



# Perspectives Brief

no: 25



The John Deeble Lecture has been established by the Deeble Institute for Health Policy Research, Australian Healthcare and Hospitals Association to commemorate the life and achievements of Professor John Deeble AO, distinguished scholar, health economist and health policy leader, who died on 5 October 2018. Together with Dr Dick Scotton, he co-authored the original proposals for universal health insurance, which we know now as Medicare.

John was a life member of the Australian Healthcare and Hospitals Association (AHHA), and namesake of the Deeble Institute for Health Policy Research, AHHA.

### The 2022 John Deeble Lecture

While the impact of the pandemic on the healthcare workforce has yet to be fully realised, managing the transition of the workforce to new and different ways of working on a permanent basis will be essential to ensuring a health workforce that is agile, valued and supported. This change will require a focus on community and patients, clarity of roles, communication, education, and training; as well as strong clinical governance and mechanisms that support coordination and integration.

In this, the 2nd Deeble Lecture, '*Australia's health workforce: A future looking perspective*,' Mr Michael Brennan, Chair Productivity Commission, considers those health workforce related policy

## Australia's health workforce: A future looking perspective

26 October 2022, National Portrait Gallery of Australia, Canberra

It may sound trite, but it has to be said: it is an enormous privilege to deliver this talk in honour of John Deeble.

John Deeble represents the best in Australian public policy: elite intellect, clear sighted commitment





This collectively may not sound like much, but for the Australian Government alone these pressures



In some other service sectors — notably retail — the path of innovation and progress has involved bringing the consumer more and more into the ‘production’ process. First by having the customer walk the aisle and pick their own goods from the shelves. More recently by having them scan items.

This role of the ‘patient’ is explicitly being used via the increasing role of peer workers in mental healthcare. Peer workers can be particularly useful for some groups who find it hard to engage with mainstream services, such as those in the LGBTIQ community.

Technology may also give the patient greater scope to take charge of their own healthcare needs, with a reduced role for an omnipresent healthcare worker. This approach means scarce healthcare workers can help more people, an outcome that is particularly valuable in regional and remote areas where labour shortages r

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In other cases, technology might largely be about assisting clinicians. For example, there seems to be promise in model-informed precision dosing, which software is good at. Similarly, artificial intelligence algorithms can support radiologists in identifying abnormalities in radiological images. Google has shown that computers can perform well in examining retinal images of diabetics (who are at high risk of ophthalmic disorders).

These are opportunities, not threats. For the most part, technology tends to replace tasks rather than jobs. Hence it augments skilled labour rather than superseding it. But it does allow humans to focus their efforts and attentions on thos.9 (h)1in3(o)-9.64

As much as some would argue for a bigger responsibility for community pharmacies, the existing model has many undesirable features, most particularly their unique role in the health care sector as retail outlets that sell notionally therapeutic goods with proven lack of efficacy, as well as many unjustifiable regulatory constraints on competition and prescription price discounting.

One attractive option is to extend the potential for pharmacists and other allied health professionals to play a bigger role in multidisciplinary care teams under integrated health care models. That said, a health system shh 10...6 (f)13.5 751.2.6 (f)13.5arainig lba 10...6 (f)13t-9.9 (is) (f)13-3.3 (y)-7.5 (p)-6 (a)-3.3 (rs)9.5 (a-3





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