

PRODUCTIVITY COMMISSION  
POSITION PAPER:

" AUSTRALIA'S HEALTH WORKFORCE "

Response by:

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## **Introduction**

The Productivity Commissions' Position Paper "Australia's Health Workforce" is a welcome analysis of the issues confronting the health workforce at a time when major shortages are evident and are likely to become more severe. The review and draft proposals are generally supported as is the general thrust of the paper.

The following comments on specific draft proposals focus on those which relate particularly to health professional education. The major emphasis is on education leading to basic qualifications but within the context of the continuum required for the education and subsequent practice of health professionals.

## **Draft proposals**

**3.1 and 3.2** The proposal that the Council of Australian Governments (CoAG) endorse the National Health Workforce Strategic Framework is supported as is the regular review of the framework by CoAG.

**4.1** This proposal establishes a mechanism to better coordinate health workforce issues at a national level through an Advisory Health Workforce Improvement Agency. The establishment of such an Agency by the Australian Health Ministers' Conference is supported but in order to avoid new fragmentation the work of this Agency must be coordinated with that of the proposed Health Workforce Education and Training Advisory Council (5.2) and the Workforce Secretariat (9.1), and the relationships between the three bodies need to be clearly specified.

**5.1** The intent of this proposal, which is to require collaboration between the bodies involved in funding and providing health professional education and those who employ the health workers subsequently, is endorsed. However, the mechanism proposed, of transferring primary responsibility for allocating funding to the Department of Health and Ageing may not achieve this end. A process of formal mandated negotiation between DEST, DoHA, State and Territory jurisdictions and educational stakeholders is preferred.

**5.3** This proposal seeks to address the vexed issue of the support of clinical training for health professionals and is relevant for both basic and vocational training. The proposal as it stands does not specifically address the necessary links with DEST or the VET Sector, both of which are involved with funding basic health professional education.

While the system has relied on a considerable pro bono provision of clinical teaching, this can no longer be assumed for the future even though a number of practitioners will wish to continue to provide this. However, even this continuation is likely to be at best short term, given the changes in society and pressures on the health system and its practitioners. Nonetheless, the proposal and the areas identified for focussing policy effort are supported.

**6.1, 6.2, 7.1 & 7.3**

A national approach and bringing together of accreditation and registration agencies is supported. Models of "best practice" for accreditation such as those utilised by the

Australian Medical Council should be examined and utilised in the development of the new systems.

**9.1 & 9.2** While these proposals are supported, the useful work undertaken by Australian Medical Workforce Advisory Committee and the Australian Health Workforce Advisory Committee should be built on rather than neglected. As noted above, there should be clear links between the work of the Secretariat and the Health Workforce Education and Training Council and the Health Workforce Improvement Agency.

**10.1, 10.2 & 10.3**

These proposals are supported. However, in relation to 10.1, the Health Workforce Improvement Agency should be required to assess the implications for health outcomes and consider major job redesign opportunities in all areas of the country rather than just rural and remote areas.

The Rural Clinical School and University Department of Rural Health programs have been particularly important in addressing rural and remote workforce issues, particularly for medicine. This has been extended in the Tasmanian setting to include nursing and other health professions and could be further expanded to extend into vocational and continuing professional education.

**11.1** This is supported. It may be appropriate that programs which have been developed for specific health professional groups, such as the CDAMS Indigenous Health Curriculum, be made available to other health professional disciplines without the need to reinvent a similar framework for each. Similarly work done in relation to other special needs groups should be utilised broadly. At the

educational level, this issue may be a topic considered by the Health Workforce Education and Training Council.

While other groups with special needs may be identified, it is suggested that children may also be considered as a special population group for which the health workforce dealing with them requires specific attributes.