

## 14<sup>th</sup> International Health Workforce Collaborative Conference

### Plenary Session 3 - Assuring Adequate Specialists, Generalists and a Health Workforce Where it's Needed: How Do We Balance Demands to Improve Quality, Expand Access and Contain Health Care Costs?

Tuesday 7 May 2013

#### Australian responses to panelist questions

#### 1. How can generalism and practice flexibility be supported and encouraged through education, policy, regulation and compensation? Are there models in the different countries that could provide insights for the others?

Like many other countries, Australia has experienced a trend towards specialisation in the health workforce. This has been particularly evident within its medical workforce, but is also true of nursing and allied health. This trend has been driven by factors such as technological advancement in health requiring specialist knowledge and expertise in the workforce, community expectations of the health system, prolonged periods of undersupply that has inadvertently encouraged practitioners to specialise in areas of their own choice, and a lack of policy, planning and program co-ordination between the health and higher education systems.

Of the levers available to policy makers to support a generalist workforce, higher education, clinical training, workforce planning, compensation and regulation policy settings are particularly important. The higher education sector, at both professional entry and post graduate training levels, requires formal linkages with both the health care system and government. Linkages in the Australian system include

- emerging alignment of national workforce planning with training intakes;
- national registration and accreditation of health professionals and training;
- effective governance mechanisms for national, state and regional clinical training programs; and
- targeted program development to meet identified regional service requirements.

The needs of rural and regional communities have been a primary driver of recent training reforms aimed at developing generalism. The Queensland Rural Generalist Program<sup>i</sup> is a recent development driven by the Queensland state government in response to the unmet needs of its rural communities, and the perceived failure of the existing general practice and specialist training programs to develop a responsive and sustainable generalist medical workforce. Key elements of the Queensland model are intensive, early exposure to generalist care models; employment arrangements which maximise attraction and retention; expanded scope of practice into traditionally specialist areas including obstetrics, surgery and anaesthetics; accredited training qualifications and remuneration arrangements. Evaluation<sup>ii</sup> supports the success of the model in meeting rural workforce needs. Policy work is now underway in Australia to provide a common national structure for the rural generalist role and fully integrated with Australia's college based specialist training programs<sup>iii</sup>.

Australia has also introduced Rural Clinical Schools (RCS) <sup>iv</sup> and University Departments of Rural Health (UDRHs) <sup>v</sup> which provide opportunities for generalist training of health professionals, and early exposure to the value of generalist practice in rural areas. These programs have been established in rural and regional locations, where higher education faculties are formally integrated with regional health service delivery and provide significant components of requisite clinical training for a range of professions in generalist focused rural settings.

## **2. What patterns, policies and initiatives are being experienced by each country to promote higher quality and specialised care while balancing the need to meet the range of services required by their populations when and where they need them (without increasing costs)?**

Australia has been building the evidence base regarding the balance between generalists and specialists in the health workforce. In 2012, Health Workforce Australia released Health Workforce 2025 (HW 2025) <sup>vi</sup>, the first long term national projections for medical practitioners, nursing and midwifery. Work is currently being done on projections for allied health professions. HW 2025 projected that under current policy settings the following outcomes will result:

- a highly-significant shortage of nurses (109,000) by 2025.
- supply of doctors is stable now but there will be a shortage of 2700 doctors by 2025.
- medical workforce is increasingly subspecialised, leading to disparities in access to quality care
- insufficient postgraduate medical training places for the number of graduates seeking them.
- current training system is poorly co-ordinated, not aligned to health system needs and is inefficient.
- uneven distribution of the medical workforce across Australia affecting rural and regional communities.
- Australia will continue to remain highly dependent on migration of international health professionals.

Australia's Health Ministers in November 2013 agreed on a comprehensive program of national policy responses to the challenges identified in HW2025. Health Workforce Australia (HWA) will be progressing a forward program of system reforms to progress national policy responses including

- Industrial and regulatory barriers to workforce reform and innovation.
- Maldistribution of the workforce (geographic and across professions/specialties).
- Efficiency and effectiveness of the training system.
- Consistent policy approaches to achieving self-sufficiency in workforce supply.
- Progressing an ongoing program of nationally co-ordinated workforce redesign.

Australia's health and medical training systems have many participants. No one body is responsible for the policy, funding and delivery functions of training, and this system is operating without a robust and agreed set of information, or a collective view on future requirements.

As part of the policy responses to training system shortcomings Australian governments have agreed to the establishment of a National Medical Training Advisory Network (NMTAN).

NMTAN will bring together all organisations that play a role in medical training to provide a mechanism for improved coordination of medical training, ensure stronger links between training and the health needs of the community, strengthen the generalist / specialist mix and workforce responses to emerging models of care.

The National Medical Training Advisory Network will produce five year rolling medical training plans across the whole medical training pipeline from university training through vocational training. The proposed functions of the NMTAN are the subject of public consultation<sup>vii</sup>. A parallel national arrangement for nursing, and allied health professions will also be established.

### **3. Why and where is greater specialisation of the health workforce needed? What factors impede needed specialisation?**

Australia, through HW 2025, has identified a number of specific medical specialist areas that are or are projected to be in significant shortage in Australia. These are:

- obstetrics and gynaecology.
- ophthalmology.
- diagnostic specialties in pathology and radiology.
- psychiatry.

However, no case has been made for increased specialisation of the health workforce, and the consensus across all governments and the major training colleges is that the opposite is the case. Renewed interest in generalism has been articulated by all major stakeholders.

The key factors underpinning a better balance of specialism and generalism are

- Training system alignment and co-ordination mechanisms
- Accreditation of training
- Compensation and remuneration systems.

### **4. What are the incentives to produce health care providers that deliver a wide range of services and/or provide services across multiple settings?**

Australia provides a limited range of incentives to promote and encourage generalism, especially in medicine. Most effort is currently being applied in the training system (see response to Question 2.), and exploratory policy and program development work by HWA with the professions and state governments. There is now significant national interest and in pursuing role redesign and new workforce models which broaden and deepen the scope of practice of health professionals. HWA is running a co-ordinated national program in this area <sup>viii</sup> <sup>ix</sup> as well as parallel innovations governance and reform of the training system<sup>x</sup>.

Compensation mechanisms to support generalist practice are limited, especially in Medicine, and this an area of considerable renewed interest by professional and other stakeholders following the release of HW2025 and the agreed policy responses

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<sup>i</sup> <http://www.health.qld.gov.au/ruralgeneralist/>

<sup>ii</sup> [http://www.health.qld.gov.au/ruralgeneralist/docs/NOVA\\_RGP\\_EVL\\_Jun2010.pdf](http://www.health.qld.gov.au/ruralgeneralist/docs/NOVA_RGP_EVL_Jun2010.pdf)

<sup>iii</sup> <http://www.hwa.gov.au/rural-medical-generalists>

<sup>iv</sup> <http://www.health.gov.au/clinicalschoools>

<sup>v</sup> <http://www.health.gov.au/udrh>

<sup>vi</sup> <http://www.hwa.gov.au/health-workforce-2025>

<sup>vii</sup> <http://www.hwa.gov.au/work-programs/clinical-training-reform/national-medical-training-advisory-network>

<sup>viii</sup> <http://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/expanded-scopes-of-practice-project>

<sup>ix</sup> <http://www.hwa.gov.au/work-programs/workforce-innovation-and-reform/health-professionals-prescribing-pathway-project>

<sup>x</sup> <http://www.hwa.gov.au/work-programs/clinical-training-reform/integrated-regional-clinical-training-networks>