QUEENSLAND

COMMUNITY SERVICES AND HEALTH INDUSTRIES TRAINING COUNCIL INC

REPONSE TO THE HEALTH WORKFORCE

PRODUCTIVITY COMMISSION ISSUES PAPER MAY 2005

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BACKGROUND

The QCS&H ITC provides the primary source of advice to the Queensland Government and the Community Services and Health Industries on matters relating to training, skill and workforce development. It is an autonomous, not-for-profit organisation that is one of a network of industry training advisory mechanisms in Queensland and across Australia. Our vision is to enhance the quality of life of all Queenslanders through the development and monitoring of training systems that will enhance the skills and capacity of the industries' workforce. It is achieved through providing leadership, innovation, information and assistance to relevant stakeholders, industry organisations, workplaces and education and training providers and consultants around workforce development, skills recognition and training.

Our commitment is to work collaboratively at local regional and state-wide levels by creating alliances, collaboration and connections that enhance credibility, being a voice to influence government, industry, work and training policy; and by creating opportunities for community skilling through developing the capacity and quality of our workforce.

RECENT RESEARCH FOR QUEENSLAND

The Queensland Community Services and Health Industries Training Council supports the submission made by the Community Services and Health Skills Council to the Productivity Commission Health Workforce Study (May 2005). We had input to their Industry Skills Report, May 2005 which they brought to the attention of the Commission in their submission. We particularly support their request for the study to explore the broader sector. We highlight our recent work with the aged care industry using among other methodologies, the skill ecosystems approach with concepts such as supply chain in relation to the labour market for a better understanding of the pressures and opportunities for innovation on an industry sector wide basis. Our *Aged Care Skill Formation Strategy, 2005* presents challenges for inclusive scoping of the workforce. It presented anecdotal and published evidence thus:

- The funded residential care sector is unlikely to grow greatly, however it is likely that this sector will become increasingly acute as places are proportionally fewer and people receive acute care "in place". This will also be affected by the hospital system moving to "shorter stay treatment".

- The unfunded or private residential care sector, for example serviced units within Retirement Villages is growing rapidly. Some facilities provide basic support, primarily in the area of personal care rather than medical intervention or support. However the acute needs of these residents is becoming increasing complex and this will continue.

- The sector is undergoing a major philosophical shift, moving from a medical or health model to a service or client driven model. This has important ramifications for the skills, values and attitudes that people need and the way that people are trained.

- The national and international shortage of Registered Nurses (Australia alone is estimated to have a shortage of 31,000 RNs by 2010) coupled with the

lower wages paid in residential aged care services compared to acute health has meant that a decreasing number of RNs are available to work in aged care. Consequently aged care services have needed to examine where they need and can best deploy the skills of Registered Nurses and where it would be possible to use other workers (providing they have the appropriate skills). An example of this is the increasing move to employ Enrolled Nurses with medication endorsement.

- The community care sector will grow dramatically as more people are supported to remain in their homes. This is also considered the highest risk sector as it will:
    - be the fastest growing;
    - has a large number of unqualified staff including volunteer staff;
    - has a large number of sub programs (more than 17 funded by the Australian Government alone) and is very fractionalised. It is likely that proposed reforms will seek to restructure this area;
    - Is highly dependant on unpaid carers and significant others and their capacity to continue to provide care and support;
    - Is predominantly unsupervised and may involve untrained workers who provide the only link between clients and services or even the broader community (eg meals on wheels); and
    - The level of client acuity is increasing and needs to be addressed (eg assistance with medication).

- Recognition that the different sectors within the aged care industry cannot be considered separately from each other and from other related services in the health and other community services sectors such as acute health or disability services. A change in one sector affects others, for example reduced hospital stays has led to an increase in demand for care in the community care sector. (A Vision for Community Care, June 2003) Consequently there is a need for sectors to be aware of and plan for changes which occur not just in their own sector but in related areas.

- Funding for Aged Care. Modelling undertaken in the Community Care sector indicates that the costs of providing aged care may increase by up to 60% by 2020. (A Vision for Community Care, 2003)

LIMITS TO THE STUDY

The Industries Training Council values the initial work of the Productivity Commission in regard to identifying what the study is about. It notes that the Issues Paper is predominantly confined to factors affecting the supply of and demand for health professionals. It illustrates this further in Box 1 where it lists **The health workforce**. The Industries Training Council is surprised at this approach given that significant growth in the Health Workforce is happening in the operational and para-professional areas. Occupations such as therapy aides, medical assistance, health technicians, personal care assistants and assistants in nursing are all growing in terms of use by the health system. These occupations are also increasingly the focus of competency and qualifications development at the state and national levels (see Health Training Package Review draft products **www.cshisc.com.au**). It is our belief that *The Health Workforce*

study needs to provide a significant focus on this workforce. The health workforce of the future is going to be significantly different from that of the past or present. Factors such as nano, micro and other technological innovations, skills shortages, industry structure and job satisfaction will continue to impact on the ability of the Health Care System to attract, retain and (re)train the required workforce.

It is our considered opinion from an ecosystems approach, and with an eye to supply chain issues in the future, that focussing predominantly on a professional workforce only is a narrow base for workforce planning. It needs to look at other parts of the ecosystem and its linkages to health services planning and the education sector in particular the vocational education and training sector.

WORKFORCE PLANNING FOR SUPPORT SERVICES STAFF

We have made investigation across our stakeholder group especially those organizations and businesses that run hospital services. We find that their reaction is for the study to be broadened to include health support services. These services provided by catering, cleaning, laundry, transport and so forth underpin the work of the professionals. Currently we note that courses in health service assistants are very popular. Hospitals and other health facilities are very conscious that clients are demanding a more complex set of services and have an increasing expectation on the provision of same. The experience of the client with the health system is often shaped by their interaction with non-professional staff and services. Issues such as the cleanliness of the facility, the quality of the food and friendliness of the staff (cleaning and support significantly) will always appear in evaluative comments from health care system clients. It is important that services and technical occupations and the related courses available in Australia are included and that their skill development is also under consideration along with that of other hospital employees and consultants. It is our belief that currently these occupational groupings comprise at least 20% of the hospital workforce and significantly more in community health care settings. It is important that their functions and skill development needs are not overlooked in this investigation of the health workforce.

Roughly 18.75% of our workforce would be classified as Support Services staff. It is important that we have competent staff in these roles and they are integral to the overall impression that a patient has of their stay in the hospital. The biggest areas of feedback that we receive from patients are about food and the state of cleanliness in their room and the Hospital generally.

HR Manager – large community based hospital in Queensland

Operational Services Officers in a broad range of occupational groups including:

- ***Indigenous Health Services***
- ***Facility Maintenance Management***
- ***Home and Community Care***
- ***Allied Health Assistance***
- ***Oral Health Services***
- ***Pathology Services***
- ***Linen Services***
- ***Food Services***
- ***Cleaning Services***
- ***Grounds & Gardens Maintenance***

Fire Protection & Security Services
Porterage Services
Transport
Stores and Warehousing
Collectively, they represent around 16% of the Queensland Health workforce.

Team Leader, Workforce Preparation & Development ,Workforce Reform Branch.

In 2003, 1,434 FTE of 10,523 FTE in our workforce consisted of support services staff.

Executive Director, Peak Body representing private hospitals

CONCLUSION

In conclusion, we fully support concepts such as job redesign and immediately this is placed on the table, the traditional roles in support services are implicated. It really is essential that further consideration around productivity brings into focus a sector of the health and community services whose potential has yet to be fully explored or realised.

REFERENCES

Community Services & Health Industry Skills Council (2005) *Industry Skills Report: An ANTA Board Initiative.* May.

Queensland Community Services & Health Industries Training Council (2005) *Aged Care Skills Formation Strategy (including Enrolled Nurse Training) Discussion Paper.* February. Brisbane