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Naomi Bleeser  
Committee Secretary  
Senate Standing Committee on Community Affairs  
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Parliament House  
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Dear Ms Bleeser

### **Submission on National Health and Hospitals Network Bill 2010**

Universities Australia is the peak industry body representing Australia's 39 universities in the public interest both nationally and internationally. Universities Australia is pleased to provide this brief submission to the Senate Standing Committee on Community Affairs Inquiry into the National Health and Hospitals Network Bill 2010.

The Bill provides for the establishment of the Australian Commission for Safety and Quality in Health Care as a permanent, independent statutory authority under the *Commonwealth Authorities and Companies Act 1997*. The arrangements proposed for the Commission closely reflect the arrangements for the establishment of Health Workforce Australia (HWA) in 2009. Universities Australia supported the HWA arrangements and likewise supports the proposed governance and management structures for the Commission.

The role of the Commission will expand to include setting national clinical standards, as part of the National Health and Hospitals Network Agreement (NHHN), which specifies that there will be a nationally unified and locally controlled health system underpinned by a new Performance and Accountability Framework.

Universities Australia notes that a key factor influencing a health care provider's capacity to perform and achieve clinical standards will be the skills and training of the workforce available to it. Universities train the bulk of Australia's health workforce, and work with health care providers to provide the clinical training which is an essential part of the students' preparation to practice.

Universities have argued for several years that the support for clinical placement funding by Government – Commonwealth and State/Territory – has not kept pace with increases in student places, particularly given the recent additional Nursing and Medicine places funded by the Commonwealth. Universities have found it

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increasingly difficult to ensure that their students can access clinical places of suitable quality in appropriate numbers.

Although originally planned to begin full operation in January 2010, HWA is still being established and has not yet reached its full capacity. While HWA is expected to provide useful assistance in the funding and coordination of clinical training, it will not be a silver bullet and relies on effective cooperation with other agencies – particularly the Department of Health and Ageing (DoHA) – with a coordinated workforce and training strategy at the Governmental level in order to operate at full efficiency.

Unfortunately the training strategy at the Governmental level appears to be lacking in coordination. Universities Australia members are reporting anecdotal evidence that suggests various State Governments are responding to the increased Commonwealth clinical training funding support provided through the 2008 National Partnership Agreement (NPA) by withdrawing their own contributions, leaving the overall funding levels stagnant instead of growing as had been intended. This would have clear deleterious effects on student education and on the skills of the future health workforce. Universities Australia urges the Commonwealth Government to review the performance of the NPA and take appropriate action against any breaches of the NPA.

At the agency level there is also an apparent lack of consultation and cooperation. The main agencies responsible for workforce and training, DoHA and HWA, do not yet have any formal delineation of respective responsibilities or lines of communication. Universities Australia hopes that this is a simple reflection of the as-yet incomplete formation of HWA and not symptomatic of a deeper problem.

Universities Australia also wishes to highlight the ongoing lack of effective support for clinical training in the allied health professions. Attention and funding has largely been concentrated on the big two disciplines of Medicine and Nursing, largely because they are more likely to be able to access training in the publicly-funded health services and hospital settings. The allied health disciplines, however, rely far more on private practitioners for their clinical training opportunities. Such practitioners are generally spread across a large number of individual clinics and practices, work for profit and are often less enthusiastic to take on students without receiving compensation in return. These factors require universities to put much work into finding sufficient placements for their allied health students and often require universities to pay for the placement. This effort is not yet reflected in any way by the support provided to universities by Commonwealth or State Governments, and Universities Australia urges the Committee to note its concerns on this critical issue.

A key factor influencing a health care provider's capacity to perform and achieve clinical standards will be the skills and training of the workforce available to it. At the current time the quality of training the workforce receives remains threatened by ongoing difficulties in the funding and support mechanisms available to ensure universities and health care providers can operate together to provide students with effective and appropriate clinical training opportunities. The concerns raised here may be somewhat beyond the scope of the Committee's current inquiry, nevertheless Universities Australia considers them to be relevant to the Committee's wider remit and wishes for them to be recorded.

Universities Australia welcomes the opportunity to contribute to further discussions, should this be desired.

Yours sincerely

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