Health Workforce Australia (HWA) was established in 2010 in response to the Council of Australian Government's (COAG) National Partnership Agreement on Hospital and Health Workforce Reform 2008 that acknowledged Australia needed

"a new single body working to Health Ministers that can operate across both the health and education sectors and jurisdictional responsibilities in health is critical for devising solutions that effectively integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training."1

TEMPLATE FOR WRITTEN SUBMISSIONS

National Health Workforce Innovation and Reform Strategic Framework for Action.

Following an intensive period of research HWA has developed a draft National Health Workforce Innovation and Reform Strategic Framework for Action (Framework) for consultation.

The Framework is intended to establish a robust and well considered direction for future workforce development and reform while not detracting from present needs and commitments. It will be a structure for thinking, planning and action that will support a sustainable health workforce in response to changing population health needs, demographics and technologies.

The development and implementation of the Framework will require partnerships across sectors, jurisdictions and professional groups to look at the Australian health workforce through the lens of major innovation and reform.

HWA seeks feedback on the Framework via a series of national consultations and a call for written submissions.

Stakeholder groups from the health and education sectors are invited to participate in these consultations. These groups include:

- higher education and training providers;
- public and non government health and aged care providers
- professional and regulatory bodies
- representative groups of consumers, carers and service providers;
- jurisdictional officials;
- health workforce policy, planning and research officers.

Stakeholder groups are asked to provide feedback via a written submission to HWA.

[1] COAG (2008) *National Partnership Agreement on Hospital and Health Workforce Reform*. Schedule B p.16

Written submissions are due by **27th May 2011.**

Please complete your submission by referring to the information on the HWA website at http://www.hwa.gov.au/wir/strategy

Send the printed document to HWA at:

Health Workforce Australia

GPO Box 2098

Adelaide SA 5001

or send a copy of your submission by email to **HWAWIR@hwa.gov.au**

WRITTEN SUBMISSION

to **HEALTH WORKFORCE AUSTRALIA** to provide comment on

the **NATIONAL HEALTH WORKFORCE INNOVATION AND REFORM**

STRATEGIC FRAMEWORK FOR ACTION (FRAMEWORK)

PLEASE NOTE

The framework has been informed by the background paper provided. The background paper provides the evidence base and rationale for the framework and is available from http://www.hwa.gov.au/wir/strategy.

Name of stakeholder/organisation making this submission: Australasian College for Emergency Medicine

Contact person: Name: Alana Killen **Title:** Chief Executive Officer

Telephone: 03 9320 0444 **Email:** alana.killen@acem.org.au

The comments provided in this submission are from the perspective of (please double-click and select 'checkbox' for those that apply):

☒ Education providers to the health workforce

☐ Health service managers

☐ Health workforce planners

☐ Health workforce researchers

☐ Indigenous health services planners and providers

☐ Rural and remote health services planners and providers

☐ A regulatory body

☒ A professional group/s (Please specify) Emergency Medicine

☐ A consumer group

☐ A carer group

☐ Government - Commonwealth

☐ Government – State or Territory

☒ Non-government (not for profit)

☐ Non-government (private, for profit)

☐ Other (Please specify)

Confidentiality

The information provided in this submission will be presented as part of a **Report** to the HWA Board and the Strategic Framework Expert Reference Group. Individual submissions will be made available to members of the HWA Board on request. HWA does not intend to publish the submissions received or the Report on the submissions.

The **Report** will consist of aggregated, de-identified information and will be used to inform the final **National Health Workforce Innovation and Reform Strategic Framework for Action**.

Thank you for your participation

Health Workforce Australia thanks you/your organisation for taking the time and effort to consider the draft Framework and for providing your perspective and advice.

Further information about the work of HWA is available at www.hwa.gov.au

PLEASE PROVIDE YOUR FEEDBACK ON THE DRAFT FOR CONSULTATION BY RESPONDING TO THE CONSULTATION QUESTIONS BELOW.

The consultation questions presented below refer to the Draft for Consultation - a copy of which is available from http://www.hwa.gov.au/wir/strategy

SECTION 1 – FOREWORD AND BACKGROUND

1. **Does your organisation have any comments or advice about the introductory sections of the Framework? In particular we seek your comments about the purpose of the Framework and the commitments that underpin the Framework.**

The introductory section of the Framework outlines the imperative for a collaborative approach to health workforce reform and describes some of the critical factors with regard to health service provision. The section sets the scene well although there is some ambiguity regarding the goals of self-sufficiency by 2025 whilst still developing policies and programs involving recruitment of international health professionals; some clarification of this might be useful. Whilst ACEM agrees that a collaborative approach to health workforce reform is optimal, and whilst it is understood that this is not an implementation plan, it appears an ambitious goal and one which may struggle in its application. Further information about the National Partnership Agreement and intended outcomes may be useful here.

The introduction correctly states that there are current workforce imbalances which are a result of a diverse set of socio-cultural and other issues which impact the supply, motivation and retention of the health workforce. Adaptability is mentioned here and is a theme throughout the paper; ACEM would like further clarification of what this means and the implication for future health workforce in Australia.

SECTION 2 – FUTURE AND INTERMEDIATE OUTCOMES

1. **Do the future outcomes focus on the most important health workforce issues from your perspective?**

ACEM supports the future outcomes focus in principle.

1a. **If yes, are they achievable through implementation of the Domains/Objectives and Strategies listed in this Framework in conjunction with other major national health reforms?**

It is very difficult to judge whether or not future outcomes which are very broad and far-reaching can be achieved through the domains and strategies listed in the Framework. Without the inclusion of scenarios, examples or specific details it is extremely difficult to judge how achievable these goals are.

1b. If no, what might alternative outcomes be and why?

2. **Do the intermediate outcomes focus on the most important health workforce issues from your perspective?**

ACEM would like further clarification on the intermediate outcomes focus; specifically:

- Increased career and role flexibility to permit higher adaptability and mobility
- Reinforced generalist practice in all the professions with a more relevant skill mix
- A strengthened outcomes focus in educational and training program curricula
- More efficient training practices
- Increased inter-professional learning an practice

Although there is not necessarily disagreement with these outcomes, there are implications which need to be addressed and there is concern that these intermediate outcomes may be over-simplified. For example, defining 'more efficient training practices' would need to be defined in terms of intended strategies before support could be provided for this. Similarly, whilst career and role flexibility may appear to be a positive outcome, the implications of this would need to be clearly discussed. ACEM strongly believes in the maintenance of specialist skills in emergency medicine and would not support a recommendation which would lead to a reduction in the skill level of practitioners. Whilst there is appreciation for the 'over-specialisation' in some areas which can lead to an imbalance within the workforce, there is a continuing need for specific skill sets in medical domains which should not be diluted by a 'generalist' approach to training. A definition of 'relevant skill mix' needs to be provided and scenarios and examples given to provide an opportunity for more informed comment.

ACEM is strongly in support of increasing the engagement of health professionals in future workforce planning and reform initiatives. This engagement should not be limited to an advisory role, but should be designed to allow health professionals to act in a decision-making capacity. Workforce planning and reform should be guided and determined by health professionals and government bodies acting in a genuinely collaborative partnership.

There is also a strong need for an evidence-based approach to reform and whilst there is evidence available from overseas, there is currently a paucity of such research available in the Australian context. ACEM strongly recommends undertaking targeted and robust research into health workforce reform to ensure that future directions are guided by current relevant evidence.

2a. **If yes, are they achievable through implementation of the Domains/Objectives and Strategies listed in this Framework in conjunction with other major national health reforms?**

2b. **If no, what might alternative outcomes be and why?**

SECTION 3 – WHAT IS THE HEALTH WORKFORCE?

1. **Does the Framework reflect the composition of the health workforce? If not, why not?**

SECTION 4 – CASE FOR CHANGE

1. **Does the case for change adequately reflect the health workforce issues facing Australia? If not, why not?**

Too limited; does not cover key issues facing emergency medicine in Australia.

2. **Are the priority areas stated appropriate? If not, what should they be?**

There is no mention in this section about the demographic issues impacting the supply of health workforce in Australia. Although the issues listed are valid, there are specific issues facing rural and remote settings which face chronic shortages of appropriately qualified staff. A simplistic supply and demand model is not adequate when it comes to addressing a case for change.

SECTION 5 – DOMAIN 1

Health Workforce reform for more effective and accessible service delivery.

Reforming health workforce roles for more effective and accessible service delivery models to better address health promotion, prevention, population and demographic needs and improve productivity.

1. **Are there other strategies that would better support national effort in this domain? (p 20)**

2. **Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?**

With the emphasis on generalist training, expanded scope of practice and international reform initiatives there is a risk of compromising the ability of specialists to obtain appropriate skills and knowledge. Whilst ACEM acknowledge the value in inter-professional education and training, there still remains a need to retain specialist skills and target training programs to address these skills. If it is perceived that more generalist skills are needed, then more of these positions should be created, but not at the cost of current and future specialist training positions.

3. **Are there potential barriers to achieving change in this domain? What are they? How could they be overcome**?

Currently, workforce role reform is driven for a variety of reasons, not all of which are based on gaps in

patient care delivery. Essential to successful delivery of role reform, is evaluation of new roles with respect to their contribution to patient care, opportunity costs and explicit financial evaluation, and the effect new roles have on existing roles. New roles must be complementary, rather than duplicating existing roles. There must be unambiguous clinical governance of new roles, with the explicit understanding that care delivery will be integrated, rather than autonomous, or piecemeal from the patient perspective.

4. **Are there enabling mechanisms to achieve change in this domain that we have overlooked?**

Evaluation proceeding alongside new role development. Evaluation must include clinical content and where this complements existing roles, cost benefit, and whether integration and streamlining of patient care occurs. Attention must also be given to the initial supervisory and training requirements for new roles (and the negative consequence on existing workforce capacity), and future implications for supervision and training for existing clinical roles.

SECTION 6 – DOMAIN 2

Workforce capacity and skills development.

Develop an adaptable health workforce – equipped with the requisite competencies and support that provide team-based and collaborative models of care.

1. **Are there other strategies that would better support national effort in this domain? (p23)**

If there is a need for more generalist skills, these positions should be created ***in addition to*** current and future specialist training roles, not as an alternative.

2. **Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?**

Generalist workforce imperatives may lead to compromises in quality with regard to specialist skills development.

Although there is general agreement with the outcomes-based education and the benefits of competency-based education and training, ACEM is concerned that the imperative and motivation for this may be to reduce training time with the ultimate goal of getting people trained and out into the workforce more quickly. There are inherent dangers in this approach if it is not addressed appropriately. Lessons from the vocational education sector suggest that the resources and infrastructure required to implement this approach should not be underestimated.

A generalist workforce does not necessarily imply a collaborative or team based model of care.

3. **Are there potential barriers to achieving change in this domain? What are they? How could they be overcome**?

Within postgraduate medical education, the model for training and assessment is very different to that of

undergraduate education. The training and assessment of doctors is fundamentally conducted by other practitioners who may or may not be trained in the theory and application of competency-based medical education. A thorough understanding of a model with which many physicians may not be familiar or have not experienced is critical. The current model of postgraduate medical education conducted by specialist medical colleges would not support this strategy and would, in effect, form a barrier. To achieve comprehensive training for generalist models will require a significant investment, cost and cross specialty involvement. Development of curricula, training programs and the provision of training positions will add significantly to the cost of medical education and training.

Within the VET sector, all assessors are currently required to hold a Certificate IV in Training and Assessment. If competency-based medical education were to be introduced to specialist training, would this be a requirement? How else would adequate application of the model be implemented? Who would pay the doctors to undertake this qualification and indeed, would it be appropriate to do so?

In effect, the College model of postgraduate medical education does not support a competency-based approach and any attempt to mandate this approach would in all likelihood be unsuccessful.

4. **Are there enabling mechanisms to achieve change in this domain that we have overlooked?**

SECTION 7 – DOMAIN 3

Health workforce leadership for sustainable change.

Develop leadership capacity to support and lead health workforce innovation and reform.

1. **Are there other strategies that would better support national effort in this domain? (p26)**

ACEM are, in general very supportive of the initiative to promote leadership attributes within the health workforce.

2. **Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?**

3. **Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?**

4. **Are there enabling mechanisms to achieve change in this domain that we have overlooked?**

SECTION 8 – DOMAIN 4

Health workforce planning.

Enhance workforce planning capacity, both nationally and jurisdictionally, taking account of emerging health needs and changes to health workforce configuration, technology and competencies.

1. **Are there other strategies that would better support national effort in this domain? (p29)**

Planning must address current vacancy rates and undersupply, rather than taking the current state as the optimal status quo. The present workforce number and construction does not necessarily represent the "true" resource that is required to deliver high quality care. Future planning must take into account the present deficits, the future disease and population growth pattern, the changing models of care and more importantly the need for a coordinated acute, subacute and chronic disease management both in resource and funding terms.

2. **Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?**

Separating national and jurisdictional requirements and future workforce may inhibit the development for a cohesive and coordinated approach to workforce growth. A single national approach may be more beneficial. Using existing infrastructures such as specialty colleges would avoid conflicts of interest and cross jurisdictional issues.

3. **Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?**

Change can only be achieved by a non-political and cooperative approach. Potential barriers will be cross jurisdictional considerations and individual needs. Having a national "college" based system would increase the likelihood of success.

4. **Are there enabling mechanisms to achieve change in this domain that we have overlooked?**

Using existing educational and training bodies to facilitate the increased demand for workforce.

SECTION 9 – DOMAIN 5

Health workforce policy and regulation advice.

Develop policy, regulation, funding and employment arrangements that are supportive of health workforce reform.

1. **Are there other strategies that would better support national effort in this domain? (p32)**

Developing policy is only the first step. Implementation is the most difficult process in facilitating change.

Utilisation of existing representative and collegiate organisations, that are already well equipped to develop new training and educational programs to match the new workforce requirements would enhance the likelihood of success. This cannot be achieved without consultation and adequate funding.

2. **Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?**

Policy alone will not achieve outcomes.

3. **Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?**

Cross jurisdictional and competing individual goals and requirements

4. **Are there enabling mechanisms to achieve change in this domain that we have overlooked?**

Use existing organisations.

SECTION 10 – MONITORING AND EVALUATION

1. **Do you have any comments about monitoring and evaluating the success of the Framework?**

Monitoring and evaluation of success will be important. It will only be achieved by the development of relevant quality and outcome based indicators.

EXTRA DETAIL

Innovations

1. **Are there workforce innovations or reforms already happening in your area of responsibility that others should know about? If yes, what are they?**

ACEM have recently developed a qualification for non-specialists which has been designed to enhance and build capacity within the domain of emergency medicine. Candidates undertaking the Certificate will have the opportunity to engage with comprehensive resources designed and developed by local emergency physicians in collaboration with educational providers. This program utilises workplace-based assessment and provides a good model for non-specialist medical education.

2. **Would you like HWA to follow up with your organisation to obtain further information?**

Other comments

1. Do you have any other comments or advice about the Framework?

Written submissions are due by 27th May 2011.

Please save this to your computer and then email a copy to HWAWIR@hwa.gov.au, or print a copy and send it to HWA at the address on page 2.

Thank you for completing this submission to Health Workforce Australia.