Australian Healthcare Reform Alliance

AUSTRALIANS MUST BE GIVEN THE OPPORTUNITY TO DECIDE WHAT KIND OF HEALTH CARE SYSTEM THEY WANT HOW MUCH THEY ARE PREPARED TO PAY FOR IT.

About the only consensus to be found among the numerous parties grappling with the need for major reform of Australia's healthcare system is that the *status quo* is intolerable. Hardly had the ballot papers for the last Federal election been counted when the Productivity Commission echoed what health professionals and informed consumers had been saying before the election, namely that the current costly dysfunction must be corrected. Members agreed that the major problems are a by product of the wretched jurisdictional inefficiencies that have State and Federal governments responsible for different sections of our healthcare system. Minister Abbott, after examining the intricacies of his knew portfolio, described what he saw, as a "Dog's breakfast of a system"! The Prime Minister has admitted that were we starting over with a clean slate we would never organize health delivery using the current model.

That "model" is increasingly discriminatory with health outcomes all too often directly related to personal financial well being rather than need .The costs generated by so much inefficiency are alarming. Inflationary policies(the Medicare "safety net", the 30% rebate on health insurance premiums) very costly duplication of efforts that are not integrated ($2-4 billion *per annum*) and the uncapped nature of the Pharmaceutical and Medical Benefit schemes have State and Federal treasuries worried about sustainability especially with an aging population.

All these issues can and must be addressed but how that will be done will be determined by the ideology and philosophy the addressees will apply to their response to the challenges.

Given that health, wellbeing (happiness) and productivity are so inevitably intertwined, it's surely imperative to know whether the ideologies and philosophies being brought to healthcare reform by governments and even non government organisations really reflect the current and considered views of the Australian citizenry. The sponsors of this commentary, the Australian Healthcare Reform Alliance composed of more than forty leading consumer and health professional organisations believes it knows what Australians want in the way of healthcare but we must admit we don't ***know***. Neither does Government as there has been no

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

in depth community dialogue on the issues to guide the policy architects driving reform agendas.

This is certainly not the situation in other countries tackling major reform imperatives. Canada, (Romanow enquiry), Sweden, France, New Zealand and, most recently, the United Kingdom are but some of the countries that have appreciated the need for such consultation. In the latter situation the conversation the Blair government had with the British people resulted in a fundamental policy change towards prevention of disease and early diagnosis; the "Choosing Health" commitment. Surely as re-structuring is being seriously contemplated in our country it is time to give Australians the opportunity to make their wishes clear.

In a serious conversation on healthcare with ourselves we would need to ask some very fundamental questions. Do we want a healthcare system where increasingly users pay for their care with less and less government (tax payer) support with a safety net provided for those of us government defines as poor and incapable of climbing the ladder to self sufficiency? Alternatively would we prefer to keep and strengthen a system where access to a quality service in a timely fashion is available to all on the basis of personal need not personal financial security? Are we prepared to pay for such a system with our tax dollars? If in this way we insure each other from the financial burden that can accompany illness does such collective largesse impose on us, as individuals, any obligation to pay attention to our health? If the answer is "yes", would be willing, as is the case in other countries with a national health system, to have maximum Medicare benefits available to us only if we were registered patients of a primary healthcare team that would help us avoid risks to our health? Is the nature of the way we care for each other an important characteristic we would wish others to appreciate as they judge what modern Australianism is all about? Do we wish our government to use our wealth to supply more services and smaller tax cuts?

In response to the Productivity Commission's urgings the Prime Minister Asked Mr. Andrew Podger, a senior and respected bureaucrat with mush healthcare administration experience, to review the problems and provide options to solve them. The government's favoured options will be presented to Premiers (and the community) at the June 3rd Council of Australian Government (COAG) meeting. We have written to the Prime Minister and all Premiers urging that the COAG meeting should provide the starting point rather than the finish line for serious debate on how to improve our health system. Following that meeting, we suggest, there should be six months of intensive community consultation with the results being presented at

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

a national healthcare reform conference. We would be willing to organize opportunities for Australians to have their say and would anticipate considerable cooperation from media in the effort however it would be preferable to have maximum government involvement in this most democratic of initiatives. We have no doubt Australians would support, welcome and indeed applaud a genuine bi-partisan partnership with the community to address definitively what polling consistently suggests Australian regard as their major domestic concern.

Professor John Dwyer AO
Chairman for the Australian Healthcare Reform Alliance

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

HOW DO WE INTEGRATE STATE AND FEDERAL HEALTH PROGRAMS?

THE "HOLY GRAIL" OF HEALTH CARE REFORM IN AUSTRALIA

PROFESSOR JOHN DWYER
AUSTRALIAN HEALTH CARE REFORM ALLIANCE

NOVEMBER 2005

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

FOR SUBMISSION TO THE COAG WORKING GROUP ON HEALTH CARE REFORM AND THE AUSTRALIAN HEALTH MINISTER'S ADVISORY COUNCIL

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

INTRODUCTION

The jurisdictional inefficiencies associated with the Australian and State governments being responsible for different segments of our health care system has produced a major problem for which solutions have been sought for, at least, the last 20 years. The current arrangements are now recognised by all as a serious impediment to the delivery of quality, equitable and cost effective health care. They represent a major historical mistake, with the Prime Minister pointing out last year, that were we to design a health care system from scratch we would not make the same mistake again.

The Australian Government is a "purchaser" of health care for Australians and is caught up in a number of open-ended programs, which provide little capacity to tie health expenditure to health outcomes. State governments are "providers" of services that are partially supported by grants from the Australian Government. It is becoming ever clearer that the lack of integration of the programs organised by State and Federal governments is resulting in an unfortunate and costly amount of duplication and inflation within the health care sector and a lack of capacity to focus on patients' needs. This is particularly problematic when there is a requirement for a horizontal integration of the services required by individuals and communities.

The inefficiencies under discussion are responsible for poorer health outcomes than would otherwise be the case, many problems related to the provision of health care across state borders and difficulty in promoting the essential partnership required in Australia between public and private sector providers of health care. In addition the current arrangements have

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

fuelled a disturbing culture of antagonism between state and federal authorities rather than the collaboration, partnership and mutual trust needed to continuously improve the health of Australians.

Over the last two decades, promises from politicians to fix the problem have not been delivered, as the challenge always seems to fall into the "too hard basket". It is now obvious however, that the solutions required present a leadership, rather than mechanistic, challenge. Clinicians, consumers and even the Productivity Commission have been very active in recent months urging Governments to try again to find a way to abolish these inefficiencies. This urging has resulted in the Premiers, Chief Ministers and Prime Minister establishing a COAG working party to advise on ways of resolving this dilemma while providing a reform agenda to tackle a number of other significant problems. This initiative, backed by the commitment of Australia's health minister's to promote health care reform, perhaps provides our "last best hope" of finding a way forward.

In a very real sense, the next few months will answer the big question many Australians want answered. Are our political leaders really committed to significant health care reform, to improve the health of the citizens of this nation and to extract far more health care from the currently available dollars?

In this paper we will argue that "seizing the moment" will require a coalition of the willing involving our community, clinicians, bureaucrats and politicians. A way forward will require political leadership that involves some courage but surely Australians deserve that from their Governments.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

THE WAY FORWARD

Any suggestion for improving the integration of our health programs in Australia must accommodate a number of political realities. While virtually all commentators agree that on a "Greenfield site" we would construct a health care system organised by the Australian Government, that solution is not available to us in the foreseeable future. Not only are there constitutional difficulties that would have to be overcome, there is also a palpable mistrust between various governments that make it certain that no State government would relinquish all of its responsibilities to the Australian Government. In accepting these political realities, it's important for all advocates of health care reform to publicly acknowledge that there is no "quick fix" to our current problems. It is, in our opinion, essential that all interested parties accept the concept of a reform "journey". Certainly we can, indeed must, have immediate commitment to the journey, the destination and the stops along the way that would make that journey successful.

THE JOURNEY TO HEALTH CARE REFORM

The longest journey, of course, starts with the first step and that first step must involve action, not rhetoric. History tells us that it is highly likely that even if the COAG working groups were to produce an excellent and politically acceptable raft of suggestions, supported by Australian health ministers, those suggestions may remain just that.

For this reason a major, indeed crucial, suggestion from the Australian Health Care Reform Alliance, and no doubt many other organisations who have been thinking seriously about this problem for some time, involves the establishment of ***a task force to actually implement***

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

health care reform suggestions. *It is our recommendation that this task force be constituted as a National Health Reform Council (NHRC), reporting directly to COAG. In our view keeping the nation's leaders involved in the journey is crucial as many of the reforms needed involve issues not handled exclusively by the health ministers and their bureaucracy. There are, for example, socio-economic factors driving health outcomes that, for resolution require a whole of government and community approach. While NHRC strategies would require endorsement by COAG implementation would so often require the cooperative efforts of health ministers that we envisage NHRC activities involving a partnership with the Australian Health Minister's Council. Therefore a first challenge for contemporary political leaders is to see our state and federal leaders support, indeed champion, the creation of this National Health Reform Council. We would hope that health ministers at their forthcoming AHMAC meeting would also give full support to the concept.*

If the Premiers, Chief Ministers and Prime Minister are serious about supporting our journey to health care reform, they to will embrace this suggestion.

THE NATIONAL HEALTH REFORM COUNCIL (NHRC).

Our concept of a National Health Reform Council is that it would have an extended role on the Australian health care landscape remaining active for at least the next few years. The demands on health care systems around the world, with ever improving technology, the rapid aging of the population, constant challenges from new disease entities and the re-emergence of more serious infectious diseases makes it likely that an instrument that could facilitate our rapid adaptation to changing requirements makes perfect sense. The sustainability of the health care programs that we desire in Australia will require a continuing and major

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

oversight effort to ensure that cost effectiveness is achieved with the dollars spent actually producing desired outcomes.

For this reason, we see a NHRC as a living, breathing, full time, innovative, well resourced, transparent, inclusive semi independent and dynamic entity. Yes, it would involve the establishment of a new agency but it would not require any increase in our bureaucratic workforce. All jurisdictions have in their departments of health, knowledgeable and talented professionals who work on the interactions of state and federal governments pursuing health care programs while others are involved in the most important issues an NHRC would tackle on an ongoing basis, namely workforce, manipulating our health care resources to provide more of a "wellness" model and the fusion of state and federal programs. Bringing together these talented individuals, many of whom are excited by the concept, in partnership with consumers and clinicians would actually make it possible to reduce significantly the number of bureaucrats involved in delivering health care to Australians.

The NHRC would be charged with taking Australia on the reform "journey" we will outline. We suggest that the NHRC would be led by a chief executive officer and be staffed by bureaucrats with the experience mentioned above. Crucially, the Council must have full time clinical and consumer involvement.

THE MISSION OF A NATIONAL HEALTH REFORM COUNCIL.

There is little controversy in Australia that there are three major issues that must be addressed as we promote health care reform.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

1. *The provision of an adequate workforce.*

2. *The development within Australia of a health system promoting "wellness", the prevention of disease and earlier diagnosis to minimise the development of chronic disease.*

3. *The integration of current and future health care programs to increase quality and therefore better health outcomes while addressing issues of cost effectiveness.*

We would argue strongly that these three issues cannot be addressed independently.

WORKFORCE

The National Health Reform Council would be charged with implementing any accepted recommendations coming from the work of the Productivity Commission on workforce issues. A major deficiency in the draft recommendations involves the lack of integration of workforce planning with the future models of care that will be required to address the needs of contemporary Australia.

The NHRC, by addressing simultaneously all the issues mentioned above, would be able to solve this problem.

The Productivity Commission is currently calling for four new programs to be introduced to improve recruitment, training and many other issues related to the Australian health care

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

workforce. All of these programs should of course, be integrated and this would occur within the NHRC.

The National Health Reform Council will supply leadership in the development of plans for a specific increase in the number of University positions needed to train our workforce into the future, a area not tackled in the PC draft report. A workforce plan, we feel, must ultimately accept the need for us to be self sufficient in terms of supplying the workforce Australians need for their health care system. Indeed, many would argue that we have a responsibility to train sufficient health care professionals to assist with the improvement of the health of peoples in the countries surrounding us.

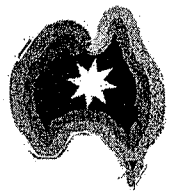
PRIMARY CARE

A wellness model requires new methods for primary care delivery in Australia. Virtually every other OECD country, with which we would like to be compared, is moving rapidly in this direction. Those countries having most success have a major advantage over Australia in that they have a unitary source of funding which makes it so much easier to see health care dollars redistributed to produce new models of care.

What is clear in Australia is that if we are to successfully introduce new models for Primary care delivery we must have state and federal government collaboration and partnership to achieve our goals. The NHRC would be the ideal vehicle to pursue this partnership. In taking Australia on the journey towards a wellness model of health care delivery, the NHRC will be charged with, in partnership with clinicians and consumers, helping us introduce better " organised primary care".

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group



Australian Healthcare Reform Alliance

The NHRC will promote, with state and federal government cooperation, the establishment of Integrated Primary Health Care Organizations featuring a " team medicine" concept critically involving a far more mature approach to clinical role delineation than currently exists. These advances, will provide us with a better capacity for health promotion and the prevention of avoidable disease, earlier intervention to minimise the onset of chronic disease and the capacity for clinicians to care for more people in a community and home setting, rather than in a hospital. One of the goals of the NHRC would be to reduce our "hospital centric" approach to health care.

AFFORDABILITY

Current inflation within the health care system is reported by many to be economically unsustainable. The lack of a partnership between private and public sector deliverers of health care is resulting in major cost inefficiencies while the open endedness of the MBS and to a lesser extent the PBS, are all putting enormous pressure on state and federal treasuries. There is an enormous amount of data demonstrating that health care reforms of the type we are proposing will minimise many of these problems. The National Health Reform Council will be able to pursue the "win-win" needed in Australia, namely improved health care for Australians with the currently available dollars. Minimising duplication would be a priority.

The NHRC would facilitate the more rapid introduction of electronic health records and champion the introduction of clinical governance techniques into primary care.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

ENGAGING AUSTRALIANS IN THE REFORM JOURNEY

Very importantly, the NHRC would lead initiatives, which would see us engage the Australian community in a significant, indeed detailed dialogue, about health care into the future. The NHRC would implement programs that would engage, inform, listen to and empower the Australian community to provide direction for, and embrace, necessary reforms.

INTEGRATING STATE AND FEDERAL PROGRAMS

The NHRC would be responsible for taking us on that part of our reform journey that would see an ever-increasing integration of state and federal programs. Thus the NHRC could be involved in assisting with the development of bilateral, and even trilateral, agreements between Australian governments around specific programs. Examples would include the integration of primary and community care services, the integration of cross border programs to solve many current inefficiencies and the fusion of numerous state and federal programs all aimed at improving the care of older Australians. The Commonwealth would always be a partner in these bilateral and trilateral arrangements and the NHRC would promote the notional, or real, pooling of funds to achieve the goals of the fused programs.

Very importantly, the NHRC would establish and evaluate the governance mechanisms set up for each of these joint ventures. *In this way, we would learn as we proceed along our journey, what safeguards produce appropriate comfort zones for state and federal governments, making them more confident into the future that they can, through collegiality and partnership and a determination to focus on the needs of the community, end many of the jurisdictional inefficiencies that currently exist.*

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

The partnership that we need between federal and state governments must be supported by efforts to promote and evaluate partnerships between the public and private sector deliverers of health care in Australia. The NHRC would be charged with driving these initiatives as well.

WHAT AWAITS US AT OUR DESTINATION?

It is conceivable that over the years of a journey that would produce continuous improvement to health care in Australia, political leaders and the community alike may decide on a central government assuming responsibilities for all aspects of health care. We believe it is more likely that the journey would see the exploration of the formation of an Australian Health Care Corporation, a third

party that would run the Australian health care system on behalf of both state and federal governments, reporting through COAG to parliaments and therefore the Australian people.

What is clear is that a National Health Reform Council utilising the best talents available and recognising the need for much discussion and research as we continuously improve our existing programs, would be best suited to developing those models into the future that would provide Australians with the superb health care system we deserve and can afford.

THE WAY FORWARD

We would wish that the COAG working groups, in reporting to the Premiers, Chief Ministers and Prime Minister would support the concept of National Health Reform Council. We

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

would encourage health ministers at their forthcoming meeting to discuss and, at least, support this concept in principle. COAG could request that they orchestrate, over the next six months, the establishment of a working party to consult widely and determine the exact terms of reference for National Health Reform Council. The appropriate legislation if required, could be passed and a site, funding and personnel could be agreed upon. The NHRC should be operational by July 2006.

It can certainly be anticipated that in the short term, the commitment to reform and the establishment of an NHRC to provide leadership for that reform would generate public enthusiasm for the approach. Australians are tired of the constant blame shifting that is a feature of every story about problems in our health system and would welcome signs that political leadership is at last moving us forward.

OUTCOMES

These initiatives would see an end to cost shifting, an end to perverse and inappropriate outcome measures while increasing the amount of "health" being extracted from the available dollars. In so doing these reforms would do much to resolve problems related to the inequity of access to and outcomes from health care that is so troublesome in contemporary Australia. Professionalism rather than politics would dominate the health agenda while the restructuring of a health care system, that has been failing to keep up with the contemporary needs would again provide us with a program that is second to none.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

Australia's Health Workforce Productivity Commission Position Paper

Response of the Australian Health Care Reform Alliance

Preamble:

The Australian Health Care Reform Alliance (AHCRA) welcome's the interest of CoAG, the Australian Health Ministers Advisory Council and the Productivity Commission in the health workforce, which is an acknowledgement that there are serious issues to be addressed and improvements that can be made.

The objective of the AHCRA in raising issues in relation to the health workforce is to improve the provision of health care to the Australian community: safe and efficient care from a safe and efficient workforce.

It is the strong view of the AHCRA that a whole of government approach is essential if genuine improvements are to be achieved: federal and state and territory governments working cooperatively together.

It is also the strong view of the AHCRA that recommendations for change to the way the health workforce is education, regulated or works or implementation of those recommendations can only be achieved if structural changes are made by government to the way health care[10] is funded and provided. Improvements for the health workforce will not be achieved if they occur in isolation from the context in which they work.

Engagement of the community who are the recipients of care and well as the clinicians who provide the care is essential if maximum benefit is to be obtained.

---

[10] The term 'health care' in this paper is used in its broadest sense, and is inclusive of: promoting health and preventing ill health, acute health care, rehabilitation, care for people with disability, care for young people, maternity care, care for families, mental health care, care for people with alcohol and other drug issues, aged care, and care for people who are dying; in all settings: acute hospitals, people's homes, residential facilities, workplaces, schools etc; wherever people live: cities, outer metropolitan areas, rural areas, remote areas.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

The AHCRA recognises that, in the long term, structural improvements in the way the health workforce is educated; in the way educational programs for health workers are accredited; in the way the health workforce is regulated; in the various roles of health workers; and in the way the health workforce relates to each other in the provision of health care; are necessary. However, in the short to medium term, the AHCRA considers that efficiencies can and must be achieved within existing structures.

An urgent response from government is required to meet the immediate needs of the health workforce: the allocation of additional funded places in the higher and vocational education sectors and the introduction of strategies to retain health workers already in the workforce.

And as new roles are being discussed for the health workforce, consideration must also be given to optimising and expanding existing roles in order to achieve immediate benefits for both the health workforce and the community they serve.

General comments:

1. There needs to be immediate, medium and long term strategies. Much of the paper relates to structural reform and does nothing to address the immediate crisis in relation to workforce shortages.

2. It would be helpful to see evidence, either local or from relevant overseas experience, that what is being recommended in the Productivity Commission Discussion Paper will be more efficient and effective than what already exists.

3. Local innovation and initiative is integral to the delivery of health services, so flexibility and an understanding of work 'on the ground' is essential to inform any national processes. There is concern that 'national' processes may be unresponsive to local need, be inflexible and too bureaucratic.

4. Many of the recommendations depend on the implementation of other recommendations, which is likely to delay implementation.

5. There needs to be more discussion of how the recommendations will impact on current processes already in place. For example, how will the national standards already

developed by some groups within the health workforce be accommodated within the proposed national standards.

6. It would also be helpful to see evidence, either local or from relevant overseas experience, on how the recommendations, for example national accreditation, will promote expanded scopes of practice or a more cooperative approach within the health workforce to appropriately and safely sharing roles and responsibilities.

7. There is an insufficient emphasis on retention and re-entry strategies.

8. There needs to be an inbuilt mechanism for evaluating any changes.

Specific comments in response to draft proposals:

Draft Proposal 3.1
In its upcoming assessment of ways to improve the level of integration within the health care system, the Council of Australian Governments (CoAG) should consider endorsing the National Health Workforce Strategic Framework (NHWSF), subject to broadening of the self sufficiency principle, in order to enhance cohesion between the various areas and levels of government involved in health workforce policy.

- Agree.
- Australia should be more than self sufficient in relation to its health workforce.

Draft Proposal 3.2
CoAG, through its Senior Officials, should commission regular reviews of progress in implementing the NHWSF. Such reviews should be independent, transparent and their results made publicly available.

- Agree

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

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.*

- Agree in principle, depending on the membership of such an agency.
- There is a possibility that such a body may be too slow and unresponsive (eg. as AHWAC was); would depress local innovation and initiative; and act as a barrier to innovation rather than facilitate it.
- As well as a focus on developing new roles or new occupational groups, there should be a systematic approach to developing and expanding the scope of practice for the current health workforce and support for their continuing education needs as they develop competency in new contexts of work.
- Safety and quality should be the main driver (as well as the development of a flexible and effective health workforce). Cost savings are all too often based on short term gains rather than long term efficiencies.
- Serious consideration should be given to combining the functions outlined in recommendations 5.1; 9.1; and 9.2 with this recommendation in relation to the establishment of an advisory health workforce improvement agency (see end note).

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.*

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

- While an interesting concept, doubts about how such a proposal would work in practice.
- There is an urgent need to establish an effective process for allocating and funding university based education for the health workforce.
- How would such a proposal impact on the autonomy of universities to establish their own programs?
- At the very least there needs to be much better communication between DoHA and DEST in the establishment and funding of health workforce places in the higher education sector.

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.*

- This recommendation raises a number of questions and without the answers to those questions it is difficult to comment. For example:
  - What is the purpose of such a body?
  - What would be its composition?
  - Who would it report to? Who would fund it?
  - What weight would recommendations from such a body have? Who would be responsible for implementing them?
  - How would expertise across all courses for the health workforce be provided?
  - How would such a body interact with the Community Services and Health Industry Skills Council?

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;*

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

- *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.*

- This is a huge area of concern.
- The health workforce should be designated a priority area and funded accordingly commencing 2006.
- Funding not just policy is required.
- Funding for all education for the health workforce – both theoretical and clinical – should be equitable across the professions, that is, at the same level as medicine.
- Funding should be provided to health facilities to employ staff specifically to support students and facilitate their clinical training.
- Investment is urgently required into more interactive laboratory learning.
- Facilities require support so that they can coordinate all clinical training occurring at their facility.
- There also needs to be an assessment of how clinical training is structured within courses eg. what is the optimum for learning and what is the costs to deliver in real terms.
- Clinical education issues for students (undergraduate, postgraduate and vocational trainees) at rural universities and for students with clinical placements need to be urgently addressed. These students often experience serious economic hardship as they are often required to pay rent in two places and they frequently cannot find supplementary work (see position statement of NRHA www.ruralhealth.org.au).
- Financial incentives should be provided to facilitate access to a broad range of clinical placements, for example in the private sector, the community, non-government sector and aged care sector.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

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.

- Is this body to accredit programs, clinical training sites or develop the standards?
- How is a process of national accreditation to be managed? How is expertise on the various courses to be provided?
- Is there sufficient evidence that a single national accreditation agency would do better than what is already available?
- How does this recommendation link with 5.2?
- While the AHCRA agrees that there are advantages in developing uniform national standards on which professional registration would be based, how would these interact with national standards already developed by specific occupations within the health workforce, for example: the Australian Nursing and Midwifery Council National Competency Standards for the Registered and Enrolled Nurse?
- There must be clinical and community input into standards on which professional practice is based and the standards must be 'owned' by the various professional groups within the health workforce if they are to have any relevance to them.
- There are significant differences between the health professions. The development of national standards was trialed with the development of national practice standards for the mental health workforce. The standards have not been implemented as there has been considerable difficulty linking them with or incorporating them into professional standards. Ownership of professional standards is a key to their acceptance.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

Draft Proposal 6.2
The new national accreditation agency should develop a national approach to the assessment of overseas trained health professionals. This should cover assessment processes, recognition of overseas training courses, and the criteria for practise in different work settings.

- A national and consistent approach to the assessment of overseas trained health professionals is desirable, provided that it is developed in consultation with the health workforce, however some health practitioner groups have already done just that and this expertise and experience should be acknowledged.

Draft Proposal 7.1
Registration boards should focus their activities on registration in accordance with the uniform national standards developed by the national accreditation agency and on enforcing professional standards and related matters.

- Agree in principle however it would depend on the scope of the national standards and how relevant they are for that particular professional group. It could lead to the lowest common denominator applying and impact negatively on those groups which have already developed national standards.

Draft Proposal 7.2
States and Territories should collectively take steps to improve the operation of mutual recognition in relation to the health workforce. In particular, they should implement fee waivers for mobile practitioners and streamline processes for short term provision of services across jurisdictional borders.

- An evaluation of the sufficiency of mutual recognition in promoting mobility for the health workforce would be of benefit, as well as some discussion about the advantages and disadvantages of national registration for some occupational groups.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

Draft Proposal 7.3
Under the auspices of the Australian Health Ministers' Conference, jurisdictions should enact changes to registration acts in order to provide a formal regulatory framework for task delegation, under which the delegating practitioner retains responsibility for clinical outcomes and the health and safety of the patient.

- The establishment of a framework for delegation is supported although not necessarily a regulatory one.
- More consideration needs to be given to the difficulties faced by a health practitioner, legally obliged to retain responsibility for clinical outcomes and the health and safety of a patient when they have no input into the scope of practice or educational preparation of the person to whom they are delegating or any control over the skill mix of employees available to undertake delegated services.
- Issues of professional indemnity must be addressed for the whole health workforce not just the medical workforce.

Draft Proposal 8.1
The Australian Government should establish an independent standing review body to advise the Minister for Health and Ageing on the coverage of the Medicare Benefits Schedule (MBS) and some related matters. It should subsume the functions of the Medical Services Advisory Committee, the Medicare Benefits Consultative Committee and related committees. Specifically, the review body should evaluate the benefits and costs, including the budgetary implications for government, of proposals for changes to:

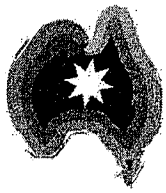
- *the range of services (type and by provider) covered under the MBS;*
- *referral arrangements for diagnostic and specialist services already subsidized under the MBS; and*
- *prescribing rights under the Pharmaceutical Benefits Scheme.*

It should report publicly on its recommendations to the Minister and the reasoning behind them.

- This recommendation is strongly supported.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group



Australian Healthcare Reform Alliance

Draft Proposal 8.2
For a service covered by the MBS, there should also be a rebate payable where provision of the service is delegated by the practitioner to another suitably qualified health professional. In such cases:

- *the service would be billed in the name of the delegating practitioner; and*
- *rebates for delegated services would be set at a lower rate, but still sufficiently high to provide an incentive for delegation in appropriate circumstances.*

This change should be introduced progressively and its impacts reviewed after three years.

- The AHCRA agrees that rebates for delegated services should be set at a reasonable rate eg. the rebate for nurses and other health practitioners in general practice is too low and does not compensate the practice for using alternative staff.
- The concept that access to the MBS is always through the general practitioner is not supported.

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.

- Agree but only if they are replaced by a body that is functional, responsive, and achieves specific outcomes (please see response to 4.1).
- The AHWAC process takes too long, tells us what we already know, and at the end of the process there is no requirement for any recommendations to be implemented.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Australian Healthcare Reform Alliance

Draft Proposal 9.2
Numerical workforce projections undertaken by the secretariat 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.*

- Agree, however we need implementation following advice and funding of the recommendations.
- Recommendations should not be limited to entry level but also address the needs of the specialist workforce.

Draft Proposal 10.1
The Australian Health Ministers' Conference should ensure that all broad institutional health workforce frameworks make explicit provision to consider the particular workforce requirements of rural and remote areas.

- Agree.

Draft Proposal 10.2
The brief for the health workforce improvement agency (see draft proposal 4.1) should include a requirement for that agency to:

- *assess the implications for health outcomes in rural and remote areas of generally applicable changes to job design; and*
- *as appropriate, consider major job redesign opportunities specific to rural and remote areas.*

- Agree in principle, but the recommendation depends on 4.1 being implemented.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group

Draft Proposal 10.3
The Australian Health Ministers' Conference should initiate a cross program evaluation exercise designed to ascertain which approaches, or mix of approaches, are likely to be most cost-effective in improving the sustainability, quality and accessibility of health workforce services in rural and remote Australia, including:

- *the provision of financial incentives through the MBS rebate structure versus practice grants; and*
- *'incentive-driven' approaches involving financial support for education and training or service delivery versus 'coercive' mechanisms such as requirements for particular health workers to practise in rural and remote areas.*

There should also be an assessment of the effectiveness, over the longer term, of regionally-based education and training, relative to other policy initiatives.

- ☐ Agree in principle, providing the recommendation is equitably applied to all health practitioners working in rural and remote areas not just medical practitioners.

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.

- ☐ Strongly agree.
- ☐ It would be helpful if Division of General Practice could be encouraged to become Divisions of Primary Care with membership open to all first contact providers in their catchment area. Governance should include representatives of all the health workforce (not just medicine), consumers and representatives of groups with special needs.

AUSTRALIAN HEALTHCARE REFORM ALLIANCE (AHCRA),

Audiological Society of Australia, Australian College of Midwives, Australian Consumer's Association, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Salaried Medical Officers Federation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Combined Pensioners and Superannuants Association, Country Women's Association of Australia, Doctor's Reform Society, Effective Healthcare Australia (Sydney University), Health Consumers Association, Health Issues Centre (LaTrobe University), Health Consumers Network, Health Professions Council of Australia, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians' Taskforce, National Rural Health Alliance, -Association for Rural Nurses, -Australian College of Health Service Executives, -Australian College of Rural and Remote Medicine, -Australian Divisions of General Practice (Rural sub-committee), -Australian Rural Health Education Network, -Rural Group of Convention of Ambulance Authorities, -Council of remote Area Nurses of Australia , -Catholic Rural Hospitals Forum, -Frontier services of the Uniting Church, -Health Consumers of Rural and Remote Australia, -Isolated Children's Parents Association, -National Rural Health Network, -Rural Dentists Network of ADA, -Royal Australian College of General Practitioners, -Royal Flying Doctor Service, -Regional and General Paediatric Society, -Rural Pharmacists Australia, -Services for Australian Rural and Remote Health, NSW Council on Intellectual disability, NSW Nurses Association, Public Health Association of Australia, Public Hospital and Medicare Alliance (Qld), Royal Australasian College of Physicians, Rural Doctors' Association, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical officers Association, Victorian Medicare Action Group