


# Pushing Boundaries: being less protective and more responsive



**'Skill Mix and Workforce Development: Sharing the lessons learnt'**

**Thursday 22 November 2007**

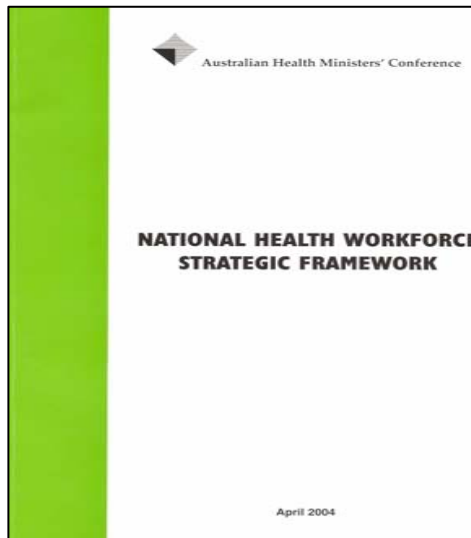
**Adjunct Professor Belinda Moyes  
Principal Nurse Advisor/Director  
Nurse Policy Branch  
Department of Human Services, Victoria**



“The old-style professional of the 1930’s whose status, class and supreme cultural authority assured a naïve and trusting lay public (Freidson, 2001) has come under siege by the emergent discourse of a new professional. He/she is a flexible, multi-skilled reflexive, team-worker and lifelong learner who slots easily into innovative service arrangements while adding new skills to provide unmet needs.”

**Power, 1999 (Dent & Whitehead 2002 in Lane, 2007)**

# Future Roles In Health Care

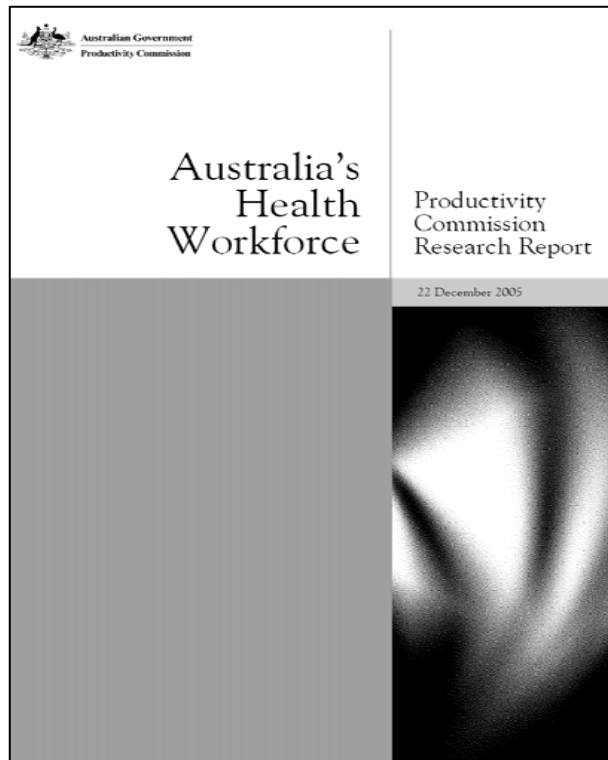


"Boundaries and established professional roles will need to evolve."

"... ensuring the right practitioner mix ... will involve a mixture of new disciplines and new roles for old disciplines."

"... the health workforce ... more adaptable than ever as health care evolves and changes at a more rapid rate than previously with new practices and treatments evolving and the old practices and treatments they replace disappearing."

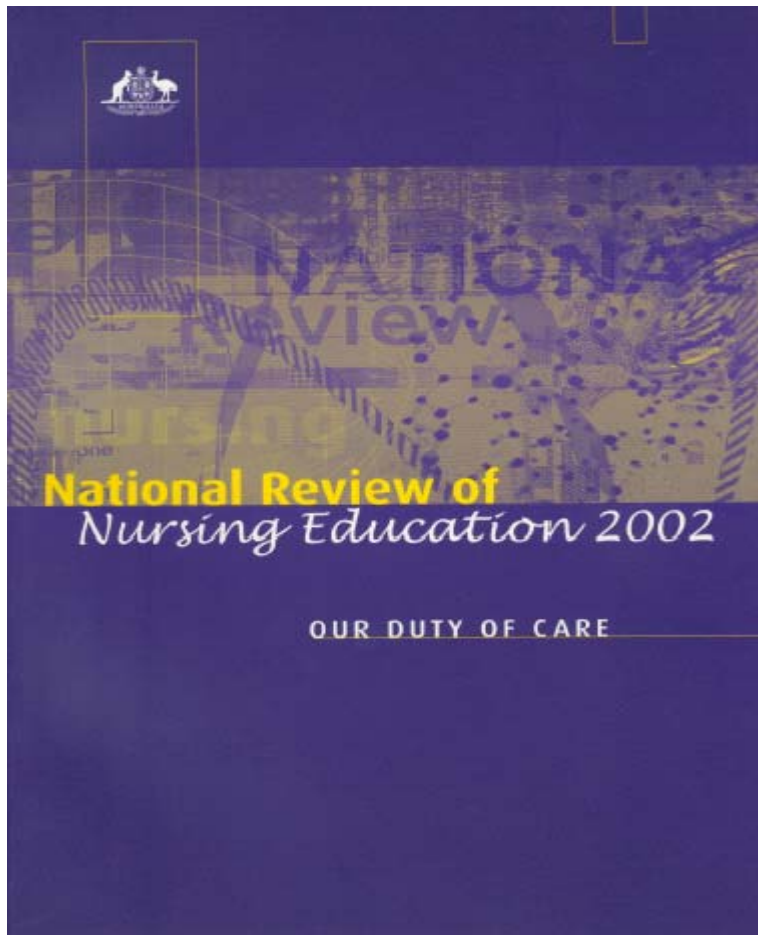
# Productivity Commission



- There continue to be poor health outcomes in particular regions in Australia and for particular groups – workforce shortages, inflexibilities, and inefficiencies in workplace arrangements are major contributors to these problems
- Fragmented roles and responsibilities
- Entrenched workforce behaviours heavily influenced by custom and practice
- Significant problems are already evident
- Need to develop a more sustainable and responsive workforce

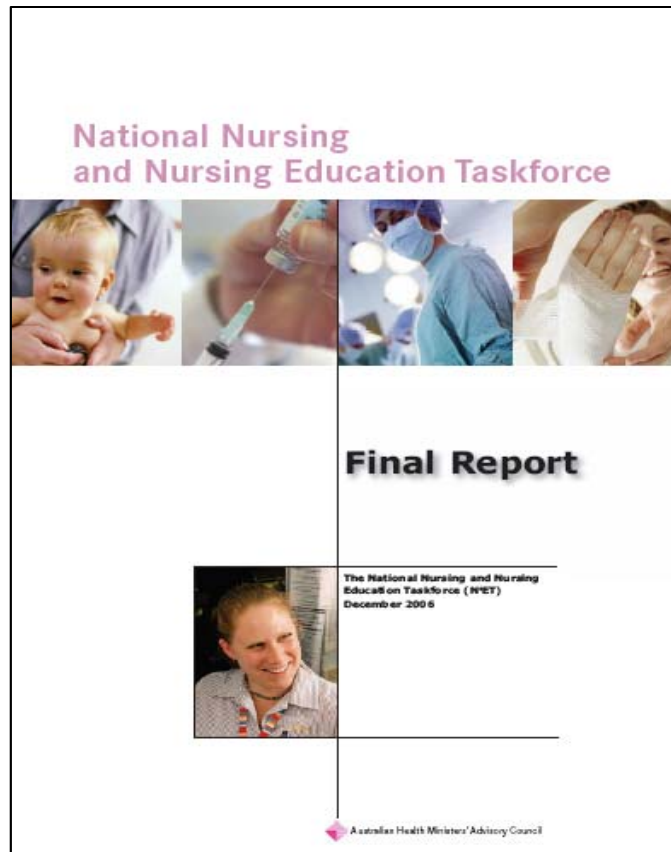
Productivity Commission 2005, *Australia's Health Workforce*, Research Report, Canberra.

# Our Duty Of Care



- “Appropriate skill mix and investigations about how work could be better organised are necessary”
- There should be an examination of the ways in which the different skills of different groups who form the team of people doing nursing or care work can be best organised to ensure optimum outcomes for patients/clients”
- Work organisation must ensure the best use of available nursing resources and must ensure that nurses are able to practice to their full professional capacity within particular care contexts”

# National Nursing & Nursing Education Taskforce (N3ET) Final Report



- “The deliberate and conscious position of the Taskforce has been that to stay relevant and to thrive in the current environment, nursing and midwifery are compelled to evolve and grow”
- Nurses need to anticipate and drive change – to be innovative and creative in conceptualising and planning new roles for themselves. The inevitability and necessity of change needs to form part of nurses’ and midwives’ ideology and ethos. It needs to be viewed as an exciting prospect, not a threatening or unpalatable one”

# The Workforce Challenge

- The national workforce currently grows at a rate of 170,000 per year
- By 2020 this is predicted to be just 12,500 per year
- Put another way for the whole of the decade 2020-2030 the workforce will grow by less than it currently grows each year

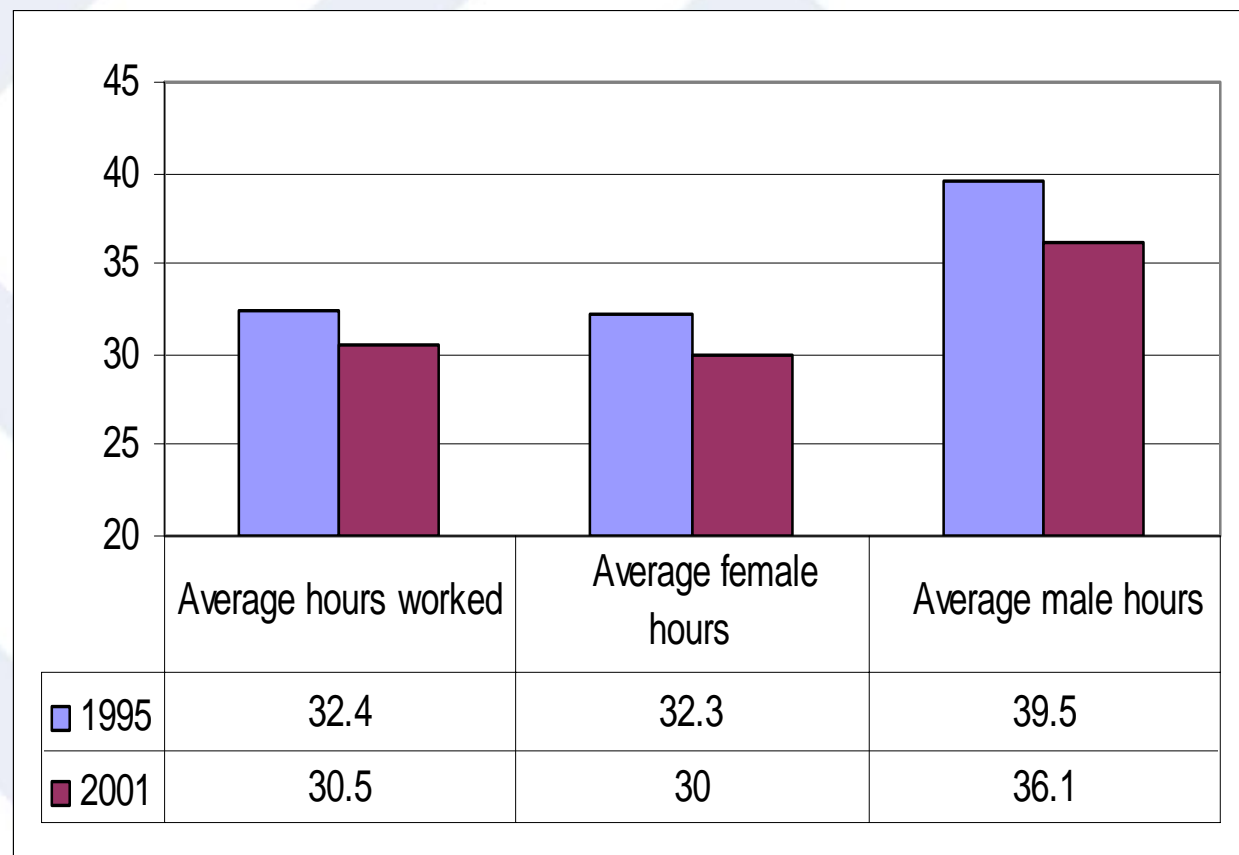
**Ref: Australian Health Ministers Conference (2004), National Health Workforce Strategic Framework, Sydney**

- In Victoria, the prospects are even worse with workforce growth expected to be zero by 2012

# Changing Working Patterns - Nurses

## Hours worked - Nursing

- 11.9 hours decrease per week equates to a loss of 26,500 FTE




# Changing Working Patterns - Doctors

Hours worked - Medicine

3.7 hours decrease per week equates to a reduction of 4,800 FTE





More of the same is  
not the answer

# Overnight Admissions to Hospital


2006: Canada: 2.8M – population 33 million  
Australia: 3.3M – population 20 million

## OECD figures

2005: Australia 158 per 1,000 people  
USA 121 per 1,000 people  
Canada 88 per 1,000 people

# Quality in Australian Health Care (QAHC, 1995)

- Extrapolated national estimates
  - 470,000 admissions a year associated with an adverse event
  - resulting in 18,000 deaths and 50,000 cases of permanent disability a year
- High incidence of physiological instability prior to adverse events
  - 81% of patients who died unexpectedly had documented evidence of physiological or biochemical deterioration before they died (McGloin et al., 1999)
  - 84% of patients exhibit at least one change in behaviour or new complaint in the eight hours preceding cardiac arrest that is documented by staff (Schein et al., 1990)




“There is a crisis looming  
for the health workforce,  
but it has more to do with  
lack of innovation, than  
with shortage of workers”

O’Neil, E.


The Center for the health Professions  
(University of California, San Francisco)

[www.futurehealth.ucsf.edu](http://www.futurehealth.ucsf.edu)




“Like many professions we still fail to acknowledge that others may be able to do what we do – perhaps even better in some cases!”

Brooks P.C  
2006



“The real voyage of  
discovery consists not  
in seeking new  
landscapes but in  
having new eyes”

**Marcel Probst**



**“No current category of health professional appears to face extinction, but pressure will mount to abandon the current model of autonomous practitioners depending upon their personal memory and experience to deliver optimal care.”**

**“In health care as much as or more than in other human endeavours, knowledge is power, and the redistribution of access to knowledge will mean an inevitable redistribution of power over the decisions that affect the delivery of health care and the make-up of the health workforce.”**

Daniel R. Masys

‘Effects of Current And Future Information Technologies On The Health Care Workforce’

Health Affairs, September/October 2002