

# ALLIED HEALTH WORKFORCE 2007

## *An overview*

Presentation to Community Nursing and Allied Health workshop four

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## **The Allied Health Workforce 2007**

- Allied to our clients and each other
- Oriented to interdisciplinary practice
- Outcome and functionally focused.

## The Allied Health Workforce Strategy Group (WSG)

- WSG is part of DHBNZ's Future Workforce programme
- Commenced at the beginning of 2006 via AHPAF with an environmental scan of 17 professions
- Several themes emerged consistently
- WSG formed mid 06 to identify the major themes that would impact the supply and capability of the AH workforce
- Chaired by CEO of Taranaki DHB, Tony Foulkes
- We are now designing projects to start responding to these

# Allied Health Groups

1	<b>Social Workers</b>	<b>893.7</b>	9	<b>SLTs</b>	<b>114.9</b>
2	<b>Occupational Therapists</b>	<b>889.8</b>	10	<b>Alcohol and Drug Clinicians</b>	<b>102.1</b>
3	<b>Dental Therapists</b>	<b>786.4</b>	11	<b>Needs Assessors</b>	<b>52.4</b>
4	<b>Physiotherapists</b>	<b>742.3</b>	12	<b>Play Specialists</b>	<b>36.9</b>
5	<b>Psychologists</b>	<b>527.3</b>	13	<b>VNDTs</b>	<b>28.8</b>
6	<b>Pharmacists</b>	<b>399.2</b>	14	<b>Psychotherapists</b>	<b>27.0</b>
7	<b>Dietitians</b>	<b>190.8</b>	15	<b>Podiatrists</b>	<b>8.0</b>
8	<b>Audiologists</b>	<b>120.8</b>	16	<b>Genetic Associates</b>	<b>2.8</b>

## Purpose of workforce planning

To ensure we,

- have the right numbers of staff
- able to deliver the right interventions
- take into account future models of health care delivery such as chronic care frameworks

## **WSG: Five major issues for attention**

1. the Dental Therapy workforce supply
2. AH contribution to Primary Health and Chronic Care Frameworks
3. AH workforce supply
4. Practice readiness
5. AH Leadership and networks

# 1. WSG: Dental Therapy

- Third largest AH profession
- Oral health of NZ kids is often poor
- 80% aged 40+, 40% are 50+ years
- Previously worked under dentist supervision
- Registration and HPCAA has led to ability to work autonomously
- Scopes of practices for treating both kids and adults
- Previously were restricted to school dental services

We know that there are currently insufficient graduates for future demand.

There is no longer any guarantee that graduates will work with kids.



## **2. Dental Therapy Supply project**

- identify DT workforce configurations
- model future workforce demands
- make recommendations on quality and risk issues
- link to the MOH Dental Technical Advisory group report (2005)

## Four remaining Themes

were considered in light of the following 'givens';

a healthcare environment dominated by hospital and episodic care will give way to chronic care models for people with long term conditions (LTCs)

Because

- mismanagement of chronic conditions is the leading cause of hospitalizations
- chronic conditions account of 80 % of preventable deaths
- they are a barrier to independence and participation in society
- they account of a higher proportion of deaths amongst Maori, Pacific people and those on low incomes
- chronic conditions are very very expensive

## 2. An approach to LTC

A more useful approach to intervention with LTCs includes;

Integrating -           Public health/ Primary Health  
                                  Primary and Secondary services  
                                  Mental and Physical healthcare

The Primary Health Strategy and Chronic Care Management both emphasise;

- need for MDT work
- clear roles and accountabilities
- competence definition and support for training
- effective coordination of intervention across the continuum i.e roles and pathways

## 3. WSG: Workforce Supply

- insufficient numbers of enrolments to degree courses
- registration processes can create barriers i.e Dietitians new to NZ
- supply concerns reflected at both new graduate and 'senior' staff level if DHBs cannot retain experienced staff
- Audiology, Pharmacy, PT, OT, SLT and Social Work are all listed on the Dept of Labour's Skilled Migrant list

## 4. WSG: Practice Readiness

- Are degree courses delivering the right knowledge and skills for the future?
- Are they appropriately funded?

### Students

- limited placement availability
- low funding for PT, OT, SLT placements
- no funding for SW
- busy staff can lead to reduced capacity

## 4. WSG: Practice Readiness

### Transition to the workforce

- what maximizes the ability of a practitioner to apply professional knowledge and skills to this practice setting effectively and safely?
- Orientation, mentoring, supervision, coaching, internships
- Post graduate short courses?

## Challenges

- Allied Health professions are relatively small in number so do not have the economy of scale that nursing and medicine have to enable new grad programmes
- Smaller DHBs and professions such as SLT, Audiology and Optometry are particularly impacted.
- Lack of funding for Post grad training is a barrier. CTA funds professions covered by the HPCA which does not include SW and SLT.
- The project group will identify effective transition to practice strategies and make recommendations to the WSG.

## **WSG: Allied Health in Primary Health**

- MDTs need to develop in Primary Health
- AH are relatively invisible
- Often employed in roles other than their professional role
- Need to understand what the AH professions can bring to P/Health, chronic care models and ensure this can be realized through the right corporate/clinical governance, competence development etc

Project group will focus on;

- identifying what roles, practices AHPs are currently engaged in within PH
- finding out what AHPs believe they could bring to Primary Health, chronic care management or realization of Primary health objectives through integrated practice in secondary services
- identifying what the impediments and enablers could be

## 5. WSG: Leadership and Networks

- wide range of professional and operational leadership structures exist nationally
- variations are appropriate but leadership needs to contribute to the development of workforce capability so future health care models realized e.g no iffy PDs
- can we promote integration through cross sector training, supervision, CCPs
- consistent quality of practice?
- how will the interface between AHPs and assistant/support worker roles be described?
- Director Allied Health, Professional Leader/Advisor, Advanced Practitioner and other 'senior' roles could contribute to these initiatives depending upon how the roles are designed

## 5. WSG: Leadership and Networks

Project group will;

- identify principles for DHB leadership
- develop a toolkit to support AH Leadership and network development
- establish leadership contacts in DHBs
- hold a forum at the Workforce Action Conference June 07.