

## Australian Government Productivity Commission Re: Australia's Health Workforce

The College welcomes this opportunity to respond to the draft proposals set out in the above position paper. Given the College's previous submission and representation at the roundtable discussion, it have commented only briefly, being aware of the material the review team would be handling.

The paper itself and its proposals reflect an understanding of the major issues confronting the health workforce and the reasons for the present 'crisis'. The future of the workforce is not only to do with numbers but with flexibility, roles and practices as well as cost effectiveness and fairer access for all society.

### 1. Facilitating Workplace Innovation

- a. The establishment of one advisory agency is vital if we are to identify models and practices which meet appropriate health outcomes, facilitate job redesign and enable innovative opportunities. Without a united approach, individual groups will continue to work in isolation with vested interest as the core of decision making rather than a more global view of the best workforce for society.
- b. There are now a number of inter-disciplinary workforce models in use around the world that the agency could investigate for applicability to the Australian setting. There is beginning evidence that such models build effective multidisciplinary teams and an adaptive workforce. We support further investigation of these models with the understanding that the goal is NOT to create a generic health worker but to use the specialist skills and knowledge of the disciplines effectively to improve the efficiency and effectiveness of health care.

### 2. More responsive education and training arrangements

- a. The membership of the proposed education and training council is crucial to the success of this strategy. It is known that the attitudinal and cultural traditions of health professionals, faculty and students are important obstacles in inter-disciplinary education, for example. Rather than consist of an 'appropriate balance of people with the necessary knowledge and experience' (page LXXI), representatives of the advisory agency must be leaders and innovators nominated by their own professions (rather than chosen by government) and be adequately prepared to support the education and training needs of their workforce in a competitive environment.
- b. The proposal to shift funding from DEST to DOHA would need further investigation but certainly there needs to be a change in arrangements for



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the funding of university courses which prepare practitioners for the health workforce.

Universities are autonomous bodies in terms of setting numbers within courses. In the present environment, there is an imperative to gain external funding which certainly has major implications for those professions who do not have the capacity to attract corporate or research funding. Universities are quoted as saying that workforce is not their responsibility.

- c. Nationally nursing numbers have been, and will continue to be eroded because they are seen as a liability by universities. This is despite the funding nursing brought into the universities in the early days of establishment. This erosion of the nursing workforce is predicted to worsen as universities are increasingly privatised. The decision to allocate funding is made by DEST in the first place and then the individual university. Despite continued lobbying DEST has not been forthcoming in bringing the numbers up to the original projections when the states handed the funding across to the federal governments.

### 3. A Consolidated National Accreditation Regime

- a. The proposal to establish a national accreditation regime appears to be necessary as a driver for other reforms. Separation of accreditation across the health is just one more thing which contributes to the fragmentation and inflexibility of practices and education and training. Continuing this fragmentation is nonsensical if we are to adequately meet the needs of contemporary society in terms of new models of care which require new ways of educating and ongoing training together in teams.
- b. Reductions in cost and complexity is an additional benefit.

### 4. Changes to Registration Arrangements

- a. The number of registration bodies in this country reflects the way in which our workforce has grown piecemeal with no consultation or consideration of cost or effectiveness.
- b. Nursing has had a national registration body the Australian Nursing & Midwifery Council (ANMC) for over a decade. This body has been powerless because of struggles and differences between the states and territories. Mutual recognition has not been implemented fully because of these impediments. This will continue to be the case unless the structure and legislation is driven from a national level. This only leads to inflexibility in terms of roles and frustration for individuals who wish to move around the nation and the globe.

### 5. Improving Funding - related incentives

The extension of MBS rebates to other appropriate practitioners would not necessarily reduce the quality of health delivery as claimed by some groups but ensure fairer access for many in our communities. It would



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also limit the amount of gatekeeping which only makes the system more costly, inefficient and inflexible.

## 6. Better focused and more streamlined projections of future workforce requirements

- a. In our previous submission we agreed that the proliferation of intra-disciplinary studies had reinforced demarcations between various sectors of the health workforce and contributed to the lack of progress in workforce adaptation to changing needs. It is timely that investigation of the health workforce is conducted by one entity (as proposed) and that attention is given to the standardization of data collections both across the country and across disciplines.
- b. Having *one* entity to advise government on supply/demand and education/training issues, using *one* systematic and accurate dataset will contribute significantly to improving projections and longer-term planning.

## 7. More effective approaches to improving outcomes in rural and remote areas

- a. The College fully supports Proposal 10.1.
- b. Proposal 10.3 calls for a cross-program evaluation to ascertain cost-effective approaches for improving sustainability, quality and accessibility of health workforce services in rural and remote Australia. In addition to the examples given, it would also be appropriate to investigate approaches which encourage investment in human capital such as rewarding excellence and continuing professional development.
- c. The other proposals in this paper would act to drive this proposal. Rural and remote area needs are often forgotten by the groups with the power of decision making because they do not work or live in those areas. As result of neglect, our rural communities (including indigenous groups) have far poorer health outcomes, shorter life spans and less access to services.

## 8. Ensuring that the requirements of groups with special needs are met

- a. Indigenous health must be addressed as a matter of urgency not merely as an afterthought but as a priority. There are innovative models of culturally sensitive care, many of which are being implemented but are hidden from view.
- b. The acute and long term needs of those with mental illness and developmental disability are still being ignored and once more they are tacked onto policies or reports but rarely prioritised. Mental illness has been named as the next epidemic by W.H.O and will affect our next generation.



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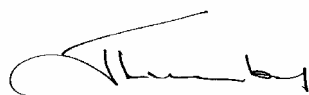
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- c. Those with a variety of development and sensory disabilities are still not catered for in our present system. Education programmes rarely include courses on how to deal with those with deafness or blindness for example and so they are alienated and left frightened in our hospitals.

Thank you for the opportunity to provide feedback on what is a most innovative and thought provoking paper. The proposals included have the potential to change the way we are able to plan for and manage appropriate workforce numbers and thus more effectively and efficiently meet the needs of our society today and in the future.

Please do not hesitate to contact us on 02 9745 7512, if you require any further information or clarification.

Yours sincerely,



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On behalf of The College of Nursing



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