ACDHS AUSTRALIAN COUNCIL OF DEANS OF HEALTH SCIENCES

Primary Health Reform Steering Group draft recommendations on the Government's Primary Health Care 10 Year Plan (10 Year Plan)

About ACDHS

The Australian Council of Deans of Health Sciences (ACDHS) represents Australia's university faculties engaged in higher education and research for allied health professionals. As educators of allied health professionals, ACDHS sits at the nexus between health and education.

What we do

Providing a forum for representation with the aims of developing a sustainable health workforce that is responsive to evolving system demands our members provide insights on the demands our future health workforce will face, improving the efficacy of professional practice and the sustainability of the systems they will work in.

Introduction

The Australian Council of Deans of Health Science welcomes the opportunity to comment on the Primary Health Reform Steering Group draft recommendations on the Government's Primary Health Care 10 Year Plan. At a time of rising health care costs, increasing rates of complex health conditions and chronic disease it is crucial that allied health practitioners are better utilised to enhance patient outcomes and contribute to a more sustainable health system.

ACDHS supports the development of the Primary Health Care 10 Year Plan (the Plan) recognizing that co-ordinated and sustained action is required across multiple settings and all levels of government to ensure our health system performs at its best and does better by Australians who are currently underserved.

At a high level ACDHS makes the following observations:

- The focus on the Voluntary Patient Record (VPR) as core to the Plan. The potential of a VPR to improve the efficiency of patient care and allow practitioners to more effectively understand their patient's health has clear benefits that go well beyond the health system and include disability, education, social services and other areas where allied health practitioners practice. However as has been seen with My Health Record, Australians are cautious about sharing personal data. Further, there is a percentage of the population, particularly young people who do not have a regular GP (or in some cases, a GP 'home' practice). Will those who do not sign-on to the VPR be 'discriminated' against in terms of accessing the full range of health and social services and benefits as articulated in the Plan?

- Health and wellbeing are not created by the health sector. The Plan's recommendations reflect a general practice centric approach to primary care. Primary health care is broader than general practice. **ACDHS recommends that the Plan be more explicitly grounded within a social determinants of health framework**.
- The connection between the goals of the Plan and other policy documents need to be clear. ACDHS understands that development of the Primary Health Care 10 Year Plan forms part of the government's broader Long Term National Health Plan[1] however the Plan does not clearly link to the Long Term Plan. Further the recommendations contained in **the Plan would benefit from making explicit the interconnections with The 10-year National Preventive Health Strategy, the Aboriginal and Torres Strait Islander health Plan, National Mental Health and Suicide Prevention Plan, National Injury Prevention Strategy 2020–2030, The Stronger Rural Health Strategy, Digital Health Strategy etc.**
- Health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities. Greater emphasis is needed to recognise the breadth of government policy and cross portfolio coordination required to improve the long term physical and mental health of Australians. **ACDHS calls for greater recognition of the need for cross portfolio/interagency collaboration and specifically the inclusion of higher education providers as key stakeholders in primary care reform.**
- The Plan would benefit from inclusion of a **framework of priorities** for planning and delivering an innovative, informed and effective primary health care system that is responsive to people's needs, now and in the future.

The substance of this submission will focus on Recommendation 10 (Building workforce capability and sustainability).

National workforce plans and strategies

The workforce challenges facing primary care are not inexorable. But the remedy for our current workforce difficulties will not be found in siloed approaches, ie a National Medical Workforce Strategy. Addressing workforce holistically has not been a policy priority: responsibility for it is fragmented nationally and locally, the information government needs to understand and plan its workforce remains poor. The silo approach makes it difficult to facilitate the coordinated and interdisciplinary care that clinicians want to provide (and that the Plan calls for) that are needed in a people-focused health care system. Training lead-times to develop the workforce are long, and targeted and sophisticated planning is necessary. The factors that should inform a workforce plan – population health need, the nature of care and workforce roles – are all changing and interdependent. These changes are further accelerated by clinical and technological advances.

Further, any workforce strategy (including implementation plans) must address not just clinical workforce requirements but also the roles, responsibilities, skills and capabilities needed across the system for more effective workforce planning. Above all, workforce planning must be properly funded.

[1] Commonwealth Department of Health 2019 Australia's Longer Term Health Plan - viewed at https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan

Workforce education, training and development opportunities

Building a strong pipeline of qualified allied health professionals who can support the increasingly complex health needs of Australia's population will be a priority.

The health workforce is, and will remain, the primary means of delivering healthcare, regardless of technological or other systems developments.

The aforementioned national health workforce strategy, in determining the quantum and mix of health workforce would also determine the investment needed in education and training. The education of health professionals should be viewed as an investment in critical resource development. Equally the contribution of students in the delivery of health care is significant and should be considered as a valuable resource. As more students choose to study allied health (a 22.7 per cent increase recorded between 2013 and 2018) so too is the need to rapidly increase clinical training placements. This presents a challenge for service providers, clinical supervisors, and universities.

The Plan will not realise its workforce development objectives unless it includes specific actions that unlock greater clinical placement capacity via health service partnerships with higher education.

Successful health service/university programs have been established by ACDHS members around Australia. For example, the University of South Australia is currently delivering a student-led $780,000 pilot program to improve the health of people in disadvantaged suburbs, run in conjunction with supervisors at local health facilities and councils. The University of Queensland recently opened a new Rural Health Clinical Training Facility 700km from Brisbane with students able to work with the local community and allied health providers. However, pockets of innovation will not be enough to transform clinical placement opportunities that will contribute to expanding the workforce. We can only achieve these goals with continued and expanded support from, and collaboration with, partners beyond the university walls.

As with the health professional workforce, health educators are an ageing community and during the next decade a large percentage will retire. This will undoubtedly put a strain on the capacity and capability of the academic community to fulfil its obligations to teach a new genre of health professionals. There is an opportunity for workforce planners to address career pathways that would facilitate expert practitioners disseminating knowledge and facilitating interprofessional learning in primary care settings.

Finally, we support the Plan's recommendation (10.3) about primary care as an attractive and sustainable career choice arguing for allied health practitioners as preceptors for undergraduate and new graduate health science students. For this to succeed, mechanisms such as the Practice Incentive Payment (PIP) which currently exists in general practice to support medical student teaching should be expanded to include allied health practices.

27 July 2021

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