



## SUBMISSION

Submission to the Senate Community Legislation Committee  
*Health Workforce Australia (Abolition) Bill 2014*

6<sup>th</sup> June 2014

## About Us

The Health Services Union (HSU) is a growing member based union fighting for dignity and respect for health and community services workers. HSU members are at the forefront of some great nation building changes in the National Disability Insurance Scheme, Public Health and Aged Care reform.

We are a driving force to make Australia a better place.

HSU members work in aged care, disability services, community health, mental health, private practices and hospitals. Members are health professionals, paramedics, scientists, aged care workers, nurses, technicians, personal care and support workers, clerical and administrative staff, disability support workers, managers, doctors, medical librarians and support staff.

We are committed to advancing and protecting the wages, conditions, rights and entitlements of members through campaigning and workplace activism. HSU also provides a range of services and support to assist members with many aspects of working and family life.

HSU National is the trading name for the Health Services Union, a trade union registered under the Fair Work (Registered Organisations) Act 2009.

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6 June 2014

**Senate Standing Committee on Community Affairs**  
PO Box 6100  
Parliament House  
Canberra ACT 2600

**SUBMISSION TO THE SENATE COMMUNITY LEGISLATION COMMITTEE**  
*Health Workforce Australia (Abolition) Bill 2014*

To Whom It May Concern:

HSU National strongly opposes the *Health Workforce Australia (Abolition) Bill 2014* on the grounds that abolishing Health Workforce Australia (HWA) represents a staggering disregard for the capacity, productivity and distributional challenges facing Australia's health workforce. Indeed, without coordinated health workforce planning leadership at the Federal level, the health system will struggle to cope with expanding workforce requirements being driven by an ageing and growing population, increasing community expectations of health service delivery and the shift toward client-directed care and support. HSU National urges the Senate to recognise the folly of the *Health Workforce Australia (Abolition) Bill 2014* and reject it in its entirety.

It is vital that Senate Community Legislation Committee is reminded of the enormous amount of research and policy expertise that underpinned the establishment of a dedicated Commonwealth agency for coordinating health workforce planning. HWA was created through the Council of Australian Government's 2008 *National Partnership Agreement on Hospital and Health Workforce Reform*, after the Commonwealth and all states and territories agreed that the creation of a national health workforce agency was critical to 'establish more effective, streamlined and integrated clinical training arrangements and to support workforce reform initiatives.'<sup>i</sup> Importantly, this decision did not emerge out of a policy vacuum. In a 2005 report, the Productivity Commission (PC) recommended establishing a national advisory health workforce improvement agency to facilitate workplace innovation.<sup>ii</sup> The PC's recommendation was underpinned by a recognition that current workforce shortages across a number of health professions—in addition to significant workforce distribution issues—would be exacerbated by Australia's ageing population, growing community expectations around health service delivery and changes to care delivery driven by developments in technology and changing policy settings.<sup>iii</sup> Subsequently, the PC proposed the establishment of an independent agency to 'evaluate and, where appropriate, facilitate major health workforce innovation possibilities on a national, systematic and

timetabled basis.<sup>iv</sup> In 2009, the need for a dedicated national agency was echoed in the final report of the National Health and Hospitals Reform Commission, which memorably compared the health workforce planning infrastructure at the time to “swiss cheese” i.e. ‘riddled with gaps and incomplete and poorly coordinated information.’<sup>v</sup> In January 2010, HWA commenced operations, charged with addressing these gaps by working within and across jurisdictions with both the health and education sectors.

That HWA exists today is not due to government largesse, but because of expert recognition of the need for an independent national agency ‘to drive change, collaboration and innovation to build a sustainable health workforce that meets the healthcare needs of all Australians.’<sup>vi</sup> In defending its decision to abolish HWA the Government has argued for the ‘need to refocus our attention away from the bureaucrats and back onto patients.’<sup>vii</sup> Such a claim is highly misleading. Indeed, the need for a strong, independent and adequately funded agency charged with driving a strategic long-term plan for the health workforce has not diminished as the years have progressed, rather, the opposite is true. Furthermore, HSU National is astounded by the Government’s view that HWA ‘is taking valuable resources away from front-line health services.’<sup>viii</sup> Planning and policy resources are just as vital as “front-line” services. The Government’s simplistic either/or approach demonstrates a staggering indifference to the scale of the workforce challenges facing the sector on the issues of capacity, productivity and distribution—all of which HWA is charged with addressing. It should not be lost on anyone that the very purpose of HWA is to ensure that the right trained and educated staff are available to deliver front line health services, when the services are needed and wherever those services are delivered.

On the issue of workforce capacity, the Department of Employment forecasts that Health Care and Social Assistance will experience the fastest employment growth of any industry, adding an additional 177,800 workers between 2012 and 2017.<sup>ix</sup> Additionally, specific programs, such as the National Disability Insurance Scheme (NDIS), will require a doubling in size of the formal disability workforce once fully implemented.<sup>x</sup> Industry feedback collated as part of the Community Services and Health Industry Skills Council’s *Environmental Scan 2014: Agenda for Change*, highlighted the need for improved workforce planning to ensure the sustainability of future workforce supply.<sup>xi</sup> This is an area where the expertise and functions of HWA are critical. As a separate agency, HWA is uniquely placed to foster collaborative engagement across the health and education sectors to improve the efficiency and effectiveness of training pathways, which are essential to build workforce capacity.<sup>xii</sup> HWA’s completion of the first national, long-term projections for doctors, nurses and midwives, *Health Workforce 2025—Doctors, Nurses and Midwives* and the November 2012 agreement of Health Ministers to the policy proposals outlined in that document demonstrate that the Agency is working as intended. HSU National believes that the Government’s intention to transfer HWA’s functions into the Department of Health will severely constrain collaboration between the health and education sectors. Furthermore, the abolition of an agency dedicated to health workforce planning sends a symbolic message to the sector and the broader public that the Commonwealth has no regard for workforce planning, or, indeed, evidence-based policy.

With regard to the maldistribution of the health workforce, HWA has been at the forefront of identifying and addressing health workforce shortages in regional and remote areas. HWA initiatives

such as the Rural Health Professionals Program are providing recruitment, orientation and retention services to nurses and allied health professionals in rural, remote and Aboriginal and Torres Strait Islander health services.<sup>xiii</sup> HWA has also developed the *National Rural and Remote Health Workforce Innovation and Reform Strategy*, providing instrumental policy leadership to address the shocking divide between the health of metropolitan Australia and that of Australians living in rural and remote areas.<sup>xiv</sup> HSU National is confused by the current Government's position on addressing workforce distribution issues, given its desire to abolish the agency responsible for advising on how to best tackle the problem, yet, at the same time, setting aside an additional \$13.4 million in the 2014-15 Budget for 500 additional nursing and allied health scholarships targeting workforce shortages in rural and remote areas;<sup>xv</sup> as well as a further \$35.4 million over two years to the *General Practice Rural Incentives Program*.<sup>xvi</sup> It suggests a confused, ad-hoc approach to policymaking, and creates the perception that the current Government simply wants to dismantle its predecessor's achievements, with no regard for the consequences its decisions will produce.

Finally, abolishing HWA will also lead to the direct loss of 136 jobs. In addition to the impact on these workers and their families, the longer-term impact of HWA's abolition is a huge, and perhaps irreversible, loss of corporate knowledge and expertise in a relatively niche field. Abolishing the HWA will also see the Agency's significant investment in establishing and building positive stakeholder relationships gone to waste.

HSU National implores the Senate Community Legislation Committee to recognise the critical importance of HWA and recommends that the Senate reject the *Health Workforce Australia (Abolition) Bill 2014* in its entirety.

Regards,

**Chris Brown**  
Acting National Secretary

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- <sup>i</sup> Council of Australian Governments (2008) *National Partnership Agreement on Hospital and Health Workforce Reform*, p. 16.
- <sup>ii</sup> Productivity Commission (2005), *Australia's Health Workforce, Research Report*, p. xxxiii.
- <sup>iii</sup> Productivity Commission (2005), *Australia's Health Workforce, Research Report*, p. xiv.
- <sup>iv</sup> Productivity Commission (2005), *Australia's Health Workforce, Research Report*, p. 66.
- <sup>v</sup> Australian Government, (June 2009) *A Healthier Future for all Australians: Final Report of the National Health and Hospitals Reform Commission*, p. 125.
- <sup>vi</sup> Health Workforce Australia (2013), *Strategic Plan 2013-2016*, p. 6.
- <sup>vii</sup> Commonwealth of Australia (15 May 2014) *Health Workforce Australia (Abolition) Bill 2014 – Second Reading – Speech by Peter Dutton MP (Minister for Health and Minister for Sport)*.
- <sup>viii</sup> Commonwealth of Australia (15 May 2014) *Health Workforce Australia (Abolition) Bill 2014 – Second Reading – Speech by Peter Dutton MP (Minister for Health and Minister for Sport)*.
- <sup>ix</sup> Department of Employment (2013), *Industry Projections to November 2017*
- <sup>x</sup> The Treasury (2013), *DisabilityCare Australia: Stronger, Smarter, Fairer*, p. 17.
- <sup>xi</sup> Community Services and Health Industry Skills Council (2014), *Environmental Scan 2014: Agenda for Change*, p. 5.
- <sup>xii</sup> Health Workforce Australia (2013), *Strategic Plan 2013-2016*, p. 8.
- <sup>xiii</sup> Health Workforce Australia (2014), 'Rural Health Professionals Program', available at: <http://www.hwa.gov.au/our-work/improve-distribution/rural-health-professionals-program>
- <sup>xiv</sup> Health Workforce Australia (2013), *National Rural and Remote Health Workforce Innovation and Reform Strategy*.
- <sup>xv</sup> Commonwealth of Australia (2014) *Budget Measures Budget Paper No. 2 2014-15*, p. 132.
- <sup>xvi</sup> Commonwealth of Australia (2014) *Budget Measures Budget Paper No. 2 2014-15*, p. 130.