



June 6 2014

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

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Dear Ms Radcliffe,

Thank you for your invitation to submit to the **Inquiry into the Health Workforce Australia (Abolition) Bill 2014** and the **Australian National Preventive Health Agency (Abolition) Bill 2014**.

Osteopathy Australia is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established and maintained. Our core work is liaising with state and federal governments, regulatory or other statutory bodies, and key stakeholders throughout the healthcare landscape. We always welcome opportunities for input and collaboration, such as this:

We bring to the Committee's attention the following recommendations in relation to the **Inquiry into the Health Workforce Australia (Abolition) Bill 2014**.

1. The Bill and the Explanatory Memorandum refer to the "transfer of functions and programs to the Department of Health." However, in the Budget itself, the Government announced "the *essential functions* of Health Workforce Australia (HWA) will be transferred to the Department."

The abolition of Health Workforce Australia should proceed only with the essential and non-essential functions and programs specified in detail. Which functions and programs are being transferred to the Department, and which are being shed, ceased, transferred elsewhere, or disregarded?

2. Prior to the establishment of HWA, various important functions such as Allied Health data collection and workforce reform were not encouraged or prioritised by the Department of Health. Consultation with the Allied Health Sector on workforce development was limited.

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3. The Bill may cause the loss of recently gained opportunity and potential to improve the effective (and cost-effective) delivery of health care. Other quasi-governmental agencies, such as the Australian health Practitioner Regulation Agency, cannot be expected to assume responsibility for this loss unless specifically instructed and resourced—and the Department itself will have to work very diligently (and at significant cost) to maintain these functions.

Because of this, we doubt that the veracity of the Explanatory Memorandum's claim that the Bill "provides savings through reduced duplication of functions and administrative difficulties." Indeed until the establishment of HWA, many functions and programs in Allied Health were simply absent.

4. Osteopathy Australia strongly urges the Committee to recommend that the Department, as part of its forthcoming assumption of HWA's functions and programs, absorb and maintain the genuinely consultative culture of HWA. To this end, we urge the Committee to recommend the immediate identification Departmental staff responsible for liaising and consulting with peak professional allied health bodies.

Unless we have the names and contact details of the people responsible for continuing the functions and programs of HWA, we are dubious about the prospects for "the efficient and effective delivery of policy and programme activities related to the health workforce."

5. Osteopathy Australia is concerned about the loss of knowledge, skills, and understanding relevant to the Allied Health sector, and that unless deliberate and considered steps are taken to maintain these vital aspects of HWA within the Department, the nation's Allied Health workforce—the thereby the nation's health—will be adversely affected.
6. The widely applauded appointment of a Chief Allied Health Officer has been an improvement on the previous paltry attention paid to the nation's 80,000 Allied Health professionals. If the transferred functions are to be meaningfully absorbed within the Department, a dedicated and properly resourced Allied Health Unit under the CAHO should be established.

We bring to the Committee's attention the following recommendations in relation to the **Australian National Preventive Health Agency (Abolition) Bill 2014**.

1. Osteopathy Australia is concerned that the Bill will adversely affect the effective, and cost-effective, delivery of health care by reducing the emphasis the Government places on preventative health care.

For example, early intervention with relatively low cost management of chronic musculoskeletal disease by osteopaths and other allied health professionals may be preferable (from a health analysis as well as a budgetary analysis) to subsequent costly, invasive, surgical intervention requiring hospitalisation.

2. Preventative health is not only effective and cost-saving, it is a critical economic contributor to workplace productivity and to reduced disability support payments.
3. What economic analysis has been done to forecast the effects of this Bill on preventative health? Osteopathy Australia notes the Financial Impact Statement and is supportive of "savings through reduced duplication of functions and [through] administrative efficiencies," but it is inconceivable that these savings constitute the only financial impact of the Bill.
4. The abolition of a dedicated preventative health agency is not necessarily fatal for Government leadership in this area, but Osteopathy Australia urges the Committee to scrutinize the Bill with respect to the possible adverse consequences if many of the beneficial and frugal functions of the Australian National preventative Health Agency are not considered "essential," and thereby not transferred at all.
5. We also are apprehensive that, even if functions and programs are transferred rather than abandoned, they may not be transferred with sufficient staffing, resourcing, and autonomy to pursue the established and enduring Allied Health planning work that has begun.

Summary of Recommendation in relation to both Bills

Osteopaths see patients every day who are taking responsibility for their health by self-referring to Allied Health professionals for care and treatment, and paying fees out of their pocket without taxpayer subsidy.

This sort of responsible, self-reliant behaviour is completely harmonious with the Government's stated desire to "reduce demand for unnecessary or overused services."

The Government ought consciously to invest in efficient workforce planning of this nature precisely because it accords with the Government's own policies.

Thank you for bringing these recommendations to the Committee's attention. You may contact me in relation to these matters

Yours sincerely

Samuel Dettmann
Policy Advisor