

Theme: The Future Primary Health and Social Care Workforce

Building the capability of the system to support an Integrated Primary Health & Social Care Workforce

Across all of the participating IHWC countries there is a growing recognition that people with complex and chronic care needs require integrated health and social care services from multiple professionals, organisations and indeed systems. Health and social care is provided by a diverse array of paid professional workforce (e.g., specialists, GPs, nurses, allied health, mental health workers, physical health workers etc) un-paid/informal workforce (carers, volunteers etc). The health and social care workforce is required to work: within and across interfaces (primary care, acute care, community-based care and home), organisations (government, private, non-for profit, for profit); within a diverse array of chronic conditions (Diabetes, Mental Health, Cancer) within diverse patient care settings (e.g., Veterans Care, Home and Community Care); and diverse population groups (e.g., Aboriginal and Torres Strait Islanders, CALD).

The provision of high quality and effective integrated primary health and social care, challenges traditional: balance of care (formal/professional Vs informal); balance of roles and skills (e.g., specialist and generalist skills in hospitals and in the community); care provision boundaries (primary, acute/hospital, community, home); workforce planning approaches (identifying, predicting and modelling workforce supply and demand), funding mechanisms and structures (fee-for service, private insurance), regulatory structures (national standards Vs quality risk management approaches) and professional development (continuing professional development Vs collaborative practice development).

To have the right knowledge, skills, competencies, an integrated primary health and social care workforce requires integrated financial, service and workforce planning, education, training and regulation across health and social care.

This session will provide the opportunity for each of IHWC countries to reflect on the current challenges to a high quality, efficient and integrated primary health workforce. Challenges will be considered within the lens of the following drivers:

- funding drivers that influence what services are provided by the workforce, by whom and for how much,
- regulatory drivers that seek to balance quality, safety and responsiveness of the primary health workforce,
- education drivers that define the scope and competence of the workforce to work in primary health care,
- policy / organisational drivers that affect how services are structured and delivered, and
- consumer drivers that support consumer needs and demands for accessible services.

The key questions this session will seek to answer are:

- Which drivers are most significantly impacting upon the primary health workforce? How and why?
- How is the primary health workforce responding and adapting to these challenges?

Session Format:

The session is expected to run for 90 minutes.

Participant countries will be requested to provide 1 speaker to present on ONE of the drivers nominated above. This driver should be the most current and significant driver for change in the primary health workforce in that country. The key questions above should guide the presentation to be given. Each presentation should also include a brief, high level snapshot of the primary health workforce in their country. Presentations will be between 10 minutes in length that includes any question time.

On conclusion of the presentations, 20 minutes will be allocated for table discussions on what conclusions can be drawn from the presentations, the nominated drivers for change within the primary health workforce, and how these drivers can best be addressed to advance the primary health workforce. The session will then conclude with a report back from tables.