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Australian Institute of Radiography



Response to the Productivity Commission's Position Paper – 'Australia's Health Workforce' September 2005

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1. Introductory comments

The Australian Institute of Radiography (AIR) is the peak body representing radiographers, radiation therapists and sonographers across Australia. The AIR is pleased to be involved in planning to improve health care, professional practice and contribute to the debate on workforce development issues.

2. Major points - AIR's response to the PC's draft proposals

The AIR recognises the need for a single health workforce agency, rejecting separate bodies for planning, registration and education and training accreditation/funding. Such an agency would be responsible for mapping supply and demand, monitoring progress towards implementing the National Health Workforce Strategic Framework (NHWSF) national registration and facilitating workforce and educational innovation.

The single, national agency as proposed in recommendation 4.1 of the Productivity Commission's report, will need to be properly resourced, with capacity to engage experts as required, if it is to be effective.

A key responsibility of the agency would be to develop and refine, in consultation with the professions, the National Health Workforce Strategic Framework (NHWSF) to facilitate advancements to health care course/program accreditation and a consistent approach to national registration across all states and territories.

Professional associations must remain responsible for the accreditation process given the expertise, field knowledge and frontline health care intelligence available to these bodies from practitioners.

Critical success factors must be applied to the agency and include how well it works with a range of stakeholders to advance health care practice.

The AIR does not support moves to lower qualification levels or to introduce training, which confers only basic knowledge, comprehension and application. Advancements to the expansion of multi-disciplinary teams require higher learning programs rich in learning experiences. Programs designed to provide people with opportunities to evaluate clinical practice leads to innovation and ideas, which can be shared with broader audiences.

Generally, all health professionals – including doctors, nurses and allied health professionals – should complete a core group of undergraduate subjects, as a foundation for future multi-disciplinary teamwork. There is also merit in qualified allied health professionals expanding their knowledge base to include other therapies and disciplines. Thus, 'generic' as an 'up-skilling' concept has some value, however may be harmful if it produces undergraduates with inadequate training and thus a potential risk to consumers.

Specifically, degree level programs for Radiographer and Radiation Therapists form the base framework for entry into the profession and as part of life-long learning. To strengthen generic and specialist health care competency standards, assessment and just in time (quality) training, more educational resources are required to maximise productivity, safety and quality care improvements.

Role extension, multi-disciplinary team flexibility and skill interchange across the nation should be key values adopted by the agency.

A shortfall in the position paper is the absence of any draft proposals to address the major problem of health workforce retention. It is clear that for many professions, high attrition rates are related to poor career paths and inadequate pay. In order to improve professional recognition, remuneration and career prospects, many-experienced allied health professionals are choosing to exit clinical areas into such fields as management and education, resulting in clinical practitioners shortages. This major issue must be addressed in any future research conducted by the PC.

The AIR also refutes the assumption made in the position paper, that allied health professional associations are the same as medical colleges. Decision-making based on homogeneous assumptions can be poor and lead to the establishment of an inferior system of health care.

3. Establish a Single National Agency

The AIR is cognisant of the need for the Productivity Commission (PC) to discuss issues surrounding the composition of National agencies, but we reject fragmentation of responsibilities and the proliferation of multiple agencies. The AIR strongly supports the concept of a national agency with interrelated and interdependent responsibilities for strengthening health care across Australia (e.g., industry development advice; national registration; accreditation framework advice, implementation support and progress monitoring).

In order for the agency to be effective, professional association membership is critical. Participation issues surrounding involvement of professional associations on Boards, Councils, Sub-Councils, must be spelt out before bodies such as the AIR can give any commitment going forward. The AIR stresses any potential national agency designed to support health workforce and education improvements, should be a true representative of the health industry. It should comprise proportionate representation from the allied health community, in terms of both size and professional class. Professional associations bring to the table practical knowledge of the skills required by health professionals to satisfy the health care needs of patients/public.

Professional associations such as the AIR and HPCA, bring knowledge, pragmatism and an array of professional development tools to support the workplace productivity improvements government should make.

4. A Single National Agency Can Lead the Way

A key means by which any proposed national agency will create local workforce development systems is through a 'virtual one-stop career centre'. The virtual careers centre, promoted broadly to all stakeholders can combine multiple federal, state, and local program funds. The policy and oversight responsibility invested in the agency should aim to:

- Deliver national consistency in registration of health professionals.
- Ensure that this system is health consumer driven.
- Provide easy access to any individual who wants or needs to advance their career/clinical practice.
- Combine theory with practice as part of an integrated education and training framework.
- Promote health professions to career advisors, parents and career aspirants.
- Work closely with professional associations.
- Be accountable for supplying well-trained people within the health industry.

4.1 Suggested mission

The AIR believes that through the influence of committed private and public sector leadership, a high performance, quality workforce development system can evolve to meet the human resource needs of the health industry now and into the future.

The Government's challenge to secure role modernisation and strengthen workforce development more generally can be met by drawing upon the expertise of bodies such as the AIR. An inclusive national agency can have direct access to the professional standards development capabilities, skill practice monitoring and measurement processes established by professional associations.

The benefits of establishing a national agency (Draft Proposal 4.1) are discussed below under three major headings: operational, national registration and industry strengthening intent.

4.2 Operational intent

As an arm of the national agency, an education and training council should be established as part of a blended solution to workforce improvement. This is in line with recommendations 5.2 and 5.3, however under the auspices of a single body.

Moreover, a blended solution to advancing education and training outcomes can involve developing guidelines for professional accreditation. The agency becomes an advocate, supporting stakeholders' to source funds necessary to advance productivity improvements where a clear need is identified by the agency.

The advocacy role can extend to national promotion of the health industry in an effort to attract a greater share of school leavers than at present.

The agency should also manage a national health practitioner registration program. This is important if governments and the health industry are to bridge the gap between health consumers expectation, that the health professional providing the service is appropriately qualified and fit to practice, and the reality that some are not.

4.3 Management of national health practitioner registration

National registration of each profession is required, rather than a national register of all professional bodies. National registration is a positive move that would deliver uniformity and reduce barriers (and loop holes) currently in place.

The national agency would be an ideal body to monitor and report on consistency/inconsistency in registration practices across Australia and the professions. Responsibility can extend to implementation of remedies for compliance (Draft Proposals 7.1; 7.2; 7.3).

The AIR sees national registration as a positive 'human factor' quality improvement mechanism for the entire Australian health care network. At the present time there are professional practitioners who would relocate and redress the existing workforce/patient treatment imbalance across the country but are not prepared to pay costs of compliance with each state's requirements. State based registration, whilst important, can tend to bridle the nation's overall health care workforce.

It is imperative that professional bodies have representation and clear input into the restructure and composition of a national registration program.

4.4 Health industry strengthening

Professional associations must have the opportunity to influence public policy through the agency. Appointment of representatives from professional associations to the agency's board, committees and working groups offers direct dialogue with policymakers. Involvement of health professionals in all aspects of the agency's governance maximises the likelihood of future government decisions being grounded in frontline reality.

Other strengthening activities offered by the agency can include:

- Information on government and administration actions via a weekly electronic workforce brief prepared and disseminated by the Agency surrounding development/progress of the National Health Workforce Strategic Framework, (NHWSF) (Draft Proposals 3.1; 3.2).
- Easy input by the professions into the Agency's policy development and positions using an 'Advocacy Central' email approach. Such a simple mechanism can support national consistency in accreditation of health professionals, help to disseminate labour force statistics and data about under represented groups in a timely and responsive fashion (Draft Proposals 9.2; 10.1; possible 10.2; 11.1).
- Conduct detailed analysis of administration and government proposals/barriers affecting the health workforce development programs.
- Disseminate current, relevant workforce/quality care improvement ideas for stakeholders to consider via e-mail 'Alerts' and other time-sensitive announcements.
- Arrange workshops and training courses to maximise skilled developments aimed at achieving a shared workforce development approach across the professions.
- Prepare on-line resources, and special publications on relevant workforce topics.
- Speakers' bureau comprising the Agency's network of stakeholder partners, associations, employers and employee representatives when innovative ideas are known and can be shared.
- Timely information on new grants and other funding sources designed to accelerate productivity and professional development initiatives.
- May be used as an effective and accurate workforce-planning tool.