Interim Report: Feedback

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

Your Personal Details	
1. **Title**	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Western Australian General Practice Education and Training Limited (WAGPET)
6. Location	☐ Metropolitan ☐ Regional WA ☐ Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? **(Required)**	☒ Group/organisation ☐ Individual ☐ Other, please specify_____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
☒ I consent to my feedback being published ☐ I consent to my feedback being published anonymously ☐ I do not consent to my feedback being published	

WAGPET

Delivering a supported and flexible health workforce for the WA community

Health Education and Training Institute of WA

Background

Direction 10 under the Interim report of the sustainable health review recognised and called for the development of a supported and flexible workforce.

Almost every direction recommended in the sustainable health review needs the right health workforce to be successful:

- We can't expect the primary health care system to take a stronger role in delivering health care if we don't have enough GPs in the right places.
- We can't be at the leading edge of research to improve the health of Western Australians if we don't have enough great researchers.
- To keep people healthy and get serious about prevention and health promotion we need a strong and vibrant public health workforce.
- The pursuit of more effective aged care support in the home and chronic disease management is jeopardised by too few community based health and aged care workers and personal carers.
- The better use of resources and more care in the community needs us to change the hospital centric nature of our health education and training and expose people to the benefits of a career, keeping people well and out of high cost hospital care.

So ensuring that we have the workforce we need to deliver the health services that Western Australians need now and into the future is a key requirement and enabler of a sustainable health system.

To achieve this the WA health system has a responsibility to play a lead role in ensuring that those who educate and train our future workforce know what is needed. This spans the workforce needs not only in our hospitals, but also in community settings, not for profit agencies and in our private health system as well.

All of these parts of the wider health system draw on the same workforce.

In the interim report it was made clear that the hospital centric nature of WA Health was a problem.

In the future we must be thinking of health care in a much broader sense than just hospitals. People need to take personal responsibility for their own health and be supported by the health system to do so. We need an active and well-resourced primary health care system to promote good health and prevent unnecessary use of our state hospitals.

Too much of the past focus of health education and training in WA is directed towards a hospital workforce. While this is important it cannot be to the detriment of other equally important parts of the health system.

The case for change

Each of the health professions has largely developed their own independent education and training programs and pathways. The relevant health professional Board under the National Registration and Accreditation Scheme (NRAS) has responsibility for accrediting courses of study through the universities through their relevant accreditation councils.

This work is conducted nationally to ensure a consistent level of education and qualification is provided by the universities including clinical placements, as required for registration in Australia by the relevant Professional Board.

There are two issues of critical importance to Western Australia in this process.

First, the decision by universities to offer professional courses of study, set entry levels and determine the number of students is unrelated to any understanding of the expected workforce requirements. As long as they can demonstrate that they meet the national accreditation standards then they can offer the course of study. It is up to students to establish if the course they are undertaking will lead to gainful employment.

This means that our universities can and do produce either more or less graduates than the health system requires. From a cynical perspective this means that without a degree of accountability the university could offer only those courses of study that delivers the best business outcome for them, not the best balance of health professionals for the health system.

Leaving the supply of health professionals to chance, rather than providing a clear picture of the future requirements of the health and aged care system to universities, colleges, TAFES and the students themselves represents a significant risk to sustainability of health and aged care services in WA.

Second, by locking down accreditation standards on a profession by profession basis under the national law has the effect of promoting and supporting professional demarcation of functions and activities. It reinforces the separate nature of the health professions, when in fact the opposite is required.

Improved patient and client outcomes are achieved through effective team based approaches in health care. If the system trains and educates the professionals separately there is little prospect of seeing them work seamlessly as professional teams. Instead there are demarcation disputes and constant bickering over scope of practice between the professions.

It is pleasing to see that the national accrediting bodies are beginning to provide avenues for inter-professional learning and this is often provided as part of clinical placements, the hospitals and health services can accelerate this change by ensuring their clinical placements involve inter-professional learning and team based roles.

While workforce reform is a key part of the national law and objective for all of the professional boards, they can only really take the lead from jurisdictions responsible for service delivery. There is no evidence that a well formed strategy for workforce reform, including technological innovations and matching of professional skills with community health needs is in place or even under development by jurisdictions.

To a large extent the approach to professional education and training has left rural areas of Australia reliant on overseas recruitment as the education and training is usually geared towards providing clinicians for metropolitan practice rather than generalist practice as required and demanded by rural communities and the associated service models.

This failure of our current approaches to health education and training must be addressed in any new effort to provide health professionals where our communities need them most. A key focus must involve those rural health service providers to ensure clear understanding, involvement and authority resides with the people who know and understand the problems faced by delivering services in rural areas.

When we consider each of the key health professions, these issues begin to have a telling impact on the ability of the health system to respond to trends and changes in community needs in an organised way.

For example in medicine and nursing the following can be observed:

Nursing

In nursing the health system has lurched from periods of undersupply and periods of oversupply, rarely has supply and demand been accurately predicted. Indeed the lead times from undergraduate to starting a career in nursing circumstances can quickly change. This is occurring despite the health system now possessing much better capability of predicting activity levels and in turn workforce requirements.

The nature of the nurse education and training approach has seen a strong focus on hospital based nursing, when many of the shortages of nursing are in aged care and in mental health. There is also a strong and growing need in primary health care, however little primary health care is included in the nursing curriculum.

Even on graduation, nurses generally look for a graduate position in the hospitals and rarely in other service areas, even though they are considered fully registered and job ready.

Medicine

The interim report described just how disadvantaged Western Australia is in its medical workforce. The recent Health Department report showing significant GP shortages as well as maldistribution of the workforce is a serious and ongoing threat to the sustainability of the health system.

WA has seen significant growth in the numbers of medical graduates and this has been needed to begin to address its shortages.

As these graduates emerge, there must be clear education and training pathways for them to be encouraged to pursue a career in areas where the community needs them most. Without this plan the future distribution of medical practitioners will again be left to chance or to colleges to decide how many and where they will train rather than guided by where the community needs them.

The future for medical education and training in WA must include support for more community based medical education and training. The re-establishment of the Postgraduate General Practice Placement Program, or its equivalent, is critical to this approach.

This program provides an opportunity for junior doctors to receive their education and training in community settings before they make a decision about further vocational training. Typically this involved placements with general practice or other community settings with access to Medicare to co-fund the service element of their work.

This will achieve two outcomes.

First, it will improve the balance between hospital and community medical education and make training more consistent with the ultimate workforce opportunities (60% community/40% hospital based). For junior doctors wishing to become general practitioners providing no vehicle for them to gain early exposure to general practice and effectively requiring them to train for general practice in hospitals does not make a lot of sense.

Second, the hospitals are already overrun with junior doctors and have limited opportunity to further expand clinical training placements without reducing the amount of clinical exposure. In contrast the community settings have scope to accommodate more junior doctors, providing that Medicare provider numbers are available to fund the service component of their work.

Expanding the community placements will ensure the increased graduates from the new Curtin Medical School can be accommodated. It will also ensure that the burden of medical education and training costs fall more evenly between State and Commonwealth rather than being at the sole expense of the State.

Western Australia can demonstrate an immediate need for 100 prevocational community placements.

Allied health professions

While the allied health professions in WA have sufficient graduates, they too are heavily geared to education and training for careers in hospitals. With the advent of increased community management of chronic disease, creating an environment where allied health professionals have clear career pathways to community based work with other primary health care providers is needed.

The current state of health education and training

It is our view that the current configuration of agencies and their performance in WA has led to a disjointed and dysfunctional health education and training environment, skewed almost entirely towards hospital based education and training.

The current approach only serves to reinforce and fuel the hospital centric nature of health service delivery in WA. If this is to change, then so too does the focus of education and training of the future health workforce.

The future education and training effort should be driven by predicted community health needs and planned health service models.

This is not the current driver of medical education and training which is being driven by the individual colleges and a Postgraduate Medical Council (PMCWA) that has historically focused on medical education and training in hospitals.

The PMCWA is controlling prevocational medical training while their appropriate and expert role is in accreditation not workforce. Indeed the PMCWA should be keeping those responsible for the training, including prevocational training, to account. Involving PMCWA in training delivery compromises and conflicts with their role in accreditation.

Amongst other things, this is a problem for ensuring the new Curtin Medical School fulfils its promise to provide more doctors into community settings and rural areas where they are needed most.

The solution to the current roadblocks and emerging issues is to consolidate and centralise all the health education and training effort and ensure it is driven by the identified health and aged care workforce needs (from the Department and Health Services). This must focus on all parts of the WA health and aged care system, public and private, community and hospital.

Consolidating the focus on health education and training will significantly reduce the level of administration over clinical placements with hospitals and better coordination of the education and training effort aligned to known workforce needs into the future.

This consolidation of effort needs to combine both Commonwealth and State funding for the respective responsibilities and be clearly based outside the WA health department. The reason for

this is to ensure it focuses on all parts of the wider health and aged care system and not simply the public hospital system.

This approach has been successfully implemented in NSW where they formed the Health Education and Training Institute (HETI). The model has been operating since 2012 and has the potential to resolve many of the key issues in Western Australia, with some variations to accommodate circumstances and emphasis needed in ensuring the right workforce is available.

The HETI was established as a statutory health corporation following a ministerial review of future governance for NSW health.

HETIWA design features

We expect that the proposed approach would be the subject of a bilateral discussion with the Commonwealth and potentially a trial arrangement in WA. Combining the health workforce funding and programs from both levels of government.

The key design features in WA would involve:

Governance

The Health Education and Training Institute needs to be clearly separate from the Department of Health and answerable to the Minister of Health. This would recognise the broader role of the Institute in supporting and delivering a health workforce capable of supporting public, private and not for profit health and aged care providers, all of whom draw on the same health workforce.

The Institute would have the same governance arrangements as NSW with the Institute established as an independent statutory authority with legislative amendments to the existing legislation.

It would include an independent Board and an advisory body with membership consistent with its statutory functions.

Scope and Function

The Institute would represent the interface between education and training providers and the health and aged care providers in Western Australia. Its brief in this interface will be to:

- Work with health partners to identify future health and aged care workforce needs and develop contemporary and responsive education and training to enable a world class workforce.
- Independently plan and assess the future required health workforce as its key focus and driver.
- Work with universities, TAFEs and health training bodies to ensure health education programs are aligned with the identified priority areas.
- Provide information to students on future workforce priorities and associated training pathways.
- Focus on developing health leadership programs and inter-professional learning opportunities throughout the health system.
- Recommend postgraduate training priorities and placements across the health system in conjunction with the relevant training bodies.
- Coordinates a centralised placement of medical Interns, graduate nurses and allied health graduates across the health and aged care system.
- A key priority for the HETIWA will be to ensure rural control, authority and ownership of the education and training pathways to rural practice and ensure these pathways are responsive to the different skill mix and service models that deliver services safely and effectively in rural WA.

This scope will mean that the current resources and agencies involved in postgraduate training will be consolidated into the HETIWA.

In particular, the Postgraduate Medical Council and the relevant medical and nursing colleges will remain responsible for accrediting the training places and programs. All of the colleges will partner in the selection of candidates under the auspice of HETIWA.

This will in part address the current issue where colleges apply national selection processes, without reference to WA priorities. For example, when WA was significantly short of general surgeons it directly funded an additional four general surgery training places. The College selected candidates nationally and no WA candidates were deemed appropriate. All four general surgeon trainees returned to Eastern States after completing their training at the State expense.

This approach will also allow the negotiation and agreement on clinical placements between universities and the health system to be conducted once rather than requiring the universities to negotiate with each individual health service.

Funding

The funding of the various training organisations including WAGPET, Rural Clinical School of WA, Rural Health West, Postgraduate Medical Council, Medical Education and Training Units in Health Services, medical, nursing and health workforce sections in the Department of Health will have the their respective training, education and workforce planning functions and the associated budget transferred to HETIWA.

This will effectively combine both State and Commonwealth contributions into health education and training, including existing funded training programs and consolidate the education and training effort to meet Western Australia's health workforce needs

Timetable

The HETIWA will initially focus on medicine in its first twelve months operation then progressively introduce nursing and other health professionals as it matures.