

From Lost to Leading: Developing the Surgical PHO Workforce

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Project dates: Sep 2023 – Feb 2025 | **Population:** Surgical Principal House Officers
Approach: Survey + co-design + trial program



Background

PHO roles have grown rapidly over the last decade and are essential to safe surgical service delivery. Unlike RMOs and Registrars, PHOs have limited structured support or development pathways in Queensland. Informal, ad hoc opportunities existed, but a consistent program was needed to strengthen individuals' nonclinical capability, sense of purpose and belonging and support workforce retention.

Aim

Build early capability and connection for the surgical PHO workforce through non-clinical, career and wellbeing development—reducing risk of uncertainty, overwhelm and burnout.

Methods

- **Survey (late 2023):** PHO priorities and preferred timing
- **Mentoring (late 2023):** MentorMe@Mater trial
- **Co-design (Feb 2024):** lived-experience input to program design

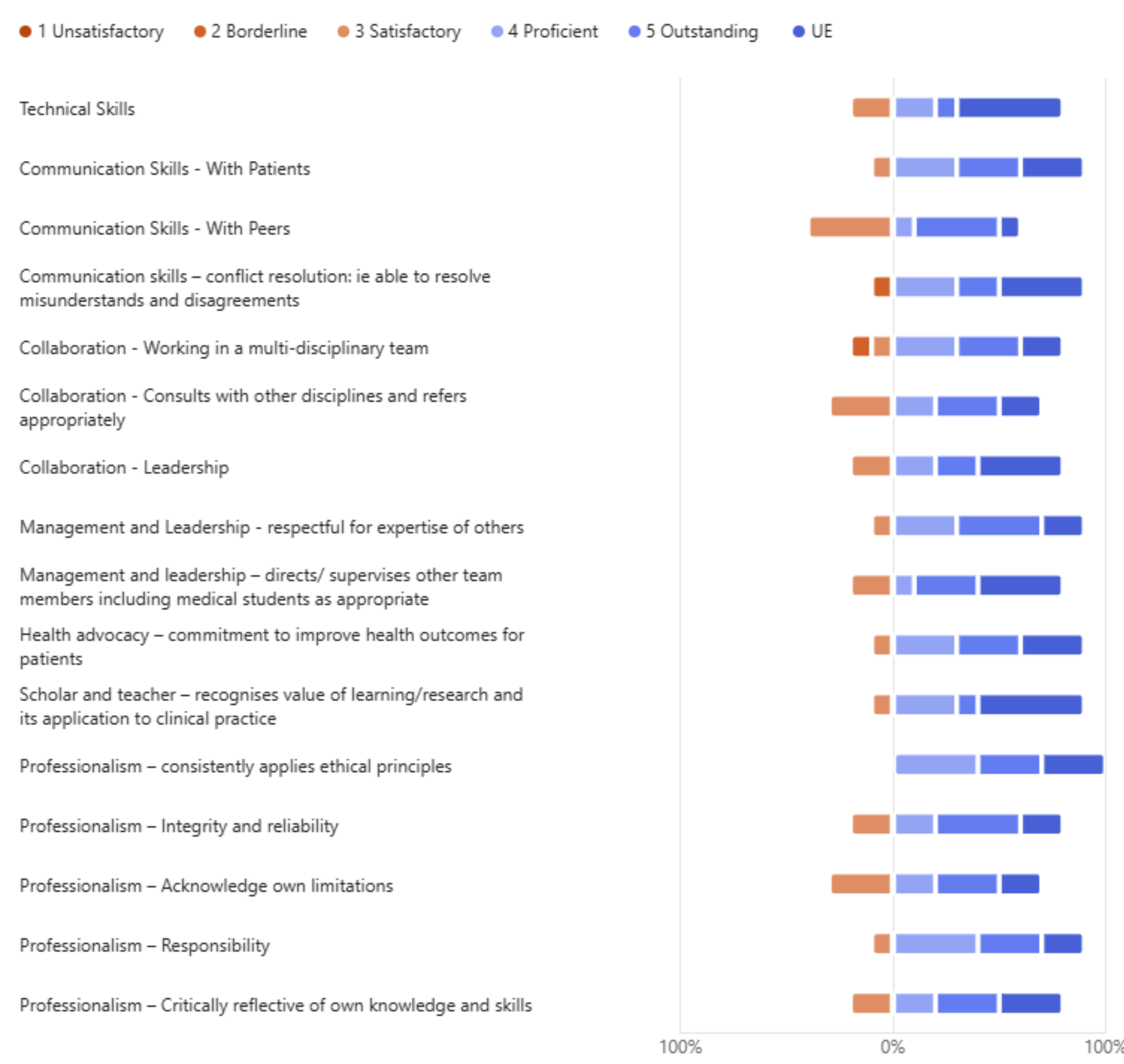
Program components trialed (2024)

- **Cross-department engagement:** peer connection in low-stress settings to broaden support networks
- **Structured feedback:** 360-degree feedback from nursing, allied health and admin across inpatient, theatre and outpatient contexts; aggregate feedback shared by Directors with targeted resources and optional repeat 360
- **Training application preparation:** interview practice; CV feedback aligned to training expectations; clearer navigation of available professional development leave/allowance
- **Professional development for self-development:** quarterly panel discussions (e.g., burnout, feedback skills, financial wellbeing, pivoting skills)

Ranking: Most to Least Beneficial For Personal Development



Which Format Would be Most Practical and Engaging



Example 360 Feedback Questions and rankings

Outcomes

- Increased regular professional development participation (2–3 attendances per PHO)
- More consistent feedback practices across surgical PHOs
- Improved workforce experience and insight for future workforce planning (non-training pipeline)

What Now

Create and formalise a PHO support framework (role governance, protected development time, and clearly described responsibilities) like their peer RMO & Registrars.

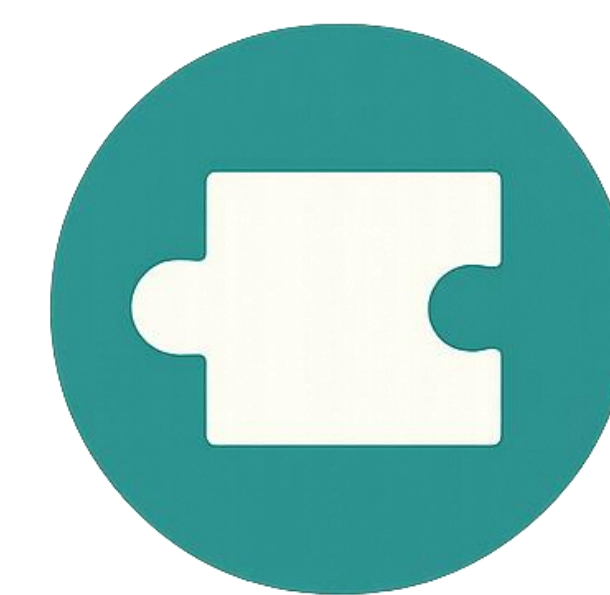
Embed effective components into routine workforce development and use 360 feedback with well developed Medical Education resources to support

PHOs are staying at the same level for more years than before – consideration to consistency across state and how to approach a program that support the individual and the long-term medical workforce retention.

Create quality and outcome measures for the program benefits. Qualitative feedback showed participants were more engaged in the wider hospital team and likely to return or consider returning for employment after training.

Key lessons

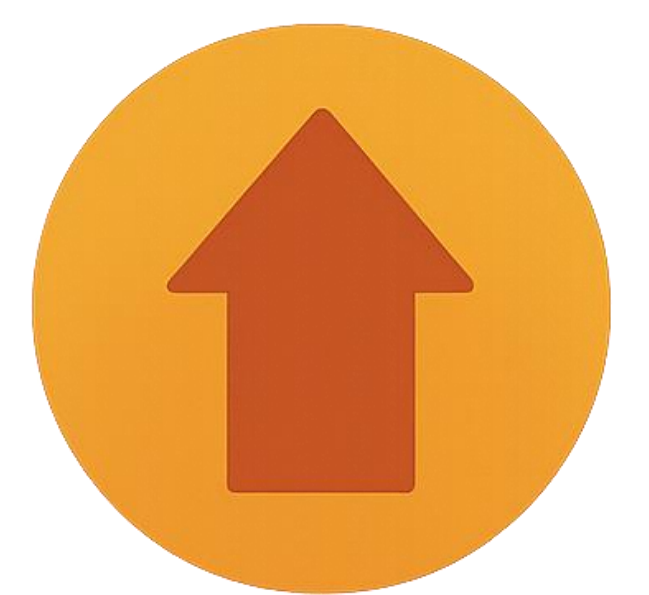
- **Being Seen and Valued fosters Belonging:** connection and visibility drives engagement, resilience, and high-quality patient care not just clinical skills.
- **Protected time is critical:** attendance was constrained without formal governance/time allocation
- **Tailored content needed:** PHOs sit between RMOs and Registrars; generic resources required adaptation
- **360-feedback Perspective:** multisource input was valued; safety and sustainability depends on clear process + leadership support
- **Capability Training:** some capability training and support is needed across the workforce - not all senior colleagues are comfortable or ready for difficult development conversations and to provide support across the trainee workforce transition



BELONGING



CAPABILITY



RETENTION