Skill Mix

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Skill Mix

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

• ...“Task shifting”; “re profiling”; “re-engineering”; “role enhancement”; “job enlargement”; “job redesign”; “scaling up”

• ” a phenomenon of Anglo Saxon countries” [France]

• ” a new concept” [Chile]
Skill mix and workforce change: Why is it important?

- Cost efficiency
- Skills shortages...”scaling up”
- Service/quality improvement
- Technological innovation
- Health sector reform
- Changes in professional regulation / legislation/ payment + reimbursement
Nurse:population, and physician:population ratios, selected countries (WHR 2006)
NHS England: growth in GPs; practice nurses; NHS community nurses 1997-2007 (FTE)
NHS London: projections of % of staff in hospital / non hospital 2007-2017
The Evidence Base

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

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

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

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


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

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

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

The Guardian, Monday April 30, 2007
Ten Years on…. 

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

“…and how’s the modernisation going?”

(The Independent 27Sept 2007)