Reviewer's report

Title: Six principles to enhance health workforce flexibility

Version: 1  Date: 20 June 2014

Reviewer: Guro Huby

Reviewer's report:

This Commentary outlines six principles that can underlie strategies to create a flexible workforce to address contemporary health needs. It is well written and clearly argued and it addresses an issue of interest and contemporary concern.

As I understand it, the principles revolve around the breaking down of professional and organisational boundaries that link competencies, rewards, skills and training to professions and organisations, rather than to tasks and areas of responsibility. The medical and social care workforce needs to be trained, rewarded and quality monitored in terms of areas of responsibility for the needs of specific populations, rather than for roles delineated by professional codes and regulations. The workforce planning will have to be constructed around patient needs and value to users of the services so organised. The vision is compelling and encourages novel thinking and creative solutions to often intractable problems of service provision, particularly in remote and hard-to-reach areas.

Comment 1: Minor essential revisions: reference is missing in paragraph 2 in the introduction. I also recommend a specification, with references, of the statement in the same paragraph: "there is limited research into the appropriate way to implement flexibilities". There is a large body of research into workforce change and reconfiguration. Why is this not relevant?

Comment 2: I have one major comment inviting a discretionary revision. In my view the argument deserves some more practical attention to how and more importantly by whom these principles can be put into practice in current circumstances. Reorganisation of education, practice and service will break down some boundaries, but at the same time will create new ones. Flexibilities require some blurring of boundaries, and contemporary health care is predicated on division of labour and skills into ever more specialised areas, which are carefully delineated, monitored and quality controlled for safety and indemnity, but which makes it more difficult to flexibly respond to individuals and populations with diverse and interconnected needs. How far can the diabetic specialist in remote rural areas stray into the territory of other conditions? How can (s)he respond to complicated emergencies without training and accreditation approaching that of a GP? The paper mentions the rural health specialist in Australia. Can this provide an example of how to regulate such a role?

Breaking up public service hierarchies and allowing a larger range of actors into
the health sector create more opportunities but also set up new boundaries that prevent flexibility as the paper points out. For example, private health care needs clearly delineated areas of service that are profitable. These do not always co-incide with complex needs of patients. How can those division practically and politically be managed, and by whom?

There are several parties who need to be involved in a process of workforce flexibility. The paper lists service users, policy makers, workforce planners, managers, service providers, third party payers, regulators and educators. Their interests are not necessarily the same - how can they be made to work effectively together to create workforce flexibility? The paper also calls for new systems of regulation and accountability and for third party payers to recognise new roles of service provision. Yes, but how?

The paper is cast in an argument about professional boundaries, but these are tied in with other mechanisms that create boundaries and prevent flexibility. The very forces that create boundaries and fragmentation will have to be harnessed to promote flexibility across boundaries. In my view the paper will be strengthened with a more substantial reference to this problematic.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I have no competing interests