STATEMENT OF INTENT: HEALTH PROFESSIONS EDUCATION

INTRODUCTION

University education is critical to Australia’s health professional workforce development. Most of Australia’s many thousands of health professionals have been educated in our universities. University health professional education also supports international health workforce development, provides opportunities for continuing professional scholarship and underpins Australia’s strong foundation in clinical research.

Health professional formation is complex. Health professionals work across multiple sectors and stakeholders, and responsibilities for health policy, funding and regulation sit across a range of agencies. Such education, especially clinical education, is necessarily cross-boundary and requires collaboration and coordination across many different players.

To support the sector in this diverse and important area, Universities Australia (UA) undertakes health professions education advocacy. This involves working closely with many stakeholders from different portfolios, tiers of government, professional bodies and a range of other agencies across the Education, Health, Aged Care and Disability sectors. University sector input is provided through frequent consultation with UA’s Health Professions’ Education Standing Group (HPESG). The group comprises senior leaders across all university health professional disciplines and jurisdictions. The group is led by UA’s Lead Vice Chancellor - Health.

PURPOSE OF THIS STATEMENT

In consultation with HPESG, Universities Australia has identified three broad areas key to effective health professions education and workforce development. The purpose of this statement is to draw attention to these areas and to state UA/HPESG’s intention to work collaboratively with government and stakeholders in addressing them. Collective effort to progress these areas will build the strong health workforce that is foundational to quality care.

STRATEGIC PRIORITIES FOR HEALTH PROFESSIONS EDUCATION

CLINICAL PLACEMENTS

Quality clinical placements are a critical part of health workforce development. They significantly influence where and in what specialty graduates choose to work. Ensuring sufficient placement number, type and funding is key to achieving the workforce skill mix and distribution Australia needs.

The bulk of Australia’s health and care challenges are best addressed outside of hospitals in the community, where most care is delivered. Aged, primary and disability care have already forecast an increased need for health professionals over time, especially in allied health and nursing. Workforce challenges for virtually all health professions are also exacerbated in rural areas. However, most clinical placements occur in urban public hospitals. Without sufficient exposure to community ambulatory care settings and rural areas, the chances of students choosing, and their readiness, to practice in these settings is reduced. The benefits that students themselves bring to clients and services through placements are also lost. While various programs have been implemented, policy, funding and regulatory barriers still exist to providing the number and type of placements required.
To strengthen clinical placement capacity to better address Australia’s health workforce needs, UA will promote:

- policy, programs and funding that support clinical placement innovation and expansion especially into non-traditional settings through:
  - evidence-based university-aged care, health and disability service partnerships;
  - removal of barriers to allied health student placements under the NDIS, in aged care and in private practice/Medicare Benefits Schedule (MBS)-based services;
  - expansion of the Rural Health Multidisciplinary Training (RHMT) program to enhance rural placements across all disciplines;
- recognition of the benefits that student placements bring to health services and the opportunities they provide for wider engagement of health, aged care and disability services with universities;
- the need for quality supervision and placements, including identifying and taking action to address supervision issues;
- examples of quality supervision and placements to universities and to health services including Inter Professional Education (IPE) approaches
- clinical placement cost containment and;
- monitoring of Activity Based Funding development for teaching and training in public hospitals

HEALTH WORKFORCE PLANNING

Effective health workforce planning that seeks input from, and provides timely information to, the university sector is a key platform for health workforce development. It requires frequent discussion with multiple tiers of government and stakeholders across the higher education, health, aged and disability care sectors.

To support effective health workforce planning, UA will promote:

- universities as critical stakeholders in health workforce policy formulation, including education and training pipeline development;
- the need for an enduring multi-sector, multi-government mechanism to bring relevant parties, including universities, together for whole-of-health workforce planning;
- the collection of, and timely access by universities to, clinical education and workforce data;
- communication with universities about health workforce change impacting on education, including through shifts in technology, models of care, population demographics and disease burdens.

PROFESSIONAL ACCREDITATION

At its best, health professional accreditation is a valuable mechanism. It complements universities’ own accreditation processes and protects the interests of the general public, students, education providers and employers. Accreditation:

- ensures that educational programs meet required standards;
- enables continuous quality improvement;
- brings professional knowledge to university teaching practices;
- helps deliver competent and appropriately skilled health professionals; and
- supports pathways for health workforce development in line with emerging trends.

At times though, universities’ experience of health professions accreditation does not reflect these ideals.

To support fair, relevant, transparent and responsive health professional accreditation in line with UA’s broader Joint Statement of Principles for Professional Accreditation, UA will:

- advocate for clear delineation between academic and professional accreditation and engage with the COAG Health Council regarding proposed changes to health professional accreditation;
- engage and undertake joint action with the Health Professions Accreditation Collaborative Forum (HPACF) in areas of shared interest and best practice accreditation processes; and
- strengthen engagement with other accreditation/standards bodies including the National Alliance of Self-Regulating Health Professions (NASRHP), the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Commission for Quality and Safety in Health Care (ACSQHC).