



Amanda Rishworth MP

Member for Kingston

Speech to Federal Parliament

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Health Workforce Australian Bill 2009

Ms Rishworth: (Kingston) (6:19 PM) —I am very pleased to rise to support the Health Workforce Australia Bill 2009, because there is no service in our community that is more important than health services. Hospitals play a central role in that, but health goes much further than this. In fact, primary health care also offers some very important services to the local community, including GPs, dentists, nurses and allied health professionals. I think we need to acknowledge that a healthy society requires a whole-of-government approach, whatever level of government it is. In my previous job as a psychologist, one thing that I was able to see firsthand was that there is no better resource for our health services than the people who work in them; the people who work every day, and often nights, to keep the rest of us healthy, happy and safe. That is why this bill is particularly important.

Australia has a very good health system. There are a lot of areas in which we lead the world. The people within this system need to be congratulated and acknowledged. We have top-quality people in our clinics, hospitals and community medical centres. These people, whether they are doctors, nurses, midwives, allied health professionals, paramedics or researchers, are truly the backbone of our health system. Yet when you read the Productivity Commission's Report on Australia's Health Workforce, it becomes apparent that there is a shortage of trained personnel in this area:

- Australia is experiencing workforce shortages across a number of health professions despite a significant and growing reliance on overseas trained health workers. The shortages are even more acute in rural and remote areas and in certain special needs sectors.
- With developing technology, growing community expectations and population ageing, the demand for health workforce services will increase while the labour market will tighten. New models of care will also be required.
- Expenditure on health care is already 9.7 per cent of GDP and is increasing. Even so, there will be a need to train more health workers. There will also be benefits in improving the retention and re-entry to the workforce of qualified health workers.
- It is critical to increase the efficiency and effectiveness of the available health workforce, and to improve its distribution.

To put it bluntly: there is now a chronic labour shortage in general practices, various medical specialties, dentistry, nursing and certain allied health professions. These shortages, combined with the inflexibilities and inefficiencies in our training and service delivery, contribute to poor health outcomes for Australians.

Unfortunately, in the past we have not collected any national data about our health workforce, and this makes it even more difficult to plan in response to these shortages. I have to say that, in hindsight, perhaps this was a failing of the previous government. They did not plan for these workforce shortages and, now, when it has become critical, I am very pleased that it is this government that will take up the mantle and try and address this very pressing issue. This problem represents a real challenge for healthcare policy in this country, and I want to take this opportunity to congratulate the Minister for Health and Ageing for her hard work in meeting this challenge, because it is difficult. After a decade of underinvestment in health, after the ignoring of this issue and after the ideologically driven policy of the previous government, this government really is stepping up to the plate.

This bill establishes Health Workforce Australia, a national workforce authority, to produce more effective, streamlined and integrated clinical training arrangements and to support workforce planning and policy development. This authority is part of the National Partnership Agreement on Hospital and Health Workforce Reform, which was signed by all the states and territories at COAG. This agreement represents COAG at its best, with the Commonwealth and states working together to achieve real reform and direction for our health system. Because of this arrangement, there will be \$1.6 billion in a health workforce package, with \$1.1 billion coming from the Commonwealth government. Due to this significant investment, the Commonwealth will become more involved in supporting the health workforce, which has traditionally been an area of state responsibility. The form of that involvement is represented in this bill. Health Workforce Australia will take over from the National Health Workforce Taskforce and assume the responsibility of its work program, encompassing workforce planning and research, education and training, and innovation and reform.

This new agency will have a significant mandate and will oversee the improvement of capacity and productivity of the health sector in the provision of education and training places for the health workforce. The authority will also review the system's funding and payment mechanisms, the roles of different professionals within the workforce and the opportunity to develop strategies to create incentives for productivity and performance in our health care system. Health Workforce Australia will play a pivotal role in the creation of future health policy in this country and in ensuring that Australians are able to continue to enjoy the world's best health system that we currently enjoy.

The authority will ensure that our health dollars are spent on the best possible workforce initiatives and that our health workforce is trained, recruited and provided in a way that addresses the health needs of the community. The authority will also provide a valuable font of advice to health ministers both state and federal on relevant workforce issues. It is expected that this function will often be performed by the board of Health Workforce Australia, which I will talk about soon. The bill also enables health ministers to provide directions to Health Workforce Australia and for Health Workforce Australia to report to health ministers.

The bill establishes Health Workforce Australia under the Commonwealth Authorities and Companies Act and also specifies its governance and structure. It is necessary that this authority and its structure are determined by legislation because of the importance of its objectives and because of the substantial budget of the programs it will be overseeing. This bill provides for a transparent and accountable governance structure for the authority that will serve HWA well. Health Workforce Australia will be governed by a board comprising a nominee from each jurisdiction represented on the Australian Health Ministers Advisory Council. This indicates that the body is a creature of cooperative federalism and is as much an endeavour of the states as it is of the Commonwealth government. Hence there is a strong place for state interests to be heard on the board.

The bill will also provide for up to three independent members of the board to be selected by all health ministers—not just the Commonwealth minister—which again reflects the cooperative nature of this proposal. As is normal practice for government authorities, a chief executive officer will be responsible for the day-to-day administration of Health Workforce Australia and will report to the board and to the committees and consultants that will be engaged to assist Health Workforce Australia in its functions as required.

As our average population age continues to rise there can be no better time to get serious about planning our health workforce. Australia needs to respond to the challenge of an ageing population and a shortage of healthcare professionals. I commend the Council of Australian Governments for coming together and making a commitment to address this very important issue. The establishment of Health Workforce Australia and the investment of \$1.6 billion in its program show that this government and the governments across the country are serious about tackling this potential crisis in our health system.

For Health Workforce Australia to commence management of the pre-professional entry clinical training from January 2010 this bill must pass by July 2009 to ensure that we can get the best outcomes operational in the time frame COAG has agreed. A comprehensive strategy to address workforce shortage has been welcomed by electors in my electorate of Kingston. Being a seat in the outer metropolitan suburbs, my constituents often cannot get access to services such as general practitioners, public dentistry and allied health. This is often because there is a workforce shortage. Addressing health workforce shortages will be critical to ensuring that Australians and indeed the local residents in the southern suburbs of Adelaide will be able to have access to the health services that they need. Therefore, I commend the bill to the House.