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HCCA Submission to the Draft National Cancer Workforce Strategy

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Background

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

The HCCA is dedicated to the promotion of consumer-centred health care, which we believe can be successfully achieved through the application of five key principles:

1. Respect
2. Choice and empowerment
3. Consumer involvement in health policy
4. Access and support
5. Information

It is with reference to these principles that the HCCA has developed its submission to the Health Workforce Australia's (HWA's) Draft National Cancer Workforce Strategy (NCWS).

HCCA Submission to the NCWS

HCCA welcomes the opportunity to provide feedback on this strategy. While some of our feedback will come specifically from our experience with ACT cancer services, in general the issues we raise are equally relevant at a national level.

While we appreciate the provision of a template to assist with developing a comprehensive response, many of the questions are quite limiting and miss some of the important issues that we wish to address. As such, we have used the headings included in the draft NCWS to frame our response after first providing a number of general comments.

General Comments

As with all Government Strategies, the title of the NCWS needs to include a relevant timeframe to indicate how long these reforms are expected to take and when the next stage of reforms will come into effect. We assume that this NCWS applies to 2012-2025, if so, this needs to be included in the title.

We note that there are a number of sections that refer to empowering and engaging with consumers to facilitate workforce reform. As a consumer organisation, we welcome this approach and commend HWA for embarking on a process of reform to reflect a consumer-centred approach to health care. We hope that the HWA will continue to seek input from consumers and consumer organisations as the NCWS progresses, because the consumer perspective offers a uniquely holistic perspective of the cancer journey.

In general, we are concerned that the strategy consists mainly of ideas that are sound in theory, but provides little practical information about how these changes can be put into place. Therefore we feel the NCWS would not serve as a working document in its current form. Motherhood statements are not sufficient to achieve the change that is needed to effectively meet the increasing demand for cancer services. Effective implementation of the strategy will require nationally consistent training and registration, cross-state funding for staff development and movement across regional areas, consistent education across multiple schools for doctors, nurses, technicians and other roles, and the ability to continually change and update skills. It is important that the strategy makes it clear exactly how this will occur and who will be responsible, given our current state focus. It is also important to specify how the NCWS might be affected by future budget cuts.

There needs to be a clear definition of and distinction between what is meant by 'integrated cancer control', 'regional cancer centres', 'tertiary cancer services' and other levels of cancer activities. Currently, section b) 'If we act now', uses the term 'integrated cancer control'. This is meaningless to the uninitiated and needs to be made clearer. For convenience sake, this could be included in the Glossary, although it may be more useful to include this information in the introduction. There also needs to be consistent use of the terms 'patient' and 'consumer' in accordance with the definitions provided in the Glossary.

We also question the logic of having strategies to implement a strategy. Perhaps it would make more sense to call the key strategies in each of the domains 'proposed implementation measures/approaches'. Alternatively, 'outcomes' and 'objectives' would provide clearer guidelines for implementing the five domains of the NCWS.

Introduction

We think it is worth including a paragraph about how HWA fits into the hierarchy of national agencies and who they report to. This would enhance the context of the NCWS.

In Figure 2- 'Required shift in the cancer workforce', the term 'Information and Communication Technology' is normally 'Communication and Information Technology'. The paragraph underneath this figure is important and we suggest it would be helpful to provide more detail.

What is the Cancer Workforce?

We question the appropriateness of using an American journal article as the reference for Australia's current National Service Improvement Framework for Cancer.

This section covers the types of roles included within the cancer workforce. We feel that the list of specialists should also include immunologists and haematologists. Similarly, the point listing nurses could also include nurse care coordinators. We believe pain management could also be covered in this section.

There needs to be more information about the roles of the different teams that make up the cancer workforce so that consumers understand any role changes that are likely to occur. Otherwise, confusion may undermine consumer confidence in the workforce. For instance, the role of the cancer control workforce is not clear to us.

Case for Change

The outcomes of cancer control in Australia

It would be helpful to explain how shared care programs can increase the focus on survivorship and consumer self-management. In the last paragraph, an explanation is needed to demonstrate how the health workforce can continue to adapt to an increasing pace of change.

In terms of prevention, it would be worth highlighting the role of Medicare Locals in improving community lifestyles. We understand they are committed to find ways to reduce cancer rates in the community.

Workforce data

The end of this section refers to HW2025 Volume 3; which makes it appear as though the 'recently published' HW2025 is Volume 2, but no clear indication of this is given. It is important that information is clear and precise so that frontline staff and consumers can easily understand it.

This section makes no mention of eHealth, despite its potential to close many of the gaps between different cancer services, improve coordination and address many of the other challenges that have already been raised in the introduction.

Consumer expectations of the cancer workforce

As the NCWS will have significant implications for consumers, it is important that reporting mechanisms are put in place to inform the consumer community about the progress that is made in achieving the outcomes of the strategy.

Guiding Principles

We are concerned that these principles will not be achieved unless adequate processes and planning mechanisms are put in place. For instance, what processes have been put in place to ensure that the workforce planning WILL meet consumer and community needs?

Domain 1: Cancer Workforce Reform for more effective, efficient and accessible service delivery

We support the provision of more cancer services in community settings and the increased role of general practice. We have also advocated strongly in the past for an increased focus on the care coordinator role for chronic conditions in general.

Medicare Locals may also be able to assist with identifying community needs, which would further enhance effective and efficient service delivery.

The last paragraph addressing advances in cancer detection and treatment technologies is vague and makes no specific recommendations about how these can be utilised to assist the cancer workforce.

We would also like to recommend that workforce reform be extended to include services addressing the psychosocial aspects of cancer. Social and psychological support is often a vital component of care for cancer patients, and consumers must be confident that these needs will be met.

Domain 2: Cancer workforce capacity and skills development

The preamble to this domain discusses the need to develop education, training and Continual Professional Development (CPD) programs. To back this up, a reference is made to a European article. While important insight can be gained from experiences of health services in other countries, it is important to ensure that the proposed workforce reforms will meet the particular challenges posed by cancer services in Australia by basing the reforms on data and evidence obtained in Australia.

We urge the HWA to ensure that CPD is a mandatory registration requirement for all health professionals. If this is already the case, the NCWS should reflect this.

We feel that it is also valuable to provide the cancer workforce with inter-professional training to improve their understanding of the different roles that exist within cancer services. This will assist with care coordination as well.

Consumer involvement is needed in this domain to assist with the development and review of curricula provided to the cancer workforce.

Domain 3: Leadership for the sustainability of the cancer

In the preamble it may be useful to list well-established peak and lead agencies that demonstrate strong national leadership.

We are concerned that the statements included here are too vague. Although enhanced leadership capacity is good for workforce reform, it is important to explain this in more detail.

The domain is aimed at promoting leadership capacity at all organisational levels, and later refers to 'enhancing clinical leadership'. We recommend careful consideration of this term, as this term has been controversial in the past. We assume that HWA intends change to be driven by clinicians. If this is the case, clinicians need to be provided with the tools and resources necessary to collaborate, share research and implement change; not just a supportive environment.

One of the suggestions to support leaders was "fostering an organisational culture that encourages clinical leadership". Again, this is a vague statement that requires further explanation. What sort of cultural changes would be necessary and how would this be achieved?

Domain 3 Strategies

Strategy 3.4 refers to developing leadership skills for consumer and carer representatives. We strongly recommend working with the organised consumer movement to achieve this goal. Most States and Territories in Australia have consumer organisations like HCCA that are devoted to supporting consumers to take on leadership roles in health care reform; and the Consumer Health Forum (CHF) offers support at a national level. These organisations have stakeholders that represent disadvantaged Australians, which provide invaluable networking opportunities.

Strategy 3.5 would be fundamental to enhancing leadership capacity for clinicians. An important aspect of this would be for the HWA to provide the cancer workforce with these development opportunities, or at least work closely with other services that can provide them.

It is important that each strategy lays out clear objectives and expected outcomes explaining how HWA will 'support' and 'strengthen' the cancer workforce.

Domain 4: Cancer Workforce Planning

The preamble for domain 4 says HWA is exploring a planning method that would allow for a 'system of care approach'. This will be beneficial to the cancer workforce, and it would be good to see this objective listed as one of the strategies for this domain.

We also support the plan to develop of a National Statistical Resource to better inform workforce reform. This is a good example of where a specific strategy can be clearly linked to important improvements for the cancer workforce. Specific planning also inspires more stakeholder and consumer confidence.

Domain 4 Strategies

We believe modelling the workforce implications of new technologies (strategy 4.2) is fundamental to maintaining an effective cancer workforce. It might be worth adding that the data obtained from this modelling would assist in determining specific workforce changes needed to successfully adapt to new technology.

In strategy 4.3, it would be useful to include information in the preamble about why skills-based information is more effective than discipline-based information for supporting the cancer patient journey.

We also support the proposal to establish a national workforce planning forum and would recommend that the HWA seeks to engage consumers in this endeavour.

Concluding Comments

HCCA supports many of these strategies, but would like to see more evidence that sufficient planning is in place to ensure that the NCWS is truly effective.

We are happy to discuss our submission further.