

# Australasian College for Emergency Medicine

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Dear Commissioners,

Having read the Position Paper on "Australia's Health Workforce", and attended the roundtable meeting in Canberra recently, I would like to briefly make some comments on the draft proposals.

Firstly, I would like to congratulate the Commission on trying to create a system that will help to spur change and flexibility within the health workforce. This is a tremendously difficult task, and I have been impressed by the professionalism and openness I have seen in the Commissioners at meetings I have been involved with them.

We agree in principle with the recommendation regarding a workforce improvement agency (draft proposal 5.1). This is one way in particular to gather information about workforce innovations, and to hopefully allow for some form of recognition and progress in the establishment and development of such innovation.

It was clear at the roundtable that there was little enthusiasm for changing the university funding arrangements (draft proposal 5.2), and we do not believe that DoHA would be any better at determining the funding needs in tertiary health education than DEST currently is. There have recently been established forums to try and better bridge the gap between universities and health care providers of both services and training, and these should be encouraged to continue and develop further.

Whilst it is necessary to better identify and separate the funding of education from service provision, particularly in the workplace, there are major dangers in this. In spite of the negative views towards the *pro bono* nature of a lot of training that occurs, overseas experience (and local experience with GPET) tends to show that explicit funding of workplace education tends to undervalue it as the real cost is often much higher than it is expected to be because of the *pro bono* component. You then end up with a worse situation where educators are unsatisfied because they do not have sufficient recognition for what they do, and even less willingness to be involved.

In relation to the issues of accreditation and registration, we agree with the general sentiment expressed at the roundtable that streamlining within current professional boundaries is more desirable than a wholesale elimination of existing structures in favour of a single overarching structure for either accreditation or registration that would encompass all professional groups. The reality of such a structure would be that it would still need to have internal divisions along professional lines anyway because of the different needs and systems within professions. Certainly, in relation to the medical profession, there has already been substantial progress made through the AMC on accreditation of both undergraduate and specialist training, making us world leaders in these systems. It would be a tragedy to see this lost in the push to create a more generic system that crosses professional boundaries, but which will still be forced to have divisions along those boundaries anyway. While we acknowledge the need to improve workforce planning across the board, we would disagree with the notion of disbanding existing structures to achieve this. We believe this is better achieved by the expansion of current systems to be more comprehensive.

The position paper also seems to not recognise the extensive work that has already occurred to try and create national standards for registration and accreditation, or to recognise the

significant barrier our federalised system of government places on this, rather than any unwillingness on the part of the professions.

The recommendations appear to have little to say in relation to the need to improve recruitment and retention of the existing workforce. There is an emphasis on mechanisms to allow for more flexibility in who provides a service, and substitution of one practitioner for another for a particular service. Whilst this may be useful in some areas, it does little to leverage the extensive investment the nation has already made in practitioners that do not stay in their field of practice.

I hope these comments are helpful in your development of the final recommendations

Yours sincerely,

A handwritten signature in black ink, appearing to read "Andrew Singer". The signature is written in a cursive style with a large initial 'A' and a distinct 'S'.

**ANDREW SINGER**  
**PRESIDENT**