13th IHWC CONFERENCE – 2011 – Brisbane

A  Interdisciplinary – education and training

Lead country:  UK

The delivery of health care in teams is an important aspect of service provision within hospitals and within the community. In recent years there has been a move towards more interdisciplinary education and training. This session will explore developments in interdisciplinary education and training with a particular focus on training content, organisation and delivery.

Each country should showcase its innovations and practices in multidisciplinary training, including in the use of simulation in training. Any research which illustrates the benefits of interdisciplinary training to the health system and the delivery of training, patient safety and clinician performance should be highlighted.

B  The Emerging Challenges of Expanding Medical Workforce Supply

Lead country:  Australia

Countries are experiencing an increase in supply due to expansions in the supply of medical graduates and there are evolving issues about the short and longer term effects of more doctors. The most immediate issue is how the expansion is catered for in postgraduate training. More medium term issues can be expected to relate to affects of the expansion on health care costs, on population health, on national self-sufficiency and immigration policy, and on the potential for 'crowding out' the growth in the roles of non-medical health professionals.

This session will explore these challenges, with particular focus on postgraduate medical education.

C  Comparisons of the Restructured Primary Care in the IMWC Countries

Lead country:  US

In each IMWC country there is an increased role for primary care providers in coordinating patient care, together with a focus on holding providers (and the health system) accountable for the cost and quality of care delivered to a defined population.
Each country should examine the changes that are occurring in the role of primary care providers, the evolving models of provision of primary care in each country, role revision/extension and role innovation and the challenge of developing ways to evaluate the cost/quality of care under different primary care models and skill mix configurations.

D  Ethical Integration of Internationally Educated Health Professionals

Lead country:  Canada

Increased attention is being paid to the mobility of the medical workforce and other human resources for health (HRH) across international borders, including resultant strains on HRH in developing countries. The World Health Organisation and a number of countries have developed or are developing codes for ethical recruitment as a response. International HRH mobility is also requiring recipient countries to develop new regulatory approaches to safely integrate health professionals into their workforce. Each country should present how they approach ethical recruitment and integration of internationally educated health professionals, including professional regulation, particularly from the aspect of interprofessional changeability, the links to national and international mobility (e.g., who can move where, with what recognition and how can they practise).

E  National Health Workforce Centre’s Roundtable

Moderator:  Erin Fraher (US)

Since the 2010 IMWC conference, the national health workforce landscape has changed in 4 countries – where there has recently been established new national health workforce agencies.
- Australia:  Health Workforce Australia
- New Zealand:  Health Workforce New Zealand
- England:  Centre for Health Workforce Intelligence
- United States:  National Health Care Workforce Commission
- Canada:  no national agency but will participate

By October 2011 each will have been in existence for 12-18 months and so we have a unique opportunity for each organisation to showcase themselves and talk about the strategic and research directions they are pursuing; their work program; new and expanded data sets; and approaches to workforce planning. A standard set of questions will be distributed prior to the conference.