



Health Workforce Australia News

News Letter - Issue 1 - December 2007



Health Workforce
Principal Committee
(HWPC)

MESSAGE FROM THE CHAIR



Dr Neale Fong
Chair, HWPC

Dear Colleagues

The Health Workforce Principal Committee (HWPC) was established in July 2006 as the Australian Health Ministers' Advisory Council's (AHMAC) principal advisor on health workforce issues.

The HWPC (formally the Australian Health Workforce Officials Committee, AHWOC) is a committee of senior government officials that reflects the interest of governments as major employers of health workforce, providers of public sector health and key funders of the health care and education and training sectors.

In providing advice to AHMAC the HWPC considers the health workforce as a whole, across the spectrum of health occupations and roles, and the public and private sectors and takes into account the public interest.

The HWPC advises on a coordinated approach to national health workforce strategic issues, assisting the health sector to better respond to and initiate opportunities to more effectively use the skilled health workforce to support health service delivery and strategic reform.

As the Chair of the Health Workforce Principal Committee (HWPC), I am pleased to advise that the National Health Workforce Taskforce (NHWT) has been established. The Taskforce will run for four years and act as a primary vehicle for driving health workforce innovation and reform in Australia.

The NHWT will be outcomes focused and has been tasked to develop and achieve strategies to meet the [National Health Workforce Strategic Framework \(NHWSE\)](#) and the agreed requirements of the Council of Australian Governments (COAG) health workforce reform package.

I am also pleased to formally advise that Mr. Peter Carver has been appointed Executive Director of the Taskforce. Peter was previously the Director, Service and Workforce Planning, with the Victorian Department of Human Services since 2001. I believe Peter will bring a strong strategic and outcome focused approach to this role whilst providing solid leadership to drive the implementation of key health workforce reforms.

Peter has been leading health workforce policy and planning for a number of years. He has been heavily involved in progressing national opportunities for workforce reform through the Australian Health Workforce Officials Committee, the HWPC, the Productivity Commission Study into Health Workforce, and the Commonwealth/States/Territories negotiation on a COAG response to the study.

I firmly believe that the Taskforce will add to the body of knowledge contributed previously by others such as the Australian Medical Workforce Advisory Committee (AMWAC), the Australian Health Workforce Advisory Committee (AHWAC) and the National Nursing and Nursing Education Taskforce (N3ET). It will continue to develop projects and policy initiatives that focus on effective and efficient deployment of Australia's health workforce and support longer term strategies to meet future workforce needs.

I am delighted to provide the opening comments for this first edition of the "Health Workforce Australia" newsletter and look forward to continuing to strengthen stakeholder engagement so we can all work together to develop a health workforce for tomorrow's health system.

MESSAGE FROM THE EXECUTIVE DIRECTOR

Welcome to the first edition of the Health Workforce Australia newsletter, designed to provide you with current information on:

- COAG Health Workforce Reforms
- AHMC, AHMAC and HWPC initiatives
- Health Workforce News from jurisdictions



Peter Carver
Executive Director NHWT

It is both an exciting and challenging time for the new Taskforce.

The Australian health workforce operates within an environment characterised by a wide range of funding, governance and regulatory structures that impact upon its composition, supply and distribution. A truly effective health workforce system will be one that responds quickly and continuously to changes in the broader health sector. Within the context of current workforce shortages and increasing demand, key health workforce challenges relate to:

- Supply
- Distribution
- Productivity and workforce flexibility
- Structural issues relating to training, regulatory and funding models

There is clear agreement across all sectors about the need for greater and more coordinated action across Australia to respond to looming health workforce problems. Staff shortages of various types exist in most areas of health service delivery and it is clear that ensuring we have sufficient highly and appropriately skilled professionals to meet even the most conservative estimates of future service demand is one of the biggest challenges facing the health system.

Whilst there is generally an accord on the extent of the problem, there is not always such clear agreement on how to fix it. COAG recognised that problems of this magnitude require more than changes at the margins. Efforts by state, territory and Commonwealth governments have typically focused on individual elements of the problem or solutions at one level of government, reflecting the multiplicity of factors that contribute to current health workforce problems.

Although much is occurring at a Commonwealth, state and territory level, to address some of the problems a number of truly national solutions are necessary. Given the interconnected nature of the health and education systems, health professionals and regulatory authorities, these solutions must be interlocking.

The challenge now for all will be to identify and progress the combination of reforms that best provide greater efficiency and effectiveness in the supply, training, distribution and regulation of the health workforce, while ensuring quality and safety is enhanced, and preserving accountability and public protection.

I hope the Taskforce can contribute to developing those national solutions and look forward to working with stakeholders as options are developed.

Staff commenced with the Taskforce at the beginning of December. Small in size, we are very much a national body, with employees located in New South Wales, Tasmania and Western Australian as well as at our primary office in Victoria.

The Taskforce has been given carriage of a number of the COAG Health Workforce Reforms via the HWPC on behalf of Health Ministers. These will form part of a broader work-program to provide a strong strategic direction in workforce reform and innovation.

The program aims to address a number of the priority areas identified by key stakeholders at the Inaugural National Health Workforce Strategic Forum held in May 2007, including:

- Clinical education & training
- The education & health sector divide
- New/emerging workforce roles
- The maldistribution of the workforce
- Health workforce data and planning

The Health Workforce Work Program has been clustered across three streams:

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

To obtain additional information on the streams of work outlined above please contact the following Taskforce Project Managers:

Innovation & Reform:

- Mr Russell Renhard (03) 9092 1980

Education & Training

- Ms Anne Somerville (03)9092 2004
- Ms Jennifer Ledger (02) 9391 9098

Research, Workforce Planning & Data

- Ms Maureen McCarty (03) 9092 2007

COAG HEALTH WORKFORCE REFORMS

NATIONALLY CONSISTENT ASSESSMENT PROCESS FOR INTERNATIONAL MEDICAL GRADUATES

As agreed by the COAG in July 2006, a national assessment process for international medical graduates (IMGs) is being implemented by all jurisdictions. The new assessment model was developed by a committee comprised of members from health departments, the Australian Medical Council, the Australian Medical Association, medical boards and medical colleges.

The new arrangements are currently being phased in. The first part of the new process, the Competent Authorities pathway, was introduced July 2007, with full implementation of all pathways to be completed by July 2008. Transitional arrangements and timeframes will differ slightly across jurisdictions depending on their existing legislation and procedures.

The new assessment model provides a variety of pathways to registration, depending on the IMG's previous training and assessment, knowledge base, clinical skills, and the suitability of their skills and experience for the position for which they are applying.

[More information](#)

EXPANDED MEDICAL TRAINING SETTINGS

Trainee medical specialists will soon be able to broaden their skills and acquire wider experience through new arrangements endorsed by COAG.

The Expanded Settings for Specialist Training Program (ESSTP) will strengthen Australia's health workforce by ensuring that trainees acquire the experience and skills they need to meet the ongoing changes in service delivery.

The Expanded Settings for Specialist Training Program (ESSTP) has been established by the Commonwealth to support specialist trainees working in settings other than public teaching hospitals. In future, more specialist trainees are likely to work in private hospitals and practices, in rural and regional areas, and in community health centres.

The Australian Government has allocated almost \$60 million over four years for the expansion of specialist training. The Department of Health and Ageing will continue to work closely with jurisdictions and other stakeholders to ensure specialist training arrangements support quality practice and meet the needs of the Australian community.

Further information on the ESSTP can be found at www.health.gov.au/better-specialist-training.

HEALTH WORKFORCE NEWS FROM JURISDICTIONS

ACT HEALTH INTERPROFESSIONAL LEARNING (IPL) PROJECT

The ACT Health Interprofessional Learning (IPL) Project promotes safety and quality of care for patients and clients. There is a growing body of evidence proving that good communication and collaboration between health care professionals can promote a culture of safe, client centered care. The Productivity Commission's report on Australia's Health Workforce referred to several barriers to a responsive, flexible and well-integrated health workforce. The IPL seeks to address some of these issues.

Aiming to support the development of workplace, professional, educational and training practices which facilitate team approaches and multidisciplinary care, IPL can positively promote and influence opportunities to maximize the flexibility of the workforce, including innovative approaches to skill mix and new workforce roles and changes to scope of practice. These changes will only be effective if they are undertaken in a collaborative and consultative manner.

[More information](#)

CLINICAL PLACEMENTS IN VICTORIA: ESTABLISHING A STATE-WIDE APPROACH

In Victoria, the Department of Human Services is developing an approach to clinical placements that will encourage best use of available resources, stimulate innovation and facilitate more effective planning and funding of clinical placements required to meet the challenge of supplying suitably qualified staff for the health system.

[More information](#)

IMPROVING YOUR WORKING LIFE – MABEL

MABEL (Medicine in Australia: Balancing Employment and Life) is a new longitudinal survey of doctors funded by the National Health and Medical Research Council. It focuses on examining a number of issues influencing the work-life balance of all types of doctor in Australia, and includes doctors in training through to doctors close to retirement.

[More information](#)

ADDITIONAL INFORMATION

Nationally Consistent Assessment Process for International Medical Graduates (more information)

Under the new National Assessment model, there will be:

- Primary source verification;
- Standard English language requirements;
- A mandatory screening examination will be available either on-shore or off-shore;
- Pre-employment structured clinical interview against a position description;
- Workplace based skills assessment where required;
- Supervision whilst under conditional registration; and
- Appropriate orientation and continuing professional development for all overseas trained doctors.

The new assessment process consists of three main pathways.

1. The Competent Authority pathway is for IMGs who have completed training and assessment through Australian Medical Council (AMC) designated and approved Competent Authorities. IMGs eligible for the Competent Authority pathway are given advanced standing towards the AMC Certificate and undertake an on-the-job assessment in Australia while working in a supervised position before they become eligible for general registration. The Competent Authorities which the AMC has accredited to date are:

- General Medical Council of the United Kingdom,
- Medical Council of Canada,
- United States Education Council for Foreign Medical Graduates, and
- New Zealand Medical Council.

2. The Standard pathways for IMGs who have obtained qualifications from authorities not presently on the AMC Competent Authority list. These doctors will be required to sit an AMC Multiple Choice Questionnaire (MCQ) and an AMC clinical examination or a workplace based assessment.

The new off-shore Multiple Choice Questionnaire for IMGs seeking to practise in Australia is currently available in 16 off-shore locations including London, Hong Kong and Dubai.

The AMC and several State and Territory Health Departments are cooperating in trials of a standardised workplace based assessment, the Mini-Clinical Examination.

3. The Specialist pathway is available for the range of available specialist positions and includes assessment by relevant specialist medical college.

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ACT Health Interprofessional Learning (IPL) Project (more information)

The ACT Health IPL Project began in April 2004 when an initial discussion paper was written to inform and engage stakeholders. Since then several documents have been written and made available on the ACT Health IPL web site including:

- A literature review
- Four discussion papers
- The IPL Framework
- The IPL Implementation Plan
- Reports of the four major events hosted by ACT Health to engage stakeholders
- Copies of IPL Communiqué and
- An information sheet on IPL

Please visit the IPL web site for all of this information: <http://www.health.act.gov.au/IPL>

Policy Support for the ACT Health IPL Project

The main drive for IPL is to promote safety and quality of care for patients and clients. There is a growing body of evidence proving that good communication and collaboration between health care professionals can promote a culture of safe, client centered care. The Productivity Commission's report on Australia's Health Workforce referred to several barriers to having a responsive, flexible and well-integrated health workforce. IPL seeks to address some of these issues.

The Health Action Plan (2002 – 2008) promotes collaboration between service providers within the ACT health and community care system. By optimising communication and cooperation, IPL seeks to ensure patients and clients experience a smooth transition between levels of care and services. In this way IPL is not limited to within ACT Health, it must develop and maintain strong cross-sectoral partnerships, particularly with agencies responsible for education of health professionals. The ACT Health IPL Project has adopted a 'Push-Pull' strategy where it seeks to both influence the training of health professionals as well as developing an IPL environment within the existing health service.

This cross-sectoral partnership is well illustrated by the ACT Primary Health Care Strategy (2006 – 2009) which emphasises an integration of services and an improvement of coordination between ACT Health and other ACT Government funded services. This strategy repeatedly mentions communication, integration and coordination between service providers as being the key to effective primary health care.

The Workforce Plan (2005 – 2010) aims to build a sustainable health workforce for the people of the ACT. It points out that if health professionals are educated in isolation within their particular discipline it is unreasonable to expect them to operate effectively as a team once they graduate. The IPL Project works closely with Workforce Planning to promote workforce recruitment and retention strategies in order to build and enhance the capacity of the ACT health workforce.

ACT Health IPL Project

ACT health appointed an IPL coordinator in October 2006, in line with the IPL Implementation Plan. Four major events have been hosted by ACT Health since November 2005 and full reports of these workshops, breakfast seminars and 'think-tanks' can be seen on the IPL web site. These events were designed to engage stakeholders, raise awareness of IPL and provide a forum for cross-sectoral and inter-jurisdictional dialogue. These events began the development of a national and international network for information and resources around IPL for ACT Health.

Presentations and pilot Interprofessional Practice Education sessions are underway within ACT Health to begin the process of raising awareness of IPL and to identify IPL Leaders. This activity is in line with IPL Implementation Plan. Through this activity the scoping and mapping of IPL strengths and weaknesses with ACT Health has begun.

The IPL Project liaises with the ACT Health Patient Safety and Quality Unit – common links and aims have been identified and a collaborative relationship is being cultivated.

The IPL Research Project, (ACT Health in collaboration with the University of New South Wales, Chief investigators include Professor Braithwaite and Associates) was successful in its ARC Linkage Grant

application (No.LP00775514). This money will support the research of this project for four years and enable the employment of dedicated research fellows. Ethics approval for the IPL Research Project has been obtained from UNSW and is currently being sought from ACT Health. The research is scheduled to commence in November 2007.

International links are being developed through many organisations worldwide: CAIPE (UK Centre for the Advancement of Inter professional Education), InterEd (International Association for Inter professional Education and Collaborative Practice), CIHC (Canadian Inter professional Health Collaborative), and CIPP (Centre for Inter professional Practice). Since April 2006 an Australasian network of IPL leaders has been regularly teleconferencing and networking. AIPPEN (Australasian Interprofessional Practice and Education Network) is currently developing a formal link with InterEd, establishing a dedicated web site and bidding for Australia or New Zealand to host the All Together Better Health Conference in 2010. Stakeholders and interested parties can have their say in the organization of this conference through completing an on-line survey: https://www.surveymonkey.com/s.aspx?sm=Ej3qzbxNmccM4_2btOalk9TA_3d_3d

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Clinical Placements in Victoria: Establishing a State-wide Approach (more information)

Improving the supply of suitably qualified staff in the health workforce is critical to meeting the public's expectations of safe, timely and accessible health services across Australia. Increasing and sustaining the number of students successfully completing relevant courses will be central to achieving this outcome. A key element in this will be ensuring that there are a sufficient number and mix of clinical placements available for this increase in students to ensure graduates are equipped with appropriate clinical skills.

The Victorian Department of Human Services is articulating a broad strategy to promote an integrated approach to clinical placements that encourages best use of available resources, stimulates innovation, and facilitates more effective planning and funding of clinical placements required to meet these challenges. This document, *Clinical Placements in Victoria: Establishing a Statewide Approach*, recognises that the issues and drivers impacting upon delivery of clinical placements in this state are many and varied, and seeks to develop a framework that draws these together and presents a plan for future action.

As part of the Strategy's approach to increasing innovation in clinical placements, the department staged a symposium on 16 October 2007 to showcase the outcomes of nineteen innovation projects it had recently funded. The successful event facilitated information sharing, and discussion of innovation opportunities and other related clinical placement issues.

To download a copy of *Clinical Placements in Victoria: Establishing a Statewide Approach* and the *Clinical Placement Innovation Projects Report*, go to <http://www.health.vic.gov.au/workforce/placements>.

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Improving your working life – MABEL (more information)

MABEL (Medicine in Australia: Balancing Employment and Life) is a new longitudinal survey of doctors funded by the NHMRC. It focuses on examining a number of issues influencing the work-life balance of all types of doctor in Australia, and includes doctors in training to doctors close to retirement. Medical workforce issues are an important area of government policy and it is very important that such policies are based on actual evidence about doctors own views, preferences and work and family circumstances. Otherwise such policies are unlikely to work and be insensitive to the realities of medical practice in Australia. MABEL will be the first survey to provide such rigorous evidence in Australia. The longitudinal nature of the survey is very important as it will enable a random sample of Australian doctors, at varying stages of their career, to be followed up over time. The survey gives doctors the opportunity to provide important information about what it is like working in medicine and how this interacts with their family and personal life.

Invite letters for the first wave will be posted to a stratified random sample of around 30,000 doctors in May 2008, and piloting is taking place over the next few months. The survey is being conducted by researchers at the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne, and from the Faculty of Medicine, Nursing and Health Sciences at Monash University. The survey is supported by a Policy Reference Group comprising professional organisations and state and commonwealth governments. www.mabel.org.au contains further information about the survey.

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