



Representing consumers on national health issues

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam

### **Inquiry into the *Health Workforce Australia (Abolition) Bill 2014***

The Consumers Health Forum of Australia (CHF) *welcomes the opportunity to provide a submission to the Senate Community Affairs Committee Inquiry into the Health Workforce Australia (Abolition) Bill 2014.*

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. Our submission draws on the years of work we, our members and consumer representatives have done with Health Workforce Australia (HWA) and the health workforce at large.

The conditions which necessitated HWA's establishment have not fundamentally changed in the intervening years. Australia faces the serious challenges of an ageing health care workforce, gaps in services for critical workforce positions – especially in rural and remote Australia – and inconsistent application of innovative, evidence-based models for health care education and delivery that can result in both administrative efficiencies and better health outcomes. As such, CHF opposes passage of this Bill.

HWA has been able to achieve the creation of a planning framework to meet targets for building the health workforce, improving its education and delivering on improved access for Australians, particularly in rural and remote Australia. In particular, HWA's planning and projections for the numbers of medical, nursing and allied health professionals needed across Australia have and will continue to play a vital role in informing the Government of best-practices for recruitment, retention, and distribution of the workforce. This will result in significant improvements in health care access for Australians.

The only central argument put forward for the abolition of HWA has been to reduce the health bureaucracy. While CHF is broadly supportive of measures to streamline government and promote better health care delivery to consumers, CHF believes that the abolition of HWA is being undertaken without due consideration for the long-term value it provides to workforce planning and clinical education.

We are extremely concerned that the abolition of HWA will not only undermine the ongoing work of aligning Australia's health workforce to the needs of the population, but the ability of stakeholders in health workforce policy from being able to provide input to key areas of focus for the future of the workforce.

There remains a critical need for the Government to monitor the needs of the health care workforce and promote innovative strategies to develop a more efficient and health care workforce for the future. CHF does not believe that these functions can be absorbed by a larger agency, and so CHF supports the continuation of HWA as an independent agency dedicated to these tasks.

CHF welcomes the opportunity to provide a submission to the Senate Community Affairs Committee Inquiry into the Health Workforce Australia (Abolition) Bill 2014. We would welcome the opportunity to expand on this submission at a hearing of the Inquiry.

Yours sincerely

Adam Stankevicius  
Chief Executive Officer  
6 June 2014



**CHF Submission to the Senate Community Affairs Committee  
Inquiry into the *Health Workforce Australia (Abolition) Bill 2014***

**June 2014**

## Consumers Health Forum of Australia

### Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF welcomes the opportunity to provide a submission to the Senate Community Affairs Committee Inquiry into the *Health Workforce Australia (Abolition) Bill 2014*. Our submission draws on the years of work we, our members and consumer representatives have done with Health Workforce Australia (HWA) and the health workforce at large.

The conditions which necessitated HWA's establishment in 2009 have not fundamentally changed in the intervening years. Australia faces the serious challenges of an ageing health care workforce, gaps in services for critical workforce positions – especially in rural and remote Australia – and inconsistent application of innovative, evidence-based models for health care education and delivery that can result in both administrative efficiencies and better health outcomes. As such, CHF opposes passage of this Bill.

### Background

The *Health Workforce Australia Act 2009* established these primary functions for HWA:

- to provide financial support for the delivery of clinical training for the purposes of the health workforce
- to provide other support for the delivery of clinical training for the purposes of the health workforce
- to carry out research, and collect, analyse and publish data or other information, for the purpose of informing the evaluation and development by the Ministerial Conference of policies in relation to the health workforce; and
- to develop and evaluate strategies for development of the health workforce.

HWA was created in order to provide targeted focus for the training of the health workforce, which was not possible under arrangements prior to its establishment. The need to target the health care workforce was outlined by the Productivity Commission's 2005 report, *Australia's Health Workforce*, a review commissioned by the Council of Australian Governments to look into the need for health care workforce reforms. The report's key findings were that:

Australia is experiencing workforce shortages across a number of health professions despite a significant and growing reliance on overseas trained health workers. The shortages are even more acute in rural and remote areas and in certain special needs sectors.

With developing technology, growing community expectations and population ageing, the demand for health workforce services will increase while the labour market will tighten. New models of care will also be required.

Expenditure on health care is already 9.7 per cent of GDP and is increasing. Even so, there will be a need to train more health workers. There will also be benefits in improving the retention and re-entry to the workforce of qualified health workers.

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The Productivity Commission was able to document the effects of workforce shortage, “[t]hough precise quantification is difficult.” There was an recognised need for a body to be able to look at where the health care workforce was needed, and in what capacity. The Commission stated in its report:

A sound information base is a critical underpinning for effective evaluation and policy formulation. . . . [The] Commission . . . recommend[s] that there be greater emphasis on projecting needs for the major health workforce groups and on embodying a range of demand, supply and productivity scenarios.

The Council of Australian Governments (COAG) *National Partnership Agreement on Hospital and Health Workforce Reform*, which laid the groundwork for HWA, agreed to in November 2008, stated the need for a single, independent workforce agency was as follows:

The creation of 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.

The critical need for such an agency has not diminished in the years that have followed. The health care system still requires a single, dedicated agency to conduct assessments on the state of the workforce, its needs, and the models of education, training, and staffing that will achieve the best possible outcomes for the system.

### **The Importance and Impact of HWA**

CHF believes that HWA has delivered on its core duties and responsibilities and that to absorb these functions into another agencies would undermine their importance.

Its report, *Health Workforce 2025*, issued in March 2012, is the seminal piece of research on the future of the health care workforce in Australia. It was a first of its kind, comprehensive national projection for the need of critical health workforce specialties going into the future. Having laid out clearly the challenges facing the health workforce in the near future, HWA then embarked on the ambitious task, in line with its charter, of developing policies that would address gaps in education, training, and models of health care. The Health Workforce Strategic Plan 2013-2016, approved by COAG, established three primary domains for improving the state of Australia’s health care workforce:

- Build capacity
- Boost productivity
- Improve distribution.

Within these strategic areas, HWA has been able to achieve the creation of a planning framework in order to achieve targets for building the health workforce, improving its education and delivering on improved access for Australians, particularly in rural and remote Australia. In particular, HWA’s planning and projections for the numbers of medical, nursing and allied health professionals needed across Australia have and will continue to play a vital role in informing the Government of best-practices for recruitment, retention, and distribution of the workforce. This will result in significant improvements in health care access for Australians.

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### **CHF's Understanding of the Intent to Abolish HWA**

The only central argument put forward for the abolition of HWA has been to reduce the health bureaucracy. While CHF is broadly supportive of measures to streamline government and promote better health care delivery to consumers, CHF believes that the abolition of HWA is being undertaken without due consideration for the long-term value it provides to workforce planning and clinical education.

HWA has been vital in assessing and supporting programs which promote innovation and efficiencies within the health workforce. For example, they have promoted programs for extending the scope of practice for nurses and paramedics which could, if implemented, not only improve the health of Australians at the point of primary care, which will decrease the burden on the health care system, but save the health care system money by reducing unnecessary hospitalisations. CHF feels that these potential savings have been overlooked.

### **CHF's Position**

While CHF supports the principle of streamlining government for more the more efficient delivery of health care to Australians, it does not support making these cuts without a long-term strategy for managing the suite of health care reforms necessary to effect such delivery. As such, CHF opposes passage of this Bill.

The failures of previous arrangements to monitor and provide for adequate workforce projections, planning, and education are evidence enough of the need for a stand-alone entity with dedicated resources for this mission. Australia faces the serious challenges of an ageing health care workforce, gaps in demand for critical workforce positions – especially in rural and remote Australia – and inconsistent application of innovative, evidence-based models for health care delivery that can result in both administrative efficiencies and better health outcomes.

We are extremely concerned that the abolition of HWA will not only undermine the ongoing work of aligning Australia's health workforce to the needs of the population, but the ability of stakeholders in health workforce policy from being able to provide input to key areas of focus for the future of the workforce. It has not been made clear whether DoH, in assuming HWA programs, roles and responsibilities, would preserve the same program advisory groups and strategic committees that have been invaluable in guiding the development of innovative programs.

Rather than the abolition of HWA, CHF would support the recommendation of the comprehensive and much lauded Mason review<sup>1</sup>, issued in 2013, that HWA remain a dedicated, independent agency that provides in-depth analysis and recommendations for the health care workforce, while leaving programmatic operations to DoH. As the Mason report stated:

HWA's programs could be managed by the Department [of Health] which would enable HWA to focus on its data analysis and policy development work. This would enable HWA to be more innovative and bold in its approach to workforce reform, having more time to focus on the emerging issues. This is the aspect of HWA's work

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<sup>1</sup> Department of Health. (2013). *Review of Australian Government Health Workforce Programs*. Retrieved 6 June 2014, from <http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc>

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which has been most highly valued and validated by stakeholders in the course of this review, and it would justify investment of time and resources.

That being said, CHF would not support the transfer of project and strategic advisory committees whose input shapes the development of these programs. It is vital that health workforce stakeholders have a seat at the table in analysing the data used to develop such programs, guide the collection of needed data, and make recommendations for the development of programs.

### **Conclusion**

The fundamentals of the Productivity Commission's findings in 2005 have not changed, nor the need expressed by COAG in 2008 become any less. Health care spending continues to rise, there remain critical gaps in the health workforce with heavy reliance on overseas workers, and innovation in clinical education and delivery are essential for long-term savings and better health outcomes for Australia. Proposals to eliminate HWA as Australia's independent, dedicated authority on monitoring the evolution of the health care workforce and the effectiveness of models of care will not assist in plugging these gaps.

While CHF supports the principle of streamlining government for more efficient delivery of health care to Australians, it does not support making these cuts without a long-term strategy for managing the suite of health care reforms necessary to effect such delivery.

There remains a critical need for the Government to monitor the needs of the health care workforce and promote innovative strategies to develop a more efficient and health care workforce for the future. CHF does not believe that these functions can be absorbed by a larger agency, and so CHF supports the continuation of HWA as an independent agency dedicated to these tasks.

CHF welcomes the opportunity to provide a submission to the Senate Community Affairs Committee Inquiry into the *Health Workforce Australia (Abolition) Bill 2014*. We would welcome the opportunity to expand on this submission at a hearing of the Inquiry.

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The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian health care consumers. CHF works to achieve safe, quality, timely health care for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable health care
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

**CHF values:**

- our members' knowledge, experience and involvement
- development of an integrated health care system that values the consumer experience
- prevention and early intervention
- collaborative integrated health care
- working in partnership

CHF member organisations reach Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.