

Election Priorities 2007

Cancer workforce reform



Workforce reform: building blocks for sustainable cancer care

Almost 90% of newly diagnosed cancer patients in Australia are aged over 45, which means population ageing poses an unprecedented challenge in cancer care. Australia's obesity epidemic also threatens to cause a major increase in future cancer incidence. In addition, cancer patients are surviving for longer, have higher expectations and require increasingly expensive treatments.

While these developments are the welcome results of improved treatment technology, they also underscore the need to act now to prepare Australia's cancer workforce for the challenges of the future.

With 270,000 Australians currently living with cancer – a figure likely to increase by 30% each decade until population ageing peaks in 40 years – we must urgently address the key barriers to a sustainable cancer workforce. These include system fragmentation across multiple jurisdictions and agencies compromising efficiency of staff recruitment, training and planning; a lack of standards in training curricula; unstructured career paths; and the overuse of high-cost specialists where other professionals could contribute.

Moreover, Australia has no credentialing or accreditation of clinicians or cancer care centres for improved quality assurance, no national infrastructure for adapting technological change, nor a national, independent approach to data collection and use.

Systemic change

The Cancer Council Australia and the Clinical Oncological Society of Australia call on the next Australian Government to lead the states and territories in streamlining the cancer care workforce. Opportunities for reform include:

- Direct federal funding for training places from a national pool;
- New national guidelines on safe and acceptable patient numbers;
- A system of credentialing and accreditation;
- Use of an ideal oncology curriculum for medical trainees;
- Professional support for stronger GP involvement in cancer prevention, screening, referral pathways and supportive care;
- Improved use of allied health workers in cancer care;
- Continuous review of competency standards to adapt progressive service models such as multidisciplinary care and the use of clinical practice guidelines;
- Expansion of existing training centres rather than creating new small and dispersed centres;
- Cost-effective models for the delivery of less complex services;
- Publication of cancer registry data independent of government; and
- A national development program for harnessing technological change, including competitive sites for research and development.

The Cancer Council Australia and the Clinical Oncological Society of Australia would welcome the opportunity to work with the next Australian Government, in partnership with the national government agency Cancer Australia, to scope and promote such national reforms to prepare for Australia's unprecedented cancer caseload.