

'Statewide PCP Strategic Workforce Development Planning' Project

Detailed Project Plan

Prepared by:	Mandy Geary and Jane Henty
For Approval by:	Project Sponsors, Project Advisory Group

Version #	Date	Comment (to be completed with each new version)
1	29/11/11	Development of initial plan, Monica Merceica, IEPCP
2	Nov-Dec 2011	Multiple revisions re content and formatting, J Henty & M Geary IEPCP
3	18/12/11	Final Draft Version, M Geary. Extensive re-write of all elements. Re-development of GANTT and supporting frameworks.
4	22/12/11	Final review, Jane Henty; grammar , formatting changes
5	23/12/11	FINAL; incorporation of suggested improvements

Project Title	Statewide PCP Strategic Workforce Development Project
The subject to be worked on	Generating an evidence base to support Victorian PCPs to meet the learning needs of the primary health care workforce more effectively in relation to the provision of best practice chronic illness care.. Specifically, the project aims to develop a standardised Training Needs Analysis process and resource kit (the 'Toolkit') for use by PCPs across Victoria. This resource will support PCP's in determining the learning needs of agencies' workforce, thereby facilitating improved planning and delivery of training programs by PCPs across the state.
Justification	<p>Chronic conditions pose significant burdens on health and wellbeing for individuals, families and communities (WHO, 2002). In Australia, chronic conditions such as asthma, diabetes, depression, arthritis and cardiovascular disease are the main cause of death and disability. The burden of chronic conditions is expected to reach 80% of healthcare expenditure by 2020.¹</p> <p>The ageing population and increasing burden of chronic disease present new challenges to health service delivery in Victoria. Similarly, evolving technologies and models of care such as the Chronic Illness Care or 'Wagner' model also generate new opportunities to develop and grow our health system for the future.² It is necessary to ensure the health care workforce is equipped to manage these changes and adjust their practices, processes and systems accordingly for the delivery of quality chronic illness care (CIC)</p> <p>Existing evidence in relation to educating health professionals providing CIC indicates that there is widespread implicit teaching and understanding of the skills and principles relating to chronic illness care (CIC). However, there is</p>

¹ National Health Priority Action Council 2006 in Battersby M (2009) *Capabilities for Supporting Prevent and Chronic Condition Self Management. A Resource for Educators of Primary Care Health Professionals* (1)

² Accessed at <http://www.health.vic.gov.au/workforce/>

little explicit assessment of the knowledge and skills needed to deliver best practice CIC particularly in relation to the self management element of the 'Wagner' model adopted by the Victorian Department of Health.³

In addition, research indicates the current health care workforce has little understanding of some general chronic care self management support skills and there is little evidence of explicit use of these skills currently.⁴

Victoria's health workforce is critical to the overall success of the state's health system and the skills of the primary health care (PHC) workforce specifically are recognised as essential for effective chronic condition self- management support to patients across the lifespan.⁵

Primary Care Partnerships in Victoria have a specific capacity building role which includes facilitating the implementation of the 'Wagner' model for chronic illness care which is '...an internationally recognised, evidence-based guide to the comprehensive, integrated reorganisation of care delivery needed to support chronic condition self-management.' (Wagner, et al., 2001)⁶

Capacity building in a health system context is defined as '...an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over'.⁷

Workforce development (WFD) is one element of capacity building models and is defined as "...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness...". The full range of workforce development activities has a broad and comprehensive systems focus that targets individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers.^{8,9}

This project is focussed on developing a set of resources (the 'toolkit') to support Victorian PCPs to assess the training or learning needs of individual primary health care practitioners and organisations within their catchments in order to deliver best practice chronic illness care.

An effective and valid training needs assessment is an integral 'first step' in planning training activities that will meet the needs of these learners.¹⁰

Training Needs Analysis is essentially a simple process used to establish why training is needed, by whom, and what the content or objectives of training programs should be. Developing successful training programs that meet the needs of the targeted learner group is enabled by having a systematic,

³ Battersby M *Educating health professionals taking a systemic approach to chronic conditions self management.* Flinders University Behaviours and Health Research Unit

⁴ Ibid HUH?

⁵ ibid

⁶ Battersby M (2009) *Capabilities for Supporting Prevent and Chronic Condition Self Management. A Resource for Educators of Primary Care Health Professionals (1)*

⁷ Hawe et al: 1999 in NSW Health (2001) *A Framework for Building Capacity to Improve Health*

⁸ Accessed at http://nceta.flinders.edu.au/workforce/what_is_workforce_development/

⁹ NSW Health (2001) *A Framework for Building Capacity to Improve Health*

¹⁰ Horner B (1995) 'Handbook of Staff Development. A Practical Guide for Health Professionals'. Churchill Livingstone; p 25.

	<p>relatively objective way of assessing needs in order to make decisions about priorities for training services or programs.¹¹Taking a creative or pro-active approach to training and development starts with identifying what knowledge skills or behaviour are needed <i>after</i> training. In this project, this means knowing what the best practice CIC competencies are, and where the 'gaps' exist in the workforce that PCPs need to aim to address in their training programs.</p> <p>Substantial research has already been undertaken on the competencies required by health professionals and healthcare systems to deliver effective care to those with, or at risk of developing, chronic conditions. These competencies include patient-centred care, partnering with the patient and other healthcare providers, and adopting a public health perspective.</p> <p>Empowering individuals towards adopting self-management strategies, where appropriate, feature significantly in these competencies (WHO, 2005) and in the program logic framework within which PCPs work.</p> <p>The development of the Training Needs Analysis (TNA) Toolkit in this project involves reviewing existing TNA resources used by PCPs across Victoria and incorporating the best elements of these to the design of a single, standardised resource. In addition, core competencies required for the delivery of contemporary, best practice chronic illness care will be identified by reviewing the literature, existing TNA tools and previous studies undertaken by PCPs. It is not the intention of this project to replicate existing knowledge, but to analyse and synthesise it in the design of the TNA tool and the guidelines for implementation contained in the Toolkit.</p>
<p>Policy Context and Frameworks for Action</p>	<p>This project is consistent with policies and guidelines issued by the Sector Workforce Unit, Workforce, Leadership and Development Branch, Wellbeing, Integrated Care and Ageing Divisions of the Department of Health, Victoria, Australia, 2011</p> <p>Specifically, the project objectives are supported by the following policies and guidelines:</p> <ul style="list-style-type: none"> • The National Chronic Disease Strategy (2006). This strategy was developed to provide the overarching framework and direction for improving chronic disease prevention and care across Australia. Consistent with this framework, the Victorian Government initiated a number of programs across the state including the Integrated Chronic Disease Management (ICDM) and the Early Intervention in Chronic Disease in Community Health (EIiCD) programs. Both initiatives adopt the Wagner Chronic Illness Care model as a best practice framework.¹² The implementation of the framework is directed through Primary Care Partnerships (PCPs) and applied between regional healthcare services with the aim of better understanding client needs and providing coordinated and effective planned care to clients with chronic disease.¹³ • Department of Health Primary Care Partnership Revised Program Logic, July 2009. • Department of Health Self Management Mapping August, 2007.


¹¹ Ibid

¹² Copyright 1996-2011 The MacColl Institute. The Improving Chronic Illness Care program is supported by The Robert Wood Johnson Foundation, with direction and technical assistance provided by Group Health's MacColl Institute for Healthcare Innovation.




¹³ National Health Priority Action Council (NHPAC) (2006) *National Chronic Disease Strategy*. Australian Government Department of Health and Ageing, Canberra

	<ul style="list-style-type: none"> • Primary Health Integrated Chronic Disease Management Workforce Capacity Building Strategy 2008/09 – 2012/13 which endeavours to foster sustainable mechanisms to support an on-going culture of learning and continuous quality improvement. • Council of Australian Governments (COAG) <i>National partnership agreement on hospital and health workforce reform, 2008</i> which identifies workforce development as a key enabler of a sustainable healthcare system for Australia. • Health Workforce Australia frameworks that support a lifelong learning approach to skills development and career progression.
<p>Background to this Project</p>	<p>In Late 2010, a network of Integrated Chronic Disease management (ICDM) workers from the 30 Primary Care Partnerships (PCPs) across Victoria identified there was a lack of evidence to inform chronic disease workforce training.</p> <p>A number of PCP’s have undertaken Training Needs Analysis (TNA) amongst their member agencies there is no consistent or standardised approach to the process. PCPs have also expressed the need to share the data generated from TNAs to support coordinated planning of training across the State and improve PCPs collective knowledge of workforce training needs and options.</p> <p>Subsequently, a working group was formed amongst ICDM workers from both rural and metropolitan PCPs. The group agreed there was a need to develop a single TNA with guidelines on how to plan, implement and evaluate data from the TNA, that would be accessible to all PCP ICDM workers and would inform workforce planning and systems change to support people with chronic and complex conditions.</p> <p>The work of this project is to ask, and find answers to, the following key questions:</p> <ol style="list-style-type: none"> 1. Do PCPs currently assess the training needs of PHC practitioners in their catchments as a basis for planning training programs? 2. If so, what tools do they use and how do they use them (what works, what doesn’t)? 3. Are the TNAs currently being used effective and efficient in collecting information about: <ol style="list-style-type: none"> a. What the learners currently do/know about delivering best practice CIC measured against what <i>should</i> be done/known e.g. gap analysis; b. What individual factors contribute to this gap (noting that system or organisational factors preventing the application of best practice CIC cannot be effectively addressed through a training program for individual practitioners); c. What are the <i>perceived</i> and <i>expressed</i> needs of the learner groups; d. What training <i>opportunities</i> currently exist in PCP catchments; e. What training <i>providers</i> are preferred or used e.g. Registered Training Organisations, private consultants, PCP staff; f. What <i>level</i> of training is preferred and/or accessed e.g. formal (e.g. post-graduate courses, Certificates) or informal (short courses, workshops, short or in-service sessions); g. What <i>modes</i> of delivery are preferred and/or used e.g. self-paced learning, on-/off-campus learning, on-line, traditional ‘lecture’ style workshops or single sessions, in-house or off-site; h. What barriers <i>prevent</i> targeted learners (e.g. the PHC

	<p>workforce) from accessing PCP provided training opportunities; i. What factors <i>enable</i> learners to access PCP provided training opportunities;</p> <ol style="list-style-type: none"> 4. Is the information obtained from a TNA used by a PCP to develop training programs that successfully meet the needs of the targeted PHC practitioners (or 'learners')? 5. How is this known? That is, how is the 'success' of training programs and needs analysis currently evaluated? 6. Is training data already collected by PCPs valid/reliable and if so, what does it tell us about current workforce CIC training needs and providers (e.g. Registered Training Organisations) across the State? <p>A variety of methods for collecting and collating the answers to these questions will be used such as literature review, web-based survey, focus groups, advisory group and individual consultations.</p>
Project Duration	The duration of this project is 12 months from October 2011 to October 2012
Cost	As per funding plus contribution of in-kind resources (such as time, expertise, advice, office space and equipment) by participating project partners and stakeholder PCPs across Victoria.
Project Lead	Inner East Primary Care Partnership
Scope	<p>Inclusions within the project:</p> <ul style="list-style-type: none"> • Identifying of individual, team and system competencies for working with clients with chronic and complex conditions. • Identifying of 'best practice' standards in TNA design and processes. • Gathering information about, and examples of, TNA tools and processes currently being used by PCPs to identify training needs and effectiveness of same. • Analysing training needs data from existing TNA that have been completed in the past 12 months <i>where that data is useful, valid and/or reliable</i>. • Developing a standardised TNA tool and guidelines/fact sheets (the "Toolkit") to support the effective implementation of TNA tool and analysis and reporting of data by PCP ICDM workers to inform training program planning • Piloting the TNA toolkit with (minimum) five (5) self nominated Metropolitan and Regional PCPs. <p>Exclusions</p> <ul style="list-style-type: none"> • The project does not include implementing training needs analyses of member agencies on behalf of individual PCPs; • The project does not include designing, negotiating, sourcing or providing training programs on behalf of individual PCPs or their member agencies; • The project does not include mapping of all possible training providers in Victoria re chronic illness care or conducting a statewide training 'gap' analysis; • The project involves Victorian PCPs directly, and not their member agencies.

Project Goal	The goal of this project is to support Victorian PCPs to build the capacity of the primary health care workforce to deliver best practice; evidence based chronic illness care to people experiencing complex, chronic diseases.
Project Objectives	<ol style="list-style-type: none"> 1. To develop a sustainable resource to support PCP’s and their member agencies to effectively identify the training needs relating to chronic and complex conditions within the primary care health workforce; 2. To support state wide data collection of workforce training needs across the state through the development of a standardised tool and resource kit that will enable consistency in collection and analysis by PCPs organisations; 3. To establish ‘best practice’ standards for ICDM TNA based on existing literature and evidence including individual, team and system ‘competencies’; 4. To map existing practices in PCPs re sourcing and using different training providers to deliver CIC related training; 5. To ensure effective consultation with and engagement of key project stakeholders; 6. To demonstrate high quality project management skills throughout the course of the project; 7. To successfully meet agreed deliverables within established timelines and available resources (financial and non-financial).
Deliverables	<ol style="list-style-type: none"> 1. Document: Review of Core Competencies - Working with Chronic and Complex Conditions (includes outcomes of Focus Group consultations) 2. Document: Designing and Conducting a Training Needs Analysis – A Guide for the Health Sector 3. Documents: Samples of Existing TNA tools used by PCPs 4. Training Needs Analysis Toolkit comprising: <ol style="list-style-type: none"> a. Training Needs Analysis Survey b. Training Needs Analysis Survey Guidelines 5. Document: Guidelines for Conducting and Evaluating the Pilot of the Toolkit 6. Pilot Outcomes Report (one) 7. Interim Project Reports (three) 8. Project Closure Report (one) 9. Meeting Minutes: Project Advisory Group meetings (four) 10. Project Communiqués (four)
Timelines	 WIG Project GANTT 231211.xlsx
Project Stages	<i>(Refer to GANTT Chart for detailed tasks)</i> <ol style="list-style-type: none"> 1. Project Initiation and Planning 2. Project Implementation <ol style="list-style-type: none"> a. Information Gathering b. Stakeholder Analysis c. TNA Toolkit development d. TNA Toolkit Pilot e. Pilot Evaluation f. TNA Toolkit re-testing and finalisation

	<ol style="list-style-type: none"> 3. Project Evaluation <ol style="list-style-type: none"> a. Evaluating quality of project management processes <ol style="list-style-type: none"> i. Effectiveness ii. Efficiency iii. Viability iv. Quality of Partnership/Collaborative Effort b. Evaluating success of Toolkit in achieving project objectives (Long term) - Sustainability 4. Project Closure <ol style="list-style-type: none"> a. Dis-engaging key stakeholders b. Final report
<p>Project Linkages</p>	<p>The project will learn from:</p> <ul style="list-style-type: none"> • Information derived from an extensive literature review on key competencies required for working in chronic health • Focus groups conducted with Metro and Regional PCP agencies and their providers • Development and implementation phases of the TNA resource kit which includes a pilot process • Feedback following the pilot process <p>The project will utilise and/or align with the following key documents:</p> <ul style="list-style-type: none"> • Department Human Services 2006 Chronic Disease Management Program Guidelines for Primary Care Partnerships and Community Health Services, Victoria • Victorian Government Department of health –Chronic Disease Management audit tools- A fact sheet for Primary Care Partnerships • Victorian Government Department of Health Status Report 2008-10 – Chronic disease initiatives progressed through Partnerships and Primary Health • Victorian Government Depart of Human Services. Integrated chronic disease management (ICDM) resource- checklist for monitoring ICDM progress • Victorian Government Department of Human Services 2007 'Self-Management Mapping State-wide report on self-management support - a state wide view' • WHO Model Preventing Chronic Diseases (2005) • McColl Institute Improving Chronic Illness Care Model ©1996 - 2010 with support from The Robert Wood Johnson • Prof. Sarity Dodson – Client –Centred Care-Training Needs Survey (2009) • Flinders Human Behaviour & Health Research Unit (FHBRHRU) Flinders University 'Flinders Program™' (Formerly known as the 'Flinders Model') <p>The project will recognise its linkages with:</p> <ul style="list-style-type: none"> • The Primary Health Workforce Capacity Building Strategy 2009-2013 • An evaluation of the Primary Care Partnership Strategy, October 2005 • The Department of Health 'Plan Do Study Act' project 2010-11 • Statewide PCP ICDM Network • Primary Care Partnerships Revised Program Logic Guidelines (2009) • Workforce Innovation Grant Program

<p>Project Governance</p> <p><i>*See Attachment 1 'Project Advisory Group Contacts and Terms of Reference'</i></p>	<pre> graph TD A[Project Sponsor (Funding) Workforce Innovation and Partnerships & Primary Health Units, Department of Health] --- B[Project Supervision Senior Project Officer Partnerships and Primary Health; Senior Policy Advisor Workforce Innovation Sector] B --- C[Project Management Executive Officer Inner East PCP] C --- D[Project Delivery Project Worker] E[Project Monitoring and Support Project Advisory Group *] -.- C </pre>																																					
<p>Stakeholder Analysis</p>	<p><i>Stakeholder Analysis nearing completion</i></p>																																					
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<p>Issues and Risks Management</p>	<p>Project governance, communication and reporting mechanisms will provide for early identification and effective management (e.g. mitigation or minimisation) of issues and risks arising during the course of the project.</p> <p> Risk Analysis Matrix.pdf</p>																																					
<p>Evaluation Frameworks</p>	<p>Draft IEPCP framework <i>(not yet finalised)</i>:</p> <p> IEPCP WIG Evaluation Framework</p> <p>Draft Price Waterhouse Cooper framework <i>(Version 3 - not yet finalised)</i>:</p> <p> PwC Evaluation Framework 21 Nov (3)</p>																																					
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Attachment 1: Project Advisory Group Contacts and Terms of Reference

Name:	PCP:	Contact Details:
Margaret Sinnott Service System Development Coordinator	Kingston Bayside Primary Care Partnership	03 9093 5920 msinnott@lantern.org.au
Emily Hooke Project Coordinator	Inner North West Primary Care Partnership	03 9389 2263 EmilyH@inwpcp.org.au
Frances Riggs Primary health Care Coordinator	Central Highlands Primary Care Partnership	03 5338 4773 icdm@chpcp.org
Libby Jewson Coordinator, Early Intervention in Chronic Care	Health West Primary Care Partnership	03 9017 5843 Libby.jewson@healthwest.org.au
Shannon Thomas Senior Project Officer, IHP & ICDM	Hume Whittlesea Primary Care Partnership	03 8401 3454 shannont@hwpcp.org.au
Julie Watson Executive Officer	North East Primary Care Partnership	03 9450 2614 Julie.watson@bchs.org.au
Leanne Cleeland	Central Hume Primary Care Partnership (Benalla office)	03 5762 1453 cleelal@ovensandking.org.au
Mandy Geary - Chair	Inner East Primary Care Partnership	03 9285 4891 mandy.geary@iepcp.org.au
Project Worker (TBA) - Minutes	Inner East Primary Care Partnership	03 9285 4891 Email (TBA)
Christina Giacominato	Senior Policy Advisor Workforce Innovation Sector, Workforce Planning Department of Health	03 9096 0606 Cristina.Giacominato@health.vic.gov.au
Margie Powell	Senior Project Officer Partnerships and Primary Health; Integrated Care Branch, Department of Health	03 9096 7926 Margie.powell@health.vic.gov.au

Terms of Reference

1. Purpose of the Group

The name of the group will be the 'Strategic Workforce Planning Project Advisory Group' (PAG). The purpose of the group is to provide information and experience-based advice to inform and assist the development, implementation, monitoring and review of the Workforce Innovation Grant Project Plan.

2. Objectives of the Group

- To oversee, support and guide the activities of the Strategic Workforce Planning Project team to achieve successful project outcomes;
- To provide a forum for discussion of options and opportunities for progressing the objectives of the Strategic Workforce Planning Project and related initiatives in a collaborative manner across the state;
- To monitor the progress of the project team during implementation and evaluation according to defined timelines, deliverables and milestones;
- To support the project team in effective and timely management of issues or risks as they arise during the course of the project.

3. Authority

The Strategic Workforce Planning Project Advisory Group does not have any delegated authority for decision making on behalf of the IEPCP or other project partners. The role of the group is to provide advice & support to the Strategic Workforce Planning Project Team to support the successful implementation of the Strategic Workforce Planning Project work plan.

4. Accountability and Relationship to other Statewide PCP Committees and/or Project -related Groups

The Strategic Workforce Planning Project Advisory Group has a relationship with the Project Sponsors, Statewide PCP ICDM Network and Statewide PCP Executive Officers Groups.

5. Meeting Composition and Management

5.1 Membership and Responsibilities

The Membership will comprise:

- IEPCP ICDM Coordinator (1)
- Nominated representatives of project partners, specifically PCPs as signatories to the funding application (maximum of 8)

The Department of Health Project Supervisors (2) will be invited to participate as ex-officio members to provide policy and funding updates as relevant (ex officio members do not have voting rights).

With the agreement of the group, additional attendees can be co-opted as required to address specific issues.

5.2 Chair and Secretariat

The IEPCP Project Worker, Strategic Workforce Development Planning Project will convene and organise meetings and provide secretariat support re minutes. IEPCP Executive Officer will chair meetings. Meeting Agendas and Minutes will be circulated in a timely manner to provide for input and feedback from the group.

5.3 Frequency of Meetings

- Meetings will be held to coincide with agreed reporting timelines, quarterly.
- Issues requiring advice from the Advisory Group between meetings will be addressed using normal IEPCP communication processes.
- This is a time limited group who convene for the duration of the project only (October 2011 – October 2012).

5.4 Rules of Behaviour

Member responsibilities include:

- Attendance and participation at meetings and to nominate another delegate from their agency if unable to attend.
- Having the delegated authority within their own agency to make decisions and recommendations to the group on behalf of that agency
- Complying with accepted standards of behaviour such as
 - Showing due consideration of professional and legal requirements regarding respect for other's opinions
 - Appropriate language and behaviour
 - Confidentiality
 - Protection of those absent
 - Equity in providing opportunities for all members to participate equally
 - Contribute to a safe and supportive, collegial environment for those present.

6. Meeting Resources

The IEPCP will provide and/or arrange for secretariat, venue and other meeting resources as necessary. Teleconference facilities will be provided for rural members wherever possible.

7. Meeting Processes

Recommendations shall be made by the PAG as agreed by a majority of the members present at any one meeting ('quorum'). A quorum shall consist of one-half plus one of the total number of Advisory Group members present.

8. Review of Terms of Reference

As a time limited Meeting, of one year's duration, no review of Terms of Reference is necessary unless meeting purpose or other key details change significantly for unforeseen reasons deeming a review as necessary.