

THE NATIONAL DIGITAL HEALTH CAPABILITY ACTION PLAN



Australian Government

Australian Digital Health Agency

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EXECUTIVE SUMMARY



A workforce with strong digital health capability ultimately benefits the patient: driving safer, higher quality care and a positive experience where consumers and patients are empowered.

Australia's health system faces many challenges, including an ageing population, increasing consumer expectations, a move away from hospital-focused care, and the threat of unpredictable and persistent infectious diseases.

In the face of these challenges, digital health is transforming the way that many patients manage their health and experience healthcare and driving a step change in the delivery of health services. For example: wearables and virtual health are being used to provide preventative health and wellness support; genomics can be used to screen for health risks or develop personalised treatment options; and big data and health informatics are enabling systems better plan for public health trends and needs. Across the health sector, coordinated action is required to build the capability of the workforce so that the benefits of digital health are realised more fully, for more patients, in more settings.

In addition to the need for general digital health capability across the health workforce, it is also important to acknowledge there are and will continue to be a need for specialist roles such as health informaticians or data analysts. These requirements will evolve but, over time, it is expected that while certain roles may require specialist skills, digital will be an integral and embedded part of healthcare and not related to specific roles.

This Capability Action Plan presents the priority actions that are required in order to effectively build digital health capability across the health workforce to respond to the needs of consumers now and in the future. It has been built in partnership with key stakeholders from across the health ecosystem and reflects a shared position about actions that are both high impact in driving capability uplift and achievable in the current health environment.

Why do we need to build digital health capability?



The benefits of a digitally capable health workforce delivers:

- improved ability to diagnose, treat and manage health conditions
- reduction in clinical risk, including minimisation of adverse drug events
- enhancement of clinical workflows and the automation of routine and repetitive tasks
- improved patient flow and sharing of information throughout the health system
- enablement of care outside of hospital settings, in the community or at home
- increased transparency of healthcare
- improved population health management
- improved operational efficiencies



To deliver the benefits of digital health, the health workforce can apply the following skills:

- confident use of technologies
- application of data science, enabling evidence-based decision making and informed planning
- systems supporting workflow management and team design and collaboration
- improved information sharing, accessibility and security
- ability to create strong business cases and provide evidence of benefits

The Digital Health Capability Action Plan (CAP) builds on thinking to date, with an emphasis on defining pragmatic actions that are relevant across the sector

What is the Capability Action Plan (CAP)?

This **NATIONAL DIGITAL HEALTH CAPABILITY ACTION PLAN** presents the priority actions that are required in order to effectively build digital health capability across the health workforce to respond to the needs of consumers now and in the future.



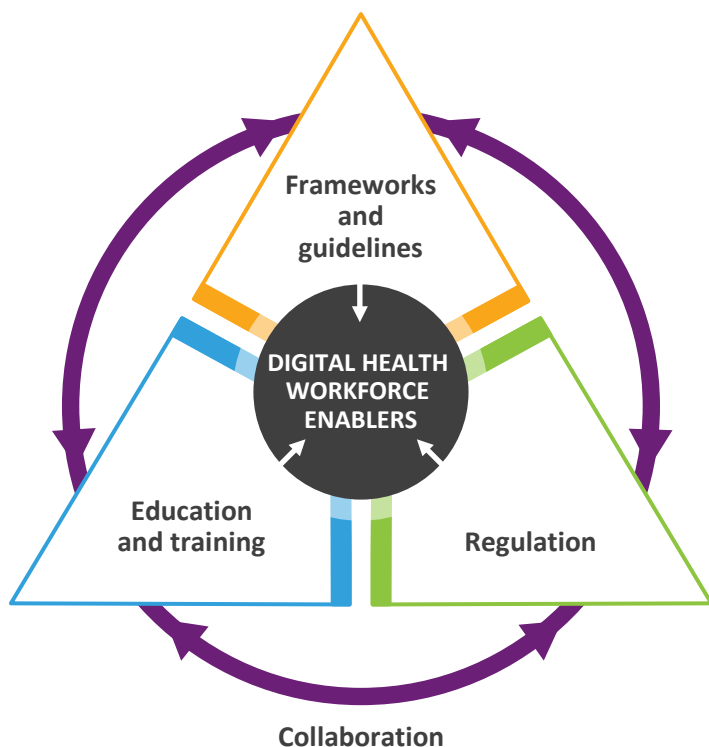
Development overseen by a **15** member cross-sector Steering Group



Consultation with **90+** individuals from **56** organisations

What are the key components of the CAP?

The CAP combines three themes, which together influence the upskilling of the health workforce



Frameworks & guidelines

to support consistent digital health capabilities and practice nationally

Education & training

to enable the health workforce to upskill and adopt digital

Regulation

to require the inclusion of digital health in regulated health education

Collaboration

to promote a shared digital culture and continuous learning

What stakeholders were consulted?

- **Government bodies**, including Commonwealth and Jurisdictions
- **Primary health organisations**, including PHNs and primary care peaks
- **Professional and clinical peaks**, including Medical Colleges, Allied Health Peaks, Nursing Peaks, Self-Regulating Health Professional peaks
- **Digital health peaks**, including Australasian Institute of Digital Health, Digital Health CRC
- **Education and standards organisations**, including AHPRA and Universities Australia
- **Industry**, including Medical Software Industry Association and Aged Care Industry Information Technology Council

The Capability Action Plan development was guided by a set of principles recognising the variability across the system and stakeholders

What principles underpin the CAP?



The CAP adds value across the breadth of the health sector

- The CAP is intentionally flexible and not directive, providing foundations upon which different occupations, roles, settings or organisations can build further.
- The actions set out in the CAP recognise that different stakeholders are at different levels of digital health capability and maturity, and provide structures and guidance which can be applied to support that ongoing development.
- The CAP focuses on the development of frameworks, tools and resources that support individuals and organisations to build digital health capability, but does not mandate the way that these are used in practice



The CAP considers workforce digital health capability as distinct from specific technologies, though recognises the important role that technology and systems play

- The CAP recognises the wide variety of systems and technology across the sector, the reality that there is little consistent adoption of similar systems nationally, and technologies are likely to change over time and across different settings, workforces and regions.
- Whilst the importance of interoperability and standardisation of technology systems is recognised, it is not something that the CAP can directly address, and therefore actions will seek to support progress despite current system or connectivity limitations.
- Whilst the CAP seeks to reduce duplication of effort and enable sharing of information and tools, it also respects and supports the commercial nature and intellectual property of key stakeholders



The CAP will only be progressed and sustained through the cooperation, commitment and resourcing of a wide range of stakeholders across the health, education and technology sectors

- The CAP will require different stakeholders and workforce groups to work together on key foundational components. This multi-stakeholder engagement and commitment will be vital to the ongoing success of the frameworks and structures that are developed. This will be enabled through appropriate resourcing and funding as well as clear accountability and reporting.
- The actions that our outlined in the CAP will require ongoing involvement from across the sector, with leadership and guidance from the organisations and individuals with specific digital health expertise.

What does success look like?

The sector is actively working together on developing and implementing tangible actions to uplift digital health capability, with a focus on relevance and sustainability

Workforce digital health capabilities are agreed and can be adopted and adapted across the system

The health workforce is equipped to navigate the ethical and safety implications of digital health

The health workforce has access to opportunities and resources to learn and apply digital health skills

Employers and educators have access to information and resources which enable them to support the development of digital health skills

Improved patient experience and outcomes

The CAP actions are organised across four themes and will be delivered over seven years

The CAP actions are relevant across the whole health workforce with additional actions targeted towards those who develop a specialist focus on digital health. The actions to be implemented first reflect stakeholders' desire to prioritise foundational actions that will support capability uplift across the health sector.

		Description	Timing
1	Foundational digital health capability framework	This framework will articulate a set of foundational digital health capabilities which apply across occupations, roles and settings. The framework may include some focus areas to highlight capabilities for specific cohorts (e.g., leaders, clinicians and non-clinicians).	Initiate and complete in Year 1 Periodic review
2	Digital health readiness framework	This framework will provide organisations with a structure through which they can self-assess their workforce's digital health readiness and plan ongoing development accordingly. Although it will be largely common and profession-agnostic, it may include different sections for the workforce as a whole, and for specific cohorts (e.g., clinical, non-clinical and leadership).	Initiate in Year 1 Complete in Year 2 Periodic review
3	Digital health practice guidelines	Digital health practice guidelines will provide guidance about topics such as patient engagement in a digital health context, eSafety, data governance and ethics. Guidelines will be provided in neutral branding and kept up-to-date so that whole guidelines, or sections, can be incorporated into existing policies and guidelines as desired. Adoption or adaptation of guidelines will not be mandated.	Initiate and complete in Year 2 Periodic review
4	Resources for digital health learning, education and training	Resources and tools will be made available to support education and training for development of foundational digital health capabilities. Resources may be standalone tools or may be content to be tailored and incorporated into training or education activities. It will result in a collated set of digital health resources, reviewed by experts, that can be used to support digital health capability uplift.	Initiate in Year 1 Ongoing
5	Access to digital health technologies for learning	This action will involve undertaking a coordinated approach to connect educators and learners with technology providers through a central repository of links to practice versions of a range of systems. It aims to support students and workers to develop skills and familiarity before using the technology on the job.	Initiate and complete in Year 3+ Periodic review
6	Specialist digital health career pathways	This action will involve identifying and articulating requirements and pathways for a core set of (current and emerging) specialist digital health roles. Requirements include relevant skills and experience. Pathway descriptions will illustrate how individuals might develop within different digital health roles, including people from varying backgrounds.	Initiate in Year 2 Complete in Year 3+ Periodic review
7	Specialist digital health experiential learning	This action focuses on improving the quality and quantity of experiential learning opportunities (such as internships and mentorships) in specialist digital health areas, and on connecting participants with relevant opportunities. It involves developing an online repository of digital health experiential learning opportunities and a supporting toolkit with resources and guidance for organisations and individuals.	Initiate and complete in Year 3+
8	Specialist digital health courses	This builds on the digital health career pathways developed through Action 6 and assumes there is ongoing professionalisation of digital health specialties, leading to formalisation of key roles. Here, the health workforce, digital health experts and educators would work together to accredit relevant digital health specialist courses to ensure high quality and consistent content.	Initiate and complete in Year 3+
9	Digital health in regulated health courses	This action involves working with the relevant organisations (such as peaks, boards, colleges and councils) to formally embed foundational digital health capabilities into regulated health course requirements.	Initiate and complete in Year 3+
10	Digital health in CPD	This action involves working with relevant professional bodies (e.g., peaks, colleges and boards) to formalise digital health learning as a Continuing Professional Development (CPD) activity. As part of this, resources may be shared and promoted to support the professional bodies and their members to consider and undertake digital health as part of CPD. Digital health will be a new CPD option and will not be mandated.	Initiate and complete in Year 3+
11	A Hub for resources	This action involves developing a user-friendly and interactive web-based platform which acts as a central repository for educators, employers, peak bodies and individuals to access information and materials regarding digital health workforce development.	Initiate in Year 1 Ongoing

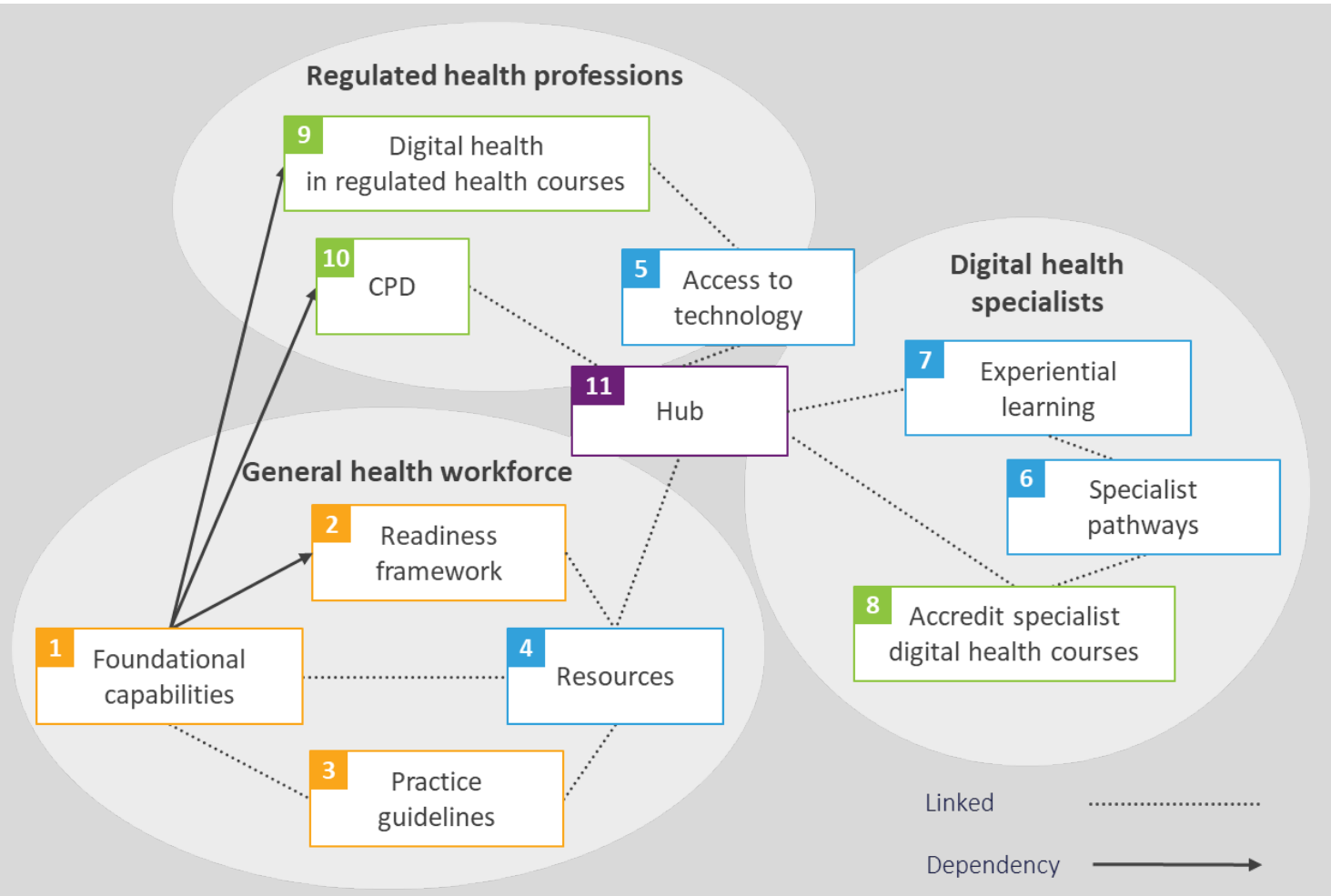
The CAP actions are inter-linked, and it is proposed that for effective and efficient implementation it can be considered as three core programs of work, and coordinated by a single organisation

An initial program of work addressing foundational components which apply to the **general health workforce** is required to set frameworks and guidelines to underpin the ongoing development of digital health practice and capability.

Two core actions focus on building digital health requirements into courses and ongoing registration requirements for **regulated health professions**.

Further actions focus on **specialist digital health workers** and enabling consistency and development.

Two actions will support **health workers across the sector**. Access to technology will enable health workers to practice and apply digital health knowledge, while the proposed online Hub will support all of the actions and enable sector collaboration.



Whilst ongoing engagement and commitment from government and the health and education sectors will be a vital driver of success, the value of having a single organisation play a stewardship role to support coordination of the CAP actions and overall program of work has been noted.

The Australasian Institute of Digital Health (AIDH) has been identified as an appropriate organisation to take on the stewardship, leveraging their strong existing knowledge and relationships, as well as their independence. A single point of coordination will enable linkages and efficiencies to be leveraged. Some of these linkages between actions and activities are outlined overleaf.

1. BACKGROUND



A workforce with strong digital health capability ultimately benefits the patient: driving safer, higher quality care and a positive experience where consumers and patients are empowered.

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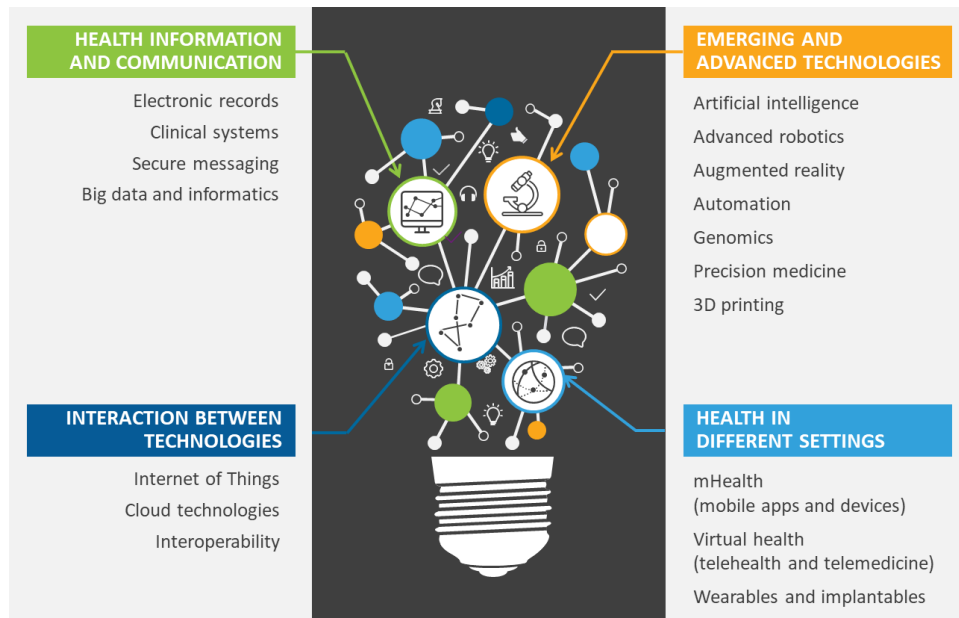
Digital health and the health workforce have broad and inclusive definitions, which reach across technologies, systems, occupations and settings

What is 'digital health'?

Digital health is multifaceted, encompassing many different components:

Digital health is a broad term which encompasses mobile health, wearable devices, AI, robotics, personalised medicine, virtual care, smart hospitals and innovative evidence-based products and services. Digital health includes both technologies and devices as well as data and analytics, all of which are evolving over time and contributing to improvements in healthcare.

Digital health comprises many different components



Who are the 'health workforce'?

Australia's health workforce is diverse and covers a range of individuals:

The health workforce is all individuals who deliver or assist in the delivery of health services or support the operation of healthcare facilities or services.

This includes clinical healthcare professionals and all other workers in the health system such as administrative assistants, managers and wardspersons.

The health workforce also includes digital health specialists, such as health information managers, health technology professionals, virtual care assistants, clinical information officers, and so on.



The 'health workforce' includes a range of occupations who work in a variety of roles and settings. The level and type of digital health capability required will vary across occupations, roles and settings.

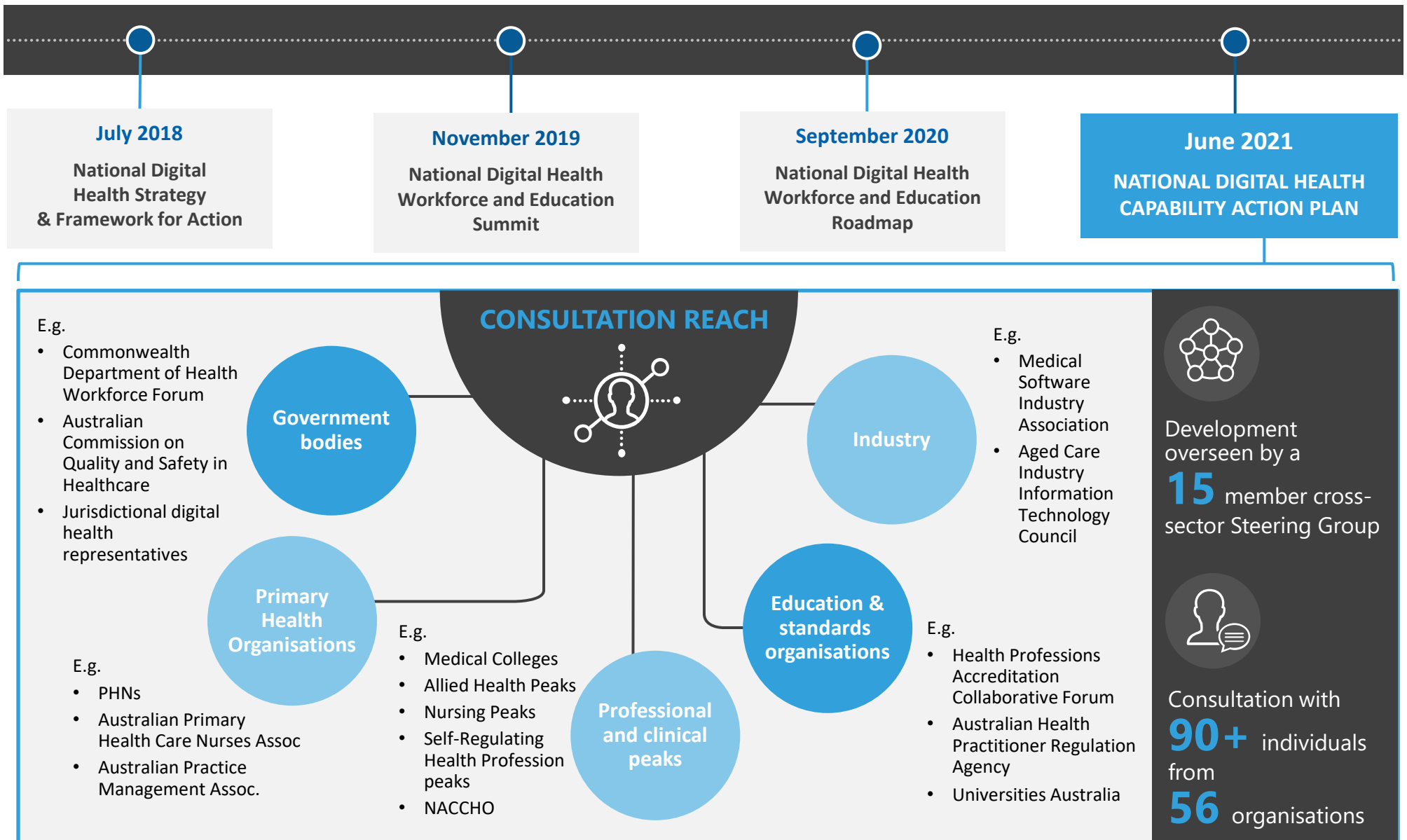
By occupation group, for example:

- Doctors, Nurses, Midwives
- Allied Health Professionals
- Health service managers and administrators
- Health service support workers
- Aboriginal Health Practitioner
- Aged care workers

By role or setting, for example:

- Service delivery vs. service planning
- Front-line clinician vs. unit or service manager
- General vs. specialist clinician
- Community vs. acute health service
- Specialist digital, data or technology focus

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(see Appendix for full stakeholder list)

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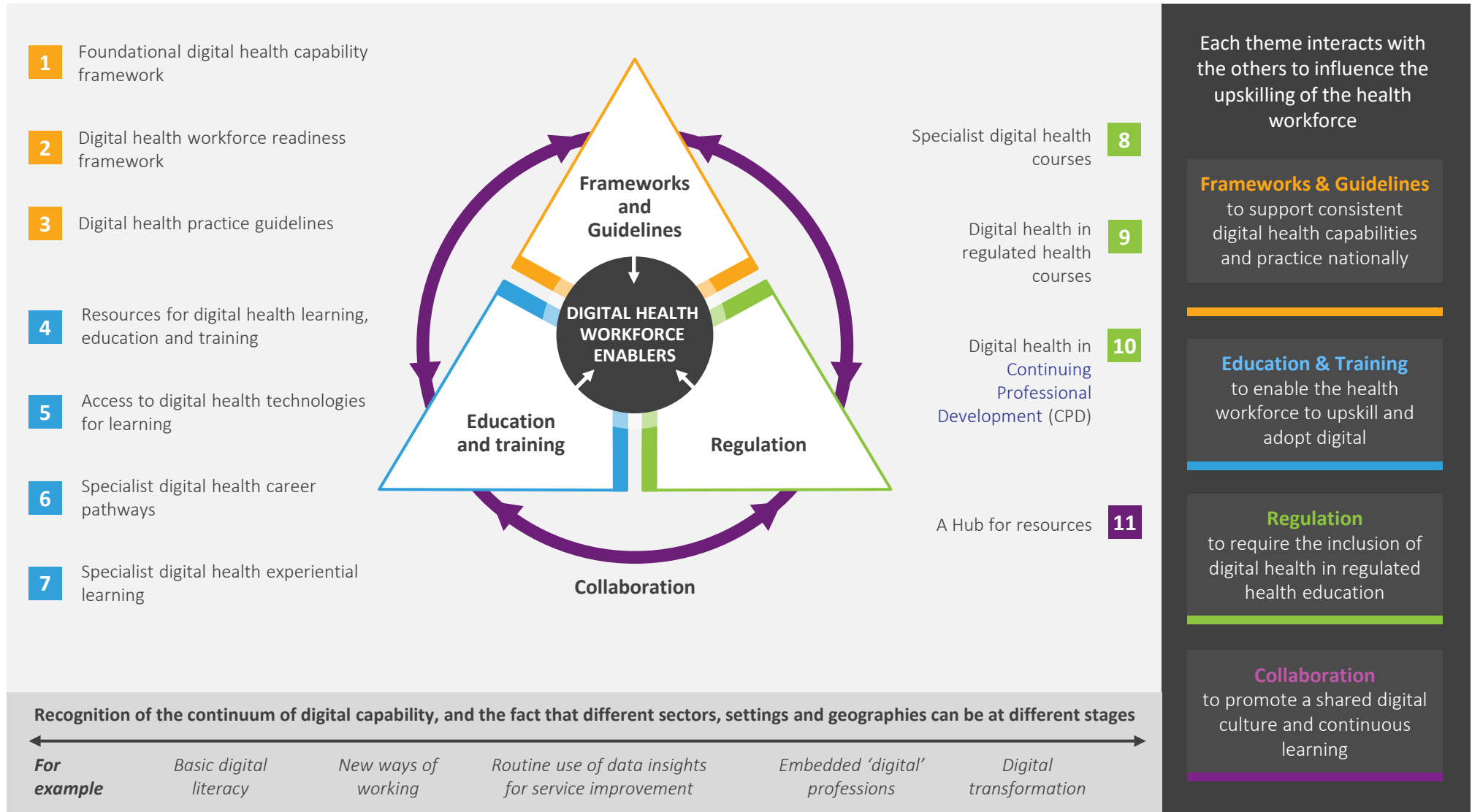
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Improved patient experience and outcomes

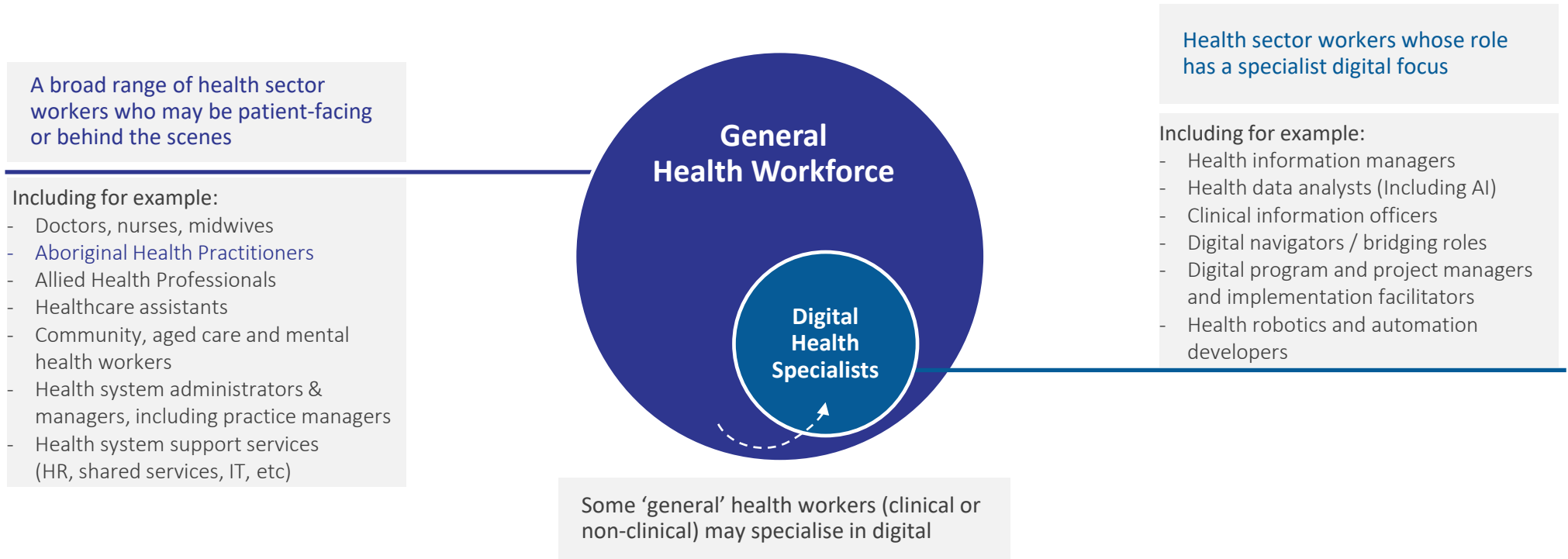
2. ACTIONS



The Capability Action Plan contains 11 actions across four themes



The CAP actions are relevant across the whole health workforce with additional actions targeted towards those who develop a specialist focus on digital health



Actions (described on following pages) showing emphasis on general and/or specialist workforces.	1	2	3	4	5	6	7	8	9	10	11
	Foundational digital health capability framework	Digital health workforce readiness framework	Digital health practice guidelines	Resources for digital health learning, education and training	Access to digital health technologies for learning	Specialist digital health career pathways	Specialist digital health experiential learning	Specialist digital health courses	Digital health in existing health courses	Digital health in CPD	A Hub for resources

1

Foundational digital health capability framework

ACTION: Develop foundational digital health capability statements that are applicable across the health workforce

DESCRIPTION

This framework will articulate a set of core digital health capabilities.

The framework will be foundational, and apply across occupations, roles and settings—but may include some key domains or focus areas to highlight any capabilities for specific cohorts (e.g., leaders, clinicians and non-clinicians).

Possible components:

- Defined capabilities organised under domains (such as consumer advocacy and engagement, digital communication and collaboration, use of data and information, use of technology, change management, and digital governance).
- Case studies to illustrate capabilities in practice.
- *Note: foundational non-health specific digital skills, such as how to use a computer are not part of this framework.*

OUTPUT

Capability statements that articulate the foundational digital health capabilities required of health workers across all occupations, roles and settings.

OUTCOMES

- Agreed foundational digital health capabilities are applicable to all health workers and can be tailored for specific occupations, roles and settings
- All health workers, including leaders, are aware of and have access to the framework
- Professional organisations can reference or build on the capabilities to incorporate digital into dedicated capability and CPD frameworks
- Education providers can use the capabilities to support integration of digital health into health-related course content
- Health providers can use the capabilities to build digital health into workplace performance and training structures

IMPLEMENTATION FACTORS

The framework must be co-designed by a cross-sector stakeholder group.

Existing work (both Australian and International) should be leveraged, including for example:

- Nursing and Midwifery Digital Health Capability Framework
- Digital capability work underway with Australian Medical Council
- UK Digital Health and Care Capabilities Framework

DEPENDENCIES

- Stakeholders to be engaged align with those to consult for Actions 2, 3 and 4
- Resources to support stakeholders to understand and incorporate these capabilities will be addressed in Action 4
- Action 11 Hub would provide access to the capability framework, but could also be organised around the foundational capability domains

2

Digital health workforce readiness framework

ACTION: Develop a workforce digital health readiness framework

DESCRIPTION

This framework will provide organisations with a structure through which they can self-assess their workforce digital health readiness and plan ongoing development accordingly.

Although it will be largely common and profession-agnostic, it may include different sections for the workforce as a whole, and for key workforce groups, e.g. clinical, non-clinical and leadership.

Possible components:

- Characteristics of workforce readiness, mapped against capabilities defined in Action 1.
- Self assessment tool, and option to participate in sector benchmarking.

Note: this considers workforce, not technology, readiness.

OUTPUT

A framework which articulates different levels of readiness and workforce characteristics against the digital health capabilities identified in Action 1.

OUTCOMES

- A digital health workforce readiness framework is available for organisations to apply and/or tailor
- The health sector has a common pathway to assess and forward plan for workforce digital health capability
- Individual services and healthcare providers can identify the gaps in their digital health capability to support prioritisation of learning and development investment
- System-level organisations, such as peak bodies, PHNs and jurisdictions, have sight of the digital health capability needs of the organisations they support

IMPLEMENTATION FACTORS

- As per Action 1, the framework must be co-designed by a cross-sector stakeholder group.
- Existing digital health maturity frameworks should be leveraged, including for example: Digital Health Indicator tool from Healthcare Information and Management Systems Society, CHIME, Victorian Digital Health Maturity Model, EY's digital health maturity model and existing health provider models.

DEPENDENCIES

- Stakeholders to be engaged align with those to consult for Actions 1, 3 and 4
- Resources to support stakeholders to understand and use this framework will be considered as part of Action 4
- Action 11 Hub would provide access to the framework, but could also be organised around the readiness levels or workforce characteristics

3 Digital health practice guidelines

ACTION: Develop foundational digital health practice guidelines

DESCRIPTION

Digital health practice guidelines will provide fit-for-purpose, evidence-based guidance around the application of digital health.

Guidelines will be provided in neutral branding and kept up-to-date so that whole guidelines, or sections, can be incorporated into existing policies and guidelines.

These guidelines are intended for organisations to adopt or adapt as desired, and will not be mandated.

Possible components:

- Foundational digital health practice guidelines covering topics such as: eSafety, data governance, ethics, information/cyber security, etc.
- Case studies could be used to illustrate practice across different occupations and roles.

OUTPUT

Digital health practice guidelines covering a range of topics such as patient engagement in a digital health context, eSafety, data governance and ethics from a health workforce perspective.

OUTCOMES

- A set of agreed foundational digital health practice guidelines that are applicable across the health workforce is available for use by all workforce groups
- Organisations can use the resource as a reference point or to incorporate into existing ethical frameworks, codes of conduct and/or practice guidelines
- Existence of easily accessible, up to date guidance enables organisations to implement and embed best practice processes and/or policies to drive optimal implementation of digital health practices

IMPLEMENTATION FACTORS

- A cross-sector stakeholder group should agree topics of value, based on most pressing needs across workforce groups and settings
- This activity should leverage work already done – building on available expertise (in Australia and internationally) and align with existing structures
- Where relevant, respected sources such as the Commission on Safety and Quality in Health Care or AHPRA will be invited to be involved in and/or to 'endorse' the resulting guidelines
- Guidelines will need to be reviewed and updated regularly to ensure relevance and currency

DEPENDENCIES

- Stakeholders to be engaged align with those to consult for Actions 1, 2 and 4
- Resources to support stakeholders to understand and incorporate these guidelines will be considered as part of Action 4
- Action 11 Hub would provide access to the guidelines

4 Resources for digital health learning, education and training

ACTION: Identify, assess and collate resources to support digital health learning for new and existing workers

DESCRIPTION

Resources and tools will be made available to support education and training for development of foundational digital health capabilities.

Resources may be standalone tools or may be content to be tailored and incorporated into training or education activities.

Possible components

- Content could include: information, learning pathways, model curriculum or module design for targeted areas, teaching or facilitation guides, workforce assessment tools, practical frameworks (change management, business case), technology use cases, synthetic datasets linked to interactive case examples, etc.
- Over time, resources may address occupation or setting-specific skills.

OUTPUT

A collated set of digital health resources, reviewed by experts, that can be used to support digital health capability uplift.

OUTCOMES

- Education and training resources, aligned with the digital health capability framework, will be shared to support workforce development activity
- Sharing of curated best-practice content will promote consistency and reduce duplication of effort in digital health learning design across the sector
- Educators and workplaces will be supported with resources to draw on when developing training and courses
- Health workers have access to a range of best-practice materials to support their digital health learning

IMPLEMENTATION FACTORS

- The scope of this action can be limited or expanded depending on the resources available and the level of need and interest from educators and workplaces
- This action will require review and analysis and collation of existing resources, identifying gaps and could include commissioning new material to address agreed gaps
- Appropriate arrangements will need to be in place to ensure that commercial interests and intellectual property rights are respected
- Appropriate materials and resources should be identified across different occupations, roles and settings
- There should be a mechanism to enable individuals or organisations to share their resources (with attribution)

DEPENDENCIES

- The foundational content of Actions 1, 2 and 3 will provide the basis for this action
- Stakeholders to be engaged align with those to consult for Actions 1, 2 and 3
- Resources could be used to support development and provision of CPD (Action 10)
- Action 11 Hub would provide access to these resources

ACTION: Provide a structure and process through which health technology providers make test-versions available to learners

DESCRIPTION

This action will support technology providers to offer access to test versions of relevant digital health software and technologies, allowing students and workers to develop skills and familiarity before using the technology on the job.

Possible components

- Providing guidance and structure to technology providers in how to provide access to students and workers – including an approach to provision of licenses or log-ins.
- Tracking and logging the different test versions or sites available, and keeping links updated in a central location.
- Engaging with universities, informing them of the systems which they can access.
- Over time processes could be implemented to require technology providers to provide test versions as a prerequisite to receiving contracts.

OUTPUT

A coordinated approach to connecting educators and learners with technology providers through a central repository of links to practice versions of a range of systems.

OUTCOMES

- Universities and educators will be able to choose from a range of test systems and technologies to share with their students
- Students will enter workforces with some practical experience using digital health systems in a safe, no-risk environment, enabling them to ‘hit the ground running’ in the workplace (noting that even where technology varies by workplace, basic system literacy and comfort will enable easier uptake of other systems)

IMPLEMENTATION FACTORS

- This action should begin with providing access to sandpit versions of national technology or systems (e.g., My Health Record)
- For other technologies, all providers should be invited to participate - none should be given preference - and it will be made clear that any links provided do not indicate endorsement of a system
- Structures and systems can build on approaches taken in existing innovation and research centres which often require access to datasets and technologies (e.g., Westmead Innovation Centre, Royal Children’s Hospital in Melbourne, the Digital Health Academy)

DEPENDENCIES

- As health courses evolve to include foundational digital health capabilities (Action 9), they can be supported by access to training or practice versions of relevant technologies.
- Action 11 Hub would provide access to the repository of links to provider and vendor test versions and supporting resources

ACTION: Develop and agree on the requirements and pathways for a core set of specialist digital health careers

DESCRIPTION

This action will identify and articulate a set of core (current and emerging) specialist digital health roles.

Pathway descriptions will illustrate how individuals might develop within different digital health roles, including people from varying backgrounds, core requirements, relevant skills and experience.

Over time, as the professionalisation of digital health continues, this action may evolve to focus on formalisation of key roles.

Possible components

For each role:

- Sample role descriptions.
- Key skills (desirable and nice-to-have).
- Potential development opportunities (e.g. internship or mentorship).
- Case studies to illustrate a range of journeys.

OUTPUT

A set of documents which articulate core digital health roles (including requirements and skills) and pathways for individuals to specialise in different digital health careers.

OUTCOMES

- A range of different pathways and options are documented, demonstrating how individuals, with varying backgrounds and experiences, might pursue digital health interests
- Guidance in place to support employers and educators to design and implement relevant, structured digital health roles and training
- Greater consistency of digital health roles and experiences across settings and geographies, which in turn enables mobility and succession planning
- People with specialist digital health expertise support the health workforce to uplift patient care delivery and [health](#) outcomes

IMPLEMENTATION FACTORS

- A group of diverse digital health experts and educators should lead consultation to identify the set of (current and emerging) 'specialist digital health careers' to be documented
- Pathways should demonstrate growth through a career – showing how people move through the role, or change between roles, and the different experiences of clinical/non-clinical people
- Existing or similar work should be considered such as: Divergent Clinical Careers for Clinical Professionals (by Wavelength International, Ccentric and Creative Careers in Medicine)

DEPENDENCIES

- The pathways may include reference to points at which internships or mentorships (Action 7) or courses (Action 8) may be relevant
- The work undertaken in this action will directly inform the direction of Action 8
- Action 11 Hub would provide access to these documents

Specialist digital health experiential learning

ACTION: Support the accessibility and quality of specialist digital health experiential learning, including internship and mentorship opportunities

DESCRIPTION

This action focuses on improving the quality and quantity of experiential learning opportunities in specialist digital health areas, and on connecting participants with relevant opportunities.

Structures, tools and resources will be developed to support a better experience for both employers/mentors and interns/mentees.

Possible components

- Centralised, searchable, online resource where organisations can list available internships and individuals can list themselves as available mentors.
- A toolkit with guidance to support the design and implementation of high-value internships and mentorship opportunities.
- Funding or other incentive to encourage establishment of additional internships in key areas of need.

OUTPUT

A central resource which includes an online repository of digital health internship and mentorship opportunities and a supporting toolkit with resources and guidance for organisations and individuals.

OUTCOMES

- Students and health workers can access appropriate workplace experience and/or mentorship, supporting development and application of specialist digital health learning
- Universities and other educators can support students to gain practical specialist digital health skills in addition to theoretical knowledge
- An increased number of high quality specialist digital health internship and mentorships opportunities
- Specialist digital health workers understand how to apply their skills to improve care delivery and health outcomes

IMPLEMENTATION FACTORS

- Experts from across the sector will need to collaborate on the development of appropriate structures and guidance
- A national scan will be required to collate opportunities. This will need to include existing internship and mentorship programs, including those delivered by many bodies, e.g. health services, digital health peak bodies, software and technology vendors
- Structures and guidance should give consideration to the business model for internships, and where possible provide guidance on internship compensation, with an emphasis on sustainability and feasibility

DEPENDENCIES

- Relates to and supports the specialist digital health pathways in Action 6
- Action 11 Hub would provide access to these resources and listings

8 Specialist digital health courses

ACTION: Define and implement a structured approach to formally accredit targeted digital health specific courses

DESCRIPTION

This builds on the digital health career pathways developed through Action 6 and assumes there is ongoing professionalisation of digital health.

Over time, the health workforce, digital health experts and educators would work together to accredit relevant digital health courses, emphasising dedicated specialist courses with a digital health focus (generalist digital courses would not be relevant).

Possible components

- Agree on relevant 'professional' digital health roles to consider.
- An agreed approach to implementation of standards and steps for accreditation.
- A framework including general and specific requirements for selected specialist digital health courses.

OUTPUT

An accreditation process for agreed digital health courses, including criteria and structures to support course providers in assuring high quality and consistent content.

OUTCOMES

- Specialist digital health course graduates - for targeted courses linked to professional digital health roles - have the required knowledge and skills which enable them to contribute to the health system
- Specialist digital health courses are consistent and standardised in line with health sector requirements, for key professional roles
- The continued professionalisation of digital health

IMPLEMENTATION FACTORS

- This is a future action which will be a focus following the achievement of previous work areas in the CAP
- Digital health course accreditation in other jurisdictions and/or local course accreditation structures and processes could provide a foundation for a new process
- Engagement with subject matter experts across different specialist digital health areas will be required to agree standards
- Engagement with those designing and delivering courses will be vital

DEPENDENCIES

- This action will be closely linked to Action 6, and will focus on key roles identified as relevant for professionalisation through accreditation
- Engagement with education providers as part of Action 9 may provide an opportunity to test and get feedback on this future concept

ACTION: Update existing health course accreditation requirements to include the foundational digital health capabilities

DESCRIPTION

Work with the relevant organisations (such as peaks, boards, colleges and councils) to formally embed foundational digital health capabilities into health course requirements.

Possible components

- Engage with relevant bodies who set standards, competencies and capabilities to include agreed foundational digital health capabilities, or a tailored version.
- Engage with relevant bodies to influence accreditation requirements for regulated health courses.
- Framework/pro-forma content which organisations can tailor to support integration of the foundational capabilities into regulated health course accreditation requirements.

OUTPUT

An agreed approach to the incorporation of foundational digital health capabilities into the accreditation requirements of regulated health courses.

OUTCOMES

- Health course graduates have a consistent baseline level of digital health capability, as defined in the agreed foundational digital health capabilities
- Digital health components are embedded into regulated health courses

IMPLEMENTATION FACTORS

- This action will require engagement across all professional groups (AHPRA and self-regulated) and consideration of their unique processes
- Some accreditation bodies have already included digital health as part of their accreditation framework. This action will involve engaging with those that have not yet done so as well as working with those who have to ensure the foundational capabilities were considered
- Decisions on inclusions and tailoring will remain with the accrediting and relevant professional groups
- There may be an opportunity to learn from current work on embedding cultural safety into regulated health courses

DEPENDENCIES

- A follow on activity from the development of the capability framework (Action 1)
- Will involve incorporation of foundational digital health capabilities into health course requirements
- Stakeholders involved will have been engaged for Actions 1 to 4. These initial actions will be important to build support and awareness that this action will occur

ACTION: Support professional bodies to incorporate digital health into CPD

DESCRIPTION

Develop, share and promote resources to support relevant professional bodies (e.g., peaks, colleges and boards) to formalise digital health learning as a CPD activity.

CPD will be incorporated by professional bodies as they see fit and will not be mandated.

Possible components

- Mapping existing digital health CPD, and how it is structured.
- Engage with professional bodies to formally include relevant digital health learning as a CPD option.
- Promotion of CPD opportunities and benefits.

OUTPUT

An engagement approach which results in incorporation of digital health learning and training as eligible options within CPD.

OUTCOMES

- Digital health is included as an eligible option for CPD in all occupations with existing CPD requirements
- Digital Health CPD opportunities are accessible/visible to the workforce
- Digital Health learning is recognised and eligible for CPD
- Increasing numbers of health professionals are undertaking learning and training in digital health
- An overall uplift in digital health knowledge and capability

IMPLEMENTATION FACTORS

- It will be important to engage with professional bodies that have not yet included digital health learning as eligible for CPD, as well as working with those who have, to ensure the foundational capabilities were considered and support them with resources
- The action will need to work with the different processes across different professional bodies
- A cross-sector group, with CPD program/approval expertise, could assess existing content

DEPENDENCIES

- Map digital health CPD activities against the digital health capabilities from Action 1
- Stakeholders involved will have been engaged during Actions 1 to 4
- Inclusion of digital health into professional requirements for different health courses (ref. Action 9) will be a prerequisite for this action
- Action 11 Hub will support CPD activities

ACTION: Develop an online hub to host and connect curated digital health workforce content**DESCRIPTION**

Implementation of an online repository for educators, employers, peak bodies and individuals which hosts information and materials for digital health workforce development.

The Hub should provide an easy user experience, be interactive, be a central source of information and be kept current.

Possible components

- A wide range of resources organised in a user-friendly way, with sections and content aimed at different stakeholder groups and needs.
- Over time, the Hub could evolve to address emerging needs and interests of the digital health community – for example it might enable the establishment or ongoing running of digital health related communities of practice.

OUTPUT

A web-based platform which hosts relevant digital health workforce content to support all stakeholders in the development of digital health capability.

OUTCOMES

- Digital health workforce resources can be accessed via a single point
- Materials developed as part of the CAP (e.g. capability frameworks, resources, etc.) can be made widely available
- The Hub supports and enables the development of a culture of knowledge sharing and learning around digital health capability

IMPLEMENTATION FACTORS

- The Hub should not duplicate existing structures or resources but rather act as a single access point where materials and/or links to other resources or content can be made available
- If a simple version of the Hub is initiated early in the CAP implementation approach it can be used to enable collaboration and engagement across the other actions
- The ongoing development of the Hub would be iterative, based on feedback from users
- Multiple business models could apply, including paid-content, advertising or a providing platform service for others

DEPENDENCIES

- Will host outputs of Actions 1, 2, 3, 4, 5, 6 and 7
- Will support implementation of Actions 8, 9 and 10 by hosting relevant resources
- Hub resources organised around the foundational capabilities and readiness levels (Action 1 and 2) and specialist pathways (Action 6)

3. IMPLEMENTATION



The CAP will be implemented and embedded over the next seven years, and will be enabled by active sector collaboration and government support

In the engagement process undertaken during the development of the CAP, system stakeholders were in strong agreement on the importance of the plan, and were keen to be engaged in the development of the foundational capability framework which will underpin the rest of the CAP as well as subsequent actions.

System stakeholders also noted the importance of focusing implementation efforts to maximise the potential success of the CAP through leveraging enablers and minimising barriers. These have been taken into account in the design of the CAP, and will need to continue to be prioritised throughout implementation:

ENABLERS

- Digital health will be enabled and progressed more quickly where workplaces see **digital as embedded within all health roles** and build their workforce this way – including positioning digital capability within roles when advertising and recruiting.
- **Nurturing digital champions** in workplaces, providing pathways and support for them to develop their digital expertise will benefit the broader workforce and organisation, and encourage others to upskill.
- Employers can play a significant role in supporting employees, teams and entire workforces to **prioritise and pursue digital learning** and providing a workplace where digital health is welcomed and embraced.
- As digital roles become more structured, consistent and well understood, it is expected that they will be embedded more effectively into existing **organisation, governance and decision making structures**, providing them with authorising responsibility which will enable them to effect change.

BARRIERS

- A **lack of interoperability** between systems and a general lack of consistency or user-friendliness makes it more challenging for health workers to learn and apply digital skills.
- **Variable access** to systems and **challenges with connectivity** constrains opportunities to embed digital health learning.
- **Digital** is sometimes **seen as a specialist function**, and left to those individuals, rather than an accepted, integral part of everyone's role.
- In some cases a **lack of basic digital literacy** – in workers and/or consumers - prevents the optimal use of digital.
- **Funding structures and business models** in certain areas of health – private GP and Allied Health practices for example – can make it difficult for workers to find time and space to develop digital health capability.

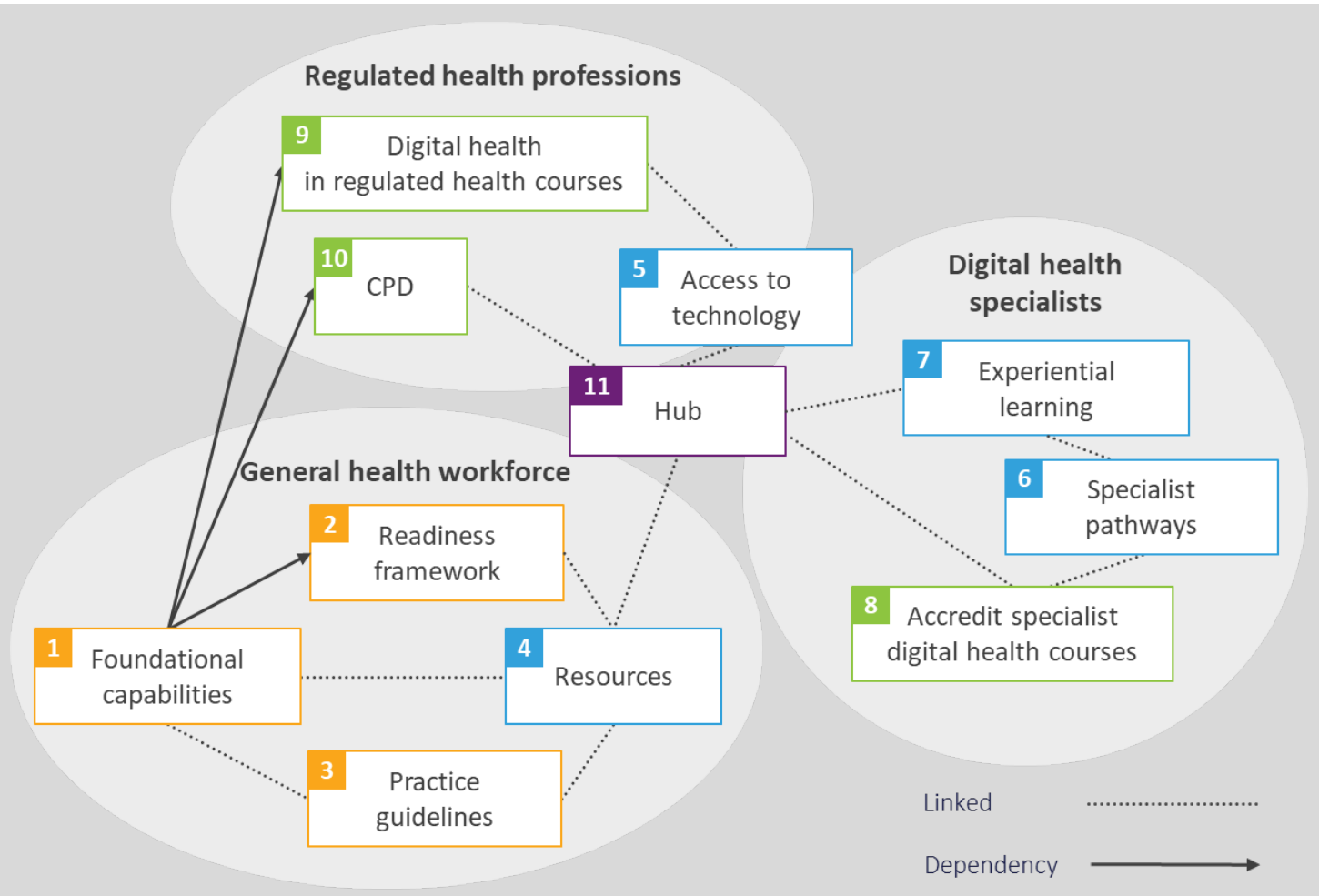
The actions proposed for the CAP are inter-linked, and it is proposed that for effective and efficient implementation it can be considered as three core programs of work, and coordinated by a single organisation

An initial program of work addressing foundational components which apply to the **general health workforce** is required to set frameworks and guidelines to underpin the ongoing development of digital health practice and capability.

Two core actions focus on building digital health requirements into courses and ongoing registration requirements for **regulated health professions**.

Further actions focus on **specialist digital health workers** and enabling consistency and development.

Two actions will support **health workers across the sector**. Access to technology will enable health workers to practice and apply digital health knowledge, while the proposed online Hub will support all of the actions and enable sector collaboration.



Whilst ongoing engagement and commitment from government and the health and education sectors will be a vital driver of success, the value of having a single organisation play a stewardship role to support coordination of the CAP actions and overall program of work has been noted.

The Australasian Institute of Digital Health (AIDH) has been identified as an appropriate organisation to take on the stewardship, leveraging their strong existing knowledge and relationships, as well as their independence. A single point of coordination will enable linkages and efficiencies to be leveraged. Some of these linkages between actions and activities are outlined overleaf.

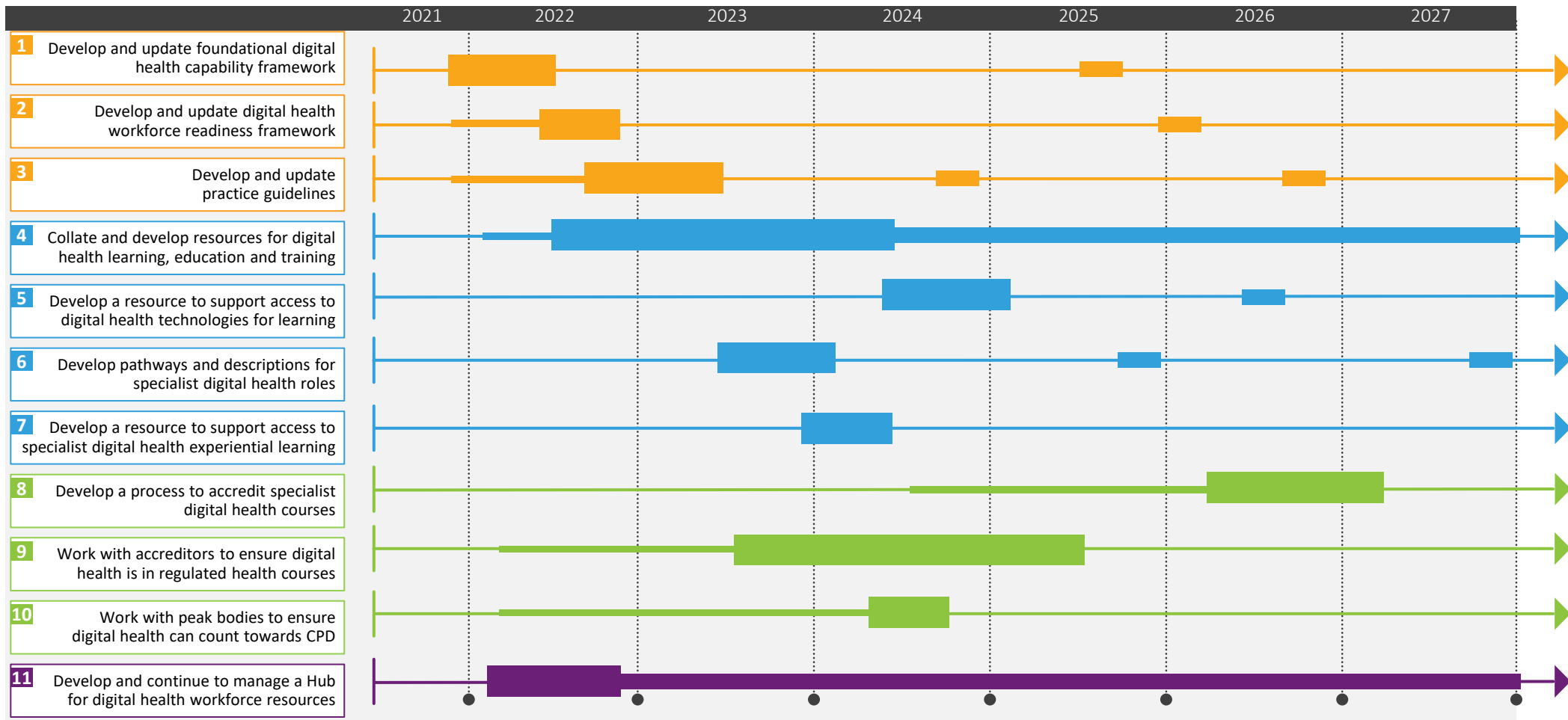
This indicative timeline suggests sequencing of actions over time, taking into account dependencies between actions, availability of resources, and potential for impact

How are actions prioritised?

The first actions in the timeline (Actions 1, 2, 3, 4 and 11) reflect stakeholders' desire to prioritise the foundational actions that will support capability uplift across the health sector. The subsequent actions support more targeted aspects of the health workforce or are dependent on the foundational actions.

How is the timeline interpreted?

The thicker bars indicate where the majority of effort for an action will occur. For some actions, some earlier effort is indicated prior to the main implementation activity, e.g., stakeholders may be informed about the action prior to the larger engagement and delivery of the action. Actions 4 and 11 indicate effort will continue post the initial delivery of the action based on an expectation that resources will continue to be developed over time, and the Hub will continue to be maintained and support the sector. While the outputs of most actions will be hosted and maintained via the Hub, some actions will also require discrete activity for periodic review and update (e.g., Actions 1, 2, 3, 5 and 6).



Delivery of the CAP will be supported by an evaluation approach that is robust and pragmatic

Implementation is mapped over a period of 7 years. During this time, outcomes of ongoing monitoring and evaluation will enable the implementation of CAP actions to be altered to better meet the needs of the health system. They will also serve as a measure of progress to share with the health sector and the broader public.

Over time it is expected that the use of digital technology and systems to deliver and support healthcare will increase due to advances in technology, increased workforce capability and rising consumer expectations. This means the overarching benefits of digital health (page 11) are long-term outcomes which can be difficult to attribute specifically to improved workforce capability. Therefore, the monitoring and evaluation of the CAP will focus on the outputs directly related to the CAP actions and the short-term outcomes which are directly related to the workforce.

During the monitoring and evaluation process, consideration must also be given to how to best leverage existing health workforce monitoring undertaken by the Commonwealth and State and Territory governments.

Some core principles should underpin the design and implementation of monitoring for the CAP:

Evaluation should focus on the impact of the actions as a whole

Given that the CAP has multiple overlapping and inter-dependent parts, the total impact is likely more than the sum of its parts. Evaluating each action of the program would be resource intensive and time consuming.

By looking at the impact of the whole CAP, the total effect can be considered including those that might otherwise be missed when looking at outcomes of specific actions.

The process must continue to build stakeholder agreement

Delivery of CAP actions will happen across multiple years. Throughout this period, the priorities of different stakeholder groups may shift, leaders may change and stakeholder interest may ebb and flow.

It will be important to touch base with stakeholders throughout this time to maintain joint accountability of and engagement with the CAP. For example, through reflective workshops or other participatory methods.

Monitoring approaches must be practical and easy to implement

The health workforce and relevant stakeholders (peak organisations, universities, governments, etc.) are already burdened with administrative tasks and other reporting. Any data collection activities throughout the evaluation must be targeted, clear and only as required to fulfil a purpose. The value against the costs of each indicator or report must also be considered when designing the evaluation.

Reporting must support decision making and add value to stakeholders. The frequency of that reporting must not overtake the ability of stakeholders to make changes recommended in previous reports.

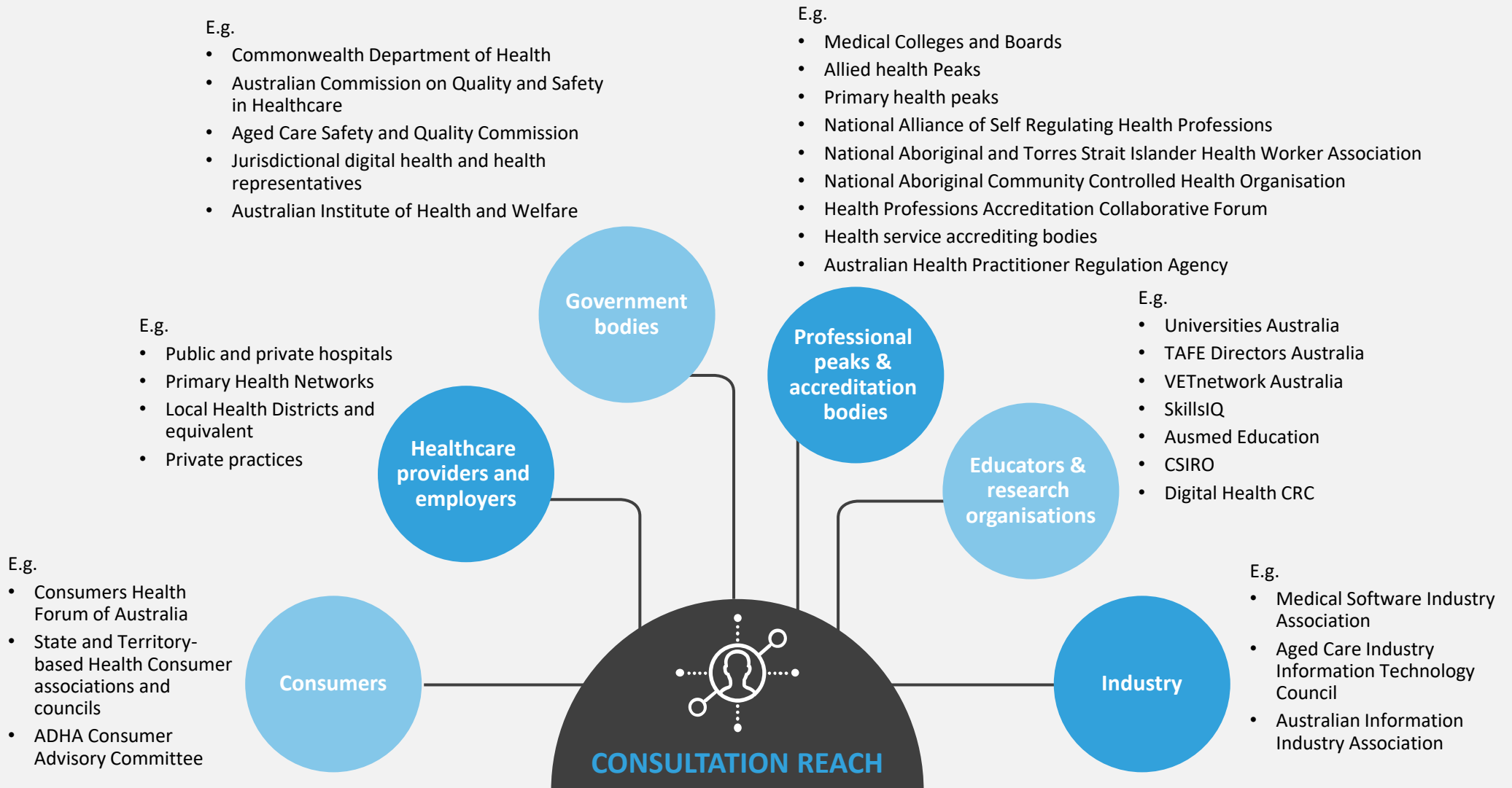
The approach to evaluation should be flexible and iterative

The CAP will involve transformational change of the health workforce and healthcare overall with regards to digital. This is a fundamental shift that has not yet occurred on a large scale, therefore it will be important for it to have the ability to explore outcomes and impacts that are both intended and unintended, positive and negative.

In the early days of the evaluation, themes will begin to emerge and allow hypotheses to be developed. These can be refined as more information becomes available.

Next steps: Broad engagement and collaboration will be central to implementation of the CAP and to achieving increased digital health capability across the workforce

The ADHA will continue to support the development of the workforce, and it is proposed that the AIDH will play a lead stewardship and coordination role in the implementation of the CAP as a program of work. In addition, building the digital health capability of the health sector will take proactive and considered involvement from stakeholders across the ecosystem. The implementation of the CAP needs to be highly collaborative and involve the whole health sector, including engagement with key stakeholder groups outlined below.



4. APPENDIX



Steering Group membership

The CAP Steering Group consisted of broad membership across key health sector stakeholder groups including, Commonwealth and jurisdictions, health professions, education, industry bodies and digital health peaks. These members were engaged throughout the project from initial design and development of the actions through to testing, refinement and implementation considerations.

Representative	Organisation
Damian Green (Chair)	Queensland Health – Chief Information Officer eHealth Queensland – Deputy Director-General
Claire Hewat	Allied Health Professions Australia – CEO
Deana Scott	Medical Software Industry Association – Director
Professor Enrico Coiera	Australian Institute of Health Innovation, Centre for Health Informatics, Macquarie University – Director
Julia Nesbit	Consumers Health Forum
Julianne Bryce	Australian Nursing and Midwifery Federation – Senior Federal Professional Officer
Kathryn Yuile	Health Workforce Reform Branch, Health Workforce Division, Health Resourcing Group, Australian Government Department of Health
Dr Lance Lawler	Council of Presidents of Medical Colleges (CPMC)
Dr Louise Schaper	Australasian Institute of Digital Health – CEO
Mark Kinsela	Pharmaceutical Society of Australia (PSA) – CEO
Neil Taplin	Digital Health CRC – Education and Training Coordinator
Nicolle Marchant	Aboriginal Medical Services Alliance Northern Territory (AMSANT) – Digital Health Strategy and Implementation
Rachel Yates	Universities Australia – Policy Director, Health and Workforce
Professor Wendy Chapman	University of Melbourne – Associate Dean of Digital Health and Informatics Centre for Digital Transformation of Health, University of Melbourne - Director
Yasmin King	SkillsIQ – CEO

Consultation overview

A wide range of stakeholders were engaged through a mix of interviews and focus group discussions. Almost 100 individuals from 56 stakeholder groups from across the health, education and technology sectors provided input, including PHNs, health peaks, Commonwealth and state/territory health departments, digital health peaks, industry and universities.

Professional and clinical peak bodies

Clinical and professional peak organisations

- Aged & Community Services Australia
- Australian Association of Practice Management
- Australian Dental Association
- Australian Orthopaedic Association
- Australian Physiotherapy Association
- Australian Primary Health Care Nurses Association
- Indigenous Allied Health Australia
- Leading Age Services Australia
- National Aboriginal Community Controlled Health Organisation
- Optometry Australia
- Services for Australian Rural and Remote Allied Health

Medical Colleges

- Council of Presidents of Medical Colleges
- College of Anaesthetists
- College of Emergency Medicine
- College of Intensive Care Medicine
- College of Medical Administrators
- College of Physicians
- College of Psychiatrists
- College of Surgeons

Self regulating health professions

- National Alliance of Self Regulating Health Professions
- Audiology Australia
- Australian Association of Social Worker
- Australian Music Therapy Association
- Australian Orthotic Prosthetic Association
- Exercise and Sports Science Australia
- Human Genetics Society of Australia
- Speech Pathology Australia

Government bodies

- Australian Commission on Quality and Safety in Healthcare
- Commonwealth Department of Health, Cross Departmental Health Workforces Forum
- ACT Health
- QLD Health
- TAS Health
- VIC Health

Primary Health Networks

- Darling Downs and West Moreton PHN
- Eastern Melbourne PHN
- Gippsland PHN
- Northern Queensland PHN

Standards organisations

- Australian Health Practitioner Regulation Agency
- Health Professions Accreditation Collaborative Forum

Education, training and industry representatives

- Aged Care Industry Information Technology Council
- Medical Software Industry Association
- Universities Australia, Health Professions Education Standing Group

Digital health and other peaks

- Australasian Institute of Digital Health
- Australian Digital Health Agency
- Digital Health CRC