

## AMA Queensland Submission

### Queensland Health Workforce Strategy 2032

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AMA Queensland thanks Queensland Health for the opportunity to provide feedback on its Queensland Health Workforce Strategy 2032 (the 'Strategy').

There are many aspects of the proposed Strategy that demonstrate Queensland Health's understanding of the crisis facing our health workforce both now and into the future. The focus on staff wellbeing and leadership, workforce incentives, international medical graduates, digital models and the urgent need for services in certain communities including rural and remote, First Nations and LGBTQIA+SB are particularly welcome.

AMA Queensland also acknowledges the following actions are amongst those for which we have advocated for some time and will greatly assist in addressing workforce barriers, increasing recruitment and retention and ensuring workforce sustainability provided they are implemented in the collaborative and consultative manner implied in the Strategy:

- reviewing and refreshing workforce incentives to attract people into health careers;
- prioritising equitable access to professional development opportunities, including in regional, rural and remote locations;
- digital passports for staff to allow workforce flexibility and mobility, including simplifying the credentialing process;
- networked services and mentoring programs, particularly in regional, rural and remote areas;
- a commitment to digital systems and capability;
- increased focus and support to grow the rural generalist workforce;
- recognition of the importance of our domestic, obstetrics and gynaecology, rural and international workforce; and
- review of accommodation infrastructure, availability and opportunities for expanded provision.

That said, there are still clear areas that need improvement. Feedback on key aspects of the two Strategy documents provided by Queensland Health are set out below.

## HealthQ32 Workforce Strategy 2023

### Focus Area 1: Supporting and retaining the current workforce (page 19)

- AMA Queensland Council members suggest the following be added to the 5 strategies listed under this focus area:
  - Ensure physical infrastructure exists so staff can work effectively. Doctors report that basic infrastructure is lacking in many Queensland Health facilities that directly reduces their ability to perform their roles including offices, workstations, IT systems and adjunct infrastructure such as transport facilities.
  - Ensure sufficient resources for safe supervision and patient care. AMA Queensland is aware that a lack of such resources is leading to moral injury and burnout.
- ‘Sustainable employment’ of the diverse groups identified under the third strategy as well as the broader Queensland Health workforce must include appropriate workload expectations and documented matching of job requirements to skill level.

### Focus Area 2: Building new pipelines of talent (page 19)

- If student placements are to be optimised as set out under this focus area, Queensland Health must ensure key elements of successful workplace-based education are implemented including:
  - requisite availability of supervision and education resources;
  - sufficient clinical opportunities for genuine learning – doctors report that 20-person ward rounds are not uncommon in metropolitan hospitals rendering them worthless;
  - quality supervisor/educator training; and
  - adequate time for student assessments.

### Focus Area 3: Adapting and innovating new ways to deliver (page 20)

- AMA Queensland supports new models of care that are collaborative, evidence-based and proven to be safe for patients. Any ‘expansion’ of scope of practice must not prioritise convenience or clinician satisfaction over patient safety or result in increased costs to our public health system.

Our [pre-Budget 2023-24 submission](#) included a proposal for a joint Queensland Health-AMA Queensland PhD research project analysing medical practitioners’ scope of practice, including a detailed job analysis. This project would identify tasks currently undertaken by medical practitioners that could be safely performed by other health professionals, improving patient flow and care by having doctors spend maximal time working at the top of their scope. Public health cost savings are also likely to result if doctors are freed from performing administrative tasks (such as faxing) that they report are currently taking up significant amounts of their time.

We again call on Queensland Health to fund this project as part of the Strategy or other appropriate Queensland Health initiative.

- Doctors reported concern that the inclusion of technologies for ‘innovative “place-based” workforce design solutions’ belies a false assumption that significant numbers of patients do not require hospitalisation. There is also insufficient evidence to show digital services and hospital-in-the-home result in cost savings and do not cause unintended consequences including medico-legal risks, historically overlooked by Queensland Health in previous digital rollouts.

#### Implementation, monitoring and review (page 20)

- AMA Queensland Council members noted that whilst the Strategy includes exit interview findings as a performance indicator, there is no evidence that Hospital and Health Services (HHS’) are currently offering or undertaking these upon staff separation. There must be monitoring and auditing of each HHS to ensure this is actually occurring at all levels (i.e. from doctors-in-training to consultants and across all clinical groups) if it is to be included in the Strategy.

### **HealthQ32 Workforce Action Plan – Horizon 1**

#### Focus Area 1: Supporting and retaining the current workforce (page 4)

- Action 1.1.2: Doctors have advised that the online training programs delivered to Queensland Health staff to date have been of poor quality, negligible value and not worth the time invested. These programs must be proven to have clear wellbeing benefits or staff will reject them as a cynical attempt by the Department to display itself as committed to staff wellbeing whilst not effecting meaningful improvements in reality.
- Action 1.1.3: AMA Queensland suggests that the main barrier experienced by health professionals in always demonstrating compassionate behaviour and decision-making is the chronic lack of time currently available for staff to spend with each patient. Our hard-working doctors, nurses and allied health workers are highly trained to deliver such care but simply cannot do so when faced with excessive workloads and inadequate resources. Queensland Health must commit to reducing those pressures for both patient and staff safety.
- Action 2.2: Doctors suggest this review should be broader than just staff accommodation and include critical hospital infrastructure as set out above in the feedback given regarding Focus Area 1 in the broader Strategy document.
- Action 5.1: AMA Queensland supports the development of pathways for career development and that this must include medical pathways. Any such development, however, must be needs-based and drawn from accurate data projections about the numbers of doctors required and the requisite training places available through specialist medical colleges. This will require a holistic approach and greater engagement by Queensland Health with medical stakeholders, especially the Medical Board and training colleges as mentioned.

#### Focus Area 2: Building new pipelines of talent (page 5)

- Action 1.2: Doctors have advised they see merit in the proposed action to collaborate with tertiary institutions to guide course curriculum to meet workforce need. There is a view that current curricula are not producing graduates that are workforce-ready and could be significantly redesigned to the benefit of both graduates and the public health system.

- Action 2.1: AMA Queensland remains concerned about any proposal that coopts medical students as employees to plug workforce gaps. It is crucial that students receive the practical training needed to become high-quality health professionals and this not be diluted by using them for non-relevant tasks.
- Action 2.1.2: AMA Queensland rejects the establishment of a Clinical Coding Pathway. Doctors are of the view that clinical coding should be obsolete due the associated cost and the fact CSIRO estimates generally produce similar results but at lower cost.
- Action 2.2: Doctors have advised that this action is too general and lacks sufficient detail for logical implementation. It also risks cost inefficiencies and should be either edited to provide such specifications or removed.
- Action 2.3: AMA Queensland welcomes recent workforce incentives designed to attract staff, however, many doctors have reported extreme disappointment that existing employees have been overlooked and not offered similar incentives to remain with Queensland Health. There is also a view that incentives must be targeted across professional groups and seniority levels, particularly for medical registrars which are reportedly in much shorter supply than consultants.
- Action 3.4: Doctors welcome the proposal to hold expos but suggest these should only be held in regional locations, in recognition of the heightened difficulties being experienced in our non-metropolitan areas. Whilst increased recruitment is needed throughout Queensland, our regional towns would greatly benefit from all expos being held locally to showcase their region and advantages of working outside of the South-East corner.
- Action 5.1.2: It is crucial that Queensland Health consults with stakeholders about its methodology for determining clinical placement capacity. Increases in placements must not lower the quality of training received through overcrowding and lack of adequate supervision.
- Action 5.2: AMA Queensland welcomes the action to partner with registered training organisations to establish an Aboriginal and Torres Strait Islander Health Practitioner and Health Worker education pathway. This is desperately needed and we commend Queensland Health for its inclusion in the plan.
- Action 6.1: It is unclear from the document what medical positions would be considered 'critical roles' and this must be more clearly enunciated in the Strategy.

### Focus Area 3: Adapting and innovating new ways to deliver (page 6)

- Action 1.1: Please refer to feedback provided above under Focus Area 3 for the Strategy document.
- Action 2: AMA Queensland sees merit in some aspects of this action provided they are implemented in the collaborative and consultative manner implied in the Strategy, as previously stated. New roles and models of care must not be implemented without evidence and adequate controls for both patient and staff safety.
- Action 3.1: Whilst doctors recognise the clear benefits of digital technologies in improving models of care and efficiencies, there is concern that Queensland Health is overestimating the likely true benefits of such solutions. The majority of patients who are hospitalised simply need to be in hospital and cannot be managed through virtual models, no matter how sophisticated or

integrated. We urge Queensland Health to take a more balanced, evidence-based and realistic view of the opportunities presented by digital transformations.

- Action 4.1: Doctors have reported that any new training and education programs must incorporate the feedback from and address the failures of previous courses. This will be essential to ensure successful implementation of any new digital ways-of-working.
- Action 5.1: AMA Queensland supports the implementation of networked services in regional, rural and remote locations that are evidence-based and developed in close consultation with medical practitioners. Any such models must also ensure there are no unintended consequences for the recruitment of locally-based, on-site staff.

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