

Thank you for the opportunity to contribute to the Exposure Draft of the White Paper. This is an important document that will help shape the future of Tasmania's Health and Human Service System.

Our submission focusses on the importance of postgraduate education to support Tasmania's Health and Wellbeing outcomes. We would welcome the opportunity to have further discussions on these matters.

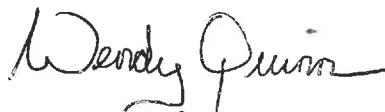
Wendy Quinn | Course Coordinator | Master of Health & Human Services

School of Medicine | University of Tasmania | Private Bag 34, HOBART TAS 7000

Telephone: 03) 6226 4801

Mobile: 0418120764

Email: Wendy.Quinn@utas.edu.au



Associate Professor Kate MacIntyre MBChB MPH FFPHM MD

MPH Coordinator.

School of Medicine.

Medical Sciences Precinct. Room 260. Level 2.

17 Liverpool Street. Hobart.

Tel 0362264844 Mobile 0400696097

Email Kate.MacIntyre@utas.edu.au



Comments on the Exposure Draft are due 15 May 2015 and can be emailed to:
onehealthsystem@dhhs.tas.gov.au

or mailed to:

One Health System

Department of Health and Human Services

GPO Box 125

Hobart TAS 7001

In the March 2015 *Delivering Safe and Sustainable Clinical Services White paper – exposure draft* (Exposure Draft), the key role of the University of Tasmania (UTAS) is emphasised, in Section 4. *Supporting the health system of the future*.

The Exposure Draft rightly points out that *having a good relationship between health service delivery, teaching and training and research are important:*

- *quality professional entry education*
- *contributing to the attraction and retention of highly skilled medical practitioners by providing variability in practice with the ability to provide health services, teach and undertake research if desired*
- *dispersed model of professional entry training around the state assists in the attraction and retention of academic and research expertise to all the regions of the state*
- *having linkages and good relationships between the university sector and health services means that there is an increasing chance that the education of the future generation of medical professionals will be tailored to identified health challenges and priorities.*¹ (p. 67)

At the UTAS School of Medicine, the focus is somewhat broader than that offered in the Exposure Draft in that it brings together Medicine and Paramedicine, Psychology and Pharmacy.² The focus of the Exposure Draft on the attraction and retention of medical practitioners *alone* does not reflect contemporary best practice.

School of Medicine Scholarship Program for DHHS Staff – A significant contribution

Currently, all School of Medicine Postgraduate Studies courses are offered to the Graduate Certificate, Graduate Diploma and Masters levels including:

- Master of Health and Human Services (Management and Leadership);
- Master of Clinical Leadership;
- Master of Public Health

These courses are generally offered by UTAS on a domestic full-fee paying basis to *health and human services professionals* – both *clinical and managerial*, across a range of disciplines.

Master of Public Health

The Master of Public Health (MPH) was developed in 2012 in response to a recognised need to provide education and training to address Tasmania's challenges to health including inequities, obesity and loss of personal well-being as well as anticipated growth in demand for clinical services which will exceed the capacity to provide and fund them. Modelling based on recent trends demonstrated that the whole Tasmanian State budget would be required to fund the health sector by as early as 2025 if no effort was made to rethink and reconfigure both the service supply side and demand. These are substantial challenges and they require different approaches that address the broader determinants of health across all sectors through deep collaboration and genuine partnership beyond what has been achieved in the past. There is a growing emphasis on anticipatory care and chronic disease management that demand new ways of thinking and clinical and non-clinical approaches. There is a greater proportion of Tasmanians coping with chronic disease and increasingly dependent on the health service sector. Most importantly in the Tasmanian context is the State's very high proportion of social disadvantage (relative to other states), social inclusion and the challenges of a dispersed, as well as rural and remote population. There are also new and emerging health issues making investment in public health research a critical need for society. Public

¹ Department of Health and Human Services. 2015. *Delivering Safe and Sustainable Clinical Services White paper – exposure draft*. p. 67.

² University of Tasmania <http://www.utas.edu.au/medicine>

health research provides the link between biomedical and health advances and translation at a population level.

Public Health Training, Workforce Planning and Research

The knowledge and skills that are needed for public health are diverse and are essential for an adequately trained workforce. Foundation competencies for MPH graduates have been developed by the Council of Academic Public Health Institutions Australia (CAPHIA) and feed directly into the University of Tasmania's course and unit learning outcomes. It is important that public health education is undertaken by professionals across all relevant sectors including all levels and layers of government, health, education, planning, the community and business and not just those with a clinical background or within traditional public health roles. It is clear that academia and industry need to collaborate closely to identify relevant partner organisations, define the skills required for public health career paths and encourage participation in further education. The 2005 Public Health Education and Research Program Review identified a lack of critical mass of expertise in epidemiology, biostatistics, health economic and public health nutrition. An audit of the preventive health workforce in Australia was carried out recently to assess the adequacy of the workforce in terms of quantity and competency. It recommended specific locations, including Tasmania, where required competencies are difficult to source and which could be provided through increased training opportunities. Most scientific and medical research requires the skills developed through public health training to translate health outcomes at a population level. Assessment of need and evaluation of interventions are crucial to inform effective health strategy and policy, both at the state and federal levels. The most effective public health research is multidisciplinary in nature, working in partnership with community and industry. Improving public health education will help to facilitate translation of research into the community, thereby maximising the potential benefits of research activity.

It is clear that improving the health of the Tasmanian population and reducing the growing inequalities in health will require a collaborative, coordinated and multidisciplinary approach which addresses the broader determinants of health and focuses on prevention, protection and improvement. These are fundamental principles and practice of public health which necessitate an academic training program. Investment in an MPH that delivers high quality training in core competencies and balances the need between capitalising on the existing strengths of Tasmania and considering emerging health issues, is of paramount importance.

Note: The MPH was established a number of years after the other two courses. Consequently the liaison unit within DHHS supporting the academic postgraduate program was initially focussed solely on Management and Leadership reflected in the title of the unit. The following information applies to data collected on the Leadership /Management courses.

The Master of Health and Human Services (Management and Leadership) course was specifically developed for the Department of Health and Human Services (DHHS), in 2009, to meet the professional development needs of staff.³

It aligns with DHHS requirements and national best practice in both

- I. the process of delivery:
 - co-development of managers and clinicians

³ Shannon, EA and Stevens, S. 2013. Engaging a professional services community: collaboratively responding to the leadership development needs of the Tasmanian Department of Health and Human Services. Refereed paper at the *Engagement Australia, Next Steps: Co-producing Knowledge for Social Impact*, Melbourne, 15-17 July.

- online material combined with face-to-face approaches
- embedding the program throughout the organisation by inclusion of workplace activities to follow up formal sessions – mentoring, coaching, action learning
- evaluation of program effectiveness⁴

2. and the *content* of delivery. The range of units offered within the course⁵ aligns with the results of the 2014 review of Australian Health Management Programs which identified the following core subjects/competencies.⁶

HSM Postgraduate Programs – Core subjects	Required by # of programs
Leadership	9
Health care system and reform	9
Health care quality	8
Health resource management / financial management	7
Human resource management	5
Planning and evaluation / project management	4
Evidence-based practice	4
Health policy	4
Law and Ethics	3
Epidemiology & Statistics	2
Health economics	2
Health information management	2
Population health	1
Project practice	7

Core Competencies Identified	by programs
Interpersonal, communication qualities and relationship management	20
Knowledge of healthcare environment and the organisation	9
Leading People and Organisation (Leadership)	9
Operations, administration & resource management	7
Evidence-informed decision making	4
Enabling and managing change (Change management)	2
Public and industrial relations and networking	4
Self management and resilience	Inadequate info
Political awareness	Inadequate info
Professionalism	Inadequate info

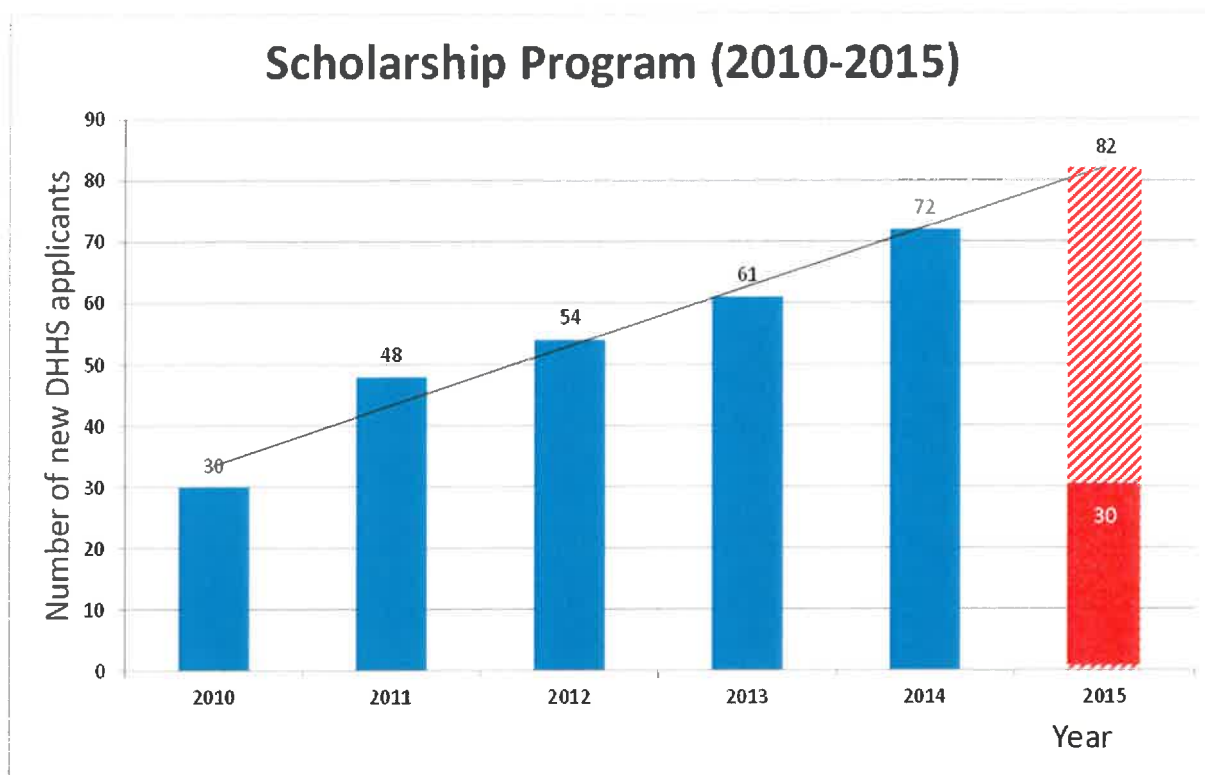
Full domestic Higher Education Contribution Scheme (HECS) fees are \$2,093 per unit. That amounts to \$8,372 in fees for a Graduate Certificate, \$16,744 for a Graduate Diploma and \$25,116 for a Master Degree.

At present, however, Department of Health and Human Services and Tasmanian Health Organisation (DHHS/THO) staff may study HECS-free, at a rate of two units per year, in these courses. DHHS records show that 357 individual staff members registered their intent to study under the UTAS scholarship since the program started with 16 students in Semester Two, 2009.

⁴ Leggat S. 2014. GML development in Victoria: The good, the bad and the downright ugly. Refereed presentation delivered at the *SHAPE Symposium*, Sydney, 9-10 July.

⁵ Course outline <http://www.utas.edu.au/courses/hsi/courses/m7n-master-of-health-and-human-services>

⁶ Liang, L Isouard, G Leggat, S and Howard, P. 2014. Developing competent health service managers: How much do we know and how much, have we done? Refereed presentation delivered at the *SHAPE Symposium*, Sydney, 9-10 July.



Data shows that 25% of these register for a Graduate Certificate, 25% for a Graduate Diploma and 50% for a Master degree. There is an estimated 15% withdrawal rate. This represents an overall 'in kind' investment by the School of Medicine Postgraduate Studies program of **\$3,901,352** in DHHS, to date, as shown in the table below.

Cohort	2009	2010	2011	2012	2013	2014	2015
1	\$66,976	\$66,976	\$50,232	\$50,232	\$33,488	\$33,488	
2		\$125,580	\$125,580	\$96,278	\$96,278	\$62,790	\$62,790
3			\$200,928	\$200,928	\$150,696	\$150,696	\$100,464
4				\$226,044	\$226,044	\$171,626	\$171,626
5					\$255,346	\$255,346	\$188,370
6						\$301,392	\$301,392
7							\$129,766
Total	\$66,976	\$192,556	\$376,740	\$573,482	\$761,852	\$975,338	\$954,408

This represents a significant contribution by the UTAS Faculty of Health School of Medicine Postgraduate Studies program. Since 2010, this has been supported by the engagement of a DHHS staff member as a UTAS Conjoint Appointment (0.4 FTE). The UTAS direct financial support for this role has totalled an additional **\$257,783** over this time.

School of Medicine Scholarship Program for DHHS Staff – A valued contribution

Results from surveys exploring the barriers and benefits of tertiary study for staff within the DHHS/THOs suggest that encouraging staff engagement with further study benefits both the

individual and the organisation.⁷ A 2012 survey of DHHS staff currently studying (n=248) responded 'agree' or 'strongly agree' to the following statements:

I believe that, through higher education, I have:

- Improved my job performance (86.5%)
- Increased my motivation to learn (86%)
- Improved self-esteem (79.5%)
- Increased job satisfaction (71.5%)
- More able to manage change (69.5%)
- Psychological health benefits (62.5%)
- Wider social networks (61.5%)
- More control over my life (60.5%)
- Enhanced relationships with people in my workplace (54.5%)

Two subsequent surveys have been undertaken (still unpublished) including one canvassing the managers of DHHS/THO staff who were currently studying. All three surveys indicated a *top tier* of benefits that included motivation to learn, job performance and self-esteem.

Students also agreed on a *second tier* of benefits that included job satisfaction, ability to manage change and other psychological health benefits. In this second tier, managers agreed that students' ability to manage change improved. Managers also noted enhanced workplace relationships.

In student's results, a *third tier* of benefits included enhanced relationships with people in their workplace, wider social networks and an increased sense of control. Managers agreed that students had a wider social networks and demonstrated increased job satisfaction, but did not rate this – or other aspects of the student experience – as highly as students did themselves.

Neither managers nor students rated 'improved personal relationships' or 'an increase in pay/remuneration' as significant benefits associated with tertiary study.

In 2014, a UTAS Public Sector Intern interviewed a small number of DHHS/THO staff who were currently studying. Here is what they had to say about the impact on their *work performance* and *ability to manage, and lead change*.⁸

Do you feel your academic studies have impacted on your <i>work performance</i> (ie work satisfaction, performance, pay)?	Do you feel there has been a change in your <i>leadership and management practice</i> since undertaking the course?
---	---

⁷ Gibbons, A and Shannon, EA. 2013. Tertiary study: Barriers and benefits for health and human services professionals. *Australian Journal of Adult Learning*, 53(3), 436-456.

⁸ Tolputt, L. 2014. Developing a learning culture: The experiences, benefits and barriers of the Department of Health and Human Services' Academic Program. *Unpublished research paper*, School of Social Science, University of Tasmania.

<ul style="list-style-type: none"> • Yes, definitely on work performance (greater understanding from a higher level). Current study is giving me more knowledge to pass on to the staff I manage. No change in pay. • I feel that overall my academic studies have positively impacted my work performance and definitely contributed to improved workplace satisfaction. My pay hasn't increased ... but to be honest the pay is not a major motivator for me. I just really enjoy the personal and professional development I have gained. • Yes I feel that my academic studies have impacted on my work performance, work satisfaction to some extent ... My performance has increased but so has the hours I now spend at work. My pay has obviously gone up ... 	<ul style="list-style-type: none"> • Yes. A better understanding of leadership styles, communication, expectations etc. • Absolutely. I gain the knowledge learned from each unit and adopt into my practice. For example my current unit is enabling me to alter the way I adopt and look at my change management practices. I have been able to reflect on times when I have poorly managed change and also when I've managed it well and relate this to models of change such as Kotter's 8 steps. • I feel I look at "management" very differently now that I have greater insight but that I can still relate to my staff and can consider their needs plus the needs of the business.
--	--

The literature supports Tasmanian survey responses claiming improved job performance by employees engaged in part-time higher education (HE) study. Bennion, Scesca and Williams' review of 22 research articles looking at part-time HE study found that skills development, particularly analytical skills, was an outcome of part-time HE study. This benefited individuals as well as employers.⁹

In the Callender and Little study of 384 part-time HE graduates, three-quarters believed that they used the skills they had gained in their current job. Between 40-50% respondents believed they were better qualified, more confident and had a deeper understanding of their work. This rose to 70% for the majority, who remained in the same job for the same employer.¹⁰

A third of all respondents had taken on more responsibilities at work, felt they were taken more seriously and felt their ability to do their work had improved. One quarter felt more enthusiastic about their work and more satisfied with their work.¹¹

The importance of recognising and promoting the benefits to employers of HE was summarised by Bennion, Scesca and Williams:

*... many employers do not fully recognise the benefits that part-time study can bring to the individual and the organisation as a whole. Employer engagement with higher education is seen as crucial to the delivery of higher skills required in the economy ... However, one of the barriers identified in engaging employers is that the role of higher education (and part-time study in particular) in improving productivity is not sufficiently promoted ...*¹²

⁹ Bennion, A., Scesca, A., and Williams, R. 2011. The benefits of part-time undergraduate study and UK higher education policy: A literature review, *Higher Education Quarterly*, 65(2): 145–163.

¹⁰ Callender, C. and Little, B. 2014. The hidden benefits of part-time higher education study to working practices: is there a case for making them more visible?, *Journal of Education and Work*, DOI: [10.1080/13639080.2014.894635](https://doi.org/10.1080/13639080.2014.894635)

¹¹ Ibid. p. 11.

¹² Bennion, A., Scesca, A., and Williams, R. 2011. p. 159.

Strengthening the partnership: the role of policy

The DHHS supports a 'continuous improvement and learning culture' as one of its *corporate values*.¹³ One of five *strategic directions* involves 'enabling our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best'.¹⁴ All three THOs are similarly committed to these principles.

The DHHS *Strategic Framework for Health Workforce*, cited in the Exposure Draft, supports a commitment by DHHS/THOs to the expansion of education and training.¹⁵

Attraction and Workforce Distribution

- Strategy 2. *Develop career and education pathways for rural health professionals in conjunction with education providers, including training pathways for regional and rural specialist ...*
- Strategy 3. *Develop flexible career pathways that enable professionals to transition in and out of rural areas to maintain skill development.*

Patient and Consumer Centred Care

- Strategy 4. *Work Collaboratively with THOs and education providers across a range of sectors; to identify opportunities for research, innovation and education in person and community centred care.*

Build Capability and Capacity to Work in New Ways

- Strategy 2. *Work with key stakeholders to ensure education and training pathways reflect the needs of the health system workforce and desired population health outcomes.*

Leadership

- Strategy 2. *Build on the LEADs Framework to develop a contemporary leadership strategy for leaders at all levels of the organisation involved in the Tasmanian healthcare system.*
- Strategy 4. *Develop structures that support access to contemporary management training and development, including communication technologies and application of knowledge to practice.*

In their submission to the *Delivering Safe and Sustainable Clinical Services Green Paper* the Office of the Chief Nurse and Midwifery Officer stated that:

*Education and training is essential to the on-going delivery of safe and sustainable health services. Regardless of the relationship of the DHHS and the THOs, the business of the organisations remains the same – to deliver better outcomes for Tasmanians. There is a strong argument for continuing the integrated approach to the delivery of education and training.*¹⁶

In Section 4.1 *Workforce: planning, education and training*, the Exposure Draft itself discusses education and training both in terms of undergraduate training for workforce supply, and subsequent workforce recruitment and retention. In particular, it states:

¹³ Department of Health and Human Services. 2012a. *Values*. Hobart: Department of Health and Human Services

¹⁴ Department of Health and Human Services. 2012b. *Strategic priorities*. Hobart: Department of Health and Human Services.

¹⁵ Department of Health and Human Services. 2013. *Strategic Framework for Health Workforce 2013-2018*, <http://www.tcen.com.au/strategic%20workforce%20framework>

¹⁶ Office of the Chief Nurse and Midwifery Officer, *Green Paper Response*, February 2015, p. 18.

... there will also be **better linkages** with the University of Tasmania providing health professionals greater opportunity to participate in teaching and research. These will have a positive impact on the ability to train, recruit and retain world class health professionals.¹⁷

In 2013, these linkages were conceptualised as a **strategic pyramid of support**.¹⁸



UTAS already has an on-going *strategic* agreement with the Tasmanian Government to engage collaboratively to “progress the educational, economic, social, cultural, intellectual and environmental development of Tasmania”.¹⁹

In order to develop better linkages, a more focused *policy* agreement should be developed. The Faculty of Health previously had a long-standing, *Partners in Health* Agreement with DHHS to *work together to contribute to the health and wellbeing of the people of Tasmania through workforce education and development, quality service delivery and health research*.²⁰

This Agreement provided a framework within which to:

- Set joint strategic directions and establish joint strategic priorities;
- Identify opportunities and initiate actions for joint innovation, collaboration and improvement;
- Identify opportunities for joint external and internal funding; and
- Undertake independent and non-partisan analysis and action in order to progress the best interests of health and health education in Tasmania.²¹

One example of the practical benefits of the Agreement was the establishment, in 2009, of a three-year *initiative*: a Memorandum of Understanding (MOU) between DHHS and UTAS. The purpose of the collaboration was to:

- enable clinical staff to update and improve their professional skills; and

¹⁷ Department of Health and Human Services. 2015. p. 66.

¹⁸ Shannon, EA and Stevens, S. 2013. p. 8.

¹⁹ University of Tasmania & Tasmanian Government, 2012, *Partnership Agreement* http://www.dpac.tas.gov.au/divisions/policy/partnership_with_the_university_of_tasmania

²⁰ Faculty of Health Science & Department of Health and Human Services, 2011, *Partners in Health*. http://www.dhhs.tas.gov.au/career/home/working_for_dhhs/partners_in_health

²¹ Ibid.

- provide all DHHS staff with professional development opportunities through award study at UTAS.

This was achieved by the UTAS provision of Higher Education Contribution Scheme (HECS) Scholarships to DHHS staff and the DHHS provision of clear, simple administrative procedures and documentation that supported staff involvement in this initiative.

This was supported by *institutional arrangements* with the DHHS Leadership and Management Development team. This team has provided the key contact for DHHS staff seeking to enrol in UTAS School of Medicine Postgraduate courses. Until recently, the team were organisationally situated within an Education and Training unit.

As mentioned previously, a three-year conjoint appointment was also established to provide *personnel* to the partnership with the School of Medicine Postgraduate Studies program.

The Agreement lapsed in 2013 and has not been renewed. The Memorandum lapsed in 2012 and has not been renewed. In 2015 the Leadership and Management Development team was incorporated into the Office of the Chief Nurse and Midwifery Officer. The three year Conjoint appointment expired in 2014 and has been periodically renewed via a series of short-term (quarterly) contracts.

Within the School of Medicine Postgraduate program, however, the provision of HECS scholarships, for postgraduate study by DHHS/THO staff, have continued.

Recommendations

In order to effectively underpin on-going partnership arrangements, the DHHS/UTAS **strategic pyramid of support** described above must be renewed.

1. A formal *policy* agreement should re-establish a collaborative partnership that works towards development of a more formal framework.

This will include the new Tasmanian Health Service (THS), as well as DHHS, PHN, peak bodies from the NGOs and the Faculty of Health. Governance arrangements should be put in place to support this agreement.

2. *Scholarship agreements* should be formally renegotiated and made available to DHHS funded services.

This must include commitments by DHHS/THS/others to:

- Regularly and proactively promote study options to all staff;
- Publicly promote its support for the professional development of its staff through the relationship with UTAS;
- Seek accreditation of appropriate in-house professional development courses/programs as award units within UTAS courses where appropriate;
- Collaboratively develop and maintain clear, simple administrative procedures and documentation to support staff involvement in this initiative.
- Involve qualified senior managers and clinicians in the postgraduate program through joint teaching and supported academic supervisor roles in student work-based research projects.
- Support collaborative involvement in research projects arising from the postgraduate education program.

3. *Institutional arrangements* be adjusted in order to provide suitable support for the partnership.

Commitment to maintain the DHHS UTAS liaison unit (Management Leadership role) but extend this to include Public Health Services to mirror the scope and nature of the public health /leadership postgraduate academic program. The DHHS Leadership and Management Development team should be sited within a broader **Education and Training** unit. The team is currently only supporting the arrangement with the School of Medicine Postgraduate Program but there is considerable benefit for staff in having a 'one-stop shop' for the provision of support for similar arrangements both across the Faculty of Health (with the future potential to subsequently extend across UTAS).

This provides consistency of information for THS/DHHS staff/UTAS students and economies of scale for DHHS. Further economies of scale could later be found by including other knowledge-based services, such as DHHS/THO Library Services in such a unit.

4. *Conjoint appointments* to provide suitable academic and professional personnel supporting these arrangements should be formally renewed (contracts established on a three-year basis).

These to include the THS, DHHS and the Faculty of Health.