

**NORTHERN TERRITORY DEPARTMENT OF HEALTH AND FAMILIES SUBMISSION TO:
REVIEW OF AUSTRALIAN HIGHER EDUCATION - JULY 2008**

BACKGROUND

On 13 March 2008, the Deputy Prime Minister and Minister for Education, the Hon Julia Gillard MP, announced a major review of Australia's higher education system which will examine and report on the future direction of the higher education sector, its fitness for purpose in meeting the needs of the Australian community and economy and the options for ongoing reform.

The Northern Territory Department of Health and Families (DHF) strongly supports the role of VET, higher education and professional colleges in providing well rounded citizens and contributing to a highly skilled, mobile and flexible workforce.

This submission attempts to capture the complexities of the education landscape in the Northern Territory (NT) and contemplates what type of education system will meet the community needs 10 years from now, for consideration by the expert panel.

The Productivity Commission Research Report 2005 *Australia's Health Workforce* noted major performance gaps in relation to education and training that continue to be relevant to the NT in 2008:

- There are insufficient student places, especially in the university system in relation to nursing, medical, dental and allied health;
- The duration of education programs reduces capacity of the system to respond to shortages in a timely fashion and complicates broader workforce planning;
- Education programs need to provide pathways to alternative models of health workforce preparation (eg multi skilled health workers and skills escalators);
- Existing articulation arrangements between VET and university sectors are inadequate;
- There is a need to improve access to clinical training as current arrangements were generally viewed as having failed to deliver sufficient training places for either undergraduate students or postgraduate trainees, and;
- Poor coordination between the Commonwealth and States/Territories of funding to universities, between health and the higher education sectors, and between different aspects of education.

Northern Territory Background

Future Directions For DHF Workforce That Influence Education

The Department of Health and Families (DHF) aims to develop a flexible health workforce that is well equipped to deliver quality care in an innovative, efficient and trans-disciplinary service delivery model. Key drivers that inform our workforce priorities are:

- Placing more emphasis on prevention and health promotion;
- Developing greater workforce flexibility and adaptability;
- Changing the scopes and patterns of practice for existing professionals;

- Developing an inter-professional and trans-disciplinary workforce that designs services around the patient;
- Creating new types of health and community service workers;
- Removing inefficiency by using information technology more effectively;
- Shifting service delivery models to client based and community health needs;
- Integrated approaches to education and training programs to focus more on preparing patient care teams;
- Greater choices for employees to help them shape career paths that match the various stages of their personal lives;
- Greater focus on innovative solutions, collaboration, efficiency and excellence, and;
- A focus on 'growing our own' particularly in remote communities and emphasis on increased Indigenous participation.

Key Issues for education in the NT

- The growing demand for services in part due to changing community expectations, ageing population and increased focus on improving outcomes in Indigenous communities;
- There are significant health and other disparities between different population groups;
- There are exceptionally high rates of chronic disease which have major impacts on the ability to deliver education and services;
- Language difficulties where Government business is literally done in a foreign language for 1/3 of our population;
- The tyranny of small numbers and big distances make service delivery challenging;
- Isolation and communication challenges for staff and consumers which leads to onerous or demanding work rosters;
- Skill shortages are felt more sharply due to the small populations – when there is only one forensic pathologist in the Territory a vacancy in that position creates a problem, and;
- Although we are a small jurisdiction by comparison in population, our burden of disease prevalence is up to four times that of other states. Our dialysis population for example is equal to that expected with a population of around 800,000.

Many of the issues and barriers raised in our response to the 2007 review of the impact of the *Higher Education Support Act* continue to be important for the NT, including:

Medical Workforce

The current workforce strategy for medical student training in the NT is focussed on the supply of junior doctors to the two main Territory Hospitals. There are 16 intern positions at Royal Darwin Hospital and 12 at Alice Springs Hospital. Twenty-two students are graduating from the Northern Territory Clinical School this year and it is anticipated that over the next few years the number of graduates will increase to 32 annually. Trends to date support an ongoing expectation that approximately half the graduates will take up their internships in the Northern Territory, and thus the capacity to increase the number of interns is directly related to increasing qualified medical workforce.

Supplying an adequate rural medical practitioner workforce is a greater challenge for the Northern Territory. There are currently six students in long term clinical placements in rural areas and it is planned to increase the number of these placements to 16 over the next few years. There is a need to undertake some rigorous analysis in order to identify workforce requirements for long term demand for General Practitioners, and this work should be seen as a priority. The NT requires generalist health professionals with a wider scope of practice, skills, knowledge and capacity rather than the increasing tendency interstate for specialist and/or sub-specialisation within professions.

While DEST provides funding for the clinical placements through Flinders University and James Cook University, Northern Territory Government (NTG) provides additional funds to resource the placements in the two NT teaching hospitals and DoHA funds the rural placements. The funding relativities associated with resourcing student placements generates a substantial budget issue for NTG and consideration could be given to additional resource support from DEST in order to attract students to the Territory. The funding from DoHA does not extend to supporting clinical placement activities in Darwin, even though the links between urban and rural practice are key to service delivery in the Northern Territory.

Nursing Workforce

NT is disadvantaged by economies of scale in funding higher education places in nursing, for example the critical need for a higher level of simulation laboratories for clinical training ahead of student placements can only be met with a higher level of infrastructure funding. There are also complex workforce development issues related to the need for a multi-disciplinary approach required for remote service delivery.

Approximately 50% of current undergraduate nursing places at Charles Darwin University are occupied by students who have come to the Territory from interstate to gain their qualifications. Even so, the demand for clinical placements far exceeds the number available in the NT. At present, there is an urgent need for placement supervision support and simulation laboratories located throughout the Territory, with high-level laboratories in Darwin and Alice Springs.

Meeting placement quotas in NT is also affected by the need to compete with other jurisdictions in attracting new students. There is a need to develop greater uniformity across providers and to review the way that hospitals and other health organisations interact with universities to identify and meet clinical need. The lack of national standards in this regard creates difficulties in securing enrolments from interstate students. In addition, current expectations that each registered nurse supervise 1.5 clinical placements is a significant burden that slows the pace of enabling more registered nurses to fill vacancies. Increased resourcing could reduce the burden of this significant requirement.

Batchelor Institute of Indigenous Tertiary Education commenced a Bachelor of Nursing program in 2006, with approximately 30 students. Clinical placements and support are also now required for this student cohort.

Allied Health Professional Workforce

NT is disadvantaged by economies of scale in funding higher education places in allied health, resulting in a capacity to offer only a limited range of allied health disciplines at Charles Darwin University. Allied health also faces workforce capacity issues related to the need for a multi-disciplinary approach required for remote service delivery. There are resource problems associated with adequate clinical

placements, and this is particularly so in rural and remote areas, where a mix of skill and maturity is required of the student in order to deal with the significant challenges that they may encounter. Resources related to supervision and support for students to access placements in rural and remote localities require significantly increased funding and staffing levels. In addition, there is often an expectation that students will fund their own travel and accommodation costs for these placements. There is not always accommodation available for students on placement. This influences student uptake, retention and completion.

Pharmacy and other AHP courses are not funded to the same level as medical, nursing and agricultural courses creating barriers to providing support for good clinical placements. CDU is currently offering an undergraduate pharmacy degree program which is in the process of being registered and accredited by the New Zealand and Australian Pharmacy Schools Accreditation Committee. This will require the Northern Territory to provide high quality clinical training placements for up to 35 students per annum from 2007, and will provide the opportunity for a 12-month pre-registration placement to allow these students to register as pharmacists. However, there are insufficient resources available to meet supervision requirements for these placements in all settings, urban, rural and remote.

QUESTIONS FOR DISCUSSION FROM REVIEW

Higher education in modern Australia

The Northern Territory's education needs for its health workforce is different to the rest of Australia, particularly to major urban centres on the east coast, so we need to pay attention to the special and unique things that will help our workforce operate more efficiently and effectively. The exceptionally high incidence of chronic disease, high Indigenous population, small population base and vast geographic dispersion are complex challenges for us. This means a 'one size fits all' approach or a focus on national averages will rarely sufficiently meet the unique needs of the NT. An example of this is the cost of delivering education programs to the population where a significant proportion resides in remote communities, often cut off during the wet season.

We also know that like other populations around Australia, indeed in most modern democracies, our workforce is ageing. Our academic workforce is not immune to this phenomenon. As such this review should also include the broader issue of workforce attraction and retention.

Furthermore, we hear about frustrations from staff who are already in the health and community service industry, and who would like to remain in the industry through a shift in career but don't want to go back to the beginning again to obtain their qualifications. The education system needs to be flexible enough to facilitate alternative career pathways for this group of professionals.

Proposed principles:

- Attraction and retention of the academic workforce including progressive and innovative ways to develop the workforce as a key feature of the review
- Higher education services must be sufficiently flexible to equitably meet the needs of **all** Australians
- There needs to be wider entry routes and recognition of current and common competencies to support flexibility and mobility within the industry

- Higher education should be viewed as inclusive of tertiary, VET and professional colleges with clear and shared responsibilities to meet workforce needs
- There needs to be consistency across the health industry as to course content, clinical placement requirements and assessment

Meeting labour market and industry needs

The health and community services industries have been identified as requiring the fastest rate of workforce growth in the next five years. Growing at a rate of 3% per year or 170,000 jobs, 24% of all new workforce growth will be from this sector to 2012. As service delivery moves into more team based care, the ways in which partners and stakeholders can best share responsibilities must be better understood.

There is much written about the opportunities to review workforce practices in particular scope of practice. Task transfer presents an opportunity for the sector to increase its effectiveness through the assignment of tasks on the basis of competence rather than historical professional roles. Staff are often able to perform more complex work than they currently do, but are hampered by the need to perform duties in their scope of work at lower levels. There is a major opportunity to make the best use of our existing workforce. Of significance is the piloting of new roles including Patient Care Assistant, Allied Health Assistant, Physicians Assistant. The NT supports an increased focus on designing these new types of roles for workers and sees this as being an important step in preparing for the future.

The NT has a limited ability to grow its own health workforce given limited VET and higher education options locally. Although a number of health professional courses are offered in the NT eg nursing, psychology, social work, pharmacy, a large number of NT residents are required to travel interstate to undergo training in their chosen health profession.

Proposed principles:

- Health and community service funding arrangements should have sufficient flexibility within the system to allow the movement or reallocation of places and funds across VET, higher education and professional colleges, dependant on industry demands and service priorities
- Education institutions must increase their capacity and capability to respond with greater urgency to the need for new or different curriculum as requirements emerge
- Funding for education and training should be commensurate with growth in the sector and be based on current and future population needs
- Understand the education and supports that are needed to enable professionals to work to optimal scope of practice
- Education programs need to offer an interprofessional education program through collaboration among appropriate disciplines
- All professionals, both new graduates and the existing workforce need to have access to an interprofessional clinical learning experience
- Funding should include a component for the cost of clinical placements particularly the additional costs of placements in rural and remote settings

Opportunities to participate in higher education

Given the remoteness in the NT and the costs of travel, it is fair to say that sections of the population are disadvantaged when it comes to opportunities to participate in higher education. Low levels of language and literacy remains a critical issue especially in remote communities, with English often being a 2nd, 3rd or 4th language.

There needs to be a focus on improving general literacy and numeracy in terms of facilitating remote Indigenous people entry into the workforce and then particularly in the health sciences literacy and numeracy in terms of upgrading their competencies beyond the level of Certificate II or III. A lack of infrastructure often limits access to alternative methods of education delivery – for example distance education and electronic forums.

The increasing focus on Indigenous and remote health as a component of undergraduate and graduate training programs has led to a subsequent increase in requirements for remote Indigenous clinical placements. This requirement places a significant demand on the NT to support remote clinical placements. Workforce shortages in remote areas, the lack of local infrastructure and significant burden of disease results in NT often being unable to meet such requirements. The cost and availability of travel and accommodation especially for remote placements is another major inhibitor.

There is currently no medical school in the NT with local students needing to travel interstate. The Department of Health and Families is currently examining an external proposal to establish an NT medical school, which will also promote the Generalist Specialist as a practical career option, with the Northern Territory uniquely placed to become a centre of excellence for training and employment opportunities.

A common issue raised from staff is the lack of availability of education programs to upskill staff. Currently there is a need to provide training in the Health Service Assistance modules to over 100 staff. This will provide these staff with expanded roles to be used in a range of settings, particularly residential aged care, home visiting, child care centres, disability centres, etc. The role is an important entry pathway to a health profession and is strategically linked to our efforts to attract and engage our future workforce.

Proposed principles:

- Review income and other support mechanisms for students from rural and remote settings
- Recognise the phenomena of increasing specialization and the gap that this leaves in the generalist field
- Ensure there are clear and straightforward pathways from VET to tertiary and/or college programs that recognise current and shared competencies
- Look for innovative ways for academia to partner with industry to meet their own workforce shortages, particularly through joint appointments

The student experience of higher education

The NT is renowned for its unique and fascinating medicine, not available elsewhere in Australia and the opportunities it provides for clinical learning. So much so that we have almost the same number of medical student placements as Doctors on staff, which places an increased burden on those in the system to provide clinical supervision. Requests for clinical placements in nursing face similar issues being

oversubscribed for places available. In 2007, the DHF had 20 Agreements with education providers across Australia for Aboriginal Health Workers, Allied Health and Nursing and Midwifery clinical placements. These placements are within acute hospital as well community settings including remote community placements.

DHF staff provide significant on site supervision, education and training especially given the small size of the workforce and current workforce shortages being experienced. Whilst supportive of students coming to the NT for clinical experience, limits are now being placed on students from interstate, to ensure quality places are available for students from NT education providers or NT students studying interstate.

The “*Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A BLUEPRINT FOR ACTION*” recently released by the National Aboriginal and Torres Strait Islander Health Council provides some relevant recommendations for this area:

Recommendation 1

All governments to participate in a national evaluation of Aboriginal and Torres Strait Islander mathematics and science literacy and numeracy programs across the education spectrum. Governments to provide funding for the development of a national culturally respectful strategy aimed at *improving mathematics and science literacy*.

Recommendation 2

Aboriginal and Torres Strait Islander education workers to be given training in *careers guidance* and be supported to supplement (not replace) the roles of existing careers advisors.

Recommendation 3

Sustainable *role model and mentoring programs* to be made available for all Aboriginal and Torres Strait Islander students, including encouraging mathematics and science literacy, and family and community engagement at secondary school level.

Recommendation 4

All Aboriginal and Torres Strait Islander tertiary health students to have *access to student support* from health-specific units/staff within health faculties/departments as well as access to more general Aboriginal and Torres Strait Islander student support services on campus. Governments to provide specific funding for these services.

Recommendation 5

The Council of Australian Governments to consult with stakeholders on the development of individual *Aboriginal and Torres Strait Islander student plans*.

Recommendation 6

Education institutions to demonstrate how they effectively include *Aboriginal and Torres Strait Islander communities in decision making* about curricula and student support services as part of their funding acquittals and reporting.

Recommendation 7

A nationally coordinated marketing and promotions program to ensure access to *culturally appropriate information* regarding the options available for health-related careers and the support available for study.

Recommendation 8

A national review of the availability of *financial and accommodation support* for Aboriginal and Torres Strait Islander health students to be undertaken and updated every four years.

Recommendation 9

Any existing *financial restrictions or disincentives* to study under existing government programs *to be removed*. This includes reviewing any financial support that is time-limited, or scholarships that adversely affect ABSTUDY payments.

Recommendation 10

The development of a nationally coordinated health workforce training strategy and scheme to ensure that Aboriginal and Torres Strait Islander students in health courses are well supported through a range of financial supports.

Recommendation 11

Tertiary education providers to consult with Aboriginal and Torres Strait Islander communities on a *whole-of-institution strategy* to increase the number of Aboriginal and Torres Strait Islander students in health courses. Strategies are to include student support and curriculum matters.

Recommendation 12

Education institutions and Aboriginal and Torres Strait Islander health personnel and communities to work in partnership to develop a culturally inclusive *Aboriginal and Torres Strait Islander health curriculum* in a multidisciplinary manner.

Recommendation 13

A *national accreditation and registration mechanism* to be established which sets standards and assesses the quality of training delivery in relation to Aboriginal and Torres Strait Islander health across all health disciplines.

Proposed principles:

- National clinical training networks and systems should be established that is able to gather, predict, analyse and report data across academic, public, private and non-government sectors
- Explore possibilities for a consistent approach to teaching, research and knowledge transfer of this to practitioners in the industry
- Include a review of the effectiveness of quality audits by the Australian Universities Quality Agency
- Funding for student mentoring, support programs for Indigenous students

Connecting with other education and training sectors

Current providers have limited capacity to provide the required level of infrastructure (eg simulation centres) and clinical supervision to support current and future student clinical placements. NT and interstate education providers rely heavily on DHF to provide the necessary support. The demand on DHF resources will only increase, given the significant increase in the number of higher education places in areas such as medicine, nursing and pharmacy.

As a result there are few NT education providers who are willing and/or able to deliver programs in remote communities. The NT would be supportive of a national approach to the delivery of programs in remote areas. Perhaps through the

establishment of Centres of Excellence where providers could deliver a particular program for all of remote Australia.

Proposed principles:

- Joint planning to enhance the articulation from VET to Higher Education is required across a range of health professions, particularly as it relates to supporting Indigenous students. This issue needs to be addressed nationally to support workforce reform and facilitate multiple career development pathways particularly for Indigenous students.
- The review should consider a fresh approach to the delivery of education programs in rural and remote communities
- Expanded scopes of practices supported by new and modified curriculum to work being done at the national level on innovation service models

Higher education's role in the national innovation system

The sharing of better practices and innovative solutions appears to be more serendipitous than deliberate and structured. We know there are many hundreds of creative and innovative workforce ideas around the country, particularly in pioneering new practices to better meet the health needs of the population, the difficulty is in tapping into these ideas and learning from others experiences.

Proposed principle:

- An Innovation Fund should be created to support and promote new ideas. Activities and results should be publicly reported in an annual report.
- A one-stop web page should be created to promote learning lessons and best practices in education and learning.

Australia's higher education sector in the international arena

Although the NT has a preference to 'grow our own', the reality is the health industry in the NT is, and will continue to be for some time, reliant on interstate and international graduates. Our International Medical Graduate (IMG) workforce currently stands at approximately 33% of all physicians in the NT, many of whom are practicing with conditional registration and require clinical supervision (which further burdens clinical supervisors). Furthermore in some remote communities the entire medical workforce is made up of international medical health workers.

As of 31 May 2008 there were 185 Conditionally Registered IMGs. Of these:

- 39 were Conditionally Registered Overseas Specialists
- 10 were Conditionally Registered Postgraduate Trainees
- 132 were Conditionally Registered Area of Need IMGs

A recent World Health Organization report predicts a current global shortfall of 4.25 million health workers to maintain existing services over the next decade. With the increasing demand expected to double health spending in the United States to \$4.1 trillion by 2016. Sobering skill shortage forecasts are common place in health professions in most countries around the globe. With an increasingly globally mobile workforce, the consideration of national, if not international registration schemes will become more important.

Proposed principles:

- The review should explore options for consistent student entry and exit criteria to ensure students have the appropriate skills and capabilities to successfully complete the program
- National standards and mechanisms to facilitate the recognition of overseas qualifications should be renewed to improve efficiency and appropriateness

Resourcing the system

Training providers consider that education funding (higher and vocational education and training) does not take sufficient account of the greater costs involved in providing access to courses long distances from metropolitan areas. They indicate that they are paying out far more for clinical education than they receive in Australian Government funding to support clinical training in nursing and medicine. The physical delivery of courses may be more expensive, for example, extra costs may be incurred in relation to enabling student travel to and from lectures, tutorials and telecentres. Where academic support is provided locally, the cost of living is higher in remote areas and rural centres that are distant from metropolitan areas.

From a business development point of view, training in small, mobile and diverse populations represents a high risk. Often there is poor engagement in secondary education in remote areas and teachers may not have the level of experience and/or life skills required to run education programs in remote communities.

There are also particular challenges in provision of clinical education and support in remote settings including the provision of clinical supervision, student accommodation and funding for travel. RTO's (Registered Training Organisations) are typically reluctant to go out to remote communities if there are not enough students, and secondly if they can't fill their allocation, they usually have to give places back resulting in costs they are unable to recoup.

Proposed principles:

- National policies and initiatives that impact on the health workforce should take into account the unique circumstances of all jurisdictions and be sufficiently flexible to cater for the diverse needs of population groups irrespective of location (ie metropolitan, rural or remote). In particular the use of 'national averages' and/or 'aggregate data' and/or 'one size fits all approach' often disadvantages remote or small settings that have significant differences to an urban setting in Sydney.
- The review should examine the question of viability of training delivery in remote communities and whether budget could be diverted to support some of these activities to make them feasible. Training in a remote context is necessarily resource intensive in order to derive positive outcomes and equitable access.

Governance and regulation

The size of the Health and Families workforce is currently expanding rapidly due to recent increases in funding from the NT and Australian Governments particularly through the NT Closing the Gap and Australian Government Intervention. A majority of the funding has been directed towards improving the access to services for Indigenous people in remote areas. The expansion of services in remote Indigenous communities and the work being undertaken to develop appropriate service models will require a comparable focus on developing a remote area workforce to deliver these services on a long term basis. There is already a recognised workforce

shortage in the areas of medical, nursing and allied health. New workforce models need to be developed but implementing service and workforce reform is problematic within the current high service demand environment.

NT as a small jurisdiction has limited capacity to provide locally based higher education, particularly for professions with a small number of practitioners, such as speech pathology, podiatry and audiology. The NT supports partnerships for articulation, dual enrolments and other arrangements, such as NT quotas at interstate universities, to maximise offerings to students. Negotiations with the larger states to maximize the opportunities for NT students are ongoing.