

**AHWOC**

AUSTRALIAN HEALTH  
WORKFORCE OFFICIALS'  
COMMITTEE

**2004-2005  
ANNUAL REPORT**

*Collaborating on* **Health Workforce**

# Contents:

<b>Abbreviations</b>	<b>2</b>
<b>Report from Chairman</b>	<b>4</b>
<b>1. Organisation</b>	<b>5</b>
1.1 AHWOC Subcommittees and Working Groups	5
1.2 Status of AHWOC Subcommittees and Working Groups	6
1.3 AHWOC Membership of Other Committees	8
1.4 AHWOC Collaboration with other bodies	11
1.5 Strategic Planning	12
1.6 2004/05 AHWOC Work Plan	13
<b>2. Performance</b>	<b>15</b>
2.1 Reports to AHMC/AHMAC	15
2.2 National and Common Responses Developed by AHWOC	16
2.3 Establishment of Processes and Protocols	16
2.4 Achievements against Health Workforce Principles	16
<b>3. Future Direction</b>	<b>19</b>
<b>4. Financial Report 2004/2005</b>	<b>20</b>
<b>5. Appendices</b>	<b>21</b>
1. AHWOC Terms of Reference	22
2. 2004/2005 Membership	23
3. Meeting Participation	25
4. National Health Workforce Strategic Framework Principles	28
5. 2004/2005 National Health Workforce Plan	29
6. AHWOC Business Rules	31

## Abbreviations

<b>ACCC</b>	Australian Competition and Consumer Commission
<b>ACSQHC</b>	Australian Council on Safety and Quality in Health Care
<b>AHIC</b>	Australian Health Information Council
<b>AHMAC</b>	Australian Health Ministers Advisory Council
<b>AHMC</b>	Australian Health Ministers Conference
<b>AHWAC</b>	Australian Health Workforce Advisory Committee
<b>AMWAC</b>	Australian Medical Workforce Advisory Committee
<b>AHWOC</b>	Australian Health Workforce Officials' Committee
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AMA</b>	Australian Medical Association
<b>AMC</b>	Australian Medical Council
<b>AST</b>	Advanced Surgical Trainee
<b>ATSIHWWG</b>	Aboriginal and Torres Strait Islander Health Workforce Working Group
<b>AVCC</b>	Australian Vice Chancellors Committee
<b>BST</b>	Basic Surgical Trainee
<b>CDAMS</b>	Committee of Deans of Australian Medical Schools
<b>COAG</b>	Council of Australian Governments
<b>CSHISC</b>	Community Services and Health Industry Skills Council
<b>DEST</b>	Department of Education, Science and Training
<b>DoHA</b>	Department of Health and Ageing
<b>HRAWG</b>	Health Reform Agenda Working Group
<b>IM</b>	Information Management
<b>ITC</b>	Information Technology Committee
<b>JJMOWG</b>	Joint Jurisdictions Junior Medical Workforce Working Group
<b>JMO</b>	Junior Medical Officer
<b>MCEETYA</b>	Ministerial Council on Education, Employment, Training and Youth Affairs
<b>MTRP</b>	Medical Training Review Panel
<b>NACOH</b>	National Advisory Committee on Oral Health
<b>NHWS</b>	National Health Workforce Secretariat

<b>NMHWG</b>	National Mental Health Working Group
<b>OOS</b>	Out of Session
<b>RACS</b>	Royal Australasian College of Surgeons
<b>RACP</b>	Royal Australasian College of Pathologists
<b>VET</b>	Vocational Education and Training
<b>VETGAG</b>	Vocational Education and Training Government Advisory Group

## Report from the Chairman

In September 2001, AHMAC approved the establishment of a committee to support the national coordination of workforce issues. Now entering its fifth year of operation, the Australian Health Workforce Officials' Committee has had a period of consolidation. The workforce issues identified in the 2002 stock take of jurisdictional initiatives, and 2003/04 national workforce projects have provided a detail understanding and baseline information on the key drivers, risks and opportunities in addressing the critical workforce issues facing the Australian health care system.

In 2004/05, the work of AHWOC has been dominated by consideration of reforms of the system and structures in which the health workforce operates.

In this reporting period, the issue of workforce has been considered at the highest levels of government. AHWOC has played a key role in providing advice to AHMAC and AHMC on the issues to be addressed. During this time, the Council of Australian Governments (COAG) commissioned the Productivity Commission to undertake a health workforce research study (the Productivity Commission study). COAG also commenced a separate health reform process. These reviews provide an opportunity for cross-sectoral exploration of structural issues such as education and training at the health interface. They also provide a forum to raise ongoing challenges such as health workforce supply and distribution issues.

AHWOC has built on previous work around the development of a National Health Workforce Strategic Framework in its participation in the Productivity Commission study. AHMAC made two submissions to the study – one raising key issues for consideration and one exploring possible approaches to address health workforce challenges.

Detailed projects completed through the AHMAC-funded work program have provided an evidence base to support an argument for change. I would like to acknowledge the work of the Australian Medical Workforce Advisory Committee, the Australian Health Workforce Advisory Committee and the Australian and Torres Strait Islander Health Workforce Working Group that was integral to the development of these submissions.

In conjunction with the Australian Competition and Consumer Commission (ACCC), AHWOC completed a review of 11 medical colleges, and made recommendations to the Australian Health Ministers' Conference about reforms to increase the transparency and accountability of colleges processes and activities. The recommendations provide an opportunity for jurisdictions to influence through participation the decision making processes of medical colleges around selection of trainees, training, accreditation of health services and assessment of overseas trained doctors.

In 2004/05, AHWOC commenced joint implementation of reforms with the Royal Australasian College of Surgeons as specified in conditions of authorisation by the ACCC. This included participation on the decision-making bodies of the college, and ongoing negotiations around training numbers and location. AHWOC has developed and negotiated four separate common statements outlining key issues from health departments' perspective for submission to the independent review panels considering RACS assessment of hospitals and hospital posts and the assessment of overseas trained doctors.

The focus of AHWOC projects however has been broadened to include a range of workforce groups. In 2004/05 AHWOC has completed work on dentists, nursing, clinical placements, and health education and training data.

AHWOC continues to be a useful mechanism for jurisdictional cooperation on workforce issues. The operating environment for health services and workforce policy makers has changed and jurisdictions are now investing much more significantly in health workforce policy. AHWOC provides a forum to debate workforce issues, a clearing house for workforce information and body for undertaking projects with a national focus.

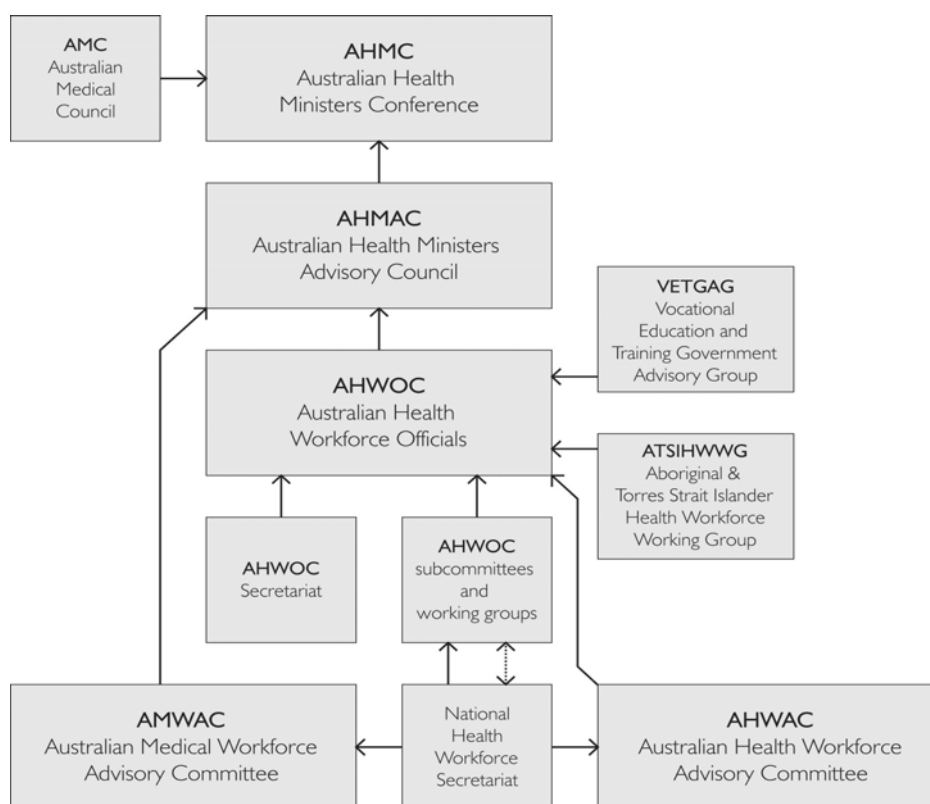
To manage the increased volume and scope of the national projects, AHWOC has developed business processes and systems to support the work of the committee. An internal website has been established that enhances communication between members; reporting by AHWOC nominees on external committees; and advice about AHWOC's sub committees and working groups.

The 2004/2005 Annual Report sets out AHWOC's work and achievements in more detail.

**John Ramsay**  
**Chair, Australian Health Workforce Official Committee**

## 1. Organisation

AHWOC is one of a number of committees established by AHMAC that have a role, directly or indirectly, in health workforce. During 2004/05, the committee structure was as follows:



### 1.1 AHWOC Subcommittees and Working Groups:

Committee	Chair
ACCC/AHWOC Review of Medical Colleges Steering Committee and Working Group – (Jointly convened with ACCC)	Mr John Ramsay AHWOC Chair
	Mr John Martin, ACCC Commissioner
AHWOC/National Advisory Committee on Oral Health – Working Group and Sub committees	Mr John Ramsay AHWOC Chair
Joint Jurisdictions Junior Medical Officer Workforce Working Group	<i>Ms Margaret Banks</i> <i>AHWOC Secretariat</i>
Jurisdictional Workforce Planners	Mr Peter Carver, Vic
Pathology Working Group and Sub Committees	Mr John Ramsay AHWOC Chair
Regulation Sub Committee	Mr Peter Carver, Vic
Royal Australasian College of Surgeons Joint Implementation Group	Mr John Ramsay AHWOC Chair

*Plain text indicates AHWOC members, italics indicate nominees who are not AHWOC members*

## 1.2 Status of AHWOC Sub Committees and Working Groups

All AHWOC subcommittees and Working Groups are being reviewed, through AHMAC's review of its committee structure which commenced in 2005.

### Joint Jurisdictions Junior Medical Officer Workforce Working Group

The objective of this group is to:

- provide a forum to share information between jurisdictions about the junior medical workforce;
- where possible, to align state and territory processes for junior medical workforce;
- collect and review data on the junior medical workforce; and
- make recommendations on issues relevant to the junior medical workforce to AHWOC.

This group has met by teleconference 3 times in 2004/05. Its membership includes representatives from all jurisdictions and nominees from the Australian Medical Council, Confederation of Postgraduate Medical Education Councils and Committee of Deans of Australian Medical Schools.

A work plan has been agreed for 2005/06, and the continuation of the group will be reviewed at the end of June 2006.

### Royal Australasian College of Surgeons Jurisdictional Implementation Group

This is a standing committee of AHWOC that was established to facilitate the effective and efficient implementation of the authorisation conditions imposed by the ACCC on the Royal Australian College of Surgeons, through:

- Information sharing,
- Collaboration on implementation; and
- Providing advice to AHWOC.

The group is made up of representatives of the Australian, State and Territory Health Departments. It met five times by teleconference to progress issues such as surgical training places and jurisdictional participation on college boards.

The role of this committee is under review as part of the AHMAC review of committees and the release of the report from the ACCC/AHWOC Review of Medical Colleges.

### Jurisdictional Workforce Planners

This committee is made of officers with technical and operational skills in workforce planning. Its role is to:

- i promote effective workforce planning by facilitating information exchange among jurisdictions about workforce planning methodologies, processes, strategies, projects and data.
- ii provide expert advice to AHWOC and the National Health Workforce Secretariat in the issue identification and development stages of national health workforce projects.
- iii participate in workforce planning exercises between States, Territories and the Commonwealth, and where appropriate, in those undertaken by AHWOC and/or the National Health Workforce Secretariat.
- iv assist AHWOC with the collection of information and data for health workforce planning, including for projects conducted by the National Health Workforce Secretariat.
- v disseminate information within jurisdictions regarding workforce planning initiatives of AHWOC and the National Health Workforce Secretariat.
- vi ensure effective liaison among the Australian Health Workforce Officials' Committee, the national health workforce secretariat, and state and territory health departments.

This committee did not meet during 2004/05. The committee's role and continuation is currently under review.

### Practitioner Regulation Sub Committee

Established in 2004, this committee's terms of reference indicate that it will provide advice to AHMAC on regulation issues through AHWOC and address key priority work on the AHWOC project plan. Formalisation of this role will be sought through the AHMAC review of committees.

The objective of the committee is to:

- i Provide a forum to address cross-jurisdictional issues associated with the regulation of the health professions, and to make recommendations to AHWOC on matters requiring a cross-jurisdictional policy and/or regulatory response.
- ii Make recommendations to AHWOC concerning submissions that are currently before various jurisdictions, from professional associations representing unregistered or partially registered health professions that are seeking statutory registration.
- iii Review and make recommendations to AHWOC about changes, if any, to the AHMAC process and criteria for assessing the regulatory requirements for currently unregulated health occupations that were agreed to in 1994.
- iv Make recommendations for further cross-jurisdictional work to explore alternative models to statutory registration for those professions that do not meet the AHMAC criteria (or revised AHMAC criteria) for statutory registration.
- v Provide expert advice on the examination of regulatory barriers and their impacts on opportunities for workforce reform and redesign.
- vi Oversee the work of the medical registration legislation project team in developing nationally consistent legislative arrangements for the registration of medical practitioners.

The committee has met 3 times in this reporting period.

### Pathology Working Group

The Pathology Working Group was established in July 2003 by AHMAC following recommendations in the 2003 AMWAC Report *The Specialist Pathology Workforce in Australia*.

The membership of the Pathology Working Group included:

- Australian Health Workforce Officials Committee (AHWOC);
- Commonwealth Department of Health and Ageing;
- State / Territory Health Departments;
- Royal College of Pathologists of Australasia;
- Australian Association of Pathology Providers;
- National Coalition of Public Pathology
- Mayne Pathology
- Australian Medical Workforce Advisory Committee
- Committee of Deans of Medical Schools

This committee has supported four sub groups, including:

- Training and funding
- Rural and regional pathology
- Pathology and medical scientists
- RCPA training program

This committee did not meet during 2004/05. A submission to AHMAC is being drafted to finalise the work of this working group.

### AHWOC/National Advisory Committee on Oral Health and Sub Group

At the AHMC meeting of 29 July 2003, Ministers requested that AHWOC, jointly with the National Advisory Committee on Oral Health (NACOH) report to AHMC on the progress made to increase the supply of overseas dental graduates into the public sector and to remote and Northern Australia.

A number of strategies to address dental workforce shortages were endorsed at the AHMC meeting of 28 November 2003.

Following this meeting three subgroups were formed to assist in implementation of the recommendations:

- Public Sector Dental Workforce Scheme working party
- Recruitment and Retention working party
- Education and Training working party

An AHMAC paper is being drafted to note the progress made by AHWOC/NACOH, note the recommendations implemented and seek approval for the working group to be wound up.

#### ACCC/AHWOC Review of Medical Colleges Steering Committee and Working Group

Two committees were established to coordinate and oversee the implementation of this review. The Steering Committee, Chaired by an ACCC commissioner, with members drawn from senior executive health department officials and the AHWOC chair, was established to provide strategic direction for the review and determine matters to be progressed by the ACCC and / or referred to the Australian Health Ministers Advisory Council. The Working Group members were drawn from the ACCC and health departments in each state and Territory and the Australian Government.

Each committee met 3 times by teleconference during the period 2004/05.

With the endorsement of the Review Report by Health Ministers on 28 July 2005, these committees were disbanded.

### **1.3 AHWOC Membership of other committees**

The role of AHWOC as a key national workforce committee has resulted in a significant increase in the number of requests for AHWOC to provide comment, advice or participate in the activities of other committees, in particular where the work of that committee has an impact on or implications for the health workforce.

During the period 2004/05, AHWOC representatives (or their delegates) sat on the following government committees:

Committee	Sponsoring Body	AHOWC Representative(s)
Aboriginal and Torres Strait Islander Health Workforce Working Group	AHMAC	Mr John Ramsay (AHWOC Chair) Ms Deborah Hyland, NSW Mr Mark Hathaway, NT Mr Rod Bishop, SA
Australian Health Workforce Advisory Committee	AHMAC	Mr John Ramsay (AHWOC Chair)
Australian Medical Council	AHMAC	Mr John Ramsay (AHWOC Chair)
Australian Medical Workforce Advisory Committee	AHMAC	Mr John Ramsay (AHWOC Chair)
Nationally Consistent Medical Registration	AHMAC	Mr Peter Carver, Vic <i>Mr Stuart Calvin, ACT</i> <i>Ms Anne-Louise Carlton, Vic</i>
Magnet Principles Working Group	ANZCCN / ACQSHC	<i>Ms Lise Pittman, Vic</i> <i>Mr Robert Brazenor, Vic</i>
Medical Specialist Training Steering Committee & Reference Groups	DoHA / AHMAC	Mr John Ramsay (AHWOC Chair) Mr Brett Lennon, DoHA Ms Deborah Hyland, NSW Mr Mark Hathaway, NT Mr Peter Carver, Vic <i>Dr Suzanne Huxley, Qld</i> <i>Dr Dianne Barrington, SA</i> <i>Ms Lise Pittman, Vic</i>
Radiation Oncology Reform Implementation Committee – Workforce Working Group	DoHA / AHMAC	Ms Deborah Hyland, NSW
DOHA Private Sector Pathology Training Program	DoHA	<i>Ms Margaret Banks, AHWOC Sec</i>

Selection Committee

Joint Working Group on Overseas Trained Specialists	DoHA	Mr John Ramsay (AHWOC Chair)
Steering Committee Forum on Temporary Resident Doctors practising in General Practice	DoHA	<i>Mr Cameron Rowe, Vic</i>
Medical Study Review – Steering Committee	DEST	Mr John Ramsay (AHWOC Chair)
Maternity Services Collaboration	AHMAC	<i>Ms Luisa Abiuso, Vic</i>
New Zealand and Australian Pharmacy Schools Accreditation Committee	AHMAC	<i>Dr Bhivani Patel, NT</i>
CSHISC Vocational Education and Training Government Advisory Group	AHMAC	Mr John Ramsay (VETGAG Chair) Mr Brett Lennon, DoHA Mr Peter Carver, Vic Mr Rod Bishop, SA Mr Greg Rickard, NT Mr Rob Lindsay, WA <i>Mr Tony Farley, NSW</i> <i>Mr Paul Targett, Tas</i>

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*Plain text indicates AHWOC members, italics indicate nominees who are not AHWOC members*

During the period 2004/05, AHWOC representatives (or their delegates) were nominated to sit on the following committees of medical colleges:

Committee	Representative(s)
<b>Royal Australasian College of Surgeons Standing Committees:</b>	
Education Policy Board	Mr John Ramsay (AHWOC Chair) Mr Peter Carver, Vic
Board of Basic Surgical Training	<i>Dr Russell Schedlich, NSW,</i> <i>Ms Marian Kroon, DoHA</i> <i>Prof Richard Vaughan, WA</i>
Board of Specialist Surgical Training	<i>Dr Wayne Ramsey, ACT</i> <i>Dr Suzanne Huxley, Qld</i>
Cardiothoracic Board	<i>Dr Ken Hardy, Vic</i>
General Surgery Board	<i>Ms Praveen Sharma, Vic</i>
Neurosurgery Board	<i>Dr Helen McArdle, Tas</i>
Orthopaedic Surgery Board	<i>Dr Suzanne Huxley, Qld</i>
Otolaryngology Board	<i>Dr Russ Schedlich, NSW</i>
Paediatrics Board	<i>Mr Neil Purdy, WA</i>
Plastic and Reconstructive Surgery Board	<i>Dr Sue Svilans, SA</i>
Urology Board	<i>Mr Stuart Calvin, ACT</i>
Vascular Surgery Board	<i>Dr Dianne Barrington, SA</i>
<b>Royal Australasian College of Physicians Project Committee:</b>	
Education Strategy Implementation Group	Mr Rob Lindsay, WA

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*Plain text indicates AHWOC members, italics indicate nominees who are not AHWOC members*

## 1.4 AHWOC Collaboration with other bodies:

There has also been an increasing requirement for AHWOC to collaborate and / or liaise with other bodies, associations or organisations. Key collaborative projects include:

Committee	Sponsoring Organisation	Support provided by AHWOC
National Nursing and Nursing Education Taskforce	AHMAC	The work to establish the Taskforce was coordinated by AHWOC and the AHWOC Chair and Secretariat have had an ongoing role in providing the interface with AHWOC and AHMAC, particularly in relation to budget and consultation process issues.
Education Strategy Implementation Group (ESIG)	RACP	AHMAC discussed greater involvement by jurisdictions in RACP activities to influence training, number and distribution of trainees. The AHWOC Chair and a then member of the AHWOC Secretariat met with the RACP to discuss engagement. AHWOC resolved to provide a representative to the RACS ESIG at its 1 July 2005 meeting.
AMA Doctors in Training	AMA	The AMA sought to be involved in the national coordination of training places for medical graduates, through membership on the Joint Jurisdictions Junior Medical Officer Working Group. Following meetings of an AMA representative with the AHWOC Chair and officers of the Secretariat, it was agreed that AMA should be involved through mechanisms other than membership of AHWOC committees.
Australian Vice Chancellors Committee	Australian Universities	The AHWOC Chair and Secretariat liaised with the AVCC during early 2005 to arrange a meeting between representatives of AHMAC and the Australian Vice-Chancellors' Committee, which was held on 26 July 2005.
Australian Education Senior Officials Committee	MCEETYA	Representatives of AHMAC and the Australian Education Senior Officials' Committee met on 25 November 2004 and 23 June 2005 to discuss issues of mutual interest, and finalise advice to Health and Education Ministers about health workforce issues. This advice was considered by Health Ministers at their 28 July 2005 meeting.
Care of Older Australians Working Group	DoHA	The COAWG Action Plan approved by Health Ministers in 2004 refers to joint work between AHWOC and COAWG on workforce issues relating to the care of older Australians. COAWG is seeking a collaborative project with a joint Steering Committee and joint Secretariat support. A joint proposal was developed.
Australian Health Information Council – Health Workforce Informatics Capacity Building Plan	AHMAC	AHMAC in November 2004 agreed the National Health Information Group should consider implementation of the Health Informatics Capacity Building – National Statement 2004. AHWOC provided comment on the statement to NHIG in January 2005 and there is expected to be ongoing participation in implementation of the recommendations.
Health Reform Agenda Working Group (HRAWG)	AHMAC	During 2004/05, the Secretariat coordinated advice to HRAWG about workforce reform issues in consultation with AHWOC members.
Vocational Education and Training Government Advisory Group	AHMAC	AHWOC has supported the establishment of a National Liaison position to support the work of the CSHISC and VETGAG. AHWOC has assisted with the identification of nominees to participate on Industry Skills Council Reference Groups. VETGAG has contributed to the AHMAC submission to the Productivity Commission study.

## 1.5 Strategic Planning

AHWOC held a Strategic Planning Workshop in December 2004 to review its effectiveness, consider strategic issues and set its future directions.

AHWOC's identified that its challenge in this environment was to focus on issues of key and common concern, and to develop strategic policy advice and positions, whilst remaining responsive to Health Ministers and AHMAC.

AHMAC agreed AHWOC's work in 2005 should focus on action on four priority areas within the National Health Workforce Strategic Framework:

- Health Workforce education and training
- Health workforce utilisation, reform and redesign
- Supply and distribution, and
- Information and data

The outcome of the workshop was a revision of the current and future national health workforce work program to focus on these four priority areas. The revised national health workforce program for 2004/05 was submitted to AHMAC and subsequently approved out of session.

In addition, AHWOC's Terms of Reference were revised with approval from AHMAC to reflect its strategic role (see appendix 1).

## 1.6 2004/05 AHWOC Work Plan

The revised 2004/05 National Health Workforce work program reallocated resources to key projects, which caused the winding up of some projects whilst maximising the value from work which was substantially in progress. The agreed 2004/05 work program:

- Continued the move away towards a whole of workforce approach looking at models of care and linking service with workforce planning, and
- Supported the development of a comprehensive submission to the Productivity Commission Health Workforce Study.

The National Health Workforce work program lists the funded workforce projects from all of the key workforce committees, including the National Health Workforce Secretariat, Australian Medical Workforce Advisory Committee, Australian Health Workforce Advisory Committee and Aboriginal and Torres Strait Islander Health Workforce Working Group. The agreed work program is listed at appendix 5.

Projects undertaken by AHWOC include:

Project Description	Status as at 30 June 2005
<p><b>Clinical placements – an overview of issues</b></p> <p>Documentation of jurisdictional developments in clinical education and innovative approaches to clinical placements.</p>	<p>Completed.</p> <p>Research paper presented to AHWOC. Issues incorporated into submission to Productivity Commission. Paper for public distribution drafted.</p>
<p><b>Health workforce impact statement</b></p> <p>This project will develop a health workforce impact statement to support project and program planning and implementation.</p>	<p>Substantially complete.</p> <p>Draft survey instrument development. Project extended to allow piloting of instrument to occur in 2005/06.</p>
<p><b>Health workforce regulation – an overview of issues</b></p> <p>This project will explore the regulatory issues and approaches to health workforce reform. Desk top analysis of current regulatory and other issues impacting on health workforce redesign.</p>	<p>Ongoing.</p> <p>Mapping of five workforce groups completed. Regulatory analysis to be undertaken in 2005/06.</p>
<p><b>ACCC/AHWOC Medical Specialist Colleges Review</b></p> <p>This project involved jurisdictions participating in the ACCC's review of the other medical colleges in line with principles drawn from the ACCC's determination in relation to the selection, training and examination processes of the Royal Australasian College of Surgeons.</p>	<p>Completed.</p> <p>Report endorsed by Health Ministers in July 2005. Implementation plan to be drafted for October 2005 AHMAC.</p>
<p><b>National Health Workforce Strategic Framework – annual review of progress</b></p> <p>An annual report that provides an overview of the Australian health workforce, the use of the Framework (including application by stakeholders) and the direction of national health workforce policy and planning.</p> <p>Evaluation of the implementation is not a funded project. Any project implemented needs to be done within existing resources. This limits the scope of any evaluation that can currently be undertaken.</p>	<p>Ongoing.</p> <p>Detailing achievements against the Framework principles in the AHWOC, AMWAC and AHWAC annual reports is part of the reporting process.</p>

Project Description	Status
<p><b>Nationally consistent medical registration legislation</b></p> <p>In April 2004 the Australian Health Ministers' Conference agreed to the development of a nationally consistent approach to medical registration. This project will undertake the necessary work to develop nationally consistent legislative arrangements in the priority areas identified by the Health Ministers, and an intergovernmental support mechanism to ensure consistency over time.</p>	<p>Partially completed.</p> <p>The project commenced on 30 August 2004, with the project brief signed off by AHWOC in September 2004. AHMAC approved an extended timeframe implementation of the project until Dec 2005.</p>

A range of projects considered key to progressing the national priority workforce areas were also undertaken by AHWOC, these included:

Project Description	Status
<p><b>Royal Australasian College of Surgeons</b></p> <p>Surgical training issues, including numbers and selection continue to be negotiated with the College as part of the implementation of ACCC conditions of authorisation of RACS.</p> <p>Implementation of these conditions has involved participation by jurisdictional representatives in RACS processes. AHWOC has undertaken an evaluation of jurisdictional participation in RACS activities.</p> <p>AHWOC has provided significant policy input into the two independent RACS reviews required by the ACCC's authorisation considering accreditation of hospitals and hospital posts and the assessment of overseas trained doctors.</p>	<p>Ongoing.</p> <p>In excess of six meetings and teleconferences have been held with RACS and AHWOC members, primarily the AHWOC Chair.</p> <p>Completed.</p> <p>Evaluation of participation considered. Results to be provided to RACS.</p> <p>Completed.</p> <p>Four separate papers submitted. Implementation plans to be prepared in 2005/06.</p>
<p><b>Health Workforce Education and Training data</b></p> <p>The Health Workforce Education and Training data project aims to provide a report which will identify issues in relation to DEST/VET data when used for health workforce purposes, provide possible solutions to the issues and a basis for seeking data improvements if required.</p>	<p>Substantially completed.</p> <p>Paper to AHWOC September 2005 recommending next of phase of project.</p> <p>Survey of source data completed. Links with other data projects to be assessed.</p>
<p><b>Oral Health Workforce – Recruitment and Retention, Education and Public Sector Dental Workforce Scheme</b></p> <p>Implementation of recommendations from July 2003 AHMAC paper on Oral Health Workforce. Public Sector Dental Workforce Scheme implemented subject to legislative change in some jurisdictions.</p>	<p>Substantially completed.</p> <p>Follow up projects on education and training to be considered for 2005/06.</p>
<p><b>Productivity Commission Health Workforce Study</b></p> <p>Although there is a separate Steering Committee for the development of the AHMAC submissions to the Productivity Commission Health Workforce Study, AHWOC was a key source of advice on drafts of the initial and further submissions.</p>	<p>Completed.</p> <p>Study to be completed by December 2005.</p>
<p><b>Evaluation of Centralised Processing of Nursing Labour Force Survey</b></p> <p>A survey of the effectiveness and efficiency of the centralised processing mechanism.</p>	<p>Completed.</p> <p>MOU with AIHW to be signed early 2005/06.</p>

Project Description	Status
<p><b>AHWOC Strategic Plan</b></p> <p>Held 11/12 December 2004, a workshop provided an opportunity to review the effectiveness of AHWOC, consider strategic priorities and set the future direction for the committee.</p>	<p>Completed.</p> <p>Strategic approach to business for 2004/05 and beyond endorsed by AHMAC.</p>
<p><b>Allied Health Accreditation</b></p> <p>Consider policy and process issues in relation to proposals to create a single allied health accreditation body and comments from stakeholders on this proposal.</p> <p>AHWOC agreed further work on approaches to accreditation were required to inform and / or include in the AHMAC submission to the Health Workforce Study, however not in the context of single professional groups.</p>	<p>Suspended.</p> <p>Accreditation issues addressed in the AHMAC submission to the Health Workforce Study being undertaken by the Productivity Commission.</p>
<p><b>Alignment of Overseas Trained Doctors Policies and Processes</b></p> <p>Review of recommendations from the MTRP OTD Subcommittee Report, following referral by DoHA on the recommendation of the Medical Training Review Panel.</p> <p>Issues from the Report focus on quality, consistency in assessment processes and the orientation, training and support that overseas trained doctors receive.</p>	<p>Partially completed.</p> <p>Preliminary analysis of recommendations that require further policy consideration, can be referred to other bodies, are for consideration by jurisdictions for implementation; and recommendations not supported have been identified. This matter is to be further progressed by AHWOC in 2005/06.</p>
<p><b>Health Informatics Capacity Building – National Statement</b></p> <p>Support the implementation of the Health Informatics Capacity Building-National Statement 2004, within the resources and priorities of AHWOC, initially by providing advice.</p>	<p>Completed.</p> <p>Preliminary comments provided on the National Statement, and ongoing advice and participation in implementation in 2005/06 is anticipated.</p>
<p><b>Medical Workforce Initiatives</b></p> <p>During 2004/05 AHWOC continued to monitor medical workforce initiatives, and submitted an update paper to AHMAC's November 2004 meeting.</p>	<p>Ongoing.</p>
<p><b>Health Workforce Reform</b></p> <p>At the AHMAC meeting on 16 June 2005, AHMAC agreed to recommend to Health Ministers that workforce would continue as part of the Health Reform Agenda.</p>	<p>Ongoing.</p>

## 2. Performance

### 2.1 Reports to AHMC/AHMAC

In 2004/05, AHWOC was responsible for drafting and submitting papers to AHMAC and AHMC for consideration on behalf of the Australian Government, State and Territory Health Departments. These papers covered a range of health workforce issues, including:

Issue	AHMAC Paper	AHMC Paper
ACCC/AHWOC Review of Medical Colleges	2 March 2005 16 June 2005	OOS 4 July 2004
AHMAC Engagement in Education Issues	16 June 2005	
AHWAC Report: Nursing Workforce Planning in Australia – An overview of Workforce Planning Projects	11 Nov 2004	
AHWOC Annual Report	11 Nov 2005	
National Health Workforce Subcommittee Annual Reports (AHWOC, AMWAC and AHWAC)	11 Nov 2004	
AMWAC Report: Sustainable Specialty Services – A Compendium of Requirements: 2004 Update	11 Nov 2004	
AMWAC Report: The Public Hospital Medical Workforce	11 Nov 2004	
AMWAC Review: Surgical Workforce	OOS April 2005	
Health Workforce Strategic Issues and Work in Progress		28 Jan 2005
Business Plan for National Health Workforce Initiatives	2 March 2005	
COAG Health Workforce Paper	11 Nov 2004 16 June 2005	
Enrolled Nurse Qualifications - Health Training Package	16 June 2005	
Health Workforce and Education and Training		29 July 2004
Health Workforce Overview and Action Plan		29 July 2004
IM & ICT Update – National Strategy & Health Workforce Capacity Building	11 Nov 2004	
National Collaboration on Maternity Services	2 March 2005	
RACS Review Committee Discussion on Review (Accreditation of Hospitals and Hospital Posts for Training, and Assessment of Overseas Trained Doctors)	11 Nov 2004 16 June 2005	28 Jan 2005
RACS Training Issues	2 March 2005 16 June 2005	
ATSIHHWWG Health Course Guidelines	Out of Session	
Workforce impacts of credentialing	"	
Nursing position statements	"	
Revised National Health Workforce Work Program	"	

## 2.2 National and Common Responses Developed by AHWOC

As part of its national coordination role, AHWOC negotiated responses on behalf of AHMAC on the following issues:

Issue	Date Finalised
Submissions to the independent RACS Review of the Accreditation of Hospital and Hospital Posts	November 2004
Submission to the independent RACS Review of Assessment of Overseas Trained Surgeons.	November 2004
AHIC Health Informatics Capacity Building paper	January 2005
Jurisdictional common response on draft report to independent RACS Review panel considering Accreditation of Hospitals and Hospital Posts.	April 2005
Jurisdictional common response on draft report to independent RACS Review considering Assessment of Overseas Trained Surgeons.	April 2005
Productivity Commission Submission for use by individual jurisdictions on Terms of Reference	November 2004
Initial submission to Productivity Commission	May 2005

## 2.3 Establishment of Processes and Protocols

At its meeting on 2 March, AHMAC noted the development of business rules and protocols that ensure the effective operation and clear lines of governance for AHWOC and its sub committees. These are detailed at appendix 6.

Improvements in the efficient running and communication between members of AHWOC have been achieved through the establishment of a members' specific web site. This site details protocols, provides templates, meeting notes and reports from members participating on external committees.

## 2.4 Achievements against Health Workforce Principles

### Principle 1: Ensuring and sustaining supply

- The Pathology Working Group has collected baseline information on specialist and training post vacancies and capacity of the system to train, addressed issues associated with the high attrition rate from the training program; identified opportunities to convert vacant consultant positions to training positions; reviewed demand for training places and explored availability of supervisors to provide training.
- The recommendations from the Report on the ACCC/AHWOC Review of Medical Colleges provide Health Departments with a mechanism to influence vocational training numbers and distribution.
- AHWOC has worked closely with RACS to develop effective models to enable adequate training positions to meet service supply requirement for surgeons. The issues around basic surgical training places, advanced surgical training posts and mechanisms for allocation remain unresolved in this reporting period.
- Following endorsement of the recommendations from the Oral Health Workforce report, the AHWOC/NACOH working group have implemented the Public Sector Dental Workforce Scheme. The scheme exempts dentists trained in Hong Kong, South Africa, Singapore, Malaysia, Canada and the USA from the Australian Dental Council preliminary exam and grants them conditional registration to work in the public sector for up to three years under the supervision requirements determined by the relevant jurisdiction.

## Principle 2: Workforce distribution

- The Joint Jurisdictions Junior Medical Officers Working Group has established an annual data collection mechanism for junior doctors, to be published in the Medical Training Review Panel Report from 2005.
- The implementation of recommendations in the ACCC/AHWOC Review of Medical Specialist Colleges will provide opportunities to progress medical specialist distribution.

## Principle 3: Health is a place people want to work

- Full implementation of a nationally consistent allocation period for junior doctors by the Joint Jurisdictions Junior Medical Officer Working Group supports JMO employment in state and territory health systems.

## Principle 4: Skilled and competent workforce

- AHWOC has completed an exploration of the issues and options for addressing clinical training in health services. The paper has been used to promote discussion on the purpose of clinical education placements and the status of current delivery methods. This information is to inform the AHMAC submission to the Health Workforce Review being undertaken by the Productivity Commission.
- AHWOC has undertaken preliminary work on fast tracking options for health professionals and the extent of options available.
- Work has commenced on developing policy around categories for general registration, as part of the implementation of a nationally consistent mechanism for medical registration. This includes eligibility requirements and application processes for general registration, with further work scheduled in 2005/06 to address the remaining categories of medical registration agreed by Health Ministers. Areas yet to be addressed include public access to be provided and a system for maintenance of professional competence, drafting instructions for legislative changes, and consultation on the detail of policy proposals with stakeholders.

## Principle 5: Optimum use of skills and workforce adaptability

- The complex task of mapping regulatory requirements of workforce groups has been completed for five occupations. Analysis of this information will provide a comprehensive picture of the regulatory environment for health workforce occupational groups.

## Principle 6: Best practice workforce policy and planning

- The RACS JIG has completed an evaluation of jurisdictional participation in RACS activities, identifying opportunities to increase efficiency and effectiveness.
- A Health Workforce Impact Assessment tool has been developed that supports project and program planning and implementation to determine the workforce impacts of their initiative. The assessment tool will be piloted in 2005/06.
- Issues of access, quality and availability of DEST and VET data have been identified and analysed by AHWOC in this reporting period. This information is important as jurisdictions negotiate access to data on university and VET health student numbers, location and distribution.
- Information on the effectiveness and efficiency of centralised collection of nursing labour force data has been completed, which has been used to inform the renegotiation of a revised memorandum of understanding with the AIHW.

## Principle 7: Involving stakeholders and working collaboratively

- Through consultation and collaboration with CDAMS, JJMOWG has supported the collection of data on junior medical officers that will increase an understanding of the employment choices of state and region of junior doctors in their intern year.
- In collaboration with the ACCC, AHWOC undertook a review of eleven specialist medical colleges with a view to recommending reforms to the selection and training of vocational trainees, accreditation of health services and the assessment of overseas trained doctors.

- Through the development of a common jurisdictional position on the draft Productivity Commission Terms of Reference, AHWOC has progressed critical reform issues agreed by Health Ministers in this review process.
- On behalf of AHMAC, AHWOC established a communication mechanism with Education CEOs as a step in addressing the disconnect between the education and health sectors.
- AHMAC submissions to the Productivity Commission Health Workforce Study have highlighted key issues of importance, addressing health outcomes jurisdictions are seeking and options for how these can be achieved.
- The establishment of the AHWOC website has facilitated collaboration and communication between members and AHWOC nominees on external committees. Information on AHWOC meetings including agendas, papers and outcomes is available to all members.
- Implementation of the National Health Workforce Strategic Framework is proceeding. Priority areas under the framework are being progressed by AHWOC and reporting of achievements against the seven principles is part of this annual report.
- Participation in the RACS independent Reviews has provided an opportunity for policy development and effective collaboration between jurisdictions on reform of RACS. Four submissions supported by AHMAC have been developed for submission to the RACS Reviews.

### 3. Future Direction

A number of key reforms will shape the future direction for AHWOC activity into 2005/06 and beyond. The first relates to the structure of AHWOC and its relationship to other AHMAC and AHMC workforce committees. A review of AHMAC Subcommittees that is proceeding in 2005/06 may change the number and structure of workforce committees, reporting lines for these committee and could potentially influence the distribution of work and resources.

Secondly, the outcome of the Productivity Commission's Health Workforce Study may impact on the emphasis, volume and scope of work undertaken by AHWOC.

A number of AHWOC projects will continue or move into the next phase of implementation in 2005/06. These include:

- Piloting the Health Impact Statement assessment tool – This tool was developed to assist people with limited workforce planning skill consider the impact of workforce on the development of project and program implementation plans. Plans are currently being developed to test. The Statement was tested with a national, state and local project team.
- Implementing ACCC/AHWOC Recommendations – In October 2005, AHMAC will consider the draft project plan for the phased implementation of recommendations across a number of medical colleges. Priority will be given to recommendations that influence medical specialist supply and distribution.
- Implementing key recommendations from RACS Reviews – The recommendations from the two independent reviews provide an opportunity for jurisdictions to work with RACS to establish performance measures and clear policies around the assessment of overseas trained doctors, and to facilitate the development of clear accreditation criteria for hospitals and hospital posts.
- Nationally Consistent Medical Registration – Work has commenced on policy relating to the category of general registration, its eligibility requirements and application process. Further work is scheduled to address public access to information, maintenance of professional competence, drafting instructions for legislative changes and consultation on the detail of policy proposals with stakeholders.
- Health Workforce Regulatory Issues – analysis work will be completed to provide an internal resource.

AHWOC will continue to work within the principles of the National Health Workforce Strategic Framework to promote and facilitate resolution of health workforce issues.

## 4. Financial Report 2004/05

### Income:

AHMAC Cost Shared budget	\$45,000		
Health Reform Agenda	\$275,000		
Tasmanian DHHS Contribution		Approx \$90,000 excluding Chair costs	Funding Executive Officer, travel, accommodation and overheads
NSW Health Contribution		Approx \$8,000	In kind support for administrative overheads for project officer.
<b>TOTAL</b>	<b>\$320,000</b>	<b>Approx \$98,000</b>	

### Expenditure:

Line Item	Allocated Amount	Comment
Education and training data	\$45,000	Fully expended. Substantially progressed, to be completed in 2005.
Health Workforce Impact Statement	\$45,000	Fully expended. Substantially progressed, to be completed in 2005
Return of Service schemes	\$5,000	Funds redirected. Decision not to proceed with project made in Feb 05
Regulatory Issues Project	\$115,000	Funds partially expended, project underway
Review of Medical Colleges	\$80,000	Fully expended, project completed.
Fast track to qualifications	\$30,000	\$30,000 originally allocated redirected. Decision that project would not proceed made February 05.
<b>TOTAL</b>	<b>\$320,000</b>	

All other work undertaken by AHWOC was funded from within existing resources or from efficiencies with other projects.

## 5. Appendices

1. AHWOC Terms of Reference
2. 2004/2005 Membership
3. Meeting Participation
4. National Health Workforce Strategic Framework Principles
5. 2004/2005 National Health Workforce Plan
6. AHWOC Business Rules

## AHWOC Terms of Reference

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It is the role to AHWOC to provide a forum for reaching agreement on key health workforce issues requiring collaborative action and to advise on health workforce requirements, as a basis for assisting the Australian Health Ministers' Advisory Council (AHMAC) to fulfil its roles.

1. To advise AHMAC on priority workforce issues requiring national collaboration.
2. To provide advice to AHMAC on policy, funding and health care delivery options and implications for health workforce development.
3. To provide a forum for ongoing communication and consultation between States, Territories and the Australian Government in relation to workforce priorities, the development of appropriate and supported industrial frameworks and workforce developments within jurisdictions.
4. To advise AHMAC on implementation issues arising from Australian Medical Workforce Advisory Committee (AMWAC) & Australian Health Workforce Advisory Committee (AHWAC) recommendations.
5. Work with AMWAC and AHWAC, and convene specialist groups where necessary, to provide advice on:
  - structure, balance, geographic distribution and future demand and supply requirements for priority skilled health workforces in Australia;
  - development and refinement of models for describing and predicting future skilled health workforce requirements in line with emerging technologies, treatment patterns and models of clinical care;
  - current and future educational and training requirements of priority skilled health workforces; &
  - establishment and development of data collections, analyses and workforce performance indicators to assist workforce planning.
6. To liaise with peak groups and organisations as required.

**Membership 2004 -2005**

The Committee comprises a nominee from the Australian Government/State/Territory health departments and the Australian Government Department of Education, Science and Training.

**Chair** Mr John Ramsay, Secretary  
Department of Health and Human Services, Tasmania

**Australian Government Department of Health and Ageing**  
Mr Brett Lennon, A/First Assistant Secretary  
Health Services Improvement Division

**ACT Health** Ms Susan Killion, Director, Health Policy and Reform  
Health Strategy and Acute Services  
Until July 04

Mr Rhys Ollerenshaw, Executive Director  
Policy & Planning from July 04 until January 05

Ms Megan Cahill, Executive Director  
Government Relations and Planning  
From January 2005

**New South Wales Health Department**  
Ms Deborah Hyland, Director  
Workforce Development and Leadership Branch

**Northern Territory Department of Health and Community Services**  
Mr Mark Hathaway, Director  
Human Resources and Workforce Development  
Until July 2005

Mr Greg Rickard, Director  
Service and Workforce Planning  
From July 2005

**Queensland Health** Mr Peter McKay, Executive Director  
Workforce Reform Branch

**Department of Health, South Australia**  
Mr Robin Michael, Executive Director  
Corporate Resources  
Until April 2005

Mr Rod Bishop, Director  
Labour Relations and Insurance Services  
From April 2005

**Department of Human Services, Victoria**  
Mr Peter Allen, Under Secretary  
Mr Peter Carver, Director  
Service and Workforce Planning

**Department of Health, Western Australia**  
Mr Rob Lindsay, General Manager  
Health Workforce and Reform Division

**Australian Government Department of Education, Science and Training**  
Dr Carol Nicoll, Branch Manager  
Higher Education Funding Branch, Higher Education Group  
Until December 2004

Ms Maria Fernandez, Branch Manager, Funding and Student Support Branch,  
Higher Education Group  
From December 2005 until April 2005

Mr Rod Manns, Branch Head  
Funding and Student Support Branch, Higher Education Group  
From April 2005

**Observers**

**Australian Medical Workforce Advisory Committee**  
Dr Jeannette Young, Chair

**National Health Workforce Secretariat**

Mr Paul Gavel, Executive Officer, Until March 2005  
Ms Justine Curnow, A/Executive Officer, From March 2005

**Secretariat**

Ms Helen Townley, Executive Officer

Ms Margaret Banks, Project Director

Ms Sharyn Cody, Project Officer

Ms Linda Casas, Administration, Until 25 April 2005

## Meetings and Participation

	Teleconferences	Meetings
Dates	9 July 2004	13 Sept 2004
	13 August 2004	16/17 December 2004
	29 September 2004	11 February 2005
	4 March 2005	21/22 April 2005
	17 May 2005	
	20 June 2005	
Total convened 2004/05	6	4
<b>Participation</b>		
Chair/Tasmania	6	4
Australian Government	6	4
Australian Capital Territory	6	4
New South Wales	6	4
Northern Territory	6	4
Queensland	6	4
South Australia	6	4
Victoria	6	4
Western Australia	3	4
DEST	1	0

## Out of Session Items

In the reporting period, there were 47 Out of Session Items distributed for comment or action by jurisdictions: The table below summarises Out of Session items for 2004/05, excluding items seeking AHWOC nominees for other groups. .

Date issued	Date due	OOS No.	Subject
2/8/2004	20/8/2004	...	Draft AHMC paper Medical Workforce Initiatives
2/8/2004	20/8/2004	...	Draft AHMC paper ACCC/AHWOC Review of Medical Specialist Colleges
16/8/2004	20/8/2004	...	Draft AHMC paper Health Reform Agenda Workforce projects progress report
16/9/2004	13/10/2004	...	Draft AHMAC paper Workforce implications of Credentialling requirements
16/9/2004	13/10/2004	...	Draft AHMAC paper Workforce implications of Nursing Position Statements
21/9/2004	7/10/2004	...	Jurisdictional implementation of AMWAC recommendations

4/10/2004	11/10/2004	...	Consultation on AHIC Health Informatics Capacity Building paper
4/10/2004	29/10/2004	...	Magnet/Healthy Hospitals – paper from AHWOC teleconference 29/9/2004
4/10/2004	15/10/2004	...	Draft AHMAC papers for November 2004 COAG health workforce study National Health Workforce Subcommittee Annual reports, Public Hospital Medical Workforce, Nursing Workforce Studies, Sustainable Specialist Services
3/11/2004	4/11/2004	...	Draft AHMAC paper on RACS Review presentations
15/11/2004	26/11/2004	...	AHWOC project plans for 2004/05 work
15/11/2004	7/12/2004	...	Jurisdictional implementation plans for National Health Workforce Strategic Framework
16/11/2004	26/11/2004	...	Consultation on revised MOU with AIHW for central processing of nursing labour force survey
23/12/2004	12/1/2005	...	Draft AHMC paper Progress on Health Workforce Issues for AHMC 28/1/2005
04/01/05	27/01/05	01/05	Further consultation on AHIC Health Workforce - Health Informatics Capacity Building - National Statement 2004
07/02/05	20/04/05	02/05	Draft Clinical Placements Paper Data paper from AHWOC 11 February
23/02/05	15/03/05	04/05	Policy Discussion Paper - Health Workforce Data Copy of Letter from ABS re ANZSCO
23/02/05	15/03/05	05/05	Consultation on AHWOC participation in the Health Training Package Review
23/02/05	20/04/05	06/05	Medical Specialist Training Steering Committee communication and information flows
23/02/05	20/04/05	07/05	Consultation on ATSIHWWG Health Course Guidelines
23/02/05	09/05/05	08/05	AHWAC Allied Health Workforce Report Attachment: Allied Health Overview
23/02/05	09/05/05	09/05	Models of Care Health Workforce Planning Report Attachment: A Model of Care Approach to Health Workforce Planning
23/02/05	09/05/05	10/05	Technology and Health Workforce Planning Report Attachment: Health Workforce Issues Paper 2 VET Sector Issues Attachment: Draft Health Training Package HLT02 Review Scoping Report
04/03/05	20/04/05	11/05	Health Training Package HLT02 Review Steering Committee Members Health Training Package Enrolled Nursing Industry Reference Group
14/03/05	02/05/05	12/05	Medical Workforce Initiatives - advice on jurisdictional initiatives
17/03/05	20/04/05	13/05	COAG Health Workforce Study - draft outline approach Health Workforce Education and Training Data Project
23/03/05	20/04/05	14/05	Agenda paper DEST data project plan
24/03/05	20/04/05	15/05	Evaluation of Central Processing of Nursing Labour Force Survey Agenda Paper - AHWOC 11 Feb 2005

04/04/05	09/05/05	16/05	Higher Education Issues DEST Higher Education Issues - draft response
30/05/05	06/06/05		
28/04/05	09/05/05	18/05	Consultation on draft Clinical Placements paper N3ET rec 25 report for comments Covering letter
02/05/05	TBA	19/05	
02/05/05	13/05/05	20/05	Advice about core supply data items
04/05/05	03/06/05	22/05	Health Workforce Data Project Survey Form Health Workforce Data Project Plan
09/05/05	19/05/05	23/05	HRAWG advice re National Health Priorities
09/05/05	23/05/05	24/05	Revised National Health Workforce Program 2004/05
18/05/05	20/05/05	25/05	Draft AHMAC paper - Enrolled Nurse Qualifications
18/05/05	1/05/05	26/05	Draft AHMAC Papers RACS Reviews & ACCC/AHWOC Reviews of other Colleges
24/05/05	01/06/05	29/05	AMWAC Surgery Report Consultation on Basic Surgical Training (BST) Steering Committee Report
24/05/05	25/05/05	30/05	Draft Hospital Assessment Report Instructions for Applicants
27/05/05	30/05/05	31/05	Draft advice to RACS re BST numbers and selection
02/06/05	03/06/05	32/05	Draft AHMAC paper on AMWAC Surgical Report
06/06/05	10/06/05	33/05	Medical Specialist Training Steering Committee documents Central Processing of the Nursing Labour Force Survey - AHWOC Paper
08/06/05	15/06/05	34/05	Draft MOU AHMC RACS Reviews (draft)
29/06/05	30/06/05	36/05	AHMC Medical Specialist Colleges Review (Draft)
			AHMAC Briefing Note: Technology & Health Workforce Planning
29/06/05	08/07/05	37/05	Technology Report AHMAC Briefing Note: Allied Health Workforce Allied Health Report
29/06/05	13/07/05	38/05	Demand for Health Services & the Health Workforce - Information Paper

### National Health Workforce Strategic Framework – Guiding Principles

1. Australia should focus on achieving, at a minimum, national self sufficiency in health workforce supply, whilst acknowledging its part of a global market.
2. Distribution of the health workforce should optimise equitable access to health care for all Australians, and recognise the specific requirements of people and communities with greatest need.
3. All health care environments regardless of role, function, size or location should be places in which people want to work and develop: where the workforce is valued and supported and operates in an environment of mutual collaboration.
4. Cohesive action is required among the health, education, vocational training and regulatory sectors to promote an Australian health workforce that is knowledgeable, skilled, competent, engaged in life long learning and distributed to optimise equitable health outcomes.
5. To make optimal use of workforce skills and ensure best health outcomes, it is recognised that a complementary realignment of existing workforce roles or the creation of new roles may be necessary. Any workplace redesign will address health needs, the provision of sustainable quality care and the required competencies to meet service needs.
6. Health workforce policy and planning should be population and consumer focused, linked to broader health care and health systems planning and informed by the best available evidence.
7. Australian health workforce policy development and planning will be most effective when undertaken collaboratively involving all stakeholders. It is recognised that this will require:
  - Cohesion amongst stakeholders including governments, consumers, carers, public and private service providers, professional organisations, and the education, training, regulatory, industrial and research sectors;
  - Stakeholder commitment to the vision , principles and strategies outlined in this framework;
  - A nationally consistent approach;
  - Best use of resources to respond to the strategies proposed in this framework; and
  - A monitoring, evaluation and reporting process.

## 2004 / 2005 National Health Workforce Plan

In May 2005, AHMAC supported the following health workforce work plan. The key workforce committees, including AHWOC, AMWAC, AHWAC, ATSIHWWG and VETGAG, undertook this work. Titles for those projects undertaken by AHWOC appear in capitals.

### Project

#### **CLINICAL PLACEMENTS - AN OVERVIEW OF ISSUES**

Documentation of jurisdictional developments in clinical education and innovative approaches to clinical placements.

#### **Demand - issues relating to the demand for health services and the health workforce**

Demand is an important part of the workforce planning equation; however supply side issues can dominate health workforce analysis and planning. This project will examine the issues relating demand for health services and the health workforce in the context of future issues and trends over the next 10 to 20 years.

#### **General practice - development of a Divisions of General Practice minimum data set**

Collaborative work between AMWAC and the Divisions of General practice to improve general practice data collections and develop a standard minimum data set for collection by Divisions of General Practice. To be undertaken upon completion of the AMWAC review of the general practice workforce. Follows up on a recommendation from the 2003 Review of Divisions of General Practice.

#### **Health workforce data - national minimum data set and common terminology**

This project aims to develop a national minimum data set for the Australian health workforce, including data items to be collected, common terminology and collection processes. Once developed the minimum data set will be submitted for inclusion in the National Health Data Dictionary

#### **Health workforce - future challenges and emerging issues**

Much of the recent workforce planning work has focused on current issues. This project will provide an overview of the medium to longer term challenges that are likely to be relevant to ensuring a sufficient health workforce into the decade 2020.

#### **HEALTH WORKFORCE IMPACT STATEMENT**

This project will develop a health workforce impact statement which can be applied when considering changes to health service provision.

#### **Health workforce information clearinghouse**

This project will develop a health information clearinghouse for information on health workforces, initiatives and planning.

#### **HEALTH WORKFORCE REGULATION - AN OVERVIEW OF ISSUES**

This project will explore the regulatory issues and approaches to health workforce reform.

#### **Medical careers survey - 2004 vocational medical trainees**

The study was first conducted in 2002 to gain information about the factors influencing the career choice and workforce participation decisions of doctors in vocational training. The study will be repeated in 2004 to enable career tracking of participants. The 2004 survey will be undertaken in two parts - doctors who participated in the 2002 survey and agreed to be resurveyed in 2004 and all other doctors in vocational training in 2004.

#### **ACCC/AHWOC MEDICAL COLLEGES - REVIEW OF SELECTION, TRAINING AND EXAMINATION PROCESSES IN LINE WITH PRINCIPLES DRAWN FROM THE ACCC DETERMINATION IN RELATION TO THE PROCESSES OF THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

This project will involve jurisdictions participating in the ACCC's review of the other medical colleges in line with principles drawn from the ACCC's determination in relation to the selection, training and examination processes of the Royal Australasian College of Surgeons.

### **Medical Training Review Panel - vocational training placements data collection**

The project provides an annual overview of vocational training placements, outcomes of medical college examinations and an overview of new college fellows. The information is published in the annual report of the Medical Training Review Panel.

### **NATIONAL HEALTH WORKFORCE STRATEGIC FRAMEWORK - ANNUAL REVIEW OF PROGRESS**

An annual report that provides an overview of the Australian health workforce, the use of the Framework (including application by stakeholders) and the direction of national health workforce policy and planning. It is anticipated that the report will be provided around February of each year.

### **NATIONALLY CONSISTENT MEDICAL REGISTRATION LEGISLATION**

In April 2004 the Australian Health Ministers agreed to the development of a nationally consistent approach to medical registration. This project will undertake the necessary work to develop nationally consistent legislative arrangements in the priority areas identified by the Health Ministers, and an intergovernmental support mechanism to ensure consistency over time.

### **Surgical workforces review - ongoing review covering general surgery, cardiothoracic surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery**

This project will provide advice on the optimal supply and appropriate distribution of each of the surgical workforces, including projections for future requirements and supply. The findings and recommendations will update those of previous AMWAC surgical workforce reviews where relevant. This project will complement the reviews already underway of the ear nose and throat surgery, neurosurgery and orthopaedic surgery workforces.

### **Assessment of the impact of technology on health workforce planning - information paper**

This project aims to consider the impact of technology and technological change on the health workforce and ways in which this impact could be assessed and better incorporated into health workforce planning.

### **Emergency care workforce review**

This project will be the first model of care workforce planning project. The intention is to provide advice on the future supply and requirements for the emergency care workforce. The project will build on the work that AMWAC has undertaken on the emergency medicine workforce and the issues that were highlighted at the emergency care forum held in mid 2003.

### **General practice workforce review**

The project will provide advice on:

- general practice workforce supply and requirements
- the structure, balance and geographic distribution of the workforce;
- the number and distribution of vocational training places needed to meet expected future requirements as suggested by patterns of supply, population health status, practice developments and changing models of care

The findings and recommendations will update those of the 2000 AMWAC review of the general practice workforce.

### **Models of care workforce planning**

This project aims to outline the process and methods that could be used in models of care health workforce planning. The project will include a definition of models of care planning, an inventory of existing models of care planning exercises, and an outline of a possible national methodology for models of care planning.

### **Perioperative workforce review**

This project aims to provide advice on the optimal supply and appropriate distribution of the perioperative workforce including projections for future requirements and supply.

## **AHWOC Business Rules – AHWOC Meetings**

### **Agenda:**

#### **Scheduled Meetings:**

A draft agenda will be cleared by the Chair and circulated 4 – 5 weeks before the next scheduled meeting.

Jurisdictions will have 5 working days to provide feedback on the agenda and suggested additional items.

The agenda will be finalised at least 3 weeks before the meeting, and additional items will only be added under exceptional circumstances at the discretion of the Chair.

Agenda nominations can be made to the Secretariat at any time. These will be handled as above.

Agenda items proposed within 3 weeks of a scheduled meeting that are not considered exceptional will be held until the next meeting or dealt with out-of-session (OOS).

#### **Urgent Meetings:**

Urgent meetings are usually called for a particular purpose and the associated timeframes may not permit use of the above procedures.

### **Meeting Papers:**

#### **Scheduled Meetings:**

All papers proposed for consideration at a scheduled meeting should be provided to the Secretariat 3 weeks prior to the meeting to enable clearance by the Chair. Papers which are not received by the Secretariat 11 working days before the meeting will not be considered at the meeting, except in exceptional circumstances to be determined at the discretion of the Chair.

Papers will be circulated electronically at least 10 working days before the meeting except in exceptional circumstances to be determined at the discretion of the Chair.

#### **Urgent Meetings:**

Urgent meetings are usually called for a particular purpose and the associated timeframes may not permit use of the above procedures.

### **Out of Session Items:**

The Secretariat will maintain a running sheet of OOS items and due dates (see Out of Session Items Section of this Website) which will be circulated each time a new OOS item is issued. Except in exceptional circumstances to be determined at the discretion of the Chair, 4 weeks will be allocated for comments on OOS items. If a member does not provide any comments, by the due date, it will be assumed that the jurisdiction has no comments and the Chair will proceed to finalise the items.

### **Meeting Notes:**

The Secretariat will circulate draft meeting notes as soon as possible after meetings, and aim to provide notes within 4 weeks of the meeting wherever possible.

## **AHWOC Business Rules –Sub Committee Meetings**

AHWOC has established subcommittees and working groups for the following purposes:

- To extend AHWOC's capacity to address the spectrum of health workforce issues
- To undertake intensive work to progress specific health workforce issues, including work at the request of AHMAC or AHMC, eg AHWOC/NACOH Oral Health Working Group
- To provide more detailed and specialised advice on health workforce issues to AHWOC, and through AHWOC to AHMAC and AHMC, eg Regulation Subcommittee

### **Role:**

The role of AHWOC subcommittees and working groups is to:

- undertake work and progress issues on behalf of AHWOC
- provide advice on issues referred by AHWOC
- provide progress reports to AHWOC
- seek AHWOC's endorsement for positions and advice to be provided externally
- advise AHWOC about issues where further action is required, including advice to AHMAC and/or AHMC

### **Terms of reference:**

All subcommittees or working groups must operate according to terms of reference. Terms of reference may be determined by AHMAC or AHMC if they decide that an AHWOC subcommittee should be established. In other cases, AHWOC will endorse terms of reference either before the subcommittee is established, or following the first subcommittee meeting.

### **Reporting:**

Subcommittees and Working Groups must provide copies of minutes to the AHWOC Secretariat when these are circulated to the subcommittee members. The minutes will be available to AHWOC members on a confidential unclassified basis until they are cleared.

Subcommittees will be expected to provide a progress report to face-to-face AHWOC meetings on the attached template.

### **Subcommittee support:**

In some cases, subcommittee support is provided by the AHWOC Secretariat.

If a jurisdiction is providing support to a subcommittee or working group, the following procedures will apply:

- the Subcommittee Chair is responsible for developing an agenda and clearing agenda papers and minutes
- the subcommittee Secretariat is responsible for circulating papers and taking minutes

The subcommittee Chair and Secretariat should ensure liaison with the AHWOC Chair and Subcommittee as appropriate eg if any issues of controversy or likely to have implications for AHWOC, AHMAC or AHMC arise, the AHWOC Chair should be advised

All subcommittees are expected to comply with the general AHWOC procedures wherever possible.

### **Subcommittee review**

Many subcommittees are established to undertake particular work for a specified period. Others potentially have an ongoing role. However, to ensure that there is not unchecked proliferation of subcommittees, AHWOC will annually review the number and progress of subcommittees and consider whether some subcommittees should be given a deadline in which to complete their work.