

# MINORITY REPORT BY COALITION SENATORS

## HEALTH WORKFORCE AUSTRALIA BILL 2009

1.1 The Coalition notes that the Chair's Report on the Health Workforce Australia Bill 2009 canvasses many of the serious concerns raised by submitters to the Committee's Inquiry.

1.2 It is true that there is strong support for the establishment of an organisation such as Health Workforce Australia within the health community but this support was strongly tempered by concerns by the majority of submitters and witnesses about the structure and practical operation of the Government's proposals and for HWA to dictatorially override proven and existing systems.

These concerns included:

- The lack of supporting regulations accompanying the Bill
- The potential for WHA to attempt to usurp the role of professional colleges and other organisations in accrediting clinical education and training for health professionals.
- The deliberate lack of involvement of medical and health professionals in the governance of HWA.

1.4 In regard to the lack of supporting information from Government, Ms Magarry of Universities Australia noted:

Our concern is that the bill does not currently provide any substantive detail on the powers and responsibilities of Health Workforce Australia, and this aspect requires greater clarification before we believe it would be able to be supported widely.<sup>1</sup>

Similarly, Professor White of the Clinical Placements Advisory Group of Universities Australia commented:

It is the lack of clarity in the bill, the lack of information and detail in the bill that is of concern in relation to governance but also in relation to the structure and the way in which the organisation will interact with clinical placements per se.<sup>2</sup>

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<sup>1</sup> Ms Angela Magarry, Universities Australia, *Proof Committee Hansard*, 11 June 2009, p. 2.

<sup>2</sup> Professor Jill White, Clinical Placements Advisory Group, Universities Australia, *Proof Committee Hansard*, 11 June 2009, p. 2.

- 1.3 Comments by the Australian Medical Council, the body responsible for Australia's robust and independent medical accreditation system since 1985, typify the lack of clarity about responsibilities:

We are not sure what the relationship will be between the bodies that currently fulfil a function related to clinical training and something like Health Workforce Australia. There have also been some new proposals put on the table through things like the National Health and Hospitals Reform Commission, the Bradley review, and the Garling inquiry in New South Wales, which again suggests the establishment of bodies whose mandates would relate to clinical education and training and the quality thereof. This is why it is not clear to us, at this particular juncture...as to what those relationships and linkages will be.<sup>3</sup>

- 1.4 This uncertainty made many of the professional organisations concerned that, because of its relative size and dominance by Government representatives, HWA would seek to replace the sector's existing and highly respected clinical training and accreditation standards.

Professor Metz of the Committee of Presidents of Medical Colleges commented:

...best value for money for the workforce initiatives, a more rapid and substantive workforce planning policy development environment...that sort of wording could easily be interpreted as saying that 'value for money' may mean that we do not necessarily need to have the high standard, highly trained professionals doing the work that has hitherto been done.<sup>4</sup>

If you ask is there a real danger? The real danger, if you look at the wording currently, is that the HWA has the ability to go into the area of delivery of clinical training. As I said before, the wording suggests that it can have legislative instruments specifying the kinds of clinical training eligible. That really is getting into the area that the AMC does so very well.<sup>5</sup>

- 1.5 Mr Hough of the Australian Medical Association commented:

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<sup>3</sup> Ms Drew Menzies-McVey, Australian Medical Council, *Proof Committee Hansard*, 11 June 2009, p. 27.

<sup>4</sup> Professor Geoffrey Metz, Committee of Presidents of Medical Colleges, *Proof Committee Hansard*, 11 June 2009, p. 15.

<sup>5</sup> Professor Geoffrey Metz, Committee of Presidents of Medical Colleges, *Proof Committee Hansard*, 11 June 2009, p. 17.

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As it is currently drafted, the bill could allow the agency to interfere with the accredited undergraduate medical education courses for the use of funding conditions, the overall placement coordination et cetera. It could expand its role into the prevocation specialist education training.<sup>6</sup>

It is interesting to note that, in the department's submission, it gives clear assurances that the agency will not interfere with accredited training courses, nor will it try and set standards for clinical placements, but the submission also says that postgraduate education is out of the scope of the agency. Given these assurances are not in the bill, we would submit that it could fall to this committee to recommend that amendments in the bill could go to make sure that those assurances are there.<sup>7</sup>

- 1.6 Ms Stronach of the Australian Council of Pro-Vice Chancellors and Deans of Health Sciences further commented on concerns about the natural tendency for large organisations to stifle diversity:

The caution would be that, as all the participants have alluded to, clinical placement is incredibly diverse. There is a huge amount of work involved in it. There are a number of students and a huge number of clinical placement events that take place. It would be tempting, I think, for an organisation that had national responsibility to try and look for efficiencies and impose efficient models that might work in some of the larger disciplines, but would be catastrophic to smaller disciplines and smaller geographical areas.<sup>8</sup>

- 1.7 These issues relating to HWA's potential to dominate all aspects of health workforce delivery led a number of witnesses to express serious concerns about the composition of the HWA Board and its dominance by Government, Federal and State, representatives. Witnesses were not reassured by the view that health professionals would be represented on Advisory Committees.
- 1.8 Professor Metz of the Committee of Presidents of Medical Colleges used the example of poor UK practice to underline his Committee's concerns that the current HWA structure would lead to similarly unsatisfactory outcomes.

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<sup>6</sup> Mr Warwick Hough, Australian Medical Association, *Proof Committee Hansard*, 11 June 2009, p. 37.

<sup>7</sup> Mr Warwick Hough, Australian Medical Association, *Proof Committee Hansard*, 11 June 2009, p. 37.

<sup>8</sup> Ms Pamela Stronach, Australian Council of Pro-Vice Chancellors and Deans of Health Sciences, *Proof Committee Hansard*, 11 June 2009, p. 13.

The second point that I am concerned about, to go with that, is that if you look at the constitution of the board, there is a chair, there is a Commonwealth member, eight members – one from each state and territory – which totals now 10, and then three others. The three others may or may not be jurisdictional; I suspect that they are not jurisdictional. If we assume that they may be professionals, they would not all be doctors obviously. There may be a doctor and a nurse and a something else. This really means, to my reading of it, that the health workforce authority will have almost no professional input into its deliberations and recommendations.<sup>9</sup>

It is a real concern to us that we are going down the same path that the UK went down. The former chairman of PMETB, who has just stepped down and became chairman of the General Medical Council, is Professor Peter Rubin. His observation to me was that, under his direction, as chairman of the PMETB, because they were in a straitjacket with a statutory authority and did not have professional input into their deliberations – I think they had three professional people on a board of 15, and this looks like the potential for three professional people in a board of 13 – they really lost the plot in terms of the direction that they were going in relation to how they should engage with the professions and how they should train people. His view, which is certainly held by the colleges in the UK, is that postgraduate medical training in the UK has gone backwards in the last six years, and they are only now changing the legislation this year.<sup>10</sup>

- 1.8 Ms Stronach of The Australian Council of Pro-Vice Chancellors and Deans of Health Sciences also noted:

The lack of clarity in how HWA would operate and the proposed composition of the board with not enough health education and training representation is of concern to us. There is already significant bureaucracy associated with clinical placement of students.<sup>11</sup>

- 1.9 Mr Laverty of Catholic Health Australia also noted that the Board structure was not likely to encourage innovative or equitable development:

Greater balance needs to be given to those who work outside the government sector. Greater balance needs to be given to the university

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<sup>9</sup> Professor Geoffrey Metz, Committee of Presidents of Medical Colleges, *Proof Committee Hansard*, 11 June 2009, p. 15.

<sup>10</sup> Professor Geoffrey Metz, Committee of Presidents of Medical Colleges, *Proof Committee Hansard*, 11 June 2009, p. 16.

<sup>11</sup> Ms Pamela Stronach, Australian Council of Pro-Vice Chancellors and Deans of Health Sciences, *Proof Committee Hansard*, 11 June 2009, p. 3-4.

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sector. Greater balance needs to be given to private hospitals, to not-for-profit hospitals, to aged care. There should be an acknowledged provision for a space on the board of governance to address the needs of the aged care community. If it is not there, it will become the second cousin to the hospital network.<sup>12</sup>

## **CONCLUSION**

2.1 Medical and other professions have developed robust education, training and accreditation systems that suit their individual professions and geographic situations.

These groups are justly concerned that a large bureaucratic organisation, such as HWA, could "dumb down" education and training unless strictly controlled by law and strong and diverse governance.

## **RECOMMENDATIONS**

### **Recommendation 1**

That the Health Workforce Australia Bill 2009 be amended to clearly state that Health Workforce Australia has no responsibility for the accreditation of clinical education and training.

### **Recommendation 2**

That the regulations clearly spell out the composition and governance purpose of the Health Workforce Australia Board.

Senator Sue Boyce  
LP, Senator for Queensland

Senator Judith Adams  
LP, Senator for Western Australia

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<sup>12</sup> Mr Martin Lavery, Catholic Health Australia, *Proof Committee Hansard*, 11 June 2009, p. 19.



