Universal service obligation for health services in Australia

Supplementary paper to support the Faculty's submission to the Senate Inquiry on the factors affecting the supply of health services and medical professionals in rural areas

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FACULTY OF

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What do we mean by universal service obligation for health services?

A universal service obligation for health services would specify a basic package of goods that all communities and individuals across Australia could expect to receive from the health system. It would work in much the same way as Telstra's universal service obligation, which ensures the provision of reasonable access on an equitable basis to a standard set of telecommunication services regardless of where people live or conduct business.

Health investment and data collection based on need, rather than per capita allocation, would ensure that all communities across Australia, whether they are mining towns, suburbs in cities, small remote communities or non-marginal electorates, receive a cluster of agreed health services. Developing and implementing the universal service obligation thus needs to be based on community and health consumer consultation, and take into account the key community characteristics which determine access, and level and type of health need, for health services. These characteristics include:

- population size,
- population age profile,
- proportion of Indigenous people,
- mining or non-mining,
- distance from major service centres, and
- geographic isolation (e.g., an island).

Why does Australia need a universal service obligation for health services?

Specifying the universal service obligation for health services would improve the mapping of health service and health workforce requirements across the country, underpinning sensible investment decisions in:

- health professional education and training – allowing higher education providers to design curricula and determine student numbers according to health workforce need;
- local and jurisdictional health service planning – allowing services and representative bodies to plan for health workforce and service infrastructure; and
- local, state and Federal policy related to health and social determinants of health (housing, transport infrastructure, schools etc.)

Significant variation in the health services which are available to people living in different communities across Australia is currently a characteristic of the national health system. With health investment currently based on average per capita expenditure, and vulnerable to interest group lobbying, access to health services does not reflect the significant variability in the health and health workforce requirements across different regions, towns and small communities. In addition, the lack of data on the clinical and health workforce needs of rural and remote communities across Australia is currently hampering the ability for health training and service planning to meet real need.

Health services investment according to health need has been talked about for many years, but has never been implemented. Clearly, a system of health investment, and data collection, based on the universal service obligation for health services, is long overdue. It is now time for urgent action – defining and enabling the universal service obligation for health services – to ensure better targeting and impact of health investment.

Greater Northern Australia Regional Training Network

BACKGROUND

At its 29 November 2008 meeting, the Council of Australian Governments (COAG) announced a number of health workforce reforms, several of which focused on clinical education and training. Since this time Health Workforce Australia (HWA) has been established under the *Health Workforce Australia Act 2009* (Cth) to coordinate a number of these reforms. HWA develops policy and delivers programs within the domains of workforce planning, policy and research, clinical education, innovation and reform of the health workforce and recruitment and retention of international health professionals.

On 22 April 2010 the Australian Health Ministers Council (AHMC) endorsed the establishment of Regional Training Networks by HWA. Ministers approved the following expected functions for RTNs:

- Promoting access to clinical placements through engaging underused settings and facilitating increased capacity;
- Facilitating systematic reporting of clinical training activity;
- Building education and clinical training provider relationships;
- Facilitating planning of placement requirements and opportunities;
- Matching supply and demand for placements;
- Supporting the management of clinical placements.

SCOPE

There are many similar issues facing all participating jurisdictions in regard to both the provision of clinical education and training and the recruitment and retention of an appropriate clinical workforce. The purpose of the formation of this network is to develop the best coordination of clinical workforce, and clinical education and training effort across the Northern territory and the northern rural and remote areas of Western Australia and Queensland.

The GNARTN exists primarily for: the co-ordination, planning and facilitation of clinical training activity; and to influence and inform clinical workforce initiatives and innovation across the geographic area. GNARTN does not have a direct management role.

FUNCTIONS

The primary role of the GNARTN is to provide oversight, advocacy and support to clinical workforce initiatives across the geographical area. The GNARTN will be proactive, action focussed and needs based. A key objective of the GNARTN will be to draw on existing clinical workforce initiatives, such as those provided by HWA, to enable better coordination, communication, collaboration and consistency across the GNA area.

The initial primary functions to be addressed by the Greater Northern Australia Regional Training Network include:

- Addressing Obstacles to Inter-jurisdictional Clinical Placements;
- Aboriginal and Torres Strait Islander Health Workforce Development; and
- Development of the Rural Generalist Workforce and General Specialist Workforce.

In addition the GNARTN will focus on the functional domains:

- Shared approaches to the implementation of HWA work programs;
- Sponsorship of best-practice clinical education and training research and innovations;
- Development of a common clinical placements planning approach;
- Sharing of clinical placement capacity to facilitate cross-jurisdictional placements;
- Development of a common Workforce Planning Methodology;
- Development of a Greater Northern Australia (GNA) workforce strategy;
- Development of a GNA Aboriginal and Torres Strait Islander workforce strategy; and
- Development of a GNA recruitment strategy.

Working Groups will be formed to enable completion of specific bodies of work within the scope of GNARTNs functions.