

Health Workforce Study
Productivity Commission
PO Box 80
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9th November 2005.

Comments on Health Workforce Position Paper

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Our previous submission highlighted the lack of any co-ordinated research capacity or evaluation of health workforce policies. The position paper unfortunately does not make any broad recommendations regarding this. There is a recommendation made about the evaluation of recruitment and retention policies for rural areas (page LVII and pp183 to185).

This is to be welcomed, although this requirement should be extended for all policies concerned with influencing workforce supply and demand, including workforce innovation, education and training, funding mechanisms, and special needs.

The strengthening of the evidence-base is fundamental in ensuring that the most cost-effective policies are implemented and value for money obtained. This point should be given more general prominence in the position paper.

A stronger evidence-base would in turn be dependent on a recommendation to:

- enhance the quality, nature and co-ordination of data collection across Australia, and;
- build capacity in high quality health workforce research.

It is difficult to conduct successful evaluations or develop effective policy without good data. There is some mention of data collection processes that underpin workforce planning including collecting data on a broader set of variables (p153).¹ However, this fails to acknowledge the prime importance of longitudinal data collection in examining turnover, career paths, changes in job satisfaction and productivity.

This should include:

- A new Australian longitudinal survey of health professionals
 - this could arise from existing AIHW data collection that links data on individuals over time and includes a longer compulsory questionnaire with more detailed information than is collected at present. This could only occur if registration processes are streamlined and centralised.
 - a new longitudinal survey, perhaps based on the Household, Income and Labour Dynamics in Australia (HILDA) Survey, using a representative sample of individuals from the key health professions.
- Linkage of existing administrative data by individual provider and over time (e.g. HIC data).
 - this would provide important evidence on the movement and distribution of health professionals and could be supplemented and linked to the registration questionnaire.

This would provide:

- a valuable resource for government to monitor and evaluate key policy changes,
- strengthen the knowledge on which policy and practice are developed, and
- lead to demonstrated improvements in the efficiency and equity of the health care system.

¹ What is missing from this list are data on household and family characteristics that have been shown to be key determinants of labour supply.