

**PARLIAMENT OF AUSTRALIA
SENATE COMMUNITY AFFAIRS LEGISLATION COMMITTEE**

HEALTH WORKFORCE AUSTRALIA (ABOLITION) BILL 2014

OCCUPATIONAL THERAPY AUSTRALIA (OTA) SUBMISSION

JUNE 2014

INTRODUCTION

On 15 May 2014, the Senate referred the Health Workforce Australia (Abolition) Bill 2014 to the Community Affairs Legislation Committee.

Occupational Therapy Australia welcomes the opportunity to make a submission to the committee on the Government's proposed Health Workforce Australia (Abolition) Bill 2014.

Occupational therapists are health professionals whose role is to enable their clients to participate in meaningful and productive activities. Occupational therapists provide health care, vocational rehabilitation, disability support, physical and mental health therapy services and work across the public, private and community sectors.

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. As of November 2013 there were over 15,000 registered occupational therapists working in Australia.

OTA is involved with the following existing Health Workforce Australia (HWA) projects:

- Future Health Leaders Council
- HWA Standing Advisory Committee for Health Professions
- Rural and remote specialist generalist, and,
- Health Workforce 2025: specifically, to the Health Workforce Australia 2014 Report on Occupational Therapy.

This submission focuses on the strategy and processes that have made HWA successful in its delivery of national health workforce development policy and recommends the Federal Government adopt these approaches within the Department of Health, as it proceeds with the abolition of HWA.

SUMMARY RECOMMENDATIONS

OTA believes that consumers are the benefactors of good health workforce policy development. To ensure the community continues to benefit as the government implements the Health Workforce Australia (Abolition) Bill 2011, and transitions the role of health workforce development to the Department of Health, OTA recommends the following:

- The Department of Health retain the body of knowledge HWA has developed since its inception,
- The Department of Health follow HWA's successful cross-sectoral community engagement in its enquiries and policy development processes,
- The Department of Health pursue practical and relevant policy developments that focus on the community, and,
- The Department of Health establish a focused and specialized Workforce Development Unit that can, like HWA respond quickly and efficiently to policy needs.

HWA'S EXPERTISE AND ENAGEMENT

HWA was established by the Council of Australian Governments (COAG) as a national health workforce agency through the 2008 National Partnership Agreement on Hospital and Health Workforce Reform (NPA). It commenced operations in January 2010 following the enactment of the Health Workforce Australia Act 2009.

In establishing HWA, COAG recognised that a national coordinated approach was needed to create a health workforce able to meet the current and future healthcare needs of all communities. COAG recognised that without strategic and coordinated reform, demand could not be met and challenges could not be overcome. It recognised that reform must be national and large-scale and that it must cut across jurisdictional, sectoral and professional boundaries.

This was one of the key recommendations from the April 2004 AHMAC National Health Workforce Strategic Framework. The structure was seen as a way to ensure buy-in and collaborative involvement of all jurisdictions to address a national problem.

This approach has enabled HWA to engage a significant variety of stakeholders in their Standing Advisory Committees, including:

- individual health professions,
- industry associations,
- education providers
- rural and remote representatives,
- Aboriginal and Torres Strait islander representatives
- Private, public and community professionals,
- consumer groups

Ultimately health consumers have been the benefactors of this approach. As well as including a variety of community issues, cross-sector consultation has enabled 'non traditional health' ideas to be identified, operationalised, trialled, rigorously evaluated and revised to deliver actual models of improved practice to meet a variety workforce requirements.

In addition, the variety of health professions involved in the process has ensured evidence based research across a variety of fields has been presented and applied.

Example: The Allied Health Professions Rural and Remote Generalist Project built a picture of the clinical governance frameworks required to overcome the regulatory, policy or funding barriers which impact rural and remote practice.

Example: Joint Standing Advisory Committee: investigated one driver of increased hospital admissions. Patients were coming in because they had problems related to medication management. HWA conducted a cross-sector environmental scan, and identified where there was room to build capacity – in this instance in the aged care workforce. They enabled home care community workers to have a monitoring role around medicine by developing their skills which led to less dependency on nursing. Outcomes included less dependence on nursing roles for safe medication use; improved quality of care; development of technology and a greater uptake by consumers of a range of devices supporting self management and enabling a greater number of consumers to regain and maintain independence in relation to their medicines

Much of the work completed by the HWA to date was adopted and directly affected the community because it was the result of stakeholder buy-in and willingness to engage, collaborate and contribute to work of the HWA.

Recommendation:

OTA recommends the Government retain the existing knowledge base within HWA and adopt the successful cross sector consultation processes HWA engaged in, to ensure the whole community remains represented in health workforce policy development.

HWA WAS PRACTICAL AND RELEVANT

Because HWA has consulted widely the majority of its findings and outcomes are practical and relevant to clinicians, and for health consumers and the broader community. This also led to a high uptake of implementation of HWA policy proposals.

One particular area of enquiry that has been practical and relevant has been around health workforce development and training.

Health Workforce Australia (HWA) is promoting the adoption of simulated learning in the health sector through its Simulated Learning Environments (SLE) program.

It is doing this through four projects:

- Accreditation of simulation programs and certification of simulation educators.
- Simulation educator and technician training, NHET-Sim.
- The national simulation e-platform, SimNET, and,
- The National Simulation in Health Directory.

Simulated environments have worked well for nursing and medicine professionals. HWA was in a good position to roll this simulated learning model out to more health professions (such as occupational therapy).

Occupational Therapy training options have rapidly expanded both in terms of levels of entry (Undergraduate and graduate entry options; increasing double degree and postgraduate options) and in the number of occupational therapy courses being commenced. Occupational therapy has a significant need around supporting clinical practice:

- Australian and New Zealand Committee of Occupational Therapy Educators (ANZCOTE) have identified this as a priority
- Undergraduate OT Students are required to complete 1,000 hours of clinical practice to graduate, and,
- Occupational therapists address person, environment and occupation. The simulated model can be refined and applied to this space.

In addition to the development of simulated learning, HWA was responding to other practical issues regarding future workforce such as accommodation issues for students on rural and remote placements, and the maldistribution of the location of training courses: for example increasing numbers of occupational therapy courses in metropolitan areas such as Melbourne, yet none in Tasmania or Northern Territory.

Recommendation:

The Department of Health follow the model established by HWA and pursue practical and relevant policy developments that focus on the community.

HWA WAS RESPONSIVE AND DELIVERED

Since inception, HWA has moved quickly on a large variety of workforce issues and has implemented a significant number of wide ranging initiatives, including:

- Workforce planning

- Policy and legislation
- Research – international and national
- Investment in future workforce:
- An emphasis on rural and remote workforce development

OTA would particularly like to highlight its interest in the work HWA is doing with regards to workforce planning for all key Allied Health professions – including Occupational therapy. This work is highly sort after and important to the community as it ensures there is an adequately trained primary care workforce in the years ahead.

HWA's cross-sectoral approach enabled it to look beyond 'traditional health' issues and needs and responded to workforce matters in regards to

- demographics,
- socio-economic trends,
- technology,
- education and training,
- industrial relations,
- consumer needs, and,
- core health workforce policy matters.

Furthermore, having the HWA outside the bureaucratic structure of the Department of Health has enabled it to respond quickly without having layers of bureaucratic approval to reach the Federal Minister for Health and AHMAC.

Example: In response to cost cuts and increased pressures in emergency departments around the country, HWA launched a pilot project to streamline management of patients in emergency departments. They did this by expanding the 'scope of practice' of professions working within the emergency departments – such as Nurses and those not traditionally involved in emergency departments – such as physiotherapists. This resulted in outcomes around efficiency and effectiveness as well as an increased client satisfaction rate.

Example: Joint Standing Advisory Committee: HWA investigated one driver of increased hospital admissions - Functional decline in elderly people as a key cause of hospital admissions. HWA initiated an innovative pilot program of early intervention to reduce this cause of admission. This pilot addressed the skills and knowledge of support workers, volunteers and carers in 5 domains of functional decline: Cognition & emotional health; Mobility; Vigour and self-care; Continence; and Nutrition and skin integrity: The result of the pilot was better identification of early decline in clients requiring complex care, and an increased capacity of such aged and community care workers to work to 'full scope of practice'

Recommendation:

The Department of Health establish a focused and specialized Workforce Development Unit that can, like HWA respond quickly and efficiently to policy needs.

SUMMARY RECOMMENDATIONS

OTA looks forward to participating in ongoing workforce development planning with the Australian Government. OTA believes the Health Workforce Australia (Abolition) Bill 2014 presents a significant change in the policy development process.

To ensure consumers remain the benefactors of good health workforce policy development OTA recommends:

- The Department of Health retain the body of knowledge HWA has developed since its inception,
- The Department of Health follow HWA's successful cross-sectoral community engagement in its enquiries and policy development processes,
- The department of Health pursue practical and relevant policy developments that focus on the community, and,
- The Department of Health establish a focused and specialized Workforce Development Unit that can, like HWA respond quickly and efficiently to policy needs.

OTA would be happy to provide the committee with further information on these or other matters related to the Health Workforce Australia (Abolition) Bill 2014.

Rachel Norris
Chief Executive Officer
Occupational Therapy Australia