11 November 2005

Health Workforce Study
Productivity Commission
PO Box 80
Belconnen ACT 2616

Dear Ms Irvine

Please find enclosed the RMIT Response to the Productivity Commission's Position Paper, 'Australia's Health Workforce'.

If you would like further assistance regarding this submission please contact Dr Julie Wells, Director, Policy and Planning on 03 9925 2980 or julie.wells@rmit.edu.au.

Yours sincerely

[Signature]

Professor Joyce Kirk
Acting Vice-Chancellor and President

Att
Productivity Commission

SUBMISSION COVER SHEET
(not for publication)

Health Workforce Study

Please complete and submit this form with your submission to:
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Productivity Commission Position Paper: Australia’s Health Workforce
RMIT University Response

1. Introduction

RMIT University welcomes the opportunity to provide feedback on the Productivity Commission's Australia’s Health Workforce Position Paper.

RMIT is an important contributor to the education and training of Australia's health workforce. As one of only five dual sector universities in Australia, RMIT delivers a broad range of health related programs across the qualifications framework from Certificate to PhD. RMIT's dual sector status has provided a unique opportunity to develop educational pathways across the vocational and professional sectors, as well as innovative responses to health skills shortages such as dual awards.

In addition to being a major provider of nursing education (including midwifery) both in metropolitan and rural Victoria, RMIT has established itself as a specialist provider of holistic, allied and complementary health programs. Programs offered include Traditional Chinese Medicine, Chiropractic, Osteopathy, Massage, Myotherapy, Optical Dispensing and Dental Assisting/Technology. RMIT is an industry leader in the medical and laboratory sciences, including Medical Radiations, Laboratory Medicine and Pathology Testing/Collection. RMIT also contributes to the health workforce by providing graduates in Psychology, Social Work, Disability, Aged Care, Food Science and Nutrition, Human Movement, Biotechnology, Clinical Neurophysiology and Occupational Health and Safety.

RMIT has a strong health research profile, particularly in the areas of preventative healthcare and complementary medicine. Our broad based coverage allows us to take a multi-disciplinary approach to research, developing partnerships across the health field as well as forming innovative partnerships with other disciplines, such as food science, engineering, social science and business.

2. Executive Summary

RMIT acknowledges the need for reform of key aspects of the Australian health workforce. As a major provider of health industry related programs RMIT is acutely aware of the drivers of this reform including, health skills shortages, the ageing population, increases in diseases of burden and the greater demand for diagnostic and technological interventions.

Whilst offering broad support for the proposed reforms, RMIT has concerns regarding the proposal to transfer responsibility for funding allocation from the Department of Education, Science and Training (DEST) to the Department of Health and Ageing (DOHA). RMIT believes that the implications of such a move have not been fully considered, and that the best approach to improving health workforce outcomes is to develop stronger collaboration between the agencies responsible for workforce planning, service provision and funding allocation.

A key concern for RMIT is the inadequate level of government funding for many health programs. This is particularly relevant for programs, such as Medical Radiations and Nursing, which have particular funding requirements related to
workforce skills shortages and the high cost of delivery. We therefore argue that funding levels should reflect the actual costs of delivery, including the costs of clinical placements.

RMIT also believes that the Position Paper would benefit from a greater focus on the role of preventative and complementary healthcare in promoting health and wellbeing, and thereby reducing the level of chronic disease in the Australian population. By investing more in the health and wellbeing workforce (e.g. nutrition, exercise and massage practitioners) Commonwealth and States governments would be in a better position to reduce demand for costly and acute medical services.

The Position Paper outlines a strategy for the better utilisation of the health workforce, via up-skilling and integrated professional development. RMIT believes this strategy should also encompass preventative and complementary approaches to health care.

A summary of RMIT's recommendations are as follows:

**Draft Proposal 5.1:**

RMIT recommends that DEST retain responsibility for the funding allocation of health places and work collaboratively with other areas of Government with responsibility for health education and provision to ensure that existing and future health workforce planning requirements are met.

**Draft Proposals 4.1 and 5.2:**

RMIT endorses initiatives to promote a more integrated health workforce, including a focus on strengthened links between conventional and complementary medicines and innovative approaches to qualifications such as dual awards.

**Draft Proposal 5.3:**

RMIT endorses the proposal to improve the clinical training system. RMIT recommends that funding should be increased to cover actual delivery costs and that consideration should be give to the impact of new funding arrangements on the international student market.

**Draft Proposal 6.1:**

RMIT endorses the proposal to establish national accreditation and registration arrangements. RMIT recommends that further attention is given to VET qualifications, such as Enrolled Nursing, that are currently restricted to State-based arrangements.

**Draft Proposal 9.2:**

RMIT endorses the improved workforce planning initiative for the health workforce. RMIT recommends inclusion in this initiative of the workforce needs of the allied and complementary health professions, particularly those related to Medical Radiations.

**Draft Proposal 10.3:**

RMIT endorses an extension of existing paramedical roles to enable healthcare workers in rural and remote areas to meet critical workforce shortages.
3. **RMIT Response to Draft Proposals**

In considering its response to the Position Paper RMIT has focussed on the draft proposals that impact most directly on its role as a provider of education and training services to the health workforce. The following highlights the key areas of concern for RMIT and makes recommendations accordingly. A full description of the draft proposals referred to in the RMIT Response is detailed in Attachment A.

3.1 **Draft Proposal 5.1: Changing responsibility for the allocation of university places**

A key recommendation of the Position Paper is the transfer of responsibility for the allocation of funding for university-based education and training of health workers from the Department of Education, Science and Training (DEST) to the Department of Health and Ageing (DOHA). This recommendation seeks to address the lack of effective co-ordination between DEST and government health authorities in the funding allocation process, which results in less than optimal outcomes for health workforce planning and the provision of clinical placements. A key rationale for the proposed approach is that it gives greater control over the types of health workers produced to the area of government responsible for funding the bulk of service delivery.

RMIT acknowledges the need for integrated and effective systems of workforce planning and educational funding to overcome labour shortages in the health workforce. Furthermore, we acknowledge the distinct role played by government health providers as the primary employer of this workforce. However, it is not clear from the case presented in the Position Paper that a transfer of funding responsibility to DOHA is warranted, or indeed that the implications of such a move are fully appreciated.

A key obstacle to the effective allocation of educational funding by DOHA is the funding arrangements provided for under Higher Education Support Act 2003 (HESA). Given that funding is allocated according to health units that can be undertaken across a range of health-related courses (e.g. Biomedical Engineering, Health Economics), it is difficult to imagine how an agency primarily oriented to health delivery services can effectively manage the complexity of funding that falls outside its scope. This complexity includes the increasingly significant complementary therapies programs that are delivered for the most part outside government funded settings. In addition, the management of students’ enrolment, load and debts are regulated under the HESA in such a way that a separate body could not take it over in any practical sense. Any attempt to transfer these responsibilities would impose a serious and significant administrative burden on education providers (and presumably the Australian Government agencies involved) and lead to decreased efficiencies in the funding allocation process.

A more effective approach would be to develop a greater level of collaboration between DEST and DOHA in setting load targets for the Health discipline clusters and more specific targets for entrants to particular programs (e.g Nursing, Medical Radiations). It is suggested that DOHA be involved in profile visits to Universities offering health training, and that targets for growth be jointly set between Universities, DEST and DOHA. In addition, some funding could be transferred from DOHA to DEST to fund future growth in relevant health disciplines.
To further support this position, it is worth noting that the Commission itself acknowledges that current arrangements are in fact producing a suitable mix of university-based health care places. This suggests that despite some weaknesses in the system, it may be overstating the problem to recommend an inter-agency transfer of funding allocation particularly given the increase in compliance activity that would ensue. This increased reporting responsibility would be particularly noticeable for dual sector institutions, such as RMIT, that currently negotiate funding agreements with both DEST and its State based equivalent.

**Recommendation:** RMIT recommends that DEST retain responsibility for the funding allocation of health places and work collaboratively with other areas of Government with responsibility for health education and provision to ensure that existing and future health workforce planning requirements are met.

### 3.2 Draft Proposals 4.1 and 5.2: Development of advisory mechanisms to promote innovation in the health workforce and improved education and training

A key outcome that the Commission is seeking is better utilisation of the health workforce through innovative job design and educational qualifications that cross current professional boundaries. To achieve this, the Position Paper recommends the establishment of new advisory mechanisms that will take a holistic approach to the issues identified.

RMIT strongly supports the proposed initiatives to promote a more integrated approach to health workforce development. As a dual sector institution that offers broad based professional training for the health workforce, RMIT has a particular interest in working with governments and professional health agencies to redefine job roles and qualifications to meet emerging needs.

RMIT already has the capacity to up-skill a variety of primary-contact practitioners (such as Medical Radiation, Disability, Nursing, Chiropractic, Osteopathic practitioners) to limited medical-practitioners with basic medical skills such as medication prescription, minor surgery and specialist referral. In areas of acute medical shortages such as Radiology and Pathology, RMIT has the capacity to train graduates with increased diagnostic and reporting responsibilities. As a major provider of graduates in Medical Radiations and Laboratory Medicine (including being Victoria’s only source of Nuclear Medicine practitioners), RMIT is well-positioned to bridge the professional gaps in these skill shortage areas. Given the rapid development of new diagnostic techniques and the increased demand for such services resulting from an ageing population, workforce demands for diagnostic practitioners are expected to rise significantly.

RMIT also has Australia’s best resource-base in complementary disciplines such as Chinese Medicine, Chiropractic and Osteopathy, and has the required infrastructure to produce a lower-level generic practitioner. This is an increasingly important area of Australian healthcare. A recent Senate enquiry into services and treatment options for people with cancer found that integrative care utilising conventional and complementary medicine is regarded as best practice for many conditions such as cancer and chronic disease yet this is rarely offered to patients as part of a formal treatment program.¹ This suggests a need for greater awareness of the role of complementary medicine in healthcare, and a more serious attempt at cross-disciplinary training. For example, RMIT Chinese Medicine is currently collaborating

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with the Emergency Department at the Northern Hospital for the provision of acupuncture services to emergency patients.

Considerable scope exists for the provision of dual awards or double degrees to meet the growing demand for continuing professional development in complementary and preventative health areas (e.g. nurses up-skilling in massage and nutritional therapies). RMIT is actively engaged in developing new curriculum approaches to broaden the professional scope of practice for many health workers.

**Recommendation:** RMIT endorses initiatives to promote a more integrated health workforce, including a focus on strengthened links between conventional and complementary medicines and innovative approaches to qualifications such as dual awards.

### 3.3 Draft Proposal 5.3: Development of a sustainable clinical training regime

RMIT supports the recommendation in the Position Paper to develop sustainable clinical training arrangements by improving the transparency and contestability of institutional and funding frameworks.

There is a clear need for better information regarding existing clinical arrangements. A wide variety of arrangements have emerged across the sector as universities attempt to access an increasingly limited source of clinical placements. This includes the use of exclusive agreements between a number of service providers and educational institutions. Greater transparency, and indeed regulation, of such arrangements would provide for a more equitable system that does not privilege particular educational providers or courses, but addresses overall workforce planning needs. The Victorian Government is currently conducting an audit of state-based clinical training that will address many of the concerns raised by the Commission and potentially provide a platform for further discussion.²

The Commission has raised the possibility of greater use of explicit payments to providers, within the context of a system that will continue to be underpinned by pro bono services provided by public agencies. RMIT supports further investigation of this issue. However, it must be noted that education providers already heavily subsidise clinical training for students. Funding models for most programs with clinical placements do not reflect the full costs of delivery, including the insistence that venues include an extra clause in agreements covering indemnity against any damage caused by students. In the case of nursing for instance, RMIT has a variety of arrangements in place to provide clinical training yet still subsidises this system to the value of around $1 million per annum. A key recommendation therefore is for funding arrangements to be reviewed to reflect the actual costs of delivery for health professional training.

RMIT supports any initiative that leads to greater participation by private providers in clinical training. This would ameliorate clinical placement shortages across a number of professions, particularly those involving diagnostic services, such as laboratory medicine, which are experiencing rapid growth. Clinical placements are a particular problem for the Medical Radiations professions given the critical shortage of practitioners and the lack of funding to attract staff to teach clinical disciplines.

It is worth noting, however, that in certain professional areas education-based clinical training may offer a better alternative to private sector clinical training. For instance,

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² The Department of Human Services has convened a ‘Universities and Health Services Working Group’ to examine these issues.
RMIT operates a number of clinics that provide clinical experience for students in professions where external training is less accessible (e.g. Chiropractic, Myotherapy and Traditional Chinese Medicine). Whilst these operate at a considerable cost to RMIT, the level of control over the environment makes the education-based clinics a preferred option for clinical teaching.

A key issue not explicitly addressed in the Position Paper is the impact limited clinical placements has on the capacity of education providers to offer and expand places across a number of health related disciplines to international students. International education is an important export market in Australia, and this, coupled with the ability to retain locally-trained health professionals through the skilled migration program, it warrants further discussion. A case has been made by the Victorian Government for charging international students an extra fee, however in RMIT's view this would need to be very carefully determined and made entirely transparent. If adopted, this approach could potentially price Victorian universities out of the market, with international students applying to other states (or countries) resulting in reduced opportunities and income for the state economy.

**Recommendation:** RMIT endorses the proposal to improve the clinical training system, with the additional provisos that funding should be increased to cover actual delivery costs, and that the impact of new funding arrangements on the international student market should be taken into consideration.

### 3.4 Draft Proposal 6.1: Establishment of national accreditation and registration arrangements

RMIT welcomes initiatives to streamline and centralise accreditation and registration processes, provided that existing standards and quality processes are protected.

Many health areas are currently required to satisfy multiple accreditation requirements at significant time and cost to the education provider. For instance, despite Victoria being the first State (and presently the only State) to introduce State-level accreditation for Traditional Chinese Medicine, there still exist multiple approval channels that mandate different requirements and occur in different years. In addition, some professional bodies in this field have developed rigid standards for the recognition of qualifications, such as the requirement that only full time undergraduate qualifications are eligible for registration. This approach limits access to services such as acupuncture that can be provided by various health professionals as an adjunct intervention to their existing practice.

The draft proposal also suggests a possible extension of the proposed arrangements to Vocational Education and Training (VET). RMIT would like the Commission to note that although most health related VET qualifications are nationally recognised, a notable exception is Enrolled Nursing which in Victoria has State-based registration (amendment required for Table B.7, p.264). This is an important distinction given that most other States are upgrading the scope of practice to Diploma level to address increasing demand (particularly in aged care), whereas Victorian Enrolled Nurses are restricted to Certificate IV level training.

**Recommendation:** RMIT endorses the proposal to establish national accreditation and registration arrangements. RMIT recommends that further attention is given to VET qualifications, such as Enrolled Nursing, that are currently restricted to State-based arrangements.
3.5 Draft Proposal 9.2: Improved projections of future workforce requirements

The Commission is seeking a significant improvement in the mechanisms for projecting future health workforce requirements, including a more effective use of scenarios-based planning. RMIT understands this is a challenging requirement for any government agency and supports any initiative to more effectively monitor and plan for changing workforce trends. The Commission should note work recently undertaken by the Business, Industry and Higher Education Collaboration Council in identifying ways to improve linkages between industry, professional associations and universities to determine skills shortages. The proposed National Health Workforce Secretariat should also consider approaches by the State-based VET agencies to developing effective workforce planning models.

The Commission specifically recommends that workforce projections focus on those professions which have the greatest impact at the undergraduate education level; namely, Medicine, Dentistry, Nursing and some of the larger allied professions. RMIT supports a broader focus than that proposed and sees the new workforce planning arrangements as an opportunity for the Australian Health Ministers’ Advisory Council to extend its brief to the full range of allied and complementary health professions. This is particularly relevant given that allied health and complementary medicine practitioners are the fastest growing sector of the health workforce.

RMIT also strongly recommends the inclusion of small but high impact professions such as Medical Radiations in the development of workforce projections. Australia continues to experience critical workforce shortages in Radiation Therapy, Nuclear Medicine and Diagnostic Imaging despite attempts at the Commonwealth level to address this issue. It is important that these professions receive close attention in terms of both workforce planning and funding allocation.

Recommendation: RMIT endorses the improved workforce planning initiative for the health workforce. RMIT recommends inclusion in this initiative of the workforce needs of the allied and complementary health professions, particularly those related to Medical Radiations.

3.6 Draft Proposal 10.3: More effective approaches to improving outcomes in rural and remote areas

RMIT welcomes the proposal to improve the sustainability, quality and accessibility of health workforce services in rural and remote Australia. As a provider of nursing training in two Victorian regional centres, RMIT is well aware of the importance of local provision as a means to attracting and retaining health workers to these areas. Given the shortage of qualified health staff in country regions, allied and complementary practitioners often find themselves in the position of ‘primary’ care givers with all the pressures and responsibilities this entails. To address this issue, practitioners must be given the opportunity to up-skill to enable them to test, interpret, treat and refer as necessary. Role extension in the form of a ‘limited medical practitioner’ as discussed above would provide many existing workers with the skills needed to address critical workforce shortages in regional areas.

Recommendation: RMIT endorses an extension of existing paramedical roles to enable healthcare workers in rural and remote areas to meet critical workforce shortages.
Attachment A: Draft proposals discussed in the RMIT Response

Draft Proposal 4.1

The Australian Health Ministers’ Conference should establish an advisory health workforce improvement agency to evaluate and facilitate major health workforce innovation possibilities on a national, systematic and timetabled basis.

Membership of the board should consist of an appropriate balance of people with the necessary health, education and finance knowledge and experience.

Draft Proposal 5.1

The Australian Government should consider transferring primary responsibility for allocating the quantum of funding available for university-based education and training of health workers from the Department of Education, Science and Training to the Department of Health and Ageing. That allocation function would encompass the mix of places across individual health care courses, and the distribution of those places across universities. In undertaking the allocation function, the Department of Health and Ageing would be formally required to:

- consider the needs of all university-based health workforce areas; and
- consult with vice chancellors, the Department of Education, Science and Training, other relevant Australian Government agencies, the States and Territories and key non-government stakeholders.

Draft Proposal 5.2

The Australian Health Ministers’ Conference should establish an advisory health workforce education and training council to provide independent and transparent assessments of:

- opportunities to improve health workforce education and training approaches (including for vocational and clinical training); and
- their implications for courses and curricula, accreditation requirements and the like.

Draft Proposal 5.3

To help ensure that clinical training for the future health workforce is sustainable over the longer term, the Australian Health Ministers’ Conference should focus policy effort on enhancing the transparency and contestability of institutional and funding frameworks, including through:

- improving information in relation to the demand for clinical training, where it is being provided, how much it costs to provide, and how it is being funded;
- examining the role of greater use of explicit payments to those providing infrastructure support or training services, within the context of a system that will continue to rely on considerable pro bono provision of those services;
- better linking training subsidies to the wider public benefits of having a well trained health workforce; and
- addressing any regulatory impediments to competition in the delivery of clinical training services.

Draft Proposal 6.1

The Australian Health Ministers’ Conference should establish a single national accreditation agency for university-based and postgraduate health workforce education and training.

It would develop uniform national standards upon which professional registration would be based.
Its implementation should be in a considered and staged manner.

A possible extension to VET should be assessed at a later time in the light of experience with the national agency.

**Draft Proposal 9.2**

Numerical workforce projections undertaken by the secretariat should be directed at advising governments of the implications for education and training of meeting differing levels of health services demand. To that end, those projections should:

- be based on a range of relevant demand and supply scenarios;
- concentrate on undergraduate entry for the major health workforce groups, namely medicine, nursing, dentistry and the larger allied professions, while recognising that projections for smaller groups may be required from time to time; and
- be updated regularly, consistent with education and training planning cycles.

**Draft Proposal 10.3**

The Australian Health Ministers’ Conference should ensure that all broad institutional health workforce frameworks make explicit provision to consider the particular workforce requirements of rural and remote areas. The brief for the health workforce improvement agency (see draft proposal 4.1) should include a requirement for that agency to:

- assess the implications for health outcomes in rural and remote areas of generally applicable changes to job design; and
- as appropriate, consider major job redesign opportunities specific to rural and remote areas.