



Australian Health Ministers' Conference (AHMC) Health Workforce Principal Committee

Principle One Workshop (Attachment E)

Issues/ideas for new wording
Twelve of the twenty tables agreed that the wording of Principle 1 should not be amended.
Other issues raised include:
<ul style="list-style-type: none"> ○ Issues – “at a minimum” and “self sufficiency” ○ By being “sufficient” means not having to recruit from overseas (health exchange is ok) ○ Decided to leave wording the same
<ul style="list-style-type: none"> ○ Not a lot of concern with Principle 1 as it currently stands because aim of self sufficiency placed within the context of the global market ○ To make the Principle more meaningful, however, may want to <u>define</u> what self sufficiency actually means – e.g. is it x number of doctors across Australia or adequate health professionals in all areas including rural and remote areas, Indigenous communities etc. ○ This could be defined through KPIs and then updated, adapted as situation needs change and evolve over time.
<ul style="list-style-type: none"> ○ Australia should focus on strengthening capacity to achieve national self sufficiency in health workforce supply, whilst acknowledging it is part of a global market. KPIs = ? % of locally trained – health professionals – not just doctors. ○ Our capacity to achieve a nationally sustainable health workforce ○ Strengthen our ability to train our own health practitioners for our own health service needs whilst also still improving health practitioners as requested ○ “National self sufficiency” not seen as meaningful – need to have an <u>ethical</u> mode of achieving this principle. ○ Issue of gravitation of health workforce to urban centres whilst the disease burden remains in the rural/regional areas where the ageing population is growing ○ Another option wording: “In order to deliver quality and safety in healthcare to our community, Australia should strengthen processes to provide a sustainable competent health workforce”
Wording agreed and does not inhibit the ability of health professionals to migrate or for Australia and draw on suitably qualified health professionals from outside Australia and its goal is to inhibit the reliance on foreign educated health professionals.

..... whilst acknowledging our responsibilities as part of a global market

Australia should commit to achieving and maintaining national self sufficiency in health workforce supply

- Australia should focus on achieving a balance between national and international recruitment to meet future demand.
- Australia should focus on achieving national self sufficiency in health workforce supply, while acknowledging it is part of a global market
- Remove “at a minimum”
- As part of a global market,....

In the context that self sufficiency in a global market infers the capacity for high standards and a modest capability of exporting capacity
Australia should focus on achieving national self sufficiency in health workforce supply

- Need to stress education/training/places
- “at minimum” vs. overproduction – Pacific Basin etc
- Nominated % of imported staff and variation in demand in “self sufficiency”
- Safety and quality standards – but dealt with in later principles
- Balanced self sufficiency and reflecting the global market
- Balance geographic distribution and field of health provision

- Australia should commit to achieving and maintaining national self sufficiency in health workforce supply