



Australian Government

**Department of Education,
Science and Training**

Response to the Productivity Commission
Position Paper on:

Australia's Health Workforce

November 2005

Introduction

In June 2004, the Council of Australian governments requested that the Productivity Commission (PC) undertake a study into Australia's health workforce.

In June 2005, the PC published an Issues Paper. In this Paper, the PC clarified the focus of the study – to examine systemic issues affecting the ability of the health workforce to respond to current and emerging challenges.

The Australian Government Department of Education, Science and Training (DEST) made a detailed submission to the study in September 2005, outlining structural aspects of the health workforce education and training system in Australia, current mechanisms for consultation, policy directions and a range of recent initiatives.

In September 2005, the PC issued a Position Paper with draft proposals addressing a number of issues raised in the course of the study.

This latest DEST submission provides a response to that Position Paper. In particular, it provides a critique of the draft proposals that relate to areas of DEST's responsibilities, including its role in providing national leadership and working collaboratively with other governments and organisations to meet the education and training needs of the Australian community.

1. Overall response

In its Position Paper, the Productivity Commission puts forward a range of proposals aimed at improving the efficiency, effectiveness and responsiveness of Australia's health workforce.

DEST supports the PC's approach to develop proposals at the systemic level. DEST is particularly interested in reducing red tape and increasing the responsiveness of education and training systems, particularly those involved in preparing the health workforce.

We are, however, concerned that the Position Paper at times provides insufficient detail and analysis to understand fully the operation and likely impacts of its draft proposals, including costs and benefits. This is a particular issue for the proposed advisory bodies. The PC has not made it clear how these bodies would interact with stakeholders or draw on the experience and expertise of people on the ground.

There are also some significant omissions in the Position Paper. It does not describe how its proposed health workforce system would link to existing education and training systems. Nor does it address the issue of retention and reengagement of people trained as health workers.

Lastly, our view is that the Position Paper does not go far enough in developing proposals to address the serious health related problems of the Indigenous population in Australia.

We outline a more detailed response to the draft proposals in the following chapters under the headings of funding, accreditation, advisory councils and Indigenous issues. This response does not address the draft proposals that relate mainly to other government departments or organisations.

2. Funding

The Position Paper puts forward two draft proposals relating to funding of education and training for health workers.

Proposal 5.1 addresses perceived problems with consultation and coordination in allocating funding for the training of health workers in universities. The other (5.3) addresses coordination issues in providing clinical training and maintaining it in the future.

The Position Paper does not consider the costs and benefits of these proposals, which makes it difficult to assess their merits or shortcomings. In the case of the clinical training proposal for example, there may be significant cost implications.

Draft Proposal 5.1:

The Australian Government should consider transferring primary responsibility for allocating the quantum of funding available for university-based education and training of health workers from the Department of Education, Science and Training to the Department of Health and Ageing. That allocation function would encompass the mix of places across individual health care courses, and the distribution of those places across universities. In undertaking the allocation function, the Department of Health and Ageing would be formally required to:

- consider the needs of all university-based health workforce areas; and*
- consult with vice chancellors, the Department of Education, Science and Training, other relevant Australian Government agencies, the States and Territories and key non-government stakeholders.*

DEST notes that machinery of government changes would be a matter for the Prime Minister.

Some recent changes to consultative arrangements may have addressed a number of the concerns reported by the PC. Joint meetings of the Australian Education Systems Officials Committee (AESOC) and the Australian Health Ministers' Advisory Council (AHMAC) now provide a forum to discuss and address issues of mutual concern. These include higher education interface issues and potential collaborative work. AHMAC in turn advises the Australian Health Ministers Council on national strategic issues relating to the coordination of health services.

DEST does, however, consider that there is scope for improvement and puts forward the alternative proposal that a single secretariat (such as that recommended in draft proposals 9.1 and 9.2) rather than the current multiple committees, report to DoHA on national priorities for the health workforce.

DoHA would then be able to advise DEST on health-related education and training issues from a national perspective, with input from the secretariat and the State and Territory Health Departments.

Draft Proposal 5.3:

To help ensure that clinical training for the future health workforce is sustainable over the longer term, the Australian Health Ministers Conference should focus policy effort on enhancing the transparency and contestability of institutional and funding frameworks, including through:

- improving information in relation to the demand for clinical training, where it is being provided, how much it costs to provide, and how it is being funded;*
- examining the role of greater use of explicit payments to those providing infrastructure support or training services, within the context of a system that will continue to rely on considerable pro bono provision of those services;*
- better linking training subsidies to the wider public benefits of having a well trained health workforce; and*
- addressing any regulatory impediments to competition in the delivery of clinical training services.*

DEST supports strategies to improve the availability of clinical placements. Some higher education providers currently report difficulties in securing enough clinical placements for their health programmes, and in some cases, this has placed limits on the number of health education and training places provided in universities.

However, there is insufficient detail to determine that this draft proposal would lead to improvements in the availability of clinical training. Moving to a transparent and competitive system for allocating funding for clinical training is likely to have significant cost implications not described in the Position Paper. One particularly difficult issue would be the place of pro-bono services in such a system.

3. Accreditation

The Position Paper proposes that a national accreditation agency be established for university-based and postgraduate health education and training. This, along with changed arrangements for registration, aims to improve innovation and job redesign, reduce costs and duplication of effort, and improve mobility.

Draft Proposal 6.1:

The Australian Health Ministers' Conference should establish a single national accreditation agency for university-based and postgraduate health workforce education and training.

- *It would develop uniform national standards upon which professional registration would be based.*
- *Its implementation should be in a considered and staged manner.*

A possible extension to VET should be assessed at a later time in the light of experience with the national agency.

DEST supports the overall aim of the PC in establishing a national accreditation agency. Improving current arrangements could:

- Increase efficiency from improved portability between jurisdictions.
- Allow greater mobility between courses, and flexibility in how students acquire the skills needed for their particular career goals.
- Clarify roles and skill requirements for various occupations, making common national standards of competencies easier to develop.
- Increase international competitiveness of the education industry as overseas students studying in Australia will be able to obtain internationally recognised qualifications.
- Simplify arrangements for skills assessments, making it easier for people trained overseas to enter the professional labour market.
- Build on the work underway in developing a national approach in 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.

We would like to see more detail in the Final Report as to how such an agency would relate to current responsibilities and processes in the education and training system. These include the roles of universities in

accrediting their own courses, and of professional bodies in accrediting course providers and course content, and in overseeing the registration of graduates entering the workforce.

We also note that the draft proposal flags extending a national accreditation framework to the VET sector later. However, we do not consider this to be necessary, or of benefit given the existing arrangements.

Health training undertaken in the VET sector is subject to a national accreditation 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 recognised Training Packages and accredited courses, and allows national articulation of awards offered in the sector.

4. Advisory councils

The Position Paper advocates abolishing two existing advisory bodies, the Australian Medical Workforce Advisory Committee and the Australian Health Workforce Advisory Committee, and creating an advisory health workforce improvement agency (4.1); an advisory health workforce education and training council (5.2) and a single secretariat for health workforce planning (9.1 & 9.2).

DEST generally supports these proposals. However, we would like the Final Report to provide more information on how these bodies would link to other bodies that are concerned with broader workforce issues and to the overall education and training system.

Draft Proposal 4.1:

The Australian Health Ministers' Conference should establish an advisory health workforce improvement agency to evaluate and facilitate major health workforce innovation possibilities on a national, systematic and timetabled basis.

- *Membership of the board should consist of an appropriate balance of people with the necessary health, education and finance knowledge and experience.*

DEST supports measures that assist the health workforce to develop new ways of responding to the changing needs of the community.

To be successful, however, the proposed agency would need to consult widely and to engage with people delivering health services who are developing new approaches as part of their daily work.

The VET sector could provide a useful model. Industry Skills Councils have been successful in developing strategies to address current and future pressures, including the changing skill needs of industries and their education and training needs.

Draft Proposal 5.2:

The Australian Health Ministers' Conference should establish an advisory health workforce education and training council to provide independent and transparent assessments of:

- ***opportunities to improve health workforce education and training approaches (including for vocational and clinical training); and***
- ***their implications for courses and curricula, accreditation requirements and the like.***

In principle, DEST supports the concept of an advisory health workforce education and training council and would be interested in participating in such a council. DEST is currently engaged in a study - *What makes for success in training our doctors?* - to inform the debate about undergraduate medical education. The study is being guided by a Steering Committee of medical education stakeholders, including nominees from AHWOC, the Australian Medical Workforce Advisory Committee, the Australian Medical Council, and the Department of Health and Ageing.

However, we would like to see more detail about how the council would operate. DEST's view is that we need a model to encourage input from a wide range of sources, which builds on the expertise of established bodies such as the Community Services and Health Industry Skills Council (CS&H ISC), and provides a mechanism to feed into existing decision-making processes.

We would not support a move to subsume the CS&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&H ISC over the last few years could be lost. However, the CS&H ISC would be an essential member of the council, and it would bring its vital links with the Community sector to the council. DEST and the CS&H ISC would be interested in discussing the details of the council and the involvement of the CS&H ISC.

Draft Proposal 9.1:

Current institutional structures for numerical workforce planning should be rationalised, in particular through the abolition of the Australian Medical Workforce Advisory Committee and the Australian Health Workforce Advisory Committee. A single secretariat should undertake this function and report to the Australian Health Ministers' Advisory Council.

DEST supports the development of more efficient consultation arrangements for health workforce planning, and sees a role for the

proposed new secretariat (through DOHA) supporting DEST in determining the allocation of university based health places (see draft proposal 5.1).

Draft Proposal 9.2:

Numerical workforce projections undertaken by the secretariat [reporting to AHMAC] should be directed at advising governments of the implications for education and training of meeting differing levels of health services demand. To that end, those projections should:

- be based on a range of relevant demand and supply scenarios;*
- concentrate on undergraduate entry for the major health workforce groups, namely medicine, nursing, dentistry and the larger allied professions, while recognising that projections for smaller groups may be required from time to time; and*
- be updated regularly, consistent with education and training planning cycles.*

DEST supports the development of rigorous projections of future demand for health workforce needs. However, we feel that preparing such projections would be a complex task, and beyond the capability of a single secretariat attached to AHMAC. We recommend that Australian Government departments who already prepare projections, including Treasury, DEST, DEWR and DOHA, be involved in projecting health workforce needs.

Any projections should take advantage of local industry knowledge. DEST, in partnership with the Industry Skills Councils, publishes Industry Skills Reports that provide analysis and advice to industry and government on skills development priorities for industry sectors.

5. Indigenous issues

Draft Proposal 11.1:

The Australian Health Ministers' Conference should ensure that all broad institutional health workforce frameworks make explicit provision to consider the particular workforce requirements of groups with special needs, including: Indigenous Australians; people with mental health illnesses; people with disabilities; and those requiring aged care.

DEST supports this proposal, particularly in relation to the special needs of Indigenous people, but feels that it does not go far enough in addressing the significant health issues facing many Indigenous people.

The education and training system has an important role to play in supporting innovative health care approaches, including multi-disciplinary teams and multi-skilled health workers; and increasing the numbers of Indigenous people who become health workers.

DEST favours an approach where Indigenous Australians use mainstream assistance provided to all Australians according to need and that achieves measurable outcomes. DEST supports a whole of government approach, involving various agencies, for improving the health status of the Indigenous community.

DEST is currently involved in a number of Australian Government mainstream and Indigenous specific education and training initiatives that help Indigenous Australians enter the health workforce. These initiatives include:

- The Indigenous Youth Mobility Program (\$23.1 million over 2004-05 to 2008-09) will assist over 600 Indigenous young people from remote areas to take up training and employment opportunities.
- The new Australian Network of Industry Careers Advisers, which will provide for the first time a comprehensive national career and transition support network for all young Australians from 13 to 19 years of age delivered through Local Community Partnerships.

DEST also supports a whole of government approach to improving the health status of the Indigenous community. We would be interested in working with the Department of Health and Ageing to develop some practical, targeted initiatives in this area.