

# Australian Council of Deans of Health Sciences

## Response to the Productivity Commission Health Workforce Study Position Paper

November 2005

The Australian Council of Deans of Health Sciences (ACDHS) is the peak forum for Australian universities that provide undergraduate education in clinical health sciences (with members providing programs in at least three of: health information management; medical laboratory sciences; nutrition and dietetics; occupational therapy; optometry; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics and orthotics, radiation technology; and speech pathology). The Council is a forum for representation, coordination and information sharing with the aim of strengthening training of allied health practitioners in Australia to meet the needs of communities.

This Council has already provided a detailed submission. Here we note points that could be strengthened in the final Productivity Commission paper.

- More detailed and explicit commitment on rural and regional investment in clinical health science disciplines is required. The effective strategies to increase accessibility of training and address health workforce maldistribution are well established for medicine and include greater regionalisation of training delivery, ruralisation of curricula; targeted recruitment of rural and Indigenous students; and repeated undergraduate exposures to rural and Indigenous health. These strategies are equally applicable to nursing and allied health.
- Expanded teaching investment in allied health education and training should be linked with undergraduate and postgraduate programs for other health professions, in the interests of efficiency, sustainability and team-based learning. The Paper does not explore this issue and there is no profile of existing infrastructure such as University Departments of Rural Health and Rural Clinical Schools that could form the basis of an expanded 'rural academic backbone'.
- We would like to see use of the term 'teaching health system' in the Paper to signal a policy shift away from the historical model of public 'teaching hospitals' as the main centres for clinical training.
- The Paper does not deal with the current inequities in DEST funding of clinical health science courses. Health professional programs should be funded by the Commonwealth Government at a level that reflects the cost of delivering quality curricula. The extra costs associated with clinical placement in rural and remote locations should be recognised and funded. Funding of clinical health sciences at Cluster 6 (\$7064 per Equivalent Full Time Student Load) is less than half the \$14,738 per EFTSL for Cluster 9, Dentistry, Medicine and Veterinary Science. In addition, the 75% retention discounting exacerbates the inequities as most programs have whole-of-course retention rates of 85% and above.
- A shift to regionalised clinical training will require substantial investment in physical infrastructure, especially student accommodation, tutorial space and other teaching infrastructure including information and communications technology. This is not clearly canvassed in the Paper.
- The Council welcomes recognition of the importance of developing a 'delegated practice' framework to support expanded clinical roles by allied health practitioners. This will be the major opportunity to increase workforce flexibility in clinical practice. There is a need for a common post-basic clinical training pathway across the various health professional groups.