



## Health Professions Workforce Planning Project Report

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## Table of Contents

Acknowledgements .....	5
The Health Professions Workforce Planning Project Group .....	5
Managers from the dietetics profession of Perth metropolitan public hospitals and public community based services. ....	5
Managers from the WACHS Great Southern Region. ....	5
Suggested Citation.....	5
Department of Health 2008, Health Professions Workforce Planning Project Report, Chief Health Professions Office, WA Health, Perth WA. ....	5
Executive Summary and Recommendations.....	6
Recommendation 1.....	6
Recommendation 2.....	6
Recommendation 3.....	6
Recommendation 4.....	6
Recommendation 5.....	6
Recommendation 6.....	6
Recommendation 7.....	7
Recommendation 8.....	7
Recommendation 9.....	7
Introduction .....	8
Relevant Reports Relating to the Health Professions.....	8
Western Australian Allied Health Taskforce on Workforce Issues, 2002...8	
Review of Specified Callings and Other Professionals. Report of the Joint Working Party HSOA and Department of Health WA, 2002 .....	8
The Australian Allied Health Workforce. An overview of Workforce Planning Issues, 2004.....	8
WA Health Clinical Services Framework 2005-2015, 2005.....	9
Productivity Commission Report, Australia’s Health Workforce, 2005 .....	9
WA Health Workforce Strategic Framework 2006-2016, 2006 .....	9
WA Health Professions Workforce Data Sets.....	9
Data definitions.....	9
Medical Support.....	10
Pilot Review of WA Health HCN Data .....	10
Dietetics Pilot.....	10

## Health Professions Workforce Planning Project Report

Great Southern Pilot.....	11
Discussion .....	12
Whole of Profession Surveys .....	13
Occupational Therapy, Physiotherapy and Podiatry 2007.....	13
Discussion .....	13
Activity Data.....	14
Workload Capacity Measures.....	14
Literature .....	14
Professional Bodies Comment.....	15
National Health Workforce Taskforce Work Program.....	15
Summary .....	15
Bibliography .....	16
Appendices.....	17
Appendix 1: Health Professions Workforce Planning Project Scope ....	17
Appendix 2: 23 Health Professions.....	20
Appendix 3: Medical Support by Account Code .....	21
Appendix 4:Response from letter to professional bodies.....	22

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**Managers from the WACHS Great Southern Region.**

## Suggested Citation

Department of Health 2008, Health Professions Workforce Planning Project Report, Chief Health Professions Office, WA Health, Perth WA.

## **Executive Summary and Recommendations**

The Health Professions workforce has identified data and workforce planning as a high priority. The Health Professions Workforce Planning Project has identified that current data for the allied health and health science professions is incomplete and inconsistent. The project team recommend continued work by the Chief Health Professions Office to improve data and increase the effectiveness of workforce planning. Robust data is critical to evidence based health policy and planning.

### ***Recommendation 1.***

The Chief Health Professions Office receive monthly FTE (Full time equivalent) and Headcount Reports by Area Health Service from Workforce Data and Modelling for use in analysis of workforce supply and planning

### ***Recommendation 2.***

The Chief Health Professions Office advocate for the creation of individual occupational account codes for each of the 23 professions represented by the Office. The creation of account codes for Audiology, Sonography, Clinical Perfusionist, Exercise Physiology, Respiratory Scientist, Sleep Technologist, Medical Physicist, Nuclear Medicine Technologist, Orthoptist, Orthotist & Prosthetist is required.

### ***Recommendation 3.***

Develop a policy standardising Health Professions job titles to allow improved use of titles to reflect service delivery.

### ***Recommendation 4.***

Develop a policy restricting multiple budgeted uses of position numbers to same positions only.

### ***Recommendation 5.***

Repeat Labour Force Surveys for Occupational Therapy, Physiotherapy and Podiatry in 2009 in conjunction with Workforce Data and Modelling.

### ***Recommendation 6.***

Develop and administer new Labour Force Surveys in 2008 for Medical Imaging Technologists, Nuclear Medicine Technologists, Medical Radiation Therapists, Clinical Psychologists and Pharmacists.

***Recommendation 7.***

Explore strategies to establish base data sets (e.g. gender, date of birth, home postcode, work postcode) to allow whole of profession modelling for WA registered professions.

***Recommendation 8.***

The Chief Health Professions Office continues work to identify, develop and improve activity data sets for allied health & health science.

***Recommendation 9.***

As required WA Health support from the Chief Health Professions Office for the National Health Workforce Taskforce Allied Health Workload Measures project.

## Introduction

The Health Professions (HP) Consultations Forums conducted by WA Health in 2006 identified workforce data and planning as priority work areas. The Health Professions Workforce Planning Project commenced in May 2007. The Executive Sponsor of the project was the Chief Health Professions Officer. Project objectives related to identifying existing information and data sets in relation to Health Professions workforce planning. (Appendix 1- project scope statement.)

The Health Professions are the twenty three allied health and health science professions that were identified by the Health Services Union (HSU) Award as Specified Callings. These professions have been categorised in WA as the Health Professions. (Appendix 2- list of Health Professions)

## Relevant Reports Relating to the Health Professions

The following documents were identified by the project team as relevant to Health Professions workforce planning. This report captures the scope and a brief comment on the nature of these reports.

### ***Western Australian Allied Health Taskforce on Workforce Issues, 2002***

The Taskforce reviewed 10 professional groups in both health and disability sectors using a workforce survey. The Taskforce achieved a 100% response rate and reported a WA workforce profile for these sectors as at March 2002. <sup>2</sup>

### ***Review of Specified Callings and Other Professionals. Report of the Joint Working Party HSOA and Department of Health WA, 2002***

This project included a component aimed at identifying data relating to workforce profile including staffing levels, vacancy and turnover of the Health Professions. Information was sourced by survey of metropolitan and country health services. This report identified gaps in data with surveys not returned or inconsistencies in data. <sup>4</sup>

### ***The Australian Allied Health Workforce. An overview of Workforce Planning Issues, 2004***

This Australian Health Workforce Advisory Committee (AHWAC) report commissioned by the Australian Health Ministers Advisory Council (AHMAC) reported an overview of the Allied Health workforce and reported on allied health planning projects. The report provides an overview of allied data collections during 2004 and highlights the gaps in allied health data,

planning processes and the complexity of an allied definition at national level. <sup>1</sup>

### ***WA Health Clinical Services Framework 2005-2015, 2005***

The Clinical Services Framework presents WA Health's strategic overview for Clinical Services. The Framework was developed in response to the recommendations made by the Health Reform Committee in its final report of 2004 - The Reid Report. The document outlines changes planned to the WA health system up to 2015. These changes will have a significant impact on workforce, altering workforce profiles and impacting on workforce demand. <sup>5</sup>

### ***Productivity Commission Report, Australia's Health Workforce, 2005***

The research report, [Australia's Health Workforce](#), was released on 19 January 2006. The report presents the findings of the commissioned study, [Health Workforce](#), which examined issues impacting on the health workforce including the supply of, and demand for health workforce professionals and proposed solutions to ensure the continued delivery of quality healthcare over the next 10 years.

### ***WA Health Workforce Strategic Framework 2006-2016, 2006***

The Health Workforce Strategic Framework outlines workforce modelling undertaken against the requirements of the Clinical Services Framework. FTE staffing requirements for occupational groups are mapped over a ten-year time frame. Detailed analysis of current workforce supply trends is presented based on national and WA Health data. Information for the Health Professions is presented within the occupational group "Medical Support".

## **WA Health Professions Workforce Data Sets**

Internal workforce supply data on WA Health is sourced from Human Resource data available through Health Corporate Network (HCN) and relates to pay systems HRIS/ Lattice. This data was reported by HCN to be limited in use from a workforce perspective. Information relates to employment or pay point and may not reflect point of service delivery.

### ***Data definitions***

Data is reported on the Health Professions as productive hours including paid sick leave, annual leave and long service leave and is reported as Full Time Equivalents (FTE). Workforce month to date averages are presented by

occupational group and location. The employee account code field is used to identify the occupational category to which the average FTE is assigned.

### ***Medical Support***

The majority of the 23 Health Professions are within the Occupational Group Hierarchy of Medical Support. Within this group there are 19 occupational account codes (Appendix 3). Within the 19 account codes of Medical Support four codes are for occupational groups not included in the Health Professions definition- Chaplaincy, Health Promotion, Dental Technician and Dental Therapist. Two codes are allocated to “other” occupational groups- other medical support, other ancillary services and one other code to a specific allied health assistant group- Rehabilitation Assistants. While some of these occupations are included within allied health organisational structures, they have not been included within the Health Professions definition, as this has been linked to an industrial award. Extension of the definition is currently limited by the award structure.

The 19 occupational groups in medical support also capture within some account codes a cluster of professions. These are separate professions grouped within the one account code and include:

- Radiology includes Medical Imaging Technologist and Sonographer
- Pathology includes Medical Scientist, Clinical Perfusionist, Respiratory Scientist, Sleep Technologist
- Technical includes Medical Physicist, Nuclear Medicine Technologist, Orthoptist, Orthotist & Prosthetist plus a range of other technical occupations.
- Speech Pathology includes Speech Pathologist and Audiologist.

This rolling up of occupational groups and clustering in account codes causes considerable difficulty in identifying discrete workforce information for these professions.

A remaining element resides in two professions within the Health Professions definition- Medical Librarians and Biomedical Engineers being outside the medical support definition.

## **Pilot Review of WA Health HCN Data**

### ***Dietetics Pilot***

The HP Planning Project team selected Dietetics as a medium sized professional group to review the validity of HCN data. Data was provided by HCN in June 2007. Service managers using service organisational charts matched this data for a validity check.

## **Methodology**

A project team member from the Dietetics profession assisted in identifying service managers for metropolitan hospital and community dietetics services. An explanatory letter was sent to advise of the project and individuals were requested to be available for a face-to-face appointment at their work site. The project manager undertook site visits. Service managers were provided with HCN employee data identified as relevant by budget holder, major location, position number, title and job classification code. Service managers were asked to validate the provided HCN data and report on variance. Positions missing from the HCN report were requested from organisational charts.

## **Results**

### **Positions**

- 75 position numbers were identified in HCN data set across Perth metro and community and hospitals
- All HCN Dietitians position numbers were accounted for by the profession
- 6 (7%) posts identified by profession as at June 07 were not on HCN data set
- Total position numbers 81

### **Variance**

- 1 (1%) post incorrect at level 1(AHS). North Metro post in South Metro data.
- 15 (18%) posts incorrect at level 2 (Major location). 12 Posts in HCN data as hospital should be in Community. 3 posts in Community should be in Hospital.
- 2 (2%) posts incorrect grade/level
- 2 (2%) posts not accurate title. Omission of Senior/HOD
- 1 (1%) post correct account code. Incorrect job class. HOD- Admin & Clerical- job class clerk
- 3 (4%) posts multiple budgeted FTE against position number- generic JDF

## ***Great Southern Pilot***

A second pilot review area was selected from the WA Country Health Service (WACHS). In this pilot, WACHS regions with membership on the project team were approached to support the project. The Great Southern Region volunteered its support.

## **Methodology**

The Great Southern project team member assisted in identifying service managers. For this pilot review of data all Health Professions were included.

An explanatory letter was sent to advise of the project and individuals were requested to be available for a telephone interview.

As in the Dietetics pilot service managers were provided with HCN employee data identified as relevant by budget holder, major location, position number, title and job classification. Service managers were asked to validate the provided HCN data and report on accuracy. Missing information was requested from organisational charts.

### **Results**

#### **Positions**

- 52 position numbers in HCN data set from 12 professions (Audiology, Clinical Psychology, Medical Librarian, MIT, Sonography, Dietetics, Podiatry, OT, Pharmacy, Physio, SW, Speech Pathology).
- All position numbers were accounted for.
- 12 (18%) posts identified not in HCN data set.
- Total position numbers 64

#### **Variance**

- 2 (3%) posts incorrect grade/level
- Mental Health has 2 (3%) specific posts filled by persons outside the profession e.g. Social Work to Clinical Psychologist
- 8 (12%) posts multiple budget FTE against position number
- 3 of these 8 have varying JDF's/ post titles
- 1 of these 8 has a varying JDF and grade

### ***Discussion***

The results from these pilots indicate that overall HCN HR data is reasonably accurate. Due to the nature of the data sets reflecting point of employment and not point of service delivery, limitations exist at the major location level, with the potential for community provided services employed and paid from hospitals not accurately reflecting a service delivery pattern.

Monthly FTE and Head count reports for the 13 Health Professions groups captured by the medical support account codes were established by the Chief Health Professions Office in November 2007. These were established at level 1 reflecting the Area Health Service workforce levels. Further work needs to be done to identify account codes for Medical Librarians and Biomedical Engineers. Recommendations to establish separate, discrete account codes for Sonography, Audiology, and the division of the Pathology and Technical account codes into their separate professions will be made. Broader WA Health projects, e.g. Alesco, have identified that data cleansing is required. The Chief Health Professions Office will be an interested stakeholder of this project advocating the importance of accurate data to the future of planning for the Health Professions.

## Whole of Profession Surveys

WA Health data available from the HCN Data warehouse reflects that component of the Health Professions workforce employed directly by WA Health. The remit of the government is broader than this and planning is undertaken to meet the workforce needs of the whole profession. Health Professions include occupational groups where a considerable proportion of the people work in the health or community service industry and are employed by a range of organisations outside WA Health including private hospitals, private practice, disability services and non government not for profit agencies. Many of these occupational groups are also known to have significant mobility through these sectors.

### ***Occupational Therapy, Physiotherapy and Podiatry 2007***

To obtain whole of profession data, Labour force surveys were undertaken for the occupational groups Occupational Therapy (OT), Physiotherapy and Podiatry.

WA Health conducts regular surveys in the Nursing and Medicine professions. These surveys and the data sets that they generate are contributed by WA to the Australian Institute of Health and Welfare (AIHW) national reports. AIHW Surveys were last conducted for Podiatry in 1999, Occupational Therapy in 1998 and Physiotherapy in 2002.<sup>8</sup>

### **Methodology**

WA Health developed Labour Force survey tools based on Labour Force surveys for these occupations previously administered for the AIHW by other jurisdictions. WA Health sought and received support from the relevant professions WA Registration Boards. The double-sided A4 paper surveys were sent with renewal of registration paperwork at the end of 2007. Individuals were asked to complete the survey and return to the Board with registration renewal paperwork. The completed surveys were then collected from the Boards. Information was sought from the Boards as to the total registrant's numbers in order to calculate a percentage return.

### **Results**

686 responses were received from OT a response rate of 43%.

1077 were received from Physiotherapy a response rate of 46%

171 were received from Podiatry a response rate of 59%

### **Discussion**

This data will be analysed and presented by WA Health as a 2007 WA workforce report for that profession. Strategies are being explored to increase response rates and fill data gaps created by a response rate less than 100%.

The data will also be utilised by WA and national modelling projects that aim to establish workforce supply requirements for graduate numbers, international recruitment or re-entry programs.

Whole of profession surveys are limited to those professions requiring registration as the Register acts as an information set identifying those professionals qualified and registered to practice. In WA this currently includes Clinical Psychologists, Medical Imaging Technologists, Nuclear Medicine Technologists and Radiation Therapists, Occupational Therapists, Pharmacists, Physiotherapists and Podiatrists.

No data sets exist that can identify professionals qualified but not registered to practice. These individuals are often considered in workforce re-entry strategies aimed at reducing supply shortages.

### Activity Data

HP Planning project objectives included identification of data sets relating to allied health and health science activity. The WA Health Allied Health System (AHS) was identified as a data set capturing metropolitan activity recorded as occasions of service for allied health professions. HCare is used to record WA County Allied Health Services.

No equivalent data sets were identified that capture Health Science activity. Project team members from Health Sciences reported that these were reported differently for these professions and may be reported as number of procedures, investigations or episodes. Some differences existed within the professions and reflected a site-by-site pattern to recording activity data for these professions.

### Workload Capacity Measures

The project team identified that specific workload capacity measures were not available or in use for most Health Professions in WA. These measures aim to indicate the work capacity of a professional group and can be utilised to assist workforce planning.

### Literature

In June 2006 a report for the Department of Human Services Victoria prepared by Human Capital Alliance, *Workload Capacity Measures for Use in Allied Health Workforce Planning*<sup>3</sup> indicated that some measures have been developed for some professions in some sectors. The review looked at five allied health professions. While these measures may be useful to assist benchmarking against an agreed standard there is considerable complexity in identifying all factors that must be considered in setting that standard. Some controversy exists around the use of these measures. Locally developed measures that map current workforce numbers to activity generate issues of identifying unmet need while expert opinion is often seen as likely to be unrealistic in an environment where health resources are constrained.

### ***Professional Bodies Comment***

The Health Professions Planning Project team contacted the relevant professional bodies for the twenty three Health Professions to seek input of known or recommended workload measures. While some professions reference limited use of existing measures for sectors such as Rehabilitation others reported an interest in supporting research in this area. (Appendix 4)

### ***National Health Workforce Taskforce Work Program***

The important potential use of these measures to assist in costing new services or planning for future workforce supply has prompted WA Health to plan to offer WA input to a national project on workload capacity measures, which is being undertaken in the 2008/09 Work Program of the National Health Workforce Taskforce.<sup>7</sup>

### **Summary**

Workforce data is critical to identifying workforce shortage and effective workforce planning. The Health Professions are twenty three distinct professions that are not homogenous. The Health Professions Planning Project recommends that improvements be made to data and data reporting.

The Chief Health Professions Office in recognition of the need for robust data is dedicating a considerable proportion of its 08/09-work program to the development of more consistent and complete data sets for these professions.

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5. WA Health. (2005). *WA Health Clinical Services Framework 2005 - 2015*. Government of Western Australia, WA Health.
6. WA Health (2006) *Health Workforce Strategic Framework 2006-2016*. Government of Western Australia, WA Health.
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8. Australian Institute of Health and Welfare <http://www.aihw.gov.au/>

## Appendices

### Appendix 1: Health Professions Workforce Planning Project Scope

#### HEALTH PROFESSIONS WORKFORCE PROJECT

<b>Project Title:</b>	Health Professions Workforce Planning
<b>Project Manager:</b>	Karen Lennon
<b>Project Sponsor:</b>	CHPO
<b>Project Source:</b>	Healthy Workforce Strategic Framework
<b>Relevant HWSF Objective:</b>	Workforce Data: Workforce data capture, systems and processes that provide and maintain an evidence-based foundation for strategic workforce planning for WA Health
<b>Links to National Workforce Developments:</b>	<i>National Health Workforce Strategic Framework Principle 6</i> - health policy and planning must have the best available evidence
<b>Project Background and Justification:</b>	<p>Workforce data is one of the 5 priority areas in the <i>Healthy Workforce Framework</i>. Strategies for the Health Professions workforce identified through the Health Professions Workforce Consultations are:</p> <ul style="list-style-type: none"> <li>• Collection of relevant information and data across the health professions workforce</li> <li>• Workforce data to inform education and training</li> <li>• Planning across health services to improve workforce modelling systems with clinical data (micro versus macro aspects with integrity, validity and reliability)</li> <li>• Engagement with national stakeholders to ensure an increase in the constancy and utility of health professions data</li> <li>• Full integration of Health Professionals workforce planning with health service, clinical and infrastructure planning</li> </ul>
<b>Project Objectives:</b>	<ul style="list-style-type: none"> <li>• Identify existing data collection systems. Identify current data sets.</li> <li>• Establish uniform data sets for the Health Professions including workforce numbers, distribution and skills.</li> <li>• Identify current reports systems.</li> <li>• Explore and implement the collection of meaningful data for the development of workforce modelling systems in health service reform.</li> </ul>
<b>Project Deliverables, Timeframes and Outcome Measures:</b>	<ol style="list-style-type: none"> <li>1. Project plan approved by HPWSC and HWC by March 2007</li> </ol>

2. Established information and data for health professions workforce planning by August 2007 that includes:
  - Workforce data across public health services
  - Clinical/professional service delivery
  - Profession infrastructure planning framework linked to models of care
  - Workforce data to inform education and training
3. Initial outcomes for health professions workforce planning by December 2007 with:
  - Engagement with national stakeholders to increase the constancy and use of health professions data as an ongoing process. Links to National Allied Health Advisory Council & Healthy Workforce Principal Committee.
  - Analysis of current systems and processes for collecting workforce and performance data
  - Proposed short-term options for benchmarking workforce data, with regards to immediate needs for strategic workforce planning
  - Progress towards a whole of health approach to workforce planning
  - Long-term plans to improve workforce data (well-defined, meaningful, comparable and applicable) in system-wide workforce planning activities

**Project Assumption:**

- Existing data systems have capacity to generate data required
- Existing data systems have reasonable rates of compliance for data entry. e.g. AHS
- Historical data will require informed interpretation
- Existing data systems have ability to modify reports
- Goodwill for manual data collection in the absence of electronic data systems

**Project Constraints:**

- Absence of National benchmarking data for Health professions workforce
- Changing health care environment
- Number of Health Care Professionals in diverse settings
- Allocation of staff resources in ODD to support the operational group
- Appointment of specific resources for implementation

**Project Dependencies:**

- Staff resources in ODD and CHPO
- CHPO review of directions and proposals
- Establishment of the HPWSC Operational Group for Planning

**Project Stakeholders and Consultation:**

Healthy Workforce Committee  
 Health Professions Strategic Workforce Committee  
 Health Professions Reference Group  
 Area Health Services and WACHS  
 Organisational Development Division, with regard to related projects

**Project Approvals:**

## **Baseline data:**

1. Resource.
  - Health Professions scope – allied health, health sciences, support groups
  - FTE by professional group, Area Health Service and site
  - Head count by professional group
  - Grade/level mix by professional group
  - Vacancy by professional group
  - Age, Gender by professional group
  - Attrition rate by professional group
  - Turnover rate by professional group
  - Contract type by professional group and setting
  
2. Service delivery by profession by setting
3. Trends – historic data and future services

## **Proposed Operational Group:**

- Project sponsor – Director ODD / CHPO
- Project Manager - HPWA
- Allied Health representative/s } Professional representatives and Health Science representative/s } links with Reference Groups
- Health System Support analyst

Info Health – request for representative when required

**Appendix 2: 23 Health Professions**



**Audiologist**

**Bio Medical Engineer**

**Clinical Psychologist**

**Clinical Perfusionist**

**Dietitian**

**Exercise Physiologist**

**Medical Librarian**

**Medical Imaging Technologist**

**Occupational Therapist**

**Medical Physicist**

**Orthoptist**

**Medical Scientist**

**Orthotist & Prosthetist**

**Nuclear Medicine Technologist**

**Physiotherapist**

**Pharmacist**

**Podiatrist**

**Radiation Therapist**

**Social Worker**

**Respiratory Scientist**

**Speech Pathologist**

**Sonographer**

**Sleep Technologist**

## Health Professions Workforce Planning Project Report

ACCOUNT CODE	ACCOUNT DESCRIPTION	DESCRIPTION	Warehouse No. Professions
131	RADIOLOGY (MEDICAL IMAGING) -(JTDESC: MEDICAL IMAGING TECHNOLOGIST)	Medical Imaging Technologist & Sonographer	2
132	RADIOTHERAPY (JTDESC:RADIATION THERAPIST)	Radiation Therapist	1
133	PATHOLOGY (JTDESC: MEDICAL SCIENTIST/CLINICAL PERFUSIONIST)	Medical Scientist, Clinical Perfusionist, Respiratory Scientist, Sleep Technologists	4
134	DIETITIANS	Dietitian	1
135	PODIATRY	Podiatry	1
139	OTHER MEDICAL SUPPORT SERVICE (JTDESC: PHYSIOLOGIST)	Exercise Physiologist	1
142	OCCUPATIONAL THERAPY	Occupational Therapist	1
143	PHARMACY	Pharmacist	1
144	PHYSIOTHERAPY	Physiotherapist	1
145	SOCIAL WORKER	Social Worker	1
146	TECHNICAL (JTDESC:PHYSICIST, NUCLEAR MEDICINE TECHNOLOGIST, ORTHOPTIST AND ORTHOTIST)	Medical Physicist, Nuclear Medicine Technologist, Orthoptist, Orthotist & Prosthetist	4
147	SPEECH PATHOLOGY (JTDESC: AUDIOLOGIST)	Audiologist, Speech Pathologist	2
148	PSYCHOLOGIST (JTDESC: CLINICAL PSYCHOLOGIST)	Clinical Psychologist	1
		Medical Librarian	1
		Bio Medical Engineer	1
	Health Professions represented by CHPO		<b>23</b>

Others in Medical Support

136	CHAPLAINCY
137	HEALTH PROMOTION
138	REHABILITATION ASSISTANT
139	OTHER MEDICAL SUPPORT
140	DENTAL TECHNICIAN
141	DENTAL THERAPIST
149	OTHER ANCILLARY SERVICES

### Appendix 3: Medical Support by Account Code

*Appendix 4: Response from letter to professional bodies*

	Recommended capacity workload measures associated with your profession.
	<b>PLANNING</b>
Pharmacy	This question was misinterpreted so not answered correctly. Referred to the number of graduates over a period.
Medical Imaging Technology & Radiation Therapy & Sonography	There are currently no national or international workload measures however depending on funding AIR hope to undertake such a project in 2008.
Speech Pathology	While there is no national data collected to inform the adequacy of current service provision and/or to set projections regarding the future supply and demand for SP, some attempts have been made to establish benchmarks/workload capacity measures in some areas of SP (AHRCC 2005). Figures are based on therapist to bed or patient ratios rather than evaluation of adequacy of current service provision and projections beyond this. Accurate reporting of current SP service provision is not possible because of the lack of appropriate data.
Clinical Perfusionists	Capacity workload measures were not listed specifically however the following issues pertaining to capacity workload measures were listed as follows: working longer hours without adequate rest - no backup perfusionists to cover all situations - 24 hour on-call service living compromised lifestyles and members taking stress leave or early retirement because unable to work at the level of commitment required.
Physiotherapist	Currently APA does not have physio workload measures available. They understand that a Physio student is investigating validated optimum patient/staff ratio for Fiona Stanley Hospital. Two members have presented 'Recommended physiotherapy staffing levels for rural Aus. Communities' and 'Minimum standards for remote allied health workforce'. DSC bases their funding on patient's disability and allocates money for therapy on this basis. They believe the Royal Australian College of Rehabilitation Physicians have published recommended ratios for physiotherapists working with stroke, amputees and general neurology.

## Health Professions Workforce Planning Project Report

<b>Biomedical Engineer</b>	The ACPSEM do not have recommendations for capacity workload measures. They refer us to The Society of Medical and Bio-Engineering (SMBE) or The College of Biomedical Engineering (CBME) who maybe able to provide this data.
<b>Medical Physicists</b>	Capacity workload measures are bound to change as technology develops and ARPANSA is due to release a new Code of Practice affecting all Medical Physics specialities on 26 October 2007. ACPSEM through a survey in 2007 showed 4.6 qualified ROMPs, 1.5 qualified NMPs and 1.7 qualified RMPs per million populations in WA in 2006. Full response provides Table 1 and Table 2, which show the ACPSEM and The German Society of MP recommended staffing levels.
<b>Medical Scientists</b>	A minimum of 10 hours break between shifts, shifts no longer than 10 hours. Mistakes happen when inexperienced MS are required to work alone unsupervised. Other professionals need to be realistic in regards to turn-around-times for testing
<b>Orthoptists</b>	Did not understand what was required of them for this question.
<b>Exercise Physiologist</b>	They don't recommend a workload capacity, however best practice suggests they see clients for 45 - 60 minute sessions.
<b>Podiatry</b>	The podiatry profession has not developed any workload measures or patient/clinician ratios. Podiatry is predominately practiced in the private sector. In the public sector services are limited and focus primarily on delivering outpatient services. As such there hasn't been any incentive for the association to gather workload measures. In the UK NHS where podiatry is well represented, workload measures have been developed, however these measures were unavailable.
<b>Social Work</b>	Principle method of monitoring CWM is use of activity statistics from Allied Health System which can also be analyzed by HRT however WA Hospitals have offered little support for AH participation in HRT. Social Work in health needs similar CWM as Departments involved with Care for Children have.
<b>Orthotist &amp; Prosthetist</b>	Incorrect information provided to answer this question.
<b>Dietitians</b>	DAA does not have any recommended CWM however our Dietetic Managers group plans to review dietetic data from HRT. Plan to review dietetic clinical practice area where evidence based practice guidelines exists.

## Delivering a Healthy WA

