

# SUBMISSION TO THE INDEPENDENT REVIEW OF THE AUSTRALIAN PUBLIC SERVICE

July 2018

Universities Australia (UA) welcomes the opportunity to make a submission to the Independent Review of the Australian Public Service (APS). The review is examining how the APS can assist government to manage and respond to future challenges in increasingly complex and digitally enabled global economies. A key goal is a fit-for-purpose APS to drive innovative, efficient policy development and implementation through collaborative, whole-of government approaches.

Comment is especially sought on how the APS can best:

- drive innovation and productivity in the economy;
- deliver high quality policy advice, regulatory oversight, programs and services;
- tackle complex, multi-sectoral challenges in collaboration with the community and business;
- ensure our domestic, foreign, trade and security interests are coordinated and well managed;
- improve citizens' experience of government and deliver fair outcomes for them; and
- acquire and maintain the necessary skills and expertise to fulfil its responsibilities.

The focus of UA's submission is on point three: tackling complex, multi-sectoral challenges in the area of health workforce development and its critical links with health professional education.

Health service access and workforce supply is prone to market failure<sup>i</sup>. Yet a sufficient, appropriately-skilled and distributed health workforce is a key component of a high functioning health system<sup>ii</sup>. Australian universities play a crucial role in developing most of our entry-level health professional workforce so links between health workforce and health professional education policy are vital.

However, currently in Australia, responsibilities and funding for these two distinct, but inter-related, areas are shared across a fragmented array of government and other stakeholders: health workforce policy is largely overseen by public service departments of health at national and state levels; entry-level health professional education is however, overseen largely by departments of education and training — the Commonwealth department for universities, and state and territory departments for the Vocational Education and Training (VET) sector and schools. There are also many other stakeholders involved in broader health professional education and health workforce development at national, state and territory and local levels.

An enduring, cross-portfolio, multi-sectoral health workforce policy, planning and funding mechanism is needed for the APS to deliver effective policy advice regarding health workforce development and related health professional education. Without such a mechanism, developing fit-for-purpose policy to address Australia's challenges in health, aged-care and disability (from here on referred to collectively as "health")

will continue to be disjointed with the risk (and in some cases actuality) that policy developed in one area will have adverse impacts on the policy goals of another.

Several discrete, time-limited Australian government committees and mechanisms — such as the National Medical Training Advisory Network, the Nursing and Midwifery Education Advisory Network (currently in abeyance) the Aged-Care Workforce Strategy Taskforce (now formally ceased), the aged services industry reference committee and the HeaDS UPP tool for workforce planning — already exist or are in development to support certain aspects of health professional education and workforce planning.

UA acknowledges the contribution of these groups and mechanisms. UA especially welcomes the recently established aged services industry reference committee which brings stakeholders from multiple sectors together to work with government on building relevant workforce and skills capacity within aged-care, including its associated education and training needs.

A wider, overarching mechanism is, however, needed that draws on the work of individual groups and mechanisms to bring their separate work together into a meaningful whole. This would help to connect universities and higher education with the different health system parts and players; address ongoing workforce and clinical education gaps, including clinical placements; and develop whole-of-system planning.

This is especially relevant in relation to policy and planning:

- across the sectors of health, aged-care and disability — which all draw on the same health professional workforce;
- across disciplines for multi-professional service delivery and new models of care where scopes of practice and new workforce roles may change or be developed and impact on traditional workforce needs in other disciplines;
- where models-of-care, workforce, skills/skill mixes and clinical education requirements are altered through:
  - technological advances and ongoing digital disruption;
  - changing disease profiles (such as growing levels of chronic disease, an ageing population); and
  - increased need for preventative, restorative and early intervention approaches.

Planning and policy development for the above is not optimised when individual discipline groups or sectors are considered in isolation, as they are currently.

According to the Productivity Commission's recent report<sup>iii</sup>, while Australia does reasonably well in some areas of health, its lack of a systems approach, jurisdictional barriers and other service disconnects stymie available opportunities to improve our health outcomes for a given expenditure and/or achieve current outcomes for less.

The report underlines that many opportunities for health system improvement relate to how it is organised, what it does, the behaviours of the clinicians, administrators, and bureaucracies within it and the people they serve. Addressing these obstacles through a more integrated system and more effective prevention, closely linked to health workforce planning and the requisite health professional education and training, offers significant scope for advancement.

Establishing an enduring, overarching health workforce planning and education mechanism will support the APS to develop these more connected policy approaches to both the overall system and to health

professional education and workforce planning in key areas of identified workforce need/growth such as aged-care and disability. It will enable the APS to respond as a *system* to rapidly changing health workforce and corresponding education and training needs. This will be key in a world increasingly connected through technology, where changes made in one area of the system impact on another related area and where the health workforce needs to be flexible, modern, intelligent and data-driven.

The need for such connected approaches is recognised and endorsed by the World Health Organisation (WHO) which recommends that, for the education and training of health professionals, in each country there is:

- formal collaboration and shared accountability between the ministries of health and education (and other related ministries where required) at national/sub-national levels; and
- a national plan to produce and retain health professional graduates, developed in consultation with stakeholders, informed by the absorptive need of the labour market and aligned with an overarching national health plan<sup>iv</sup>.

Silos in health and education also relate to stakeholders beyond the APS. One device that previously helped address such silos was the former Health Workforce Australia (HWA). HWA brought multiple governments, sectors and health and education stakeholders together to build health workforce capacity and skills development for more effective, efficient and accessible service delivery. HWA took a systems approach to health workforce planning, policy development, regulation review and funding, supported by relevant clinical education and training reform — to build capacity, boost productivity and improve health workforce distribution.

As a structure of Government, HWA enabled the APS to be forward-facing in relation to health workforce challenges and their associated changes in education requirements. It provided a means by which policy and regulatory developments in both sectors could be more in step. HWA no longer exists however, our workforce challenges remain and will likely grow and change as we contend with greater digital disruption, an ageing population and increasingly globalised education and health service markets.

Another HWA is not necessarily the answer — although a similar structure, Health Education England<sup>v</sup>, is used to good effect in the UK. However, an enduring mechanism that brings health, education and other stakeholders together on a regular basis across disciplines and sectors to enable cross-portfolio, multi-sectoral discussions on system connectivity and future health workforce development is definitely needed. Without such a mechanism, the APS will struggle to achieve system-level policy development and implementation that will adequately address our ongoing and new challenges in keeping Australians well and contributing to the broader economy and society.

To address our future health workforce needs, UA strongly recommends that the Australian APS adopts an approach in line with the WHO's recommendation for *"...[a] regular and structured mechanism(s) for better collaboration between the education and health sectors, other national authorities and the private sector with the intent to improve the match between health professionals' education, [workforce needs] and the realities of health service delivery."*

Such a mechanism must take into account:

- the need for an overarching health workforce development plan and for accurate and reliable clinical training and workforce data across all sectors and health disciplines including consideration of:
  - the professional and care workforce connections/overlaps between the health, aged-care and disability sectors;

- the identified need for an increased allied health professional workforce especially in the NDIS;
- the increasing role of technology and artificial intelligence in health service delivery and its implications for workforce and clinical education.
- the need for health and higher education policies to align to support predicted future health workforce and clinical education requirements. Considerations here would include:
  - review of current policy and funding mechanisms which obstruct, rather than support, health student access to clinical education, especially in areas of identified workforce need (examples can be supplied);
  - policy to expand clinical placements beyond public hospitals to re-right the mismatch between where health students train and where health professionals work and/or are needed;
  - leveraging the benefits to future workforce development of health professional student placements in health, aged and disability care settings and in different geographic locations;
  - the non-transparent use of public hospital teaching and training funding and the significant inequities across disciplines and jurisdictions regarding clinical placement costs; and
  - greater delineation between university and health professional accreditation requirements.
- the growing focus on interprofessional and multidisciplinary service delivery in areas such as chronic disease and rehabilitation, its implications for clinical supervision, scopes of practice and workforce; and
- the need for effective preventative and restorative approaches in health, aged-care and disability and what this means for health workforce requirements and skill mixes.

Other approaches that might also assist the APS in developing effective multi-sectoral health workforce policy include:

- APS staff secondments to cross-portfolio policy areas, non-government organisations and private sectors and non-metropolitan locations to gain broader perspectives on multi-sectoral policy issues;
- the development of comprehensive national clinical education and training data sets linked to workforce outcomes;
- interoperability across different APS departments and levels of government to more easily facilitate interdepartmental data sharing; and
- public access to clinical education, training and workforce data and evaluations so that lessons from publicly-funded trials and can be shared and applied in policy and practice.

**UA recommends that for the APS to undertake effective health workforce policy development:**

**A regular, ongoing and enduring mechanism for close collaboration between the education and health, aged and disability sectors, other national/state agencies and the private sector is established.**

**The goal of this mechanism would be to improve the match between health professional education, workforce needs and the evolving realities of health service delivery.**

**Collaborative work would be supported through access to comprehensive, shared workforce and clinical education and training data across all disciplines.**

## REFERENCES

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- <sup>i</sup> McPake B, Squires A, Mahat, A and Araujo E. 2015. World Bank Group. The Economics of Health Professional Education and Careers: Insights from a Literature Review: <https://bit.ly/2Nx3mYk>
- <sup>ii</sup> Sheffler R and Arnold D 2018. Health Economics, Policy and Law. Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead. <https://bit.ly/2LiHKBR>
- <sup>iii</sup> Productivity Commission 2017, Shifting the Dial: 5 Year Productivity Review, Report No. 84, Canberra. <https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review.pdf>
- <sup>iv</sup> World Health Organisation (WHO) 2013. Transforming and scaling up health professionals education and training: WHO Guidelines 2013. [http://www.who.int/hrh/resources/transf\\_scaling\\_hpet/en/](http://www.who.int/hrh/resources/transf_scaling_hpet/en/)
- <sup>v</sup> Health Education England: <https://hee.nhs.uk/>