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# **Community Services and Health Industry Skills Council**

## **Response to Productivity Commission Report**

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**November 2005**

## Community Services and Health Industry Skills Council Response to Productivity Commission Report

### Facilitating Workplace Innovation [page LXVII]

Advisory Health workforce Agency	Community Services & Health Industry Skills Council Current Role	Challenges presented to current successful ISC operations by new approach
<p>An intergovernmental advisory agency to evaluate and facilitate significant workforce innovations.</p>	<p>Assist industries, enterprises and their workplace to integrate skill development with business goals and support accurate industry intelligence on future directions.</p> <p>During the Health Training Package (HLT02) Review a number of new qualifications reflecting changes in job design and scopes of practice are in development</p> <p>The ISC Builds research-based industry knowledge that is of high value to both the Skills Council and its industry partners in meeting current and future service demands</p> <p>The existing CS&amp;H industry VET workforce accounts for almost 50% of health workforce and 80% of Community Service workforce.</p>	<ul style="list-style-type: none"> <li>▪ The ISC supports the development of knowledge on the health workforce and reform directions.</li> <li>▪ The ISC supports the formation of a strong relationship with the “agency”. The Intergovernmental Agency could command resources to assist the ISC operate more effectively with Industry.</li> <li>▪ The Industry Skills Council however does not believe workforce reform can be successful if Health is hived off from the broader needs of the community through the Community Services Sector workforce. There is substantial support for the position that the future health needs of the population of Australia are best served through community based approaches to service delivery not medical model based acute care thinking.</li> <li>▪ From the ISC’s role and perspective A major change to industry boundaries now, places at serious risk the credibility the CS&amp;H ISC has generated with industry especially in the last five years, which would ideally need to be carried forward to continue to build new roles and pathways within the VET system</li> <li>▪ There is urgent VET work to be done in the CS&amp;H industries to take advantage of the unique opportunities presented by the confluence of apparent services crisis and industry openness to change. The creation of a new organisation that will be bogged down by the Medical Profession and medical model approach debates will put at risk the past 5 years work the ISC has pioneered in VET.</li> </ul>
<p>Examples of significant workforce innovation include job redesign and changing scopes of practice.</p>	<p>Examples of where the ISC is currently leading workforce innovation such as job redesign and changing scopes of practice are demonstrated in the following sectors/qualifications:</p> <ul style="list-style-type: none"> <li>• Allied Health Assistant</li> <li>• Aboriginal Health Worker</li> <li>• Indigenous Environmental Health Worker</li> <li>• Ambulance work</li> </ul>	<ul style="list-style-type: none"> <li>▪ The creation of the Agency must not result in an unwieldy infrastructure that would be distracted by the medical professions debates with government. The integration of the VET and Higher Ed workforce through strategic initiatives could continue with stronger support of government operating from the current ISC model that is already successful. This could continue in the short term while the agency achieves goals in relation to integrating the Health professions.</li> <li>▪ The ISC However acknowledges that DEST (and ANTA before it)</li> </ul>

## Facilitating Workplace Innovation [page LXVII]

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	<ul style="list-style-type: none"> <li>• Enrolled Nursing</li> <li>• Medical Assistant</li> <li>• Mediation and counselling to meet needs of Attorney Generals Family relationships legislation</li> <li>• The current industry structure has been painstakingly put together, and ultimately, against the odds, achieved strong industry recognition and buy-in. CS&amp;H ISC's own actions to this end have been facilitated by the development of redefined industry boundaries. The inclusion of the Community Services workforce provides for improved national portability and flexibility between sectors</li> <li>• This work has the capacity to radically transform the VET role in the industries, with potentially far reaching solutions emerging to ameliorate many of the industry's problems</li> </ul>	<p>oftentimes faces challenges from the broader employer peaks about the role of Industry Skills Councils. The ISC believes the work that has been undertaken by this ISC to reform the health sector through VET has had substantial impact and should not be lost regardless of which government body ultimately funds the work of the ISC or what agencies are created..</p>
<p>This agency's framework would be based on quality, safety and cost effectiveness.</p> <p>It would assess implications for the workforce directly and for such matters as education and training, accreditation and registration and funding.</p>	<p>The ISC actively supports the development, implementation and continuous improvement of high quality, nationally recognised training products and services, including enhancing innovation, rationalising materials where there are cross industry synergies, and improving efficiency</p> <p>The ISC develops recommendations for training delivery through New Apprenticeship funds through national industry engagement and endorsement of the qualifications</p>	<p>The ISC understands why the model it has built is so appealing to the Industry. However it must be noted the Australian Qualifications Framework (AQF) and Australian Quality Training Framework (AQTF) governs much of the workrole innovation we achieve and the allocation of training funds while far from perfect has an existing structure of regulated Training Organisations using an agreed national approach to training implementation and standards development. It is hard to see the agency agreeing to anything like this model inside 3 years.</p>
<p>The agency will rely on</p>	<p>The ISC is a tripartite governed national body</p>	<p>The ISC is successful because of the Ministerial powers supporting its</p>

<b>Facilitating Workplace Innovation [page LXVII]</b>		
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stakeholder cooperation in evaluating and facilitating workforce innovation.	that represents relevant government, and private employers and unions and currently operates across traditional professional boundaries.	outcomes through an endorsement process and use of the AQF. The Agency will for some time have no such powers and a framework for cohesion and agreement for work roles decisions maybe years in developing for the degree qualified sector of health.
The agency will draw on a range of extensive innovations and complement other initiatives to improve workforce deployment and job redesign.	The CS&H ISC draws upon its connections with the VET sector network and infrastructure to innovate work into the CS&H sectors that maybe operating successfully in other Industries. The strength of the VET sector is its competency based work outcome model.	The Agency could provide improved advice and direct funding to the ISC to continue to undertake its present successful operations.  The Agency is likely to be medically dominated and health centric and substantial drivers will be required for it to draw upon innovation in other industries as the ISC does through current VET structures and networks.

<b>Shifting responsibilities for funding for university based education and Training places from DEST to DoHA [page LXVII]</b>		
<b>DOHA funding allocation</b>	<b>Community Services &amp; Health Industry Skills Council</b>	<b>Challenges presented to current successful ISC operations by new approach</b>
Better alignment of the mix of health courses places with the health needs of the community and the workforce needs of service providers	<p>The ISC is presently a declared body through DEST by the Training Ministers (MINCO). The ISC has a three year contract to deliver a range of services to industry. It supplements these funds through a range of other initiatives for Industry eg projects for DoHA, the Attorney Generals Office, FaCS etc.</p> <p>These government departments do not interact with each other in relation to VET. The ISC offers this bridge to ensure portability and flexibility of qualifications across and between sectors.</p>	<p>Should this recommendation be expanded to include VET as has been suggested for the other recommendations to create new Agencies the Changing funding to DoHA would require a complete restructure of the relationship DoHA has with the VET sector and other government departments.</p> <p>Taking Community Services out of the equation means the ISC would have to continue in its current form as workforce development champion just for Community services This would create a significant divide as Aged Care, Mental Health and Drug and Alcohol are in Community Services. We could potentially loose much of the integration it has taken us 12 years to build.</p>

<b>More Responsive education and Training arrangements [page LXVII]</b>		
<b>Health Workforce Education &amp; Training Council</b>	<b>The Community Services and Health industry Skills Council Role</b>	<b>Challenges presented to current successful ISC operations by new approach</b>
To facilitate a more coherent approach to skills development and provide independent transparent advice on opportunities to improve health workforce education and training approaches	<p>The Community Services and Health Industry Skills Council is the recognised peak national body providing advice on industry training and skills development needs to government and industry. The ISC has 2 key responsibilities to VET system</p> <p>(1) Assist industries, enterprises and</p>	<ul style="list-style-type: none"> <li>In-principle the ISC supports the concept of an advisory health workforce education and training council and would be interested in being represented on such a council, if created. However, we are concerned by the lack of detail about how such a council would operate. There is a need for a systematic model that would encourage consultation and input from a wide range of sources, building on the experience and expertise of established bodies and arrangements such as the Community Services and Health Industry Skills Council (CS&amp;H ISC), and provide a mechanism to feed into existing decision making processes.</li> </ul>

## More Responsive education and Training arrangements [page LXVII]

Health Workforce Education & Training Council	The Community Services and Health industry Skills Council Role	Challenges presented to current successful ISC operations by new approach
	<p>their workforce to integrate skill development with business goals and support accurate industry intelligence on future directions - including provision of strategic advice on industry skills and training needs</p> <p>(2) Actively support the development, implementation and continuous improvement of high quality, nationally recognised training products and services, including enhancing innovation, rationalising materials where there are cross-industry synergies, and improving efficiency</p>	<ul style="list-style-type: none"> <li>▪ The ISC also supports continued improvements in education and training approaches relating to the health workforce, and greater transparency and critical evaluation of courses and curricula.</li> <li>▪ The ISC supports the need for national collaboration relating to career pathways and articulation of competence across and between industry sectors.</li> <li>▪ The ISC has already had some success with articulation of VET with the degree qualified sector of the workforce. However it is acknowledged this is an area that requires improvement. The Agency could assist the ISC with its work in this area.</li> <li>▪ We would not support a move to subsume the CS&amp;H ISC into an advisory health workforce education and training council as there is a danger that the momentum of the important work of the CS&amp;H ISC over the last few years could be lost. The ISC understands why its own model of operations is desirable and we propose a working relationship with the council through board or a delegation relationship to undertake work which is within the ISC's remit to deliver. The CS&amp;H ISC would be an essential member of the council, and it would bring its vital links with the Community sector to the council. the CS&amp;H ISC would be interested in discussing the details of the council and the involvement of the CS&amp;H ISC.</li> <li>▪ The University VET sector articulation issue could be resolved with a national commitment to map all university programs and VET qualifications and deliver a recommended articulation mapping that is endorsed by all ministers and enforced.</li> <li>▪ A further strategy is that any and all government funded university programs must meet a service delivery standard that incorporates the recommended Recognition of Current Competence. The DoHA has funded many universities curricular to be developed and has never insisted as a deliverable that mapping to VET is mandatory.</li> </ul>

## More Responsive education and Training arrangements [page LXVII]

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<p>With appropriate governance structures, including a balanced membership, it would act as an 'honest broker' on divisive issues.</p> <p>The effectiveness of the council would depend critically on its composition and governance mechanism.</p>	<p>The CS&amp;H ISC 12-member Board draws its Directors equally from three categories of membership:</p> <ul style="list-style-type: none"> <li>▪ Public Employers</li> <li>▪ Private Employers</li> <li>▪ Union Members</li> </ul> <p>The Industry Skills Council implements ongoing consultation processes to ensure that industry needs and views are represented in all its work</p> <p>The ISC governance model has taken 12 years to bed down. On some occasions the industry has demanded anywhere up to 46 people to be involved in the governance model.</p> <p>Remarkably, as noted previously, CS&amp;HISC has been able to become accepted as a legitimate industry body, representing equally the interests of its two main sectors and its many sub-sectors. These various sectors have demonstrated strong 'buy-in' to the ISC's processes and products/services. While individuals, organisations and even whole industry sub-sectors can sometimes be critical of CS&amp;HISC, this only provides further evidence of acceptance of the broad industry 'church' and willingness to engage.</p>	<ul style="list-style-type: none"> <li>• For the ISC and VET CS&amp;H workforce innovation our governance approach is supported not only through the ISC's perceived credibility to deal fairly and as an honest broker but also the AQF and the ministerial endorsement process. It is difficult to imagine that the new council could develop any confidence or achieve real success with the Professions inside of 3 years. The ISC should in the interim be funded to run alongside this process until the "Mega Council" is positioned to embrace VET</li> <li>▪ Helping to shape industry perception of itself (community services AND health) as a whole has seen a serious restructuring and reorientation of key institutions. In 1996 for instance the Commonwealth Government brought its family assistance programs together into a single department, the Department of Family and Community Services (FaCS). This was intended to encourage a more focussed, whole of government, perspective to family support. In a similar manner, the governments of Victoria, Tasmania and South Australia (and to some extent Northern Territory) created all encompassing departments of <i>human services</i>. These moves explicitly acknowledge the importance of promoting inter-sectoral behaviour, and incorporate in one department the activities that in other states and territories might be spread across separate community services, health, housing and employment departments. The ISC would have great difficulty selling the credibility to the VET sector of a structure dominated by the health professions.</li> </ul>

<b>More Responsive education and Training arrangements [page LXVII]</b>		
<b>Health Workforce Education &amp; Training Council</b>	<b>The Community Services and Health industry Skills Council Role</b>	<b>Challenges presented to current successful ISC operations by new approach</b>
<p>It would facilitate consideration of education and training issues on an integrated rather than profession by profession basis.</p>	<p>ISC has been able to become accepted as a legitimate industry body, representing equally the interests of the community services &amp; health industries</p> <p>The HLT02 Review places redevelopment work on the path to greater synergy with the Community Services Training Package, in philosophy and practice.</p>	<p>While the aim of integration among the degree qualified professions is commendable the loss may well be the integration with VET because the governance model would be too difficult to gain traction and credibility.</p> <p>The professions where their work role overlaps with VET presently participate with the ISC because of the AQF, AQTF and ministerial endorsement of the outcomes.</p> <p>The potential loss of integration would be further compounded by the removal of Community Services from the Health sector which is exactly the industry context the health of Ageing and disadvantaged Australians is paramount.</p>

<b>A consolidation of National Accreditation Regime [page LXVII]</b>		
<b>National accreditation Agency</b>	<b>Community Services &amp; Health Industry Skills Council Role</b>	<b>Challenges presented to current successful ISC operations by new approach</b>
<p>A national accreditation agency for university –based education and training and post graduate training subsuming existing accreditation functions</p> <p>Provide the basis for nationally uniformed registrations standards for health workers</p>	<p>The CS&amp;H ISC presently develops and maintains 2 Training Packages Health covering over 70 Qualifications and Community services 56 Qualifications.</p> <p>These competencies must take into account existing legislative requirements.</p>	<p>The ISC welcomes any reduction of regulatory practices that limit the expansion, flexibility and diversity of work roles while still promoting agreed industry standards of quality service.</p> <p>The ISC supports the overall aim of the Productivity Commission in establishing national accreditation mechanisms. Advantages in improving current arrangements include:</p> <ul style="list-style-type: none"> <li>• Increasing efficiency by allowing greater portability between jurisdictions.</li> <li>• Allowing greater mobility between courses, and encouraging flexibility in how students acquire the skills needed for their particular career goals.</li> <li>• Clarifying the roles and skill requirements of various occupations and assisting in the development of common national standards of</li> </ul>



## A consolidation of National Accreditation Regime [page LXVII]

National accreditation Agency	Community Services & Health Industry Skills Council Role	Challenges presented to current successful ISC operations by new approach
		<p>competencies.</p> <ul style="list-style-type: none"> <li>• Supporting the international competitiveness of the education industry by ensuring that overseas students studying in Australia obtain internationally recognised qualifications.</li> <li>• Supporting the skilled migration program by simplifying pre-migration skills assessments, making it more likely that people trained overseas are able to enter the professional labour market.</li> <li>• Building on the work underway in the VET sector for example in developing a national approach in Enrolled nursing, where the Community Services and Health Industry Skills Council is reviewing the Health Training Package with a view to reducing the number of State accredited enrolled nursing courses.</li> </ul> <p>The issues to which the Productivity Commission draft proposal responds however extend beyond the health workforce and therefore there is a question about the efficacy of a response that is limited to the health workforce.</p> <p>We also have some concerns about the lack of detail in the draft proposal and how it would relate to current responsibilities and processes in the education and training system, such as the roles of professional bodies in accrediting course providers and course content, and overseeing the registration of graduates entering the workforce, and universities in accrediting their own courses.</p> <p>We note that the draft proposal flags the possibility of extending a national accreditation framework to the VET sector at a later time. However, at the Commission's hearing in Canberra on the 1<sup>st</sup> November the Commissioner expressed an alternative view that VET should be incorporated into this new Agency.</p> <p>The ISC do not consider this to be necessary, or of benefit given the existing arrangements. The health training undertaken in the VET sector is currently subject to a national framework that ensures nationally recognised qualifications. The Australian Quality Training Framework (AQTF) provides agreed national guidelines for qualifications in vocational education and training, includes a public register of registered institutions, nationally</p>

**A consolidation of National Accreditation Regime [page LXVII]**

National accreditation Agency	Community Services & Health Industry Skills Council Role	Challenges presented to current successful ISC operations by new approach
		recognised Training Packages and accredited courses, and allows national articulation of awards offered in the sector.
Reduce costs and inconsistencies arising from multiple accreditation agencies		The ISC welcomes the reduction in hurdles that limit diversity of the workforce and access to skills recognition.

## Closing Comments

The Productivity Commission Report suggests that the VET sector currently has a lesser role than the university sector in the education and training of the health workforce. One example in support of the extensive role played by VET regarding the health workforce is in Queensland where VET covers both health-specific and clerical and administrative training. Nearly 40% of the Queensland Health workforce in either the operational or administrative areas uses a range of VET training packages. These include training packages for the public service, business, finance, information technology, community services, and asset maintenance. VET competencies and qualifications reflecting work in aged care, enrolled nursing, laboratory operations and Aboriginal and Torres Strait Islander health are also drawn on for education and training of the workforce.

This submission has raised serious concerns about the potential for fragmentation and loss of momentum to the VET CS&H workforce reform agenda should the ISC be prematurely dragged into the Professions' "Mega Agencies". The ISC does support a move towards improved integration. The main concerns we have expressed throughout this documented feedback are;

- (1) The loss of integration with Community Services which will create its own loss of productivity
- (2) The loss of momentum of all the innovation and success the ISC has had with Industry if bundled into the professions' substantial reform requirements.

A further observation we would make is the Productivity Commission recommends the establishment of three separate bodies/councils:

1. National Workforce Agency
2. Health workforce, Education and Training council
3. National Accreditation Agency.

The ISC questions why three separate entities and not the formation of one **Health** workforce agency with separate areas of expertise that work interdependently with each other – for example see below.

