## Starting with the end in mind

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**Aim:** Health workforce planning is often done reactively, assuming continuation of patterns of health care utilisation and adjusting for demographic projections. This HWA-funded research involves partnerships in a geographically bounded area including a regional centre (Cairns) and two small rural communities in north Queensland (Mareeba and Yarrabah) to develop a demonstration model of health workforce planning. The focus is on creating a flexible and sustainable rural health workforce plan that responds to community needs.

**Methods:** An action research methodology, involves key stakeholders in four cyclical stages of health workforce planning, with continuous process evaluation:

- Stage 1: Develop an essential health services plan (basket-of services) for each of the planning areas.
- Stage 2: Remodel and build appropriate health service models that deliver the agreed upon priority health services.
- Stage 3: Assess the skills-sets required and from there configure the desired workforce needed to appropriately deliver these health service models.
- Stage 4: Develop a workforce and training plan that details and costs the training of an appropriate health workforce to serve rural population needs.

**Results:** The project is in progress, but by Conference time we will be able to present:

- Integrated health service models that deliver the agreed-upon priority health services for the two target areas (including strengthening existing local and outreach models of service provision and balancing this with appropriate regional service location). Likely innovations include increased use of telehealth and innovations in public-private funding.
- Analysis of skills-sets required and configuration of the desired workforce to best deliver these health services. The focus for this workforce planning is on ensuring that available health workers have a wide range of general skills, in line with evidence showing that health professionals with more 'generalist' skills provide better outcomes at lower cost in rural areas.
- A workforce training and education plan outlining the training of an appropriate health workforce for these communities. This considers adequate support mechanisms (including professional development) for the rural health workforce, local training and providing alternative pathways that allow similar progression and development to urban counterparts.

**Conclusions:** This project demonstrates that participatory health workforce planning is possible, based on strong and respectful partnerships between stakeholders. Although complications often arise due to differences in funding models, employment conditions and inflexible information technology systems between service providers, these can be overcome where there is a shared vision to innovate and a commitment to that process from all stakeholders.