

## **Community Services and Health Industry Skills Council - Submission to the Review of Australian Higher Education Discussion Paper 2008**

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Skilled workers are supplied to the community services and health industries via both the Australian higher education and vocational education and training (VET) systems. There are persistent shortages of workers in these large industries. A more seamless relationship between the higher education and VET sectors is critical for future education and training delivery and to ensure the workforce is comprised of appropriately structured teams and skill mixes required for service delivery.

The Community Services and Health Industry Skills Council (CS&H ISC) welcomes the Review of Australian Higher Education and we look forward to the next stages of the Review. The following response applies to the discussion paper sections *3.1 Meeting labour market and industry needs* and section *3.4 Connecting with other education and training sectors*.

### **Background**

The health and community services industries are large and diverse but unified by their critical importance within the economy and the welfare state. The Community Services and Health Industry Skills Council (CS&H ISC) provides effective strategies for skilling the industries to support a flourishing market society and underlying social infrastructure.

The community services and health industries employ almost 1.1 million workers or 10.4% of the workforce and in 2007 replaced manufacturing as the third largest Australian employer.

For the last two years the community services and health industries have been identified as requiring the fastest rate of workforce growth in the following five years. 24% of all new workforce growth will be from community services and health to 2012, growing at a rate of 3% per year or 170,000 jobs.

46% of workers in the community services and health industries are over the age of 45 which is 9% above the all industry average. Workforce growth requirements over the next five years will be affected by the need to replace retiring workers as well as add to the overall number.<sup>1</sup>

The expansion of the health and community services industries is not new and the drivers affecting demand and supply of skills documented by the CS&H ISC in 2005, including ageing of the population, demography of the workforce, changing technology and increased consumer expectations remain as relevant today.<sup>2</sup> The urgency for effective responses to service delivery and workforce skill demand drivers however is more acute and immediate for a broader range of stakeholders and policy makers. The traditional occupational structure of the workforce is suffering shortage in supply including through the professions of nursing, medicine and allied health as well as in the vocational education and training (VET) sector of the workforce. The

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<sup>1</sup> Department of Employment and Workplace Relations, *Australian Jobs 2007*,

<sup>2</sup> Community Services and Health Industry Skills Council (CS&H ISC), *Industry Skills Report, May 2005*,

challenge for the future workforce is not only an increase in numbers but also the realignment in roles and functions to support outcomes.

### **Relationship between workforce and qualifications**

The Australian national competency standards and qualifications for work in the community services and health industry are contained in HLT07 Health Training Package and the CHC02 Community Services Training Package. These Packages reflect the large and growing proportion of VET qualified workers in the industries and complement the higher education trained sector of the workforce. In 2007 the skill mix in the community services and health workforce portrayed through qualifications profile was<sup>3</sup>:

- 38.5% - higher education qualification
- 36.1% - VET qualification
- 25.4% - no qualification

Assuming workers with no qualification are performing skills covered by CHC02 and HLT07 then the Packages reflect the roles of over half a million workers. As indicated previously the challenge for the health and community services workforce development includes adding significant numbers of extra workers however the formation of future worker's skills will be approached and shaped differently and careers will be required to increasingly articulate between the higher education and VET sectors.

Shortages of health professional occupations have been well documented in Australia<sup>4</sup> and internationally. These occupations are drawn from the higher education sector and are not being replaced as workers leave the industries. Growth in the number of VET sector qualified workers will form part of the response to address these shortages.

The rate of growth in health and community services has been high overall however the rate of growth in the VET sector has significantly increased in comparison to university trained professionals<sup>5</sup>. Table 1 demonstrates the rate of workforce growth from 2000 to 2007 by major occupation categories used by the Australian Bureau of Statistics (ABS). Professionals grew by 17% however the VET sector of the workforce grew more significantly: associate professionals by 55% and Intermediate Clerical, Sales and Service Workers by 37%.

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<sup>3</sup> Department of Employment and Workplace Relations, *Australian Jobs 2007, 2007*

<sup>4</sup> Australian Productivity Commission, *Australia's Health Workforce Research Report, 2005*

<sup>5</sup> Burke, Smith, Dumbrell and Long, *Higher VET Qualifications in Community Services and Health*, CS&H ISC, 2008

Table 1 - Persons employed in Health and Community Services by major occupation, Australia, 2000 to 2007

	2000	2003	2006	2007	Share 2007	Change 2000 to 2007	Change 2000 to 2007
<b>Health and Community Services</b>	'000	'000	'000	'000	%	'000	%
Managers and Administrators	18	27	41	39	4	21	115
Professionals	374	357	415	440	40	65	17
Associate Professionals	86	101	133	134	12	47	55
Intermediate Clerical, Sales and Service Workers	265	324	360	363	33	98	37

Source: ABS Cat. No. 6291

The different rates of growth between VET and higher education qualified workers in the health and community services industries highlight the need to increase reforms supporting new roles and different skill mix in the workplace. The HLT07 and CHC02 will continue to host new role and new career pathways however further strategies will be required to increase the level of articulation between VET and higher education<sup>6</sup> and to make changes to the structure of professional regulation<sup>7</sup>.

The Productivity Commission health workforce report identified that productivity and effectiveness of the available workforce needs improvement and that there are “systemic impediments” preventing workers competencies’ being “fully developed, assessed, recognised and utilised. This in turn reduces job satisfaction and thereby makes recruitment, retention and re-entry more difficult”<sup>8</sup>. Some of the systemic impediments relate to the education sector.

Workforce reform responses to increase the capacity of the workforce will include establishing multidisciplinary service models where workers perform functions beyond traditional occupational silos or boundaries. New service models will work concurrently with new career and skill pathways throughout and between both the VET and higher education sectors. Development and implementation activity for HLT07 and CHC02 is directly targeting these service and workforce changes in the short, medium and long term.

<sup>6</sup> CS&H ISC, *Vocational Graduate Certificates and Vocational Graduate Diplomas in the Community Services and Health Industries: Research Report*, 2008

<sup>7</sup> CS&H ISC, *Working Together: Licensing and Regulation and Training Packages for Community Services and Health*, 2006

<sup>8</sup> Australian Productivity Commission, *Australia’s Health Workforce Research Report*, 2005

The large Registered Nurse cohort for example includes a larger number of older workers who will be retiring in the next five years when workforce growth is needed most. The Enrolled/Division 2 Nursing qualifications in HLT07 reflect the skills of an occupation able to contribute to filling this gap and complementing the shortfall in Registered Nurses. In order to maximise the effectiveness of such a workforce development response corresponding activity will include new procedures in the workplace to accommodate safe practices and active promotion of a career pathway from the Enrolled/Division 2 to Registered Nurse and beyond. Enrolled/Division 2 nurse training is located in VET and new arrangements should include improved articulation into Registered Nursing at the degree level.

Other career pathway examples from the Training Packages include the Certificate IV in Allied Health Assistance as a formal step toward university qualified Allied Health Professional occupations such as physiotherapy and speech pathology. Further pathways will be developed and promoted more diversely across the Packages to support more dynamic services and roles across nursing, allied health, Aboriginal and Torres Strait Islander primary health care, mental health, aged care and disability.

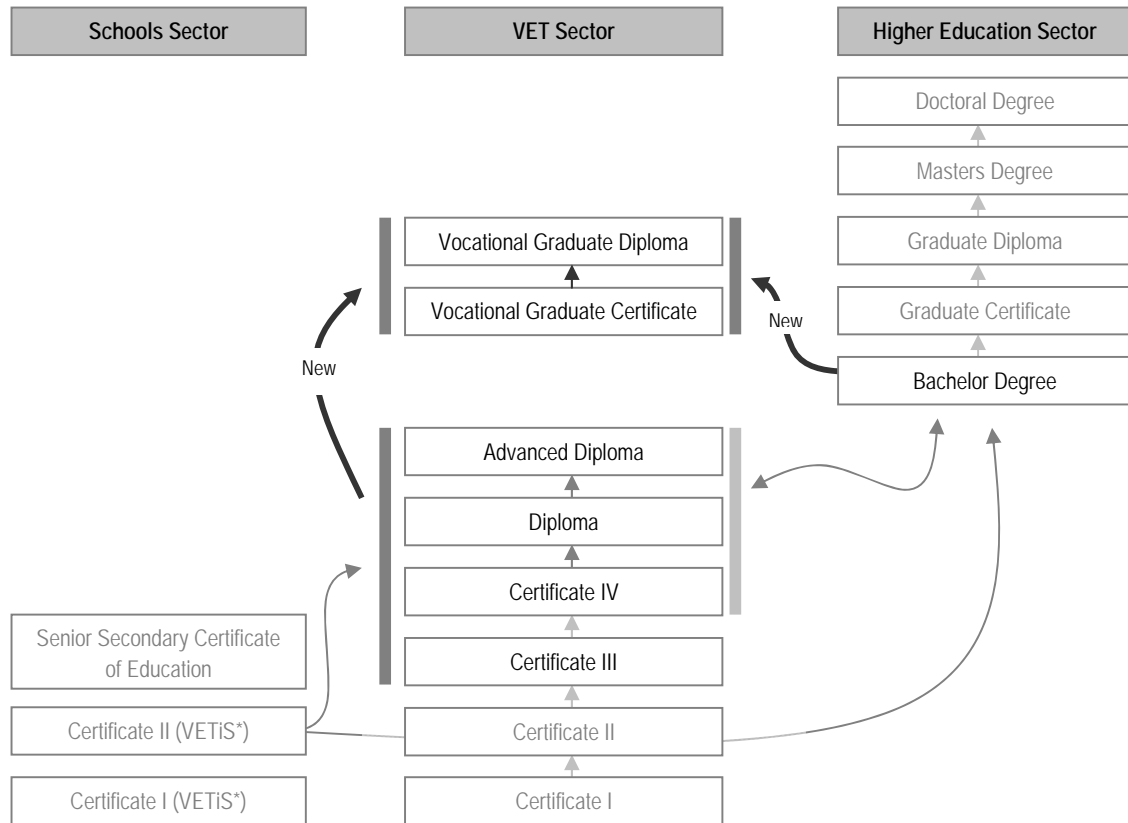
The availability of the more recent Vocational Graduate Certificate and Vocational Graduate Diploma level qualifications provides an opportunity to broaden pathways through the Australian Qualifications Framework (AQF) and increase the supply of skills at higher levels. For example the CS&H ISC recently established several Vocational Graduate qualifications in the CHC02 Community Services Training Package for family dispute resolution and relationship counseling. These higher level competencies and qualifications reflect work roles undertaken by workers with foundation skills from both higher and VET pathways including lawyers, barristers, welfare workers, psychologists and mediators.

The utilisation of industry endorsed VET sector competencies also provides a model for multi-skilling across the health and community services professions. The health professional have been grappling with implementation of common skills across the allied health professions, nursing and medicine for some time. As shortages of key occupations have become acute (for example general practitioners in regional areas) then other occupations such as nurses and physiotherapists have needed fill the service delivery gap. These reform processes are lengthy as the health professions are individually licensed and university training is accredited on an institution to institution basis. The occupational framework and the education structure are both “siloed” and resistant to change required to deliver much needed services.

The establishment of recognised competencies across the professions is more developed in some countries and must be established through the professions and their accreditation models. The more flexible approach AQF and increased articulation and recognition frameworks between higher education and VET frameworks will support these reforms. Diagram 1 models the expanded career pathways offered through a more flexible view of career pathways through the AQF. This model was developed by the CS&H ISC in the research report *Vocational*

*Graduate Certificates and Vocational Graduate Diplomas in the Community Services and Health Industries<sup>9</sup>.*

**Diagram 1**



\* VET in Schools

**Role of the Community Services and Health Industry Skills Council**

The CS&H ISC is the developer of the national qualifications and competency standards for the community services and health industries. These are developed in consultation with and endorsed by industry and recognised by government. The CS&H ISC is in a strong position to lead the development of new partnerships between the VET and higher education sectors and manage the engagement of industry stakeholders in achieving outcomes. The Review identifies work underway in the United Kingdom through the *Higher Education at Work: High Skills* discussion paper. This paper identifies the role of Sector Skills Councils as critical partners along with professional and regulatory bodies in driving industry responsive higher level skills.

<sup>9</sup> CS&H ISC, *Vocational Graduate Certificates and Vocational Graduate Diplomas in the Community Services and Health Industries: Research Report*, 2008

Sector Skills Council perform similar functions to Australian Industry Skills Councils and the CS&H ISC “UK sister councils”, Skills For Health and Skills For Care are facing the same challenges community services and health workforce challenges as in Australia and other OECD countries. The CS&H ISC notes the following key consideration for the Review in addition to the broader points raised in this submission:

- Increased community services and health articulation arrangements between VET and higher education sectors and a better understanding of skills recognition frameworks between the sectors
- Engagement of the VET and higher education sectors in health and community services professional accreditation reforms for more responsive skills supply – including identifying opportunities presented through new national registration and accreditation arrangement for the health professions due by 2010
- Expanded development of competency standards and qualifications for higher level skills to deliver the workforce responsive to community services and health client service needs.

**For further information**

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