

FEEDBACK TO THE INDEPENDENT HEALTH AND AGED CARE PRICING AUTHORITY'S TEACHING TRAINING AND RESEARCH WORKING GROUP - OUT OF SESSION PAPERS

July 2023

Thank you for the opportunity to provide feedback on the Independent Health and Aged Care Pricing Authority's IHACPA's) out of session Teaching Training and Research (TTR) Working Group (WG) papers. Universities Australia is the national peak body for Australia's thirty-nine comprehensive universities. Our universities educate and train virtually all of Australia's new-entry domestic health professional workforce, upskill and reskill existing health practitioners and undertake health-related research. Much of this work requires compulsory provision to students of clinical experience in health services. Our interest in IHACPA's work is from this perspective. We have been a member of the TTRWG since 2017 and have a particular interest in the student/pre-entry trainee data contributing to the Australian Teaching and Training Classification (ATTC).

Update on the Australian Teaching and Training Classification (ATTC) and the National Best Endeavours Data Set

The paper shows some striking results across the four years that ATTC data has been collected from 2018-19 to 2021-22. For example, in Figure 1, page 4:

- there is a large spike in student clinical hours in NSW in 2019-20 compared to the previous year (2018-19); and
- there are large drops in student clinical hours in Victoria in 2019-20 and 2020-21 and in WA, during 2020-21.

We note IHACPA's comments on inconsistencies and other issues (such as data volume and quality) relevant to ATTC activity and costing data. Data interpretation clearly needs to be cautious for these reasons. However, to enable a better understanding of the data, it would be helpful if the following could also be provided in reporting the data:

- **Further explanation about actual/possible factors contributing to the changes.** For example, while some changes in the student clinical hours' activity may be accounted for by COVID-19, it is unlikely that all of it is, especially as this is not seen across all jurisdictions. Better understanding and reporting of the possible contributors to the large spikes and falls in student clinical hours across different years would be helpful.
- **An explanation about the omission of Queensland data from figures 1 and 2,** given that, unlike Tasmania and the Northern Territory, Queensland has provided ATTC data over the last four years, at least for allied health disciplines.
- **Additionally reporting/graphing student clinical hours by clinical focus area** so that changes in student clinical hours in different discipline areas could be compared across years.
- **Addition of a denominator** to the statistics in table 1 - "*Number of establishments reporting TT activity by jurisdiction from 2018 – 2022*". The suggested denominator is the number of potential establishments that could report ATTC data. Providing this statistic would help better understand the proportion of establishments actually reporting in each jurisdiction.
- **Providing information on the type of establishments** reporting data and if these have been consistent over the years.
- Explanation about the **relationship between the block funding amounts provided over each of the four years in each jurisdiction (Table 3) and the statistics provided in Figures 1 and 2 (student clinical hours and total trainee FTE respectively).** This explanation would give some

insight, for example, into why there were increases in yearly TTR block funding for WA when the number of student clinical hours actually decreased in some of those years, particularly in 2020-21.

Explanation about how the different block funding amounts for TTR in Table 3 are derived would be helpful. For example, better understanding:

- what factors contribute to the significant difference in amounts between NSW and Victoria, given their relatively similar population sizes – and similarly, between ACT and Tasmania over the last three years;
- what led to the significant increase in the ACT's TTR block funding from 2018-19 to 2019-20 (was there an associated increase in TT hours?)

It would also be helpful to provide further detail and explanation about the funding amounts in Table 3 including:

- the source of this funding. For example, if these amounts are purely Commonwealth funds - and if not, what other funding sources feed into them; and
- a note highlighting that funding to health services for TT(R) is not limited to these block funds but that health services can – and do – derive funding for student TT from various other sources.

From the perspective of university providers, it would be useful if the student clinical hours data could be reported on a calendar year basis. As noted in the “*Instruction Data Population*” notes in the spreadsheet provided, clinical placements occur on a calendar year basis while ATTC reporting is requested on a financial year basis. Aligning these two to calendar years – or reporting the ATTC data in a way that enabled alignment of the two – would help universities and health services better map training needs to workforce growth at a time when we are urgently looking to grow our workforce.

We see the above as ways to enhance use and understanding of the ATTC data.

Supporting more consistent, high-quality ATTC data

We note that IHACPA has requested TTRWG member feedback about ways to support jurisdictions to improve the volume and quality of activity and data reporting for teaching and training.

What is unclear however is whether there is already sufficient data from the past four years to develop an acceptable initial Activity Based Funding (ABF) unit for TT. If so, we strongly support the introduction of a trial ABF for TT as an encouragement for jurisdictions to provide more/better quality data to feed into the ATTC.

Introduction of an ABF would bring more transparency to the use of the teaching and training funds. Transparency and efficiency were primary goals for the introduction of ABF in other areas, such as clinical service delivery. Where ABF is now used, these goals have largely been achieved. Introduction of an ABF for TT would also help universities to see more clearly the relationship between TT funding and use. This will become increasingly important as we look to work in partnership with health services to grow the workforce – in keeping with identified workforce need.

Teaching Training and Research Working Group – Terms of Reference

Membership

We suggest the addition of representatives on the TTRWG from the following areas:

- The Australian Healthcare and Hospital Association (AHHA). AHHA is Australia's national peak body for public and not-for-profit hospitals and healthcare providers. Their membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and others. As such, they may be well placed to provide feedback about how to increase consistent, timely quality data for the ATTC.
- Aged Care - given the recent inclusion of aged care cost determinations in IHACPA's work.

- Medical Research Future Fund (MRFF) – in addition to current membership from the National Health and Medical research Council (NHMRC).

We suggest that the following bodies are removed from the TTRWG membership:

- Health Workforce Australia (HWA) as this body no longer exists. However, it might be useful to include workforce representatives from other relevant bodies such as the Aged Care Workforce Industry Council (ACWIC).

We suggest an update to the following member group name(s):

- The Australian Council of Pro Vice-Chancellors and Deans of Health Science. This group is now known as the Australian Council of Deans of Health Science (ACDHS.)

Meeting arrangements

The TTRWG has not met for several years. It is difficult to respond further to the TOR regarding meeting arrangements until the future of ABF for TT(R) is known.

We strongly recommend that a determination is made in the near future regarding the introduction of ABF for Teaching and Training. As mentioned, this could include trialling an initial ABF for TT based on available data.

We are strongly supportive of work to bring greater transparency and efficiency to the use of TT funds for clinical training/student hours. If an ABF does not proceed, we suggest that the TTRWG meet to discuss broader ways in which transparency and efficiency goals could be achieved – as an integral component of universities, health services and other stakeholders working collaboratively to support Australia's health workforce needs.

In each case, we see benefit in bringing the TTRWG members together to discuss this important matter. We suggest, as a minimum, an annual meeting of the TTRWG for IHACPA to provide an update and for members to discuss issues/actions – with a further six-monthly update after that.