

## Health Workforce Australia Bill 2009

### Submission from Medical Deans Australia and New Zealand Inc

Medical Deans Australia and New Zealand Inc (Medical Deans) is the peak body representing medical education, training and research in Australia and New Zealand universities. The organisation comprises the Deans of Australia's current eighteen medical schools and the two New Zealand schools.

The major initiatives and associated funding for the education and training of the health workforce announced by COAG late last year, including the proposed new Health Workforce Agency, have been warmly welcomed by Medical Deans. It is a development which Medical Deans sees as having the real potential to ensure high quality and a sufficient number of clinical training places for the rapidly increasing number of medical students, and students in other health professions. To this end, Medical Deans has taken every opportunity to contribute to the consultation on the governance and organization of the proposed new Agency in various forums, including the formal consultation process conducted by the National Health Workforce Taskforce (NHWT).

Medical Deans believes that there are a number of key elements essential to the effective establishment of the Health Workforce Agency in what is already a very complex arena working across health and education sectors, multiple jurisdictions, agencies and professional bodies. These elements have been elaborated on in our formal submission to the NHWT on 20 March, 2009 attached.

Medical Deans believe that a number of those key elements are not described, or not satisfactorily described, in the draft Bill but which are necessary to ensure the Agency can fulfil the broad purpose for its establishment as announced by COAG. These are as follows:

#### 1) Part 2

##### Functions

- (i) The Bill provides for the provision of *financial support for the delivery of clinical training (including simulation training) for the purposes of the health workforce by making payments.....(5/1/a)*

There are unfortunately no specific requirements on how the Agency actually enters into the provision of this financial support. Medical Deans has argued strongly that the success of this initiative will be based on the Agency's ability to understand and engage with key stakeholders and recognise and preserve local relationships between education providers and health services, often built up over many years. To this end, we believe it essential that the Bill require the Agency to consult and cooperate with both education and health providers on the provision of financial support and, importantly enter into agreements with such providers.

- (ii) Whilst the explanatory notes make it clear that the Agency's functions are in relation to 'professional' entry level education and training, this is not spelt out in the Bill itself. Medical Deans believes there should be direct reference in the Bill itself.

Professional entry is the current description for students undertaking their studies at university or TAFE where appropriate. We note that the explanatory notes describe this group as 'pre-professional' entry.

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- (iii) The Bill provides for *other support for the delivery of clinical training for the purposes of the health workforce...* (5/1/b)

Medical Deans has strongly argued that the Agency's role should focus on leadership, best practice and innovation in clinical education and training, and develop and support integrated approaches to health workforce planning. A limited brokerage role may also be appropriate. Medical Deans believes that the wording above could be interpreted as the Agency taking responsibility for allocating clinical placements – a direction which is strongly opposed by Medical Deans.

- (iv) The Bill provides for the Agency to *develop and evaluate strategies for development of the health workforce* (5/1/d).

While supporting this provision, Medical Deans is concerned that there is no mention of workforce planning. Planning is an essential component of the health reform agenda if Australia is to successfully manage the development of its health workforce for the future. In all documentation around the establishment of the Agency, workforce planning has been identified as a key function of the Agency. It is essential for meeting the burgeoning needs of outer-metropolitan, regional and rural areas to ensure all Australians have access to quality health care.

Medical Deans believes that the omission of the key function of planning in the legislation is serious and will severely limit the Agency's value to health workforce reform.

## 2) **Part 3/ Division 2**

Medical Deans notes the composition of the Board of the new Agency and the provision for *up to 3 other members* 10/(d)

Given the focus of the Agency is to plan, co-ordinate and provide funding for clinical training at professional-entry level, it is paramount that there be educational expertise on the Board. This expertise should preferably reflect a background in medical education and training (being the most complex of health professional training).

Medical Deans recommends that the legislation specifically require that the members additional to jurisdictional nominees, have an educational background in health, with at least one member from a medical and training background.



**Professor Allan Carmichael**  
**President**  
1 June, 2009  
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Medical Deans Australia and New Zealand (Medical Deans), representing the 20 universities across Australia and New Zealand with medical schools welcomes the opportunity to respond to the recent NHWT Discussion Paper on *Health Education and Training, Clinical Training – governance and organisation*, February, 2009.

This response complements advice and feedback provided to NHWT by representatives of Medical Deans at a number of forums in recent weeks.

Medical Deans welcomes the significant initiatives adopted by COAG late last year to ensure a sustainable health workforce in Australia for the future, including measures to assist in improving clinical training capacity and organisation.

It is essential however that the governance and organisation of clinical training under the proposed National Health Workforce Agency supports:

- the crucial role and expertise universities (especially through Medical Schools) play in clinical training by integrating clinical care with teaching and research
- the importance of seeing clinical training in the total context of health professional education, with placements having defined learning objectives and outcomes and supervisors equipped to enable students to achieve these
- the preservation of local relationships, often built up over many years, between education providers and health services
- the continued development of vertical integration in the medical (and where appropriate, other health professional) education and training continuum
- dedicated funding for clinical training and adoption of appropriate accountability measures for providers of training
- the development and maintenance of adequate infrastructure in both hospital and primary care environments for workforce teaching and training, including facilities, staffing, staff training and evaluation
- and acknowledges, the complexity of the organisation of clinical training within, and across, health professions

## **Agency governance and organisation**

Medical Deans supports in general, the establishment of the National Health Workforce Agency. The Agency needs to focus on leadership, best practice and innovation in clinical education and training, foster cultural change and importantly, develop and support integrated approaches to health workforce planning. A limited brokerage role may also be appropriate.

Our experience is that 'local knowledge' and build up of relationships is critical to the effective development, co-ordination and allocation of clinical placements. This local involvement must be maintained. We would be most concerned therefore at any proposal to move to a central allocation model.

Universities have been served well by the long tradition of being the providers of first degrees in Medicine and our honorary paid staff are critical to the integrated training through internship and specialisation within the colleges.

Moreover the Universities have long established (or, in the case of the newer medical schools, are establishing) critical partnerships with public and private hospitals and community clinics to provide mutual support in growing the critical nexus of clinical care with teaching and research. These "teaching" hospitals fall in a range of activities that can be loosely described as (1) *University hospitals* (these are clearly partnered with one University with long established University Departments of Medicine, Surgery etc, a Clinical School, and with a Medical Research Institute co-located on the hospital campus); (2) *Teaching Hospitals* (usually a lower level of University resourced teaching and research status but with its own or joint clinical school, well organised for teaching medical students and providing resources to create a substantial learning environment); and (3) *hospitals and community clinics* where teaching is provided and organised through one or more Universities with the health service in partnership.

Having a third party, such as the proposed Agency purchase (as suggested in the recent NHHRC Interim Report) or undertake a central determination process, even in partnership with education providers, will put, we believe, the long standing relationships between universities and health service providers at grave risk, and consequently impact significantly on that critical nexus of clinical care with teaching and research.

In our view therefore, the facilitative model proposed in the Discussion Paper is the preferred approach although we see the Agency with the potential to act as a broker on some aspects of clinical training such as identifying new areas of capacity, inter - jurisdiction placements etc. There may also be a place for the Agency to tender for placements in areas of critical need.

Standardising the qualification structure in Australia and regulatory requirements on students such as police checks, vaccination requirements

could also be facilitated by the Agency. Standardisation would assist and promote a more mobile student cohort for clinical training purposes.

## **Clinical Research**

Increasing clinical research opportunity is essential to maintaining a quality clinical training environment and ultimately the health care able to be provided to all Australians. Medical Deans strongly supports any initiatives aimed at integrating and embedding a sustainable clinical research framework into the health system.

There is now evidence especially from the UK (<http://www1.imperial.ac.uk/medicine/about/divisions/ephpc/pcsm/research/drfosters/> and Byrne E Med J Aust. 2009 Clinical research in the United Kingdom: a new era. 190:172-173) that clinical outcomes are improved in hospitals with strong links to academic institutions. In particular the role of clinical research and health services research is recognized as providing an essential ingredient for best practice in the clinical care and teaching/learning environment. Australia has a proud record in biomedical research however funding and performance in clinical and health services research is somewhat underdone. Any reform process should redress this, in order to provide the best environment for better health outcomes and teaching and learning.

It is paramount that the new Workforce Agency has included, within its terms, a platform to support clinical research as an integral component of quality clinical training.

## **Funding**

Dedicated funding for clinical placements will greatly assist in the goal of ensuring sufficient and quality clinical training for the increased number of medical students. The dedicated funding for medical student placements would best be provided direct to Universities/medical schools under a similar model as that for funding the University Departments of Rural Health/Rural Clinical Schools. This model has also facilitated vertical integration initiatives in education and training.

This dedicated funding needs to also allow for adequate infrastructure across all settings to enable a better breadth and quality of clinical training experience for medical students and others; and to take pressure off the traditional "teaching" hospital setting. Simulated Learning Centres should be included to enable complementary training of students to that of the actual clinical experience. Accommodation for student and trainee placements also will be needed.

## **Competency-based training**

Medical Deans support in principle the development of a competency based framework for medical graduates but recognises that not all attributes can be translated to competencies; such a framework may operate in conjunction with other forms of assessment where these are currently operating effectively. For example, the Australian Medical Council has identified 40 required attributes of competent medical graduates across three broad areas - knowledge and understanding, skills and professional attitudes. It would be feasible to translate most of these attributes to the competencies required of a medical graduate in order to commence work as an intern; this approach would encourage innovation and diversity in teaching and complement work needed to quantify training placements for medical students. It would also provide a sound base to identify the competencies required at the end of the intern year paving the way for more effective vertical integration of medical education and training.

The development of this approach would appear to fit well with the proposed facilitative model for the Agency.

## **Timing**

It is critical that thorough consideration of the complexity of the governance and organisation of clinical training has been undertaken prior to the roll-out of the Agency. In this respect, Medical Deans believes it is unrealistic to consider a roll-out of new arrangements from the beginning of 2010 (as has been proposed at a number of forums).

Professor Allan Carmichael



**President**

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