



## **Health Workforce Innovation Advisory Subcommittee**

### **Trends in Health Workforce Innovation and Recommendations for the Faculty of Health Sciences: October 2008**

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## Executive Summary

This report briefly covers the national policy environment for health workforce reform, which after a long pause, is now moving very quickly. As well it draws together a description of major activities within the Faculty of Health Sciences, and makes recommendations for the Faculty for future directions.

Major activities relevant to Health Workforce Innovation underway in the Faculty are:

- With the University of Melbourne, formation of the Australian Health Workforce Institute (AHWI)
- Participation in the Queensland Health Skills Formation Strategy, including collaboration with local universities on a proposal to develop a model for health career frameworks for Australia
- Developing formal partnership with TAFE, and, with Queensland Health, developing a new training program for aboriginal health workers which will articulate with VET sector programs (Centre for Indigenous Health)
- Through The Centre for Health Innovations and Solutions (CHIS), continuing to lead nationally on developing methodologies and products for competency-based continuing professional development in health, including a major new program on clinical leadership for middle management, which includes health services and health workforce innovation
- Further development of the Faculty's inter-professional education (IPE) program – but noting there is still significant resistance to the development of common curricula
- Development of the physician assistant program by the School of Medicine.

Recommendations for the Faculty, through the Teaching and Learning Committee are:

1. Increase investment in tracking Commonwealth policy development, and with the view to contributing to this: It is noted that both AHWI and the Industry Leadership Group of the Queensland Health and Community Services Council, of which FHS is a member, could assist by providing information on changes to policy.
2. Ask the Health Workforce Advisory Committee to develop a UQ strategy for participation in the AHWI partnership.
3. Continue to participate in the Health Skills Formation Strategy work of the Queensland health and Community Services Council, including the development of a health career pathways project.
4. Continue work on articulation with the vocational education sector as planned. Note that the HWIAS considered the following areas to be priorities for further work:
  - i. Primary care
  - ii. Chronic and complex diseases, including self management
  - iii. Aboriginal health workers
  - iv. Allied health assistants
  - v. Enhancing consumer ability to navigate the system, consumer needs and communication.
5. Nominate a person to lead the FHS on contributing to the proposed National Registration and Accreditation Legislation and communication information about likely directions across the Faculty.
6. Allocate a lead for the enhancement of capacity for health services research in the Faculty, especially contemporary approaches to health services reform at the level of organisations or business units within organisations.

7. Through the AHWI partnership, undertake research on IPE, to add to UQ's understanding of how best to progress to common curricula, noting that non-medical prescribing is potentially a good topic to use to develop this further.
8. That the Consumer Advisory Subcommittee note that great emphasis is being given to shifting the health system in Australia from one that is provider focussed to one that is client focussed, eg by the National Health and Hospital Reform Commission, and that now would be a good time to enhance our work on consumer engagement and education.
9. Drawing on the Masters in Clinical Leadership as a model extend skills enhancement in health innovation to meet health system challenges to undergraduate programs, noting this has been successfully linked to IPE initiatives at the Uni of Southampton.

## Introduction

The role of the Health Workforce Innovation Advisory Subcommittee of the Faculty of Health Sciences is, through the Teaching and Learning Committee, to:

- Provide high level strategic advice on likely needs based on analysis of the external environment; and
- Foster initiatives which feature extended or new roles in innovative health services by encouraging and supporting such initiatives at the pre-implementation stage.

This is the committee's second report. Its last report was dated 17 May 2007.

At as at June 2008 the subcommittee comprises:

Niki Ellis	Director, Centre for Military and Veterans' Health <i>Chair</i>
Alisa Hall	Health Skills Formation Strategy, Queensland Health and Community Services Workforce Council
Alison MacKenzie	Centre for Military and Veterans' Health <i>Secretary</i>
Bronwyn Nardi	Queensland Health
Carrie Ritchie	Faculty of Health Sciences, UQ
Charles Mitchell	School of Medicine, UQ
Cindy Shannon	Centre for Indigenous Health, Faculty of Health Sciences, UQ
David Wilkinson	School of Medicine, UQ
Glynis Schultz	Queensland Health
Hakaan Strand	School of Nursing, UQ
Helen Chenery	Deputy Executive Dean (Academic), Faculty of Health Sciences, UQ
Louise Hickson	School of Health and Rehabilitation Studies, UQ
Lynn Robinson	Director, Education and Innovation, Centre for Health Innovation and Solutions, UQ
Lynne Emmerton	School of Pharmacy, UQ
Sean Tweedy	School of Human Movement Studies, UQ

## National Update

### Policy development

*Note – the information below is based on commentary submitted to the journal Australian and New Zealand Health Policy, by Niki Ellis, Peter Brooks and Helen Chenery*

Health workforce reform moved at a glacial pace throughout 2006 and 2007, despite the release of the Productivity Commission's report entitled *Australia's Health Workforce* at the end of 2005<sup>1</sup>. Throughout 2008 there have been a number of major events that have collectively shaped a changing health workforce landscape. These include the 2020 Summit, the National Health and Hospitals Reform Commission, the operationalisation of the National Health Workforce Taskforce, and the release of a statement by the Federal Minister for Health signalling the development of a national primary care strategy.

Ongoing and accelerated reform of the health workforce was a persistent theme at April's 2020 Summit<sup>2</sup>. Submissions to the Summit relating to Australia's health capacity and capabilities were summarised by the organisers as follows, 'a sizeable and flexible health workforce was suggested as a key component of achieving better health outcomes. Specifically, submissions stressed the need to empower and train nursing and allied health workers to write prescriptions, manage the ongoing care of chronic disease patients, and perform minor procedures. They also emphasised the need for more university places and scholarships in medicine'<sup>2</sup>. Health workforce was one of the five pre-determined priorities discussed in the longer-term health strategy group, and reshaping the medical workforce was included as one of the 'top ideas' in the communiqué issued immediately afterwards. The communiqué explained this as 'creating a self-sufficient and flexible medical workforce for Australia with competency-based training for accreditation'. This was put more strikingly by a member of the health group at 2020 Summit during discussion as 'the right person, in the right place, for the right price'.

The National Health and Hospitals Reform Commission<sup>3</sup> was established in February 2008 to develop a long-term health reform plan for a modern Australia. It will provide an interim report at the end of 2008 and a final plan in mid 2009. In April this year the Commission announced a draft set of eight design principles and seven governance principles. Awkwardly health workforce is picked up in the design principle providing for future generations, calling for innovation and flexibility in how we use the health workforce and technologies. 'The important responsibility of the health care system in teaching, training future generations of health professionals for a changing health care sector and roles, participating in research and in creating new knowledge for use in Australia and throughout the world should be actively acknowledged and resourced appropriately as an integral activity'<sup>3</sup>.

Creating a more flexible health workforce, which is an aim mentioned in all of the policy initiatives mentioned above, will involve the extension of existing roles across traditional professional boundaries and the creation of new roles. The development in the United Kingdom of a generic health career framework (Table 1) provides a good example of this and has the potential for adaptation and testing in Australia. The career framework has nine levels, commencing with supporting roles and then moving through a series of levels (Assistant, Senior Assistant, Assistant Practitioner, Qualified Practitioner, Senior or Specialist Practitioner, Advanced Practitioner, Consultant Practitioner) to quite senior posts. The advantage of this model is that it allows a wide variety of entry points into healthcare careers, encourages and recognises life-long learning and the acquisition of new skills and is used in an environment that seeks both job satisfaction and service efficiencies by 'delegating roles, work and responsibilities down the escalator where appropriate'. This model of integrated practice could be utilised across a number of existing health professional groups (although it is noted in the UK doctors did not participate) and should be trialled in the Australian context<sup>4</sup>.

**Table 1: NHS Career Framework**

Level 9– More senior staff
Level 8 – Consultant practitioners
Level 7 – Advanced practitioners
Level 6 – Senior practitioners/Specialist practitioners
Level 5 – Practitioners
Level 4 -Assistant practitioners/Associate practitioners
Level 3 – Senior healthcare assistants/technicians
Level 2 – Support workers
Level 1 – Initial entry level jobs

The Council of Australian Governments has established the National Health Workforce Taskforce (NHWT) ‘to undertake projects which inform development of practical solutions on workforce innovation and reform’<sup>5</sup> in order to meet the National Health Workforce Strategic Framework<sup>6</sup>. The work program for the NHWT comprises improvement of health workforce data; investigating the means of maximising the capacity of health and education systems with regard to education and training, and ensuring that it is relevant to changing health system needs; and promoting the better utilisation of the existing workforce, including new and emerging roles<sup>7</sup>. Becoming operational in December 2007, a \$34M budget was established for four years in the first instance. The NHWT has recently issued a tender to form partnership with the Australian Health Ministers Advisory Council for national research and planning on health workforce. UQ, through the AHWI, is submitting a proposal. See AHWI below.

Most significant among the education and training projects in the NHWT work program is the development of a core competencies framework for the health workforce<sup>7</sup>. The innovation and reform projects which have been announced are as follows:

- National evaluation framework for health workforce innovation and reform
- Workforce innovation tools, guidelines and frameworks
- Research on local, national and international innovation initiatives
- Workforce innovation and reform demonstration projects and pilots
- Workforce innovation information dissemination<sup>7</sup>

‘Addressing the growing need for access to other health professionals, including practice nurses and allied health professionals like physiotherapists and dieticians’ was announced as a part of the National Primary Health Care Strategy by the Minister for Health on 11 June 2008, the development of which will also include review of the Medicare Benefits Schedule primary care items<sup>8</sup>.

The NHWT work program looks promising as a means of removing structural barriers to health workforce reform, facilitating innovation and promoting information and knowledge about health reform. It may seem like there has been slow progress since the Productivity Commission urged reform in work roles but attitudes have thawed.

Summary and implications for UQ – With the new Federal Government, there is a clear commitment to addressing workforce innovation. Policy development now appears to be occurring quickly. UQ must keep abreast and contribute to the policy agenda.

### **Knowledge development - Medical Journal of Australia (MJA)**

A search of the titles of all articles published during the period January 2006 to June 2008 in the Medical Journal of Australia found that of the 58 issues published, seven issues contained articles specifically about workforce innovation. In February 2006 the discussion opened with an editorial and conference report outlining the key issues surrounding future health workforce requirements in Australia. Underpinning the discussion is the premise that health professionals need to be united in their drive for change. This was followed up in July that year with an issue devoted to the subject. In total there were 25 articles on workforce innovation published during the period under review<sup>9-33</sup>. The articles across the time period predominantly presented examples from overseas of evidence based workforce innovation and task transfer. However, anecdotally, there is evidence of considerable local-level innovation in Australian health services, eg hospitals in the home, nurse

and physiotherapy run injury and dermatology clinics, radiographers reading films and medical assistants in primary care, most of which are not making it onto the public record.

Local health services innovation, in Australia and elsewhere, is bringing about closer partnerships between local policy makers and providers in health services, and training and education providers; and is often driven directly by community need. A new kind of health services research is emerging. Traditionally health services research has been undertaken at a macro-level, exploration of how well the health system of a country or a state has performed; or at a micro-level – exploration of the provider: patient relationship. Health innovation is currently focussed at the meso-level, ie at the level of a facility or a unit or a program. Clinical managers have ideas for innovation to services to address the health workforce crisis, and in our experience welcome partnership with researchers and evaluators for assistance with literature reviews, action research for development and evaluation.

Summary and implications for UQ – Opportunities for health services research to support health innovation are likely to rise significantly in the near future. There are pockets of activity spread across the Faculty but they are not coordinated and there is no senior leadership. If UQ wishes to be involved in this new area of health services research it will need to establish a coordinated academic lead and draw together and build upon existing capacity.

## **Aboriginal and Torres Strait Islander Health Workforce**

The National Strategic Framework for the Aboriginal and Torres Strait Islander Health Workforce (2002) has been endorsed by the Australian Health Ministers' Advisory Council (AHMAC) and proposes a significant workforce reform agenda. It clearly requires strategies to increase the Aboriginal and Torres Strait Islander representation across all health disciplines as well as to ensure that all graduates of health science programs are equipped with skills and knowledge to work in Indigenous communities.

Summary and implications for UQ – Aboriginal and Torres Strait Islanders health Workforce is a national priority. UQ and the University of Melbourne have good capacity in this field. Both AHWI and FHS should give primarily to learning programs for this workforce.

## **National Registration and Accreditation Process**

The recent developments in Australia to legislate for National Registration and Accreditation for health practitioners has marked implications for the Faculty's workforce reform agenda. Key to these discussions are issues around registration of emerging or "new" health professions, future national registration of what are now partially registered professions, and the link between accreditation of programs practitioner registration.

Summary and implications for UQ – The National Registration and Accreditation Legislation is currently being drafted. FHS must ensure that it engages with the consultation process,

communicates informally the significance of the process and plans ahead to maximise the impact of the outcomes for the Faculty's workforce reform agenda.

## **Current activities at UQ relevant to health workforce innovation**

### **Australian Health Workforce Institute**

According to a statement issued by AHWI in June 2008 AHWI was established in December 2007 to 'address and find innovative solutions to the serious shortage of health workers both in Australia and world wide'. It is a partnership between the University of Melbourne and the University of Queensland. Its core activities include:

- Ensuring the accessibility and maintenance of health workforce data and statistics;
- Mapping future health systems;
- Developing innovative and flexible education models for the future health workforce; and
- Working with jurisdictions to develop and implement workforce policy'.

Significant current activities include:

- Two contracts for the Department of Human Services, Victoria – analysis of sonography workforce, and reform of foot and ankle surgery procedures;
- Work on a bid for a partnership with NHWT for national research and planning on health workforce
- Work on a contract with Kronos on nursing workforce;
- Developing a partnership to assist to build a sustainable health workforce for Vietnam
- Planning for a major health workforce colloquium in November 2008.

A planning day on 10 July between the University of Melbourne and UQ identified areas of mutual interest for the AHWI partnership. This has been drawn together into an initial strategic plan for AHWI which was presented to the AHWI board on 9 October 2008.

The Health Workforce Innovation Advisory Subcommittee considers the Priority Themes for the UQ branch of AHWI should be:

- Middle level providers, especially primary care
- IPE
- Skills escalator
- Non-medical prescribing
- Aboriginal health workers

Summary and implications for UQ – The partnership between UQ and the University of Melbourne is evolving. UQ needs to maintain engagement.

### **Health Skills Formation Strategy**

The Health and Community Services Workforce Council (a Queensland NGO) has been funded by Queensland Health to develop and implement a Health Skills Formation Strategy (HSFS). A large

group of health education and health service organisations across the spectrum of health care have been established to guide work which is described as ‘collaborative action for health workforce innovation and change’. The group are working in six key action areas:

- Education and training pathways
- Recruitment into the industry
- Industry wide job design and re design
- Viable and realistic funding structures
- Rural and remote considerations
- Indigenous health needs.

FHS is represented on this group by the Deputy Executive Dean (Academic). She has recruited all Queensland universities into the work. Collectively the Universities have proposed a project which has the following goal:

‘Based on existing knowledge, and drawing on a diversity of expert opinion in Queensland (represented on the ILG of the HSFS) develop a strategy by which a whole of education approach to life long learning in the health services industry could be developed in Australia’.

Objectives for the project, for which funding from the Diversity and Structural Adjustment Fund has been sought are:

1. To adopt/adapt a life long learning model suitable for use at a national level in Australia for the health services industry;
2. To map existing high level policy and standards against the model from both the VET and higher education sectors and from both the education and health sectors;
3. Based on information readily available, document the NHS experience with Agenda for Change, the NHS Skills Escalator (and its evaluation) and the Knowledge and Skills Framework as a case study; and
4. Propose strategic directions for further research and policy development.

<p>Summary and implications for UQ – Participation in the Industry Leadership Group of the Health Skills Formation Strategy has allowed FHS to further its external relationships relevant to health workforce reform. The ILG provides a platform of collaborative, networked industry partners which can provide better information and ‘quick feedback’ on the higher education agenda. It further provides an opportunity for the higher education sector as it develops education and research solutions to directly connect with industry and VET.</p>
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## **Articulation of higher education programs with vocational education programs**

Led by the Pro Vice Chancellor, Ipswich, and the Deputy Executive Dean (Academic), UQ is negotiating an MOU with TAFE in South East Queensland.

The Centre for Indigenous Health is developing a new graduate diploma course for aboriginal health workers (certificate level 4) which will articulate with course in the vocational education sector. The articulation arrangement is for pathways into: health sciences; MBBS; oral health and dentistry; human movements studies; and nursing.

Through participation on the Health Skills Formation Strategy, the Faculty of Health Sciences is actively engaged with a large group of Queensland health education, including the VET sector, and health service providers, in developing strategy for health workforce reform.

With the support of the Health Workforce Innovation Advisory Subcommittee, the Deputy Executive Dean (Academic) is organising a workshop for the University on 7 November 2008 on articulation with the VET sector.

Summary and implications for UQ – There is strong support in the Faculty of Health Sciences for enacting the proposed MOU with TAFE and ILG. The new graduate diploma for aboriginal health workers is the most important early project demonstrating how this might work. The Faculty's outward perspective and willingness to work with other organisations is an important contributor to its reputation of progressiveness.

## **Continuing professional development**

Through the Centre of Health Innovation and Solutions (CHIS), one of the fastest growing activities in the Faculty is the provision of continuing professional development programs. The rapidly growing demand for these methodologies and products reflects two health industry needs. The first is the requirement of large scale accessible practice based programs to develop skills. The driver for this is the workforce shortage, role and practice evolution, and the need to develop new skills to meet new challenges. The second is the requirement to improve health service performance especially related to safety and quality, as well as other challenges (eg. patient centeredness) which demand fundamental, behavioural attitude and cultural change. Large scale educational interventions are essential (if not sufficient for) culture change. Key themes for performance improvement are:

- Health care systems must be people-centred;
- Systematic safety and quality improvement requires valid measurement and transparent reporting of performance;
- Effecting and sustaining safety and quality improvement requires intentional initiatives at the policy, managerial and clinical levels;
- Safety and quality initiatives must be pursued at local, national and international levels;
- Developing a new accountability framework for clinical governance underpinned by contractual arrangements;
- Facilitating standardisation at the national and local levels to improve patient safety;
- Building the evidence base for improving patient safety; and
- Increasing investment in system redesign.

Requirements for graduates now include knowledge and skills, and attitudes and behaviours which underpin quality and safety health service improvement reflected in the demand (for) CPD program.

Summary and implications for UQ – The demand for CHIS' methodology and products continues to grow rapidly within the Faculty and University, and outside. CHIS has identified however, for this to be optimised the Faculty will need to improve its capacity for contemporary health services research and teaching. Employers are taking responsibility for changing culture and UQ graduates must be in the new culture.

## **Development of inter-professional education**

Whilst there are examples of disciplines with common curricula undertaking joint training in undergraduate degrees, such as medical students and pharmacy students jointly studying pharmacy; they are not common. Barriers appear to be cultures and logistics associated with established professional silos in the university. More radical change such as the undergraduate foundation health sciences degrees, as exist in other universities should make this easier. More successful at UQ has been the introduction of an inter-professional education program which aims to promote an understanding of similarities and differences between disciplines and a capacity to work in a multi-disciplinary team. Currently this takes the form of a team activity during orientation, and a multi-disciplinary case management exercise in fourth year. This is a good start, but there is a long way to go. At Southampton University which is a world leader in this area there is an IPE course which runs over several years, which has health innovation as its focus. Multi-disciplinary teams of students are sent out to investigate and develop innovations for problems which exist in local health services. Apparently the demand for the teams from industry is high.

Summary and implications for UQ – Schools and disciplines need to engage in a curricula reform across the faculty. There is potential to explore this issue through comparison of health student populations at UOM (where a foundation health sciences degree has been established) and at UQ.

## **Training programs for new or extended roles – Physician assistants**

A Masters degree in Physician Assistant Studies will be offered at The University of Queensland, starting in Semester 2 in 2009. This intensive, 24-month graduate course will emphasise primary health care in underserved areas of Australia. Graduates will be able to practice clinically under the direction of a supervising medical practitioner.

The initial aspects of the program focuses on the essential knowledge of disease prevention, diagnosis and management, the development of skills necessary for interviewing and examining patients, and the knowledge of relevant professional, ethical and medico legal issues.

Summary and implications for UQ – UQ has established a reputation for health role innovation with its advocacy for PA and creation of the PA training program. Given this experience, the FHS is well positioned to contribute further to defining the needs for new or extended roles, creation of training programs to support these roles and evaluation of the new roles and contribute to the cultural change to create an industrial environment in which this can occur.

## **Recommendations for the Faculty of Health Sciences on health workforce innovation, through the Teaching and Learning Committee:**

Recommendations for the Faculty, through the Teaching and Learning Committee are:

1. Increase investment in tracking Commonwealth policy development, and with the view to contributing to this: It is noted that both AHWI and the Industry Leadership Group of the Queensland Health and Community Services Council, of which FHS is a member, could assist by providing information on changes to policy.
2. Ask the Health Workforce Advisory Committee to develop a UQ strategy for participation in the AHWI partnership.

3. Continue to participate in the Health Skills Formation Strategy work of the Queensland health and Community Services Council, including the development of a health career pathways project.
4. Continue work on articulation with the vocational education sector as planned. Note that the HWIAS considered the following areas to be priorities for further work:
  - i. Primary care
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  - iii. Aboriginal health workers
  - iv. Allied health assistants
  - v. Enhancing consumer ability to navigate the system, consumer needs and communication.
5. Nominate a person to lead the FHS on contributing to the proposed National Registration and Accreditation Legislation and communication information about likely directions across the Faculty.
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7. Through the AHWI partnership, undertake research on IPE, to add to UQ's understanding of how best to progress to common curricula, noting that non-medical prescribing is potentially a good topic to use to develop this further.
8. That the Consumer Advisory Subcommittee note that great emphasis is being given to shifting the health system in Australia from one that is provider focussed to one that is client focussed, eg by the National Health and Hospital Reform Commission, and that now would be a good time to enhance our work on consumer engagement and education.
9. Drawing on the Masters in Clinical Leadership as a model extend skills enhancement in health innovation to meet health system challenges to undergraduate programs, noting this has been successfully linked to IPE initiatives at the Uni of Southampton.

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## Appendix 1

### Overview of current policy initiatives prepared by Health Skills Formation Strategy

INITIATIVE	CONTACTS / LEADERS	HSFS INTERFACE (contact identified or action required)
<p><b>1. <u>National Health and Hospitals Reform Commission</u></b></p> <ul style="list-style-type: none"> <li>• New Rudd government initiative intended to inform and oversee policy changes across spectrum of health system.</li> <li>• Not yet fully established, unsure who will oversee, potentially reporting directly to Health Minister Nicola Roxon.</li> </ul> <p><i>Current Status:</i> New – yet to be established</p>	<p>Commonwealth Govt. Health Minister Nicola Roxon</p>	
<p><b>2. <u>Australian Health Ministers' Conference</u></b></p> <p><i>Role / Objectives:</i></p> <ul style="list-style-type: none"> <li>• Provide a forum for Australian Government, State and Territory Governments and the Government of New Zealand to discuss matters of mutual interest concerning health policy, health services and programs</li> <li>• Promote a consistent and coordinated national approach to health policy development and implementation</li> <li>• Consider matters reported to the Conference by the Australian Health Ministers' Advisory Council.</li> </ul> <p><i>Decision Making:</i> The Conference does not have statutory powers. Decisions of the AHMC are reached on the basis of consensus only.</p>	<p><i>Membership:</i> All Australian Government, State, Territory and New Zealand Ministers with direct responsibility for health matters, including the Australian Government Minister for Veterans' Affairs. <i>Chairing:</i> The Chair of AHMC rotates annually amongst the State and Territory Members of the Conference. Secretariat details are: Secretary HCDSMC Post Office Box 344 RUNDLE MALL SA 5000</p> <p>Telephone: (08) 8226 6191 Facsimile: (08) 8226 7244 email: <a href="mailto:secretariat@hcdsmc.sa.gov.au">secretariat@hcdsmc.sa.gov.au</a></p>	<p>ILG member: Bronwyn Nardi</p>
<p><b>2a. <u>Australian Health Ministers' Advisory Council (AHMAC)</u></b></p> <p><i>Terms of Reference:</i> The Australian Health Ministers' Advisory Council (AHMAC) charter is to provide effective and efficient support to the Australian Health Ministers' Conference (AHMC) by:</p> <ul style="list-style-type: none"> <li>• Advising on strategic issues relating to the coordination of health services across the nation and as applicable, with New Zealand; and</li> <li>• Operating as a national forum for planning, information sharing and innovation.</li> </ul>	<p>Membership: comprises the Head (plus one other senior officer) of each of the Australian Government, State and Territory and New Zealand Health Authorities, and the Australian Government Department of Veterans' Affairs. The Council elects a Chair and a Deputy Chair who, along with the Australian Government Member, operate as an Executive Committee to AHMAC.</p>	<p>ILG member: Bronwyn Nardi</p>

<ul style="list-style-type: none"> <li>• Considers matters referred to the Council by the Australian Health Ministers' Conference</li> <li>• Consider health matters referred by any Health Minister, or the Minister for Veterans' Affairs</li> <li>• Consider health matters referred by any Member of the Council with the approval of that Member's Minister prepare an annual business plan</li> <li>• Reports on the above matters to AHMC.</li> </ul> <p><i>Decision making:</i> Decisions are made by AHMAC on the same basis as for the Australian Health Ministers' Conference. AHMAC does not have statutory powers and decisions are reached on the basis of consensus.</p>		
<p><b>2b. National Health Workforce Principal Committee (HWPC)</b></p> <ul style="list-style-type: none"> <li>• Formerly AHWOC</li> <li>• Provides a forum for reaching agreement on key national level health workforce issues requiring government collaborative action</li> <li>• Provides advice on health workforce issues to (AHMAC).</li> <li>• Central role in co-ordinating the implementation of the recommendations arising from national level workforce planning including the recommendations from the workforce reports completed by the Australian Health Workforce Advisory Committee (AHWAC) and the Australian Medical Workforce Advisory Committee (AMWAC). Both these committees ceased to operate on 30 June 2006.</li> </ul>	<p>Chair - Mr David Roberts Secretariat - Ms Sharyn Cody <b>National Health Workforce Taskforce</b> L14/120 Spencer Street MELBOURNE VIC 3000 Phone: 03 6233 6777 Fax: 03 9092 2093 Email: <a href="mailto:sharyn.cody@dhhs.tas.gov.au">sharyn.cody@dhhs.tas.gov.au</a> Ms Janine Kingston - Chair's support in Western Australia Email: <a href="mailto:janine.kingston@health.wa.gov.au">janine.kingston@health.wa.gov.au</a> Phone: 08 9222 2245</p>	<p>ILG member: Bronwyn Nardi - (HWPC Nominee of QHealth)</p>
<p><b>2bi. Macro Supply &amp; Demand project</b></p> <ul style="list-style-type: none"> <li>• Provides advice to HWPC on expected projections for national health workforces growth eg trends in supply, current adequacy and future requirements for medical, nursing, oral health and a range of allied health professionals.</li> <li>• The outcomes of this project will be considered in the development of priorities for future undergraduate places in health workforces.</li> </ul> <p><i>Current Status:</i> Expected completion July 2007</p>	<p>Secretariat Contact: Etienne Irving, NHWS</p>	
<p><b>2bii. Physicians research project</b></p> <ul style="list-style-type: none"> <li>• Develop an evidence base for the physician workforce in Australia, to enable jurisdictions and the Royal Australian College of Physicians (RACP) to collaboratively address key physician workforce issues.</li> </ul> <p><i>Current Status:</i> Expected completion June 2007</p>	<p>Secretariat Contact: Tindal Magnus</p>	
<p><b>2biii. National Health Workforce Strategic Framework: Monitoring and</b></p>	<p>Contact Person: Tindal Magnus</p>	

<p><u>Key Performance Indicator Development</u> This project has two main objectives:</p> <ul style="list-style-type: none"> <li>• To monitor the uptake of the National Health Workforce Strategic Framework (NHWSF).</li> <li>• To develop key performance indicators (KPIs) against the NHWSF principles to enable national monitoring of the health workforce situation.</li> </ul> <p><i>Current Status:</i> Expected completion June 2007</p>		
<p><u>2c. Practitioner Regulation Subcommittee</u> Nil information available</p>		
<p><u>2d. Australian Health Workforce Officials Committee</u></p> <ul style="list-style-type: none"> <li>• Workforce policy</li> <li>• Oversees work of Aboriginal and Torres Strait Islander Health Workforce Working Group.</li> </ul>		
<p><u>2e. Aboriginal and Torres Strait Islander Health Workforce Working Group</u></p> <ul style="list-style-type: none"> <li>• The Working Group meets at least two times per year and reports to the Australian Health Workforce Officials Committee.</li> <li>• Oversees implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework ("the Framework", completed in 2002) and the national level and nationally consistent strategies in the Framework.</li> <li>• The Strategic Framework contains 42 strategies to improve the workforce in Aboriginal and Torres Strait Islander health care.</li> <li>• Develop and maintain a workplan identifying short, medium and long-term priorities for action against the national-level and nationally consistent strategies in the Framework.</li> <li>• Determine research priorities and recommend them to potential funding sources. Oversee commissioned research.</li> <li>• Develop performance indicators against which progress on the implementation of the national level and nationally consistent strategies in the Framework will be monitored.</li> <li>• Prepare an annual report on implementation of national level and nationally consistent strategies in the Framework for consideration by the National Aboriginal and Torres Strait Islander Health Council prior to referral to the AHWOC and the AHMAC.</li> <li>• Coordinate reviews of the Framework in 2005 and 2007.</li> </ul> <p><i>Current Status:</i> Commenced 2001</p>	<p>Membership of the Working Group currently being reviewed?</p>	

<p><u>2f. Public Health Workforce Working Group</u> Nil information available</p>		
<p><u>2g. National Health Workforce Secretariat</u></p> <ul style="list-style-type: none"> <li>• Projects</li> <li>• Analysis and advice</li> <li>• Secretariat functions and coordination</li> </ul>	<p><a href="mailto:healthworkforce@doh.health.nsw.gov.au">healthworkforce@doh.health.nsw.gov.au</a></p>	
<p><u>2h. National Health Workforce Taskforce (NHWT)</u></p> <ul style="list-style-type: none"> <li>• Creation of the NHWT was an initiative of <b>Council of Australian Governments (COAG)</b> and is intended to act as a primary vehicle for driving health workforce innovation and reform in Australia.</li> <li>• The NHWT has been given carriage of a number of the COAG Health Workforce Reforms via the <b>HWPC</b> on behalf of Health Ministers. These will form part of the broader Health Workforce Work-Program to provide a strong strategic direction in workforce reform and innovation.</li> <li>• Reports to the Australian Health Ministers' Conference through the <b>AHMAC</b>.</li> <li>• \$34M budget, established for four years in the first instance.</li> <li>• NHWT is a national body, with employees located in New South Wales, Tasmania and Western Australian as well as at the primary office in Victoria.</li> <li>• Undertakes project-based work and advises on workforce innovation and reform.</li> </ul> <p><i>Current Status:</i> became operational in December 2007</p>	<p>Peter Carver Executive Director National Health Workforce Taskforce</p>	
<p><u>2hi. National Health Practitioner Regulation Reform</u></p> <ul style="list-style-type: none"> <li>• Key Action area for <b>NHWT</b></li> <li>• Reform areas focused on promoting workforce flexibility, innovation and multidisciplinary approaches.</li> <li>• Will require significant structural reform of governance, education and training and funding structures.</li> </ul>	<p>Peter Carver Executive Director National Health Workforce Taskforce</p>	
<p><u>2hii. National Scheme for Registration and Accreditation</u></p> <ul style="list-style-type: none"> <li>• First project of <b>NHWT</b></li> <li>• Currently, the Australian Constitution does not give power to the Commonwealth for health professional registration and accreditation.</li> <li>• To remedy this, the Queensland Government will pass primary legislation and referencing legislation will be passed by other states and territories</li> <li>• The national scheme will be covered by an Intergovernmental</li> </ul>		

<p>Agreement which identifies objectives, scope, and governance, legislative and financial arrangements.</p> <ul style="list-style-type: none"> <li>• Health ministers to take responsibility for implementation.</li> <li>• Scheme will cover doctors, nurses, dentists, pharmacists, physiotherapists, psychologists, chiropractors, optometrists and osteopaths in the first instance.</li> <li>• Upon signing of IGA all partially registered professions will be reviewed to determine whether they should be included in the new scheme as soon as possible (if not immediately) upon national scheme commencement</li> </ul>		
<p><b>3. Department of Health and Ageing (DoHA)</b></p>		
<p><u>3a. Bringing Nurses Back into the Workforce</u></p> <ul style="list-style-type: none"> <li>• The Nursing Package offers a cash bonus to encourage registered or enrolled nurses who have not worked as a nurse for over 12 months to come back and work in a public or private hospital, or a residential aged care facility.</li> <li>• Candidates must have worked in Australia and be still registered or enrolled, or have qualifications that make them eligible for registration or enrolment by their relevant state authority to practise as a registered nurse or an enrolled nurse.</li> <li>• Cash bonuses available 6 months after return to work and again 18 months after start date.</li> </ul> <p><i>Current Status:</i> Commenced on 15 January 2008</p>	<p><a href="mailto:BacktoNursing@health.gov.au">BacktoNursing@health.gov.au</a></p>	
<p><u>3b. Nursing in General Practice Program</u> Programs which support the work of general practice nurses in Australia.</p> <p><b>Training and Support Programs</b></p> <ul style="list-style-type: none"> <li>• Funding to support practices to employ practice nurses.</li> <li>• This is provided as an incentive through the Practice Incentives Program (PIP) for eligible general practices in rural areas and urban areas of workforce shortage.</li> <li>• Funding for practice nurse training and professional support is also provided, principally through Divisions of General Practice and the Australian General Practice Network.</li> </ul> <p><i>Current Status:</i> RNs are oriented towards hospital setting due to clinical placement regime. Would be good to train some RNs in community to give them the skills and experience and preference for this work</p>	<p>For more information on Training and Support Programs see: <a href="http://www.generalpracticenursing.com">www.generalpracticenursing.com</a></p>	

<p><b>Practice Nurse Scholarships</b></p> <ul style="list-style-type: none"> <li>• Funding is provided to the Australian Practice Nurses Association to administer a Practice Nurses Scholarship Scheme.</li> <li>• Supports practice nurses in accessing training in postgraduate courses and in clinical areas such as wound management, immunisation and pap smears.</li> </ul> <p><i>Current Status:</i> MBS/PBS restrictions could prevent ongoing sustainability of these roles</p>	<p>For more information on Practice Nurse Scholarships see APNA website at: <a href="http://www.apna.asn.au/displaycommon.cfm?an=1&amp;subarticle_nbr=5">www.apna.asn.au/displaycommon.cfm?an=1&amp;subarticle_nbr=5</a> or phone (03) 9614 7777 ..au/site/index.cfm</p>	
<p><u>3c. Districts of Workforce Shortage</u> DWS searchable database: <a href="http://www9.health.gov.au/otdw/dws_database/cf/index.cfm">www9.health.gov.au/otdw/dws_database/cf/index.cfm</a></p>	<p><a href="mailto:dws@health.gov.au">dws@health.gov.au</a></p>	
<p><u>3d. Doctor Connect</u> A starting point for overseas trained doctors who may be considering work in Australia and for employers seeking to recruit them.</p> <p><i>Current Status:</i> ongoing</p>	<p><a href="http://www.doctorconnect.gov.au/">http://www.doctorconnect.gov.au/</a></p>	
<p><u>3e. Audit of health workforce shortage in rural and regional Australia</u></p> <ul style="list-style-type: none"> <li>• Audit of the shortage of doctors, nurses and other health professionals in rural and regional Australia, requested by PM.</li> <li>• The audit will examine the reasons for these shortages and will ensure a thorough picture is presented of this far-reaching problem. The audit will build on the work already conducted, but not released, by the previous Government.</li> <li>• The department will also provide advice on a range of options for attracting and retaining health professionals in rural and regional Australia.</li> <li>• Baseline information that there are medical workforce shortages across 74 per cent of Australia, affecting 59 per cent of the population.</li> </ul> <p><i>Current Status:</i> Announced 10 December 2007. Audit and advice to be provided by the end of February 2008.</p>	<p>Contact: Sean Kelly 0417 108 362</p>	
<p><b>4. The Australian Healthcare and Hospitals Association (AHHA)</b></p> <ul style="list-style-type: none"> <li>• Working with Rudd govt on health reform initiatives.</li> <li>• AHHA is the national industry body representing the public healthcare</li> </ul>	<p>Prue Power – Executive Director, AHHA</p>	

<p>sector.</p> <ul style="list-style-type: none"><li>• AHHA’s primary role is to uphold and improve Australia’s public and not-for-profit health sectors through high-level advocacy and representation.</li><li>• Advances excellence in Australian public healthcare services in all settings by promoting the development and implementation of well-resourced evidence based policies</li><li>• Supports a national industry network of hospital and healthcare organisations, creating a stimulating environment for analysis, review and development of health policy and practice</li><li>• Provides high-level representation for members</li><li>• Publishes leading information on national and international health industry research and practice.</li><li>• Members represent the broad continuum of healthcare services, including area, regional and district health services, hospitals, community and primary health centres, aged and extended care facilities.</li><li>• Affiliated with the International and Asian Hospital Federations.</li></ul>		
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