

Senate Standing Committees on Community Affairs
The Committee Secretary

RE: Health Workforce Australia (Abolition) Act 2014

Exercise & Sports Science Australia (ESSA) is the peak organisation representing university trained exercise and sports science professionals, including the allied health profession of exercise physiology. ESSA is concerned there will be negative implications to Australia's health workforce following implementation of the Health Workforce Australia (HWA) (Abolition) Act 2014.

We recognise abolition of HWA aims to reduce duplication and associated inefficiencies and expenditure within the Australian government. However, there are several key priorities and projects of HWA that ESSA would like to see continued to optimise the effectiveness of the Australian health system.

1. Workforce capacity building

Total health and residential aged care expenditure is projected to increase by 189% (\$85 billion to \$246 billion) from 2003-2033, an increase from 9.3% to 12.4% of gross domestic product¹. These costs are largely attributed to chronic disease, specifically; increased volume of services (50%), population ageing (23%), overall population growth (21%) and increased disease prevalence¹. There is an urgent need for the Australian health system to evolve, adapt and innovate in order to continue to provide high quality, affordable and sustainable patient care amidst ever increasing demand and limited resources.

HWA has been instrumental in national planning for a sustainable health workforce through monitoring workforce trends, collating data and building the evidence base on Australia's health workforce. This information has instigated and informed clinical redesign and innovation improving efficiencies within the health system. For example, the HWA report², [Australia's Future Health Workforce \(HW2025\)](#), predicted a significant shortage of nurses (109,000) and doctors (2,700) by 2025 unless staffing models change, further supported by [Health Workforce Planning](#) documents. The exercise and sports science industry have responded to this information through redirecting supervision of Exercise Stress Tests from doctors to Accredited Exercise Physiologists/Cardiac scientists. This has rendered many organisational benefits, including the optimisation of patient flow, improving management of workloads and time constraints of physicians, and accelerating patient time to treatment or discharge.

Key Point

ESSA supports continued inclusion of the Allied Health disciplines within workforce modelling and profiling, previously undertaken by HWA.

2. Improve health system productivity

The World Health Organisation predicts by the year 2020 chronic disease will account for almost three quarters of all deaths³. People with chronic health conditions often develop multiple co-morbidities, using health services and medicines frequently and over extended periods of time⁴. Consequently, chronic disease is associated with high health expenditure and poses significant and unique challenges to the Australian health system.

HWA have successfully identified and supported the implementation of productive workforce models that have been successfully adopted on a national scale. HWA's [Aged Care Workforce Reform Program](#) and [Expanded Scopes of Practice Program](#) have been instrumental in redesigning jobs, increasing flexibility of job roles and facilitating innovative team approaches to care. For example, the Scope of Practice program has successfully initiated the use of Extended Care Paramedics to treat patients in their usual place of residence, reducing emergency department presentations and inter-facility transfers.

Key Point

ESSA endorses ongoing leadership, change management and innovation to improve efficiencies and support of allied health professionals within the Australian healthcare system.

3. Support workforce distribution

One third of Australia's population live outside major cities, with many residents in rural and remote communities facing a significant health disadvantage, poorer health outcomes and reduced access to health services than their metropolitan counterparts⁵. This is demonstrated by the fact Australians living in rural and remote regions have a ~10% higher rate of mortality and are more likely to experience certain chronic diseases, including mental illness and coronary artery disease than metropolitan populations⁶. Evidently, despite a range of recent rural health policies, the "inverse care law" still applies whereby the availability of good health care tends to vary inversely with the need of the population served⁷.

Key Point

ESSA supports the continuation of work done by HWA in identifying and implementing reforms to improve distribution of the health workforce and hence improved access to healthcare across Australia.

According to the Australian Bureau of Statistics, 69% of the Indigenous population live in rural and regional areas⁸. This high distribution of Indigenous people residing in rural and remote areas is another barrier contributing to poorer health outcomes in this population through reducing timely access to healthcare.



Key Point

Following the abolition of HWA, the government will need to continue concentrating efforts to close the gap on Indigenous health outcomes from the remainder of the Australian population.

Summary

The Australian health system is under substantial pressure and must undergo significant transformation to meet rapidly rising population healthcare demands. ESSA is concerned the disestablishment of HWA and transfer of its functions and programmes to the Department of Health will dilute efforts and reduce the momentum of the much needed health workforce redesign and innovation currently undertaken by HWA. In particular, ESSA would like to see continuation of allied health workforce profiling and policies to facilitate improved support and distribution of the allied health workforce.

Thank you for the opportunity to provide comment on the *Health Workforce Australia (Abolition) Act 2014*.

Kind Regards,

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Exercise & Sports Science Australia

Exercise & Sports Science Australia (ESSA) is a professional organisation which is committed to establishing, promoting and defending the career paths of university trained exercise and sports science practitioners. ESSA's vision is to achieve member excellence in exercise and sports science that will enrich the health and performance of every Australian. As the peak professional body for exercise and sports science in Australia, ESSA's mission is to empower our members by providing strategic leadership in exercise and sports science through advocacy, support of professional networks and the promotion of excellence in education, research and professional practice.

www.essa.org.au



Accredited Exercise Physiologists (AEPs)

AEPs are federally recognised allied health professionals that specialise in clinical exercise interventions for patients with existing chronic and complex medical conditions or injuries, or those at high-risk of developing these. These interventions are provided by exercise delivery including health and physical activity education, advice and support, and lifestyle modification with a strong focus on achieving behaviour change with the aim of optimising physical function, health and wellness. As part of a multidisciplinary team, AEPs work with clients with a range of medical conditions including cancer, diabetes, cardiovascular disease, mental illness, pulmonary disease, osteoarthritis and obesity.

[AEP Scope of Practice v2 \[323kb pdf\]](#)

References:

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5. Australian Institute of Health and Welfare, 2008. Rural, regional and remote health: indicators of health status and determinants of health. Canberra: Cat. No. PHE 97; Rural Health Series No. 9.
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