

Progressing the national health workforce reform agenda

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National health workforce environment

- Workforce demand likely to continue increasing
 - Competing demands for health workforce labour
 - nationally and internationally
- The type and skills required will continue to change
 - Roles and tasks remain in silos and have been in place for many decades
 - Health service and clinical management approaches have not always adapted to changing demand
- Current workforce development and training models are constrained and are unlikely to meet future challenges
 - Shared Commonwealth-State roles in health and education
 - Education and service delivery are inextricably intertwined

National health workforce environment

Demand drivers



National health workforce reform agenda

- National consensus view developed on the critical impact workforce has on the health system
- Boosting supply and more of the same will not by themselves solve the problem
- It is clear that a multi-dimensional and coordinated approach to address health workforce shortages is needed – one that not only focuses on strategies to manage/reduce demand and increase supply, but also considers the actual structure, composition and training of the workforce itself

National health workforce reform agenda

- Prime Minister requests Productivity Commission to review health workforce
- Council of Australian Governments (COAG) requests senior officials to report on improving the supply, responsiveness and flexibility of the health workforce
- Productivity Commission Report 19 January 2006: 21 reform recommendations
 - Focused on significant structural reform of governance, education and training and funding structures
 - Emphasis on multidisciplinary approaches
- COAG negotiations and reform packages in 2006, 2007 and 2008

National health workforce reform agenda

- COAG and health workforce reform - 2006 and 2007
 - National registration and accreditation scheme
 - Additional professional entry places
 - National Health Workforce Taskforce
 - Primary vehicle for driving reform
 - Created within existing AHMC/AHMAC structures
 - Funded until end 2009/10
 - Commenced in December 2007, primarily housed in Melbourne but operating nationally
 - Budget of approximately \$13M over 4 years

National health workforce reform agenda

National registration and accreditation

- A **national** scheme
- Australian Constitution does not give power to the Commonwealth in this area
 - Queensland Government will pass primary legislation
 - Referencing legislation will be passed by other states and territories
- Scheme covered by an Intergovernmental Agreement
- Scheme will cover doctors, nurses, dentists, pharmacists, physiotherapists, psychologists, chiropractors, optometrists, osteopaths and podiatrists in the first instance
- From 1 July 2012 Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners and medical radiation practitioners will be regulated under the scheme

National health workforce reform agenda

National registration and accreditation - why a national system?

- Provide a national approach to protection of the public
- Sustain the confidence of both public and professions through demonstrable impartiality and both real and perceived independence
 - Provide greater public scrutiny and consumer participation
 - Sustain, improve and assure professional standards as well as identify and address poor practice or bad behaviour
- Remove unnecessary burdens, balancing risks and benefits
- Provide national flexibility to work effectively for different and evolving health needs and healthcare approaches across Australia
 - Supporting the public interest in promoting access to health services
 - Remove impediments to more efficient workforce deployment (both geographically and clinically)

National health workforce reform agenda

- COAG and health workforce reform 2008
 - Acknowledgment that large national reform is necessary with a particular focus on bridging health and education
 - Health Workforce Australia is the means for the national response
 - Backed by an injection of \$1.55B over 4 years
- The NHWT, followed later this year by HWA, is already progressing the national agenda
 - Legislation passed June 2009
 - HWA's governance operational from December 2009
 - Headquartered in Adelaide with support from SA Government

National health workforce reform agenda

- COAG and health workforce reform 2008
 - A suite of wide initiatives have been funded
 - Expanded clinical training capacity (subsidies, supervisors)
 - Expanded clinical training through SLEs and infrastructure
 - Consolidating and expanding international recruitment
 - Workforce redesign strategies and programs
 - National health leadership program
 - Additional specialist training posts
 - Research and planning capacity

Health Workforce Australia

■ Concept

- Progress a national agenda focussed on innovation and reform, research and workforce planning and education and training
- Devise solutions that integrate workforce policy and reform with reforms to education and training
- Work across geography, sectors, organisations and professions
- Ensure outcomes are achieved and clear accountabilities allocated
- An inter-sectoral and collaborative approach with planning, coordination, policy direction, standard setting and quality assurance within the scope of HWA
- Governance
 - Board - jurisdictions, independent Chair and 3 other members
 - Standing stakeholder advisory structures

Supporting innovation and reform

- COAG allocated over \$70M over four years to
 - Promote better utilisation and adaptability of the workforce
 - Explore new and emerging roles to respond to changing demands
- How?
 - Promote national uptake of innovative reforms
 - Development of tools, guidelines and a national evaluation framework
 - Test health workforce reform models
 - A cycle of phased work through to 2012/13
 - Phase 1 aged care - Phase 2 rural and remote - Phase 3 primary care
 - Research local, national and international innovation initiatives for whole of system uptake
 - Promote VET and assistant roles
 - Explore policy and regulatory barriers to new workforce models

Researching and building the evidence base

- COAG allocated over \$24M over four years to lead, encourage and support a health workforce research, planning and policy development agenda
- How?
 - Continually improve national health workforce information
 - National workforce data, data standards, frameworks and process
 - National health workforce statistical dataset
 - National clinical placement data and management system
 - National workforce projections and research
 - National supply and demand model
 - Supply and demand projections – global and by specialty
 - Workforce demand and supply workload measures
 - National health workforce research collaboration

Reforming education and training

- COAG allocated over \$1.2 billion over four years to
 - Maximise the capacity of the health and education systems to provide sufficient trained graduates to meet demand
 - Ensure education and training is appropriate, responsive and relevant to changing health system needs and supports innovation and reform
- How?
 - Funding, planning and coordinating clinical training to provide new, effective, streamlined and integrated placements
 - Increasing capacity through infrastructure funding, simulated learning environments and training new clinical supervisors
 - Better linking education and training to evolving health care needs

Funding clinical placements

- Total of \$992 million over four years to subsidise professional entry clinical training
 - Commonwealth/State and Territory 50/50 split
- Principles and objectives for the clinical training subsidy
 - Increase capacity and promote quality placements
 - Attach to students in whatever service setting they train
 - Maintain and strengthen existing and develop new relationships between education providers and health care settings
 - Promote cooperation between all parties for clinical placements
 - Make better use of under-utilised capacity (e.g. in regional/remote hospitals, primary care/ community-based settings and private hospitals)

Clinical supervisor support

- Funding is provided for improving clinical supervision capacity and competence in professional entry training
- \$56M committed over four years
 - \$28M Commonwealth
 - \$28M States and Territories
- All parties agree that the quality of supervision is the key influence on the quality of the clinical placement
- There is a pressing need to build up the numbers in the workforce who are prepared to take on this role

Clinical supervisor support

- National framework to support services to train students and increase capacity to supervise students under development
- Key policy issues include
 - Recognising profession/provider differences
 - Better integrating the role of clinical supervisors with health service structures
 - How to ensure supervisor competency
 - Vertical integration of training
 - How to ensure quality
 - What reforms should/can be pursued?
 - What are the major barriers to expanding supervisor capacity?
 - What are the unmet needs?

Simulated learning environments

- \$96.5M committed over four years by the Commonwealth
 - Capital works – development of new centres and/or re-development/expansion of existing centres
 - Mobile programs
 - Recurrent funding for equipment & staffing
- Will encompass both high and low fidelity training needs
- Focus on
 - Improving clinical training capacity and reducing stress on health services
 - Improving accessibility (particularly to regional and rural centres)

Simulated learning environments

- A national strategy will be developed to clarify intended outcomes and objectives of the funding package
- Stage one - mapping of current programs for modality, student numbers, learning value, integration with curriculum and degree to which outcomes are objectively evaluated
- Key policy issues include
 - Recurrent business models for SLE viability
 - How to consistently embed SLEs in curriculum across universities
 - How to ensure SLEs actually increase capacity
 - How to ensure SLEs are interprofessional

Implementation and communication

- In all work NHWT and HWA will communicate with stakeholders through
 - Stakeholder advisory committees and expert working groups
 - Consultation during projects
 - Discussion papers, reference groups, forums
 - Regular updates - website www.nhwt.gov.au and electronic newsletters
- Engagement with the higher education, not for profit, private and non acute sectors paramount
- Clinician input and leadership to policy development and stakeholder engagement is critical

