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# The health workforce

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The health and social care workforce is now the largest segment of the Australian workforce with over 1.4 million workers. In a personnel-intensive industry such as health, workforce is the most important single issue to address as we look to the future of our health system. Driven as it is by the increasing demand of chronic disease, ageing and a population that has a voracious appetite for health 'products', we are going to have a major problem with the funding of healthcare in the near future. Some would say it is already here with health being the largest item of 'spend' by governments around the country. Health costs are increasing at a far greater rate than incomes and we are already finding that out-of-pocket health expenses account for some 22% of health expenditure (A$28 billion)[1] and are some of the highest in the world. We have to at least start seriously addressing these issues – but not just with more of the same – which is what most government agencies including Health Workforce Australia seem to be doing. There really has to be some innovation in the new health paradigm – how to create a health system that is truly patient-focussed and does not just exist to maintain the health professionals in their silos; a system that really does place the patient as the captain of the (their) ship (of health) with the health professional as the navigator and is financially sustainable. It is about deciding (with the community) what health services we wish to provide (at least on the public purse), who we will provide them for, where we will provide them, and who is going to pay for them.

The health workforce then needs to be configured such that it is fit for purpose and:

- has the right skills
- is in the right place
- is there at the right time
- is the right cost

This requires a careful look at what services we deliver – are they really useful or are they 'low value' as has been reported?[2] How much money would we have to spend on things that really do make a difference if we adhered to evidence-based guidelines for care delivery. Do we always need to up-skill – how many health professionals are doing menial tasks that they are overtrained for, and how many are working below their skill set? New models of care have been implemented in other countries without compromising quality of care – whether it is physician assistants working in rural practice or hospitals, or pharmacists being engaged in prescribing.[3]

How are we going to use technology in a more effective manner to improve workforce productivity, suggested to be 20% below capacity by the 2006 Productivity Commission Report into health workforce.[4] The Brookings Institute mobile health report suggests productivity savings of over US$300 billion in healthcare over a 10-year period.[5] These are the things we should be implementing and ensuring that they really do help and do not detract from the quality of care we provide.

And then there is how we pay for health – is the fee-for-service system, which encourages activity and procedures, does not fund prevention adequately, and is antithetical to the health professional–patient relationship, really appropriate for ageing Australia and management of chronic disease? Are there other models – pay-for-performance, salary, capitation, bonuses, etc.? All influence clinical behaviour and we need to have a real debate about what might be the most appropriate models (and it may not be just one) to move us forward. But if we don't have this serious conversation how will we never know?

In this special issue of the *Australian Health Review* we publish a range of papers on aspects of health workforce – from the numbers of 'long' consultations being performed by general practitioners, the role of primary care nurses, allied health professionals (and assistants) in delivering services in different parts of the health system, professional support for health professionals, workplace bullying and even a study on the important issue of how we actually get to work in the first place. All these papers add to our understanding of the health workforce and its environment and will hopefully stimulate readers to think about how you can assist in adding to this rich database to inform real health workforce innovation and change.

## References

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