



**Submission to the Productivity Commission**

**Health Workforce Study**

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## **Submission to Health Workforce Study**

Professions Australia (PA) is a national organisation of professional associations. Professions Australia is the business name of the Australian Council of Professions Ltd. It currently has twenty-five member associations (see Attachment 1). The primary objective of Professions Australia is to advance and promote professional standards for the benefit of the community.

A number of our member bodies represent health professionals including dentists, pharmacists, audiologists, radiographers, radiation therapists, sonographers and podiatrists.

Professions Australia wishes to comment on a number of specific proposals in the Productivity Commission's Position Paper on Australia's Health Workforce. These comments address the following issues:

- Accreditation;
- Registration;
- Workforce planning;
- Health workforce education and training.

### **Accreditation**

Professions Australia is supportive of institutional arrangements which will facilitate the implementation of national standards for individual health professions. It also supports greater coordination and sharing of knowledge and information between accrediting bodies to ensure accreditation processes are best practice. However it has serious concerns about the proposal for the establishment of a single national accreditation agency for university-based and post-graduate health workforce education and training (draft proposal 6.1).

While Professions Australia acknowledges the need for reform in the health workplace it does not share the view expressed in the position paper that creation of a national accreditation body is necessary to support job redesign and workplace flexibility.

A summary of our concerns is outlined below:

#### **The case for a single national accreditation agency**

Professions Australia accepts that entrenched workplace behaviours including perceptions about high and low status jobs are impeding workforce flexibility and job redesign in the health sector. Professions Australia would also acknowledge that professional patch protection has contributed to the lack of flexibility in the workplace.

However, the Commission has not made the case that it is the current accreditation arrangements which impede wider scope of practice and job redesign.

In many ways workplace culture in the health sector simply reflects the fact that it has not been subject to the same level of competition enhancing reforms as other sectors of the economy.

It is widely recognised that the tension that exists between Commonwealth funding and State and territory management and delivery of health services has been a significant impediment to the implementation of the reforms necessary to deliver a more efficient and effective health system. More specifically, there are a range of systemic impediments within the health system which influence job design and the scope for more workplace flexibility. These include access to prescribing privileges, lack of medical rebates, the role of private health insurers, state regulations, the current doctor/nurse-centric approach to health care, inadequate funding and poor management practices.

It is not the role of accreditation to define scope of practice or job design. The role of accreditation is in establishing standards of education and training in profession-related undergraduate courses. Accreditation provides a platform for assessing the potential of an individual education program to deliver graduates satisfying identified competency standards.

Nor is a single national accreditation agency necessary to provide for nationally uniform registration standards. As the position paper notes the professions themselves have recognised the benefits of national accreditation. The major impediment to the implementation of national standards has been the failure of individual jurisdictions to implement the standards.

It is also not clear how the creation of a large health bureaucracy is consistent with the introduction of a more market based system or what will provide the incentive for innovation within such a system.

### **Lack of assessment of broader impacts**

Accreditation of undergraduate professional education programs is an important element for the assurance of quality and the maintenance of professional standards against national and international standards. Completion of an accredited course of study is generally a key criterion for registration under government legislation.

The proposal for a national accreditation agency raises a number of issues which have not been adequately addressed in the Commission's position paper:

- The current accreditation arrangements have played an important role in underpinning the high standard of health care in Australia. These standards are based on educational and clinical content with professional involvement fundamental to the continual improvement in

health practice. What impact will an accreditation system with limited professional involvement/accountability and driven by service delivery requirements have on professional standards? How will it lead to a more appropriately trained workforce?

- Professionals and our universities like other sectors of the economy now operate in a global market. Accreditation provides a basis for international comparability, reciprocal recognition and graduate mobility. The accreditation processes of some of our health-related accrediting bodies, for example, the Australian Medical Council, have been endorsed by overseas or international agencies. What are the implications for the international standing and recognition of existing accreditation arrangements of a move to a national accreditation body?
- Professional bodies are increasingly being requested to accredit the offshore programs of Australian universities. Maintaining the quality of these offshore programs is essential if Australia is sustain and grow its exports of education services. How would a national accreditation agency focussed on domestic service delivery respond to such a request?
- Not all health professionals undertaking accredited higher education courses work in the health sector. In accrediting higher education courses professional bodies also need to be responsive to the needs of other sectors of the economy including the education, research, manufacturing and other service industries. What are the implications for other employers of health professionals of a national accreditation agency focussed on the needs of the health sector?
- The Commission suggests that the establishment of a national accreditation agency will deliver some administrative and compliance cost savings. It is difficult to see how this would be so given that much of the current accreditation process is undertaken with very limited resources. Individual professionals give their time and expertise to support accreditation activities at little or no cost in order to support the development of their profession.

### **Accreditation system evolution**

The position paper does not adequately acknowledge that the existing accrediting arrangements are continually evolving to ensure they relate to the current state of practice and the need for change. Accreditation bodies are not opposed to reform and the changing environment in which health professionals practice will lead to further changes in the processes of education over time. For example, the standards for accreditation are

responding to the growing need for health professionals to work in multi-disciplinary teams.

Accrediting bodies are also seeking to learn from best practice of their overseas counterparts, responding to input from profession related faculties and sharing ideas with other accrediting bodies including those outside the health sector.

Professions Australia recently held a full-day workshop on accreditation of higher education courses which was attended by around 40 professional bodies, including many from the health sector. The objective was to facilitate the sharing of best practice and discuss common problems. The next step will be to establish an ongoing mechanism to support members and other professional bodies have a continuing dialogue about ways in which collaboration and shared learning on accreditation policies and processes can be extended.

## **Registration**

Professions Australia and its member organisations strongly support the Commission's proposals for national registration of the health professions (draft proposals 7.1, 7.2 and 7.3). In our view national registration offers significant opportunities for improving the flexibility and mobility of the health workforce. Rationalising the more than 90 state and territory registration boards should provide scope for costs savings and other efficiencies.

Professions Australia endorses the proposal that registration bodies should adopt uniform national standards. A national system of registration for individual health professions would provide a mechanism for enforcing the implementation of national standards.

Implementation of national registration arrangements would also be an opportunity to address any remaining restraints on competition and improve regulatory quality by ensuring regulatory frameworks represent best practice and are responsive to community needs, up to date and relevant. It would provide a framework for maintaining consistency of state and territory regulation for individual health professions over time.

Some health professions are not currently regulated while others are regulated in some states and not others. The regulatory arrangements for individual professions should be uniform across Australia. A decision to regulate a profession should only be made where the potential harm to the public is significant, the information asymmetry cannot adequately be remedied by non-statutory mechanisms and the benefits to the community as a whole outweigh the costs.

Regulation to support registration arrangements for the various health professions should be the minimum necessary to achieve the identified objectives, in a manner which imposes the least cost of compliance. Registration arrangements should not seek to duplicate the functions of existing general laws for the protection of consumers.

The complexities of implementing national registration arrangements for some professions are significant. Some states and territories may be reluctant to relinquish their authority in this area. It is therefore important that the decision to implement national registration arrangements is seen as a priority by COAG and the process is properly resourced.

Professions Australia is currently finalising a *Blueprint for National Registration of the Professions* to promote the case for national registration. Our objective has been to develop a Blueprint which is consistent with competition policy principles and good corporate governance.

## **Workforce planning**

Professions Australia supports the Commission's proposal for the establishment of an advisory health workforce agency (Proposal 4.1). However as an advisory body the new agency will only make a difference if it is supported by a political commitment to change and the resources to do the job.

Professions Australia also supports the rationalisation of the current institutional structures for numerical workforce planning.

It is important that any new arrangements reflect the need for a broader focus on prevention and health promotion as well as a whole of health workforce perspective. It is also essential that any new body is adequately resourced.

The proposals for developing numerical workforce projections seem sensible. It is important that numerical planning is adequately supported by the capacity to undertake more qualitative research on health workforce issues.

Projections of future health workforce requirements would not be of assistance to government but also to other stakeholders including professional associations, tertiary education sector and prospective students. The availability of projections on workforce requirements will better position the range of stakeholders to respond to changes in the demand for health professionals.

## **Health workforce education and training**

Professions Australia supports the Commission's conclusion that initiatives to boost the numbers of education and training places will be an important part of the response to both current shortages and increased future demand for health workers. While there is scope for improving the productivity of the existing health workforce it is clear that our higher education sector is not sufficiently well funded to respond to current and future demand for health professionals.

However Professions Australia is not convinced that allocating the overall funding available for university based education and training of health workers to the Department of Health and Ageing is the most appropriate approach (Proposal 5.1).

The education and training of sufficient numbers of health professionals is just one of the challenges currently facing our higher education sector. While the lack of coordination between education and health areas of government is a cause for concern this problem is not unique to the health workforce. Shortages exist across a range of professional disciplines. There is a need for a process within the education portfolio which facilitates the identification of national priorities across all professional disciplines within the total funding allocation for higher education. This priority setting process should be regularly informed by advice from the relevant health body about the likely future demand for healthcare professionals.

Professions Australia is concerned that the current heavy reliance on overseas trained professionals is unsustainable. Australia is not highly positioned to compete globally for professional skills. While Australia has lifestyle and other advantages post-tax remuneration is not internationally competitive in many areas. Australia is mainly a giver of professional skills to advanced economies (such as the UK, US, Canada and Europe) and a taker from developing economies in Asia, Africa and Eastern Europe (and New Zealand). Our increasing dependence on immigration as a source of professional skills raises equity and ethical issues.

Nevertheless there will always be a proportion of our health workforce which is trained overseas. Professions Australia agrees with the Commission's view that the principle of national self-sufficiency, as currently expressed in the NHWSF is not an appropriate objective given the global market for most health professionals.

We also support a strong focus on the provision of education and training opportunities in rural and remote areas to enhance professional health workforce in rural and remote areas. Cross program evaluations and the sharing of information on successful initiatives is a sensible way to identify the most cost-effective long term solutions to meeting the needs of rural and remote communities.

Professions Australia supports the proposal for an advisory health education and training council (Proposal 5.2).

Professions Australia  
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