



Health Professions Exit Data Project Report

Chief Health Professions Office

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Executive Summary

This report contains the outcomes of the health professions' exit data project, carried out by the Chief Health Professions Office (CHPO). A key objective of the CHPO for 08/11 is to identify health professions' retention issues by collating and reporting on Area Health Service exit data. The purpose of the project was to carry out an environmental scan to examine the current exit survey process and to outline how the CHPO can define retention issues for the allied health and health science professions in the future.

The project investigated whether health professionals' exit data is available from the Health Corporate Network (HCN) administered exit survey process. Additionally, the project examined the results from the 2006 Best Practice Australia climate survey (WA Allied health and health science professionals' perspective). Finally, a comparison was made between the results of the allied health and health science professionals' response to the climate survey and the pre- and post- exit interviews administered to nursing and midwifery staff as part of the 2007 - 2008 DRAKE, Australia study.

The 2006 climate survey's key findings suggest that health professionals leave due to a variety of reasons including; better opportunities elsewhere, age and retirement, better pay elsewhere, upper management, high stress and frustration, travel and change. Although it is difficult to control all of these factors, it is essential that the CHPO understand the key characteristics of a health professional's reason for leaving an organisation. This will enable the CHPO to advocate for a range of initiatives that could improve staff satisfaction and ultimately staff retention. A variety of initiatives have already been identified by Area Health Services which should help to address some of these turnover issues.

This report highlights the considerable amount of work already taking place across WA Health to address workforce retention issues. A number of recommendations are proposed to help improve the understanding of health professionals' retention issues in the future.

Acknowledgements

The involvement and support of the following people is greatly appreciated:

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Suggested Citation

Department of Health, 2008, *Health Professions Exit Data Project Report*, Chief Health Professions Office, Department of Health, WA

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Recommendations

- 1.) The CHPO involvement with the Department of Health, Workforce Policy and Planning group to develop a WA Health exit policy should continue. This is an opportunity to propose that profession specific data is available for each of the health professional groups. The CHPO representative should continue to explore how the CHPO can access this information from Area Health Services to report on health professionals' retention issues.
- 2.) The CHPO advocate that future climate surveys provide data which is specific to the WA Health 23 allied health and health science professions represented by the Office.
- 3.) The CHPO explore whether Area Health Services or HCN have collated the 'reasons for leaving' from the T1 Termination Form. Accessing this information may be an alternate way of considering retention issues.
- 4.) The CHPO explore whether there is the potential to acquire quantitative and or qualitative data from health professionals from the Work, Life and Health project being carried out by WA Health (WLB unit) and the University of South Australia at the round table event in 2009.
- 5.) The CHPO should produce an annual report on retention Issues for health professionals once the exit data is available from Area Health Service or HCN. This report should include profession specific and Area Health Service specific analysis of key exit factors. Strategies should then be identified to improve specific issues. The report should be disseminated widely to all heads of department and Area Chief Executives via the Health Professions Workforce Strategic Committee.

Introduction

Health systems across the world are facing workforce supply issues that are expected to increase as demand and expectation for health services grow. A healthy workforce is one of the six strategic directions for delivering a Healthy WA into the future and forms a critical part of delivering the WA Health comprehensive reform programme. The clinical service and infrastructure reforms being driven through the new models of care as outlined in the WA Health Clinical Service Framework 2005-2015, will have an impact on the allied health and health science workforce. The Healthy Workforce Strategic Framework 2006-2016 describes the key health workforce issues which will help to achieve the delivery of the WA Health reform program. The following reform objectives provide the workforce planning framework for WA Health:

- An appropriate supply and distribution of health workers
- Work roles and arrangements that support the delivery of the new models of care
- Workforce education that is flexible, relevant and responsive to WA Health service delivery requirements
- Workforce data capture, systems and processes
- Positive and vibrant workplace cultures

A number of shorter term targets are identified in the WA Health Operational Plan 2008-2009. Other key initiatives include improving retention and attraction of staff, work life balance initiatives, workforce innovation, workforce satisfaction and increasing Aboriginal and Torres Strait islander health professionals workforce

Staff retention is one of the primary determinants of labour supply. A key objective of the CHPO for 2008-2011 is therefore to identify and establish data sets which will inform and guide the health professions' workforce initiatives in the area of workforce retention. Staff turnover is expensive with the cost of replacing skilled staff being estimated by various organisations to be between \$20,000-\$50,000 per employee. From a financial and a service perspective it is critical that employee turnover must decrease. The WA Health Operational Plan 2008-2009 has identified a target of maintaining staff turnover at less than 3%.

The examination of exit data is one way of gathering information on why employees leave an organisation and whether anything could have been done to retain them.

Methodology

One of the first steps was to establish whether there was sufficient information available from completed health professionals' exit surveys to analyse and report. An examination of the HCN exit survey process was therefore conducted. It was anticipated that the numbers of health professionals completing an exit interview would be low and therefore the results from the 2006 climate survey, Best Practice Australia, WA allied health and health science professionals' perspective were also considered. Two questions relating to organisational engagement factors driving workforce engagement, attraction, retention and potential turnover were considered. Finally, a comparison was made between the results of the allied health and health science professionals' response to the climate survey and the pre- and post- exit interviews administered to nursing and midwifery staff as part of the 2007 - 2008 DRAKE, Australia study (detailed below).

Results

HCN exit surveys

Currently, HCN is responsible for sending out exit questionnaires to employees who have resigned. Managers are responsible for encouraging employees to complete the survey and forward the information to the site HR team. In addition to the survey, the employee may be offered an exit interview by the site HR or manager. The involvement of the manager in this process could in some cases lead to a conflict of interest.

WA Health does not have a standard exit interview form and although there are some similarities, exit questions will therefore vary depending on locality. These variations will ultimately prevent trend analysis where matching data is paramount. HCN is not responsible for collecting and collating responses. This is the responsibility of each hospital HR team. The current system has yielded a very low response rate across the Area Health Services.

PathWest also distribute exit questionnaires, although they report a low response rate. PathWest are currently revising the content of the form to include some of the questions contained in the DRAKE survey.

The Drake project which conducted pre- and post- exit interviews with nursing and midwifery staff (March 2007-2008) may have contributed to exit surveys for other occupations not being routinely conducted. This was a large study addressing exit issues in a significant part of the health workforce. The size of the study may have impacted on the number of other exit surveys carried out as Area Health Services awaited the outcomes of the study.

The current process is therefore unlikely to provide the CHPO with enough information to determine the retention issues for Health professionals.

2006 Best Practice Climate survey

This survey represented an opportunity for WA Health employees to have their say about what it is like to work within their Area Health Service and WA Health as a whole. All employees were asked to complete a survey by September 2006. Aggregated results are available from the WA allied health and health science professionals' perspective. Due to the limitations of the aggregated data, it is not possible to analyse the responses to the different sections for each of the professional groups. For the purpose of this report the WA Health aggregate data will be considered although it should be noted that the climate survey report includes a breakdown of data for some hospital groups and community regions. Industry-wide data is available for different Australian States and New Zealand, as well as different age groups.

Respondents were asked for details on their current position. The allied health and health science professional section listed 16 choices. Some professions were grouped together e.g. biomedical engineers and medical physicists, podiatrists and prosthetist /orthotists, speech pathologists/audiologists, sonographers/ MITs/NMTs. There were a number of professions who are not represented by the CHPO included in the 16 choices (dentists, pathologists, nutritionists, psychologists). Some of these have been grouped together with health professionals represented by the CHPO, e.g. psychologists are grouped with clinical psychologists and nutritionists are grouped with dietitians. With these examples it is not possible to define the actual percentages of clinical psychologists or dietitians who responded. The selection also included a small number of dentists (57) and pathologists (16).

A significant number of respondents indicated that they belonged to another allied health group (401). A small number may represent the professions omitted from the selection; sleep technologists, respiratory scientists, orthoptists, medical librarians, clinical perfusionists and exercise physiologists. As these professions tend to be small, it is unclear which professions the others represent.

It is therefore not possible to analyse the data for this paper exclusively for each of the health professions represented by the CHPO, although the majority of the 2121 who responded as health professionals, represent one of the 23 professions.

Figure 1 illustrates the breakdown of the health professionals who responded to the 2006 Climate survey. Where professions are grouped together, figure 1 shows the overall number.

Range of Health Professional Respondents

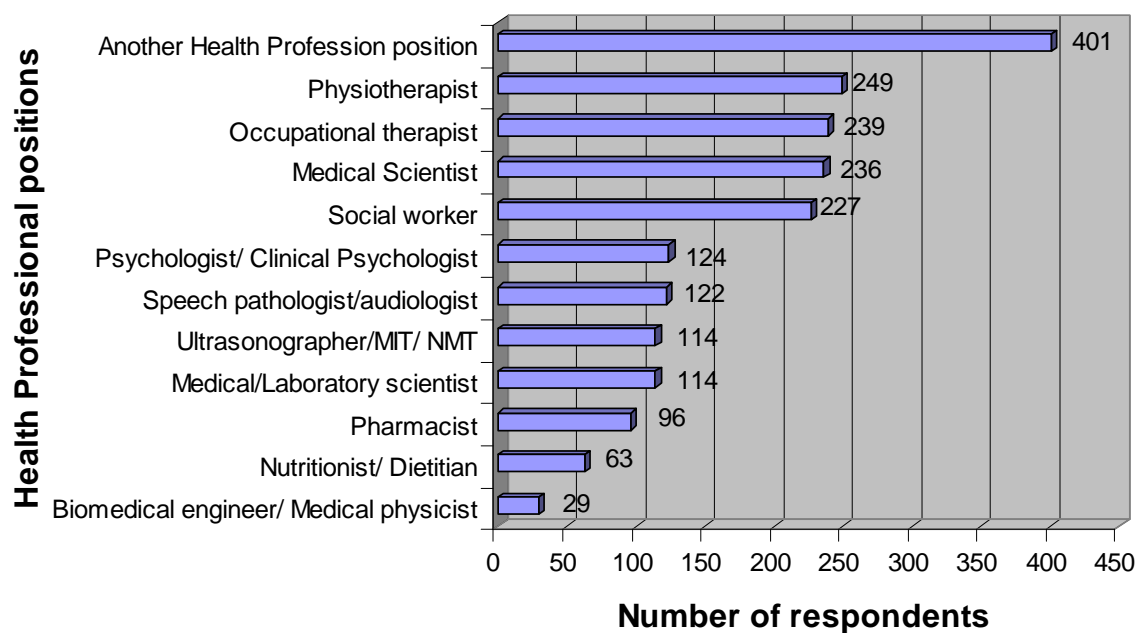
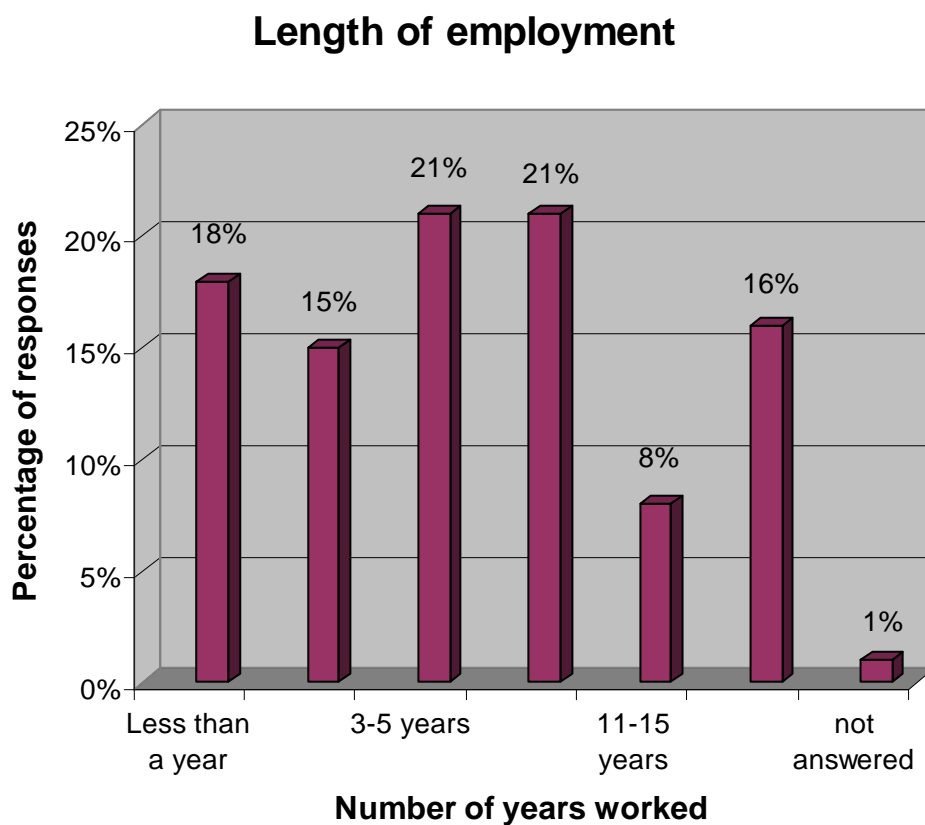


Figure 2 shows the length of time employed. There were 2121 respondents to this question in the 2006 climate survey. This includes a number of non health professionals.



The climate survey addressed industry wide and organisational engagement factors driving workforce satisfaction, type of culture, attraction, retention and potential turnover, balancing work and home, solving problems, performance development, a healthy workplace and a safe working environment.

Two questions relating to organisational turnover are of particular interest:

Figure 3 below shows the range of responses when respondents were asked to identify three issues that *might* affect their decision to leave in the future. There were 1391 respondents to this question.

Potential turnover factors for WA Health

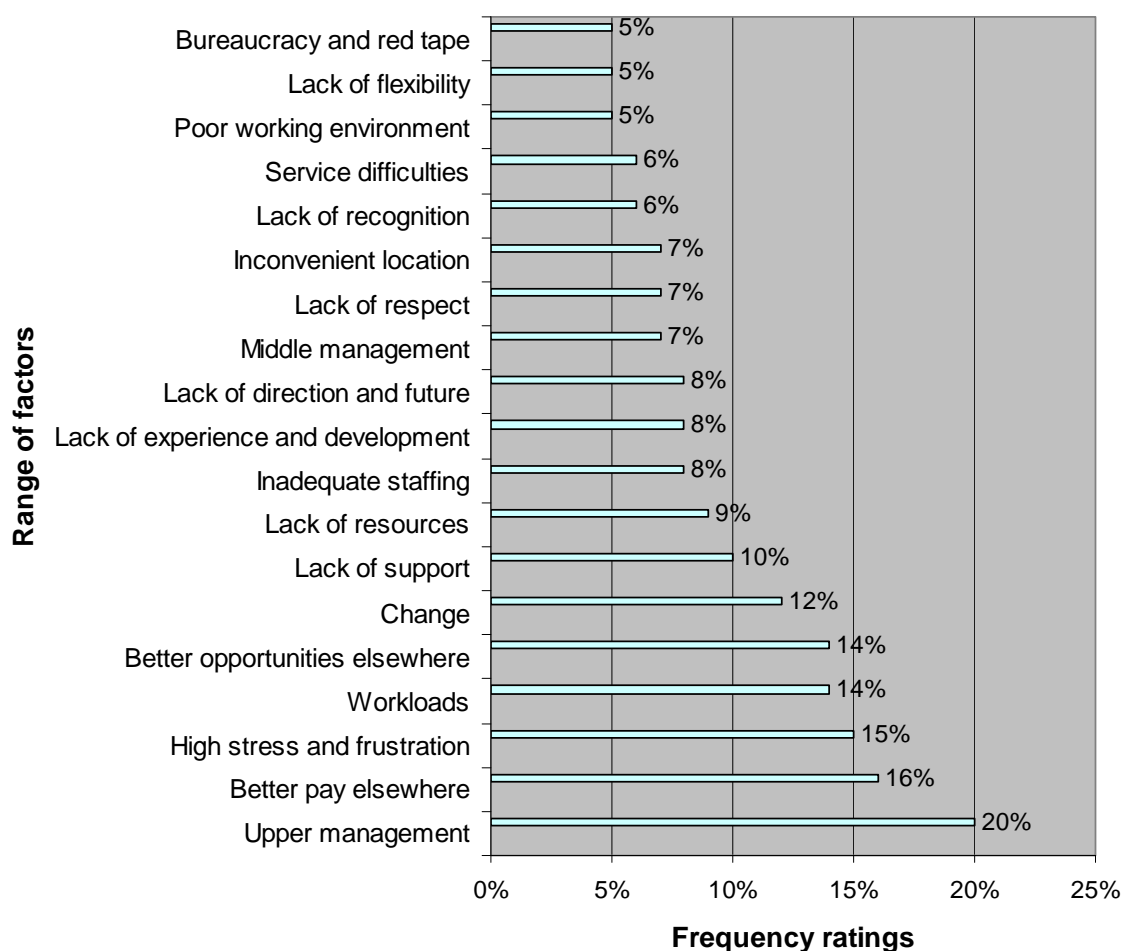
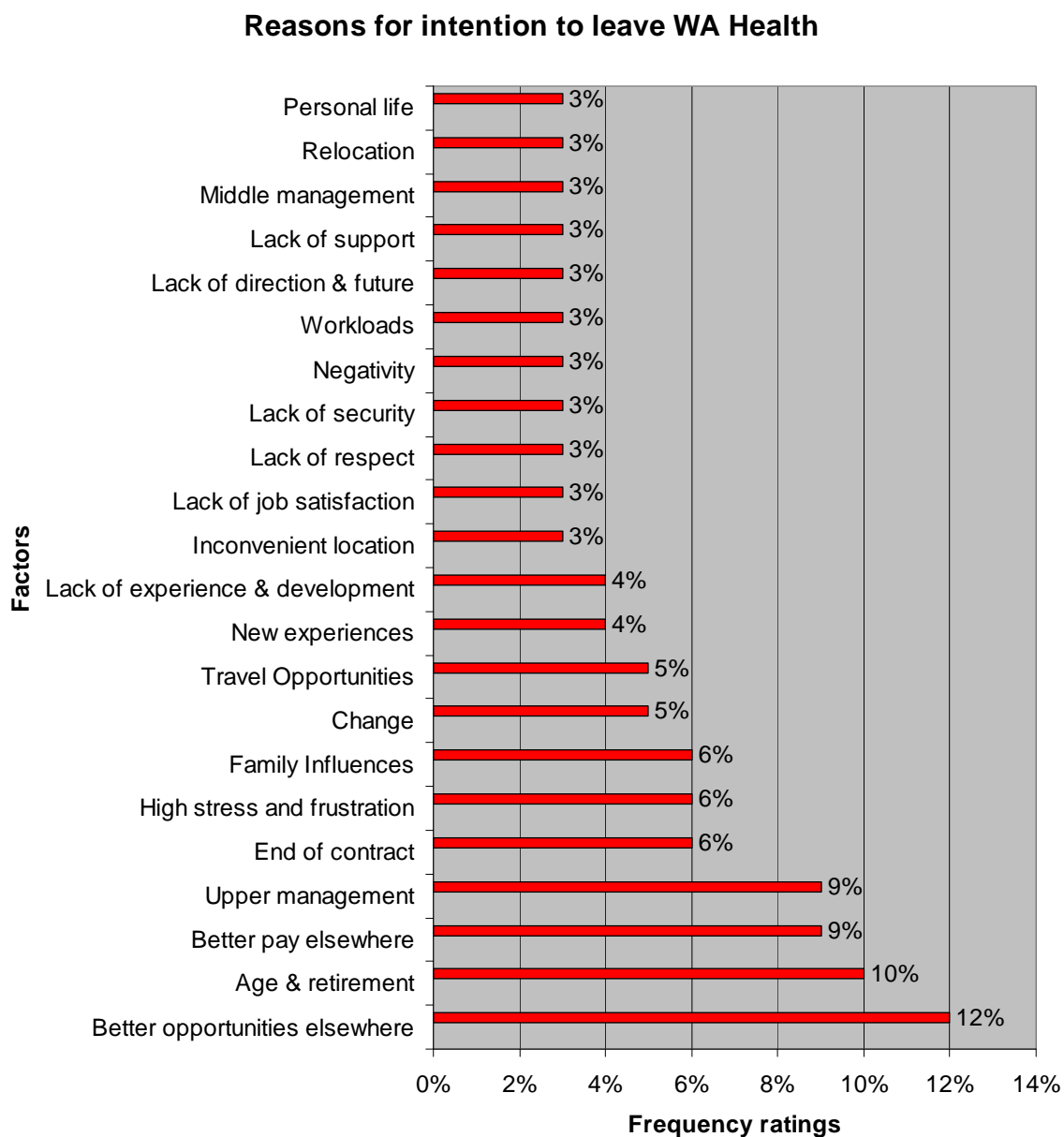


Figure 4 shows the range of responses when respondents were asked whether they had formed a specific decision to leave and if YES, then to identify the deciding factor in their decision. There were 376 respondents to this question.



Other factors which potentially influence turnover may be identified by considering the attributes which scored lower than the average industry wide benchmarking partner norms. It should be noted that this information reflects the whole allied health and health science survey group and not just those who are potential or actual leavers. Respondents were asked to tick the box to show which paired statement best describes the organisation. Responses are recorded on a six point scale anchored at positive and negative. The report analyses the extent to which each attribute related higher or lower than the relevant

benchmarking partner norm for that attribute. The allied health and health science group scored below average aggregate responses to the following questions which can be summarised into four main areas:

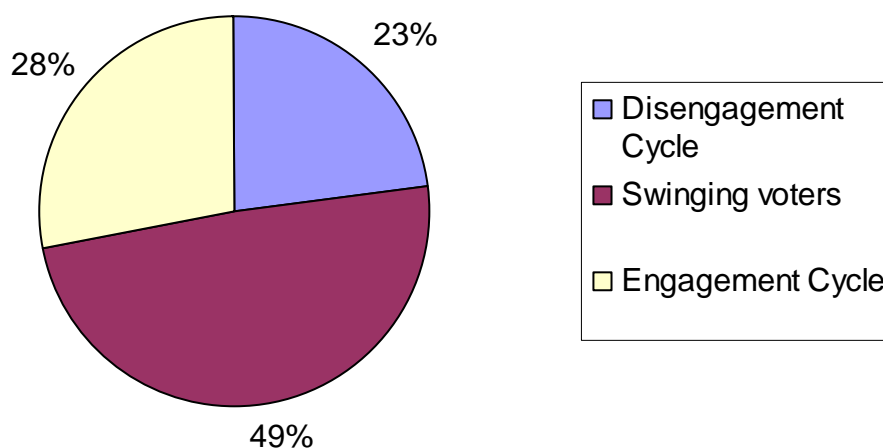
Figure 5: Table showing BPA climate survey 2006, below average aggregate responses for WA Health

Organisational Culture
'There is a strong sense of success and achievement - Things are getting better all the time'
'The changes that the organisation introduces are well planned, well thought out and client focused'
Communication and problem solving
'The organisation acts quickly to stop small problems becoming large problems'
'Communication by my manager has improved over the past 18 months'
Performance Development
'My manager measures how well I perform against these expectations'
'My manager clearly communicates what they expect from me'
'My manager gives me constructive feedback on my performance'
'My manager reviews my progress in achieving my objectives'
'My manager conducts annual performance reviews with me'
Healthy workplace and safe working environment
'If I observed or experienced harassment, violence or bullying behaviour...I would report this harassment, violence or bullying behaviour'
'If I observed or experienced harassment, violence or bullying behaviour...I would know how to go about reporting such behaviour'
'If I observed a safety problem, I would feel comfortable raising it with my organisation's Executive Management'
'If I observed a safety problem, I would....report this safety problem'
'If I observed a safety problem, I wouldknow how to go about reporting this safety problem'
'The organisation has a good system for....reporting safety problems'

In terms of organisational culture the BPA analysed the results with reference to 3 distinct groups:

- People who are in the **Engagement cycle** - positive and engaged about the direction of change within the organisation
- Those who sit on the fence - **Swinging Voters** - neither positive or negative, come to work and do their job
- People who are in the **Disengagement Cycle** - negative and pessimistic about the future direction of change within the organisation

Figure 6 shows the percentage of health professionals across WA in each cycle as reported in the 2006 climate survey.

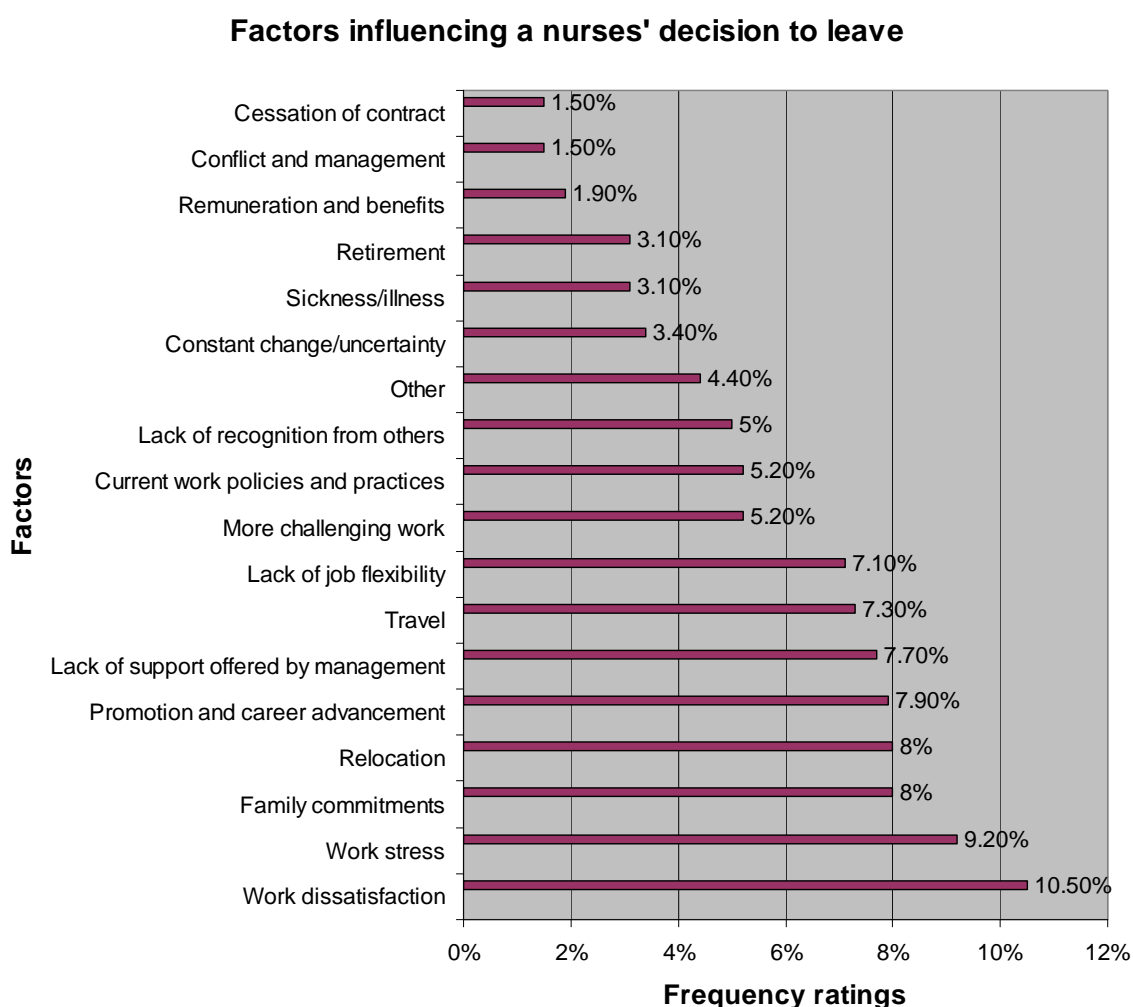


Best Practice Australia discusses how the type of culture has an important impact on retention issues. Changing the culture from a culture of blame and reaction to success and ambition will reduce staff turnover. Information on the cycle of engagement of health professionals within each Area Health Service is available in the climate survey 2006 report.

Drake, Australia Project

In conjunction with WA Health and the State Advisory Committee on Work Life Balance, Drake Australia conducted pre and post exit interviews with nursing and midwifery staff resigning or intending to resign during the period march 2007-2008.

Figure 7 highlights the range and frequency of factors influencing a nurses or midwives decision to leave an organisation as reported in the Drake, Australia study.



A qualitative analysis of the data identified the key underlying reasons influencing the nurse or midwives decision to resign. The areas identified included issues related to: leadership, communication, management, distribution of workload, feedback and input into top decision making.

Work dissatisfaction was a feature of the nursing interviews although this did not feature as strongly with health professionals.

The Drake study recommended that initiatives addressing nursing and midwifery turnover factors should focus around:

- Management and providing feedback to staff
- Distribution of workloads
- Input to decision making
- Greater support and work recognition
- Dissatisfaction with salary

Discussion

Climate survey

There is a variety of external factors that impact on staff retention that are unavoidable and out with the control of WA Health. *Age and retirement* (10%), *better opportunities elsewhere* (12%), *travel* (5%), *relocation* (3%), *personal life* (3%), and *inconvenient location* (3%) all feature as reasons for leaving in Figure 4. Although it is difficult to control these factors, it is essential that the CHPO understand the key characteristics of a health professional's reason for leaving an organisation. This will enable the CHPO to advocate for a range of initiatives which could improve staff satisfaction and ultimately staff retention.

Better opportunities elsewhere (12%) and *better pay elsewhere* (9%) featured strongly as reasons for leaving. It is not clear from the survey whether this was to a different post within WA Health or whether the opportunity was in another industry sector. It is very difficult to compete with the private sector which can pay higher salaries. The CHPO is currently developing a Recognition of Higher Qualifications policy which may assist with staff retention. The CHPO is also examining the feasibility of offering scholarships to retain new graduates in the public health system.

A comparison between *potential* organisational turnover factors (Figure 3) and *actual* deciding factors to leave (Figure 4) within the climate survey highlights a shift in emphasis of the key factors. Those employees who have thought of leaving but have not stated a definite intention to leave, cite dissatisfaction with upper management (20%), high stress and frustration (15%), workloads (14%), change (12%) and lack of support (10%) as some of the principal factors. However these do not feature as strongly with those who are actually planning to leave where the principal factors are better opportunities elsewhere (12%), age and retirement (9%), better pay elsewhere (9%) and upper management now accounting for only 9% of respondents. This suggests that although consideration of the potential reasons for leaving may be useful when considering improvement of workforce satisfaction and retention, they may not ultimately be the actual reasons that an employee decides to leave an organisation.

Other key *deciding* factors in an employee's decision to leave the organisation include *upper management* (9%), *high stress and frustration* (6%), *change* (5%) and *lack of experience and development* (4%), *lack of support* (3%), *lack of direction and future* (3%), *workloads* (3%), *lack of job satisfaction* (3%).

The State Health Executive Forum is responsible for ensuring that each Area Health Service implements strategies to address workforce satisfaction issues. A variety of initiatives have been identified by Area Health Services which should help to address some of these turnover issues.

Examples of Area Health Service climate survey initiatives

Performance management
Leadership and management development
Safe work practices
Work life balance promotion

Performance management

A target within the WA Health Operational Plan for 2008/9, is for 80% of employees to have performance development (PD) reviews (Department of Health, Performance Development Policy 2006). This opportunity to participate in a structured PD review should facilitate communication between health professionals and management about a range of issues. A structured PD may also impact on the factors which have the *potential* to impact on attraction and retention; *lack of support* (10%), *stress and frustration* (15%), *lack of experience and development* (8%), *change management* (12%). 'During the performance development planning meeting, parties should consider what can be done to assist employees to achieve their objectives/goals. They should consider what skills and knowledge are required to perform in the role and identify any specific training and development needs of the individual' (Performance Development Guidelines 2006). Consequently this improved communication may assist with improving the reasons identified as contributing to future health professionals' decision to leave.

Continued Professional Development

The *Department of Health 2008 (CHPO), Continued Professional Development (CPD) - Discussion Paper*, will guide the development of a Continued Professional Development policy for health professionals. CPD is a process by which health professionals maintain development through a range of learning activities to ensure they practise safely, effectively and legally within their evolving scope of practice (HPC, UK). As well as reflecting the personal learning needs of the individual, CPD should also align with the needs of the service. Recording CPD in a systematic way and discussing CPD needs as part of the performance development review should also assist with improving some of the key characteristics associated with leaving the organisation.

Leadership and management development programs

A number of Area Health Services have included leadership and management development as a key initiative. *Upper management and middle management* are both cited as potential and actual reasons for leaving in the climate survey. Improving the effectiveness of participation in the suite of leadership programs (<http://www.health.wa.gov.au/hrit/leadership/index.cfm>) on offer may have an impact on this key retention factor in the future. Additionally, extending participation in leadership programs to include clinical specialists may also impact on staff turnover and improve communication within the clinical specialties which support the various Health Networks.

Safe working environment

Although health professionals reported a favourable perception of safe working practices, compared with external norms and benchmarks in the 2006 climate survey, their results highlighted a particular issue with *reporting* and *knowing how to report* healthy workplace and safe working environment concerns (Figure 5). The presence or threat of bullying, harassment and aggression in the organisation is viewed as a safety concern and improvement in problems being identified and dealt with may improve work satisfaction. The Chief Health Professions Officer's participation at the WA Council of Safety and Quality in Health Care will assist with raising the safe working environment issues highlighted by the climate survey. Area Health Services are currently focusing on safe work practices to facilitate a better understanding of health and safety procedures and how to report them.

<http://www.safetyandquality.health.wa.gov.au/squire/index.cfm>

Work, life balance

Promoting work, life balance (WLB) by offering employees the flexibility to achieve a better balance between work, family and life commitments is one way of retaining skilled employees. The Work Life Balance and Equity Unit is involved in a number of initiatives which aim to promote a flexible work environment. Further information about these initiatives is available on Work, Life and Balance website, www.health.wa.gov.au/worklifebalance. The publication, '*Achieving Work Life Balance: Retention and Attraction strategies for WA Health*' also proposes a range of strategies managers should consider to help employees achieve a better balance between work, family and life commitments.

Another project of interest is the three year Work, Life & Health study, conducted by the Centre for Work + Life at The University of South Australia in conjunction with State Health Advisory Committee on Work Life Balance (WA Health). This study is about how people across all health occupations experience and manage their lives across work, home and community and what practices and policies make it easier for them. The quantitative aspect of the project will analyse the results of the WLB questions administered through the 2008 WA Health climate survey. The qualitative part will involve a series of focus groups with a wide range of occupations within WA Health. These focus groups will take place from May to October 2008. A round table event is scheduled for 2009 and there will be an opportunity for a CHPO representative to explore whether there is the potential to acquire quantitative and or qualitative data from health professionals, even although numbers may be small.

Comparison of Climate survey and Drake, Australia project

Health professionals in the climate survey (Figure 4) identified a number of factors influencing their decision to leave which were similar to those highlighted in the Drake project (Figure 7). *High stress and frustration, travel, family influences, upper management (HP) and lack of support offered by management (Drake), change and lack of respect/recognition* from others all feature strongly in both survey results.

In the DRAKE study, *dissatisfaction with work* (10.5%) and *work stress* (9.2%) are key factors in a nurse or midwife's decision to leave. It is possible that there is a causal effect between difficulty adjusting shift patterns and the perceived *lack of support offered by management* (7.7%), *lack of job flexibility* (7.1%) and *family commitments* as a reason for leaving. Only a small percentage of health professionals who stated an intention to leave WA Health in the climate survey reported *work dissatisfaction* (3%) to be an actual reason for leaving. In fact, unlike the nurses, above aggregate responses were reported for the organisation providing adequate flexibility in the hours/shifts worked (although health professionals tend not to work shift patterns to the same extent as nurses), fair and equitable workloads, friendly and safe working practises and colleagues who are flexible and supportive in helping health professional employees attend to work/life balance issues.

The WLB network newsletter is an excellent medium for raising awareness and promoting evidence of good practice throughout the health professions. Increasing awareness and the uptake of work, life and balance initiatives may subsequently impact on the turnover factors associated with *lack of flexibility* (5%, Figure3) and *family influences* (6%, Figure 4).

Future WA Health Exit data

Exit survey

The Department of Health, Workforce Policy and Planning office in collaboration with the WLB unit, representatives from HCN, the CHPO, each Area Health Service and ALESCO are currently working on developing a WA Health policy for exit surveys. The aim is for the exit survey to be administered through the ALESCO HR system, although consideration should be given to how exit data can be collected from Area Health Services in the meantime due to the protracted timescale of the ALESCO project.

The CHPO involvement in this group is an opportunity to propose that aggregated, profession specific data is available for each of the health professional groups from each Area Health Service. This would assist with identifying whether there are any recurring retention issues exclusive to a particular professional group. A comparison of the responses across each Area health Service over time would help to illustrate whether there are issues more specific to each locality and can help to determine where staff interventions can be focused. The CHPO can then advocate for future retention and attraction strategies and initiatives for WA Health to reflect the issues identified by allied health and health science professions.

Establishing an alumni or similar program that will keep potential returners in touch with WA Health, either to fill future permanent posts or filling short term vacancies may be a useful strategy for maintaining engagement with those employees who may consider returning.

Climate survey

As part of the WA Health Operational Plan 2008-2009, a second workforce climate survey is planned for 2008. In the future it would be useful for the climate survey to provide data which is specific to the WA 23 health professions represented by the CHPO instead of the current aggregate data. This data would allow for examination of individual characteristics of those HP employees leaving an organisation and longitudinally would assist with a trend analysis. A comparison of the quantitative responses across each Area Health Service would help to illustrate whether there are areas that are more specific to each locality and could help to determine where staff interventions could be focussed. Strategies could then be identified to improve the issues.

HCN Termination form

The T1 Termination form administered by HCN contains a mandatory question on the employee's reason for leaving along with profession title. The CHPO plans to explore whether Area Health services or HCN have collated this information and whether the office could access any reports as an alternate way of considering retention issues.

This report highlights the considerable amount of work already taking place across WA Health to address workforce retention issues. The CHPO representation at the Health Workforce Committee and via the Executive Director Workforce Division to SHEF should continue to facilitate understanding of health professionals' retention issues across WA Health.

Limitations

Due to the paucity of information for health professionals from the current exit interview process, this paper considered the allied health and health science professionals' response to the 2006 climate survey and any broad comparisons that could be made between the results of the survey and the DRAKE study commissioned by the State Health Advisory committee on work life balance. However, it should be noted that both surveys used different methodologies and any comparison should be considered with a degree of care.

The 2006 climate survey's health professional groupings do not match the 23 Allied health and health science professions represented by the CHPO. It is therefore not possible to analyse the responses to the different sections specifically for each of the professional groups. For the purpose of this report the WA Health aggregate data was considered.

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Acronyms

AHS	Area Health Service(s)
BPA	Best Practice Australia
CHPO	Chief Health Professions Office
CPD	Continued Professional Development
HCN	Health Corporate Network
HP	Health Professional
HPC	Health Professions Council
HR	Human Resources
MIT	Medical Imaging Technologists
NMT	Nuclear Medicine Technologists
PD	Performance Development
SHEF	State Health Executive Forum
WLB	Work Life Balance

Delivering a Healthy WA

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