

*Southern Health*

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Submission to the

**Productivity Commission  
Health Workforce Study**

In response to

*Australia's Health Workforce - Position Paper*

November 2005

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Southern Health is Victoria's largest health care service and provides health care services to nearly 1 million residents in the suburbs of South East Melbourne through a comprehensive range of acute, sub acute and home based care. Our integrated services link hospitals, general practitioners and community based services.

Southern Health employs over 10,300 staff and is the largest public health sector employer, as well as the largest single employer of health professionals within Victoria. Southern Health is also the largest employer of nurses, doctors, pharmacists and other health professional groups in Victoria.

Southern Health is also a major health teaching and research facility affiliated with numerous Universities and research institutes.

### **Southern Health's Response to Draft Proposals**

Southern Health welcomes the Productivity Commission's research study into the Australian health workforce and appreciates the opportunity to comment on the proposals in the *Australia's Health Workforce Position Paper*. Southern Health has an active interest in health workforce planning and would be interested in participating in one of the Productivity Commission's roundtables.

**Draft proposal 3.1** – Southern Health supports this proposal.

**Draft proposal 3.2** – Southern Health supports this proposal particularly the independence & transparency of the review and the fact that it will be made publicly available. However, we would be concerned if the review is undertaken by commercial consultants. We believe that the review should be undertaken by the Auditor General's office as this would be independent without any risk.

**Draft proposal 4.1** – Southern Health supports this proposal however it needs to be appropriately resourced and informed. It must involve representation from hospital/healthcare service management/administrators and appropriate State involvement. Appropriately incorporated jurisdictions would encourage alliance between the States and the Commonwealth. An advisory health workforce improvement agency would provide resources and impetus to encourage health workforce innovation.

**Draft proposal 5.1** – Southern Health supports any re-allocation of education funds if it results in:

- More appropriate workforce numbers & distribution
- Greater responsiveness to the changing needs of the health industry
- Promotion of innovation & change in various workforce roles and associated training including retraining and up-skilling.

However, because this is not a core function of DOHA we believe there may be a potential risk of funds being allocated to, or spent on, non-education and research activities.

**Draft proposal 5.2** – Southern Health supports this proposal if it promotes innovation and change in relation to workforce roles and associated training programs. Southern Health believes that any different health workforce education and training models considered should be evidence based.

**Draft proposal 5.3** – Southern Health supports this proposal if it results in more appropriate and efficient training delivery. The actual cost of providing clinical training is both under-recognised and under-estimated. The impact of current methods on the roles of clinicians is not considered in this paper. For example, Allied Health clinicians are spending excess amounts of time in a training capacity, rather than pursuing clinical duties. This has a major impact on staff morale and job satisfaction.

**Draft proposals 6.1 and 6.2** – Southern Health strongly supports a single national accreditation agency.

**Draft proposals 7.1, 7.2 and 7.3** – Southern Health strongly supports uniform registration standards, consolidation of registration functions across professions; and the amendment of registration Acts as necessary.

**Draft proposal 8.1** – Southern Health supports this proposal.

**Draft proposal 8.2** – Southern Health agrees that some clinical goals can be achieved by extending access to MBS rebate to a wide range of practitioners. However, we would be concerned that this proposal could prove to be unnecessarily restrictive and runs the risk of de-professionalising Allied Health and Nurse Practitioners, specifically.

**Draft proposal 9.1** – Southern Health supports this proposal.

**Draft proposal 9.2** – Southern Health supports this proposal, in principle, assuming that this will result in more “real time” data which will be more useful. This would enable ongoing numerical monitoring to track actual workforce performance against planned workforce performance and inform modifications to adjust variations in a timely manner.

**Draft proposals 10.1, 10.2 and 10.3** – Southern Health supports these proposals but would like to see them extended to also make explicit provision for workforce requirements of outer-metro areas.

**Draft proposals 11.1** – Southern Health supports this proposal but believes it should be extended to also include people from culturally and linguistically diverse backgrounds and other forms of social diversity.