Skill Mix

Prof. James Buchan
QMU
jbuchan@qmu.ac.uk

Skill Mix

- What do we mean by skill mix?
- Why is skill mix important?
- It’s not a level playing field
- Skill mix: the evidence base
- It’s about change

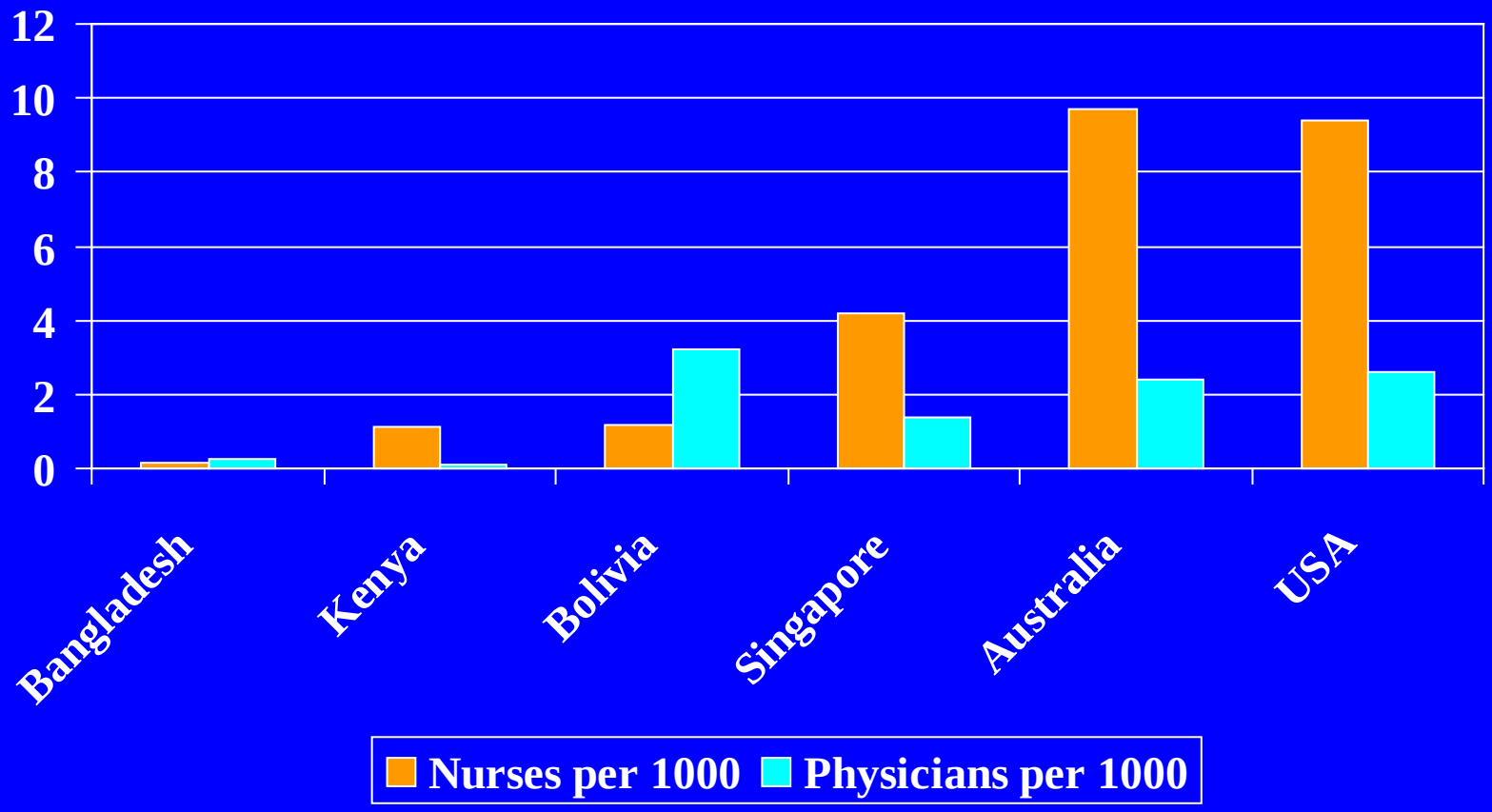
Skill Mix

- …“Task shifting”; “re profiling” ;”re-engineering” ; “role enhancement”; “job enlargement”; “job redesign”; “scaling up”
- ” a phenomenon of Anglo Saxon countries” [France]
- ” a new concept” [Chile]

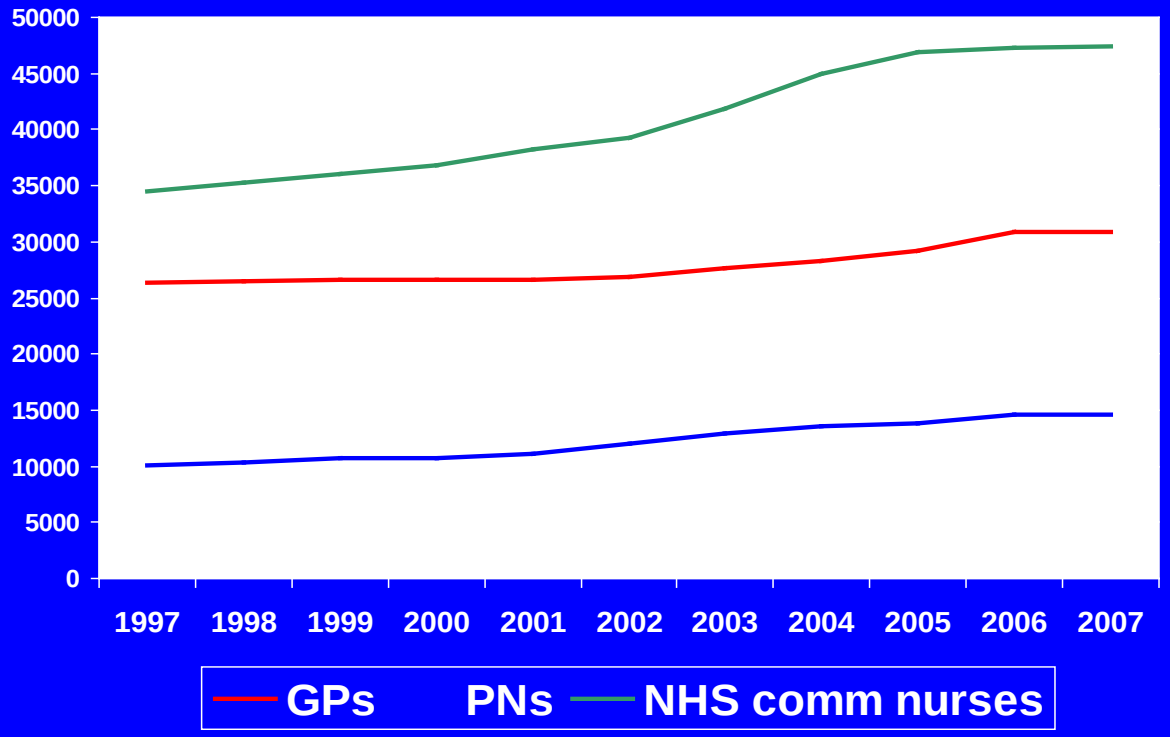
Skill mix and workforce change: Why is it important ?

- Cost efficiency
- Skills shortages…”scaling up”
- Service/quality improvement
- Technological innovation
- Health sector reform
- Changes in professional regulation / legislation/ payment + reimbursement

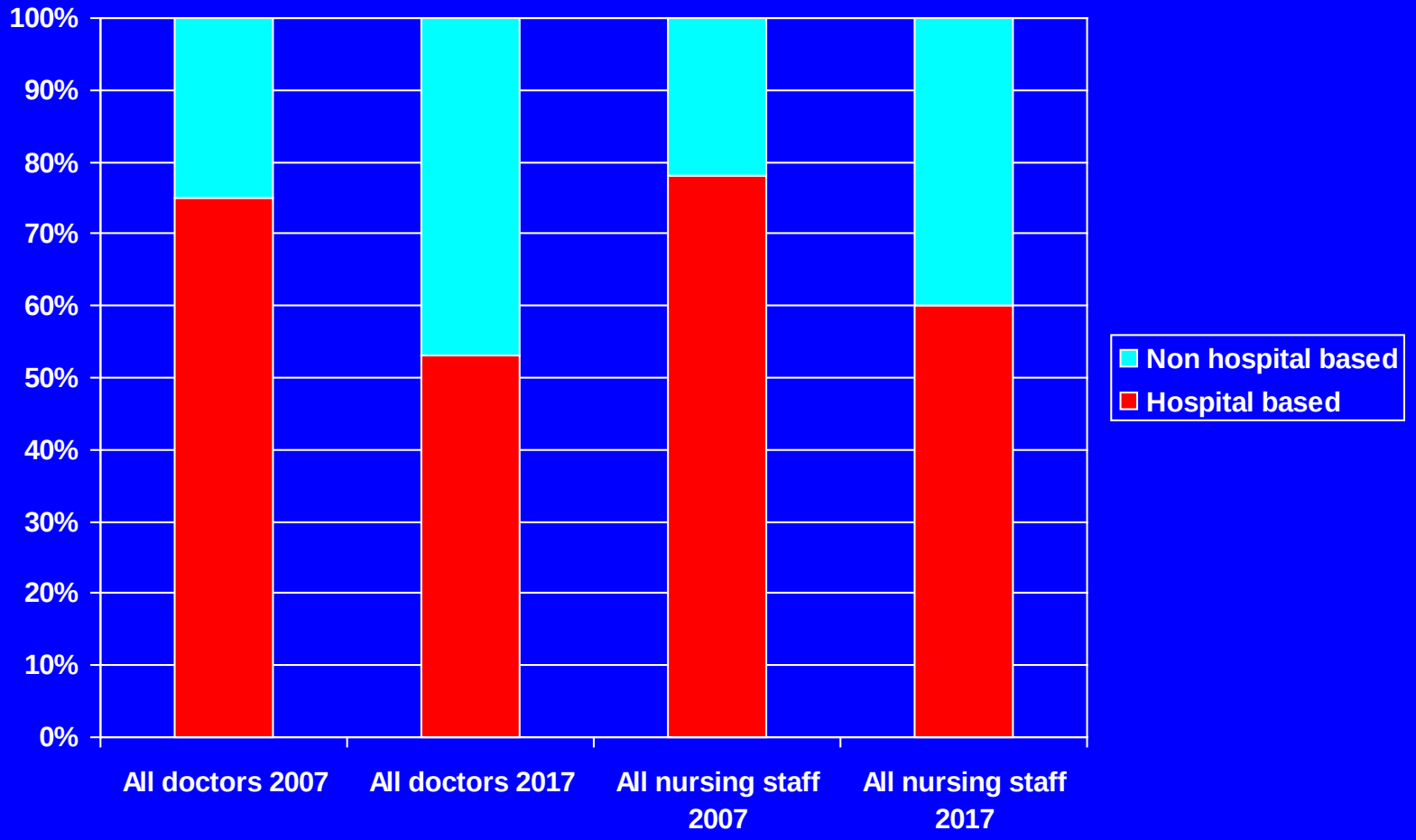
Nurse:population, and physician:population ratios, selected countries (WHR 2006)



NHS England: growth in GPs; practice nurses; NHS community nurses 1997-2007 (FTE)



NHS London: projections of % of staff in hospital / non hospital 2007-2017



The Evidence Base

- There is a strong link between level of expenditure on health and staffing levels in health
- There are also significant variations in skill mix in different countries/regions
- Skill mix and staff mix vary between organisations, systems and countries, and there can be no single “optimal” mix to which all can aspire

The Evidence Base

- In hierarchy of “academic” research, mainly “low” level(i.e few RCTs) BUT a Cochrane review
- mainly US based
- usually does not explain why a particular skill mix approach was used
- very few studies give details of evaluation of quality/outcome and/ or costs
- mainly descriptive, often weak on methodology, may not transferable or generalisable

Evidence base of shifting the balance of care [to the community]

- (Johnson et al 2008)
- “There is much less evidence about the potential for shifting roles than other levels of shifting the balance of care. The high level evidence does, though, demonstrate the potential for a range of roles to be developed and substituted”: [mainly nurses in advanced roles]
- Small body of high level evidence (about 25 studies) about workforce implications of shift towards primary care/community teams

The evidence base on HRM interventions

- About 30 studies examining links between HRM and organisational performance:
- HRM can make a positive difference to performance
- “Fit” : HRM must be aligned with organisational context and objectives
- “Bundles” : co-ordinated HRM interventions are more effective than single interventions

- Buchan J (2004). What Difference Does (“Good”) HRM Make? Human Resources for Health, 2 (6) 7June. Available at: www.human-resources-health.com

New Roles: What next? Expectations v Reality

- Not just a technical exercise, or a quick fix
- Part of broader change management
- Barriers/ constraints
- Requires “buy in” from staff- management competence and good communications
- Scope for change varies in different countries/contexts (incremental change?)
- Consider costs and benefits?

Skill mix change and New Roles

- Scope for change is facilitated/constrained by:
- Regulation
- Legislation
- Relative costs
- Pay/ reimbursement system
- Stakeholder agreement/ disagreement
- Political will, or lack of it…….

Ten Years on (UK)……..

- . "One of Tony's big regrets, I think, would be that we didn't realise quick enough that if you genuinely wanted to change the way the public service delivered for the public you needed to embark upon a process of cultural change”

The Guardian, Monday April 30, 2007

Ten Years on….

- Prime Minister Gordon Brown,
  September 2007,
  to staff nurse in busy hospital ward.

" …and how's the modernisation going?"

(The Independent 27Sept 2007)