www.nhwt.gov.au

2008 National Health Workforce Forum

Dear Colleagues

The 2008 National Health Workforce Forum (the Forum) hosted by the Health Workforce Principal Committee (HWPC) and the National Health Workforce Taskforce (NHWT) was held on 4 June 2008 at the Grace Hotel, Sydney.

Approximately 180 stakeholders attended the 2nd Forum which included 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 at the Forum is at Attachment A.

The agenda for the 2nd Forum (Attachment B) focused on providing participants with a progress report against the Council of Australian Government (COAG) health workforce reform initiatives led by the Health Workforce Principal Committee on behalf of Australian Health Ministers, and an outline of the National Health Workforce Work Program to be undertaken by the NHWT on behalf of the HWPC.

The Forum was officially opened by the Hon. Reba Meagher, MP, Minster of Health New South Wales representing all Health Ministers. Ms Meagher emphasised the importance of inclusive events such as the Forum which provide invaluable opportunities to share perspectives and work together to develop solutions.

Dr Christine Bennett, Chair of the National Health and Hospitals Reform Commission (the Commission) then outlined the work of the Commission to date which has included consultation and engagement with stakeholders, the development of a set of principles to guide health reform, and the first report of the Commission titled "Beyond the Blame Game: Accountability and performance benchmarks for the next Australian Health Agreements". See Attachment C for further information about the Commissions work to date.

The Chair of the HWPC, Mr David Roberts, Secretary Department of Health and Human Services and Mr Peter Carver, Executive Director NHWT outlined the challenges faced by health workforce practitioners and policy makers today which includes increasing demand, an ageing population, a shifting burden of disease and changing workforce demographics. This session provided an update on the health workforce reform initiatives announced by COAG following the Productivity Commission's report on health workforce. The health workforce reform initiatives discussed at the Forum included:

- Australian Health Ministers Conference (AHMC) / Ministerial Council of Education, Employment, Training and Youth Affairs (MCEETYA) - annual agreement on education priorities
- Establishment of the National Registration and Accreditation Scheme
- Expanded training settings to encourage the provision of medical training in a broader range of settings, including the private sector
- A nationally consistent assessment process for International Medical Graduates
- The establishment of the National Health Workforce Taskforce

Further detail on each of the COAG health workforce reform initiatives can be obtained from the Forum presentations presented by both Mr Roberts and Mr Carver (Attachment D and E) or by contacting the NHWT.

Similar to the 2007 Forum, the question and answer sessions hosted by members of the HWPC and NHWT concentrated on a number of key priority areas raised in questions from participants including; supply being linked to consumer demand, ensuring reform covers both the private and public sectors, culture/leadership, safety and quality, new and emerging workforce roles and the articulation of skills.

Published by the National Health Workforce Taskforce
© Copyright State of Victoria
Authorised by the Victorian Government
120 Spencer Street, Melbourne
2008

The afternoon sessions of the Forum provided participants with a greater understanding of the projects contained in the National Health Workforce Work Program recently endorsed by the Australian Health Ministers Advisory Council (AHMAC). In particular the sessions focused on the three streams of work:

- Education and Training
- Innovation and Reform
- Research, Planning and Data

SYNOPSIS OF AFTERNOON INFORMATION SESSIONS:

Education and Training Session

Overview

The session commenced with an introduction to the NHWT's Clinical Training Project that will investigate the current pressures and future needs on the health and education systems to deliver clinical training. Key drivers were considered such as the increase in student numbers requiring placements; the lack of sufficient access to, and subsequent competition for placements. The emphasis of the session was on addressing the quality, efficiency and effectiveness required for clinical training, from a national perspective.

The Clinical Training Project is organised in five streams:

- Data, organisation and capacity
- Funding policy and responsibilities
- New models and innovation
- Governance and organisation
- Quality, efficiency and effectiveness

Based on the last stream of work the session considered the following question:

Is it timely for accreditation boards, professional bodies, education providers, jurisdictions and health services to consider agreeing on national standards and criteria for clinical training in each profession?

To highlight the diversity and variance of clinical training requirements across Australia data from three health professions (nursing, podiatry and physiotherapy) was presented. Notwithstanding the complexity of measuring clinical training requirements the data was presented as an example to demonstrate the degree of differences in clinical training requirements and delivery between providers within each profession and hence the difficulties posed in planning for improved outcomes to meet professional and industry workforce imperatives as well as maintain a system that provides equity, fairness and transparency.

The discussions canvassed many critical concerns of the education and health sectors in addressing quality, effectiveness and efficiency in clinical training. The perspectives of professional associations, accreditation bodies, health service providers, education providers and governments were represented over two sessions. A number of key themes emerged across the discussions.

Key Themes

Whilst the need for diversity in course curricula was acknowledged there was agreement that there was benefit in clearer articulation of the standards of professional and technical competence in health professions with the possible flow on to greater consistency in clinical training requirements. It was apparent in the sessions that there may not always be agreement between education providers and health services as to the intended outcomes of clinical training. The need to consider funding arrangements for clinical training across the professions, the extent of pro bono supervision for clinical training and the lack of incentives to progress from traditional discrete models of professional accreditation to more responsive service models received broad endorsement. The need to develop and improve the application of competency models, identify and maximise alternative settings for clinical training, and streamline assessments for understanding work readiness were also important themes. Clarity about what graduates and the skills, experience and knowledge required of them was considered to be fundamental to ongoing planning for clinical training.

Both immediate, short term actions and longer term strategies were put forward to address the current and future needs. Participants commented on the importance of considering competency assessment as a way to develop a more

consistent national approach. The value of developing national standards was recognised as a complex matter requiring significant consultation and wide debate should be supported before major reform is proposed.

Innovation and Reform Session

Overview

The Innovation and Reform presentations covered the various aspects of this part of the NHWT work program. These are:

- Development of tools, guidelines and frameworks for health workforce innovation
- Development of national evaluation framework for health workforce innovation
- Information dissemination of local and international workforce innovations and reform
- Testing health workforce reform models through a cycle of phased work through to 2009/10 with Phase 1 focussing on rural and remote and aged care, Phase 2 on primary care and Phase 3 to be determined. This will involve:
    - Research local, national and international innovation initiatives for each phase
    - Consultation on innovation and reform project options for each phase
    - Partnership innovation and reform demonstration projects and pilots for each phase
    - Identification of policy and regulatory barriers to specific innovations for each phase

While all projects were covered, the major emphasis was on the demonstration and pilot projects and the national evaluation framework. The process for consultation and selection of the pilot partners was described. The final part of the presentation was an overview of thinking to date on the characteristics of suitable demonstration projects in aged care and rural health.

Key Themes

The discussions identified some common themes:

- The need for communication and engagement of stakeholders in the work of the taskforce at the earliest opportunity
- The importance of Governments and service providers being accountable for the uptake of effective reforms
- The need for transparency in the NHWT work including the selection of pilot projects
- The importance of work environments where strong leadership and skilled management is needed to make reforms 'stick'
- The importance of building on the health workforce reforms already happening and the expertise that exists
- The importance of not being too prescriptive about the nature of reform projects in the call for pilot project submissions and the need for flexibility
- Flexible broadly based training programs for certificate level health workers are already in place – a shift in thinking about the health service staffing make up is needed at the institutional level

Research, Planning and Data

Overview

The Research, Planning and Data presentations focussed on the following key projects:

National Data Set – the aim of this project is to develop a single repository system to hold comprehensive information on the health workforce. This involves development of a national minimum dataset (NMDS) initially for those health professions to be covered by the National Registration and Accreditation Scheme, including nursing, medicine, dentistry, pharmacy, psychology, physiotherapy, chiropractic, osteopathy and optometry. Jurisdictional workforce planners are currently in the process of defining the NMDS. Once data items have been identified these items will be fed back to stakeholders for discussion.

Participants identified that there is no reliable national dataset for the allied health disciplines. Whilst broad data does exist for medicine and nursing, there is the need to establish a NMDS which will cross professional and jurisdictional boundaries.

Macro Supply and Demand Study – a summary of expected workforce trends in Australia which involves modelling the expected growth in workforce supply balanced against anticipated growth in the demand for health care services.

National Health Workforce Planning Tool – development of this tool will consolidate the evidence base around health workforce data and, once fully developed, it will be offered to jurisdictions and health services for their own individualised workforce planning needs.

Presentation of the demand module highlighted the fact that service demand does not always equate to workforce demand; at the present stage any modelling on the demand side only contains hospital separations (both public and private sector) and Medicare data at the aggregate level. The presentation and ensuing discussion within the workshop highlighted that participants agreed that work should commence on how we can address this.

Key Themes

Communication – participants want be kept informed off all research, planning and data initiatives being undertaken by the taskforce. The taskforce will do this via the web with regular updates and fact sheets.

Implementation of the modelling tool – it is planned that, once the modelling tool is finalised, stakeholders will have access to the tool for their own health workforce planning needs.

Rationalisation of surveys – there is currently a plethora of surveys across Australia that collects both qualitative and quantitative health workforce data. On the quantitative side, the NHWT's aim is to consolidate all such collections with the NMDS into the national registration and accreditation database.

Modelling demand - Using only hospital separations and Medicare data does not give a complete picture of service demand / delivery, as community care is not accounted for. This is complicated by the lack of robust national or state data sets for community care.

The way forward

There was a strong message that action is required in the short term to institute change across a number of the key areas discussed.

Practical measures included the establishment of ongoing dialogue on specific issues that look at lessening the time lag in producing and using relevant data; clearing the blockages that will have an imminent impact on the capacity of the system to provide quality and effective clinical training; and to actively engage with the private sector in the provision of clinical training where appropriate.

The projects proposed by the NHWT will progress these issues, and there will be considerable consultation and informed debate generated in the short term to develop viable systems and inform policy recommendations where structural reform is necessary. Through the iterative process of discussion papers and forums the NHWT will seek to inform and be informed by stakeholders during 2008 and beyond.

I would like to take this opportunity to again thank those participants who attended the Forum and for their valuable contributions and input into the work of both the HWPC and the NHWT. It is evident that there is an appetite for more detailed discussion on the issues raised in the afternoon sessions and this will be taken into account throughout the implementation of the projects outlined in the National Health Workforce Work Program and in considering the 2009 Forum.

David Roberts

CHAIR, HWPC