

## Report from the Colloquium: Sustainable health services for the future

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Well, first things first. It's a big job. We took on the task of discussing sustainable health services for the future, which I would suggest to you is one of the big practical issues that we're all here about in some form or another. And I'll try to present a bit of a snapshot of our discussions, which by no means were overarching in terms of the whole issue.

We had four speakers who provided us with some very interesting insights into various parts of the problem. The overarching discussion was that sustainable rural health services will need to be planned for. We should have no expectation that they will just happen. And I guess it's built on the premise that we will continue to expect that there are rural communities and continue to expect that there is a notional level of health service to those communities.

So what makes a sustainable health service? Well, our first speaker, Rob Pulsford from WA Country Health Service, told us about planning in country WA and the way in which they're going about trying to plan so that they can effectively use their health infrastructure for the future. He described the engagement with clinicians, the demographic planning tools, and presented what was very much an assessment of future delivery mechanisms. He talked about the use of telehealth, the increasing use of multidisciplinary teams and the move, as we know, towards ambulatory care. And I think from the colloquium audience also there was an emphasis on the need within infrastructure planning to consider issues like accommodation. I think we all know that well, and the students among us will know that there needs to be extensive planning not only for what current staff require but what is needed for us to train the workforce of the future.

So from the point of view of the community as well, our next speaker, Gavin Shearing from Horizon Power, talked to us about a project they had done which actually looked at the extensive financial and non-financial benefits of communities having, in their case, the utility of power. He told us how they thought about and quantified things like job creation, public safety, employment and role models within a community as actual social benefits that should be encapsulated and costed in the search for a model that is the most effective model, in his case, to deliver power to communities. And there was no doubt from his discussion that this has enormous relevance to health services and, as I said, we went on to discuss workforce and the concept of 'training in place' and adding value to people where they live.

So talking about workforce brought us to the topic of our next speaker, Robin Flynn from the Community Services and Health Industry Skills Council. The current community workforce, as some of you know, comprises 11.4 per cent of the total workforce and, interestingly, he said that 37 per cent of that workforce actually resides outside major cities. But, as we know and speakers in the audience today acknowledged, with some of our health workforces there are some very significant maldistributions. So Robin challenged us to take a more person-centred approach and start to think from the point of view of the patient and the need and see if we can work out what package of care is required and then match skills and training to that. And I guess that's what I was saying about the value of training in place and the use of telehealth and more flexible skills delivery so that we can actually get the workforce or utilise the workforce where it's most needed.

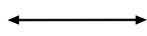
I have here the slide that he put up and I thought this was really useful in helping us to think about a better articulation between the VET and the higher education setting, and I guess this concept of a skills escalator—that you could train in place and gradually attain the skills that are required both to serve your community and then have a career path that was more local.

## Articulation between vocational education and higher education – must be more dynamic

### VET sector

- Aboriginal Health Worker and Torres Strait Islander Health Worker
- Enrolled Nurse
- Allied Health Assistant
- Medical Practice Assistant

### Training Packages/ competency standards



### Higher education

- General Practice/medical
- Nursing
- Allied Health

Qualification	Qualification Code	Qualification Name	Qualification Level
Aboriginal Health Worker and Torres Strait Islander Health Worker	...	...	...
Enrolled Nurse	...	...	...
Allied Health Assistant	...	...	...
Medical Practice Assistant	...	...	...
General Practice/medical	...	...	...
Nursing	...	...	...
Allied Health	...	...	...



### University courses



## ENVIRONMENTAL SCAN



And I guess that's my real hope—that, with things like telehealth and available high-speed broadband, this workplace-based training is not just something of the future but something that we can start to work towards now so that our future workforce could imagine living in their town of 10 to 20,000 or smaller and attaining the necessary skills over time and being able to be relevant and be contemporaneous within their community.

Our fourth speaker, Jim Pearse, took our attention to the planning for hospital and community providing sub-acute care when we are needing more complex models of care and the population is still ageing. That will be an important part of the sustainable future for our health services, including the workforce required. The need for rehab, palliative and geriatric care will keep growing in rural areas and we'll need to watch the capacity of our health infrastructure to provide this in future.

And I guess the other thing I need to mention in terms of our discussion was a very strong feeling from the floor that, unless we engage communities effectively in the destiny of their health services and their communities, we will promise to sell them short. There was a recommendation from the floor that financial support be given to communities to enable health planning and service provision to be discussed and prioritised at a local level. And I guess my comment is whether this is a role that we could make for Medicare Locals? But, in the end, as usual, we raised many more questions than we answered, but I think it's fair to say that community engagement and leadership would seem pivotal—not only to the maintenance of health services but definitely for the bigger issue of sustainable rural communities.

Thank you.