

SUBMISSION TO THE DRAFT RECOMMENDATIONS FROM THE PRIMARY HEALTH REFORM STEERING GROUP

July 2021

INTRODUCTION

Thank you for the opportunity to respond to the draft recommendations from the Primary Health Reform Steering Group. Universities Australia is the peak body representing Australia's 39 comprehensive universities.

There is a critical link between university-based health professions education and future health workforce formation. Through this link, universities make a significant contribution to Australia's health workforce. All of Universities Australia's member universities deliver multiple health professions education courses through which they educate and train virtually all new entry health professionals in Australia. In 2019, 248,933 students were enrolled in university health courses¹. (This does not include social work and psychology students who comprise a significant additional part of the future health workforce but whose courses are classified differently.) Many of these students will enter the health workforce on graduation, substantially boosting our health personnel. Universities Australia takes a keen interest in health professions education and workforce policy. We consult regularly with the university sector on these matters through Universities Australia's Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all health professional disciplines and jurisdictions and is a unique forum in which multidisciplinary health professions education and workforce issues can be discussed (see information sheet [attached](#)).

Universities Australia's response to the draft recommendations focuses primarily on the workforce recommendations 10 to 14, with comments made elsewhere as relevant. Our response is across all health disciplines. We refer you to individual Councils of Health Deans' submissions for more detailed views on specific disciplines.

COMMENTS ON RECOMMENDATIONS 10 – 14: WORKFORCE

Many elements of the workforce recommendations, such as workforce planning, and attracting students and health professionals into primary care are supported. However overall, these recommendations would benefit from:

- a much greater emphasis on the fundamental importance of the pipeline approach to primary care workforce development (all disciplines); and
- the need for universities and other educators to be an integral part of workforce co-design with the primary health care sector.

Health workforce planning, education and training is optimised through collaborative approaches between governments, health services, education providers and the professions in public and private hospital, community, aged and primary care settings. Mechanisms which enable these stakeholders to jointly determine workforce formation are vital, particularly when addressing issues of identified but unmet

¹ Unpublished Higher Education Information Management System (HEIMS) data 2019: health course enrolments

workforce need (see Box 1). Such need is already known to exist in primary care, aged care and disability services, amongst others.

Health professional workforce development follows a pipeline across the career span. However, it usually begins in universities. A critical component of this education is mandatory health service placement. It is well established that quality, supervised, clinical experiences influence later career choices. Yet for most disciplines, very little pre-registration clinical experience takes place in primary care/non-hospital settings. There is a pressing need to unlock expanded placement capacity in these settings² to build the larger, multidisciplinary primary care workforce we need. However, barriers exist to doing so. These include:

- supervision capacity and funding – especially in fee-for-service settings;
- lack of understanding of placement models and the benefits that students bring to services; and
- infrastructure constraints.

Robust partnership approaches between universities and health service providers have been shown to develop this capacity and some effective examples exist. However, policy support is needed to scale this up across Australia.

Universities Australia strongly recommends that the workforce recommendations:

- acknowledge the key role of universities in the primary health care workforce pipeline;
- underline university-health service partnerships as a key principle on which to build expanded multidisciplinary primary care placement capacity – and the need for policy to support this;
- recognise that a unified health system must include university sector representation as an integral component in workforce development; and
- include universities as essential stakeholders in health workforce planning development discussions at national, state and local levels.

Universities Australia also welcomes and encourages:

- engagement of the Primary Health Reform Steering Group with Universities Australia/HPESG during the finalisation of the workforce recommendations; and
- ongoing engagement with Universities Australia/HPESG regarding implementation of these recommendations (see also response to recommendation 20).

Box 1: Education/health provider/government collaboration: critical to health workforce formation

One area where the collaborative approach is working well is the Rural Health Multidisciplinary Training (RHMT) Program. Through this program, universities receive funds directly from the Commonwealth Department of Health (DOH) to support students to undertake clinical education experiences in rural locations. Universities work closely with a range of rural health services to develop comprehensive education and placement models. The program builds on the knowledge that quality clinical placements and education experience in pre-registration years strongly influences later career choice. The RHMT program was recently reviewed and has been shown to be an effective way to increase rural health workforce distribution. The program has now been expanded and is a useful model on which a primary care education-workforce program could be built.

² Such as aged care, disability, mental health services and Indigenous health

GREATER PRIMARY CARE PLACEMENTS: LINK TO OTHER RECOMMENDATIONS

Unlocking expanded, quality student placements in primary care to support relevant workforce growth also touches on and/or supports some of the other draft recommendations as outlined below:

Recommendation 1: Person Centred, One System Focus

Unlocking greater placement capacity in primary care would support health professional students' understanding of system integration and continuity of care, especially if placements were of sufficient duration. They would allow students to:

- see patients beyond the acute care setting;
- experience a patient within their home and community context; and
- gain a greater understanding of how social determinants impact on patient health and health choices.

Recommendation 3: Funding Reform

Various issues exist in relation to primary care funding and teaching/student supervision. For example:

- Currently an incentive payment for teaching in primary care exists only for medical students in general practice. Despite this, many medical students report limited primary care experience³.
- There are issues in how the MBS items for allied health professionals are framed which constrain their full use for supervising students. Minor wording changes to the relevant items could enhance learning experiences at no extra cost to the MBS. Further detail is provided in Box 2 below.
- Supervision payments for primary care nurses also need to be considered. Currently the Practice Nurse Incentive Payment (PNIP) offsets some of the costs of employing a primary care nurse in general practice and provides more flexibility in the nursing role, including potentially, teaching/supervision of student nurses and/or other health students. However, additional policy support is needed to scale-up nurse supervision in primary care to the extent required.

Funding reform needs to consider models that enable supervision of all health professional disciplines in primary care both in general practice and in other primary care facilities, including private allied health services, community pharmacy and dental clinics. Primary care services face a range of barriers to taking students, relevant to funding:

- Unlike public hospitals, primary care services do not routinely receive teaching and training funding.
- Many primary care services are based on fee-for-service payment models that can be a perceived barrier to taking students – although this is not always the case⁴.
- There can be infrastructure constraints within services that make housing a student challenging.

Strong partnerships between health service providers and universities enable many of these barriers to be worked through. Research shows that deep partnerships between universities and health service providers are an effective way to support supervision and clinical placement capacity. However, policy support and initial funding for such partnerships is needed as building the necessary relationships takes time - to:

- work with the health service to address concerns and promote/demonstrate the benefits of supervising students;
- determine customised placement models that will work for the service provider; and
- build supervision confidence and capability and/or look at alternative supervision models.

³ <https://insightplus.mja.com.au/2019/40/why-are-students-not-pursuing-general-practice/>

⁴ E. Bourne, K. Short, L. McAllister, S. Nagarajan 2019 The quantitative impact of placements on allied health time use and productivity in healthcare facilities: a systematic review with meta-analysis. Focus on Health Professional Education: A multi-professional journal. <https://fohpe.org/FoHPE/article/view/315>

Box 2: Supporting allied health student supervision in primary care

Current Team Care Arrangement (TCA) Medicare Benefits Schedule (MBS) items allow patients with chronic disease managed under a General Practice Management Plan (GPMP) to receive up to five MBS subsidised allied health consultations, as referred by their GP.

The majority of allied health practitioners providing TCAs work in private practice. A number of these practitioners also provide clinical supervision to university allied health professional students. Supervision is an essential component of students' education and training and supports development of a skilled and sustainable allied health workforce.

A small step towards supporting greater allied health supervision in private practice is through a simple change to the TCA item descriptors. The change would enable suitably progressed allied health students to provide supervised intervention to consenting clients for which the supervising practitioner may still charge an MBS payment. The current wording of the MBS item descriptor does not allow this. This has two effects:

- It reduces the student interaction to observation only – therefore not maximizing the learning experience for the student.
- If a student does provide a supervised intervention, the supervising allied health practitioner cannot claim the MBS item

Policy to support deep partnerships between education providers and health services is the ideal way forward. In addition, this small change to the TCA MBS item descriptors would help to:

- open up clinical education and training opportunities for allied health students in primary care settings – pertinent to the Governments' primary care workforce and preventative health strategies;
- substantially increase the clinical education experience of allied health students (from observation only to supervised intervention); and
- expand supervision skills in allied health professionals and allow the supervising practitioner to continue to be paid the MBS item without any further cost to the MBS.

Recommendation 9: Leadership

Greater opportunity for students from all health disciplines to undertake placements in primary care has the potential to showcase multidisciplinary clinical/primary care leadership to health professional students at the start of their career.

Recommendation 17: Data

Universities Australia recommends that this section further strengthens the need for primary care workforce data. Although already mentioned in parts of the workforce recommendations, collection and analysis of workforce data is critical to effective primary care workforce planning. This data needs to be gathered across all health professional disciplines: allied health, dentistry, pharmacy, medicine and nursing / midwifery. In keeping with the workforce pipeline approach, we also strongly recommend that:

- primary care clinical placement data; and
- the number of graduates entering the health workforce (as well as course completions) is captured as part of the workforce planning data.

COMMENTS ON OTHER RECOMMENDATIONS

RECOMMENDATIONS 15 AND 16: DIGITAL INFRASTRUCTURE; AND CARE INNOVATION

Universities Australia recommends reference to, and alignment of these principles with, the Digital Health Workforce and Education Roadmap and its accompanying Capability Action Plan (CAP), where relevant. The Roadmap and CAP are also relevant to some elements in recommendations 17 and 18.

RECOMMENDATION 18: RESEARCH

Universities Australia broadly supports this recommendation. The proposed Australian National Institute for Primary Health Care (PHC) Research Translation and innovation is supported in principle. However, further consideration of its structure is recommended. Many universities and other research institutes already undertake quality research that could helpfully feed into and inform this body. It will also be important for this institute to link with other research/planning on primary care, aged care and disability workforce and models of care. A “virtual” national institute with a dedicated auspicing body, or a hub and spoke model may be preferred to a single national structure. Further consultation with various stakeholders, including universities, on the structure of a national PHC translation and innovation body is recommended as part of any future implementation plan.

RECOMMENDATION 19: EMERGENCY PREPAREDNESS

We support the recommendation to facilitate greater inclusion of primary care in disaster management. Primary care is a frontline service that is accessible to most Australians. It is already playing a key role in the COVID-19 vaccination rollout. Primary care practitioners know their patients and are well-placed to advise them clinically in a disaster or pandemic situation. PHC practices are also well-linked to Primary Health Networks (PHNs) who, as regionally based meso-level health organisations can play a major role in coordinating primary care delivery in disaster situations.

As outlined in our response to the workforce recommendations, expanding multidisciplinary student placements in primary care services geared for disaster management would further contribute to emergency preparedness by:

- exposing and linking students into emergency preparedness planning, so increasing their readiness and understanding of such incidents;
- providing a workforce-in-training to support health care delivery during actual disasters. This model is already being used in Australia where health students are playing a significant role in Australia’s response to the COVID-19 pandemic; and
- supporting clinical education continuity (which assists workforce sustainability) during emergencies when hospitals’ increased focus on patient care may reduce their ability to supervise students.

RECOMMENDATION 20: IMPLEMENTATION

It is clear the draft recommendations are primarily intended as a set of overarching principles to guide primary care reform and that a separate implementation plan devised in close consultation with stakeholders is needed. As outlined in Recommendation 20, we support the development of an implementation action plan developed over short, medium and long-term horizons to guide, monitor and evaluate execution of the reform recommendations.

We strongly recommend that the university sector is included as a key stakeholder in all discussions of primary care workforce development and primary care research - and as part of any group formed to guide oversight of implementing the PHC workforce and research recommendations.

OTHER COMMENTS

At times, the recommendations talk about general practice and primary health care interchangeably. General practice is a critical part of primary care delivery. However, there are many primary care health practitioners and services that link with, but sit outside of, general practice, such as: allied health practices, community pharmacies, dental facilities, mental health services and university clinics. We therefore recommend that primary health care is defined broadly and that the term “primary care service provider”, or similar, is used throughout the document, except where reference to a specific primary care setting such as general practice, community pharmacy or the like is required.

There are several other health policy developments recently completed or underway⁵ which it would be beneficial for the PHC reform recommendations to align with. We suggest that the PHC recommendations further clarify where and how they intend to link with these.

Recommendations

Universities Australia proposes that:

- the draft workforce recommendations (10-14)
 - acknowledge the key role of universities in the primary health care workforce pipeline;
 - underline university-health service partnerships as a key principle on which to build expanded multi-disciplinary primary care placement capacity – and the need for policy to support this;
 - recognise that a unified health system must include university sector representation as an integral component in workforce development; and
 - include universities as essential stakeholders in health workforce planning discussions at national, state and local levels.
- recommendation 17 (Data) further highlights the importance of collecting and analysing workforce and primary care clinical placement data for all disciplines.
- recommendations 15 and 16 (Digital Infrastructure and Care innovation) make reference to, and are aligned with, the Digital Health Workforce and Education Roadmap Capability Action Plan, as relevant; and
- in recommendation 20 – the university sector is included as:
 - a key stakeholder in all discussions of primary care workforce development and primary care research; and
 - part of any group formed to guide oversight of implementing the PHC workforce and research recommendations.

⁵ Such as the 10-year National Preventive Health Strategy, the Aboriginal and Torres Strait Islander Health Plan, National Mental Health and Suicide Prevention Plan, National Injury Prevention Strategy 2020–2030, The Stronger Rural Health Strategy etc.