



Australian Health Ministers' Advisory Council (AHMAC)
Health Workforce Principal Committee

INAUGURAL NATIONAL HEALTH WORKFORCE STRATEGIC FORUM

3RD MAY 2007

OUTCOME OF PROCEEDINGS

Background:

As outlined in the Forum invitation, in 2006 the Council of Australian Governments (COAG) agreed to a significant package of reforms for the health workforce including: the establishment of a taskforce to undertake project-based work and advise on workforce innovation and reform; a national process of the assessment of overseas trained doctors; the development of single national registration and accreditation schemes for health professionals; processes for better engagement with the education and training sectors on health workforce and supply; substantial increase in Commonwealth funded medical training; and tertiary training places and a commitment by States and Territories to provide clinical training opportunities for them.

At the same time the Australian Health Ministers' Advisory Council (AHMAC) reviewed its overall committee structure. As a result of the review, AHMAC has established six Principal Committees to advise on priority issues. One of those issues is the health workforce.

To progress health workforce matters AHMAC established the Health Workforce Principal Committee (HWPC), which is the successor to the Australian Health Workforce Officials' Committee (AHWOC).

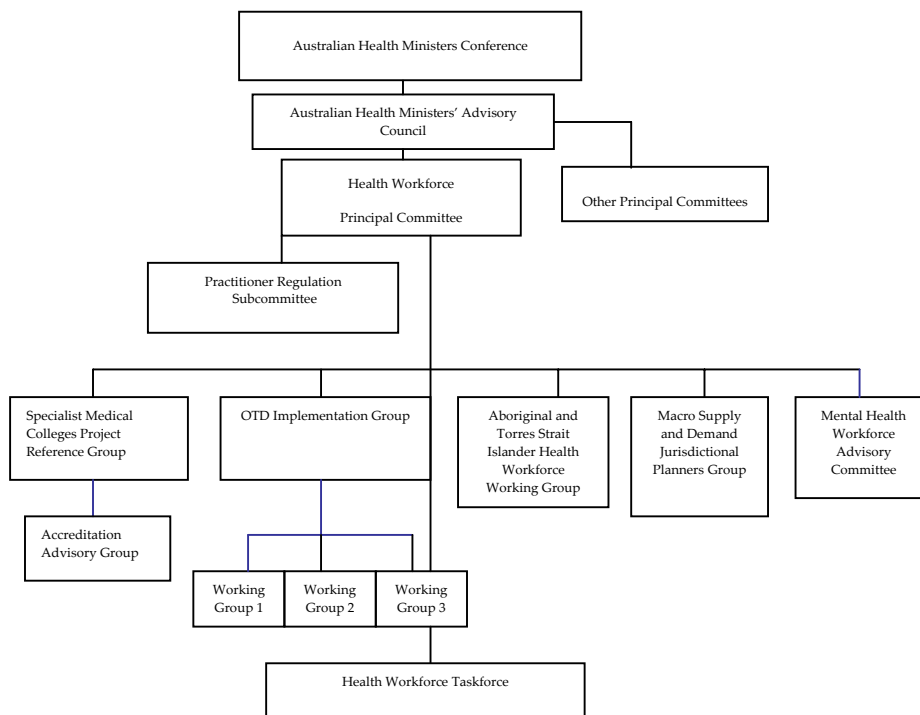
The review also resulted in a number of changes to AHMAC's other workforce committees to enable a more holistic, multidisciplinary approach to consideration of health related policy development and program review activity. This included the cessation of profession-focused committees such as the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC). The Health Workforce Principal Committee now coordinates all of AHMAC's workforce activity.

One of the fundamental considerations in relation to health workforce reforms that informed the COAG and Australian Health Minister's Conference (AHMC) decisions as well as AHMAC's decisions to review its workforce committees, is the importance of engaging with stakeholders.

The importance of stakeholder engagement and collaboration is reflected in Principle 7 of the National Health Workforce Strategic Framework which underpins the work of the HWPC and the proposed Health Workforce Taskforce. This was adopted by AHMC in 2004 and endorsed by COAG in 2006.

As part of their commitment to engaging effectively with stakeholders, HWPC will hold an annual forum to allow for two way discussion. This report provides a synopsis of the Inaugural Health Workforce Strategic Forum held on 3rd May 2007.

Health Workforce Principal Committee Structure



Inaugural Health Workforce Strategic Forum:

The Inaugural Health Workforce Strategic Forum (the Forum) was held on Thursday 3rd May 2007 at the Novotel Hotel in St Kilda, Melbourne.

Invitations were sent to professional and representative bodies across all health occupational groups, employing organisations and regulatory authorities.

A wide range of stakeholders from various settings were represented at the Forum including policy makers, researchers, health practitioners, academics, consumers, registration boards, peak health organisations, professional bodies, unions, non-government organisations (NGOs) universities, private practice health services, government etc. A full list of organisations represented is at [Attachment A](#).

The Forum agenda ([Attachment B](#)) was structured to outline and discuss:

- Recent COAG, AHMC and AHMAC decisions in relation to the Australian Health Workforce.
- The role and strategic direction of the Health Workforce Principal Committee.
- The new Health Workforce Taskforce: its work program and stakeholder engagement.
- Stakeholders views on emerging health workforce issues.
- The National Health Workforce Strategic Framework: implementation; review; and development of the Key Performance Indicators (KPIs).

Mr John Ramsay was the facilitator for the day and after acknowledging the traditional owners of the land – the Wurundjeri people - he invited the Hon Bronwyn Pike MLA, Victorian Minister for Health to officially open the Inaugural Forum on behalf of Health Ministers. Minister Pike acknowledged the many challenges facing health workforce practitioners and policy makers alike. She reinforced the commitment of Health Ministers to the implementation of the COAG health reforms while recognising that a partnership with stakeholders was crucial to ensuring meaningful reform.

COAG, AHMAC AND HWPC

Mr David Kalisch, Health Workforce Principal Committee member and Deputy Secretary of the Commonwealth Department of Health and Ageing presented an overview of the COAG and AHMC reforms and the AHMAC and HWPC programs. Mr Kalisch reaffirmed the importance of active stakeholder engagement through the use of expert working parties and outlined the current structures through which this would occur. A copy of the presentation is attached ([Attachment C](#)).

Following Mr Kalisch's presentation, a number of HWPC members representing the various jurisdictions, formed a panel to answer questions from the audience. Mr Kalisch, Ms Deborah Hyland (NSW Health), Ms Bronwyn Nardi (Queensland Health) Ms Di Mantell (Western Australia Health) and Mr Peter Carver (Department of Human Services Victoria) participated in the panel session.

There was active engagement from attendees with questions directed to a number of key issues including: progress towards national registration and accreditation and the role of partially registered and non registered health professionals; the national assessment of overseas trained doctors; the need to consider whole of workforce when developing reform; and ensuring a continued focus on safety and quality and the need to ensure Indigenous health issues are considered in deliberations.

Key Health Workforce Issues for Stakeholders

Following the plenary session, participants met in small groups to identify emerging health workforce issues, identify priorities and suggest possible solutions and responsible sectors/organisations.

Whilst recognising there is a vast number of emerging health workforce issues facing the Australian Health Workforce, this session highlighted some common themes, priorities and suggested solutions. These have been

outlined below. The key areas identified will be taken into consideration in the finalisation of the HWPC/HWT 2007/08 work program.

Collated responses from stakeholders identifying key health workforce issues and potential solutions are set out in Attachment D.

Clinical Education and Training:

Issues associated with clinical education and training was identified as a priority area by 13 of the groups.

Solutions: training/accreditation of clinicians to participate in clinical education; simulation models of clinical education; ensure all trainees are exposed to the full range of conditions; deregulated funding – attached to student placement opportunities; models need to be diversified to reflect the changes in health workplaces.

Education and Health Sector divide:

Solutions: policy alignment; engagement; strengthening current mechanisms to influence curricula and university place; structured engagement that involved Vocational and Technical Education (VTE) sector and providers; universities need incentives to target training to patient need rather than student need; supervisors need incentives; and recognising small group learning is more expensive to deliver and impacts on workload.

Models of Service Delivery

Solutions: promote team based care; referrals between professions; locate close to population centres; supervised and coordinated use of technology to enhance team capability; encourage professions to optimise capabilities; recognition of generalist practitioner, mix of placements and training structures; and better alignment of community and workforce with training programs including international approaches.

Recruitment and Retention:

Solutions: develop re-entry courses for all professions; improve flexibility in types of work; improve career pathways; and access to up-skilling; collaboration of all sectors (health and education); creating job satisfaction and supporting rural community lifestyles; acknowledge working conditions – not just dollars (recognition/satisfaction); and improve workplace child care.

New/Emerging Workforce Roles

Solutions: cost benefit approach based on patient access/community need, safety and quality and workforce satisfaction, research to underpin workforce redesign will also include a better understanding of community preferences for health system.

Maldistribution of the workforce

Solutions: provision of training in areas of need to attract students; support programs to retrain workforce in areas of need; population needs based approach to be adopted; lack of area based health planning that addresses health needs of a particular population.

As discussed below, evaluation responses indicated that participants found this session to be the most relevant and useful.

National Health Workforce Strategic Framework – Principle One and KPIs

Principle One:

The afternoon sessions of the Forum focused on a review of Principle One of the National Health Workforce Strategic Framework (NHWSF) and the development of Key Performance Indicators to measure implementation of the Framework.

The NHWSF was endorsed by the AHMC in 2004 and was subsequently endorsed by COAG in 2006.

The review of Principle One aimed to address a recommendation of the PC in their report entitled “Australia’s Health Workforce” (2005) that there be a review of the wording of the Principle One of the Framework, which

relates to Australia's health workforce self-sufficiency. The basis for this recommendation is that the PC considered that, provided there is compliance with ethical protocols, it is appropriate for Australia to draw on suitably qualified, overseas trained, professionals to supplement the locally trained workforce, and to recognise that its own health workers will migrate to other countries, either temporarily as part of their broader development or permanently. The PC also saw advantages in accessing internationally trained health workers on the basis that it provides a valuable avenue for skills transmission.

This recommendation was supported by the COAG decision of 14th July 2006, where COAG further agreed to "consider whether the current wording of the self-sufficiency principle in the NHWSF is unduly restrictive in the context of the international nature of the health workforce and, if so, how should it be interpreted".

A range of views in relation to the wording of Principle One of the NHWSF were put forward by stakeholders including twelve of the twenty tables agreeing that the wording of Principle One should not be amended. The results of this exercise will be included in the report to Health Ministers. The collated responses are set out in [Attachment E](#).

Key Performance Indicators

The PC (2005) also recommended that, "COAG, through its Senior Officials, should commission regular reviews of progress in implementing the NHWSF and the impact of policy changes made as a result of the Commission's recommendations. Such reviews should be independent, transparent and their results made publicly available".

COAG (2006) agreed to this and in addition, "requested the Treasurer to commission a Productivity Commission review by July 2011 to establish the effectiveness of reforms and progress against the Strategic Framework".

The aim of this session was to develop a set of proposed KPIs against each of the NHWSF principles which will be considered in the development of the "Monitoring and Key Performance Indicator Development Project" being undertaken by the National Health Workforce Secretariat on behalf of the HWPC. Anyone wishing to have further input into this project should contact the National Health Workforce Secretariat on (02) 9391 9933 or email at healthworkforce@doh.health.nsw.gov.au. Copies of the responses to this session are set out in [Attachment F](#).

Stakeholder Feedback:

Participants of the Forum were requested to complete an evaluation form with a view to incorporating feedback into planning of future forums. 75 evaluation forms were submitted. The following points present a summary of responses received:

- 71% of respondents expected the Forum to provide an opportunity to understand the recent COAG, AHMC and AHMAC decisions in relation to the Australian Health Workforce and provide input and direction into policy and planning at a national level
- The remaining 29% of responses varied to include networking, ensuring non-medical professions were represented and greater understanding of the NHWSF.
- 32% of respondents believe their expectations were met, 64% advised their expectations were partially met with 4% stating their expectations were not met at all.
- 55% of respondents identified the two morning sessions as being of most value with another 34% highlighting networking as another very useful component of the Forum.
- The least valuable sessions identified in the evaluation process were the afternoon sessions focussing on Principle One and KPIs with 38% of respondents identifying KPIs specifically.
- 91% of respondents confirmed they would attend the next forum with the remaining 9% unknown.

A number of administration issues were raised on the evaluation forms which will be taken into consideration in the development of the next Forum (e.g. venue, location, handout material, structure of the agenda, maximising the use of participants' expertise and broader representation).

A way forward:

As mentioned earlier, the issues raised by attendees of the Forum will be taken into consideration in the finalisation of the HWPC/HWT 2007/08 work program.

Given the success of the Forum, HWPC intend to host a further Health Workforce Forum in Sydney during November 2007. The purpose of the November Forum is to provide an opportunity for stakeholders to have input into the development of the 2008/09 HWPC/HWT work programs.

A call for interest from stakeholders wishing to participate will be made in August. Participants of the May Forum will be contacted directly.

The HWPC would like to take this opportunity to thank all attendees of the Forum for their participation and contributions.

The HWPC looks forward to working with you all in the future.

Attachments:

- A – Organisations represented
- B – Forum Agenda
- C – HWPC presentation
- D – Emerging issues
- E – Principle One
- F – KPI's