

International Health Workforce Collaborative – 13th Agency Roundtable

Title: Health Workforce Australia

Author: Mr Mark Cormack, Chief Executive Officer, Health Workforce Australia

Abstract

Health Workforce Australia (HWA)¹ is a new national health workforce agency, established in early 2010 to work across health and education sectors to devise solutions that will effectively integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training. HWA has been funded by the Commonwealth Government to deliver a range of reforms across the clinical training, innovation and reform space, as well as to undertake national health workforce planning.

HWA is a Commonwealth statutory authority and is funded through the Department of Health and Ageing. HWA is governed through a Board. The composition of the Board includes nominations from each state and territory, plus the Commonwealth and three independent members. Board members are appointed by the Commonwealth Minister for Health and Ageing. The inaugural Board commenced in early 2010. Since that time the organisation has been established and it currently has approximately 120 staff. There are six workgroups in the organisational structure, four of which reflect the core program deliverables and the other two being corporate support areas:

1. Information, Analysis and Planning
2. Clinical Training Reform
3. Workforce Innovation and Reform
4. International Health Professionals Program
5. Communication and Marketing
6. Corporate and Finance.

HWA is delivering a range of key initiatives in the area of workforce planning, innovation and reform and clinical training reform.

HWA reports directly to Health Ministers, and provides national advice on workforce planning, innovation and reform as well as working extensively with partner organisations to deliver national reform initiatives.

History

The impetus for creating a national health workforce planning body in Australia had its genesis in the Australian Government Productivity Commission Research Report on Australia's Health Workforce which was released in 2006².

The report was commissioned by the Council of Australian Governments (COAG)³ to examine issues impacting on the health workforce including the supply of, and demand for, health workforce professionals, and propose solutions to ensure the continued delivery of quality health care over the next 10 years.

¹ Website: www.hwa.gov.au

² Productivity Commission 2005, *Australia's Health Workforce*, Research Report, Canberra.

³ Website: www.coag.gov.au

The report made a number of recommendations which included the establishment of a national body to evaluate, and, where appropriate, facilitate major health workforce innovation possibilities, and an independent taskforce to collect and assemble comprehensive and nationally consistent data and information on the demand for clinical training, and make recommendations on specific changes to facilitate more transparent, coordinated and contestable clinical training arrangements.

COAG's response to the recommendations, included agreement to the establishment of a national health workforce agency.

In November 2008 COAG subsequently agreed to significant changes to the federal financial funding arrangements which resulted in a range of new reform agreements being put in place. This led to the establishment of Health Workforce Australia as described in the following sections.

Health Workforce Australia

The November 2008 COAG reforms were aimed at improving the quality and effectiveness of government services by reducing Commonwealth prescriptions on service delivery by the States, providing them with increased flexibility in the way they deliver services to the Australian people, through a series of new National Partnership Agreements (NPAs). For health, and specifically for health workforce, a new NPA on Hospital and Health Workforce Reform⁴ became one of the foundation documents for health reform.

This NPA included a specific schedule titled Workforce Enablers. Through this agreement the Commonwealth Government committed \$1099.3 million over four years for workforce and infrastructure initiatives to be delivered from 2009-10 to 2012-13. This included establishment of a national health workforce agency, Health Workforce Australia.

The NPA description states that *"This reform component is aimed to improve health workforce capacity, efficiency, and productivity primarily through improving clinical training; facilitating more efficient workforce utilisation; improving international recruitment efforts; and effective and accurate planning of health workforce requirements. The reforms are needed to address workforce shortages and to ensure Australia's health workforce can meet increasing demands of services resulting from factors such as an ageing population, increasing levels of chronic disease and community expectations"*.

The NPA specifies the following key elements of the reform package:

- Creation of a national health workforce agency to establish more effective, streamlined and integrated clinical training arrangements and to support workforce reform initiatives. Its responsibilities to include funding, planning and coordinating clinical training across all health disciplines; supporting health workforce research and planning; funding simulation training; and progressing new workforce models and reforms.
- A single body working to Health Ministers that can operate across both the health and education sectors and jurisdictional responsibilities in health to devise solutions that effectively integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training.

⁴ Available at :

http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health.aspx

- The Agency is expected to ensure that funding provided for clinical training is specifically used for that purpose against agreed outputs and outcomes, rather than being subsumed in global health or education budgets.
- Delivery of increased funding for undergraduate clinical training in medicine, nursing, allied health and dental training.

Legislation & Governance

Subsequent to the signing of the NPA, legislation was put through Parliament which created Health Workforce Australia – the *Health Workforce Australia Act 2009* (assented to 22 July 2009⁵).

Under the legislation HWA is created as a body corporate with the following functions:

- To provide financial support for the delivery of clinical training (including simulation training) for the purposes of the health workforce by making payments to or in respect of:
 - Eligible students undertaking or proposing to undertake eligible clinical training; or
 - Persons providing eligible clinical training or facilities for eligible clinical training;
- To provide other support for the delivery of clinical training for the purposes of the health workforce
- To carry out research, and collect, analyse and publish data or other information, for the purpose of informing the evaluation and development by the Ministerial Conference of policies in relation to the health workforce;
- To develop and evaluate strategies for development of the health workforce
- To advise the Ministerial Conference on matters relating to the health workforce.

The Act establishes HWA with a Board whose membership is to include a member nominated by the Commonwealth, 8 members each nominated by a different State or Territory and up to three other members. Members are appointed by the Commonwealth Minister.

HWA Board & Funding

The inaugural HWA Board was appointed in January 2010 and met for the first time in February 2010.

HWA has an establishment staff level of 120. The majority of the recruitment commenced in the second half of 2010 and HWA is now close to its establishment staffing level.

HWA is entirely funded by the Australian Government. A funding agreement between the Commonwealth of Australia, represented by the Department of Health and Ageing and Health Workforce Australia is in place. The funding agreement concludes on 30 June 2013.

HWA Sector Relationships

HWA is a unique body in many ways.

⁵ Available at: <http://www.comlaw.gov.au/Details/C2009A00072>

As an agency it is fully funded by the Commonwealth and is a portfolio agency of the Commonwealth Department of Health and Ageing. However under the legislation it is also a body that should be responsive to the needs and requirements of States and Territories. The HWA Board includes a member nominated by each state and territory.

HWA also reports to the Australian Health Ministers' Conference (AHMC)⁶. AHMC is the vehicle through which national health issues are addressed. All state and territory health ministers are members. It is a consensus body that seeks to deliver policy and project reforms that are in the national interest.

State and Territory governments provide and manage public hospital services and a range of primary and community care services. Commonwealth funding is provided to state and territory governments to support the delivery of public hospital services. In addition private and not for profit agencies provide a range of hospital and community care services, supported through various Commonwealth based funding mechanisms.

Various national bodies and agencies have been established over time to direct and coordinate national health policy action on key issues. This has resulted in an array of bodies with a range of functions around specific national action, for example safety and quality, preventative health, and mental health plus various agencies in the data collection and reporting space and research sectors. There is also a recently established national registration agency which for the first time is providing for a single point for the regulation of selected health professionals.

HWA as a new national agency sits directly in relationship with the Commonwealth and State and Territory health departments but has a broader agenda around working across health sector (public, private and not for profit) as well as the education and training sector. It operates principally as an advisory, workforce planning and research body that also has significant funding to deliver a range of initiatives to drive innovation and reform in clinical training and across the broader workforce space.

To enable HWA to deliver across the education, training, public and private sectors, it is dependent upon building collaborative partnerships to support and drive reform.

Management of stakeholder relationships is thus critical to HWA's success. As a body without directive legislative power it is reliant on influence, engagement and collaboration to deliver reform. Due to the significant Commonwealth investment in the establishment of HWA, the range of funding programs that HWA is able to deliver provides a powerful point for establishing formal engagement mechanisms with providers.

In recognition of the critical need to develop strong stakeholder relationships, in addition to the formal relationships developed with key agencies, the HWA Board has established Standing Advisory Committees. Four Standing Advisory Committees have been established which cover the professional bodies, education and training sector, private and non-government sector and Aboriginal and Torres Strait Islander organisations. The Standing Advisory Committees are chaired by a member of the HWA Board and meet regularly with the HWA Executive team to provide input to the work program, advise and to raise issues for debate and discussion.

⁶ Refer to: <http://www.ahmac.gov.au/site/home.aspx>

HWA's Work Program

HWA works across the health and higher education sectors to devise solutions to the challenge of providing a skilled, flexible and innovative health workforce

HWA is responsible for delivering the following functions:

- Provide comprehensive, authoritative national workforce planning, policy and research advice to Ministers, Governments and key decision makers in the health and education sectors.
- Improve, reform and expand access to quality clinical education placements for health professionals in training across the public, private and non-government sectors by delivering programs that expand capacity, improve quality and promote innovation and support flexibility in learning opportunities.
- Develop and implement a national program of health workforce innovation and reform to encourage the development of new models of healthcare delivery, facilitate inter-professional practice and equip health professionals for current and emerging demands on the health care sector.
- Facilitate a nationally consistent approach to international recruitment and retention of health professionals to Australia.

HWA's key priorities for 2011-12 to underpin the delivery of the key work group deliverables for 2011-12 are:

- Building and strengthening HWA's in-house data and analysis and research capability and capacity
- Building and strengthening HWA's capability and capacity to deliver tested nationally scalable workforce reform models that could be adopted across Australia
- Ensuring integration of HWA's work across the organisation and with national reform and policy directions
- Building and strengthening HWA's policy capability and capacity

The organisational structure has four core program delivery workgroups: Innovation and Reform; Clinical Training Reform; Information, Analysis and Planning and International Health Professionals, plus two corporate support workgroups – Corporate and Finance and Communication and Marketing.

In the core program delivery areas staff skills are predominately in the data analysis, data modeling, research, workforce planning and project management space.

The workforce planning function of HWA is an essential building block for the organisation and success in developing and establishing this role will be critical to the long term viability of the organisation.

HWA Strategic Priorities

Workforce Planning

In the initial establishment phase HWA has been focused on developing the key data sets and working with partner agencies to develop the data. Critical relationships have been built with the national registration body and the Australian Institute of Health and Welfare.

Initially the focus is on the development of data bases for registered professionals. A National Statistical Resource is being developed to bring together health workforce related data and information from a variety of sources. This will be made available to bodies to support and enable better workforce planning across agencies and services.

HWA was also requested to undertake a National Training Plan for Doctors, Nurses and Midwives. This has involved the collection of data on workforce demand and supply for these professions, development of scenario models and currently the identification of geographic distribution and pipeline analysis. The scenario modeling includes innovation and reform scenarios.

HWA is also undertaking workforce planning for particular areas, these include rural and remote workforce, cancer workforce, and health informatics professionals. In future national training plans will be developed for other health professionals and in 2012 HWA will undertake a national training plan for selected allied health professions.

What Workforce Data are collected?

Australia implemented a National Registration and Accreditation Scheme in July 2010. The Australian Health Practitioner Regulation Agency (AHPRA) was established for implementation of the scheme.

Health practitioners are required to renew their registration on an annual basis. The registration process collects data on demographics, educational qualifications (including country obtained, fields of specialty) and registration history.

During the registration process, health professionals are also asked to complete a voluntary survey. This survey collects additional information on the location of the person's main job, principal role, area of practice, work setting, years worked, and years intended to remain in the workforce. The survey is completed by approximately 85% of people who register.

HWA has an agreement with AHPRA to obtain de-identified registration and workforce survey data on a regular basis. HWA also plans to collect data in future for the health professions not included in the national scheme, using a national minimum dataset methodology.

For What Professions?

The following 10 professions are currently regulated under the National Scheme;

- Chiropractors
- Dental practitioners
- Medical practitioners
- Nurses and midwives
- Optometrists
- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists

From 1 July 2012, the following four health professions will be included in the National Scheme;

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- Medical radiation practitioners
- Occupational therapists

Other health professions are also within the scope of HWA's activity and will have information added as HWA is able to obtain data regarding them either through the national registration scheme or by working in partnership with the profession.

From What Organisations?

Data for registered professions is reported by individual health professionals as part of the registration process and the data is provided through arrangement between the national registration body and the Australian Institute of Health and Welfare. In addition the national registration body provides a facility to conduct workforce surveys which supplements the registration information and provides additional data for planning purposes.

Data for non-registered professions is variously collected by the profession or from employer organizations.

Where are Data Housed?

HWA are responsible for the establishment of a National Statistical Resource. The Resource will store timely and accurate supply and demand information about Australia's health workforce (including workforce data from AHPRA). This will provide a nationally consistent single source of truth that will allow government and non-government health organisations to make informed decisions.

HWA use Statistical Analysis Software (SAS) to store, manage and disseminate data from the National Statistical Resource.

Data Use / Confidentiality Issues

The workforce data collected under the National Registration and Accreditation Scheme is required by all levels of government for workforce planning activities. HWA have been working with AHPRA to ensure state and territory jurisdictions have timely access to de-identified unit record data for their own jurisdiction.

HWA has developed data dissemination and management protocols and is in the process of developing formal data use agreements with the agencies responsible for collecting data from health professionals and agencies which use workforce planning data.

Workforce Innovation and Reform

HWA has developed a National Health Workforce Innovation and Reform Strategic Framework for Action. This Framework is intended to drive reform across the health, education and training sectors. It recognises the range of stakeholders who need to collaborate in the planning, implementation and evaluation of reforms that will result in a sustainable health workforce – this includes health, education, regulatory and accrediting

bodies, employers, health researchers, professional groups, industry and regulation bodies, across the private, public and not for profit sector.

HWA is responsible for leading a range of actions identified in the Framework. These include primary responsibility for health workforce planning plus the delivery of a range of projects to seed and support innovation and reforms, that improve workforce capacity and skills and the development of leadership capacity to support and lead health workforce innovation and reform.

HWA's workforce planning role will inform and be informed by the innovation and reform work. As the evidence base is developed around new workforce models that deliver increased productivity, retention and recruitment as well as improved clinical supervision and training, it is intended that national rollout of new models will occur. This will require subsequent changes within the policy and regulation space.

HWA through the Framework will be looking to ensure the engagement of all stakeholders in the delivery of the objectives of the Framework.

An implementation plan for the Framework is being developed that will identify actions to be delivered through coordinated national action by public health jurisdictions and others (including HWA). The Implementation Plan will be considered by Health Ministers at the end of the year.

Clinical Training Reform

HWA is delivering a range of national funding programs which are targeted at increasing the number of health professionals being trained, supporting improved productivity and accessibility of training options, delivering training in new settings (eg aged care, mental health, primary health care), developing and enhancing supervision capacity and capability and supporting the delivery and coordination of training with the education, training, public, private and non-government sector.

HWA is investing in four key areas of reform in this space:

- Clinical training funding – recurrent and capital investment to support growth in clinical training places
- Simulated Learning Environments – to support development of and expanded use of simulated learning modalities to improve access to training and increase productivity/efficiency in the training system. Through this program a national simulator educator and technician training initiatives is also being delivered.
- Clinical Supervision Support – to promote the importance and value of clinical supervision and develop the capacity and capability of clinical supervisors.
- Integrated Regional Clinical Training Networks – to establish broad membership networks across the public, private and non-government health sectors as well education and training sectors to provide coordinated approaches to the management and delivery of clinical training across Australia.

International Health Professionals

HWA has responsibility for delivering a nationally coordinated approach to international recruitment for Australia. This program is in its infancy and a workgroup is currently being

established. HWA is funding a program for the delivery of nursing and allied health professionals into rural and remote areas as part of this broader work program.

As part of this program HWA will be looking at how the pathways into Australia and registration procedures might be improved to deliver a more streamlined entry process for international health professionals.

A research project has been commissioned to provide an evidence base on Australia's health professional migration patterns. This work will inform the development of a national strategy for international health professionals.

This area of HWA's work plan is quite unique and provides HWA with an opportunity to develop evidence and intelligence at a national level on international recruitment and retention. International recruitment is an important policy lever in managing workforce shortages and a critical element for health workforce planning.

Conclusion

HWA needs to establish itself as a legitimate, recognised and respected authority on workforce planning and reform. The key steps in progressing the establishment and positioning of the agency include:

- Delivery of a national training plan for doctors, nurses and midwives by Dec 2011
- Establishment of a national health workforce statistical resource for use by stakeholders as a planning tool
- Delivery of research and data reports
- Investment in innovation and reform models, and evaluation, to identify suitable models for national scalability that will deliver increased productivity, retention and attraction
- Investing across multiple areas of activity including clinical training reform, simulated learning environments, clinical supervision support programs, and integrated clinical training networks to establish engagement and key partnerships across the public, private, education and training sectors to develop support for the deliver of reform directions
- Establishment of formal partnerships with key partners in relation to workforce planning and data management, research and analysis
- Establishment of advisory committees to seek the engagement and input of professional bodies, education and training sector, private and non-government sector and Aboriginal and Torres Strait Islander agencies.