AUSTRALIAN CATHOLIC UNIVERSITY

Australian Catholic University (ACU) Submission to the Senate Inquiry into Health

September 2014

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Executive Summary

Australian Catholic University (ACU) welcomes the opportunity to make a submission to the Senate Inquiry into Health. ACU's submission will focus on workforce planning and related service delivery issues impacting on the Australian Health sector. As one of the largest producers of graduates in the sector, ACU is particularly concerned with workforce planning issues and initiatives geared to address workforce shortages as it works to meet the skills needs of the Health sector.

ACU is a major producer of nursing and paramedic graduates, and enrols the largest number of undergraduate nursing and paramedic students in Australia.[1] Since ACU was formally established as a university in 1991, it has graduated close to 22,000 nurses and midwives.[2] ACU is also committed to alleviating workforce shortages in the area of Allied Health, and produces graduates in Paramedicine, Exercise Science, Physiotherapy, Speech Pathology, Occupational Therapy, Public Health, Psychology, Counselling and Social Work.

An essential component of Health courses is clinical or professional experience, which aims to facilitate student application of theory to practice and to develop clinical competencies. Most undergraduate Health courses at ACU include clinical training experience. This involves students undertaking clinical placements in hospitals and community health facilities as part of their course. A particular challenge in delivering clinical training to students is the substantial costs involved, as the fees charged by hospitals and other service providers to administer and supervise clinical placements are quite substantial. For instance, the annual cost of clinical placements to ACU is currently around $9 million; a figure that is likely to increase into the future. Clinical training models and rates vary across different settings and states. ACU is especially concerned with a trend towards increased charges for nursing clinical placements in certain states. This trend towards increased charges needs to be addressed as a matter of urgency, to safeguard the essential training and supply of nursing graduates, and to ensure the long-term sustainability of the Australian health system.

ACU recognises that Australia faces an increasing demand for healthcare workers which is expected to endure at a rate that will challenge training and service delivery systems, and workforce development.

There are four major areas identified in this submission which ACU considers require particular attention in the context of health workforce planning and service delivery, and ACU makes a number of recommendations for policy reform.

Policy Issues and Recommendations

I. Shortage of Aged Care and Mental Health Professionals

Two of the major areas of health workforce need in Australia are in aged care and mental health, and it is imperative that more leaders in these areas are developed.

Policy Reform Proposal:

- Provide Scholarships for Masters courses in Mental Health and Aged Care.
- Extend Commonwealth Supported Places (CSPs) to postgraduate courses in Aged Care and Mental Health as national priority areas.

II. Uneven Health Workforce and Service Distribution

Australia is a large country with a dispersed population, which presents unique challenges for health workforce planning and healthcare service delivery. A particular issue is the disproportionately high concentration of the health workforce in city and metropolitan areas, which presents particular challenges

[1] Hobsons, *The Good Universities Guide 2014 to Universities, TAFEs and Higher Education Providers* (2013).
[2] Figure relates to ACU graduate data for 1991-2012 (inclusive).

in attracting health workers to rural and regional areas in need of healthcare services. There is also a disproportionately high number of nurses working in acute care compared to community care.

Policy Reform Proposal: Provide greater support and advocacy for careers in rural and regional areas; and in community care and for community care services through the following strategies:

- Provide salary and reward incentives to increase the attractiveness of careers in:
  - Regional and rural areas.
  - Community care.
- Raise greater awareness and recognition of rural, regional, and community care health professionals and implement strategies to lift the status of professionals working in these areas, to improve the attractiveness of these careers.
- Greater resource investment in community care services and exploration of service delivery models to support healthcare professionals to work effectively in community care.
- Further investigate new strategies to encourage more people registered at higher level qualifications to work in community care, to support the delivery of the high level of health services needed in communities.

III. Improving Efficiencies and Effectiveness in Health Workforce Training Across the Sector

ACU considers that there are a number of opportunities to improve the efficiency and effectiveness of the health workforce and health services across Australia.

Policy Reform Proposal:

- Establish a separate, dedicated unit within the Commonwealth Department of Health to have national oversight of health workforce planning with responsibility to implement strategies to address workforce shortages.
- Ensure recurrent funding from Health Workforce Australia is continued to support vital initiatives.
- Greater coordination of national graduate data and outcomes to track workforce demand and supply and to aid policy development.
- Support greater uptake of Health service management courses through:
  - Scholarships to support more people to undertake health service management courses
  - Extension of Commonwealth Supported Places (CSPs) to postgraduate degrees focusing on health services management and/or public health.

IV. Clinical Training and the use of Simulations

Clinical training is a core component of many Health courses, and serves to ensure that students receive the practical training needed to develop the vital skills and competencies that facilitate the delivery of quality health care. A particular challenge to delivering clinical training within current models is the substantial costs involved in delivery and the level of burden on health providers in supervising in-house training. Simulations are currently being used in occupational therapy and physiotherapy; however, there is an opportunity for greater use of simulations in clinical training; particularly in nursing courses which require students to undertake 800 hours of nursing clinical practice.

Policy Reform Proposal:

- Support a coordinated investigation and exploration of simulations and simulation models in clinical training for Health courses such as nursing and allied health, and opportunities for greater adoption of clinical simulations in Health courses.

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Overview of the Challenges Facing the Australian Health Sector and Health Workforce Planning

The Health Care and Social Assistance sector is now the largest industry employer in Australia, accounting for 11.6 per cent of employment (1.2 million employees).[3] Despite this, Australia faces an increasing demand for healthcare workers which is expected to endure at a rate that will challenge training and service delivery systems, and workforce development.

There are a number of major factors impacting on the health workforce, service delivery and planning. These include that:

- The health workforce is notably strained. Australia faces a workforce gap of between 80,000 and 147,000 nurses by 2025.[4]
- The Health Care and Social Assistance industry is projected to experience the fastest growth in Australia.[5]
- Bottlenecks, inefficiency and insufficient capacity in the training system are likely to place limitations on the delivery of high quality health services.[6]
- By 2045 one quarter of all Australians will be aged 65 years or more, double the present level.[7]
- The diverse contexts and environments involved in healthcare service and delivery places varying demands on skills requirements and flexibility, particularly in nursing and midwifery.
- Each year, one in five Australians (20 per cent) are estimated to experience some form of mental disorder.[8]
- Youth suicide is a leading cause of death among young people (second only to motor vehicle accidents) and is a major national issue.[9]
- The prevention of potentially unnecessary disease and death, particularly through non-communicable illnesses, is a significant challenge for the Health sector.

The current and projected health workforce shortages are being driven by a number of complex and interacting factors, which include demographic, socio-cultural, clinical and professional factors. These influence both the demand for health services and the supply of health workers.[10]

The challenge for educational institutions, government, healthcare providers, and the wider community, is to adequately address the ongoing needs of the Health sector and to facilitate a sustainable workforce and

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[3] Based on 2011 Australian Census data, relating to persons aged over 15 years; Australian Bureau of Statistics, *Employment Industries in 2011 (all persons aged 15 years and over)* (2011); Australian Bureau of Statistics, 'Employment in Australian Industry', at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Features~Employment%20in%20Australian%20Industry~241

[4] Health Workforce Australia predictions quoted in Murphy, K, 'Nursing shortage crisis looming', *Sydney Morning Herald* (28 March 2012).

[5] Australian Workforce and Productivity Agency, *Future Focus – 2013 National Workforce Development Strategy* (March 2013).

[6] Health Workforce Australia, *Health Workforce 2025: Doctors, Nurses and Midwives: Volume 1* (March 2012).

[7] Australian Government Productivity Commission (2005).

[8] Better Health Channel – Victoria, *Mental illness prevalence,* at http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Mental_illness_prevalence; Sane Australia, *Facts and figures about mental illness,* at http://www.sane.org/images/stories/information/factsheets/1205_info_fs13factsfigures.pdf; Australian Government; Slade, T., Johnston, A., et al, *The Mental Health of Australians 2 – Report on the 2007 National Survey of Mental Health and Wellbeing* (2009), at 5. Available via http://www.health.gov.au/internet/main/publishing.nsf/%20content/A24556C814804A99CA257BF0001CAC45/$File/mhaust2.pdf

[9] Australian Bureau of Statistics, 'Causes of death, 2012' [Cat. no. 3303.0., ABS: Canberra] (2014); Headspace, 'Self-harm and suicidal behaviours', at http://www.headspace.org.au/what-works/research-information/self-harm-and-suicidal-behaviours#7.

[10] KPMG, *National Health Workforce Taskforce: Health Workforce in Australia and Factors for Current Shortages* (April 2009), at 3.

health system in Australia. The recruitment, training and retention of an appropriately skilled health workforce in sufficient numbers to meet demand is an essential focus area in this respect.

The Need to Build and Upskill the Health Workforce

While there has been an increase over time in the number of doctors and nurses in Australia in numerical terms, the concurrent and significant increases in demand for health services into the future has effectively "escalated shortages."[11]

More broadly, the Australian Workforce and Productivity Agency has recommended that Australian governments support the achievement of a minimum annual increase of three per cent in tertiary education qualifications to 2025 to meet national demand for skills and qualifications, recognising that higher level qualifications will grow relatively faster:

> [The] demand for qualifications is driven by the increasing size of the labour market, changing employment composition, retirements, skills deepening and skills broadening.
>
> Projected growth in industry demand for total qualifications held (as opposed to persons holding qualifications) is expected to be strongest at higher qualification levels, including postgraduate, undergraduate and diploma/advanced diploma. The rate of projected annual growth in industry demand for postgraduate qualifications is between 3.9 per cent and 4.9 per cent in the three higher growth scenarios, while for undergraduate qualifications it is between 3.3 per cent and 4.1 per cent. For diplomas and advanced diplomas projected annual growth is between 3.3 per cent and 3.7 per cent.
>
> With the advent of a student demand-led system in higher education…the development of workforce development plans for priority sectors and the monitoring of skills supply, especially for specialised occupations, will remain a critical element in meeting our workforce needs.[12]

[11] Australian Bureau of Statistics, 'Nurses and Doctors' (2013) at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features20April+2013#p1

[12] Australian Workforce and Productivity Agency, *Future Focus – 2013 National Workforce Development Strategy* (March 2013), at 10-11. Available via http://www.awpa.gov.au/our-work/Workforce%20development/national-workforce-development-strategy/2013-workforce-development-strategy/Documents/FutureFocus2013NWDS.pdf

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I. Meeting Australia's Mental Health and Aged Care Workforce Needs

The Need for More Aged Care and Mental Health Professionals

ACU identifies that two of the major areas of health workforce need in Australia are in aged care and mental health.

Aged Care and an Ageing Population

The projection, as noted above, is that by 2045 one quarter of all Australians will be aged 65 years or more, double the present level.[13]

In parallel, the age distribution of the health workforce is also changing, with an increased number of workers in the older age groups. From 2001 to 2011, the proportion of nurses aged 50 years and over increased to over one third (37 per cent).[14] In 2011, the largest age group of nurses was the 50-54 year range group comprising 16 per cent of all nurses. In regional, rural, and remote areas in particular, the average age of the nursing workforce is older. The indication is that this may lead to a mal-distribution of the workforce in the future as these nurses and midwives transition into retirement.[15]

This shift in the age profile of the nursing workforce confirms the imperative to ensure that:

- New nurses are trained in sufficient numbers to replenish the workforce, as older nurses transition into retirement.
- The health workforce is equipped with enough nurses and specialists to support the increasing demand for aged care services.

Mental Health

Mental health issues are affecting an increasing proportion of Australians.

Some significant, and staggering, statistics on how mental health issues are affecting Australians which necessarily call for greater health workforce, care and service responses include the following:

- Almost half of all Australians will experience mental illness at some time in their life.[16]
- Each year, one in five Australians – 20 per cent of Australians - are estimated to experience some form of mental disorder.[17]
- Across Australia, the proportion of all GP encounters that are mental health-related increased from 10.8 per cent in 2007–08 to 12.1 per cent in 2011–2012.

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[13] Productivity Commission - Australian Government (2005).

[14] Australian Bureau of Statistics, 'Nurses and Doctors' (2013) at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features20April+2013#p1

[15] Health Workforce Australia, *Health Workforce 2025: Doctors, Nurses and Midwives: Volume 1* (March 2012), at 156.

[16] Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results;* Black Dog Institute, *Facts and figures about mental health and mood disorders,* at http://www.blackdoginstitute.org.au/docs/Factsandfiguresaboutmentalhealthandmooddisorders.pdf; Sane Australia, *Facts and figures about mental illness,* at http://www.sane.org/images/stories/information/factsheets/1205_info_fs13factsfigures.pdf

[17] Better Health Channel – Victoria, *Mental Illness Prevalence,* at http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Mental_illness_prevalence; Sane Australia, *Facts and figures about mental illness,* at http://www.sane.org/images/stories/information/factsheets/1205_info_fs13factsfigures.pdf; Australian Government; Slade, T., Johnston, A., et al, *The Mental Health of Australians 2 – Report on the 2007 National Survey of Mental Health and Wellbeing* (2009), at 5. Available via http://www.health.gov.au/internet/main/publishing.nsf/%20content/A24556C814804A99CA257BF0001CAC45/$File/mhaust2.pdf

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- Mental health related prescriptions: Nationally, there was an average annual increase of 3.0 per cent in the rate of community-dispensed prescriptions for mental health-related medications from 2007–2008 to 2011–2012.[18]
- An estimated six to seven per cent of Australian youth aged 15-24 years engage in self-harm in any 12-month period.[19] Lifetime prevalence rates are higher, with 24 per cent of females and 18 per cent of males aged 20-24 and 17 per cent of females and 12 per cent of males aged 15-19 reporting self-harming at some point in their life.[20]
- Youth suicide is a major concerning issue nationally, and is a leading cause of death among young people (second only to motor vehicle accidents).[21] Between 1960 and 1990, suicide rates among 15-24 year old males trebled.[22]
- Taken together, suicide and self-harm account for a considerable portion of the burden of disability and mortality among young Australians. It is estimated that 21 per cent of "years life lost" due to premature death among Australian youth in 2004 was due to suicide and self-inflicted injury.[23] In addition, non-fatal suicidal behaviour and self-harm are associated with substantial disability and loss of years of healthy life.[24]

In both mental health and aged care there is a shortage of professionals and particularly, of workforce leaders within these disciplines across the sector.

It is difficult to get nurses to work in aged care, and there is a notable inequity in the salaries of those working in aged care compared to nurses in acute care. There is an opportunity to ensure more equitable salary structures and incentives for nurses to work in this area. There are also opportunities for Government to make a significant impact by providing support to attract new workers into the sector, and to provide support to better enable health workers to upskill by undertaking specialist postgraduate studies. A major disincentive to undertaking specialist postgraduate study is the financial costs of postgraduate degrees, particularly on nurses who earn comparatively low incomes. There is an opportunity for the Commonwealth to extend Commonwealth Supported Places to postgraduate aged care and mental health degrees, as national priority areas.

It is important to recognise that Australia's experience of significant shortages in healthcare professionals and leaders is not unique. Worldwide, there is an estimated shortage of 2.3 million physicians, nurses and midwives across 57 countries.[25] However, the concerning issues is Australia's high reliance on immigration and international recruitment to meet its workforce demand for doctors and nurses. International shortages mean that there is global competition for health professionals. Australian health professionals are in demand overseas and at home. Australia must become "more self-sufficient in the provision of qualified health professionals" to ensure the security and future of the health workforce.[26]

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[18] Ibid, at 34.
[19] De Leo D, Heller TS, 'Who are the kids who self-harm? An Australian self-report school survey' 181(3) *Medical Journal of Australia* (2004) 140.
[20] Martin G, Swannell SV, et al, 'Self-injury in Australia: a community survey', 193(9) *Medical Journal of Australia* (2010) 506-510.
[21] Australian Bureau of Statistics, 'Causes of death, 2012' [Cat. no. 3303.0., ABS: Canberra] (2014); Headspace, 'Self-harm and suicidal behaviours', at http://www.headspace.org.au/what-works/research-information/self-harm-and-suicidal-behaviours#7.
[22] The Royal Children's Hospital Melbourne, 'Youth suicide in Australia', at http://www.rch.org.au/cah/research/Youth_Suicide_in_Australia/
[23] Australian Institute of Health and Welfare, *Youth Australians: Their health and wellbeing* (2007) [Cat. no. PHE 87. Canberra: AIHW].
[24] Ibid.
[25] World Health Organisation (WHO), *The World Health Report 2006: Working Together for Health* (2006).
[26] Australian Bureau of Statistics, 'Nurses and Doctors' (2013) at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features20April+2013#p1

Policy Reform Proposal

ACU advances the following policy proposals to address significant workforce demand for health professionals in aged care and mental health and to build more leaders in these areas.

- **Provide Scholarships for Masters courses in Mental Health and Aged Care**

The Australian Government could provide scholarships to undertake a Masters in Mental Health. The Queensland Government for instance provides scholarships for its health workers to undertake Masters in Mental Health. As postgraduate courses are full fee paying and many health workers are comparatively poorly paid, an appropriate scholarship might help to ensure more people undertake these courses. Such scholarships would help develop a more highly qualified health workforce and to alleviate shortages of specialists in aged care and mental health as areas of significant need.

- **Extend Commonwealth Supported Places (CSPs) to postgraduate courses in Aged Care and Mental Health as national priority areas**

A Commonwealth directive could be issued to provide Commonwealth Supported Places for postgraduate courses in aged care and mental health as national priority areas. There are currently very few postgraduate health courses that have been granted CSPs, despite evident national shortages in health workers across the country. For instance, out of its Health Science postgraduate course offerings, ACU currently only has CSP allocations in its Masters of Exercise Physiology course. In many instances there are serious inconsistencies between universities which have postgraduate CSPs and those that do not, despite the institutions delivering the same qualification. If more CSPs are not made available for postgraduate courses in Health, rather than granting CSPs based on historic allocations, ACU strongly recommends that institutions should at least be on a level playing field and allowed to compete for postgraduate CSP allocations.

Extending CSPs to postgraduate courses would be an effective and efficient way of attracting more people to gain specialisation and work in these areas. At the prospective postgraduate and mature age level, the experience is that individuals are more sensitive to financial or price considerations than their younger counterparts when making decisions around higher education and participation. Affording some assistance through targeted CSPs for postgraduate aged care and mental health courses would serve to skill more individuals in these critical areas. As student debt would be paid back over time, the Government would be able to recoup most of the associated costs, while also alleviating critical workforce shortages.

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II. Addressing Uneven Health Workforce and Service Distribution

Issues Impacting on Workforce and Service Distribution

Australia is a large country with a dispersed population, which presents unique challenges for health workforce planning and healthcare service delivery. Healthcare workforce shortages across the country are not uniformly distributed and vary by jurisdiction, geographic location (metropolitan, rural and remote), health profession, and speciality.

ACU recognises the crucial role of the Health sector in addressing the healthcare needs of all Australians. Across the country, the sector must address a diverse range of needs, across a diverse range of settings, circumstances and locations.

Particular issues are the:

- Disproportionately high concentration of the health workforce in city and metropolitan areas, which presents particular challenges to attracting health workers to rural and regional areas in need of healthcare workers and services.
- Disproportionately high concentration of the health workforce, particularly nurses, working in acute care compared to community care.

The coast and metropolitan areas predominately house the most healthcare workers and services, given the larger concentrations of the population in these areas. In comparison, there are particular difficulties for many of those living outside of these areas to readily access healthcare services – particularly in rural and regional areas. There are jobs in healthcare out of the city and metropolitan areas, however many of the health workforce seek to work out of the major cities and also out of the metropolitan hospitals. For instance, the 2011 Census identified that[27]:

- The majority of Australia's specialists work in major cities (85 per cent), with the ratio of medical specialists working in regional areas being around half to that of the ratio in major cities; in remote areas the ratio was especially low (15.5 per 100,000).
- The per capita ratio of nurses to population in remote areas (915.4 per 100,000) was also significantly lower than in major cities (1,175.8 per 100,000) and regional areas (1,272.9 per 100,000).

A related and perhaps contributing disincentive to nurses working in metropolitan areas nominating to work in outer areas is that nurses in remote areas, where nurse to population ratios are much higher, work longer hours than their counterparts in major cities and regional areas (37 hours compared to 33 hours per week in major cities and regional areas).[28] There are also notable pay differentials across nursing levels and work settings that must be considered.[29] Research confirms that salaries and pay, as a significant component of work conditions, have an impact on workforce supply. For instance, a study conducted by the Victorian Association of Health and Extended Care (VAHEC) supports the proposition that working conditions affect the supply of workers.[30] The study found that care workers reported that the most significant improvements that could be made that impacted on their willingness to continue working in the industry were pay increases for experience, increased base rate of pay, and the regularity of work.[31]

[27] Australian Bureau of Statistics, 'Nurses and Doctors' (2013) at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4102.0Main+Features20April+2013#p1

[28] Ibid.

[29] For example see Nursing Careers Allied Health, 'What do nurses earn?' (2014) at http://www.ncah.com.au/careers/what-do-nurses-earn/237/

[30] Victorian Association of Health and Extended Care (VAHEC), 'Community care benchmarking study – care workers' terms and conditions of employment' (2002) in Angley, P., and Newman, B., *Who will care? The recruitment and retention of community care (aged and disability) workers* (2002), at 6. Available via http://www.bsl.org.au/pdfs/who_will_care.pdf

[31] Victorian Association of Health and Extended Care (VAHEC), 'Community care benchmarking study – care workers' terms and conditions of employment' (2002) in Angley, P., and Newman, B., *Who will care? The*

Another significant issue identified is the disproportionately high concentration of the health workforce, particularly nurses, working in hospitals and acute care; rather than in community care. A major concern is that the hospital systems across Australia are facing increasing demand for medical admissions, with particular and acute pressures on city and metropolitan hospitals. For instance in Victoria, the demand pressures on metropolitan hospitals have been acute with emergency admissions having experienced growth rates in the ranges of seven to eight per cent per annum, and with ambulance services also facing growing demand.[32] Notably, a significant proportion of emergency ambulance responses are to "patients who are treated or referred at the scene for medical or psychiatric presentations or transported to a hospital where they are assessed as being able to be treated through community-based services."[33]

ACU considers that there is a need to shift the focus and mindset of the health sector and workforce by lifting the attractiveness of careers in community care, by facilitating greater support and advocacy for community care workers and community care service delivery.

This would work to alleviate some of the issues around uneven service distribution as well as disperse some of the significant resource burden on hospitals in both the short and longer-term.

The Role of Community Care

Community and home care offers a number of significant benefits to both patients and the Health sector. In its essence, community care and community-based models of care allow patients, particularly the older generation, the mentally ill, and people with disabilities, to receive healthcare in their local community or homes, rather than having to travel to or take residence in hospitals or healthcare institutions. In particular it:

- Supports equity and access to healthcare by providing health services to those who may otherwise have difficulty travelling to hospitals or institutions to receive healthcare.
- Allows patients to remain in the comfort of their own home or community when receiving health services, and can lend to earlier recovery or improved wellbeing during recovery.
- Can prevent inappropriate or premature admission to residential care, placing less resource burdens on aged care facilities and hospitals, and saving costs for patients and the health sector in the longer-term.[34]
- Offers a community-based and tailored model of care for patients, targeting the particular needs of patients lending to good healthcare outcomes.
- Can support "community capacity building to promote health and wellbeing and encourages consumer participation in service planning, delivery and evaluation", to the long-term benefit of the community and health workforce planning by reducing demand for specialised and acute services[35]
- Particularly with an ageing population, community-based primary health "can play a greater role in maintaining older people in the community and reducing their avoidable admissions to hospital and residential care."[36]

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recruitment and retention of community care (aged and disability) workers (2002), at 6. Available via http://www.bsl.org.au/pdfs/who_will_care.pdf

[32] Victorian Department of Human Services, *Community Health Services – Creating a Healthier Victoria* (2004), at 7. Available via http://www.health.vic.gov.au/pch/downloads/chs_policy.pdf

[33] Ibid.

[34] Ageing, Disability and Home Care - NSW Government Department of Family and Community Services, 'Home and Community Care Services', at http://www.adhc.nsw.gov.au/individuals/help_at_home/home_and_community_care_services

[35] Victorian Department of Human Services, *Community Health Services – Creating a Healthier Victoria* (2004), at 7. Available via http://www.health.vic.gov.au/pch/downloads/chs_policy.pdf

[36] Ibid.

Policy Reform Proposal: Raise the Profile and Attractiveness of Careers in Community Care and Community Care Services

ACU considers that there is a need to shift the focus and mindset of the health sector and workforce by lifting the attractiveness of careers in:
1. Regional and rural areas.
2. Community care, by facilitating greater support and advocacy for community care workers and community care service delivery.

ACU strongly recommends providing greater support and advocacy for careers in rural and regional areas; and in community care and for community care services through the following strategies:

- Provide salary and reward incentives to increase the attractiveness of careers in:
  - Regional and rural areas.
  - Community care.
- Raise greater awareness and recognition of rural, regional, and community care health professionals and implement strategies to lift the status of professionals working in these areas, to improve the attractiveness of these careers.
- Greater resource investment in community care services and exploration of service delivery models to support healthcare professionals to work effectively in community care.
- Further investigate new strategies to encourage more people registered at higher level qualifications to work in community care, to support the delivery of the high level health services needed in communities.

III. Improving Efficiencies and Effectiveness in Health Workforce Training Across the Sector

ACU considers that there are a number of opportunities to improve the efficiency and effectiveness of the health workforce and health services across Australia.

Role for National Oversight, Coordination and Support

ACU recognises the diverse healthcare and service delivery models in place in different jurisdictions and geographic settings across Australia, many of which are operating effectively to suit local needs. However, there is an evident need to coordinate workforce planning and ensure that the Australian health system as a whole is operating efficiently and without unnecessary duplication of services across the states, territories and Commonwealth. ACU advances the following public policy positions and strategies to realise these objectives.

- *Establish a separate, dedicated unit within the Commonwealth Department of Health to have national oversight of health workforce planning and with responsibility to implement strategies to address workforce shortages.*

  The recent closure of Health Workforce Australia (HWA)[37], which worked to support the management of reforms to Australia's health workforce including by improving education and training capacity, leaves an opening for ensuring national coordination in this area. ACU considers that it is essential that health workforce planning receives special and dedicated attention at the national level if Australia is to meet the significant healthcare needs of the population into the future. The work of HWA has contributed to identifying and addressing health workforce and training issues across the sector, however there are shortfalls that evidently still exist in health service areas across the country which will require constant attention and monitoring. Housing a separate dedicated unit within the Department of Health, rather than establishing it as a separate external organisation, will reduce administrative and bureaucratic costs.

- *Ensure recurrent funding from Health Workforce Australia is continued*

  ACU strongly advocates for recurrent funding from HWA initiatives to be continued. It is important that the Commonwealth ensures the ongoing support and full delivery of HWA initiatives, as these initiatives and projects are vital to addressing health workforce needs and shortages across the country.

- *Coordination of national graduate data and outcomes*

  There is a need for greater coordination at the national level to aggregate data reports on graduate outcomes, including employment outcomes of graduates across the full range of Health discipline areas (including the nursing, midwifery and allied health disciplines) and geographic areas. This data is essential to tracking workforce outcomes and identifying areas that require particular attention. ACU considers that the system adopted in Victoria is a good example to examine and perhaps follow.

- *Support greater uptake of Health service management courses*

  ACU considers that government initiatives are required to support and encourage more people to undertake health service management courses, to deliver improved efficiencies in health workforce planning and the delivery of health services across the sector. Options include:

[37] Health Workforce Australia (HWA) was disbanded on 6 August 2014, and its essential functions were transferred to the Commonwealth Department of Health.

- Commonwealth scholarships to support more people to undertake health service management courses. For example, ACU offers a Master of Business Administration in Health (MBA (Health)).
- Extension of Commonwealth Supported Places (CSPs) to postgraduate degrees focusing on health services management and/or public health, which would particularly support health care professionals with first-hand knowledge and experience in the health system to specialise and work to develop innovative workforce and service delivery solutions.

Further investigation into the development and implementation of new models of care, the creation of new roles within healthcare, and careful workforce planning, will be critical to ensuring that the Health sector meets the needs of the Australian community into the future.

A survey of 200 healthcare professionals conducted by Healthcare IQ in 2012 found that change management and improvements in workforce culture is what is needed to drive the success of workforce efficiency and development in the healthcare sector now and into the future.[38] As the Director of the Australian Health Workforce Institution has identified, change in the Health sector is inevitable and facilitating it effectively will require "collaborative leadership, followership and learning the skills which are critical in terms of training."[39]

Faced with significant resource strains on the health system and increasing demand for health workers into the future, it is imperative that more people are equipped with the skills to address inefficiencies in the sector and implement innovative health workforce and service delivery solutions.

[38] Healthcare IQ (Division of IQPC), *Australian Healthcare Workforce Survey Results: A Report on the Current and Future Trends Driving Workforce Efficiency in Healthcare* (2012), at http://www.healthcareworkforce.com.au/uploadedFiles/Microsoft%20Word%20-%20Report%20-%20Survey%20results%20FINAL.pdf ; http://ahha.asn.au/news/new-report-reveals-current-and-future-trends-driving-workforce-efficiency-healthcare.
[39] Professor Peter Brooks, Director (2009-2011), Australian Health Workforce Institution, The University of Melbourne.

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IV. Clinical Training and the use of Simulations

Policy Reform Proposal

- Support a coordinated investigation and exploration of simulations and simulation models in clinical training for Health courses such as nursing and allied health, and opportunities for greater adoption of clinical simulations in Health courses.

The Importance of Clinical Training

An essential component of Health Science courses is clinical or professional experience, which aims to facilitate student application of theory to practice and to develop clinical competencies. Most undergraduate Health courses at ACU include clinical training experience. This involves students undertaking clinical placements in hospitals and community health facilities as part of their course. For instance, ACU Bachelor of Nursing students must undertake 800 hours of clinical nursing practice as part of their course requirements. Within Health Sciences, clinical placement is predominantly linked to professional accreditation and therefore afforded high importance.

ACU considers that it is imperative that Health Science students receive high quality clinical training and develop the vital skills necessary to deliver quality health care upon entry into the health workforce, and to effectively serve the Australian health sector. For instance, clinical training is an essential and core requirement of nursing courses, to gain professional accreditation as a nurse, and serves to ensure that nursing graduates are suitably trained to serve patients in the Australian health sector.

ACU works closely with all its clinical partners in order to provide high quality practicum for students. Another strategy to be able to provide additional placements is through University clinics. ACU multi-disciplinary Health Clinics have recently been established (or are in progress) on ACU's Brisbane, Melbourne and North Sydney campuses with a view to providing health services, including GP services, to the local community, ACU staff and students; which will further build the capacity of the health workforce in these areas. Clinical placements for health science students will be offered where students can be supervised by or observe clinicians in practice.

Challenges in Delivering Clinical Training

A particular challenge in delivering clinical training to students is the substantial costs involved, as the fees charged by hospitals and other service providers to administer and supervise clinical placements are quite substantial. For instance, the annual cost of clinical placements to ACU is currently around $9 million; a figure that is likely to increase into the future. Clinical training models and rates vary across different settings and states. ACU is especially concerned with a trend towards increased charges for nursing clinical placements in certain states. This trend towards increased charges needs to be addressed as a matter of urgency, to safeguard the essential training and supply of nursing graduates, and to ensure the long-term sustainability of the Australian health system.

While there is a high demand for health workers across the sector, ACU also recognises that the capacity of hospitals and community health facilities to take on students for clinical placements is limited, if not considerably constrained. ACU considers that there is a significant opportunity to support a coordinated investigation and exploration of the use health simulation training, and potential for greater adoption of simulations in clinical training.

Exploring More Opportunities for Simulations in Clinical Training – Research and Evidence

ACU strongly recommends the undertaking of a coordinated investigation and exploration of simulations and simulation models in clinical training for Health courses such as nursing, alongside opportunities for greater adoption of simulations in clinical training in Health courses.

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Simulations are currently being used in occupational therapy and physiotherapy. For instance, ACU is involved in a Health Workforce Australia funded project, in a consortium of 16 universities offering Australian physiotherapy programs, which is working to embed simulation-based training into physiotherapy clinical training across Australia in 2014 and 2015. The project is seeking to replace 20 per cent of "traditional clinical placement time" with clinical role-play simulation.[40]

There is an opportunity for greater use of simulations in clinical training, particularly in nursing where ACU would like to see more of the 800 hours of clinical nursing practice requirements completed using simulations.

A recent ground breaking study in the United States (US) has highlighted the significant value and benefits of simulation in nurse clinical training.[41] The US study is the largest and most comprehensive research study to date examining the use of simulation in nurse training (pre-licensure). Incoming nursing students from 10 nursing programs across the US were randomly allocated to one of three study groups: Control group (which undertook traditional clinical training where up to 10 percent of clinical time was allowed in simulation); 25 percent simulation in place of traditional clinical hours; and 50 percent simulation in place of traditional clinical hours. Students were assessed on clinical competency and nursing knowledge. The study found that[42]:

- Students who had 50 per cent of their clinical experiences in simulation rated their clinical competency significantly higher than students in the Control and 25 per cent groups.
- Up to 50 percent simulation training was effectively substituted for traditional clinical experience in all core courses across the pre-licensure nursing curriculum, and it produces:
    - Comparable education outcomes at the end of the nursing program to those students whose experiences are mostly just traditional clinical hours.
    - New graduates that are ready for clinical practice.
- When study participants where followed into their first six months of clinical practice: "There were no meaningful differences in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position", that is, between students that received simulation training and those that undertook traditional clinical hours.
- The group of students that undertook 50 per cent simulation training rated themselves "significantly higher than their peers, indicating the group with the most simulation experience had the most self-confidence." This group also more often reported feeling "very well prepared" for practice.[43]

There are also other studies that have similarly supported these findings that replacing a portion of the traditional Health course clinical placement experiences with simulation training has not affected clinical competency. For instance, a study by Watson et al in 2012 conducted trials in which 25 per cent of clinical hours were replaced with standardised patient simulation experiences in physiotherapy programs in Australia. The study found no differences in clinical competency evaluations when simulation replaced clinical experiences.[44]

ACU recognises that simulation training on its own is not sufficient to equip students with the full degree of required clinical competencies; rather, ACU considers that clinical simulations in combination with

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[40] See 'Embedding simulation into clinical training in physiotherapy project', at http://www.tcen.com.au/sites/newtcen/files/hwa_embeding_sim_physio_update.pdf
[41] Hayden, J., Smiley, R., et al, 'The NCSBN National Simulation Study: A longitudinal, randomised, controlled study replacing clinical hours with simulation in prelicensure nursing education' (2014) 5(2) *Journal of Nursing Regulation*.
[42] Ibid.
[43] Ibid.
[44] Watson, K., Morris, A., et al, 'Can simulation replace part of clinical time? Two parallel randomised controlled trials', 46(7) *Medical Education* 657 in Hayden, J., Smiley, R., et al, 'The NCSBN National Simulation Study: A longitudinal, randomised, controlled study replacing clinical hours with simulation in prelicensure nursing education' (2014) 5(2) *Journal of Nursing Regulation*.

clinical placement experiences and other teaching methods are a "powerful tool" to prepare competent health professionals.[45] Some of the significant benefits of clinical simulations that have been identified are that[46]:

- Students can revisit a skill a number of times in an environment that is "safe, non-threatening, and conducive to learning."
- Existing knowledge and skills can be "built on incrementally, and the complexity of tasks calibrated to cater for different learning rates and styles."
- They actively involve students in their learning process: "By interacting within the simulation, the learner is reasoning rather than simply mimicking the teacher role model."
- Can provide students with better exposure to a range of situations in which to practice their skills than might be experienced in clinical placements. Notably, they are guaranteed exposure to more difficult cases (ensured) perhaps than if just put in a normal environment where such cases may not present.
- Allow students more flexibility to practice according to schedules.
- Students can access simulations at their convenience and in some situations may not be required to practice the skills in front of an instructor
- It serves to standardise training and material and supports greater consistency in teaching.
- Can facilitate the delivery of more structured and constructive feedback from instructors to student, benefitting learning outcomes.
- Promote increased learner satisfaction in the classroom and clinical setting,
- Facilitate a 'state-of-the-art' learning environment.[47]

[45] Dobbs, C., Sweitzer, V., and Jeffries, P., 'Testing simulation design features using an insulin management simulation in nursing education' 2 *Clinical Simulation in Nursing Education* 17 (2006).
[46] Weller, J., Nestel, D., et al, 'Simulation in clinical teaching and learning' 196(9) *Medical Journal of Australia* 594 (2012). Available via https://www.mja.com.au/journal/2012/196/9/simulation-clinical-teaching-and-learning?0=ip_login_no_cache%3D84345f9492ae58cc412c0b997dfb36e0; Dobbs, C., Sweitzer, V., and Jeffries, P., 'Testing simulation design features using an insulin management simulation in nursing education' 2 *Clinical Simulation in Nursing Education* 17 (2006).
[47] Ibid.

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Appendix A - Australian Catholic University Profile

Australian Catholic University (ACU) is a publicly funded Catholic university, open to people of all faiths and of none. ACU operates as a multi-jurisdictional university with seven campuses across four states and one territory. ACU campuses are located in North Sydney (NSW), Strathfield (NSW), Canberra (ACT), Melbourne (Victoria), Ballarat (Victoria), Brisbane (QLD) and Adelaide (SA).

ACU is the largest Catholic university in the English speaking world.

Today, ACU has more than 30,000 students and over 1,800 staff.

While teaching, learning, and research at ACU is inspired by 2000 years of Catholic intellectual tradition, ACU is a diverse institution, attracting students and staff from a diverse range of faiths and backgrounds.

ACU graduates demonstrate high standards of professional excellence and are also socially responsible, highly employable and committed to active and responsive learning. ACU graduates are highly sought after by employers, with ACU graduates securing a 95 per cent employment rate which is higher than the national average.[48]

ACU has built its reputation in the areas of Health and Education and is a major producer of nursing and teaching graduates in Australia.

ACU enrols the largest number of undergraduate nursing students in Australia, and the second largest number of undergraduate teaching students in Australia,[49] serving to meet significant workforce needs in these areas. Under the demand driven system, ACU has sought to focus and build on these strengths.

On 1 January 2014, ACU consolidated its previous six faculties into four:
- Faculty of Health Sciences;
- Faculty of Education and Arts;
- Faculty of Law and Business; and
- Faculty of Theology and Philosophy.

These new arrangements create a more efficient and competitive structure focused on the needs of industry and employment partners. ACU is also moving towards the adoption of a shared services model where suitable, to improve efficiencies, internal processes and better allocate resources.

ACU is committed to targeted and quality research. ACU's strategic plan focuses on areas that align with ACU's mission and reflect most of its learning and teaching: Education; Health and Wellbeing; Theology and Philosophy; and Social Justice and the Common Good. To underpin its plan for research intensification, in 2013 ACU abolished its existing research centres and groups and set about establishing new research institutes, to align with the mission of the university. The strategy has involved the appointment of high profile leaders to assume the directorships of these institutes, and to work with high calibre Institute members and Centre/Program leaders.[50]
- The Mary MacKillop Institute for Health Research (Faculty of Health Sciences)
- Institute for Positive Psychology and Education (IPPE) (Faculty of Health Sciences)
- The Institute for Health and Ageing (Faculty of Health Sciences)
- Learning Sciences Institute of Australia (LSIA) (Faculty of Education and Arts)
- Institute for Social Justice (Faculty of Education and Arts)
- Institute for Religion and Critical Inquiry (Faculty of Theology and Philosophy)
- Institute for Religion, Politics and Society (IRPS) (Faculty of Theology and Philosophy)

[48] *Graduate Destination Survey (GDS) 2012.*
[49] Hobsons, *The Good Universities Guide 2014 to Universities, TAFEs and Higher Education Providers* (2013).
[50] See Australian Catholic University, 'Research Institutes', at http://www.acu.edu.au/research/research_institutes_and_programs

Appendix B – History and Role of Australian Catholic University in Health Sciences

Australian Catholic University (ACU) has an extensive history and experience in the provision of health science education, and a demonstrable commitment to producing high quality health graduates to serve the Australian Health sector. ACU's Faculty of Health Sciences is the largest faculty within ACU and has a significant role in shaping the identity and reputation of ACU.

ACU's predecessor institutions had their origins in the mid-1800s when religious orders and institutions became involved in preparing, initially teachers, and later nurses for Catholic hospitals.[51] Within the spirit of caring for the sick, a strong dedication to community service, and the Catholic ethos and historical patronage of the nursing profession in particular, ACU has a unique and deep-rooted commitment to the training of high quality health professionals to serve the Australian Health sector. As a matter of mission, acting in Truth and Love, ACU seeks to produce graduates that are "committed to the pursuit of knowledge, the dignity of the human person and the common good."[52]

Historically, the training of nurses in Australia commenced in hospitals before it was eventually moved into colleges of education, and finally into universities; with relevant transition dates varying by state and territory. ACU nurses share a common heritage with the nurses trained in these original hospital-based training programs. The oldest identified links date back to the mid-1800s. In particular, ACU has retained strong links with St Vincent's Hospital, Sydney (St Vincent's) - established by the Sisters of Charity in 1857, who subsequently opened a school of nursing at St Vincent's in 1882.[53] Historically and to this day, ACU nurses have undertaken their clinical training at St Vincent's. Over the years, ACU has also forged strong collaborative relationships with St Vincent's with respect to nurse training, health-related research initiatives, and through a number of joint staff appointments. The Nursing Research Institute, located at St Vincent's, is a joint venture between St Vincent's and Mater Health Sydney and ACU. Similarly, in Queensland, ACU and its nursing students can trace historic links to the nurse training provided at the Mater Misericordiae Hospital in South Brisbane, established in 1906, where ACU students continue to undertake their clinical placements. Similarly, in Victoria, the oldest links are with the Good Shepherd Nursing Home in Abbotsford, established in 1863.

Since ACU was formally established as a university in 1991, it has graduated close to 22,000 nurses and midwives.[54]

ACU prepares highly qualified graduates in the areas of:

- Nursing
- Midwifery
- Paramedicine
- Exercise Science
- Physiotherapy
- Occupational Therapy
- Speech Pathology
- Public Health
- Psychology
- Counselling
- Social Work

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[51] Australian Catholic University, 'Our History', at http://www.acu.edu.au/about_acu/our_university/mission_and_profile/our_history

[52] Australian Catholic University, 'Australian Catholic University Mission', at http://www.acu.edu.au/about_acu/our_university/mission_and_profile.

[53] Responsibility for the training of nurses was subsequently changed from individual hospitals to the Nurses Registration Board in 1925. In 1983, a decision was finally made by the NSW Minister of Health to transfer all basic nurses training into the higher education sector; this was to be completed by 1985.

[54] Figure relates to ACU graduate data for 1991-2012 (inclusive).

ACU's Faculty of Health Sciences is planning to continue expanding into other health disciplines to further its goal of delivering a qualified and dynamic health workforce to meet the needs of Australian and international healthcare systems. This goal provides challenges in advancing the Faculty's vision:

To be recognised for outstanding courses that supply caring graduates to contribute to promoting health and preventing illness as well as providing quality health care for vulnerable communities such as Indigenous peoples, and the elderly and disabled. The Faculty is also committed to undertaking research in order to improve service delivery and health outcomes for the community.