

June 4, 2014

Committee Secretariat
Standing Committee on Community Affairs
Legislation Committee
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RE: Inquiry into the Health Workforce Australia (Abolition) Bill 2014

Dear Committee Secretariat

Thank you for the opportunity to provide a written submission addressing issues that may be of relevance to Catholic Health Australia in relation to the Health Workforce Australia (Abolition) Bill 2014. CHA has in the past been critical of the failure of Health Workforce Australia (HWA) to deliver meaningful outcomes, so it is therefore appropriate that we put forward a submission to this inquiry.

In response to the COAG decision of December 2008 to establish a national workforce agency and data registry, Catholic Health Australia (CHA) called for a National Health Workforce Commission that would take a long-term and system-wide approach to health workforce issues. CHA called for the Commission to develop capacity to conduct long term workforce planning, and this has largely been achieved by HWA. CHA also called for appropriate management of Commonwealth funding for all health and aged care related workforce training activities, and this has been partly met.

In 2009 CHA recommended a particular model of governance for this newly proposed body, one that included jurisdictions and the Commonwealth, as well as representation from the non-government sector – hospitals, aged and community care services, and professional and representative bodies and unions. As you would be aware this type of governance arrangement did not occur, and consequently it has been difficult for HWA to have the impact required to address the findings of the 2005 Productivity Commission Research Report onto Australia's Health Workforce. This lack of commitment by all stakeholders and lack of leadership from HWA has led to policy failure for this agency.

It is CHA's view that HWA have contributed in two areas that are of long term value:

- Administration of clinical training funding for the non-government and private sectors
- Establishment of long term workforce planning and modelling capacity

Both of these functions should continue, and can be administered through the Commonwealth Department of Health.

Further, it is CHA's view that given there has been little tangible benefit from HWA in terms of long term sustainable action on workforce issues there is no reason to retain the functions of the Agency. This is especially relevant with the cessation of the relevant National Partnership Agreement and therefore the immediate reduction of the Commonwealth contribution to the agency. Without this financial support from the Commonwealth HWA will be unable to deliver meaningful outcomes for the sector.

HWA must be replaced by a new national agreement for action on health workforce. The Standing Council on Health is not the natural place for this to occur – government bodies responsible for education and training need a seat at the table as well. The Council of Australian Governments need to be given a workforce strategy that all governments sign up to, that achieves national action, and in this national workforce strategy the role of the Department of Health should be clearly articulated, ensuring that the good work in workforce planning continues.

Yours Sincerely



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