# The Changing Face of Clinical Careers

**CAREER PATHWAYS FOR HEALTH PROFESSIONALS BEYOND TRADITIONAL CLINICAL ROLES**

A collaborative white paper prepared by:
**Wavelength International, Ccentric Group & Creative Careers in Medicine**

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Career pathways for health professionals beyond traditional clinical roles

20th August 2020

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# Content

# | Executive Summary

Healthcare globally and in Australia is changing, driven by an ageing population, advances in technology, increasingly complex models of care, consumer expectations, geographical challenges and the pressures of financial sustainability. Alongside these changes, the role of 'health professional' is undergoing significant change. Those working at the frontline of healthcare delivery face the challenge of not only being experts in their own clinical fields but are now expected to demonstrate skills in areas such as healthcare policy, Digital Health, communication and health economics to name a few. It is essential that the healthcare workforce is prepared and supported to proactively respond to this new environment, in order to both optimise the opportunities of advances in technology and new models of care as well as retaining a healthcare workforce experienced in meeting the needs of patients and the healthcare system.

In this increasingly complex and financially constrained environment, risks of burnout, frustration and dissatisfaction with clinical roles are real and mental health issues are reported to be high. Health professionals are now more likely to consider their mental health and wellbeing when making choices about their future training and career paths.

Pressure on the healthcare system will only increase if the needs of the healthcare workforce are not directly considered and addressed. While healthcare strategies and future outlooks identify considerations for medical education and training to address some of these issues, what's missing from the narrative is a stronger understanding of medical and health professional views and levels of interest in role diversification and skills beyond traditional clinical expertise.

Together, Wavelength International, Ccentric and Creative Careers in Medicine have partnered to undertake research to explore the views of a cross-section of the Australian medical and healthcare workforce about areas of interest and expertise beyond traditional clinical roles. This research – the first of its kind in Australia – has shown a high degree of interest among the Australian health workforce in non-clinical aspects of healthcare roles. Importantly, these areas of interest do not necessarily align with current areas of self-identified expertise, highlighting the need for a stronger focus in supporting skills development through medical education, professional development and career coaching.

## PERSPECTIVES ON THE SURVEY

*"This research is fascinating! Nothing like this has ever been done before. Medical careers are generally set in stone. Medicine is challenging academically and requires a lot of sacrifices, but then some clinicians realise when they get there that it's not what they thought it would be, that it's not enough. It takes a lot of courage and determination to explore an alternative career pathway in clinical medicine".*[57]

**Dr Louise Schaper**
CEO Australasian Institute of Digital Health

*"One of the findings that jumped out for me is the reasons people gave for investigating divergent careers. There are a bunch of positive indicators: 'I'd*

"Clinicians and particularly doctors, have always had a range of roles - the dominant of which, at least time wise and training wise, is hands on with the patient. However, the vast majority of clinicians will at some stage in their working lives and potentially for all of it, have roles which incorporate teaching, management, leadership, research, advocacy and politics. You could argue (and I do), that a clinician who is solely in a clinical role (i.e. hands on patient care) is actually missing out on some of the formal and informal roles that make the clinical professions what they are."[69] comments Dr Grant Phelps, Director of Rural Workforce Agency Victoria & Associate Professor of Clinical Leadership at Deakin University.

Drivers and inspirations behind the interests in pursuing non-clinical careers include the need for variety and diversity, a desire for greater flexibility and work/life balance and desire to make a greater difference. The need for flexibility is also demonstrated in the high proportion of respondents indicating a preference for part-time rather than full-time roles and for working remotely.

As healthcare organisations face increasing pressure to attract and retain staff within the workforce, a greater understanding of the diverse interests and preferences of health professionals creates an opportunity to proactively address these needs.

## The survey findings have implications for:



like some variety, I'm passionate about it, I'm already doing it', but then there was also the negative side: 'I'm burnt out, I'm dissatisfied.' That was really telling. The reason doctors get into medicine can be different from the experience of what it means to work in the practice of medicine."[59]

**Dr Simon Kos**
Chief Executive Officer at Next Practice, Former CMO at Microsoft

"What I've been observing is that there's a new breed of work out in our healthcare organisations. There are people who have been trained in healthcare but who also have digital skills and know how to use and interpret digital systems and are quite curious about it. We're seeing these clinicians typically at registrar level, mid-clinician level, who are really interested in how they can use these technology solutions to drive better care outcomes."[60]

**Damian Green**
CEO eHealth Queensland & Chief Information Officer, Queensland Health

## THE FUTURE OF HEALTHCARE

# A health professional perspective

Healthcare in Australia and globally is changing in response to a range of drivers. As a result, there is a need for medical and health professional roles to diversify beyond 'traditional' clinical competencies to encompass a range of skills in Digital Health, leadership, education and coaching, and other areas. Acknowledgement of the increasing importance of these non-clinical skills presents both a challenge and opportunity for the healthcare workforce. If we are to build, recruit and retain the healthcare workforce of the future, it is critical to understand health professional views on non-traditional career opportunities and to support health professionals to explore and pursue areas of interest.

Factors influencing delivery of healthcare in Australia mirror those seen globally. The ageing population is affecting the incidence of chronic disease and the size of the healthcare workforce.[1,2] Financial imperatives require a balance between the rising costs of increasingly complex models of care [3,4] and the need for efficiency and sustainability.[5,6,7] The concept of 'value' in healthcare is taking on new meaning, driven by patient expectation and 'outcomes that matter' rather than volume and cost.[8,9] Australia's size and sociodemographic diversity create additional challenges for equity, cultural appropriateness and coordination of care.[10,11] Alongside these challenges are a raft of opportunities, including the potential for Digital Health to transform healthcare design, delivery and experience,[12] use of real-time data to inform healthcare decisions and evaluate care,[13] and the potential to truly engage patients and consumers as advocates in their own healthcare.[14]

In this complex environment, a shift is occurring in the skill sets required to perform contemporary health roles. Traditional clinically focused roles of 'medical specialist', 'general practitioner', 'nurse', 'midwife' and 'allied health professional' are adapting to incorporate management and technical skills. Implications for medical training and ongoing professional education have been described, and questions asked about how well current curricula encompass these non-traditional skills.[15,16]

What is missing from the current narrative is an understanding of the views and interests of individuals working within the healthcare sector. Levels of satisfaction among health professionals are reported to be relatively low, with a range of frustrations affecting decisions about whether to stay in the health workforce.[17] A 2019 Beyond Blue survey of over 49,000 Australian doctors and medical students highlighted the burden of mental health issues among this professional group, with three-quarters of doctors surveyed reporting feeling anxious or depressed.[18] Almost a quarter of doctors surveyed reported having thoughts of suicide, ten percent within the last twelve months. It is important that future directions encompass a view not only of how healthcare is changing but how the people working at the frontline of healthcare delivery see the opportunities available to them. As such, the narrative can change from one of deficit to one of strength, providing opportunities for health professionals to explore new skills and creating new career pathways that combine clinical and non-clinical roles and expertise.

To address this issue, Wavelength International, Ccentric and Creative Careers in Medicine have canvassed the views of health professionals across Australia about their experience and interests in non-traditional clinical aspects of medical and healthcare roles.

## COVID-19: IMPACT OF A GLOBAL PANDEMIC

The survey was undertaken before the global COVID-19 pandemic. The pandemic has, by necessity, accelerated uptake and implementation of a range of Digital Health innovations supporting remote working and virtual delivery of healthcare. It has also required rapid development and dissemination of healthcare policy and evidence-based practice guidance for health professional and consumer audiences as well as the collection, analysis and reporting of new data sets in real time.

# | Surveying health professionals

The survey canvassed views on alternative career options beyond traditional clinical work from over 700 medical professionals and 140 nursing, midwifery and allied health professionals working in different healthcare settings across all states and territories in Australia (see Appendix I for details).

## SAMPLE TYPE

■ % of responses  ■ Currently Practicing Clinical Medicine

| Category | % of responses | Currently Practicing Clinical Medicine |
|---|---|---|
| Medical Leaders & Specialists | 35% | 84% |
| Director of Medical Services | 4% | 48% |
| General Practitioners | 24% | 97% |
| Career Medical Officers & Registrars | 14% | 93% |
| Resident Medical Officers | 8% | 92% |
| Nursing | 13% | 57% |
| Allied Health | 3% | 57% |

0%  25%  50%  75%  100%

## CLINICAL EXPERTISE

Showing results equal to or more than 2%
*Excluding Nursing and Allied Health

| Expertise | % |
|---|---|
| General Practice | 33% |
| Emergency Medicine | 14% |
| General Medicine | 10% |
| Psychiatry | 10% |
| Medical Administration | 7% |
| Anaesthesia | 6% |
| General Surgery | 5% |
| Obstretics & Gynaecology | 4% |
| Public Health Medicine | 4% |
| Paediatrics & Child Health | 4% |
| Intensive Care Medicine | 4% |
| Geriatric Medicine | 3% |
| None | 3% |

*Directors of Medical Services (n=32) were a sub-set of Medical Leaders and Specialists (n=308)

## Areas explored in the survey

The survey explored the interests and associated expertise of health professionals in a range of non-clinical skills relevant to healthcare. The results combine deidentified aggregated responses from three similar surveys. For the purposes of analysing and interpreting the responses, some skills are combined. This is particularly the case for "Digital Health" skills, which included a specific category of "Digital Health" as well as categories "AI/machine learning", "Health informatics", "Data Analytics" and "Telemedicine".

The survey also explored the reasons for participant interest in the skills areas nominated as well as their inspirations in their professional life. Preferences and views on opportunities for future employment, including views on full-time vs part-time employment, and preferences for future contact about roles in the skills areas nominated were also sought.

### INTERESTS OF SURVEY PARTICIPANTS

**Digital Health (combined)***
**Medical education and coaching**
**Health policy and governance**
**Health management and administration**
**Public health**
**Clinical Research**
**Healthcare start-up and innovation**
**Communication†**
**Industry‡**

\* Digital Health, AI/machine learning, Health informatics, Telehealth & Data Analytics
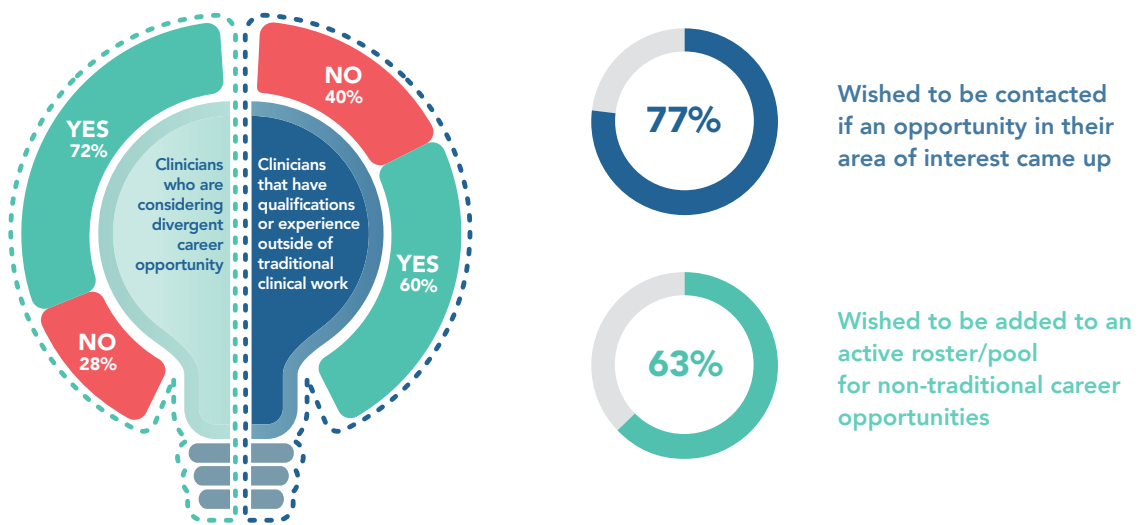† Medical writing and Health journalism
‡ Pharmaceuticals and Biomedical engineering

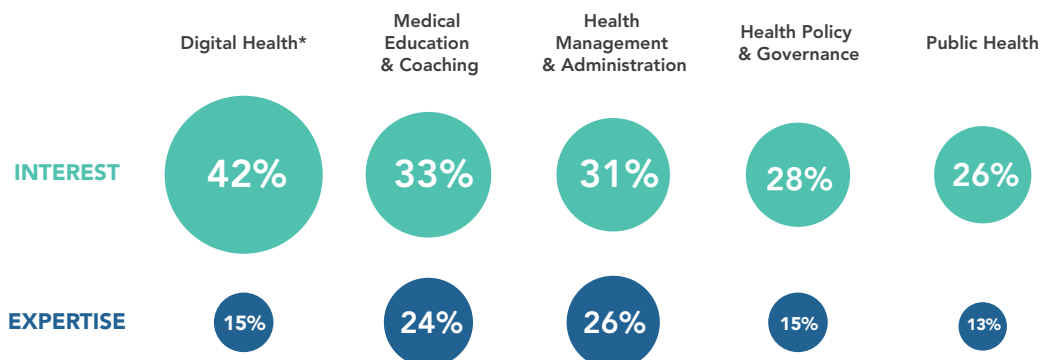# Health professional insights on non-traditional clinical roles

Almost three-quarters of health professionals surveyed indicated that they are considering a non-traditional career opportunity, with over half indicating that they have qualifications or experience beyond traditional clinical roles.



Clinicians who are considering divergent career opportunity
YES 72%
NO 28%

Clinicians that have qualifications or experience outside of traditional clinical work
NO 40%
YES 60%

**77%** Wished to be contacted if an opportunity in their area of interest came up

**63%** Wished to be added to an active roster/pool for non-traditional career opportunities

## Top five areas of interest and relevant expertise* among survey respondents (n=816–825)

Overall, interest in **non-clinical skills areas was greater than self-identified expertise** across all categories surveyed. A high proportion of respondents (42%) indicated interest in some **form of Digital Health (Digital Health, AI/machine learning, health informatics, data**

analytics and telehealth); however, **only 15% reported having expertise in these areas.** The most common single area of interest among survey respondents was **medical education and coaching** with a correspondingly high level of expertise.
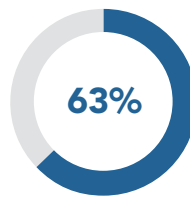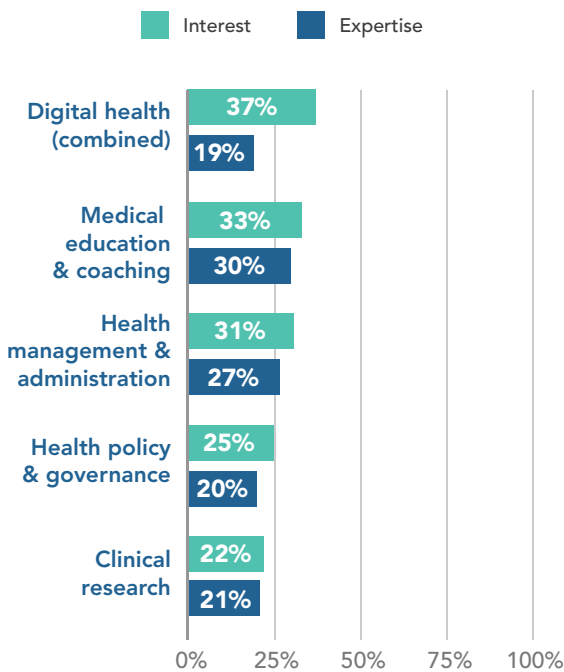
| | Digital Health* | Medical Education & Coaching | Health Management & Administration | Health Policy & Governance | Public Health |
|---|---|---|---|---|---|
| **INTEREST** | 42% | 33% | 31% | 28% | 26% |
| **EXPERTISE** | 15% | 24% | 26% | 15% | 13% |

\* Top 5 areas of expertise included clinical research (13% of respondents)

# Interests, expertise and preferences

## Medical Leaders and Specialists (n=308)

The interests of Medical Leaders and Specialists largely aligned with their expertise in the same areas. Interest in areas of medical education and coaching, health management and administration, and health policy and governance are to be expected among senior health professionals. Digital Health (combined) was the highest area of interest nominated (with particular interest in Digital Health and telemedicine).

**Interest** **Expertise**

**Digital health (combined)**
- Interest: 37%
- Expertise: 19%

**Medical education & coaching**
- Interest: 33%
- Expertise: 30%

**Health management & administration**
- Interest: 31%
- Expertise: 27%

**Health policy & governance**
- Interest: 25%
- Expertise: 20%

**Clinical research**
- Interest: 22%
- Expertise: 21%

0%   25%   50%   75%   100%

**63%** Possess non-clinical professional qualifications or expertise
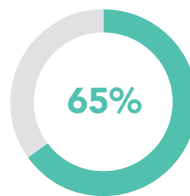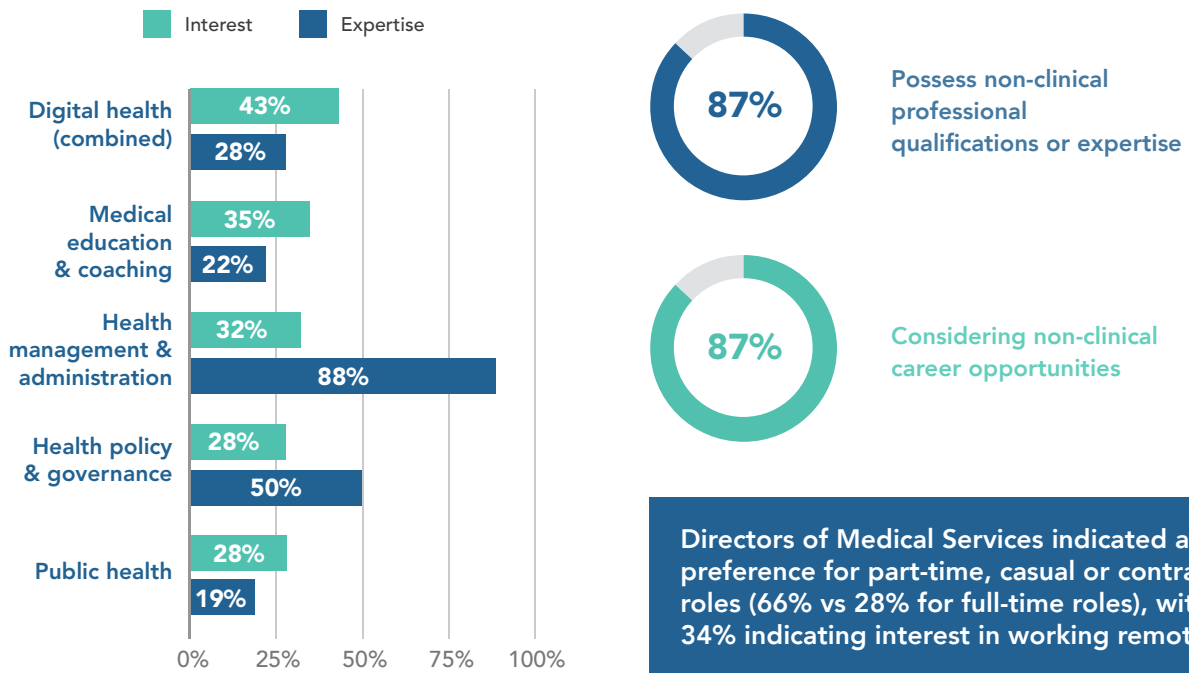
**65%** Considering non-clinical career opportunities

Medical Leaders and Specialists indicated a preference for part-time, casual or contract roles (54% vs 16% for full-time roles), with 29% indicating interest in working remotely.
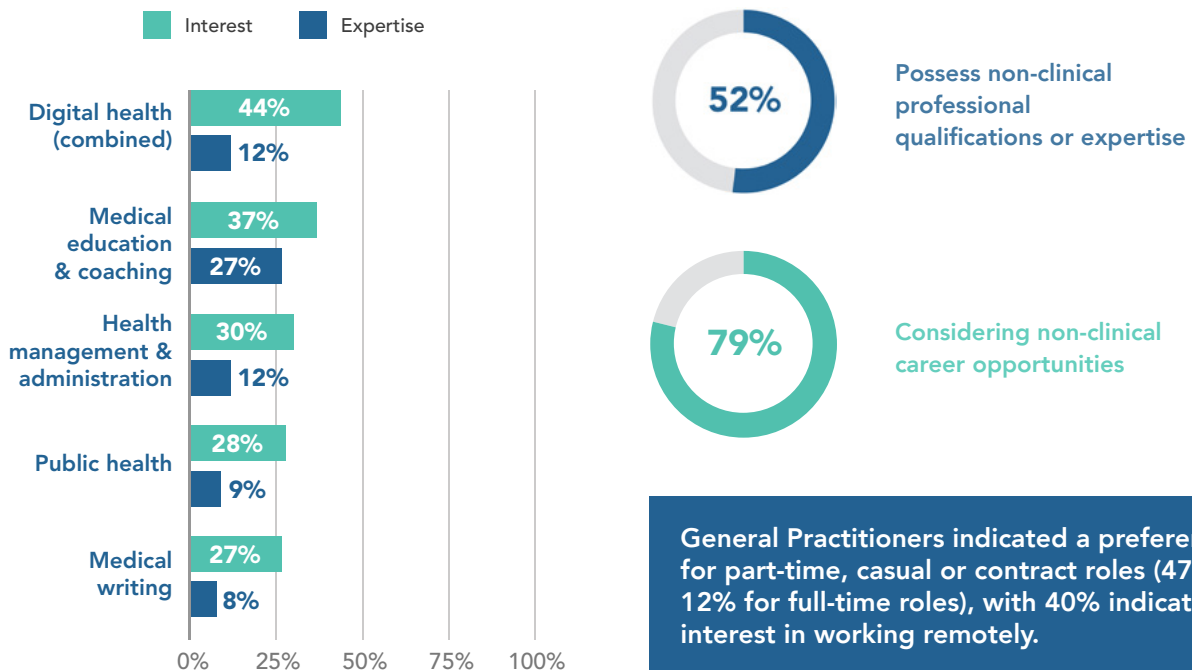
## Directors of Medical Services (sub-set of medical leaders and specialists; n=32)

Directors of Medical Services had the highest self-identified areas of non-clinical expertise. They were also the group with the highest likelihood of considering non-clinical career opportunities.

**Interest** **Expertise**

| Area | Interest | Expertise |
|---|---|---|
| Digital health (combined) | 43% | 28% |
| Medical education & coaching | 35% | 22% |
| Health management & administration | 32% | 88% |
| Health policy & governance | 28% | 50% |
| Public health | 28% | 19% |

0% 25% 50% 75% 100%

**87%** Possess non-clinical professional qualifications or expertise

**87%** Considering non-clinical career opportunities

Directors of Medical Services indicated a preference for part-time, casual or contract roles (66% vs 28% for full-time roles), with 34% indicating interest in working remotely.

## General Practitioners (n=217)

General Practitioners reported a low level of self-identified expertise within four of the five highest nominated areas of interest. Digital Health (combined) was the highest-ranking area of interest, with particular interest noted for Digital Health (28%) and telemedicine (20%).

**Interest** **Expertise**

| Area | Interest | Expertise |
|---|---|---|
| Digital health (combined) | 44% | 12% |
| Medical education & coaching | 37% | 27% |
| Health management & administration | 30% | 12% |
| Public health | 28% | 9% |
| Medical writing | 27% | 8% |

0% 25% 50% 75% 100%

**52%** Possess non-clinical professional qualifications or expertise

**79%** Considering non-clinical career opportunities

General Practitioners indicated a preference for part-time, casual or contract roles (47% vs 12% for full-time roles), with 40% indicating interest in working remotely.

# UNDERSTANDING VARIATION IN INTEREST FOR NON-TRADITIONAL ROLES

*"The large gap between Digital Health interest and expertise is not surprising. For too long the healthcare sector has not been properly resourced for building capability in Digital Health, despite health becoming increasingly digital. To equip medical students to become the leaders, innovators and forward thinkers of healthcare, it is essential to integrate Digital Health content in curriculum and not treat Digital Health expertise as an optional extra. The results of this survey show there is a demand from medical students for this knowledge and I firmly believe that universities who successfully integrate Digital Health into their curriculum will have a considerable competitive advantage."*[58]

**Dr Louise Schaper**
CEO, Australasian Institute of Digital Health

The variation in responses between different discipline groups in terms of areas of interest and expertise reflect the stage in career path for the different groups as well as the breadth of current roles. The combined skills area of Digital Health ranked highest as an area of interest for all but one of the discipline groups surveyed.

It is interesting that, despite developments in Digital Health, self-identified expertise was still low even among the more junior staff, an indication perhaps that curricula have not yet evolved to incorporate developments in Digital Health and health technology. It is also interesting that the more junior roles appear to have a stronger interest in public health, which may reflect the increasing focus on preventive and public health within the healthcare agenda.
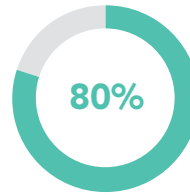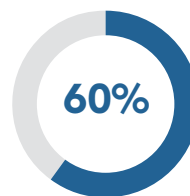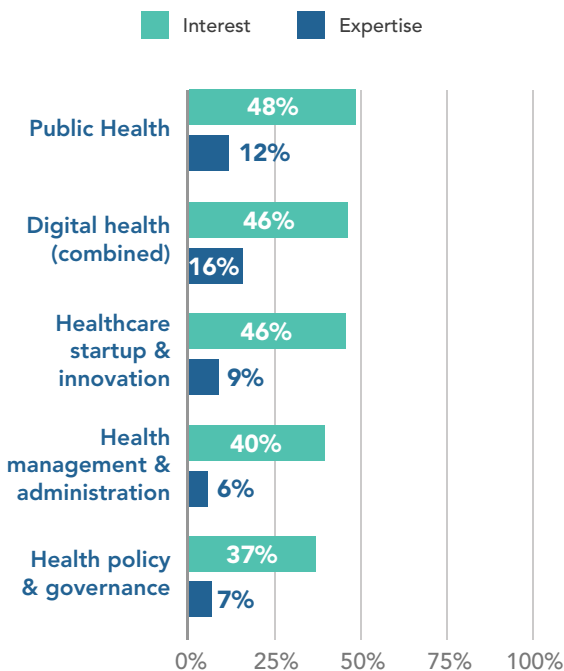
Preferences for part-time working and interest in remote working across all disciplines are noteworthy.

# Career Medical Officers & Registrars (n=125)

Career Medical Officers & Registrars indicated the strongest interest in Digital Health (combined), with high levels of interest in Digital Health (33%), telemedicine (24%) and health informatics (23%). Interest in healthcare startup & innovation was also high within this group.
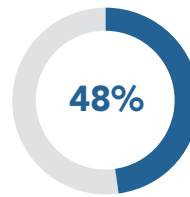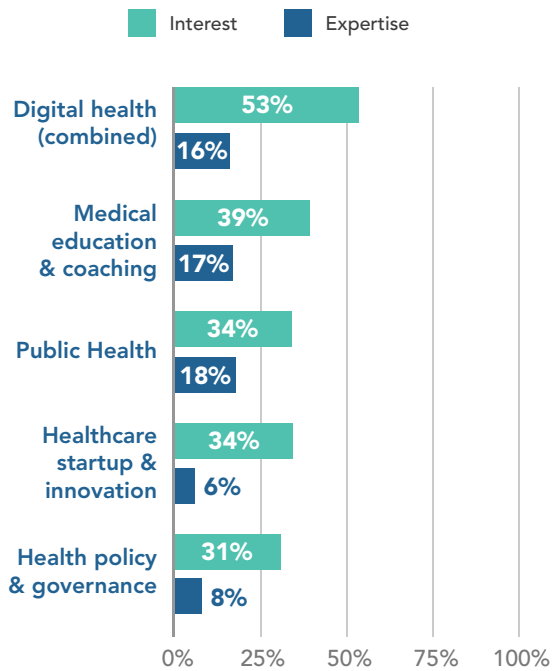
**Interest** | **Expertise**

| Category | Interest | Expertise |
|---|---|---|
| Digital health (combined) | 53% | 16% |
| Medical education & coaching | 39% | 17% |
| Public Health | 34% | 18% |
| Healthcare startup & innovation | 34% | 6% |
| Health policy & governance | 31% | 8% |

**48%** Possess non-clinical professional qualifications or expertise

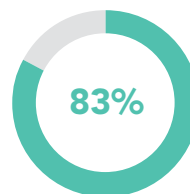**80%** Considering non-clinical career opportunities

Career Medical Officers and Registrars indicated a preference for part-time, casual or contract roles (58% vs 14% for full-time roles), with 43% indicating interest in working remotely.

# Resident Medical Officers (n=67)

Resident Medical Officers were the only discipline group for whom Digital Health (combined) was not the highest area of interest. Interest in Digital Health was still high within this group, with particular interest in Digital Health (40%) and health informatics (28%).

**Interest** | **Expertise**

| Category | Interest | Expertise |
|---|---|---|
| Public Health | 48% | 12% |
| Digital health (combined) | 46% | 16% |
| Healthcare startup & innovation | 46% | 9% |
| Health management & administration | 40% | 6% |
| Health policy & governance | 37% | 7% |

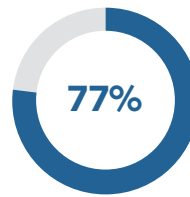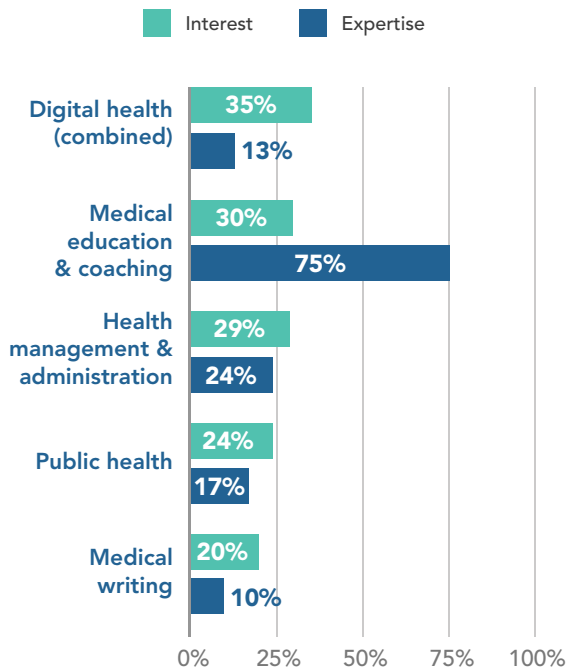**60%** Possess non-clinical professional qualifications or expertise

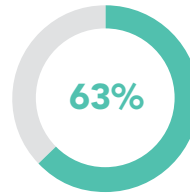**83%** Considering non-clinical career opportunities

RMOs indicated a preference for part-time, casual or contract roles (49% vs 15% for full-time roles), with 52% indicating interest in working remotely.

# Nursing and Midwifery (n=112)

Nurses and Midwives were the discipline group with the lowest interest in non-clinical career opportunities. Digital Health (combined) was still the highest-ranking area of interest, with particular interest in telemedicine (18%) and Digital Health (16%).

**Interest** **Expertise**

| Category | Interest | Expertise |
|---|---|---|
| Digital health (combined) | 35% | 13% |
| Medical education & coaching | 30% | 75% |
| Health management & administration | 29% | 24% |
| Public health | 24% | 17% |
| Medical writing | 20% | 10% |

0%   25%   50%   75%   100%

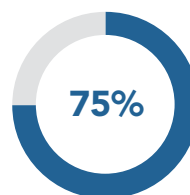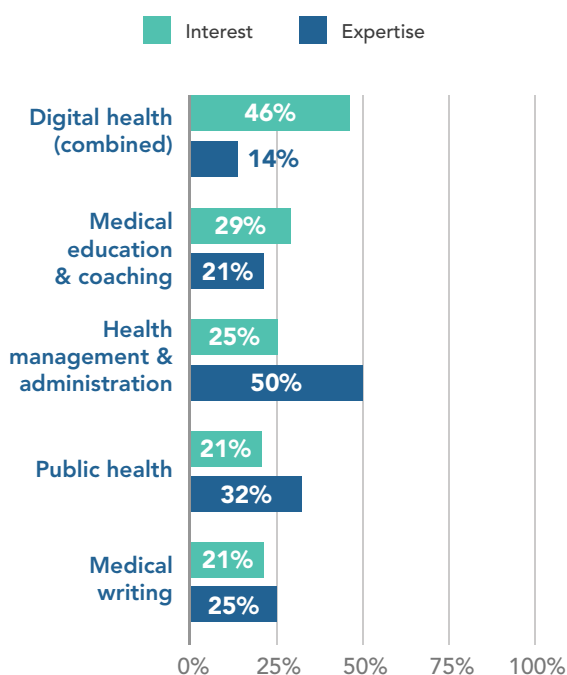**77%** Possess non-clinical professional qualifications or expertise

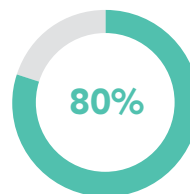**63%** Considering non-clinical career opportunities

Nurses and Midwives indicated similar preferences for part-time, casual or contract roles and full-time roles (49% vs 40%), with only 7% indicating interest in working remotely.

# Allied Health (n=28)

Allied health professionals indicated a high level of interest in Digital Health (combined), with particular interest in Digital Health (21%) and telemedicine (21%).

**Interest** **Expertise**

| Category | Interest | Expertise |
|---|---|---|
| Digital health (combined) | 46% | 14% |
| Medical education & coaching | 29% | 21% |
| Health management & administration | 25% | 50% |
| Public health | 21% | 32% |
| Medical writing | 21% | 25% |

0%   25%   50%   75%   100%

**75%** Possess non-clinical professional qualifications or expertise

**80%** Considering non-clinical career opportunities

Allied Health professionals indicated similar preferences for part-time, casual or contract roles and full-time roles (49% vs 40%), with only 7% indicating interest in working remotely.

# CAREERS FOR CLINICAL PROFESSIONALS
# Findings by topic

## Digital Health

**The survey highlights an important gap between the level of interest among health professionals in Digital Health and self-identified expertise in this area.**

Survey responses provide a clear illustration of the need to provide opportunities for health professionals working across the healthcare sector to build their capabilities and expertise in Digital Health. Different discipline groups report differing areas of interest.

Telemedicine represents a sector-wide opportunity, that could help to address preferences for remote practice highlighted in the survey as well as variations in geographic distribution of the health workforce across Australia. More specific skills such as AI/machine learning will be of particular interest to certain disciplines, for example those working in surgery and diagnostic roles.

The question is how well undergraduate curricula and ongoing professional development support the use of the range of technologies available. Consideration needs to be given both to upskilling health professionals in the appropriate use of available technology as well as developing new roles with a specific focus on Digital Health and analytics. There is growing recognition that upskilling should not focus solely on how to use technology but on how to integrate the human skills and digital capabilities to optimise the delivery of safe, effective and efficient healthcare.[19]

Damian Green, CEO of eHealth Queensland & Chief Information Officer Queensland Health notes the importance of 'getting the basics right' to establish foundations for a Digital Health ecosystem. *"We pay a lot of attention to the skills that we'll need to move into automation or artificial intelligence, but we also need to invest in critical basics like data collection and management."*[61]

### COVID-19: IMPACT OF A GLOBAL PANDEMIC

The COVID-19 pandemic has seen a rapid increase in telehealth services. The Government reported in July that **more than 4.3 million services had been delivered to more than 3 million patients.**[47] Dr Louise Schaper, CEO of the Australasian Institute of Digital Health sees the response to the pandemic as an example of how change can be accelerated: *"During COVID-19, the healthcare industry globally has shown that it can adapt and change to improve patient care overnight. It has proved it will do whatever is deemed necessary to improve patient outcomes – that's how we embrace innovation."*[48]

## PERSPECTIVES ON DIGITAL HEALTH

*"We need more data scientists, more clinicians with Digital Health skills, more technologists with an understanding of health and more clinicians with the understanding of technology. We need to start developing these new workforce capabilities now; it's an urgent need."*[45]

**Dr Zoran Bolevich**
Chief Executive and Chief Information Officer of eHealth NSW

*"I'm not surprised that Digital Health ranks very highly. The health industry is notoriously conservative (as it should be when you're dealing with human lives), but the digital revolution in health has been a long time coming, and the younger doctors are all ready for it."*[63]

**Mr. Richard Royle**
Health & Digital Health Adviser, KEL Health and former Chair of Australian Digital Health Agency

*"The future of Digital Health is pretty exciting, just to cross those three dimensions of patient centeredness, AI and precision medicine."*[46]

**Dr Simon Kos**
Chief Executive Officer at Next Practice, and former CMO at Microsoft

## HEALTH LEADERSHIP

The survey explored a range of facets of health leadership, including health policy and governance, and health management and administration. Around one-third of respondents indicated interest in these areas of work, with similar levels of interest across disciplines.

Understandably, while interest in health leadership roles was high across the total sample, self-identified skills were mainly reported by those in senior roles. However, the importance of basic non-clinical skills such as management, committee and board work, governance, team skills and financial management are referenced as key components of all health professional roles[20,21] and the need for a specific "business" focus to help healthcare leaders manage the requirements of their roles beyond the clinical components has been noted.[22]

Health leadership does not only require business and management expertise but includes skills around communication, negotiation, advocacy and decision making.[23] These skills have wide-ranging application, strengthening relationships with patients, peers and reinforcing the ability of health professionals to advocate for and influence policy change. Together, these abilities are also likely to provide health professionals with a stronger sense of purpose and the confidence and ability to overcome frustrations and roadblocks. Reviewing the survey responses, Mr. Damien Green (Deputy Director-General of e-Health Queensland and Chief Information Officer) reflected on his own journey into leadership, noting the importance of asking the right questions and listening effectively in order to find the answers. *"If there was anything I could offer as advice to anyone in this field, particularly in terms of working throughout healthcare, the basics of working alongside people are critical, respect for the individual, being able to listen and just being a bit humble in the role."*, he said.[62]

Health leadership also relies on the ability to measure and interpret relevant data and information. With the growing emphasis on the need to demonstrate and measure value in healthcare, skills in data analytics – understanding what data are needed to inform, drive and measure change – are also essential at all levels of the system.[24]

### COVID-19: IMPACT OF A GLOBAL PANDEMIC

COVID-19 exemplifies the critical importance of health leadership. A **NEJM Catalyst article** highlights the need for clinical leaders, administrators and policy makers to work together to make rapid decisions and implement new models of care.[51] A commonly held view is that COVID-19 will not be the last pandemic and that the healthcare sector needs to learn from current experience to prepare for future events. Strengthening leadership capability across the sector will continue to be essential for the rapid transformation required.

### PERSPECTIVES ON HEALTH LEADERSHIP

*"I think, our healthcare system would benefit substantially by identifying and nurturing clinical leadership, because I actually think major system change isn't going to come through the stroke of a policy pen. It's going to come through clinical leaders."*[49]

**Dr Zoe Wainer**
Medical Director & Head of Public Health at BUPA

*"You don't get to be head of a hospital because you're a business manager. That's the problem. The skill sets that get you to one job aren't actually the right one for the next job up the ladder. The de-medicalisation of health administration is equally bad. We'll just get the efficiency manager running the place. That doesn't work either. You need to train people for those jobs that have both sets of skills"*[50]

**Prof Ian Frazer AC**
CEO Translational Research Institute and Australian of the Year in Energesse Future Solutions in Australian Healthcare White Paper

# MEDICAL EDUCATION AND COACHING

**Medical education and coaching emerged as the most common single area of interest among the survey participants and the most common area of self-identified expertise.**

This high level of interest and expertise can be interpreted in several ways. The concept of continuous professional development is intrinsic to medical and health professionals in both their own learning as well as supporting learning for others. What is perhaps less obvious is the value of coaching as part of career progression and satisfaction. The survey highlights that health professionals across the sector experience frustrations with bureaucracy, burnout and a desire to try new challenges. The concept of "coach" rather than "educator" presents opportunities for health professionals to seek advice and support from peers and leaders about how to pursue new opportunities and achieve a greater sense of purpose.

It is interesting that the most commonly nominated single area of non-clinical skill is also one with the potential to support many of the other areas for skills development highlighted in the survey.

Dr Ashe Coxon, GP, Career Counsellor and Founder of Medical Career Planning notices in her work the desire of healthcare professionals to help and support their peers. *"A lot of doctors are really interested in helping other doctors - whether it is in their medical education, making them a better doctor or helping them get through exams – it gives them an immense sense of satisfaction."*[67]

The question of whether the current healthcare workforce is adequately equipped to provide the medical education, professional development, mentoring and coaching required to support a diverse health workforce is a key one for consideration.

Literature highlights the need for skills in professional development, professionalism, change management, advocacy and resilience.[25,26] The need for a variety of authentic clinical environments that reflect current and emerging clinical care processes and diverse patient populations has been highlighted.[27]

Zoe Wainer, Medical Director & Head of Public Health at BUPA, was trained as a cardiothoracic surgeon and is conscious of the challenge of diversifying both the medical curriculum and ongoing professional development to support diversification of clinical careers. *"One of the areas I'm particularly passionate about is this idea of value-based healthcare, which is a different way of operating our healthcare system that is gaining momentum around the country and the world. I was presenting at a conference that the state government held and a CEO of a hospital, stood up and said, "Look, I absolutely support value-based healthcare, but who is going to teach the leaders how to do it when we've been taught to do activity-based funding methodology for the last 20 years?" I think that's an interesting challenge."* [64]

## PERSPECTIVES ON MEDICAL EDUCATION AND COACHING

*"To prepare for our future, the training of clinicians throughout both undergraduate and postgraduate periods should be consistent in its philosophy of encouraging flexibility or adaptability, together with a capacity to reflect, evaluate and innovate. Particularly in the postgraduate period, traditional approaches and policies for clinical practice and training persist in Australia at a time when we believe driving change should be the norm.*

*Educational policies could be reformed and time be mandated for respected, consistent, comprehensive and, above all, relevant postgraduate training. This training should be rigorously policed and closely monitored for its ability to maintain a clinician workforce equipped to manage the challenges faced when dispensing healthcare in this century."*[52]

**Thomas J et al.**
Preparing the future workforce for healthcare in Australia

## PUBLIC HEALTH

**Public health was nominated as an area of interest by around one-quarter of survey respondents, although self-identified skills were lower.**

Public health encompasses a range of areas of expertise, including epidemiology, preventive medicine and health economics, and incorporates broader social and cultural determinants of health and issues of equity.

The importance of public health and a focus on prevention rather than treatment is highlighted in healthcare strategies and insights papers[28,29] and is a key focus for the Australian Government's long-term national health plan, with a National Preventive Health Strategy in development.[30]

However, the reliance on registrars to meet service health needs as demand grows must be dealt with. According to a Department of Health study, sixty-five per cent of junior doctors' report serious concerns about making a clinical error due to fatigue, and 60 per cent report concerns about personal health or safety due to fatigue.[31]

Despite this, it is notable that interest in public health was highest for the more junior health professionals surveyed, perhaps reflecting the increased awareness of prevention rather than treatment in healthcare strategies and priorities. The interest among Allied Health professionals and General Practitioners is also understandable given the generalist and community-based focus of these roles.

Dr Zoe Wainer, Medical Director & Head of Public Health at BUPA, suggests that the high level of interest in public health goes beyond individual interest to a recognition of the need for system change. *"The challenges that face us in terms of healthcare today, fundamentally public health ones, they are lifestyle-driven factors. Public health can also be about healthcare systems. It may also be about just looking at some of the experiences in terms of that 'word cloud'(p19). That sense of burnout is often because they feel quite beaten up by the system and unable to really give genuine care to their patients. If so, their sense of public health is, "Can I lift up and have a system view and make the system better?"[65]*

# DIVERGENT CAREERS: A KEY COMPONENT OF DELIVERING PATIENT-CENTRED CARE

**The patient bond and improving patient outcomes was the highest-ranking inspiration for people who responded to the survey.**

A key foundation for contemporary healthcare delivery is a patient-centred approach that places the patient at the centre of healthcare design and delivery. Associated issues of cultural appropriateness, equity of access, communication and shared decision making all factor into this approach.

While not explicitly asked during the survey, key survey findings have a bearing on delivery of patient-centred care. Use of Digital Health technologies supports delivery of care closer to home for people in rural and remote locations and facilitates access by consumers to far more information than they have previously been able to access.[32] Visibility of data and the ability to share data and information across services provides a complete picture of a person's journey and experience through the health system and can be used to identify areas for improvement.

Dr Zoe Wainer, Medical Director & Head of Public Health at BUPA adds that "the current funding models create disintegration in the patient journey" and that "the next big shift in the healthcare system is going to be around what health outcomes patients want and we design a system around them."[66]

Communication is a critical element of health leadership but is also essential for delivery of patient-centred care. The important role of the "physician as advocate" is also described in the literature[33] and the concept of "patients as partners" is gaining momentum.[34] This evolution in health requires the health system and health professionals to adapt and respond accordingly.

## COVID-19: IMPACT OF A GLOBAL PANDEMIC

*"The unparalleled health care crisis that Covid-19 has triggered around the world is stretching our thinking. We are not in this situation by choice, but out of necessity we will accelerate transformation and innovation in our systems in a way that we have never seen before. Things that we've heard cannot be accomplished will be done and we will re-evaluate old practices. This will go from changing the way we communicate and what we share, to leveraging technologies that will redefine the patient encounter. The pause on some wasteful clinical practices due to social distancing and limited supplies may have a lasting influence on clinicians as we realise that we can do less and still provide the best care to our patients. Because we have no other option, we will experiment, we will learn, and we will transform."[54]*

**NEJM Catalyst**

# Interests and inspirations

**Survey respondents indicated a variety of factors underpinning their interest in non-traditional careers. The most common factors were a need for variety/diversity in roles as well as flexibility and the need for work/life balance.**

The sustainability of the healthcare workforce is a challenge raised in many global healthcare outlook papers. The Deloitte global health outlook report references a 2018 survey of US physicians in which 46% of respondents indicated that they plan to change career paths.[35] Understanding the factors underpinning reasons for healthcare professionals seeking alternative career options, as well as an appreciation of their interests and motivators is important for identifying strategies to maintain the healthcare workforce.

As the health sector evolves and we embrace new models of care and emerging technologies especially in the face of new threats, such as pandemics, there is a need to re-assess what impact this has on our medical workforce requirements. This is coupled with the individual needs of a clinician who is looking for career options that provide them with the job satisfaction, work-life balance and security they are seeking. There has been an influx of clinicians interested in upskilling

themselves in areas outside of traditional clinical based skills, acknowledging that the future healthcare requirements will leverage these skills.

The average age of students graduating medical school has increased over time and now sits at around 24 years.[36] The major that a student chooses to be a doctor has also evolved; those who select alternative degrees such as IT or finance can have an advantage. Research by the American Association of Medical Colleges suggests that students with backgrounds in humanities perform just as well as their colleagues who have chosen to study more traditional fields.[37] It is easy to forget that students are very often still in early phases of life and may need more time to mature before starting medical school.

Working for a few years in a nonmedical job would let health professionals gain valuable experience

outside of medicine, invest in a passion such as music or art, build their savings, invest in real estate and start a family.[38] This career trajectory often explains why junior doctors have the highest interest in divergent careers and tend to want to combine additional skills with their medical skills. It is up to the medical education sector to assist the workforce in the provision of education and training that recognises that the future healthcare professional role is continuously evolving.



| TOP 10 REASONS FOR INTEREST IN NON-TRADITIONAL ROLES | |
|---|---|
| Variety/time for a change | **17%** |
| Flexibility/work–life balance | **14%** |
| Interest/passion | **12%** |
| Desire to make a difference | **7%** |
| Dissatisfied with current work | **6%** |
| Already doing it | **5%** |
| Burn out | **5%** |
| Broaden career | **5%** |
| New challenges | **5%** |
| Make use of expertise | **4%** |

| TOP 10 INSPIRATIONS | |
|---|---|
| Patient bond/care/outcomes | **23%** |
| Making a difference/positive change | **20%** |
| Teamwork/good colleagues/people | **14%** |
| Helping others | **10%** |
| Continual self-development/learning | **7%** |
| Education/coaching | **6%** |
| New developments/innovations | **5%** |
| New challenges | **4%** |
| Problem solving | **3%** |
| Mentors/leaders | **3%** |

## THE HEALTH WORKFORCE OF THE FUTURE

# Developing and supporting non-traditional careers for clinical professionals

**Healthcare organisations and employers have a significant opportunity to review the roles and professional development opportunities for health professionals. The survey adds to the growing voice calling for change within the Australian and global healthcare to ensure that the healthcare system is equipped and staffed to respond to new challenges and opportunities.**

The literature identifies a range of areas in which the skills of those working in the healthcare sector needs to be strengthened. This survey of a broad cross-section of health professionals in Australia highlights an emergence of health professionals with an interest in diversifying their skills and working in a different way. The survey identifies interest in roles such as "medical educator", "coach", "Digital Health expert", "leader", and "communicator" alongside traditional clinical roles. Giving voice to these roles rather than assuming they should be an intrinsic component of clinical roles will help to ensure they receive adequate focus within training curricula, role definitions and ongoing professional development programs.

A growing body of literature highlights the need to reconfigure role definitions and competencies within the healthcare workforce.[39,40,41,42] In its global health outlook for 2020, Deloitte ask: *How do we attract, develop, and retain skilled health care professionals? How do we make our workforce more efficient and help them feel more fulfilled and satisfied?* [43]

The survey provides important insights into health professional views on how these questions could be answered, while also strengthening the skills and competencies of the healthcare workforce to deliver new models of care and maximise the value of Digital Health technologies. These challenges are not limited to the Australian healthcare system. Similar issues have been raised in the UK where the need for consultants to develop non-clinical skills, such as management, leadership, and teaching and the importance of improvements in training before and after appointment has been noted.[44]

Dr Ashe Coxon, General Practitioner, Career Counsellor and Founder of Medical Career Planning highlights that having a coach available at a hospital or a college level is essential to identify doctors who are in need or struggling with their career, but also to help them identify what their interests, values and skills are should they consider transitioning to a divergent career in medicine. *"I would love to see clinicians have the opportunity to engage with a coach or a counsellor early in their medical journey, before they even realise they need it. All colleges, institutions and healthcare organisations would benefit from having their own coach on board to support clinicians' growth and create a fit for purpose workforce."*[68]

## PERSPECTIVES ON THE FUTURE OF HEALTH AND THE HEALTH WORKFORCE

*"Doctors face a rapidly changing medical landscape, which relies more and more upon interprofessional collaboration to optimise patient outcomes and upon non-clinical skills to provide care efficiently and cost effectively. The current response to change is a reactive and resource-intensive effort, where established doctors are directed towards new ways of working. A better response would be interprofessional clinical and non-clinical training, incorporating a philosophy and style that accommodate innovation, communication and change."*[53]

**Thomas J et al.**
Preparing the future workforce for healthcare in Australia

*"I think the first thing we will see is that the term Digital Healthcare will disappear and just become healthcare, which will in the future all be provided on a digital platform."*[70]

**Professor Keith McNeil**
Acting Deputy Director General and Chief Clinical Information Officer, Queensland Health

*"We don't know how we actually bring technology into the healthcare sector in a way that is affordable, efficient and that doesn't disrupt workflows in a negative way. Now we've understood that there is huge potential and we're all talking about it – how do we make it happen? Ten years from now we probably won't recognise our health system."*

**Dr Amandeep Hansra**
GP and Founder of Creative Careers in Medicine

# Survey methodology

Between November 2019 and January 2020, doctors were surveyed by the following organisations:

- Wavelength – Specialists, General Practitioners, Career Medical Officers, Registrars and Resident Medical Officers (n=367)
- Ccentric – Medical Leaders & Specialists (n=110)
- Creative Careers in Medicine (CCIM) provided deidentified aggregated data from an independent survey (n=240)

In April 2020, an additional survey was sent to a new segment of health professionals to include:

- Ccentric – Nursing and Midwifery (n=112)
- Ccentric – Allied Health (n=28).

A total sample size of **n=857** responded. Responses were gathered via an online survey consisting of 13 questions, 6 open ended and 7 close-ended questions, which took around 10 minutes to complete.

Analysis of the responses from all surveys was undertaken by independent consultancy Taverner Research.

## CAVEATS

Results from the four surveys have been analysed together. Although the surveys were similar, there were some differences in questions and response codes. Although the report has aimed to align results as much as possible, the total sample is indicative only, as it is a combined sample from different surveys.

It is also important to note that responses from 'Directors of Medical Services' are also included under the segment of 'Medical Leaders and Specialists' as a number of respondents held both roles.

It is worth noting that the majority of the CCIM community who responded would have already previously shown an interest in careers outside of traditional clinical settings. The community consists of healthcare professionals at all stages of their careers with various reasons for interest e.g. semi-retirement or a change of pace.

# APPENDIX II
# Acknowledgements

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**Professor Keith McNeil,** Acting Deputy Director General and Chief Clinical Information Officer, Queensland Health

**Dr Grant Phelps,** Director of Rural Workforce Agency Victoria & Associate Professor of Clinical Leadership at Deakin University

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**Dr Louise Schaper,** CEO at the Australasian Institute of Digital Health

**Dr Zoe Wainer,** Medical Director & Head of Public Health at BUPA

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