

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
<i>This information will be used only for contacting you in relation to this submission</i>	
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input checked="" type="checkbox"/> Professor
Organisation	Edith Cowan University
First Name(s)	Steve
Surname	Chapman
Contact Details	<div style="background-color: black; width: 100px; height: 20px;"></div>
Publication of Submissions	
<i>Please note all Public Submissions will be published unless otherwise selected below</i>	
<input type="checkbox"/> I do not want my submission published <input type="checkbox"/> I would like my submission to be published but remain anonymous	
Submission Guidance	
<p>You are encouraged to address the following question:</p> <p>In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?</p> <ul style="list-style-type: none"> • Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition; • The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public; • Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance; • Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care; • Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies; • The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring; • Any further opportunities concerning patient centred service delivery and the sustainability of the 	

Submission Guidance

WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Please see attached Edith Cowan University submission from Professor Steve Chapman, Vice-Chancellor.

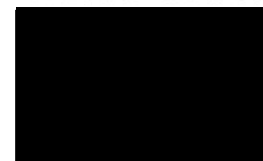
School of Medical and Health Sciences

27 October 2017

Ms Robyn Kruk
Review Panel Chair
Sustainable Health Review Secretariat
Western Australian Department of Health
189 Royal Street
EAST PERTH WA 6004



JOONDALUP CAMPUS



Dear Ms Kruk

Re: Edith Cowan University submission to Sustainable Health Review

Thank you for the invitation to contribute to the Western Australian Government's Sustainable Health Review ("the Review"). Edith Cowan University (ECU) has a long history of providing high-quality, innovative and responsive health education across a number of disciplines, including nursing, midwifery, paramedicine, speech pathology, occupational therapy, nutrition and dietetics, exercise physiology and rehabilitation, psychology, social work, and public health. ECU's graduates are recognised and respected for their workforce-readiness, commitment to interprofessional practice and patient-centred care, and sound understanding of safety and quality.

Our response to this Review is framed by our role as a provider of professional-entry health education. Consequently, and as indicated in your invitation, our response focuses on the following Terms of Reference:

- "3. Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance";
- "6. The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring".

More generally, ECU is also interested in the following Terms of Reference and how they might involve or impact universities:

- "4. Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care"
- "8. The scope and sequencing of implementation....including the development of a new 10-year State Health Plan"

Digital innovations and new technologies

It is imperative that professional-entry education lays the foundation for developing digital literacy in a rapidly changing technological environment. For a sustainable health system, health students must be equipped with an understanding of emerging technologies and how they can be used to produce health professionals who understand, engage with, adopt, and adapt new technologies in the workplace to solve health problems.

Highlighted issues for digital innovations in the health system and workforce include:

- Better technology service delivery will lead to improved access to services, particularly for marginalised communities;
- Enhanced services in remote areas will become available through increased use of telemedicine, particularly as increased bandwidth becomes more viable;
- Women's health services in remote areas are particularly vulnerable and would be enhanced through better uptake of telemedicine;
- Increasing innovative interfaces between technology, communications, and visual communications;
- Supporting the crossover between websites, social media and new apps for consumer access to health services;
- Geospatial modelling as a digital innovation, promoting geographers working in public health, and health professionals who understand the geospatial domain.

More broadly, ECU believes that genuine sustainability of the health system, and by extension health workforce, is dependent on futures thinking – how it can change systems, promote understanding of connectivity and networking in physical and digital environments, and lead to faster responsiveness in workforce capabilities. In our health courses, ECU is exploring how we can embed aspects of futures thinking in our curricula, including (but not limited to):

- Sound project management skills with a critical thinking lens;
- Ability to recognise risks and/or threats, and consider preventive and mitigation strategies in project planning, particularly with regard to new technologies;
- Taking a whole-of-population view by developing health professionals with a social conscience and understanding of how healthy communities are defined by social inclusion and social connectedness;
- Embedding the notion of co-benefit – what's good for health is good for the environment is good for urban planning is good for economic development, and so on. Joined-up thinking is futures thinking.

At its simplest level, sustainability in the health system is indistinguishable from, and dependent upon, sustainability across many other areas and sectors, such as urban planning, infrastructure development, economic advancement, environment and climate change, social and cultural safety and inclusion, quality education, to list a few. In light of this, ECU suggests that the Review Panel consider how any recommendations resulting from this Review might be applied across other sectors and communicated to the State Government.

Teaching and training for a sustainable health workforce

As an education provider, ECU believes strongly that a sustainable, productive, respectful, and collaborative health workforce is the necessary foundation and prerequisite for a sustainable health system. This recognition is borne out in some of the issues identified at the Review Consultation Forums:

- "Workforce culture challenges including poor communication at managerial levels, low clinical collaboration across some services and settings and a culture of vertical appeasement" (NMHS Forum summary, p.2);
- "Silos within the Health system between health services, workforces, Health and Disability Services, Commonwealth and State services" (SMHS Forum Summary, p.2);
- "Better use of the Health workforce in ways that utilise the expertise and capacity available" (ibid, p.2);

- “Attracting and retaining a skilled and flexible workforce that can problem solve, facilitate, navigate and coordinate on behalf of consumers” (Great Southern Forum summary, p.2).

In this respect, planning for the teaching/training/practice continuum as part of a sustainable health workforce becomes of paramount importance. However, ECU is concerned that health workforce issues have been sidelined at the Commonwealth and State levels, and that this urgently needs addressing. This is most evident in the impact on clinical training, where the health education sector is facing multiple challenges including (but not limited to):

- Responding to health consumers and community expectations of health professionals who are empathetic, culturally competent and are able communicators;
- Further contraction of the availability of clinical training opportunities in traditional settings;
- Moves by public and private hospitals, health services and other placement providers to charge increasing levels of fees for the provision of clinical training placements;
- Complying with input-based accreditation standards requiring minimum hours of clinical training in rigidly determined placement types which do not necessarily reflect or guarantee the attainment of competencies in the profession.

The current consultation being undertaken by the Independent Hospital Pricing Authority (IHPA) on a teaching/training classification for the activity-based funding (ABF) system is a pointer towards how aspects of clinical training might be funded in future under the ABF model. However, the Consultation Paper notes that the majority of clinical training undertaken in hospitals is ‘embedded activity’, and is therefore already financially supported through Commonwealth funding flowing to States through the National Health Agreement (*Development of the Australian Teaching and Training Classification – public consultation paper*, IHPA, 2017; p.16). Despite this funding and the expectation that clinical training is a core function of public health services, clinical training placements in public hospitals are increasingly limited. Consequently, ECU feels strongly that there needs to be a State-wide strategy for clinical training at the professional entry and prevocational levels.

During the few years of its existence, the work undertaken by Health Workforce Australia (HWA) was exceptional in its data-driven, evidence-based approach to workforce planning, and in its support for innovations in both clinical training and health education. The subsequent impact of its abolition has left a significant gap in the health education sector for health workforce policy, project and programmatic functions which is yet to be filled by alternative government agencies and/or statutory authorities.

This was further compounded with the termination of the Commonwealth-funded Integrated Regional Clinical Training Networks (IRCTN) program. The effect in Western Australia of the discontinuation of the WA Clinical Training Network (WACTN) has seen a noticeable decrease in consultation with WA higher education providers on identifying health workforce priorities, future planning for health workforce requirements, provision for supporting adequate education and clinical training opportunities, and embedding health workforce sustainability into education programs.

ECU would welcome a system which would enhance consultation and collaboration between stakeholders on health workforce priorities and how they might be addressed through the provision of health education. This was recognised by participants at the Review Consultation Forums:

- “Utilise the experience of all of us – clinicians who are highly trained and struggling to contribute to better patient care, individuals and families with lived experience that firmly grounds us in the realities of our health system, university academics and researchers who can provide us with evidence about how we can learn from our mistakes and from the experiences of experts in other places and countries” (NMHS Forum summary, p.4);
- “Long term planning for infrastructure, systems and workforce to increase integration and collaboration between public and private health systems” (SMHS Forum summary p.2).

ECU notes the initiative taken in NSW a number of years ago in establishing the [Health Education and Training Institute](#) (HETI). HETI’s main functions and roles are to:

- Design, commission, conduct, coordinate and evaluate education and training for patient care, administrative and support services;
- Take the lead role in NSW Health for the design, commissioning, conduct, coordination and evaluation of leadership and management development;
- Support reform to improve workforce capacity and the quality of clinical and non-clinical training; and,
- Develop, coordinate, oversee and evaluate education and training networks, ensuring they support service delivery needs and meet operational requirements.

HETI acts as the main body in the NSW health system to represent and coordinate the education/training/continuing professional development continuum in medicine, nursing and increasingly allied health, in recognition that both horizontal and vertical integration of the health workforce is necessary for a shift to patient-centred, team-based, integrated and preventative health services.

In response to the Review’s Term of Reference – “4. Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care” – ECU proposes that the WA Government establish a single body similar to HETI. This body should operate as an independent statutory authority for undergraduate and pre-vocational education and training in medicine, nursing, and allied health with representation from key health workforce stakeholders – government, universities, public health services and hospitals, private health providers, aged care, disability services, community health services, consumers and community organisations, research institutions, and the not-for-profit sector.

ECU notes that HETI absorbed the functions of the previously separate NSW Postgraduate Medical Council; HETI is now responsible for NSW’s prevocational training program, accredited by the Medical Board of Australia as the intern training accreditation authority for NSW. ECU suggests that in any discussions about the above proposal, that consideration be given to incorporating the Postgraduate Medical Council of WA (PMCWA) within the health education and training body.

Long-term sustainability

Clearly, the concept of 'sustainability' requires a genuine commitment to long-term and ongoing planning and implementation which outlasts and is not tied to specific national or State-based political cycles. In light of this, ECU supports the function of the Review to determine the "scope and sequencing of implementation...including the development of a new 10-year State Health Plan" (Term of Reference, p.2). We would add that any long-term plan should include reference to the role of the health workforce, and in turn the sustainability of the health education and training sector in providing that workforce.

RECOMMENDATIONS:

- **Establish a single statutory authority responsible for health workforce education and training, covering professional-entry undergraduate and prevocational training in medicine, nursing and allied health. The body should have responsibility for, but not limited to:**
 - **Workforce planning, in alignment with national health priorities and workforce initiatives;**
 - **Promoting partnerships and collaboration across sectors and levels of education and training;**
 - **Identification of priority issues and systemic challenges for a sustainable health workforce;**
 - **Driving innovation in health education and training, in particular in simulation-based learning environments, interprofessional learning, digital technologies, and futures thinking; and,**
 - **Clinical placements and training, including overseeing and advising on the Clinical Placements Management System.**
- **10-year State Health Plan to include a strategy for a sustainable health workforce, incorporating education and clinical training at undergraduate, postgraduate and professional levels.**

Thank you again for the opportunity to contribute to the Review. Please don't hesitate to contact me if you would like further information on any of the points raised in this response. I look forward to the outcomes of this important Review, and to helping implement any resulting reforms in health education and training.

Yours sincerely



Professor Steve Chapman
Vice-Chancellor