



16 June 2014

Ms Jeanette Radcliffe
Committee Secretary
Senate Standing Committee on Community Affairs
Senate Community Legislation Committee
Parliament House
CANBERRA ACT 2600

by email: community.affairs.sen@aph.gov.au

Dear Ms Radcliffe

Inquiry into the Health Workforce Australia (Abolition) Bill 2014

I am writing to comment on the proposed abolition of Health Workforce Australia (HWA) as a separate body and the transfer of its functions and programs to the Department of Health.

There is a widespread belief that, in the limited time since its establishment, HWA has done valuable work, including on rural and remote issues, and has developed and pursued an admirable culture of openness and collaboration. The NRHA has benefited from a very good working relationship with HWA and, in the interests of the people of rural and remote Australia, we hope that this - as well as will the streams of HWA's activity - will continue unabated when the work is undertaken in the Department of Health.

The Bill's Explanatory Memorandum states that Australia has a "...*well distributed health workforce*, delivering frontline health services for all Australians". Many people in rural and remote Australia would be surprised at this description, having poor access to many types of health professional and the services they provide.

It will be imperative for further work on these discrepancies to be undertaken, including on issues related to regulation and education. The work must continue to have a multidisciplinary focus, relating to medical practitioners, nurses, allied health professionals, pharmacists, dentists, paramedics and health service managers. The practice settings for these professionals include aged and disability care as well as the health sector specifically. Services for mental health, cancer, maternity and palliative care are among the critical areas in which there are shortages.

The Alliance is pleased to report that HWA has developed a clear understanding of the particular needs of health services in rural, regional and remote areas and recognised that workforce design and planning need to work backwards from outcomes for consumers and population needs.

In 2012, the organisation's three volumes of *Health Workforce 2025* provided policy proposals to address serious problems which were subsequently approved by Australia's Health Ministers. Among actions agreed to by Ministers was improving coordination of medical training by working with trainees, employers, educators and government through the establishment of a new National Medical Training Advisory Network (NMTAN).

The Strategic Framework for National Health Workforce Innovation and Reform and the Rural and Remote Health Workforce Innovation and Reform Strategy are useful frameworks for further health workforce planning and action.

HWA's project on Rural and Remote Generalist Allied Health Professions is particularly significant to the Alliance. While HWA acknowledges medical practitioners as being at the heart of our primary care system, it has sensibly recognised the importance of harnessing the contributions of other health professionals, including nurses and allied health professionals.

The Health Professionals Prescribing Project is also important. Part of the rationale for this is the limited access to medical practitioners who can prescribe medications in rural and remote areas. HWA's work has developed a clear distinction between the *supply* of GPs and their *distribution*, and a welcome focus on a better distribution of GPs with advanced skills.

HWA has been investigating the feasibility and value of a National Framework for Rural Medical Generalist programs, drawing out the need for integration of education, training, placement and hospital training activity for medicine and other professions. In conducting a study of general surgery in small rural towns, HWA has sought to assist people in rural and remote areas have access to the range of medical services appropriate to their needs as close to home as possible.

Significantly, HWA also contributed to the development of management and leadership capacities in rural and remote health services, including through the Health LEADS Australia framework.

Other important programs include a Clinical Training Funding program to expand the health workforce's clinical training capacity and infrastructure, including in rural and remote areas. There is a program securing 8,400 new quality clinical training places for health students, and the Simulated Learning Environments program which saw a 115 per cent increase in simulation education hours in 2012, which is critical in ensuring that nurses and midwives are clinically confident when they graduate.

We trust that, in its Inquiry, the Committee will understand and report on the particular health workforce pressures for people in rural and remote areas, and the need, therefore, for the Department to continue to give these special priority in the continuing work to be undertaken.

Thank you for allowing the Alliance additional time to lodge this brief submission.

Yours sincerely

Gordon Gregory
Executive Director