

The Federal Budget 2013 - 2014: An opportunity to deliver a health workforce that meets future healthcare needs

Associate Professor Leslie E. Bolitho AM
 MBBS, FRACP, FACRRM
 President,
 The Royal Australasian College of
 Physicians 2012 – 2014

Associate Professor Leslie E. Bolitho AM is a consultant physician in internal medicine and has been practicing in Wangaratta, northeast Victoria, since receiving his FRACP in 1983. He is currently President of The Royal Australasian College of Physicians (RACP). Associate Professor Bolitho has been involved with the RACP as Council member (2001-2003) and then Board Director (2005-2008). He was elected as a member of the Adult Medicine Division Council 2005-2010 and has also served on various State Health department committees. From 2001 to 2003, Associate Professor Bolitho held the position of President of the Internal Medicine Society of Australia and New Zealand (IMSANZ). From 2005 to 2009 he was President of the Australian Association of Consultant Physicians (AACP), an advocacy body representing consultant physicians. Associate Professor Bolitho AM was appointed as a Member of the Order of Australia in 2010 for services as a clinician and educator and for his work in the development of rural and regional health services in northeast Victoria. In 2005 Associate Professor Bolitho received the RACP Medal for Outstanding Service to Rural and Remote Areas, and in 2008 was presented with the Victorian Rural Doctors Award for Outstanding Contribution to Rural Communities (RWAV).

The Federal Budget 2013 – 2014 announcement and its expected impact on health

The announcement of the Australian Federal Budget is one of the most important dates on the calendar for the healthcare industry. The Budget provides a clearer understanding of the funding priorities of the Federal Government and lays the foundation for healthcare investment. This upcoming Federal Budget, to be announced on 14 May 2013, comes at a crucial time, with pressure on the Federal Government to deliver a tight fiscal Budget, advance the National Disability Insurance Scheme (NDIS) and carefully navigate through issues of state and territory jurisdiction. Issues relating to medical graduates are particularly poignant, with protected teaching, health workforce capacity, and the provision of general medicine in the rural and remote setting critical areas that must be addressed in the upcoming Federal Budget. The challenges all medical colleges currently face relate to the provision of training that prepares trainees for the challenges ahead, the adoption of technology into education models, and the applicability of training across remote, regional and metropolitan communities and settings outside of the hospital.

The current state of the Australian health system

The health of Australia's population is ranked among the best in the world. However, increasing life expectancy brings with it the challenges of an ageing population, particularly to a healthcare system that is designed for, and accustomed to, episodic acute and emergency care, and single disease presentations. Patient interactions with the healthcare system are now more regular and complex and healthcare professionals are commonly involved in delivering care across a range of settings, including acute and sub-acute hospitals on an inpatient or outpatient basis, the home, primary care clinics and aged care settings. Healthcare expenditure is ballooning and additional demands are being placed on an already strained health workforce. [1]

Jurisdictional funding and policy responsibilities and the public-private divide have resulted in a fragmented and siloed healthcare system. As a result, patients experience difficulty navigating through the system and specialist physicians confront challenges trying to integrate and coordinate with other members of the multidisciplinary team. There are opportunities to overcome these barriers to improve the healthcare system and health outcomes for all Australians, particularly in the context of National Health Reforms. Areas highlighted by the College as most impacting for medical graduates and physician trainees include the equitable distribution of the physician and trainee workforce, protected teaching, and issues of health workforce, specifically general medicine.

One of the greatest strengths of the Australian healthcare system is the increased numbers of medical students who will eventually undertake



specialist physician training. Recognising that there are challenges associated with increased numbers, the RACP and other medical colleges will need to work with the Federal Government to ensure all medical graduates receive their desired and best possible experiences in the various training programs. Increased numbers of trainees will eventually equate to increased specialist physicians and other healthcare professionals. It will be important to ensure these numbers are mobilised effectively and are trained to operate in a number of different healthcare settings.

Protected teaching

There is a need for protected time for supervisors for training and education. In addition to the increased numbers of medical graduates entering physician training, improvements to the structure of the training programs in accordance with standards set by the regulators (the Medical Board of Australia and the Australian Medical Council) means that there is a need to increase the length of time for supervisors to support trainees in their learning. This has been identified as a key priority area by the RACP and many other Australian medical colleges ahead of the Federal Budget funding allocation in May 2013.

The RACP recommends the Australian Government work with the RACP, other medical colleges and jurisdictions to increase the capacity of specialist physicians to train the future physician workforce. Increased capacity could be achieved by facilitating the introduction of protected time for supervisors and trainees to undertake training activities, and facilitating an increase in the time needed for supervisors to be available to support trainees in their learning in the workplace. This includes attending supervisor training and professional development as well as allocated time to meet with trainees to review progress, provide advice and complete supervisor reports. A further key action

is the facilitation of better training for supervisors, recognising that the supervisor role requires specific knowledge and skills.

Ensuring the equitable distribution of the physician and trainee physician workforce

The health workforce must consist of sufficient numbers and skill mix, and services must be fairly distributed across populations to manage the current and future healthcare needs of the Australian population. The specialist physician workforce must have capacity to train new specialist physicians and take the time to develop and improve knowledge and skills for the provision of high quality and safe clinical care.

People living in regional, rural and remote areas have some of the highest rates of complex and chronic disease. However, these populations have the poorest access to locally provided specialist healthcare. There is a need for specialist services to be distributed fairly across populations and located where they are needed the most. Vulnerable communities, particularly those that experience higher rates of long term illness, must be able to access specialist services without difficulty.

The RACP is seeking to work with the Australian Government to continue to support the redistribution of specialist physician services toward rural and non-hospital settings through Specialist Training Program (STP) placements. The RACP recommends the continuation of STP funding towards rural training places, rural salaries and 'Rural Support Loading' to supplement the additional costs incurred by trainees in rural areas. Additional measures put forward to the Government as part of Federal Budget priorities include the continuation of STP funding towards training places in community, non-clinical and ambulatory care settings and the continuation of STP funding towards posts in Aboriginal Controlled Community Health Services and Aboriginal Medical Services. Specialist training is heavily reliant on the skills and availability of clinician teachers and supervisors in the workplace. The STP provides a Commonwealth-funded annual salary contribution of \$100,000 until 2015 for trainees in non-traditional settings.

In an integrated national healthcare system, healthcare practitioners would be able to provide timely and quality care in the setting that best meets patient needs, as summarised by the phrase "the right care, at

References

[1] Intergenerational Report 2010, Australia to 2050: Future Challenges, http://archive.treasury.gov.au/igr/igr2010/report/pdf/IGR_2010.pdf

the right time, by the right provider, in the right setting." The current debate about future workforce shortages as well as the distribution of specialist physicians, which is often mismatched with patient needs, reinforces the importance of care delivered in all settings.

Indicators of a high-quality and highly functioning health system include the capacity to provide timely and safe care to patients in the setting that best meets their needs and preferences, and the ability to mobilise multidisciplinary teams to provide care in an integrated and coordinated manner.

The RACP strongly supports measures that equip medical graduates with the skills to manage the increasing prevalence of comorbid chronic disease in the community. This includes developing training pathways that enable more generalist and dual trained physician workforce that can respond to this shift in demand, as well as targeted distribution of the physician workforce, particularly to better meet the needs of rural and remote communities. This is particularly relevant for today's medical graduates, who will play a significant role in shaping the future state of Australia's healthcare landscape.

There is growing evidence to support the adoption of collaborative organisational arrangements for the provision of care in the Australian healthcare system. The development of formal arrangements that allow specialist physicians to regularly provide care to Aboriginal and Torres Strait Islander communities and older people in primary and aged care services to address unmet demand is imperative. To counter this unmet demand, the RACP recommends careful consideration and analysis of specialist medical services that could be delivered in primary, community and ambulatory settings. The Australian Government must invest in cost-effective interventions tailored to redesign service delivery and widely promote a multidisciplinary team-based approach for the provision of chronic and acute care in the primary, community and ambulatory settings.

As the physicians of the future, trainees and medical graduates play a vital part in the development of a cost-effective, equitable and high-functioning healthcare system. Working collaboratively to develop models of healthcare that benefit and respond to all communities, age groups, and unique circumstances is key to addressing the complex challenges facing today's healthcare landscape.