



**AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE**

THE UNIVERSITY OF MELBOURNE



**Strengthening and facilitating the uptake of evidence into
primary health care workforce policy**

**APHCRI STREAM ELEVEN
INTERNATIONAL VISITING FELLOWSHIP
REPORT**

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This project could not have been conducted if it were not for the participation and comments of all the government policy stakeholders, academic researchers, profession bodies and support organisations in the roundtable discussions.

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Professor James Buchan & Dr Eric Larson at
APHCRI, November, 2008

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EXECUTIVE SUMMARY

Australia faces a primary health care workforce shortage, exacerbated by the increase of demands from an ageing population, increasing co-morbidities and chronic disease. The Australian health system, too, is increasingly complex and fragmented. Academic research is recognising that no single profession can meet all the needs of the primary health care system. In light of this problem, a greater connection between research, practice and informed policy decision making is required to impact primary health care workforce policy reforms, and in particular to strengthen the existing evidence base of the Australian Primary Health Care Research Institute's (APHCRI's) work program.

This report describes the outcomes of Professor James Buchan's visit as part of the APHCRI International Visiting Fellowship Program. The report outcomes include key findings and messages from Professor Buchan's presentations and roundtable discussions held during his visit from November 3 - 13, 2008. The report also provides implications for APHCRI's primary health care strategic work program regarding building a stronger knowledge base (Strategic goal 1) and facilitating the uptake of evidence (Strategic goal 2)

KEY OUTCOMES

Professor Buchan's visit enabled over forty primary health care workers including senior researchers, mid-career researchers and practitioners, and policy stakeholders to meet and discuss issues influencing primary health care workforce policy decision making. Professor Buchan gave four presentations on topics of relevance and importance to Australian and international primary health care workforce policy. Five roundtable discussions were conducted (2x Melbourne; 2x Canberra; 1x Brisbane). Professor Buchan was also interviewed for the ABC Radio National program – "The National Interest" on "International Workforce Recruitment" on Friday December 19th:

<http://www.abc.net.au/rn/nationalinterest/stories/2008/2451208.htm>

The presentations and roundtable discussions generated a wide spectrum of primary health care workforce themes relevant to strengthening the existing primary health care workforce evidence base and its uptake into policy decision making. These include:

1. What makes primary health care workforce planning different?
2. Why the primary health care workforce needs to be viewed in a global context?
3. What is the capacity of primary health care workforce research?
4. What policy levers exist for primary health care workforce planning?
5. What principles can guide primary health care workforce planning?
6. What incentives exist to optimise the use of evidence in policy making?

Overall discussions and emerging themes did not differ greatly across the roundtable discussions. It is worth noting that the Canberra roundtable discussion was about national level issues within the context of current discussion about the draft National Primary Care Strategy. Furthermore, participants did comment that each state had institutions (e.g., APHCRI, QLD General Practice Advisory Council, NSW SAX Institute) that could contribute to a national conversation on primary health care workforce planning. The coordination and collaboration of these institutions were seen to be fundamental in strengthening the evidence base and contributing to informed national decision making.

Professor Buchan also highlighted the existence and potential usefulness of several documents to the Australian primary health care workforce context, including:

- NHS London (2008). Workforce for London - a Strategic Framework <http://www.london.nhs.uk/publications/corporate-publications/workforce-for-london--a-strategic-framework>
- Johnston L, Lardner C, Jepson R (2008) Overview of Evidence Relating to Shifting the Balance of Care: A Contribution to the Knowledge Base <http://www.scotland.gov.uk/Resource/Doc/237140/0065049.pdf>
- Buchan J, Jobanputra R, Gough P, Hutt R (2005) Internationally recruited nurses in London: Profile and implications for policy. Kings Fund. London. <http://www.kingsfund.org.uk/resources/publications/internationally.html>

- Buchan J., Parkin T and Sochalski J. (2003) International Nurse Mobility: Trends and Policy Implications. World Health Organisation/ International Council of Nurses. WHO, Geneva.
http://www.icn.ch/Int_Nurse_mobility%20final.pdf

Professor Buchan's presentations and the roundtable discussions resulted in the following implications:

STRONGER KNOWLEDGE BASE (APHCRI STRATEGIC GOAL 1)

Drivers of Primary Health Care Workforce reforms:

- Australian, UK and North American primary health care workforce reforms have largely occurred in response to funding streams and broader sector reform and not from a specific planning approach. Key principles exist that underpin primary health care workforce planning, and the NHS London (2008) work provides exemplars of how a planned approach is possible. *APHCRI could explore how the principles and the approach highlighted in NHS London documents could inform primary health care workforce policy decision making.*
- At a national and state level work is being done to inform future primary health care workforce models. However, concerns were raised about the availability of data sources (from medical and non-medical workers) to inform such work. *APHCRI could seek to commission or work with the National Health Workforce Taskforce to inform the collection, aggregation and use of relevant primary care workforce data sources from existing and new opportunities (e.g., National registration – minimum data set).*
- In primary health care workforce policy determination and planning the role of the consumer/community in primary health care workforce is a neglected area. *APHCRI could commission work to explore community health literacy about primary health care workforce new roles, and the role of the "formal" workforce in supporting self care?*
- Given that Australia is in a period of high level primary health care policy reforms, APHCRI could facilitate discussion amongst policy stakeholders about key conceptual issues, such as *What questions are we trying to address? What will changing the skill mix "fix"?, What has changed?, and What does the primary care sector want?*

Changes in Primary Health Care Workforce Practice

- In Australian and international primary healthcare workforce practice, conceptual and operational shifts are occurring in the balance of care from the acute sector to the community primary care setting. *APHCRI could focus on the implications of the shift in the balance of care from the acute to the community primary care setting, and what skill mix is needed in the primary care setting, as two priority workforce research areas.*
- In relation to the nursing workforce, there is evidence that this segment of the health workforce population is facing shortages in the coming years. Despite the increasing numbers of nurses (particularly practice nurses within the general practice setting) evidence exists that the nursing workforce is ageing. *APHCRI could focus on 'nurse retention' as a priority workforce research area, and on policy responses to an ageing workforce?.*
- There is wide recognition of a need for further systematic exploration of the multiple incentive approaches for reforming the quality of and organisation of multidisciplinary primary health care teamwork. *APHCRIs Stream 13 will contribute to this research area.*
- In relation to the Australian primary health care workforce, the role and contribution of International Medical Graduates and overseas trained doctors is recognised and is a significant source of staff. Given this, international recruitment and migration needs to be "managed" effectively, and may become more of a policy challenge if the proposed global code of practice for international recruitment is adopted at the World Health Assembly in 2009. *APHCRI could facilitate discussion amongst policy stakeholders about the strengths and weaknesses of various policy options, including: a National policy goal of self sufficiency; a National quota for active recruitment; a set of National ethical codes; National compensation; National train for export; National/International donor activity to support health systems and HRH capacity building in developing countries; and an International ethical code.*

- APHCRI could explore international opportunities to build this research capacity, given the small critical mass of existing primary health care workforce researchers, APHCRI could support an Australian primary health care workforce research delegation to organise and coordinate a primary health care workforce stream at the next International Medical Workforce Collaborative in New York, May, 2010.

THE UPTAKE OF EVIDENCE (STRATEGIC GOAL 2)

Drivers of evidence uptake

- Participants in roundtable discussions widely recognised that policy decision making was a messy process and multiple factors influence policy making. *Discussions emphasised that APHCRI could commission further research into what incentives exist for policy makers to use primary health care workforce evidence.*
- Participants generally agreed that there was a time lag between research production and its potential use in policy making. Discussion occurred about ways to accelerate research into policy. Despite the existence of organisations with a linkage and exchange mandate such as APHCRI and the NSW Sax Institute, the need for a workforce specific 'policy research panel' or 'policy research unit' either within government or external to government that could rapidly assist government develop policy relevant questions, identify, review, synthesise and amplify the evidence was discussed. In UK the NHS Policy Research Program was discussed as an exemplar of such a unit. With the new COAG National Health Workforce Agency, *APHCRI could explore the opportunities for such a panel or unit to facilitate uptake of evidence into this Agency.*

Policy environment

- There was recognition that the politicised nature of the environment within which primary health care workforce policy was being developed, led to the evidence being not discussed, ignored or under-utilised. *APHCRI could facilitate roundtable discussions between policy stakeholders and researchers that are provide a 'safe', 'trustful' and 'respectful' environment to enable non-politicised interactive discussion about existing evidence and what evidence is needed to inform primary health care workforce policymaking.*



Professor Peter Brooks and Professor James Buchan at
University of Queensland, November 2008

1 INTRODUCTION

Health systems with strong primary care orientations are associated with improved equity, increased access and appropriate services at lower costs, and improved population health^{1,2}. The Australian health system faces a primary health care workforce shortage, which is being exacerbated by increasing demands from an ageing population, increasing chronic disease, increasing co-morbidities, increasing health system complexity and fragmentation; and the recognition that no single profession can meet all the aims of primary health care^{3,4}. Primary health care workforce reforms are underway focused on increasing workforce supply (via education/training programs), changing the skill mix and extending the roles of health workers to meet patient needs^{5,6}. To inform proposed primary health care workforce policy reforms reflection is required on ways to strengthen the existing primary health care workforce evidence base.

To enable evidence informed policymaking, strategies to facilitate the uptake of primary health care workforce evidence into policy making needs to be based on existing knowledge. Multiple factors are known to influence policymaking, including context (e.g., political election cycles, state of government finances, health systems, governance structures, media hype, political crises), the ideologies and values of the policymakers themselves⁷ and the existence of relationships between researchers and decision makers^{8,9,10,11}.

The **Australian Health Workforce Institute (AHWI)** was established in December 2007 to address and find innovative solutions to the serious shortage of health workers both in Australia and worldwide. The Institute, a collaboration between the University of Melbourne and the University of Queensland, is located in the Faculty of Medicine, Dentistry & Health Sciences at The University of Melbourne, and led by Director, Professor Peter Brooks. AHWI's core goal is to deliver Australia health workforce sustainability by 2020 by ensuring maintenance of health workforce data and statistics; mapping future health systems; developing innovative and flexible education models for the future health workforce; and work with jurisdictions to develop and implement health workforce policy. As the institute's core activities align with APHCRI's focus on linkages and exchange, a collaboration between the two organizations based on intellectual input from an international perspective is an example of successful and mutually beneficial partnerships.

AHWI has recently hosted a visit, sponsored by APCHRI as part on an APHCRI Stream 11 award for Professor James Buchan from the Faculty of Health Sciences, Queen Margaret University, Edinburgh, United Kingdom. The visit provided intellectual expertise from an international perspective on APHCRI's leadership in primary health care research. Professor Buchan holds a Master Degree (with honors) from the University of Aberdeen and was awarded his Ph.D. at the Robert Gordon University Aberdeen. Professor Buchan is an Associate Fellow at the Kings Fund, London and a Visiting Professor at the Faculty of Nursing, Midwifery and Health at the University of Technology, Sydney, and Policy Associate at the WHO European Observatory on Health Systems and Policies. He has expertise in health services management, policy research and health workforce planning. He has twenty years experience of practice, policy research and consultancy on Human Resources strategy and planning in the health care workforce. He has worked throughout the UK, and also has work experience in Africa, Asia, West Indies, North, Central and South America as well as many countries of the European Union. His work has included national and international policy advice on the human resources implications of health sector re-organisation and health care reform; on nursing labour markets, skill mix, and migration; and cross national comparisons of human resources policy and practice in healthcare. He has worked as a Senior Human Resources Manager in the NHS Executive in Scotland and as Senior Policy Adviser at Royal College of Nursing. In 2000/01 he was seconded to work as a HR adviser at W.H.O., Geneva; he also worked as an advisor and researcher for the ILO and OECD. He has also worked in the USA, as a Harkness Fellow, studying the US nursing labour market and "magnet hospitals", at the University of Pennsylvania.

2 KEY OUTCOMES AND EMERGING THEMES

2.1 KEY OUTCOMES

Professor Buchan's visit has

- provided advice to APHCRI on ways to strengthen the knowledge base of primary health care to inform policy and practice through the conduct and support of research (APHCRI Goal 1)
- provided advice to APHCRI on ways to facilitate the uptake of evidence in primary health care policy and practice (APHCRI Strategic Goal 2)

Professor Buchan's visit enabled over forty primary health care workforce mid-career and senior researchers and policy stakeholders to meet and discuss issues influencing primary health care workforce policy decision making. He gave four presentations (Table 1) on topics of priority and relevance to primary health care workforce policy making internationally and within Australia. Five roundtable discussions (Table 2) were conducted to explore ways to strengthen the existing evidence base and its uptake of evidence into primary health care workforce policy and practice. An invitation letter (Appendix 1) and a context setting paper (Appendix 2) were sent to roundtable participants to guide the discussions. Professor Buchan also participated in AHWI's inaugural annual colloquium: Debate and Discussion on 'Incentives in Health Workforce Reform' on 5-6th November 2008 at The University of Melbourne (see <http://www.ahwi.edu.au/>). He was also interviewed for the ABC Radio National program – "The National Interest" on "International Workforce Recruitment" on Friday December 19th (<http://www.abc.net.au/rn/nationalinterest/stories/2008/2451208.htm>).

Table 1: James Buchan's Presentations (<http://www.ahwi.edu.au/>)

- **Public Lecture - Thursday 6th November, 2008**
Title – Health profession migration – related to primary health care workforce
Venue: Wright Lecture Theatre, Medical Building, The University of Melbourne
- **Seminar - Friday 7th November, 2008**
Title: – Workforce Planning and Primary Health Care – who is doing it well? An International Comparison.
Venue: Department of General Practice Lecture Theatre, 200 Berkeley Street, Carlton
- **Seminar - Tuesday 11th November, 2008**
Title: Health Care Workforce- Nurse's and Physician Assistants – A skill mix solution?
Venue: APHCRI, Australian National University
- **Seminar - Friday 21st November, 2008**
Title: International Reflections on the Primary Care Workforce
Venue: General Practice Victoria Annual General Meeting- Working Smart on Workforce Forum

Table 2: Roundtable Discussions

- Roundtable Discussion #1** Ways to strengthen the knowledge base of primary health care workforce to inform policy and practice through the conduct and support of research
- Friday 7th November, 2008. The University of Melbourne
 - Monday 10th November, 2008, APHCRI, The Australian National University
- Key Questions:**
- What are the current key gaps in the evidence?
 - What challenges exist to the conduct of key primary health care workforce research?
 - What opportunities exist to strengthen the evidence base?
- Roundtable Discussion #2** Ways to facilitate the uptake of evidence in primary health care workforce policy and practice
- Friday 7th November, 2008. Victorian Department of Human Services
- Key Questions:**
- What models and strategies work best to facilitate the uptake of evidence base?
 - What needs to change (policy stakeholders, researchers) to facilitate the uptake of evidence base
 - What opportunities exist to facilitate the uptake of evidence base?
- Combined Round Table Discussion #1 & #2**
- Wednesday 12th November, 2008, Queensland Health

2.2. KEY EMERGING THEMES

Professor Buchan's presentations and roundtable discussions generated a wide spectrum of primary health care workforce themes relevant to strengthening the existing primary health care workforce evidence base and its uptake into policy decision making. Appendix 4 provides a summary of the major contextual¹ and emergent² themes from the roundtable discussions. To maximise the potential usefulness of discussion themes, they have been clustered into six key themes. They include:

1. What makes primary health care workforce planning different?
2. Why the primary health care workforce needs to be viewed in a global context?
3. What is the capacity of the primary health care workforce research?
4. What policy levers exist for primary health care workforce planning?
5. What principles can guide primary health care workforce planning?
6. What incentives exist to optimise the use of evidence in policy making?

The six above themes will now be briefly discussed.



Professor James Buchan and colleagues at the round-table discussion in Melbourne, Victoria, November, 2008

¹ Contextual themes – all roundtable discussants were asked at the start of the discussion to list the issue that they felt needed to be addressed to inform primary health care workforce policy making

² Emergent themes- these are the themes that emerged throughout the roundtable discussions

1. What makes primary health care workforce planning different?

Professor Buchan's presentations highlighted the fact that the primary health care sector is comprised of isolated, small teams of independent practitioners and small business units. He raised some implications from this phenomenon as that geographic maldistribution exists and a small business ethos results in limited human resources management capacity, while various career routes and structures exist for primary health care workers. He also emphasised that there has been a focus on single profession policy/ "planning", with service provision and labour market linkage and overlap with other providers, such as on-government organisations; social services, and charities. Professor Buchan also emphasised that the growth in non GP staff, was largely unplanned, and responded to financial incentives and funding streams. Lastly, he noted that given the high profile of the primary health care workforce, both internationally by The World Health Report 2008 stating that "the health workforce [was] critical to primary health care reforms", and within Australia by the current governments "Towards a National Primary Health Care Strategy" , opportunities for workforce planning needed to be seized.

Roundtable discussion participants raised a spectrum of issues influencing primary health care workforce planning ranging from more conceptual issues, such as - *What questions are we trying to address? What will changing the skill mix fix?, What has changed?, What does the primary care sector want, and Are all the primary health care workforce funding models broken or do they need to be fixed? More pragmatic and operational issues were also raised, such as: What are the implications of the shift in the balance of care from the acute to the primary care community setting on the primary health care workforce? , What skill mix and skills sets are needed in primary health care regarding role re-design? Several themes kept re-emerging throughout the roundtable discussions, including:*

- Primary health care workforce planning needs to be informed by knowledge of the current composition of and the numbers working in the primary health care sector- this is not always feasible with current data. Similarly, planners also need to consider demographic changes occurring within the profession. Participants also emphasised that the primary health care system needed to allow for the heterogeneity of the primary health care workforce
- Participants also discussed existing primary health care workforce data and the challenges that exist to obtain data from non-medical staff. There was a recognition that too often the focus has been on the supply-side and not on demand, and hence the question was raised *How does one model demand in primary health care?*
- Participants also explored different primary health care 'settings'. Importantly the point was made that education and training were critical issues in rural and remote areas and hence the questions- *What drivers of workforce practice exist such as education and training in the rural settings? and What do we know about the rural and remote settings regarding the spectrum of chronic disease and its implications for the primary health care workforce? and What do we know about the rural and remote settings regarding the spectrum of chronic disease and its implications for the primary health care workforce?*
- Participants recognized both existing and new primary health care workforce roles and working arrangements. For example, the need to balance generalists and specialists in primary health care, and the need to recognise that the development of physician assistants have been very different in the US, Canada and UK. Participants signalled the need for more research on: - what is the interface between physician assistants and nursing?. How can care protocols be developed to facilitate physician assistant and nurse practitioners to work together?

- There was also discussion about the profession of nursing, ranging from – *Nurses need a career structure as it does not exist in primary care*, to *How do you encourage career opportunities within the nursing profession?* and *How do we encourage nurse retention (e.g., careers or money)?*

2. Why the primary health care workforce needs to be viewed in a global context?

Professor Buchan's presentation on "*Health Professions Migration*" (<http://www.ahwi.edu.au/>) highlighted the common challenges that exist (e.g., an ageing workforce caring for ageing population) and challenged how will the gap be filled? He stated that migration will happen – regulated or unregulated, and that international recruitment is attractive to policy makers, as a quick fix, low cost strategy. He hypothesised that in the future we are likely to see increased levels of international recruitment, and also new models- e.g. "temporary" migrants within European Union countries. He commented on "Medical exceptionalism"- and questioned why should migrating health professionals be treated differently? He also posed the questions: Can we/ should we "manage" the process? and suggested policy options to "manage" migration, including: a National: policy goal of "self sufficiency"; a National: set a quota for active recruitment; a National: "ethical" codes; National: "compensation" (money / education, infrastructure support/ donor credit); National- "train for export"? National/International: donor activity to support health systems and HRH capacity building in developing countries; and an International: "ethical" code (e.g., Commonwealth; WHO Western Pacific; WHO global). The roundtable discussion raised several broad questions including: *What is the impact of primary health care workforce migration on rural and remote areas in Australia?* and *What health workforce models exist to address the global shortage of workers?*

3. What is the capacity of primary health care workforce research?

Roundtable discussants recognised that the current primary health care workforce research base was small and that there was a need to build the critical mass of primary health care workforce researchers. Discussion also occurred about what sources of funding existed for primary health care workforce research apart from the NHMRC and ARC. Professor Buchan suggested that the next International Medical Workforce Collaborative (New York, May, 2010) could provide a vehicle and setting to strengthen Australia's primary health care workforce researchers, the evidence base and its uptake into policy decision making.

The Victorian Department of Human Services and University of Melbourne roundtable discussants suggested that the focus of primary health care workforce research needed to be on process and systems, and highlighted three future priority workforce research areas including:

- Shifting the balance of care from acute to community
- Nurse retention and
- What skill mix is needed in primary care.



Professor James Buchan, Professor Sancha Aranda and Mr Brendan Moloney at the Victorian round-table discussion, November, 2008

4. What policy levers exist for primary health care workforce planning?

A key lever mentioned by Professor Buchan across all his presentations and in the roundtable discussion was the conceptual and operational shift occurring in the balance of care from the acute sector to the community primary care setting in the UK. He recommended a recent overview of the evidence relating to shifting the balance of care by Johnson et al (2008). He particularly highlighted the existence of high level evidence that demonstrated the potential for a range of health worker roles to be developed and substituted, mainly nurses in advanced roles, and that only a small body of high level evidence (25 studies) existed about workforce implications of the shift towards primary care/community teams.

To argue the case for primary health care workforce planning Professor Buchan used a case example, *the 2008 NHS London*. He highlighted that the shift to primary care involved - services focused on the individual, localised and where possible, centralised where necessary, integrated care and partnership working, prevention is better than cure, and a focus on health inequalities and diversity. He also mentioned the "Workforce for London: A Strategic Framework" paper (<http://www.london.nhs.uk/publications/corporate-publications/workforce-for-london--a-strategic-framework>) that suggested the development of new roles and skills, with the aim to develop a London wide workforce plan with a new focus on training in community settings. He commented on the targeted investment in training/education in community settings to improve productivity and innovation. The NHS London work uses 'Scenarios' to highlight projections. For example:

- the NHS London workforce will grow by between 4% and 23% in 2007-2017, depending on level of productivity delivered
- % of GPs and doctors in community settings to grow from 25% to 47% of total NHS London medical workforce
- No. of advanced practitioners (nurses, AHPs etc) to double in next 5- 8 years
- 29% increase in assistant practitioners

He also emphasised that the NHS London work was based on several key principles: the need to: align workforce planning with service planning; align education investment to explicitly meet service needs; develop education commissioning processes; work in partnership with the education sector, employers, medical schools; and develop the capacity to support more effective workforce planning.

Roundtable discussants posed several key questions - *What levers existed for changing the primary care workforce (e.g., money, education, carers structure) and at what expense?*. They also questioned the role of data as a lever, and asked - *What primary health care workforce data gaps exist?*, and *How can the differing data sources be used to inform primary health care workforce modelling?* - *How can we find a basis of comparison between different primary health care workforce data sources?* The comment was also made that to inform further primary health care workforce planning need health workforce minimum data sets

Opportunities to inform primary health care workforce planning were also questioned: *How can the forthcoming national registration system processes be useful for primary health care workforce planning?* and *How can we use key performance indicators for primary health care workforce planning around skill mix?*

Questions were also raised about- *What perspective was driving skill mix decisions (consumer or primary care providers)?* and that the role of the consumer/community in primary health care workforce planning was a neglected area, hence the question- *What do we know about community literacy regarding the new primary health care workforce roles?*

5. What principles can guide primary health care workforce planning?

Professor Buchan's commented that overall primary health care workforce was often not "planned" but largely developed in response to streams of funding. There was wide agreement amongst roundtable discussants about his comment. Professor Buchan's presentation on *'Workforce planning and Primary Care- who is doing it well'* emphasised that no-one country was doing 'it' well and that his 20 plus years experience had revealed that there are several key principles that need to underpin any health workforce planning (see below)

10 principles for Health Workforce Planning (c/o Prof. James Buchan)

1. The main functions/stakeholders (e.g. finance, service planners, education providers, public/private sector employers) are committed to and involved in the planning process, with clear lines of responsibility and accountability being defined. There is also "buy in" and support from the political process.
2. Planning is built from a structured information base using current staffing, staff budgets/costs and relevant activity data.
3. Workforce planning approach is underpinned by predictable funding flows and services in short/ mid term
4. Workforce planning approach is supported by the required capacity of specialist staff
5. Workforce dynamics and "flows" between sectors and organisations within the system are monitored effectively
6. Workforce planning for different professions and occupations is aligned or integrated
7. There is a periodic overview analysis to identify need for, and scope for, change
8. "What if" analysis are used to model different scenarios of demand for services, and related staffing profile
9. Contestability: An agreed national/state/province workforce plan is developed and published on a periodic basis
10. A framework to monitor staffing changes in comparison to the plan is used- there is a cycle of review and update

6. What incentives exist to optimise the use of evidence in policy making?

Roundtable discussants recognized the messy but dynamic context within which policymaking occurred, the existence of the two communities approach between policymakers and researchers, and the challenges that these presented primary health care workforce researchers. Professor Buchan posed a key question: *How does one accelerate primary health care workforce research into policy cycle?* Others questioned - *How can we enhance gold-standard evidence-based policy making? What differences exist between the UK and Australia regarding primary health care workforce research trajectories into policy?* The current politicized agenda was seen as problematic and led to questions such as; *How can research drive policy in a politicized agenda environment? ; and What incentives exist for policy makers to use research about primary health care workforce.*

In the Victorian Department of Human Services roundtable discussion the comment was made that *"workforce research has been of limited use for policy making"* despite the existence of organisational structures such as APHCRI, NSW Sax Institute and the QLD GPAC that attempted to address the relevance and use of research in policy making. This was followed by the question - *What alternate models exist to facilitate and coordinate primary health care workforce research into policy making?* The need for a workforce specific 'policy research panel' or 'policy research unit' either within government or external to government that could 'rapidly assist government develop policy relevant questions, identify, review, synthesise and amplify the evidence. In the UK, the NHS Policy Research Program was discussed as an exemplar of such a unit.



Professor James Buchan and colleagues at the round-table discussion in Brisbane, Queensland, November, 2008

3. IMPLICATIONS FOR APHCRI'S PRIMARY HEALTH CARE WORKFORCE PROGRAM

The following implications for APHCRI arose from Professor Buchan's presentations and the roundtable discussions.

STRONGER KNOWLEDGE BASE (APHCRI STRATEGIC GOAL 1)

Drivers of Primary Health Care Workforce reforms:

- Australian, UK and North American primary health care workforce reforms have largely occurred in response to funding streams and broader sector reform and not from a specific planning approach. Key principles exist that underpin primary health care workforce planning, and the NHS London (2008) work provides exemplars of how a planned approach is possible. *APHCRI could explore how the principles and the approach highlighted in NHS London documents could inform primary health care workforce policy decision making.*
- At a national and state level work is being done to inform future primary health care workforce models. However, concerns were raised about the availability of data sources (from medical and non-medical workers) to inform such work. *APHCRI could seek to commission or work with the National Health Workforce Taskforce to inform the collection, aggregation and use of relevant primary care workforce data sources from existing and new opportunities (e.g., National registration – minimum data set).*
- In primary health care workforce policy determination and planning the role of the consumer/community in primary health care workforce is a neglected area. *APHCRI could commission work to explore community health literacy about primary health care workforce new roles, and the role of the "formal" workforce in supporting self care?*
- Given that Australia is in a period of high level primary health care policy reforms, APHCRI could facilitate discussion amongst policy stakeholders about key conceptual issues, such as *What questions are we trying to address? What will changing the skill mix "fix"?, What has changed?, and What does the primary care sector want?*

Changes in Primary Health Care Workforce Practice

- In Australian and international primary healthcare workforce practice, conceptual and operational shifts are occurring in the balance of care from the acute sector to the community primary care setting. *APHCRI could focus on the implications of the shift in the balance of care from the acute to the community primary care setting, and what skill mix is needed in the primary care setting, as two priority workforce research areas.*
- In relation to the nursing workforce, there is evidence that this segment of the health workforce population is facing shortages in the coming years. Despite the increasing numbers of nurses (particularly practice nurses within the general practice setting) evidence exists that the nursing workforce is ageing. *APHCRI could focus on 'nurse retention' as a priority workforce research area, and on policy responses to an ageing workforce?.*
- There is wide recognition of a need for further systematic exploration of the multiple incentive approaches for reforming the quality of and organisation of multidisciplinary primary health care teamwork. *APHCRI's Stream 13 will contribute to this research area.*
- In relation to the Australian primary health care workforce, the role and contribution of International Medical Graduates and overseas trained doctors is recognised and is a significant source of staff. Given this, international recruitment and migration needs to be "managed" effectively, and may become more of a policy challenge if the proposed global code of practice for international recruitment is adopted at the World Health Assembly in 2009. *APHCRI could facilitate discussion amongst policy stakeholders about the strengths and weaknesses of various policy options, including: a National policy goal of self sufficiency; a National quota for active*

recruitment; a set of National ethical codes; National compensation; National train for export; National/International donor activity to support health systems and HRH capacity building in developing countries; and an International ethical code.

- APHCRI could explore international opportunities to build this research capacity, given the small critical mass of existing primary health care workforce researchers, APHCRI could support an Australian primary health care workforce research delegation to organise and coordinate a primary health care workforce stream at the next International Medical Workforce Collaborative in New York, May, 2010.

THE UPTAKE OF EVIDENCE (STRATEGIC GOAL 2)

Drivers of evidence uptake

- Participants in roundtable discussions widely recognised that policy decision making was a messy process and multiple factors influence policy making. *Discussions emphasised that APHCRI could commission further research into what incentives exist for policy makers to use primary health care workforce evidence.*
- Participants generally agreed that there was a time lag between research production and its potential use in policy making. Discussion occurred about ways to accelerate research into policy. Despite the existence of organisations with a linkage and exchange mandate such as APHCRI and the NSW Sax Institute, the need for a workforce specific 'policy research panel' or 'policy research unit' either within government or external to government that could rapidly assist government develop policy relevant questions, identify, review, synthesise and amplify the evidence was discussed. In UK the NHS Policy Research Program was discussed as an exemplar of such a unit. With the new COAG National Health Workforce Agency, *APHCRI could explore the opportunities for such a panel or unit to facilitate uptake of evidence into this Agency.*

Policy environment

- There was recognition that the politicised nature of the environment within which primary health care workforce policy was being developed, led to the evidence being not discussed, ignored or under-utilised. *APHCRI could facilitate roundtable discussions between policy stakeholders and researchers that are provide a 'safe', 'trustful' and 'respectful' environment to enable non-politicised interactive discussion about existing evidence and what evidence is needed to inform primary health care workforce policymaking.*

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APPENDICES

Appendix 1: Roundtable Discussion Invitation Letter- EXAMPLE ONLY



Level 3, 766 Elizabeth Street, University of Melbourne, Parkville, 3010
T: + 61 3 8344 9659 F: + 61 3 9347 8939 W: www.ahwi.edu.au

INVITATION to a Roundtable Discussion on Strengthening the evidence base of primary health care to inform workforce policy and practice

The **Australian Health Workforce Institute (AHWI)** has been awarded an **Australian Primary Health Care Research Institute (APHCRI) International Visiting Fellowship** by the Australian Primary Health Care Research Institute to host **Professor James Buchan (Nov 3rd – Nov 12th, 2008)** from the Faculty of Social Sciences and Health Care, Queen Margaret University, Edinburgh, United Kingdom. Professor Buchan has expertise in health services management, policy research and health workforce planning. He has twenty years experience of practice, policy research and consultancy on Human Resources strategy and planning in the health care workforce. Australia's is facing a health workforce crisis. To address this and find innovative solutions to the serious shortage of health workers both in Australia and worldwide the **Australian Health Workforce Institute (AHWI)** was established in late 2007 in by The University of Queensland and The University of Melbourne. AHWI's core goal is to deliver Australia health workforce sustainability by 2020 by ensuring maintenance of health workforce data and statistics; mapping future health systems; developing innovative and flexible education models for the future health workforce; and working with jurisdictions to develop and implement health workforce policy. Professor Buchan's visit is intended to strengthen the evidence base of primary health care to inform primary health care workforce policy and practice, and to facilitate the uptake of evidence into primary health care workforce policy and practice. We extend this invitation to you to participate in a **Roundtable Discussion** on ways to strengthen the knowledge base of primary health care to inform workforce policy and practice through the conduct and support of research, to be held on:

Date: Friday 7th November, 2008

Time: 10 am – 12 noon

Venue: The University of Melbourne, Dean's Boardroom, Level 4, 766 Elizabeth Street VIC 3010

Roundtable Discussion: Strengthening the Evidence Base: Key Questions:

- What are the current key gaps in the evidence?
- What challenges exist to the conduct of key primary health care workforce research?
- What opportunities exist to strengthen the evidence base?

For more information and to confirm your attendance by **October 28th, 2008** please email AHWI's Senior Research Fellow: l.naccarella@unimelb.edu.au. We look forward to seeing you then.

Regards

Professor Peter Brooks, Interim Director, The Australian Health Workforce Institute

Appendix 2: Roundtable Discussion Context Setting Paper



Level 3, 766 Elizabeth Street, University of Melbourne, Parkville, 3010
T: + 61 3 8344 9659 F: + 61 3 9347 8939 W: www.ahwi.edu.au

SETTING THE SCENE- ROUND TABLE DISCUSSIONS

**APHCRI Stream 11 International Visiting Fellowship
Prof James Buchan (Nov 3rd – Nov 12th, 2008)**

**Strengthening and facilitating the uptake of evidence into
primary health care workforce policy and practice**

This brief document ***sets the scene*** for the round table discussions involving Prof. Buchan on ways to strengthen and facilitate the uptake of evidence into primary health care workforce policy and practice. We acknowledge that material has been drawn from research funded by APHCRI which is supported by a grant from the Australian Government Department of Health and Ageing.

We cover four areas briefly:

- **What the evidence tells us**
 - **What issues confront the Primary Health Care Workforce in 2020**
 - **What contextual factors influence policy making**
 - **What approaches enhance evidence use in policy making**
-

THE EVIDENCE

Health systems with strong primary care orientations are associated with improved equity, increased access and appropriate services at lower costs, and improved population health^{1,2}.

Australia faces a primary health care workforce crisis, which is being exacerbated by increasing demands from an ageing population, increasing chronic disease, workforce shortages, increasing co-morbidities, increasing health system complexity and fragmentation; and recognition that no single profession can meet all the aims of primary health care^{3,4}. Primary health care workforce reforms are underway focussed on increasing workforce supply (via education/training programs), changing the skill mix and extending the roles of health workers to meet patient needs^{5,6}.

THE ISSUES

For Australians to have access to high quality, well-integrated, cost effective, evidence-based and coordinated primary health care, several key issues need addressing:

- Primary health care workforce data is required that is local, current, available and accurate to base workforce planning projections
- A national self-sufficient primary health care workforce supply is required (given the global issue)
- A primary health care workforce distributed to optimise access to care is needed
- Infrastructure for clinical education placements and models of team primary health care (Practice Nurses, Allied Health Professionals) is required
- Innovative & flexible education & primary health care workforce practice models are needed

- Workplace re-design to optimise adoption of new primary health care roles and practices is required
- Mixed incentive approaches (funding, professional, regulatory) are required to encourage primary health care workforce practice change
- Health education, vocational training and regulatory sectors need to promote national accreditation & registration, streamlined funding, & competent primary health care workforce engaged in lifelong learning
- Primary health care workforce policy and planning undertaken collaboratively, linked to evidence, and supported by all local primary care stakeholders is required.

CONTEXTUAL FACTORS INFLUENCING POLICY MAKING

Multiple factors influence policy making, including context (e.g., political election cycles, state of government finances, health systems, governance structures, media hype, and political crises) and the ideologies and values of the policy-makers themselves⁷. A multitude of studies have indicated that factors aside from evidence affect decision-making at the individual and organisational level and pertain to relationships between researchers and decision makers, communication and timing, and context^{8,9,10,11}.

The most common facilitators of evidence use include: personal contact between researchers and policy-makers, clear summaries of findings and recommendations for action, good quality research, research that included effectiveness and cost-effectiveness data, and community pressure and client demands.

Conversely the common barriers to evidence use include: lack of personal contact, lack of timeliness and relevance, and mutual mistrust between the researchers and decision makers, also power and budgetary issues, political instability and staff turnover. These above barriers also clearly emphasise the context of the policy-maker.

APPROACHES TO ENHANCE EVIDENCE UPTAKE IN POLICY MAKING

A recent review and synthesis of knowledge transfer and exchange (KTE) concluded that there is an inadequate evidence base for doing evidence-based KTE for health policy decision making¹². The review also stated that KTE must be reconceptualised (or strategies evaluated more rigorously) to produce a richer evidence base for future activity. With the realisation that policy making is complex, a messy and context-dependent process, there has been a move away from linear models of the relationship between research and policy and evidence-based decision-making, to an emphasis on *evidence-informed models* of the relationship between knowledge, policy and practice¹³.

Models to enhance evidence use in policy making have also often been underpinned by the 'two communities' theory which suggests that the problematic relationship between research and policy making is the result of different cultures in which they operate. Researchers are now challenging the 'two communities theory' and are suggesting that it is too simplistic and inadequate to explain the way researchers and policy makers relate to each other¹⁴. There is a shift from the 'two communities' approach which sees actors as separate, to what is called a '*network approach*', where, actors as members of policy networks, policy communities or policy coalitions, with informal and formal relationships influence the use of evidence in policy making. This move to a network approach, also infers that a broader view of context may be necessary - beyond the context of the evidence and the context of the policy-maker, to the network as an important part of the context of policy-making.

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Round Table Discussion: Strengthening the Evidence Base

Key Questions:

- What are the current key gaps in the evidence?
- What challenges exist to the conduct of key primary health care workforce research?
- What opportunities exist to strengthen the evidence base?

Round Table Discussion: Facilitating the uptake of evidence base.

Key Questions

- What models and strategies work best to facilitate the uptake of evidence base?
- What needs to change (policy stakeholders, researchers) to facilitate the uptake of evidence base
- What opportunities exist to facilitate the uptake of evidence base?

For more information please contact: Dr Lucio Naccarella, PhD Ph: 03-8344 4535 or
Email: l.naccarella@unimelb.edu.au

Appendix 3: Roundtable Discussion Contextual & Emergent Themes

Friday 7th November, 2008. The University of Melbourne

Key Topic: Strengthening the primary health care workforce evidence base	
Participants:	
<ul style="list-style-type: none"> • Professor James Buchan, Queen Margaret University, Edinburgh, United Kingdom • Professor Anthony Scott, Melbourne Institute of Applied Economics & Social Research, University of Melbourne • Professor Sanchia Aranda, Professor of Nursing, The University of Melbourne • A/Professor, Steve Trumble, Medical Education Unit, The University of Melbourne • Dr William Wong, Department of General Practice, The University of Melbourne • Dr Lucio Naccarella, The Australian Health Workforce Institute, The University of Melbourne • Mr Brendan Moloney, The Australian Health Workforce Institute, The University of Melbourne • Ms Erica Higbe, The Australian Health Workforce Institute, The University of Melbourne 	
Apologies:	
<ul style="list-style-type: none"> • Mr Peter Carver, CEO, National Health Workforce Taskforce, Victorian Department of Human Services • Belinda Caldwell, CEO APNA 	
Contextual themes	Emergent themes
<ul style="list-style-type: none"> • How does one accelerate primary health care workforce research into policy cycle? • How can we enhance gold-standard evidence-based policy making? • What differences exist between the UK and Australia regarding primary health care workforce research trajectories into policy? • What is the impact of primary health care workforce migration on rural and remote areas in Australia? • How can research drive policy in a politicized agenda environment? • How to increase the links between primary health care workforce research report production and policy making • What incentives exist for policy makers to use research about primary health care workforce? • How do we encourage a network approach as compared to a two communities approach between primary health care workforce researchers and policy stakeholders? 	<ul style="list-style-type: none"> • How do we build the small mass of primary health care workforce researchers? • What other sources of funding exist for primary health care workforce research? • The focus of primary health care workforce research needs to be on process and systems. • Good models that facilitate research into policy exist (e.g., NSW Sax Institute) • What do policy maker know about the evidence base underpinning primary health care workforce? • Need to re-balance research production with research dissemination to policy stakeholders • Future priority workforce research areas include: shifting the balance of care from acute to community; nurse retention and what skill mix is needed in primary care. • The next International Medical Workforce Collaborative (New York, May, 2010) provides a vehicle and setting for strengthening the existing primary health care workforce evidence base and its uptake into policy decision making.

Friday 7th November, 2008. Victorian Department of Human Services

Topic: Facilitating the uptake of evidence into policy

Participants:

- Professor James Buchan, Queen Margaret University, Edinburgh, United Kingdom
- Ms Kim Sykes Services and Workforce Planning, Victorian Department of Human Services
- Ms **Tanya** Vogt, Services and Workforce Planning, Victorian Department of Human Services
- Ms Connie Spinoso, Services and Workforce Planning, Victorian Department of Human Services
- Dr Denise O'Hara, Primary Health Branch, Victorian Department of Human Services
- Dr Catherine Joyce, Monash University
- Ms Megan Buick, General Practice Victoria
- Dr Lucio Naccarella, The Australian Health Workforce Institute, The University of Melbourne
- Mr Brendan Maloney, The Australian Health Workforce Institute, The University of Melbourne
- Ms Erica Higbe, The Australian Health Workforce Institute, The University of Melbourne

Contextual themes

- How do policy makers know what primary health care workforce research is out there and what research needs to be done next?
- What good primary health care workforce models are in place in reality?
- How can we enable better integration between Commonwealth and state primary health care workforce policies and programs?
- How can we to find a basis of comparison between different primary health care workforce data sources?
- What impact are overseas trained doctors having in rural areas in Australia?
- What are examples of good simple solutions to primary health care workforce issues to influence practice in general practice setting?
- How do we model demand in primary health care?
- How can we obtain primary health care workforce data from non-medical staff?
- What pathways exist to enhance primary health care workforce research findings into policymaking?
- How are issues such as demand management and collaboration dealt within the primary health care workforce?

Emergent themes

- Who is in the primary health care workforce?
- How can the forthcoming national registration system processes be useful for primary health care workforce planning?
- To inform further primary health care workforce planning need health workforce minimum data sets
- What primary health care workforce data gaps exist?
- What alternate models exist to facilitate and coordinate primary health care workforce research into policy making? For example Panel for Rapid appraisal of research.
- How can we join up primary health care workforce policy work between the Commonwealth and States?
- Workforce research has been of limited use for policy making.
- How can the differing data sources be used to inform primary health care workforce modelling?
- How can we use key performance indicators for primary health care workforce planning around skill mix?

10th & 11th November, 2008 APHCRI/ANU and Commonwealth Department of Health & Ageing (DoHA)

<p>APHCRI Key Emergent Themes</p> <p>Topic: How can we structure the health system to maximise the uptake and impact of practice nurses given the Australian health policy context? How can primary health care research support this?</p> <p>Participants: no documentation was conducted</p>	<p>DoHA Key Emergent themes</p> <p>Presentations by Professor James Buchan and Dr Eric Larson</p> <p>Participants: no documentation was conducted</p>
<ul style="list-style-type: none"> • What policy levers exist to enable change? • The UK primary care workforce policy is supporting medical students choosing general practice • What options exist for policymakers re: best skill mix practice nurses, nurse practitioners, physician assistants? • In UK the shifting the balance of care from the acute to the primary care community setting is a policy driver • Education and training alignment is an issue in rural and remote settings • How do we integrate nursing roles and services? • How do you have health workforce planning and not responding to streams of money • The balance of generalists and specialists is a challenge for primary care • A career structure is needed for nursing as it does not exist • How do you encourage career opportunities within the nursing profession? 	<ul style="list-style-type: none"> • What numbers exist in the primary health care workforce? • The need to shift the balance of care from the acute to the primary care community setting • Need to align health workforce planning, education and capability • What is the interface between physician assistants and nursing? • The development of physician assistants have been very different in the US, Canada and UK • How can we ensure that the frontline skill mix is maintained? • Need an industrial framework for practice nurses • Need to develop care protocols that highlight how PAs and NPs work together • Physician assistants training is very conducive to teamwork • How do we encourage nurse retention (e.g., careers or money)

Wednesday 12th November, 2008. Queensland Health, Brisbane

Topic: Strengthening the existing evidence base and facilitating its uptake into policy decision making.

Participants:

- Nick Lord, Deputy Director Medical Workforce
- Professor James Buchan, Queen Margaret University, Edinburgh, United Kingdom
- Ms Faileen James, Senior Director Planning and Coordination Branch, QLD Health
- Mr Eugene McAteer, Senior Director Workforce Planning and Coordination, QLD Health
- Mr Chris Mitchell,
- Professor Claire Jackson,
- Ms Hope Darby, General Practice Queensland, General Practice Council (GPAC)
- Ms Lindy Freeman, Member General Practice Queensland Management Team
- Mr Scott Barber,
- Professor Robert Bush, Faculty of Health Sciences, The University of Queensland
- Dr Lucio Naccarella, The Australian Health Workforce Institute, The University of Melbourne

Contextual Themes

- How can the research- policy collaboration become more effective?
- What health workforce models exist to address the global shortage of workers?
- What do we know about the rural and remote settings regarding the spectrum of chronic disease and its implications for the primary health care workforce?
- What workforce models exist that fit with the existing population and services profiles?
- What drivers of workforce practice exist such as education and training in the rural settings?
- How do we ensure continuity of patient care in our primary health care workforce models and reforms?
- What demographic changes are occurring and what are there implications on the primary health care workforce?
- Are all the primary health care workforce funding models broken or do they need to be fixed?
- What skill mix and skills sets are needed in primary health care regarding role re-design?
- What drivers exist in the primary health care policy environment?
- How does the organisation of general practice (e.g., division of general practice) influence primary health care workforce reforms?
- What meso-level or clinical leadership

Emergent Themes

- What evidence exists to guide skill mix policy decisions in primary care?
- What perspective is driving skill mix decisions (consumer or primary care providers)?
- What funding models exist for physician assistants in different primary care settings?
- What levers exist for changing the primary care workforce (e.g., money, education, carers structure) and at what expense?
- How does one shift the balance of care from the acute to community setting?
- What hooks exist to get student training into the community?
- There is a need for national conversations between employers, services and consumers
- What questions are we trying to address (e.g., what will changing the skill mix fix?; what has changed?)
- How can primary care system allow for heterogeneity?
- Do we have the courage to change the system to support skill mix changes?
- There is a need to recognise state differences in any national primary health care workforce

<p>training is needed to support primary health care workforce reforms?</p> <ul style="list-style-type: none">• How doe one put general practice firmly on the agenda in the primary health care workforce reforms?• What do we know about community literacy regarding the new primary health care workforce roles?	<p>policy decision making.</p> <ul style="list-style-type: none">• What does the primary care sector want?
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Appendix 4: Flyers

Health professional migration-related to primary health care workforce

to be delivered by

Professor James Buchan

Faculty of Social Sciences and Health Care, Queen Margaret University, Edinburgh, United Kingdom

International migration has become an accepted feature of globalized labour markets in health care, yet the effects of the migration of health-service workers are cause for concern. This public lecture will provide an overview of the policy implications of health professional migration, related to the primary health care workforce.

Professor Buchan has expertise in health services management, policy research and health workforce planning. He has twenty years experience of practice, policy research and consultancy on human resources strategy and planning in the health care workforce. His work has included national and international policy advice on the human resources implications of health sector re-organisation and health care reform; on nursing labour markets, skill mix, and migration; and cross national comparisons of human resources policy and practice in health care.

Professor James Buchan's visit is funded by the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing.

6:00 - 7:00 pm
Thursday 6 November 2008

Wright Lecture Theatre, Level 4, Medical Building, corner of Grattan Street and Royal Parade, The University of Melbourne

(Melways reference: Map 2B C8)

Admission is free



ALL WELCOME

RSVP and further information:
l.nacarella@unimelb.edu.au

www.ahwi.edu.au



Workforce planning and primary health care - who is doing it well? An International Comparison

Professor James Buchan

Faculty of Social Sciences and Health Care, Queen Margaret University, Edinburgh, United Kingdom

Better workforce planning is needed to address the growing health sector workforce shortage crisis. This seminar will provide an overview of an international comparison that assesses workforce planning, with a particular focus on primary health care.

Professor Buchan has expertise in health services management, policy research and health workforce planning. He has twenty years experience of practice, policy research and consultancy on human resources strategy and planning in the health care workforce. His work has included national and international policy advice on the human resources implications of health sector re-organisation and health care reform; on nursing labour markets, skill mix, and migration; and cross national comparisons of human resources policy and practice in health care.

Professor James Buchan's visit is funded by the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing.

12:30 - 1:30 pm
Friday 7 November 2008

Department of General Practice Lecture Theatre, 200 Berkeley Street, The University of Melbourne
(Melways reference 2B, C8)

Admission is free



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AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE



SEMINAR

HEALTH CARE WORKFORCE:
NURSES AND PHYSICIANS' ASSISTANTS - A SKILL MIX SOLUTION?

Professor James Buchan & Dr Eric Larson
Tuesday, 11 November 2008, 9am

Bob Douglas Lecture Theatre, Eggleston Road, ANU

Please arrive early as parking is limited. 'Pay & Display' visitors carparks are available at the South Oval on Ward Road, on Fellows Road near the Menzies Library, and on the corner of Liversidge Street and McCoy Circuit.

Refreshments will follow the seminar. RSVP by 7 November 2008: aphcri@anu.edu.au

THE SEMINAR

Can Australia improve its health care by changing the mix of staff and roles? Current health reforms and Commonwealth government policy in Australia are pointing to the development of new and extended roles, particularly in primary health care. Professor Buchan's paper will examine the international evidence base on new roles and skill mix changes as a way of improving care delivery. It will cite examples from North America and Europe in setting out some of the critical challenges and risks in skill mix change in health care teams.

Dr Eric Larson will discuss the opportunities and problems in creating new roles within a health system based on the experience of the United States. He will also explore the way the Physician Assistant (PA) role has grown and developed in the 40 years since it was first introduced and consider what Australia might need to do to create a PA role to benefit rural and remote Australia and areas of urban workforce need.

THE LECTURERS



Professor James Buchan has 20 years experience of practice, policy research and consultancy in human resources strategy and planning in the health care workforce. His work has included national and international policy advice on the human resources implications of health sector re-organisation and health care reform, on nursing labour markets, skill mix and migration and cross national comparisons of human resources policy and practice in health care. He is a policy associate at the World Health Organisation European Observatory on Health Systems and a Visiting Professor at UTS, Sydney.

Professor Buchan is a Professor of Social Sciences and Health Care at Queen Margaret University, Edinburgh.



ENQUIRIES: frith.rayner@anu.edu.au T: 6125 2026

EVENT CO-SPONSORS: THE AUSTRALIAN HEALTH WORKFORCE INSTITUTE
& THE MOUNT ISA CENTRE FOR RURAL & REMOTE HEALTH

ANU COLLEGE OF MEDICINE & HEALTH SCIENCES

Appendix 5- Professor James Buchan's Presentations

To access powerpoint copies of Professor James Buchan's recent lectures, please click the link

<http://www.ahwi.edu.au/events>

[Presentation 1](#): Workforce Planning and Primary Care

[Presentation 2](#): Skill Mix

[Presentation 3](#): International Reflections on the Primary Health Workforce

[Presentation 4](#): Health Professions Migration

**Appendix 6 - ABC RADIO NATIONAL - NATIONAL INTEREST INTERVIEW
with Professor James Buchan**

<http://www.abc.net.au/rn/nationalinterest/stories/2008/2451208.htm>

The screenshot shows a Windows Internet Explorer browser window displaying the ABC Radio National website. The page title is "Overseas medicos: the West's scramble to poach - The National Interest - 19 December 2008". The URL in the address bar is "http://www.abc.net.au/rn/nationalinterest/stories/2008/2451208.htm".

The website header includes navigation links: ABC Home, Radio, Television, News, Your Local ABC, More Subjects..., and Shop. A search bar is located on the right side of the header.

The main content area features the "NationalInterest" logo and the ABC Radio National logo. Below the logo is a navigation menu with links: HOME, PAST PROGRAMS, HAVE YOUR SAY, SUBSCRIBE, ABOUT US, and CONTACT US. A search bar is also present in the main content area.

The article title is "Overseas medicos: the West's scramble to poach" dated 19 December 2008. There is a "DOWNLOAD AUDIO" link with a speaker icon. The article text begins with "Every so often, foreign trained medical professionals hit the headlines in Australia. Just take the case of Jayant Patel in Queensland, or the story of a German doctor in Victoria who was initially refused permanent residency because his son has Down Syndrome, or the controversial deportation of Indian doctor Mohamed Haneef. However, behind the headlines is a mundane reality: Australia's health system is now heavily reliant on staff recruited from overseas. This is especially true in remote and rural Australia, where overseas doctors can make a real difference. It's all part of a global phenomenon, which is sometimes called the 'medical brain-drain'. But what are the ethics of recruiting doctors and nurses from abroad, especially if they are leaving health systems in developing countries where skill staff are even more scarce than in Australia?"

The article includes sections for "Guests", "Further Information", "Presenter", and "Producer".

- Guests:** Professor Jim Buchan, School of Health Sciences, Queen Margaret University, Edinburgh
- Further Information:** The Australian Health Workforce Institute. How can the migration of health service professionals be managed so as to reduce any negative effects on supply? Policy Brief by James Buchan
- Presenter:** Peter Mares
- Producer:** James Panichi

At the bottom of the page, there is a "Radio National often provides links to external websites to complement program information. While producers have taken care with all selections, we can neither endorse nor take final responsibility for the content of those sites." disclaimer.

The right sidebar contains a "SEARCH NATIONAL INTEREST" bar, a photo of Peter Mares, and a "Presented by Peter Mares" section. Below this is an "IN THIS PROGRAM" section with a list of program items:

- 18:10: The round-up
- 18:15: Overseas medicos: the West's scramble to poach
- 18:30: 2008 on a need-to-know basis
- 19:00: Listener feedback

The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Mic..., F:\tenders..., APHCR LIBU..., GPV - Wind..., Microsoft O..., RE: Prof. Ji..., Overseas m...), and the system tray with the time 5:54 PM and date 12/19/2008.



The Australian Health Workforce Institute (AHWI) is an innovative research-driven institute dedicated to achieving health workforce sustainability by 2020. The Institute was established by the University of Melbourne and the University of Queensland in December 2007.

AHWI draws on expertise from an extensive research network that includes local and international academics, other research institutes, and commercial partners. The Institute works closely with State and Commonwealth jurisdictions.

The Institute's Head Office is located in the Faculty of Medicine, Dentistry and Health Sciences (MDHS) at the University of Melbourne.

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