



1. Introduction

This submission outlines the Victorian Healthcare Association's (VHA) response to the Health Workforce Australia Draft Report, *National Health Workforce Innovation and Reform Strategic Framework for Action*.

The VHA agrees to this submission being treated as a public document, and to the information being cited in the Health Workforce Australia Final Report.

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The Victorian Healthcare Association

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes improvement of health outcomes for all Victorians, from the perspective of its members.

Context

By 2021, Victoria's population will grow to more than six million - almost a 20 per cent increase since 2008. In the 2004 report *'Nurses in Victoria - a supply and demand analysis'* the Victorian Government forecast the need for an additional 8,500 nurses by 2011-12. More recent estimates indicate that demand for health services will necessitate workforce growth at twice the pace of the non-health related workforce.

This estimated workforce growth will commence before the predicted spike in demand for health services from 2012, when the first tranche of baby-boomers turn 65 and start presenting for more regular care of chronic illnesses.

At a time when Australia is consistently recording low unemployment, attracting individuals to healthcare as a career option will become increasingly competitive.

2. The VHA's Response

The VHA applauds Health Workforce Australia (HWA) for such a detailed report on the health workforce in Australia. The report is bold in its identification of the need of a "paradigm shift in ways of thinking about health system and workforce design and planning".

The VHA agrees that the shift must emphasise the outcomes for communities and consumers, based on population need, not on the interests of the existing professions.

The broader definition of health workforce, which includes consumers, voluntary and unpaid carers, is also welcomed. The health workforce cannot be viewed in isolated professional silos, but as a part of the whole system in order to keep Australians healthy.

The VHA supports the concept of workforce reform from both "micro-level initiatives" and "macro-level strategies" across the whole of government.



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Workforce Strategy

The healthcare workforce is an essential component of the healthcare system. An undersupply of workers creates poorer health outcomes. However, there is no publicly available strategy to ensure workforce supply meets Victoria's future healthcare needs.

The current approach to workforce requires patient care to be given according to professional discipline, regardless of the competency of other healthcare workers. This often results in healthcare services being restricted in their workforce solutions.

For example, a worker with some drug competencies trained in the activities of daily living could provide routine home nursing, instead of a registered nurse.

Various state governments have funded trials of such new approaches and more support must be given to these "micro-level" initiatives.

The VHA welcomes the development of an innovative workforce strategy by HWA to meet the demand for healthcare professionals over the next decade.

This strategy must clearly identify the costs of maintaining a professional workforce and ways to maximise the use of skilled medical professionals, who are in short supply. It should include cost modelling based on the current demarcated approach, compared to cost modelling based on a competency framework.

The strategy must be coordinated between governments and include all public and private health services. HWA is well placed to achieve this national approach.

The VHA agrees with HWA that health workforce reform must align with health service reform to complement health system priorities. By using population health approaches to planning, health services will ensure services align more with population need rather than historical patterns of service delivery.

Population health planning is integrated and collaborative planning that demands that health and non-health sectors, government departments, and service delivery agencies work together to address the issues faced by their communities and populations. It focuses on achieving real and sustainable health improvements and is committed to reducing health and social inequities.

Workforce redesign

Workforce redesign must allow the right care to be provided by the right person at the right time, with public safety the highest priority.

Restrictive workforce design in Victoria 'silos' health professionals and limits the scope of practice. Workforce demarcation needs to be addressed in order to move away from professional 'silos' towards a workforce based on capability and competency.

Currently in Victoria, the scope of practice of a health worker is determined by the professional degree they hold, not their functional competency to perform a service. More inter-professional and multidisciplinary models of care should be investigated.

A core part of workforce redesign is creating new categories of healthcare workers that complement trained health professionals and relieve them of the routine and time-consuming elements of their professions.

The success of this redesign hinges on the willingness of governments, health service managers and health professionals to do things differently, rather than continuing to follow traditional roles of professional demarcation.

Workforce reform must look at 'scope of practice' issues to better use the skills of scarce medical professionals, particularly in rural areas. This may mean widening the scope of



nurse practitioners and physician assistants to reduce workload pressures on medical practitioners, where it is safe to do so.

This multidisciplinary approach would require a competency assessment methodology to regulate the scope of practice, rather than a 'siloed' degree approach.

For example, enrolled nurses already have some access to a competency framework through the modularised approach to gaining medication and other skill-based endorsement.

There are other roles beyond the traditional health workforce roles that need to be explored further to better address the health promotion, prevention and population health need. The personal care/support and assistant workforce can be better utilised to improve health and wellbeing.

Funding

Funding models are powerful drivers of workforce design and models of service provision. The current dominant funding model, where funding follows the provider, creates episodic, interventional healthcare and workforce shortages.

The current Medicare Benefit Schedule (MBS) funding model reimburses clients for each episode of medical care they pay for. Health promotion, holistic care and illness prevention are not remunerated, except to prevent progression of a presenting problem.

The MBS is restricted to a narrow range of healthcare professionals, which means multidisciplinary team-based healthcare is not financially encouraged.

This type of funding follows the provider wherever they choose to practise, which leads to high concentrations of MBS reimbursed healthcare professionals in areas of high socioeconomic status (SES) rather than areas of high healthcare need. There is no incentive for practitioners to move to areas of low SES. This reinforces the unequal health outcomes for people with low SES.

The VHA believes that federal and state governments must work collaboratively to investigate new funding models that:

- Support a more effective use of the available workforce
- Attract and retain a skilled workforce across the whole of Australia

The VHA recommends that the Federal Government reform the Medical Benefits Schedule (MBS) to ensure a more equitable workforce distribution. This reform should ensure:

- Funding on the basis of health outcomes rather than throughput
- Access to MBS for a broader range of healthcare professionals and services
- Support funding for service delivery models that offer innovative approaches to delivering healthcare services and promote health and wellbeing

The VHA recommends that Health Workforce Australia reviews workforce incentives funding to better distribute and design the health workforce. These incentives should encourage safe workforce redesign and innovation in trial situations that can then be applied more widely across the sector. Recurrent funding should also be reviewed to support the continuation of successful trial programs.

Training

Healthcare services are provided in a variety of clinical settings by healthcare workers with different skill levels. Training the future healthcare workforce in alternative settings leads to increased likelihood of recruitment within these settings and a greater understanding of the varied healthcare needs of consumers.

Training people in rural and regional areas increases the retention of a rural healthcare workforce, addressing specific workforce issues in these areas. While the Federal



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Government has created more tertiary and Vocational Education Training (VET) places, this has occurred without a planned or co-ordinated strategy for future clinical training places.

Capital investment is also needed to design infrastructure for clinical education and placement. A collaborative federal-state approach would coordinate infrastructure funding for clinical education while linking it to a Victorian workforce strategy.

Recent Victorian Government changes to funding for VET qualifications have resulted in higher training costs for people entering the health workforce than those entering other professions. These changes to VET will deny many aspiring healthcare workers access to government-subsidised VET training places.

This is contrary to the need to invest in ongoing professional development as part of a workforce retention strategy.

The scale and scope of clinical placement training opportunities must be expanded beyond the traditional hospital-based approach and more placements must be provided in identified areas of need.

The training of rural proceduralists must be addressed in the HWA rural and remote health workforce strategy.

3. Conclusions

The National Health Workforce Innovation and Reform Strategic Framework for Action provides a clear structure to drive health workforce planning, redesign and capacity building. However, to achieve real health workforce reform, drivers such as funding and regulation must be addressed in more detail.

The VHA has long advocated in Victoria for changes in the health workforce. The development of a national, systematic framework is vital to achieving real health workforce reform.

The VHA welcomes the opportunity to provide further information to Health Workforce Australia on this or any other issues relating to health in Victoria.

Please contact me on (03) 9094 7777 to clarify any information in this submission.

A handwritten signature in black ink, appearing to read 'Trevor Carr'.

Trevor Carr
Chief Executive Officer

