



Clinical
Oncological
Society of
Australia



17 November 2005

Commissioner Mike Woods
Productivity Commission
Belconnen ACT 2617

Dear Commissioner Woods

COSA, Cancer Council Australia response to health workforce position paper

Thank you for the opportunity to participate in the Productivity Commission's study on Australia's health workforce.

As affiliated peak bodies, the Clinical Oncological Society of Australia (COSA) and The Cancer Council Australia together represent cancer healthcare professionals across all disciplines and all Australians with a stake in cancer research, prevention, treatment and care.

Cancer accounts for more premature deaths than any other cause and patient numbers are projected to increase by more than 30 per cent over the next 10 years as our population ages. COSA and The Cancer Council Australia therefore provided a detailed submission in response to the terms of reference for this study; attached are the key recommendations for your information.

We note with appreciation that a number of these recommendations are supported, in a general sense, in your well researched and considered position paper, *Australia's Health Workforce*. These include: proposals to facilitate accreditation and credentialing of healthcare professionals nationally; extending the MBS schedule to a wider range of services; and increased support for multidisciplinary care.

However, there is also concern that some proposed reforms, particularly around flexible approaches to service delivery involving non-specialist healthcare workers, could potentially result in a decline in care standards unless managed appropriately under the direct supervision of a clinical specialist.

Moreover, while improved efficiencies are clearly required to meet future healthcare challenges, safeguards to ensure care standards are not compromised by any rationalisation processes, and measures to effect a culture of continuous improvement in health services delivery, should be the key priorities.

Thorough, open consultation with healthcare professional groups and health service consumers, and the ongoing involvement of those at the frontline of health services delivery in the development of planning and implementation models, would help to ensure health system reforms continue to put patient outcomes first.

Yours sincerely

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Professor Alan Coates AM
Chief Executive Officer
The Cancer Council Australia

- Federal Government to directly fund healthcare training places from a national pool, according to an evidence-based assessment of population need.
- Introduce a system of credentialing, based on standard competencies (including areas such as psychosocial care) and designed to facilitate structured career paths and staff movement across the system.
- National professional bodies to act as accrediting agencies, overseen by the Australian Medical Council with models of care approved by Cancer Australia.
- Expand credentialing to include epidemiology, encouraging a whole-of-workforce approach to understanding specific diseases.
- Adopt national models of multidisciplinary care.
- Implements COSA's exit-exams model for skills development in chronic disease management across medical schools.
- Continuously review competency standards and scope of practice in training curricula to reflect progress in service models such as multidisciplinary care.
- As recommended previously by the Productivity Commission, complement lengthy traditional education with streamlined options.
- Expand existing training services rather than create new and widely dispersed small centres.
- Explore innovative and flexible models for clinical training/competency development, such as virtual centres.
- As recommended previously by the Productivity Commission, explore ways to discourage the delivery of less-complex services by specialist clinicians through changes to funding mechanisms.
- Develop national guidelines on safe and acceptable patient numbers according to hospital capacity matched to evidence-based population need.
- Draft a code of ethics, for the endorsement of the Australian Health Ministers Council and COAG, obligating all publicly funded health care services to operate with minimal bureaucratic and political interference.
- Establish cancer registries as bodies independent of parliamentary government, similar to the Reserve Bank; develop national models for the collection, storage and reporting of data.
- Introduce a unique identifier for every Australian, with the capacity to continuously monitor their health status according to strict privacy provisions.
- Introduce a national development program for harnessing technological change, including competitive sites for research and development.