The Australian Council of PVCs and Deans (ACPDHS)

Response to the Senate Inquiry into the Health Workforce Australia (Abolition) Bill 2014

Summary:

The 2014 Budget decision to disestablish Health Workforce Australia (HWA) and consolidate the functions and programmes into the Commonwealth Department of Health has a range of potential consequences (both positive and negative) for the health and education sectors.

In the past three years, Health Workforce Australia (HWA) has led a range of important health workforce reform initiatives. In considering the Health Workforce Australia (Abolition) Bill 2014, the Australian Council of PVCs and Deans of Health Sciences (ACPDHS) believes it is in the national interest to maintain the core functions of HWA, many of which address key health workforce issues initially identified in the Productivity Commission 2005 review of Australia's health workforce[1]. These include:

- the development of the non-medical health workforce;
- Indigenous health workforce development;
- rural and remote issues and the maldistribution of the health workforce;
- innovation in public/private partnerships;
- innovations in expanding scope of practice for the health professions to meet core community needs;
- an engaged dialogue with the state jurisdictions; and
- the collection of comprehensive workforce data and its use for planning, particularly for the non-medical professions.

Over the past three years, HWA has substantially contributed to the clinical training of Australia's health workforce. Expansion of clinical placements has occurred through the HWA Clinical Training Fund (CTF). However, most growth has been in urban public hospitals and so the CTF has not overcome issues of maldistribution in the training system.

The collateral damage of the CTF however, is the new and considerable clinical training charges that have been unilaterally imposed on many universities. Putting that genie back into the bottle will not be easy. A carefully considered national approach to clinical training and education remains an urgent requirement nationally.

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[1] *Australia's Health Workforce*, Productivity Commission Report, 22 December 2005. Found at: http://www.pc.gov.au/__data/assets/pdf_file/0003/9480/healthworkforce.pdf

Response to Senate Enquiry

Health Workforce Australia has made a substantial contribution to health workforce development over the past three years. Key successes of HWA include significant progress in the following agendas: the development of the non-medical health workforce; Indigenous health workforce development; rural and remote issues and the maldistribution of the health workforce; innovation in public/private partnerships; innovations in expanding scope of practice for the health professions to meet core community needs; an engaged dialogue with the state jurisdictions; and, the collection of comprehensive workforce data and its use for planning, particularly for the non-medical professions.

Australia's population will live longer and with a greater complexity of health conditions than previous generations. Rising chronic disease and increasing incidences of age-related disabilities will accompany this generation, significantly impacting on the complexity of care and associated resources required. These population health issues will significantly compound the tangible need for health services that continues to exist in rural and remote regions, outer metropolitan and Indigenous communities.

Changing demographics will demand an increased focus on community care and keeping people healthy, independent and productive for longer. If Australia is to increase the retirement age to 70, we need people with the capacity to work. Prevention is one strategy, but not all deteriorative aspects of ageing can be prevented. Rehabilitation, and not just episodic acute care, will be important for maintaining healthy and productive workers. Medical care is essential, but not always the most appropriate - nor cost effective- professional intervention in all cases.

Increased complexity of care will require comprehensive health care teams, comprised of allied health, nursing and medical professions. The allied health workforce – physiotherapists, occupational therapists, speech pathologists, exercise physiologists, pharmacists, optometrists, podiatrists, dieticians and nutritionists, medical laboratory scientists and other professions – have important and emerging roles to play in patient centred care, in many cases preventing the need to seek more expensive medical care. The recent Horvarth review of Medicare Locals[2] identified how fragmented the current system is across the primary, secondary and acute systems, and between public and private health providers. This fragmentation creates stark inefficiencies. What Australia requires is a health workforce that is "fit for purpose" to meet the needs of the population.

Health Workforce Australia, in a period of three years, made significant progress nationally in workforce development across the professions. Given the relatively recent establishment of HWA, the impact of this work is only just being understood. If the purpose of the Abolition Bill is to prevent duplicity in administrative functions, and not the abolishment of the functions and programmes of HWA, then it is vital that the breadth of work of HWA is fully understood and considered under any new arrangements.

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[2] *Review of Medicare Locals, Report to the Minister for Health and Minister for Sport*, Professor John Horvath, 4 March 2014. Found at:
http://www.health.gov.au/internet/main/publishing.nsf/Content/A69978FAABB1225ECA257CD3001810B7/$File/Review-of-Medicare-Locals-may-2014.pdf

Key HWA Functions Essential to Maintain

The development of the non-medical health workforce

There are very real concerns that the clinical training and development of the non-medical health professions will be casualties of a consolidation of HWA functions into the Commonwealth Department of Health. Historically, the Commonwealth has almost entirely focused health workforce efforts on the development of the medical workforce.

Medicine has historically been the only profession that has had a Commonwealth supported, national approach to clinical training and workforce development. Whilst there have been some developments through the University Departments of Rural Health (such as the Mt Isa Centre for Rural and Remote Health), these are funded on 4-5 year arrangements, without CPI increases for more than a decade. A comprehensive and national approach for clinical training across the professions has never been achieved by the Commonwealth.

During Howard's era as PM, the Commonwealth began to focus on the other health professions, which had previously been seen as State responsibilities. The Productivity Commission Report on Health Workforce (2006) arose out of some of these concerns around health workforce undersupply nationally. The report findings identified the need to:

> *promote more responsive health education and training arrangements through: the creation of an independent advisory council; and a high-level taskforce to achieve greater transparency (and appropriate contestability) of funding for clinical training*[3]*;*

The HWA Clinical Training Funding (CTF) Program has provided funding for growth in clinical training across the professions, supporting innovation in training models for entry to practice in both the public and private sectors. Unfortunately, the CTF money also fundamentally changed the culture of clinical training in Australia. Traditionally, training the next generation of health professionals was seen as a core aspect of health professional practice. The introduction of CTF money created a culture of expectation around clinical placement funding, resulting in substantially increased charges across the health professions nationally. A fee for service model for clinical placements has been enforced on many universities nationally, and is beginning to erode historically collaborative and mutually beneficial relationships between universities and health services.

Clinical training for future generations of health professionals has both costs and benefits to the national health system which are only just beginning to be understood. A recent study conducted by the University of Sydney[4] found that students on clinical placements offered six key benefits to the health system that are not acknowledged in a one directional fee for service model:

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[3] *Australia's Health Workforce*, Productivity Commission Report, 22 December 2005. Found at: http://www.pc.gov.au/__data/assets/pdf_file/0003/9480/healthworkforce.pdf

[4] Buchanan, J., Jenkins, S. and Scott, L. (2014). *Student Clinical Education in Australia: a University of Sydney Scoping Study*, The University of Sydney Business School, Sydney. Found at:

1. Provision of direct clinical services;
2. Provision of indirect clinical services;
3. Support in meeting the key human resources requirements of the facilities providing the placements;
4. Improving the quality, efficiency and retention of professionals engaged in clinical education;
5. Innovative practice arising from research relationships or projects initiated by clinical placements; and
6. Benefits of a systemic nature, especially the production of a highly skilled workforce with skills developed not only in the class room but in the workplace (a requirement for accreditation and professional registration).

There is an ongoing (and increasingly urgent) need for a national, consistent and sustainable approach to clinical training across the professions. There are many ways that this could be achieved, but the outcome needs to be a sustainable and high quality training environment for our future health workforce.

The collection of comprehensive workforce data and its use for planning, particularly for the non-medical professions

Prior to HWA's implementation, there was a paucity of data on Australia's health workforce. Health Workforce Australia, through the collection of comprehensive data across the professions, has begun to identify and document the health workforce landscape nationally.

Health Workforce 2025 (HW2025) was a long term comprehensive workforce modelling project for Australia's health professions. This data set was published in three volumes and identified the substantial reform required to deliver a sustainable and efficient health care system into the future. The HWA Clinical Placement Survey and HWA's Clinical Training Profiles have been significant developments that have assisted understanding of the approach to clinical training for health professions nationally.

The Clinical Placement Survey is the only national instrument that collects data on student load and clinical placement activities. This data is critical for future health workforce planning. The HWA Clinical Training Profiles provided the first national snapshot of student numbers, education pathways, and characteristics of clinical training and supervision requirements for clinical placements of a range of health professions. Nursing and physiotherapy profiles have already been published, and profiles for dietetics, pharmacy, optometry, podiatry and Aboriginal and Torres Strait Islander health worker professions are near completion. Work across the remaining allied health professions would be highly beneficial.

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http://sydney.edu.au/business/workplaceresearch/news/2014/student_clinical_education_in_australia_a_university_of_sydney_scoping_study

The HWA Selected Occupations in Focus project benefitted from HWA workforce data by detailing the training, accreditation, registration, workforce characteristics, student and migration flows and work force activity across a number of professions. The HWA Health Workforce by Numbers project further detailed the health workforce characteristics and size nationally. Our Council supports Minister Dutton's statement that these essential health workforce data collections and modelling should continue[5].

Rural and remote issues, the maldistribution of the health workforce and expanding scope of practice to meet core community needs

Rural and remote Australia continues to experience worse health outcomes and poorer access to health services compared to inner metropolitan Australia. A number of HWA projects have begun to address key issues in rural and remote areas, and the associated maldistribution of health workforce.

These include projects to understand health needs in rural areas (such as the Graphic Distribution-Medical Workforce Program and the National Rural and Remote Health Workforce Innovation and Reform Strategy), projects to support recruitment and retention in rural areas (through the Rural Health Professionals Program and the International Health Professionals Program), the development of models of practice for generalist practice (including the establishment of the Rural and Remote Allied Health Generalist Project and planned work in the Rural Medical Generalists Project) and support for clinical training funding that distributed funding for training in areas of need (through the Clinical Training Funding Program).

This significant body of work requires sustained focus to ensure the continued issues of maldistribution in rural, remote, outer metropolitan and Indigenous communities are addressed.

Indigenous health workforce development

Aboriginal and Torres Strait Islander health workers have had a proud, complex and diverse evolution since the early 1960's. Initially, the profession was established to respond to pragmatic needs of communities and an influx of funding in the 1970's grew the profession substantially to respond to specific community needs. Formal health worker training programs began in the 1980's, however legislative frameworks and professional recognition of the profession outside of the Northern Territory did not eventuate. As a result, health worker training and positions have evolved in a diverse and disparate manner, resulting in health worker roles which very enormously within and between jurisdictions.

Rural health clinics are often staffed with two or less of each discipline, including health workers. If one staff member leaves, half the workforce is lost.

[5] House of Representatives Proof, Bills, Health Workforce Australia (Abolition) Bill 2014, Second Reading, Speech, Thursday 15 May, 2014. Found at: http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22chamber%2Fhansardr%2Fb93d9c6e-c89b-4e3b-815b-42d1e54f2e99%2F0023%22

Clinics are often busy 24 hr operations and health workers have complex loads, frequently working in acute clinical situations. Health workers often enter this environment with variable skill sets and minimal training, which impacts quality of care and leads to health worker fatigue and consequent difficulties managing a sustainable health workforce.

Health Workforce Australia has been committed to facilitating a critical mass of Aboriginal and Torres Strait Islander Health Practitioners through intensive, short term investment in training and registration. The challenge for HWA has been to significantly increase the scale of the assessment and up-skilling initiatives to allow registration for health workers under the Australian Health Practitioner Registration Authority (AHPRA), which required a Cert IV qualification. HWA's *Aboriginal and Torres Strait Islander Health Worker Project* found that only 2 of 56 surveyed QLD Aboriginal and Torres Strait Islander Health Workers reported having a Certificate IV (practice) qualification (4%), and 41% had Cert III or no qualification. Of the Certificate IV or Diploma holders, 37% did not specify their qualification stream[6].

Health Workforce Australia has led a review of the Certificate IV Aboriginal or Torres Strait Islander Primary Health Care (practice) curriculum and invested in significant initial work to support the skill recognition and up skilling of Aboriginal and Torres Strait Island health workers to a Certificate IV qualification, allowing professional registration nationally.

For the other health professions, the HWA Aboriginal and Torres Strait Islander Curriculum project is facilitating a national approach to health professional training that includes Aboriginal and Torres Strait Islander health curricular. This project supports the development of curricular nationally that will develop skills for health professional students to work in an effective and culturally safe manner with Aboriginal and Torres Strait Islander communities and individuals.

[6] HWA Aboriginal and Torres Strait Islander Health Worker Project Interim Report, 28 June 2011. Found at: https://www.hwa.gov.au/sites/uploads/atsihw-project-interim-report-20111017.pdf