**Response to Productivity Commission Position Paper – Australia's Health Workforce**

As requested in the publication responses are made with reference to the Commission's draft proposals.

- Facilitating workplace innovation

Greater flexibility in roles of health practitioners is required. However, care should be taken to avoid diluting established skills and expertise. Independent assessment of the benefits and costs of innovations that cross current professional boundaries is required.

- More responsive education and training arrangements

Better coordination between education and training and service delivery requirements is required. It is not clear that transfer of responsibility for allocation of funding from DEST to DOHA will improve the mismatch. Currently education is under-resourced and addressing this would improve clinical education and training. Competition in training delivery is unlikely to be effective and may lead to the loss of goodwill from the large number of health professionals who currently provide unpaid clinical training to health professionals. Opportunities for interprofessional education should be increased and this could be a major focus for educational redesign.

The notion of multiskilled workers is highly relevant in community based rehabilitation and disability sectors. There are several core components in training and development that will need to be developed for specialised population groups. The core components will require appropriate accreditation at the Federal level. This idea of multiskilled workforce is not new as it is evident in the current disability services model.

The Commission needs to consider issues that will hinder the development of a multi-skilled workforce. Some of these are professional associations, the potential for litigation, the tension between "what is currently being provided by family carers" and professional limitations as soon as a paid carer is involved (even though the task is the same and done by the family carer), and OHS requirements that vary from state to state.

- A consolidated national accreditation regime and supporting changes to registration requirements

A national system of uniform registration standards for health professionals is supported as it will increase health workforce flexibility. It should be noted the primary role of registration boards' is to protect the public and this should not be compromised when changes are made.

- Improving funding-related incentives for workplace change

The MBS should be reformed to provide incentives for workplace change. However this should be done based on research evidence showing that the changes are likely to improve the provision of healthcare services and the health of the population.

- Better focused and more streamlined projections of future workforce requirements

Projecting the future is difficult and medical workforce prediction has been shown to be inaccurate in the past. It is not clear that abolishing AMWAC and AHWAC will be beneficial.

- More effective approaches to improving outcomes in rural and remote areas

The identification of this as a priority area is supported. Careful review of the research evidence is required, and increased incentives should be provided for the education of health workers, and their retention, in rural and remote areas.

- Ensuring that the requirements of groups with special needs are met

This recommendation is self evident.

Comment:
The major deficiency of the Paper is the lack of consideration of the limited resources provided for the education and training of the health workforce. Many of the deficiencies of current training have been clearly identified (Box 5, page XLI) and these have been identified as “systemic problems”. However, the potential solution of adequate public sector investment in education and training is not considered.

Associate Professor Ian Cameron
On behalf of Mr Peter Williamson, Chief Executive Officer, Royal Rehabilitation Centre Sydney

10 November 2005