



Industry Skills and Workforce Development Interim Report:
Health Industry

August 2011

This report summarises information related to the health industry in Queensland to date. It forms part of an Interim Report for the Community Services and Health Industries, August 2011. Information in this report, in particular the priorities and key actions, will be validated through consultations with the sector prior to a final report in March 2012.

1. Profiles

a. Industry Sector Profile

Health Industry represents approximately 59% of the Health and Community Services workforce in Australia. Hospitals account for 31.2% of this workforce and Medical and Other Health Services account for a further 27.7%. In Queensland, Health employs approximately 164,190 workers as at May 2011, or 7% of the Queensland workforce¹.

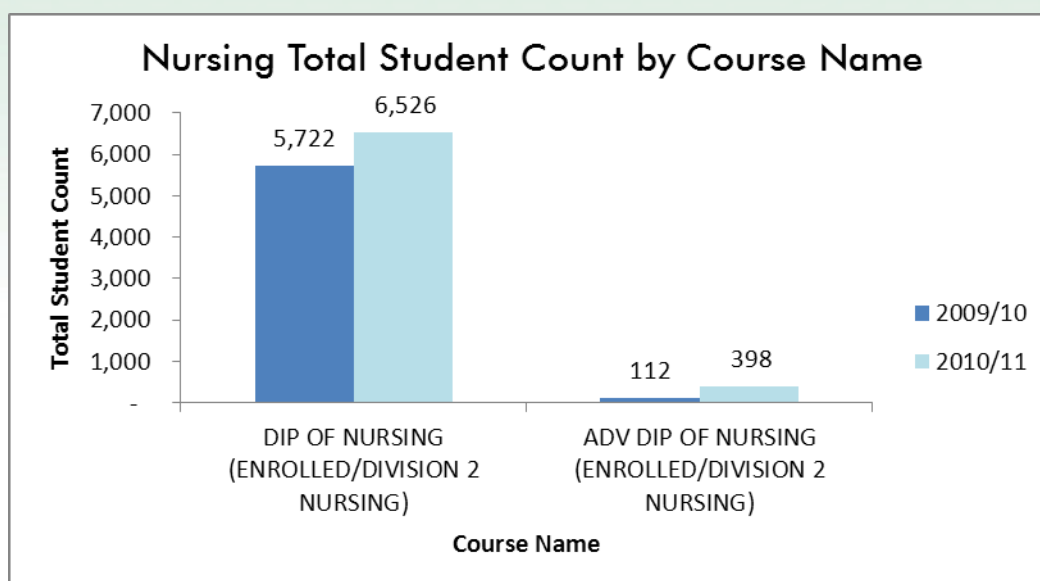
There is a global shortage of physicians, nurses, allied professionals, support workers and administrators, and Queensland is no exception. A large number of health professions are included on the skills shortage list for Queensland, including:

| | |
|---------------------------------|-----------------------------|
| Chiropractor | Clinical Psychologist |
| Dental Technician | Dentist |
| Director of Nursing | Enrolled Nurse |
| Environmental Health Officer | Hospital Pharmacist |
| Medical Diagnostic Radiographer | Medical Radiation Therapist |
| Nuclear Medicine Technologist | Nurse Educator |
| Nurse Manager | Occupational Therapist |
| Optical Dispenser | Optometrist |
| Physiotherapist | Podiatrist |
| Mental Health Nurse | Registered Midwife |
| Registered Nurse | Rehabilitation Counsellor |
| Retail Pharmacist | Social Worker |
| Speech Pathologist | |

¹ Australian Bureau of Statistics Catalogue Number 6291.0.55.003 - Labour Force, Australia, Detailed, Quarterly, May 2011

b. Training Profile

Health qualifications account for approximately 30.2% of the Community Services and Health VET students in Queensland, with almost 19,241 students undertaking over 3,920,281 Annual Hours Curriculum (AHC) in 2010-2011. This represents a 3.2% decrease in student numbers and 9.2% increase in AHC compared to 2009-2010. Nursing is by far the largest qualification area in Health with 29.7% of participants and 56.1% of AHC in 2010-2011.



Other significant qualification areas in 2010-2011 are included in the table below:

| Sub Sector | Total Students | Total AHC |
|--|----------------|-----------|
| Health Support Services | 4,697 | 104,020 |
| Emergency Services | 3,345 | 118,834 |
| Health Services Assistance | 956 | 217,326 |
| Allied Health Assistance | 956 | 302,740 |
| Dental | 607 | 239,739 |
| Complementary & Alternative Health Care | 555 | 213,496 |
| Aboriginal and Torres Strait Islander Health | 357 | 147,236 |

Traineeships are important to support a number of occupations in the health industry, including some thin markets such as pharmacy support and nutrition and dietetic assistance. Key sectors utilising traineeships are dental and pathology services. A range of new health traineeships have been declared over the past 18 months, and these have proved popular already, see table below.

| Health Industry Traineeship Commencements | | | | |
|--|---------|---------|---------|---------|
| Qualification | 2007/08 | 2008/09 | 2009/10 | 2010/11 |
| Cert III in Dental Assisting | 215 | 203 | 198 | 197 |
| Cert III in Pathology | 39 | 27 | 25 | 72 |
| Cert III in Health Services Assistance | 34 | 13 | 10 | 17 |
| Cert III in ATSI Primary Health | 11 | 21 | 6 | 14 |
| Diploma of Dental Technology | 5 | 4 | 3 | 8 |
| Cert III in Allied Health Assisting | 4 | 38 | 11 | 16 |
| Cert III in Nutrition and Dietetic Assistance | 4 | 12 | 4 | 3 |
| Cert II Health Support Services | 3 | 2 | 0 | 2 |
| Cert IV in Optical Dispensing | 2 | 111 | 16 | 35 |
| Cert III in Sterilisation Services | 2 | 1 | 0 | 0 |
| Cert III in Health Support Services | 1 | 0 | 10 | 32 |
| Cert IV in Health Administration | 0 | 15 | 14 | 57 |
| Cert III in Health Administration | 0 | 6 | 7 | 9 |
| Cert III in Hospital/Health Service Pharmacy Support | 0 | 3 | 5 | 0 |
| Cert IV in Health Supervision | 0 | 1 | 1 | 6 |
| Cert IV in Medical Practice Assisting | 0 | 0 | 16 | 11 |
| Diploma of Practice Management | 0 | 0 | 0 | 40 |

2. Challenges Impacting on the Industry's Workforce

Economic, social, demographic, environmental and technological factors

Queensland population will continue to grow more rapidly than the Australian average. Population ageing and increased longevity, with associated increases in morbidity and acuity of care required, will continue to dramatically increase demand for health services. The Health Care and Social Assistance workforce has grown 44% in the past ten years and is predicted to continue growing at over 3% per year – much higher than the expected annual growth of 1% for all industries. The Australian workforce is ageing rapidly, and the Health workforce is older than the Australian average (median age 43 years compared with 39 years for all industries). Queensland population will also continue to age and will be significantly older in the northern and far north regions. More than two-fifths (43.6%) of Health Care and Social Assistance workers are employed part-time, compared with 29.7% for all industries.

Government policies impacting on current and future demand for skills, labour and workforce development

Australia's health system performs well, however the system is under increasing pressure with increased demands placed upon it due to the burden of an ageing population, increased rates of chronic and preventable disease and rising health care costs. Federal, state and territory levels of government have recently agreed to major reforms to address the organisation, funding and delivery of health and aged care. These reforms were identified as being necessary to provide better access to services, improved local accountability and transparency and greater responsiveness to local communities.

In acknowledging that a strong health system requires more focus and investment in primary health care services, the Commonwealth Government has strengthened its primary health care reforms. These reforms will shift the centre of gravity of the health care system from hospitals towards primary health care. The Commonwealth government is currently working with states and territories on system-wide policy and state-wide planning for general practice and primary health care services, including at the local level through Medicare Locals, to improve the delivery of health care in the local community.

Medicare Locals will take a lead role in the health care coordination and service integration. To meet this objective Medicare Locals will have to connect with other service providers to be able to identify and deliver against their population's health needs. In the Medical Local Guidelines, the Australian Government Department of Health and Ageing (2011) makes it very clear that those Divisions of General Practice wishing to operate as Medicare Locals will have to 'increase their capacity or expertise on a number of fronts to progress the health sector reforms'.

The first group of Medicare Locals were engaged from 1 July 2011 and a second group will be engaged from January 2012, with the remainder beginning operation for July 2012. In Queensland there will be 11 Medicare Locals established, with five commencing in July 2011 and the remaining six to be online by 2012. With a clear national and state focus on creating healthy communities, investing in the development at a range of levels in the primary health care workforce will be vital. The 'Guidelines for the establishment and initial operation of Medicare Local' (Department of Health and Ageing 2011) and Australian General Practice Network (2011) 'Medicare Local Transition Framework' reinforce the need for this approach.

In 2008, the Council of Australian Governments recognised the need to establish Health Workforce Australia "as a new single body working to Health Ministers that can operate across both the health and education sectors and jurisdictional responsibilities in health is critical for devising solutions that effectively integrate workforce planning, policy and reform

with the necessary and complementary reforms to education and training”². In recognising the urgency of future health workforce challenges and the need to build on work that has involved national and regional collaboration, Health Workforce Australia has been tasked with the development of a *National Health Workforce Innovation and Reform Strategic Framework for Action* (Framework). The Framework is intended to establish a robust and well considered direction for future workforce development. Health Workforce Australia will play a leadership role in the workforce innovation and reform process. The Framework will guide the development of policy and delivery of programs in workforce planning, policy and research; clinical education, training and supervision; recruitment and retention of international health professionals; and workforce innovation and reform exploring opportunities to better utilise the skills and competencies of the current workforce, redesigning existing roles and multidisciplinary teams and developing new roles.³

In March 2008 the Council of Australian Governments (COAG) decided to establish a single National Registration and Accreditation Scheme for 10 health professions, for introduction on 1 July 2010. There is a National Board for each profession. Since 1 July 2010, the following 10 professions have been regulated under the National Scheme:

- chiropractors
- dental practitioners (including dentists, dental hygienists, dental prosthetics & dental therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists

Australian Health Ministers have determined Aboriginal and/or Torres Strait Islander Health Practitioner will be registered under the National Registration and Accreditation Scheme for Health Workers from July 2012.⁴

In December 2007, Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander

² Health Workforce Australia (2011) *National Health Workforce Innovation and Reform Strategic Framework for Action – Draft for Consultation*, p5

³ Health Workforce Australia (2011) *National Health Workforce Innovation and Reform Strategic Framework for Action – Draft for Consultation*, p4

⁴ Health Workforce Australia (2011) *Aboriginal and Torres Strait Islander Health Worker Project: Environmental Scan*, p102

Communities to achieve the target of closing the gap in Aboriginal and Torres Strait Islander disadvantage covering a range of health, education and employment outcomes.⁵ The Health Workforce Australia's Aboriginal and Torres Strait Islander Health Worker Project is strongly aligned with all aspects of this government initiative, as it aims to inform the development of policies and strategies which will greatly strengthen and sustain the Aboriginal and Torres Strait Islander Health Worker workforce into the future. Outputs of this project will also inform the requirement for national registration and accreditation of Aboriginal and / or Torres Strait Islander Health Practitioners.⁶

Identification and prioritisation of gaps between the existing / forecasted workforce and future workforce needs

As highlighted by Health Workforce Australia, most health workforce research, planning and development activity has taken place at a local or micro level and there is an overall frustration at the slow progress towards wide-spread systemic workforce innovation and change. A strategic approach for the Queensland primary health care sector will result in benefits which include a clearer understanding of the primary health care sector, establishment of workforce priorities for this sector, supported by priority skilling and training led by industry need and a strengthened sector to ensure ongoing sustainability.

In light of the significant national reforms, action is required in both the health and education sectors to improve health workforce capacity and skills. Better collaboration between health workforce planning, education planning and the development of service delivery models is required.⁷ It is also recognised that an increased focus on advanced scope of practice and the utilisation of complementary/allied and assistant roles is required.

There is a range of sector-specific health workforce strategies and policies, including the recent Queensland Health Aboriginal and Torres Strait Workforce Strategy 2009 - 2012. Queensland Health and other key agencies are engaged in industry career promotion, mainly focussed on the clinical workforce. Queensland Aboriginal and Torres Strait Islander Health Corporation and Apunipima Cape York Health Council are both very active in workforce planning and development in the community controlled health sector. A range of industry peak bodies, including the Private Hospitals Association, also have their own workforce initiatives.

⁵ Council of Australia Governments, 2009

⁶ Health Workforce Australia (2011) *Aboriginal and Torres Strait Islander Health Worker Project: Environmental Scan*, p1.

⁷ Health Workforce Australia (2011) *National Health Workforce Innovation and Reform Strategic Framework for Action – Draft for Consultation*, p21.

Demand / supply disparities

Health industry continues to have difficulty attracting sufficient skills and labour to the industry and experiences high turnover of staff, with a significant proportion of staff exiting the sector every year. Increased service demand along with skill and labour shortages creates increased workload and increased worker stress. Employers have limited resources available to invest in training and workforce development, and often don't have the funds and/or the available staff to backfill positions while workers are in training. The lack of availability of clinical placements to support health worker training is a critical barrier to the development of the future health workforce. Other workforce issues affecting the workforce and supply of services include:

- Technology and technical workforce role dependency, including the use of simulation/tele-health and assistive devices
- New service models emerging involving multi-disciplinary teams, integrated service and advanced practitioners supporting generalist workers
- Enhanced focus on primary care and prevention services and programs requiring change in skills and emergence of new roles
- Workers are drawn away from lower-paid non-government employers toward higher-paid government employers
- High number of qualified health professionals not working in the health industry due to conditions/environment

The 2005 Productivity Commission Report "Australia's Health Workforce" identified a range of long term and largely structural, demand and supply issues faced by the health industry. These included:

- Health workers dealing with a changed mix of disease burdens, including increased numbers of people suffering Type II diabetes and dementia.
- Rising incomes, resulting in people having more monetary capacity to spend on health care and expect timely access to high quality service.
- Technological change will continue to be an important contributor to growing demand for, and spending on, health care. Different models of care and new workforce practices will be required to accommodate and utilise the wider range of treatments possible.
- Changing age profile and increasing longevity which will significantly increase health expenditure.

- The increasing average age of health workers and service providers required to replace greater numbers of retiring workers.⁸

Advice concerning training product, pathways, training quality and delivery methods.

Funding for the Health Futures project expired in June 2011. This project has played a critical role in supporting uptake of VET in schools and school-based traineeships in health and aged care qualifications. This project had significant success in building capacity in the schools and training sectors to support schools pathways into health and aged care. A critical aspect of this project has been to support local networks of education, employer and training stakeholders to guide and support program development. While this model supports ongoing sustainability of the project, it is already clear that these programs may be at risk of failing without dedicated project support.

The Queensland VET sector has grown the delivery of health industry qualifications over the past five years, however the current scale of delivery is disproportionate to the size of the industry's workforce. Public investment in VET should continue to emphasise engagement with health industry stakeholders and training delivery in health outcomes. Growth in health delivery should focus on supporting the range of reforms occurring in the system, and focus particularly on supporting the primary health care reforms.

While nursing is a large and growing VET market, anecdotal evidence indicates high cancellation rates in the first year of Diploma of Nursing qualifications. Given the level of public investment in this qualification, further investigation of the attrition rates and explorations of better recruitment and support strategies may be warranted.

a. Ten Year Skilling and Workforce Development Outlook

Health industry will continue to grow rapidly over the next decade. The industry will continue to experience significant skill and labour shortages, particularly in the professions. This, in turn will place increased pressure on the training and education sectors, and availability of clinical placements to support training will remain a potential blockage in developing the future health workforce.

New technologies and advances in health care will continue to create rapid changes in the nature and complexity of health services. The focus of priority will continue to move toward the

⁸ Productivity Commission (2005) *Australia's Health Workforce*, Productivity Commission Research Report, p.XVII

community setting and on preventive and primary health services. Significant changes to the structure and funding of key parts of the industry will have significant impact on the work roles and career pathways.

The following priorities have been identified by industry stakeholders in relation to the current and future workforce and skilling needs. Further consultations will be required to identify key actions in the next one to five years, as well as to identify key agencies responsible for leading these actions.

b. Five Year Skilling and Workforce Development Priorities

- Training and development programs redesigned to enable new and changed roles and respond to the multiple reforms in the industry.
- Investigate funding models that support clinical placements and backfill in recognition of the current blockages due to an existing skill and labour shortage.
- Improve industry's understanding of VET and industry's role in influencing the training system and the training they purchase.
- Development of partnership broker roles to support industry partnerships with VET in key occupations and sectors.
- Support for regional clusters of service providers, education and training providers and policy-makers to facilitate regional workforce planning, role design and regional training networks.
- Implement prolongation and participation programs for the ageing workforce such as re-entry programs, refresher courses, occupational transition, knowledge management programs.
- Increase training places and incentives for health professionals including medical assistants.

c. Priorities for action over the next year

- Explore Gateway to Industry Schools initiatives to encourage and support school students to start community services and health careers.
- Greater use of skill sets to augment current qualifications.

- Develop skilling and workforce development strategies to support the primary health reforms and other related industry changes.
- Build workforce planning and development expertise and capacity within the health industry.

3. Key Achievements

Workforce Council has brokered 672 qualifications and skill sets for health industry employers, leveraging an estimated \$1,348,601 industry contribution to the cost of training. Workforce Council also has a number of projects including the Community Mental Health Skills Formation Strategy and Self-Management Workforce Partnership, which have a workforce focus impacting on the health industry.

Over the past 12 months, the Self-Management Workforce Partnership has built the capacity of industry to support a self-management approach across primary health care (PHC) in Queensland. Commencing in August 2010, this project has worked to embed and integrate workforce practices and training models which support self-management, through a combination of three integrated initiatives:

- Build the capacity of the training system to deliver targeted and effective self-management workforce training
- Facilitate the delivery of self-management workforce training through the provision of the Chronic Disease Self-Management Skill Set (CDSMSS) to health workers and trainers
- Partner with industry and training organisations to enable a collaborative approach to the development and implementation of self-management workforce strategies.

SMWP achievements include:

- CDSMSS delivery with over 50 PHC industry participants from general practice and non-government community care organisations
- CDSMSS 'Champion' program delivery with 25 PHC and training industry participants from across the state
- Commitment from PHC organisations across state for CDSMSS delivery with a further 224 existing PHC workers by December 2011
- Self-Management Champions community of practice established with a shared interest in learning and development to support the embedding of self-management practice across health and community services

- Self-Management Champs Groupsite (self-management.groupsie.com), a platform for networking, learning and sharing, has over 50 members across TAFE, private RTO's, General Practice and NGO's
- Participants in all activities of the project have committed to continuing to engage with the community of practice including participation in 3-monthly online gatherings and ongoing sharing of resources and learning support.

The SMWP final report (September 2011) will elaborate on project outcomes and provide analysis of the existing challenges and opportunities for self-management workforce development in Queensland.