THE AUSTRALIAN CANCER PLAN – CONSULTATION DRAFT

Introduction

The **Australian Council of Deans of Health Sciences (ACDHS)** welcomes the opportunity to provide a response to The Australian Cancer Plan (the Plan). ACDHS is the peak representative organisation for Australian universities engaged in education and research in health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between health care and education sectors. ACDHS membership requires that a minimum of three allied health disciplines are taught and accredited. As a collective we are the largest provider of allied health education in Australia, teaching over 83,000 students at any one time. Allied health professionals comprise almost a third of the country's healthcare workforce and deliver over 200 million health services annually[1]. ACDHS members provide the qualified allied health workers equipped to work in a range of settings including in cancer care. More information is available at https://acdhs.edu.au/

Allied health disciplines are involved in cancer care across the six phases of a cancer journey [2] from prevention through to cancer survivor follow-up care and palliative care. Allied health practitioners working in specialist and non-specialist primary, secondary and tertiary care settings are likely to be involved in cancer care.

We commend Cancer Australia for a comprehensive Plan that prioritises the provision of cancer services in underserved areas and populations. ACDHS promotes the improvement of systems and models of care that reach those at greatest need through its role in education, workforce development and research. It is from this unique perspective that ACDHS provides the following high-level comments on the Plan.

Workforce development

The workforce challenges that face healthcare are vast and growing and exist beyond the cancer care workforce. The remedy for our current difficulties lies in a national, holistic approach rather than a siloed profession, health issue and/or setting specific plan, eg the National Medical Workforce Strategy. The siloed approach makes it difficult to facilitate the coordinated and multidisciplinary care that clinicians want to provide (and that the Plan calls for) that are needed in a person-focused health care system. It also risks unhelpful competition between sectors, jurisdictions and settings for workers. A national effort to deliver an integrated health workforce planning approach is required, and data (that currently does not exist) is required to assist in workforce planning in Australia with respect to:

- supply side factors (entry, exit, demographics, skill mix, education and training, areas of shortfall)

[1] Allied Health Professions Australia at https://ahpa.com.au/what-is-allied-health/ Accessed on 3 November 2022

[2] Crawford-Williams F, Haddock R. (2022) Deeble Perspectives Brief 46: Integrating shared care teams into cancer follow up care models. Australian Healthcare and Hospitals Association

- demand side factors (demographics, disease epidemiology, service utilisation, unmet need)
- alternative scenarios (e.g. changing workforce skill mix, novel models of care, emerging technological advancements) [3].

Workforce planning must include adequate provision for education and training and student clinical placements – available in a range of settings inclusive of rural and remote, aged and disability care. This currently presents a challenge for service providers, clinical supervisors, and universities.

The ageing of the academic workforce will strain the capacity of universities to fullfil the increasing demands for graduates. Career pathways that attracting academic staff with a range of backgrounds into teaching and research is an essential component of a sustainable supply of healthcare workers.

ACDHS recommends that

- ***any cancer-specific approach to workforce data and planning as proposed by the Plan proceed in concert with a more holistic approach to national workforce planning.***
- ***new ways to grow student clinical placements be explored to give students exposure to personalised cancer care in their training***

In addition to under-graduate allied health courses, successful post-graduate training courses in cancer care are being delivered by universities. Higher education must be included in considerations of specialist courses and training pathways for health care workers wishing to obtain specialised credentials in cancer care.

Systems for optimal care

ACDHS supports the goals to improve equitable access to evidence based, innovative models of integrated multidisciplinary care across the cancer continuum. Multidisciplinary teams and their membership will be dynamic, and across different funding streams, depending on the stage of the patient's journey, so the trialling of models of navigating cancer care as proposed in the Plan is warranted. The Plan would benefit from an example of how a `integrated multi-channel, multi-disciplined navigation model' would function, where the responsibility would lie, and funding mechanisms.

In order to realise the Ambitions and Goals of the Plan, there is a need to overhaul models of care, particularly where the services are provided outside of the acute-care setting. Access to allied health professionals is an important part of follow-up care after treatment[4], yet equitable access is limited[5]

The current MBS rules and processes restrict the role of allied health professionals in primary care, and limit services to five individual services per calendar year (from one discipline or in combination). This arbitrary cap on services does not reflect evidence-based practice and is not adequate to deliver effective rehabilitative and survivorship services in the community. There is scope for better utilisation of allied health professionals to assist patients with cancer post-treatment who may require intensive rehabilitation over many months.

The Plan states that models of survivorship and end of life care are highly variable and fragmented and that innovative, evidence-based models of care for people living with and beyond cancer are

[3] Anderson M, O'Neill C, Macleod Clark J etal. Lancet 2021;397:1992-2011

[4] Crawford-Williams F, Haddock R. (2022) Deeble Perspectives Brief 46: Integrating shared care teams into cancer follow up care models. Australian Healthcare and Hospitals Association

[5] Report of the National Rural Health Commissioner on the Improvement of Access, Quality and Distribution of Allied health Services in Regional, Rural and Remote Australia. 2020. Department of Health

required. Access to and models for primary care and community rehabilitative and end of life care services in Australia differ across the jurisdictions: out of pocket costs may be prohibitive and patients can fall into gaps in the healthcare system. This is particularly the case for people disadvantaged by distance, race, or socio-economic barriers and other vulnerable groups who frequently have very limited access to community rehabilitation[6]

The Plan's ambition clearly intersects with Australia's Primary Health Care 10-year Plan 2022-2032[7] that identifies multidisciplinary team-based care arrangements as a key plank of primary health care services, and notes that funding models for allied health professionals, nurse practitioners, nurses, midwives and others need to be better developed to promote access and support the delivery of effective, appropriate care in viable business models.

However, current funding and policy levers for allied health primary care and community rehabilitation are inadequate to support the access to services to meet anticipated demands as cancer survival rates increase.

ACDHS recommends that funding models to improve access to the level and type of allied health required for evidence-based cancer care in the community be explored, including:

- **increasing the number of MBS rebated allied health sessions for people with chronic and complex conditions including support for end-of-life care.**

Research

ACDHS supports the priority given to cancer care integration in the Plan. Examples of gaps in care integration exist, particularly for vulnerable groups, when people transition between areas within the health system and also between health, aged care, disability or mental health services. Rigorous evaluation of the proposed pilot models of care for people living with and beyond Cancer will be important to embedding effective changes into the health system. A strengthened focus on healthcare systems research and dissemination of innovation in the Plan could be considered. This would include embedding technological advancements of proven patient benefit into usual care.

Thank you for the opportunity to respond to the consultation. If you have any questions on the ACDHS response then please do not hesitate to contact ACDHS at secretariat@acdhs.edu.au.

12 December 2022

[6] Cairns T, Geia L,Kris S, Armstrong E, O'Hara A, Rodda D, McDermott R & Barker R. Developing a community rehabilitation and lifestyle service for a remote Indigenous community. *Disability and Rehabilitation* Vol 44, issue 16 2022.
[7] Future focussed primary health care: Australia's Primary Health Care 10 Year Plan 2022-32. Commonwealth Department of Health 2022.