

## Australia's Health Workforce – Productivity Commission Position Paper

Comments by

Dr Heather Hancock

heather.hancock@nt.gov.au

Telephone (08) 89515137 Mobile 0401114188

These comments are made in overall response to reading of the document.

- Despite some inclinations towards the need for innovation, redesign, redevelopment etc the documents still rests on a strong assumptive foundation of the medical model which significantly undermines any strength and optimism for change in the health workforce; if models of practice do not change the workforce will not change.
  - This means a rethinking of MBS (prescribing, pathology, referral – for non-medical services) which would have significant economic implications for cost saving.
- The document does not recognise the midwifery profession as a discipline in its own right despite the existence of undergraduate midwifery degrees and graduates who are now in professional practice from these awards.
- The absence of consideration for and attention towards consumers of the health system in the document is of great concern.
- Will a national accreditation agency undermine the integrity of the health professions and lead to generic health workers???????
  - Who would lead this agency and would it still be based on a medical model?
- An Advisory Health Workforce Improvement Agency could generate needed change and innovation but not if it was only an advisory group. Who would be on it?
- Pregnant women are not identified as a group with special needs despite the perinatal statistics for non-Indigenous women (extremely high caesarean rates in Australia) and Indigenous women (inferior outcomes overall) despite the Federal government's push for more babies to be born.
- A single national registration board and effective mutual recognition would be worth considering further.
- The significant issues are –
  - The fragmentation, inconsistency and discontinuity that health professionals work within;
  - The problem of health system funding being based on an illness model not a health and wellness model;
  - The issue of health professionals' remuneration being scaled/prioritised in comparative value to the medical model instead of in their own right and professional worth – if funding is reconsidered in terms of health and

wellness and primary health care approaches this would make a difference to the impact and consequences of the roles of other health professionals.

- Take the focus of education away from the hospital as the foundation of learning and experience and move it to the community with a primary health care approach as the basis and hospitals as complementing this for all students; this will enable health professional to start thinking differently and in a non-institutionalised manner which is vitally necessary; healthy Australians should be the focus and the promotion of their health wherever they are living – rural, remote, urban – and the recognition of their health and wellness needs not just the needs of institutions;
- Changing models of practice is essential;
- Giving significant emphasis to job satisfaction and work innovation;