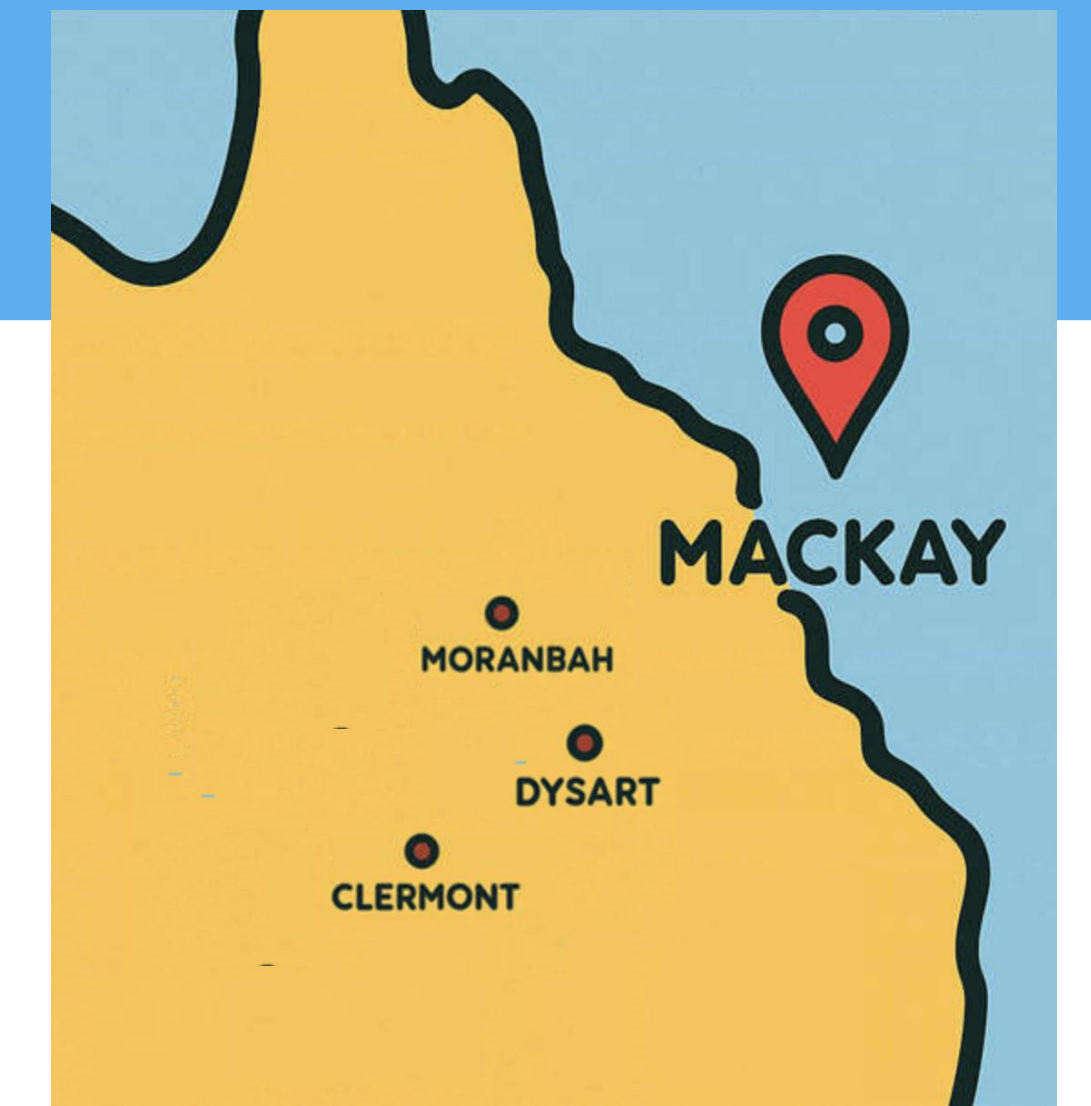


Implementation of the Service-Critical Workforce Framework in Rural Queensland

Rachel Brasnett¹, Erin Passfield¹, Juanine Passfield²

¹ Mackay Hospital and Health Service (MHHS), ² Office of the Chief Allied Health Officer



BACKGROUND

Rural Allied Health services face persistent workforce risks, with sole clinician models especially vulnerable. The 8-step Service-Critical Workforce (SCW) Framework supports teams to assess risks and implement strategies for sustainable service delivery. Over 20 weeks, it was applied to a multidisciplinary team across three rural hospitals (MM4–6), covering dietetics, occupational therapy, social work, and speech pathology. Team insights and service data informed a risk assessment and analysis of critical functions, guiding an action plan for workforce and service continuity.

METHODS

Utilising the provided excel Toolkit, the following steps were undertaken



Structured questionnaire explored organisational support, group capability, stakeholder engagement, data availability, workforce-related risks and challenges

Step 1: Readiness Assessment

- Clear recruitment challenges identified
- Stakeholders requiring engagement
- Identified potential challenges with implementation of large-scale improvements within current workforce set-ups

Service mapping to clarify setting, delivery modes, target groups, clinical pathways, performance requirements, and to refine the project scope

Step 2: Service Profile

- Flexibility within establishment – no discipline specific roles
- Mixed model service & outreach
- Most services working within appropriate categorisation times



Data review of current establishment, recruitment and retention, and current recruitment and pipelining strategies

Step 3: Workforce Profile

- High turnover (SW, SP), prolonged vacancies (SW, OT) and recruitment failures
- Entry level staff in Senior roles
- Lack of formal contingencies and processes for recruitment & coverage within MHHS



'Critical' functions of each position identified using a risk rating system that considered lack of cover during vacancy, history of poor retention, and impact on care quality and safety

Step 4 & 5: Clinical & Non-Clinical Role Analysis

- Less clinical critical functions than expected, due to other team members being able to upskill or cover in interim
- 3 non-clinical critical functions, already being covered informally however needing formal processes

Categorised the identified risks and critical service functions into a priority list for action & identified a range of strategies to address risks and vulnerabilities

Step 6 & 7: Prioritising, strategy identification

- Consistent themes across most disciplines
- Clear agreement on biggest risks and vulnerabilities

Step 8: Action Planning

The action plan addresses priority risks with defined timelines, responsibilities, resources, and reporting, refined through consultation with key delegates. The following overarching actions are detailed further within the plan.

Action 1: Achieve equitable and consistent access to allied health services in the Hinterland through improved alignment and coordination of service delivery models and eligibility criteria across the MHHS

Action 2: Maintain continuity of Critical risk Allied Health services during vacancies by building internal capability and formalising interim coverage and escalation pathways.

Action 3: Implement short-term, innovative solutions to minimise service disruption during recruitment, including casual pools, virtual telehealth models, and explore locums and QLD health AH reliever options.

Action 4: Pursue medium- to long-term strategies such as rural HP3–4 development pathways, student pipelines (HP1/RIPPAH), improved onboarding, and partnerships to address employment barriers (travel stipends, improve rental access) and enable joint employment.

FUTURE DIRECTIONS & CONCLUSION

- A working group has now been established for ongoing implementation
- Physiotherapy was not included in this project due to historically fewer issues with recruitment and retention. However, it was recognised that there was significant benefit missed, including valuable collaboration and alignment. A separate project will now be initiated to include physiotherapy.
- After this successful pilot, the project is now being scoped for roll-out across all Allied Health teams in the HHS.
- The project exceeded expectations by strengthening inter- and intra-disciplinary collaboration and securing executive support for actions that were previously identified as necessary but remained unachieved due to lack of support or had been attempted in isolation within individual disciplines, with learnings not shared.

