

Health Workforce

Australia's healthcare system relies upon the skills, knowledge, professionalism and wellbeing of its health workforce.

This workforce is large and diverse. There are more than 700,000 registered health practitioners working across 15 professions, health practitioners from self-regulating health professions, management, administration, support staff and many volunteers. Adequate health workforce supply is essential to ensure that consumer needs are met through effective, efficient and equitable health services.

The World Health Organization has warned of worsening global health workforce shortages with calls for countries to actively strengthen their health workforce through adequate measurement, forecasting, planning and funding.

Future demand for health services is projected to increase for a variety of reasons including an ageing population, increasing rates of chronic disease and changes in consumer expectations.

The geographic spread of the health workforce does not reflect the distribution of the population, nor the level of healthcare need. Workforce shortages exist across many professions, particularly in outer metropolitan, regional and remote areas and in disadvantaged populations. The health workforce is ageing, and there is a trend towards reduction in working hours. Commonwealth Department of Health modelling has identified a deficit by 2030 of 123,000 nurses and 5,000 doctors. Deficits in allied health professions have also been projected.

Many policies affect the health workforce including:

- health policies, e.g. recent initiatives to promote rural generalism in general practice;
- social services policies, e.g. changes to workforce and funding arrangements for disability and aged care;
- education policies, e.g. funding for tertiary and vocational education; and
- immigration policies, e.g. changes to visa arrangements for foreign health workers.

AHHA POSITION:

- ✦ A national health workforce strategy is needed that goes beyond the adequacy, quality and distribution of the workforce as it currently exists. It must:
 - involve a cross-jurisdictional and cross-sector planning approach;
 - enable outcomes-focused and value-based changes in scopes of practice and models of care for both regulated and unregulated practitioners, and across health service environments;

- coordinate education, regulation and funding at the Commonwealth, state, territory and regional service levels; and
- embed long-term sustainability.

✦ Workforce models must:

- balance specialist and generalist skills, through primary and community care, interdisciplinary teams, the use of micro-credentialed support workers, and generalists supported remotely by senior or more specialised professions;
- leverage available technology to meet patient needs, including telehealth, digital health, genomics and precision medicine;
- leverage the improvements in outcomes and value that can be achieved through supportive funding models, artificial intelligence and use of big data; and
- focus on keeping people well, beyond episodic care.

✦ Equitable access and outcomes in healthcare must be a primary focus in workforce strategies:

- priority areas include outer metropolitan, regional and remote areas, as well as communities with special needs;
- capacity development in the rural and regional workforce requires a focus on supporting service delivery strategies; employment and supervisory structures; and education and training; and
- connected policy development is required across health, aged and disability sectors.

✦ Effective programs are needed to increase Aboriginal and Torres Strait Islander participation in the health workforce and to improve the capacity of the health workforce to address the needs of Aboriginal and Torres Strait Islander peoples.

✦ Education, training and clinical practicum must appropriately prepare the workforce for contemporary and future health practice across health, aged and disability care, and include opportunities to develop vocational, generalist and specialist workforces.

✦ A greater emphasis is needed on retention and re-entry of healthcare workers.

✦ While a reduced reliance on international recruitment is supported, changes to visa programs must be part of longer-term planning and not impact negatively on health service availability in rural and regional areas.

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