The national context for health workforce reform

Australasian Pharmacist Prescribing Workshop
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National health workforce reform agenda

- COAG and health workforce reform (National Partnership Agreement 2008)
  - Acknowledgment that large scale workforce reform is necessary with a particular focus on linking efforts of health and higher education sectors
  - NPA, $1.18bn new funding over 4 years to
    - Develop a sound evidence base to inform national reform
    - Devise policy and programs that facilitate workforce reform
    - Work across jurisdictions, sectors, organisations and professions
  - Health Workforce Australia (HWA) established to lead implementation of the NPA

Health Workforce Australia

- Legislation enacted July 2009 –
- HWA established as a Commonwealth statutory authority
- Board – nominees from jurisdictions (9), independent Chair and 3 other directors
- Reports to Australian Health Ministers Conference (AHMC)
- Headquarters in Adelaide - CEO commenced 27 Jan 2010.
- Establishment phase

Context for health workforce reform

- Goal - Self sufficiency in health workforce supply while acknowledging that Australia is part of a global market
- Construct & consolidate the evidence base (planning and research)
- Develop and implement interventions
  - Training
  - Immigration
  - Innovation and reform

Core functions of HWA

- Progress the NPA national agenda focussed on four key areas
  - Workforce planning and research **
  - Clinical education and training reform
  - International recruitment
  - Innovation and reform **

Planning and research

- Lead, develop and support a health workforce research, planning and policy agenda
  - Continuously improve national health workforce information
    - National health workforce statistical dataset
  - National workforce projections and research
    - National supply and demand model - macro and by specialty
    - Workforce demand and workload measures
  - National health workforce research collaboration
Supporting innovation and reform

- NPA allocated over $70m over four years to
  - Promote better utilisation and adaptability of the workforce
  - Research local, national and international innovation initiatives for whole of system uptake
  - Test and evaluate health workforce reform models, including new and emerging roles to respond to changing demands
  - Promote national uptake of innovative reforms
  - Identify and develop options to address policy, regulatory, program and other barriers to new workforce models
  - Strategies to reform the structure, composition and training of the workforce

Innovation & reform -
Supplementary (non medical) prescribing

- Develop a nationally consistent approach to prescribing by non medical professionals
- A sound evidence base for the adoption of supplementary prescribing as a national workforce reform strategy
- National framework
  - Service need & service models
  - Prescribing models
  - Competencies and standards for consideration by National Boards and Accreditation bodies
  - QA measures
  - Legislative and regulatory issues
  - Implementation pathways

Work to date

- Non-Medical (Supplementary) Prescribing Literature Review:
  (Dr Lisa Nissen et al.; University of Queensland)
  - Explore the likely nature and contingencies for a nationally consistent approach to prescribing medications by non-medical health professionals
  - Best practice jurisdictional and international models

- ‘Think Tank’ of selected jurisdictional and academic representatives

Outcomes

- Approximately 50 jurisdictional and other attendees
- Considered and advised on the findings of the literature review
- Support for development of:
  - Consistent national framework for prescribing
  - Common set of national competencies for prescribing
  - Common criteria and consistent processes for assessing the benefit of expanding scopes of prescribing practice for different health professions

- Support for:
  - Applying the framework to all prescribers over time
  - Including the high level competencies and education required to prescribe at each level
  - Having the consumer, quality and safety issues as core considerations
  - Consistent ongoing audit, competence assessment and re-credentialing mechanisms
  - Defining the settings and risk mitigation strategies rather than tailoring the approach for each jurisdiction

National non-medical prescribing work effort

- National Health Practitioner Regulation Agency (NHPRA)
- Health Workforce Australia (HWA) Board
- Australian Health Ministers Advisory Council (AHMAC)
- National Health Profession Boards
- National Accreditation Bodies
- Australian Health Minister’s Advisory Council
- National Registration and Accreditation Scheme (NRAS) Sub-Committee
- Health Workforce Principal Committee (HWPC)
- Consistent Prescribing for Non-Medical Health Professionals Working Group
- HWA Innovation & Reform Clinical, Technical & Ethical Principal Committee (CTEPC)
- National Prescribing Service
- Eligible Midwives Education & Training Working Group
- National Coordinating Committee on Therapeutic Goods (NCCTG)
- State/Territory Health ‘Prescribing’ Medicines Committees
- Australian Health Ministers
- Supporting innovation and reform
Challenges & issues

- Getting the numbers right & understanding the demand drivers - assembling the evidence
- Targeting and linking reform effort to current and emerging burdens of disease - impact on the long term goal.
- Seeking agreement on what matters most - national strategy to focus effort
- Supporting the reform and implementing change - leadership and sponsorship
- Progressively modernising regulation - address barriers
- Training, payment and remuneration systems - enabling and sustaining
- National health reforms - relevance

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