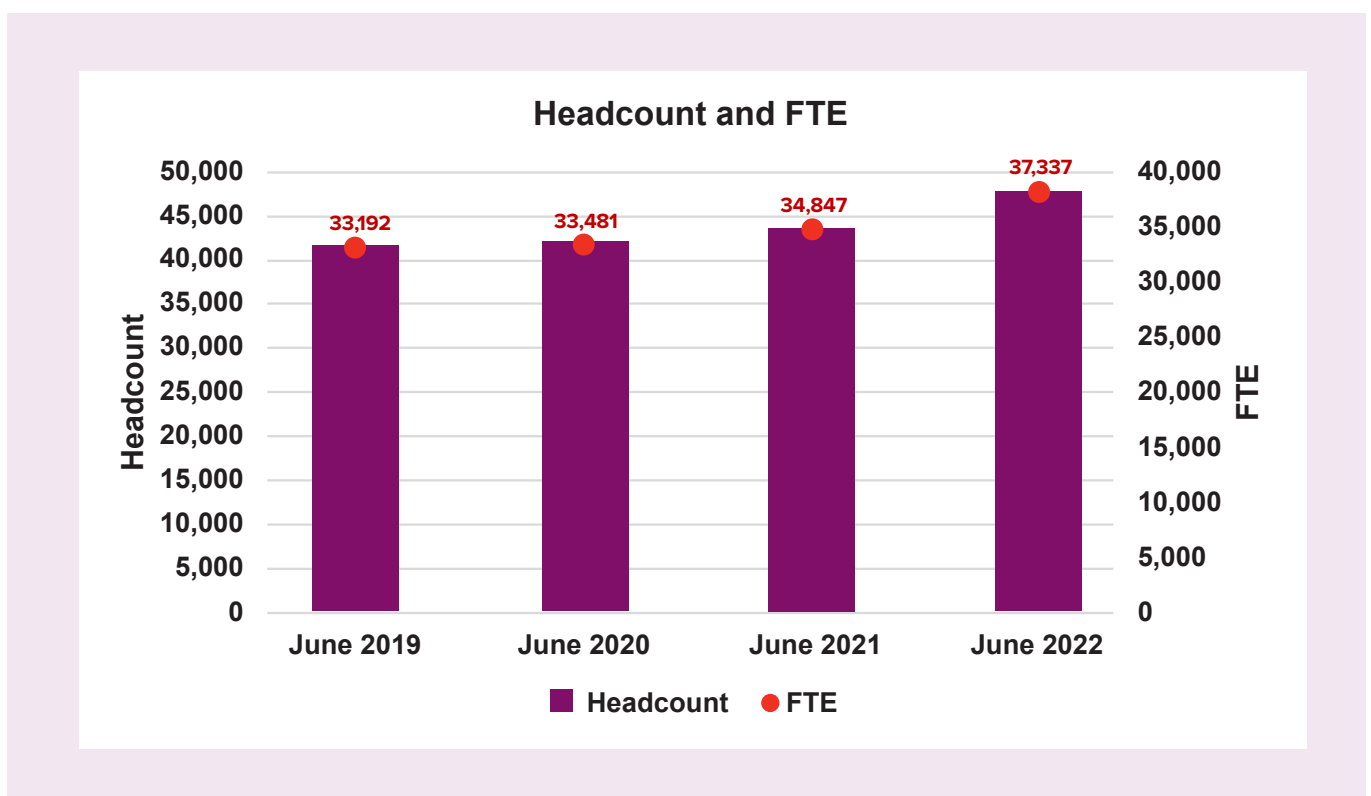
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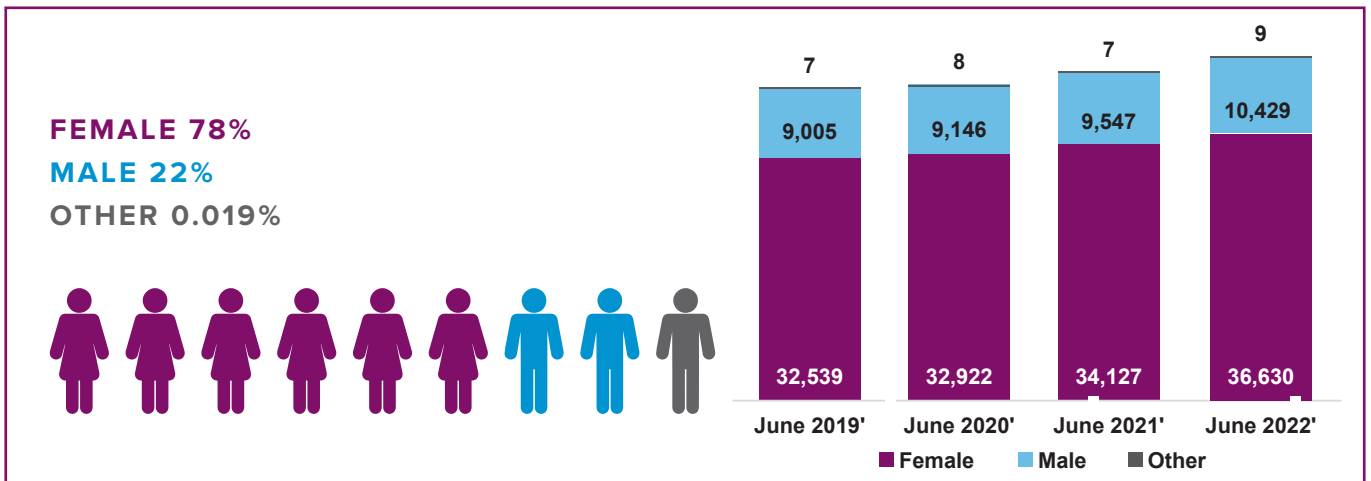
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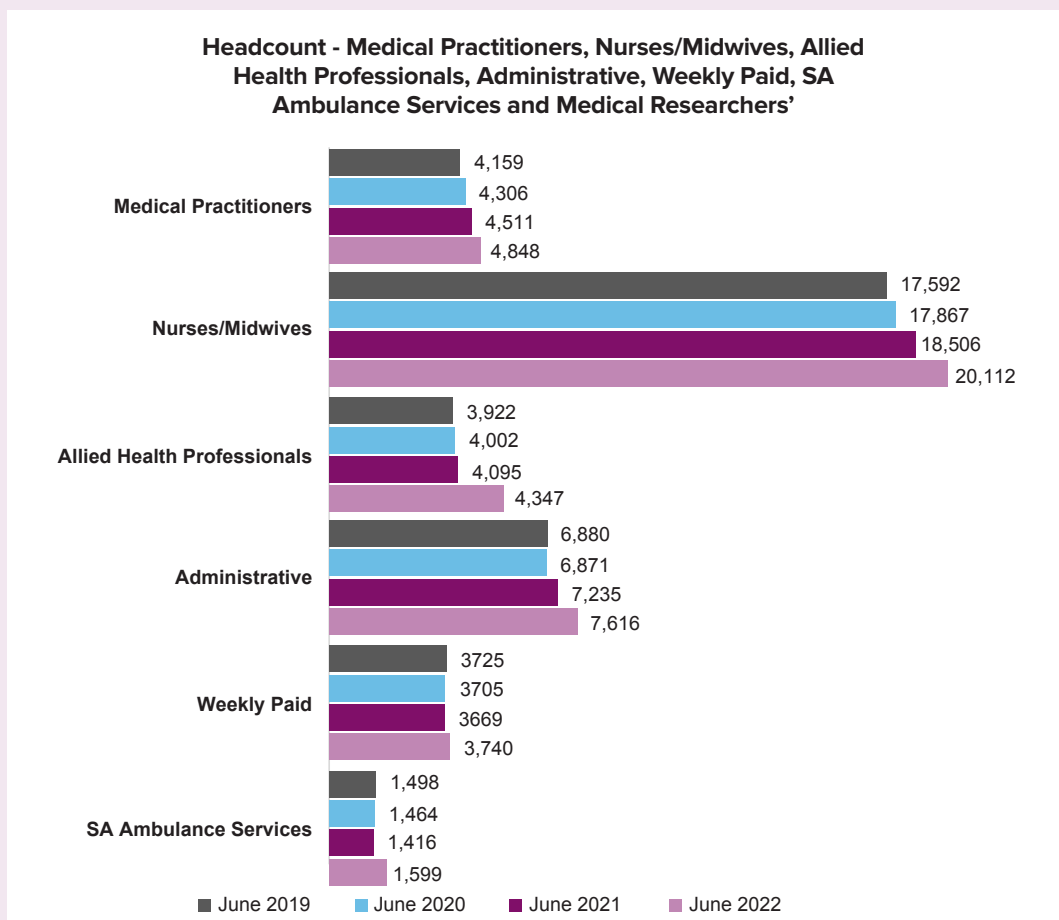
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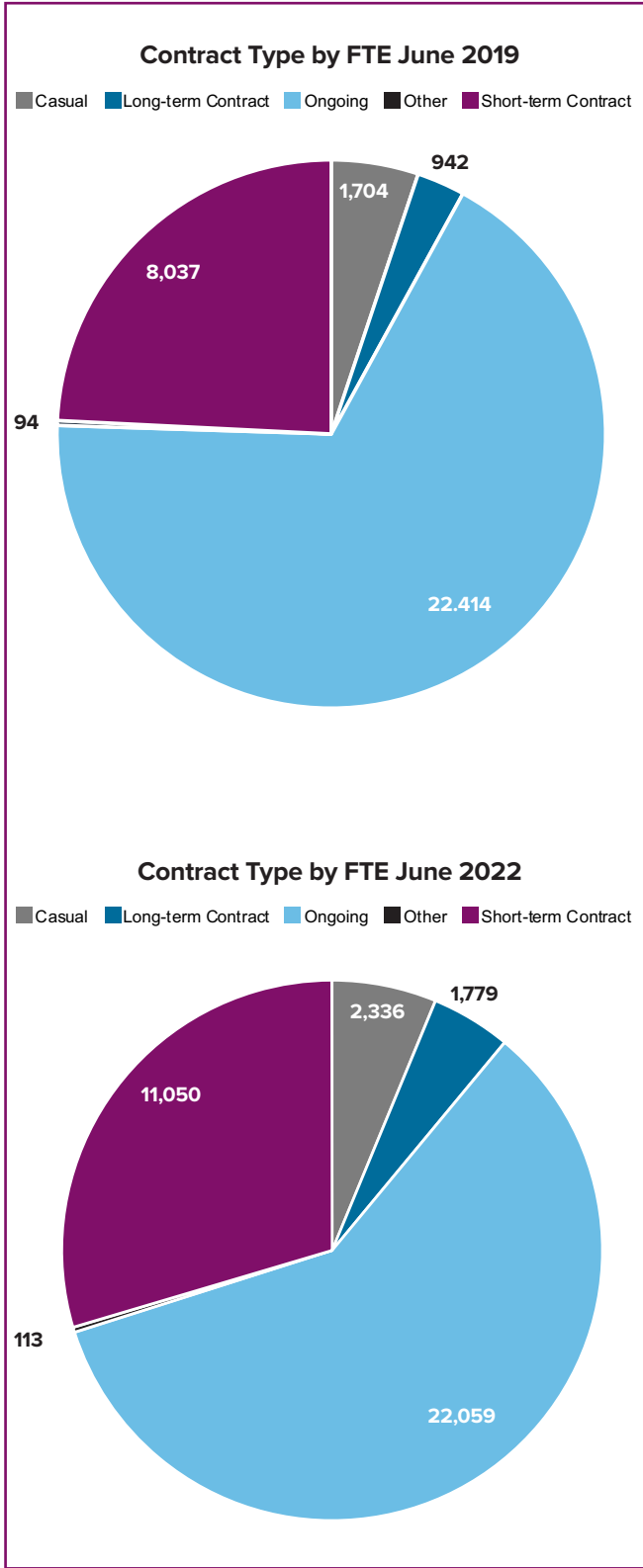
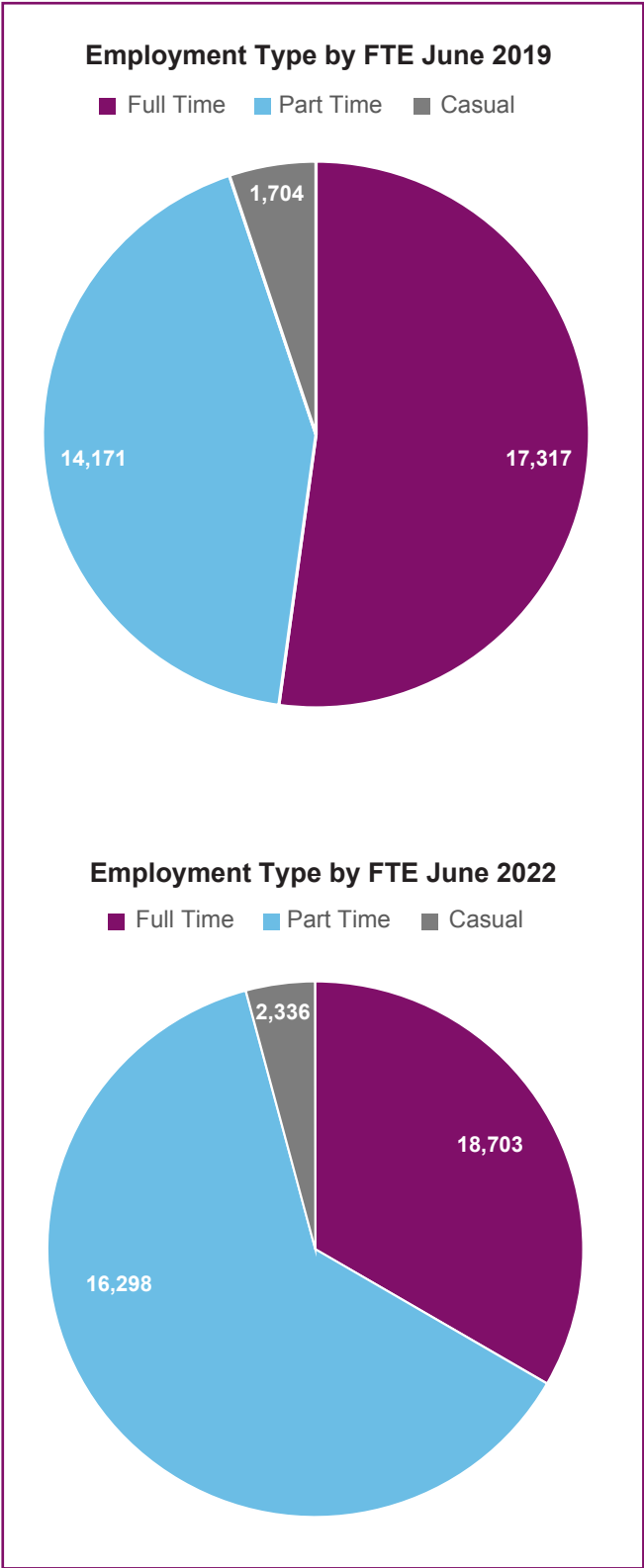
## HEADCOUNT BY PROFESSIONAL GROUPS



# CURRENT WORKFORCE SNAPSHOT

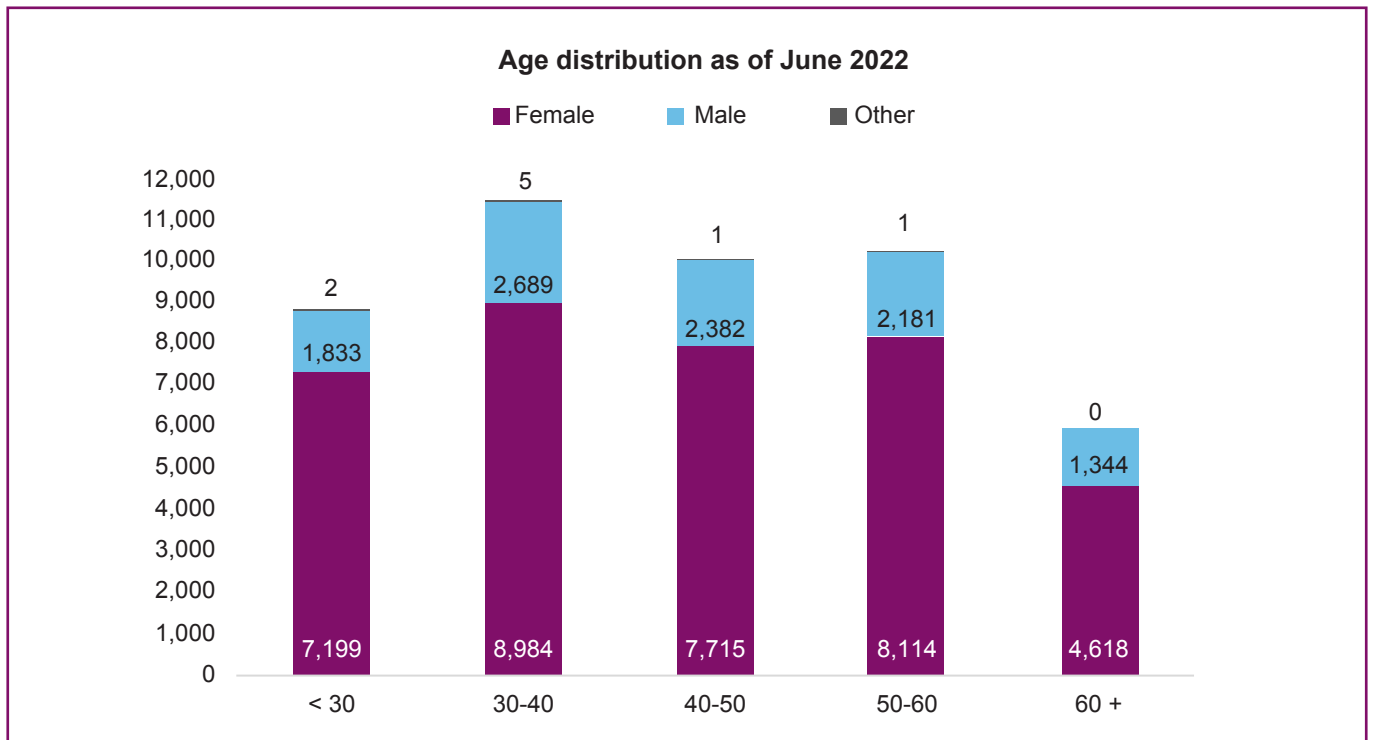
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## CONTRACT TYPE BY FTE





## AGE DISTRIBUTION



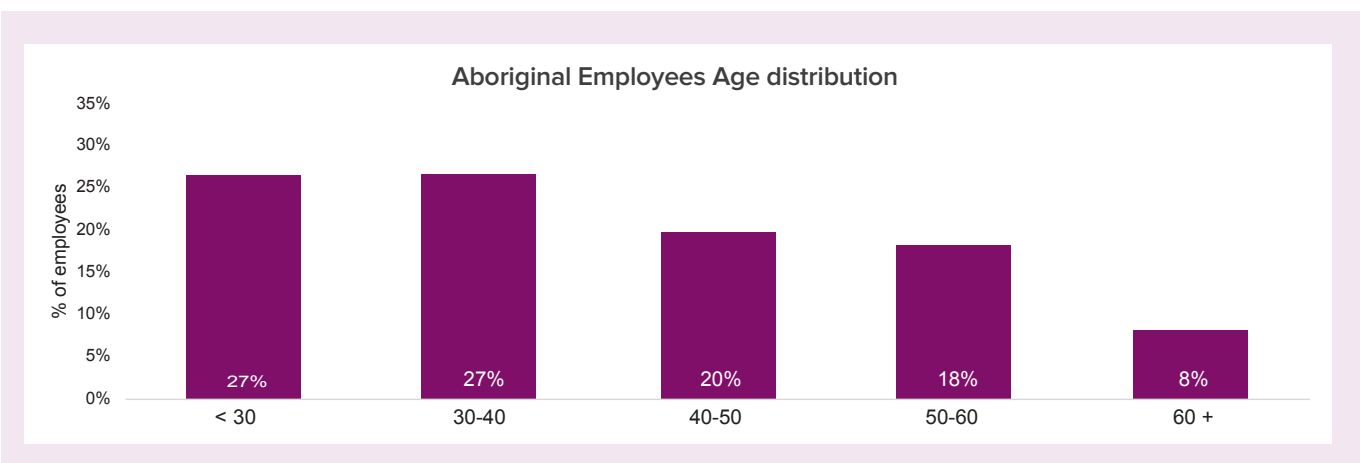
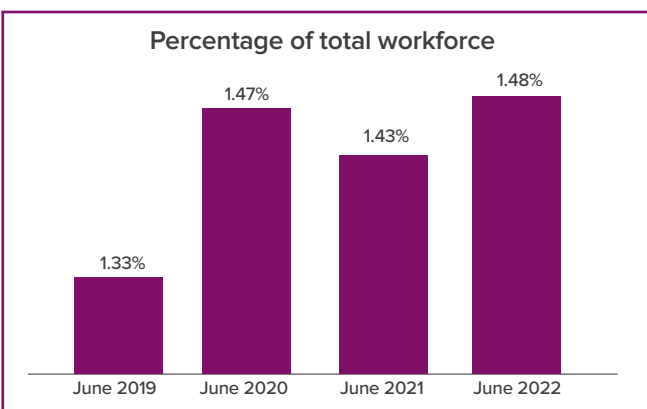
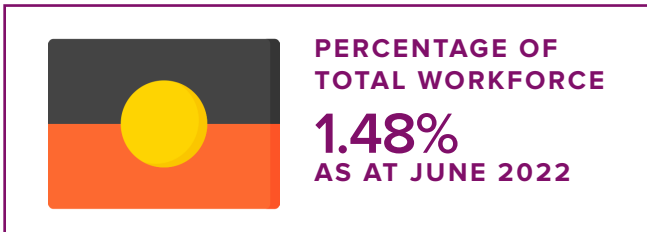
## AVERAGE AGE BY PROFESSIONAL GROUPS

Professional groups	June 2019	June 2020	June 2021	June 2022
Medical Practitioners	41.1	41.2	41.2	41.2
Nurses and Midwives	44.7	44.6	44.1	43.1
Allied and Scientific Health	40.9	40.7	40.6	40.1
Administrative	47.2	47.4	47.0	46.2
Weekly Paid	49.6	49.5	49.3	49.0
Ambulance Services	40.7	40.8	40.7	40.0

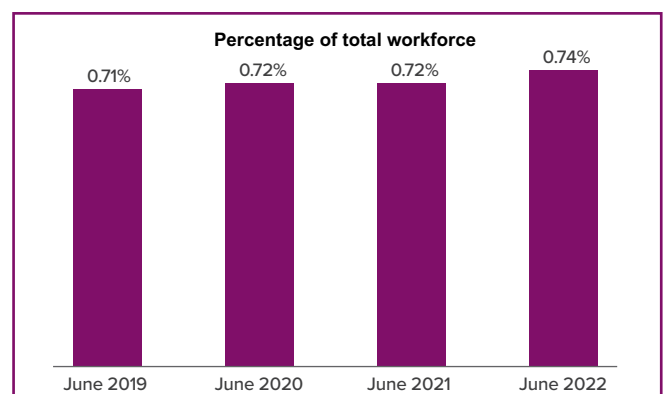
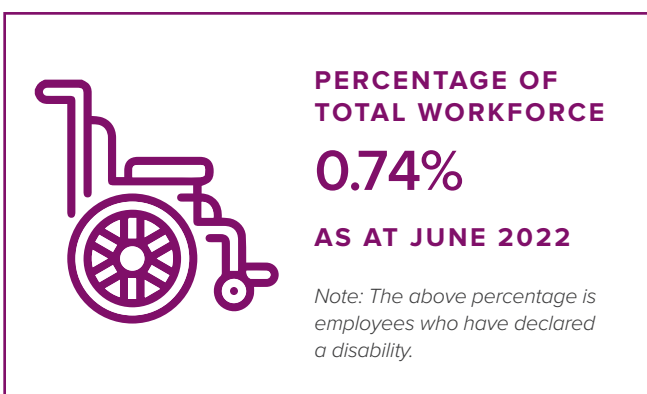
*The average age of the employees working in the professional groups is measured in years.*

# CURRENT WORKFORCE SNAPSHOT

## ABORIGINAL WORKFORCE

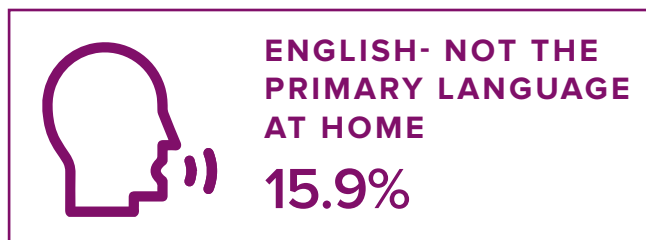


## EMPLOYEES WITH DISABILITY

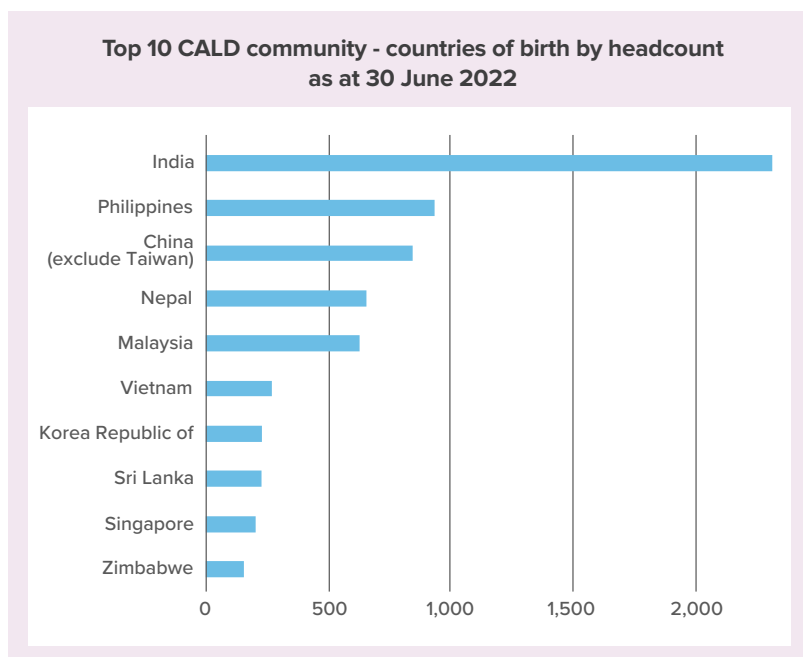


## CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) WORKFORCE

Percentage of total workforce as at June 2022



Note: CALD: The above percentage reflects the employees who have declared a "country of birth" other than an English-speaking country and declared a "language spoken at home" other than English (see Appendix). The percentage of CALD workforce is understated as the employee's parent's country of birth may not have been provided.



## EMPLOYEE TURNOVER



## RECRUITMENT AND SEPARATION OF EMPLOYEES BY PROFESSIONAL GROUP

Professional groups	June 2019		June 2020		June 2021		June 2022	
	Recruited	Separated	Recruited	Separated	Recruited	Separated	Recruited	Separated
Medical Practitioners	35%	15%	32%	15%	31%	12%	35%	12%
Nurses and Midwives	11%	6%	9%	5%	12%	7%	21%	9%
Allied and Scientific Health	16%	7%	16%	8%	17%	8%	20%	9%
Administrative	12%	7%	13%	12%	16%	8%	25%	13%
Weekly Paid	7%	8%	6%	8%	7%	10%	13%	12%
Ambulance Services	10%	2%	6%	3%	5%	2%	11%	3%

Employees recruited and separated, in a financial year, as a percentage of their respective professional group's headcount.

## REASONS FOR SEPARATION

Separation Types	June 2019	June 2020	June 2021	June 2022
Separations – Left SA Health permanently	7.6%	8.4%	8.5%	10.9%
Transfers to another SA Public Sector agency	1.3%	1.2%	1.3%	2.4%
Contract Expired	2.0%	2.0%	2.1%	2.3%

*Separation types as a percentage of total separations*

# APPENDIX

**The data is sourced from OCPSE. It does not include data and headcount for Wellbeing SA or CEIH.**

**Contract Type:** Refers to the employment contract length of an employee's current position. An employment contract is on a fixed-term basis if it has a clear end date. The appointment can be on either a short-term or long-term basis.

**Culturally and linguistically diverse communities:** the ABS defines the main English-speaking countries as Australia, Canada, the Republic of Ireland, New Zealand, South Africa, the United Kingdom (England, Scotland, Wales, Northern Ireland) and the United States of America.

**Data source:** The data source for the SA Health Workforce Strategy graphs is the Workforce Information Collection (WIC) provided by the Office of the Commissioner for Public Sector Employment (OCPSE). The WIC provides consistency in the definitions of data across the South Australian Public Sector. The following definitions are therefore drawn from the WIC.

## **Employee Awards:**

**Administrative:** Includes employees employed pursuant to the SA Public Sector Salaried Employees Interim Award (for Administrative Services and Manager Services streams); and executive employees employed under the South Australian Executive Service pursuant to the Public Sector Act 2009.

**Allied and Scientific Health Professionals:** Includes employees employed pursuant to the SA Public Sector Salaried Employees Interim Award.

**Medical Practitioners:** Includes employees employed pursuant to the South Australian Medical Officers Award.

**Nurses and Midwives:** Includes employees employed pursuant to the Nurses (South Australian Public Sector) Award.

**SA Ambulance Services:** Includes employees employed pursuant to the SA Ambulance Service Award.

**Weekly Paid:** Includes employees employed pursuant to the South Australian Government Health Etc. Ancillary Employees Award, the South Australian Government Departments, and Instrumentalities (Metal Trades) Award, and the South Australian Government Building Trades Award.

**Employment Status:** Indicates the type of work arrangement undertaken by an employee. The employees can be employed on a full-time, part-time, and casual basis.

**FTE and Headcount:** FTE is a ratio measuring the amount of time an individual works. It is used to express a part-time employee as a proportion of an employee in an equivalent full-time position. The proportion is expressed as a decimal fraction of one. The full-time equivalent is calculated by dividing the number of hours worked per week for each employee by the standard full-time hours per week of his or her position.

In July 2022 SA Health transitioned to the OCPSE FTE definition for all reporting purposes. Previously it has used its own method of calculating FTE, in its SHARP system, for the purpose of financial management. This has included the capping of FTE at 1 when an employee submits timesheets that relate to multiple periods/months, and also not including an FTE if a timesheet has not been included.

**Headcount:** is the number of people working regardless of hours worked.

**Recruited:** Number of employees who have been recruited between the beginning of a financial year and the end of that financial year.

**Separated:** A separated employee is an SA Health employee whose employment ended during the relevant financial year. The separation data excludes all temporary appointments/assignments to other public sector agencies and those on short or long-term unpaid leave. It indicates the number of employees who permanently separated from a position only.



Employees who permanently left an SA Health entity are presented in three subcategories:

- 1) Employees who separated from SA Health and the SA Public Sector. This includes employees resigning to a non-South Australian public sector role, or who left the workforce due to:
  - Taking a Targeted Voluntary Separation Package (TVSP)
  - Being granted a worker's compensation settlement
  - Death
  - Retirement
  - Health
  - Study
  - Family responsibilities
  - Dismissed
  - Resigned without notice
- 2) Transferred to another Public Sector agency: includes employees who moved internally within the SA Public Sector and transferred to a different agency (Not SA Health) within the South Australian public sector.
- 3) Contract Expired: includes employees who ended employment due to contract expiry. Whether these employees subsequently moved to a different role within the South Australian Public Sector or whether they separated entirely from the sector is not specified.



For more information

**Workforce Strategy**

**Department for Health and Wellbeing**

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SA Health