



30 May 2008

## HEALTH REFORM COMMISSION SUBMISSION

### Summary of DAA key points

- *There is an urgent need to improve access to dietitians in the community to provide early intervention services for families. Reforms need to be made to commonwealth funding models to allow better support of evidence based management of health issues and to allow preventative health activities. The governments new 4 year old check is a good example of where families are being set up to fail with a screening activity but little consideration given to the services families will need once problems are identified.*
- *The current governments 'Superclinics' initiative has the potential to develop into a truly multidisciplinary primary health care model which supports best practice health care and equity of access however, allied health positions must be directly funded by the Commonwealth. The allocation of these positions should be based on effective planning systems to ensure that the specific needs of each Australian community are met.*
- *The fundamental government responsibilities in food and nutrition have been forgotten in recent times. Governments in all countries have the responsibility to provide an ongoing and coordinated approach to collecting and communicating fundamental food and nutrition information for the population. These activities include monitoring and surveillance of the food supply and the food intake of the population and this information needs to be translated to tools for food and nutrition guidance for the population eg. Dietary guidelines. Australia has failed to meet its international obligations in relation to food monitoring and surveillance, ceasing critical reports such as the "Apparent Consumption of Foodstuffs" series in 1999 after a continuous 60 years. The lack of data has placed Australia in a difficult and embarrassing position. The Australian government needs to have the capacity within its Department of Health to undertake this work to ensure a coordinated and sustained approach is taken and our core national responsibilities in food and nutrition are met.*
- *DAA supports reforms that leads to a health system that is evidence based where investment is made in services that are shown to be effective. Malnutrition is a perfect example of where this currently doesn't occur and the outcome is very poor health economics. Australia has an epidemic of malnutrition. This health issue is most significant in our ageing population with studies reporting a prevalence of malnutrition in this group of between 40-85%, but also affects those with acute and chronic diseases, with national data indicating that 15-30% of all persons admitted to acute care having malnutrition. Malnutrition leads to many poor medical outcomes including longer length of stay, longer recovery, poorer health outcomes and reduced quality of life.*
- *DAA looks forward to seeing strong growth in the dietetics profession well into the future, as noted earlier DAA has seen significant growth the number of dietitians trained in Australia , particular over the last 5 years. However it is important to note that ABS census data indicates that 47% of those with a dietetic qualification don't currently work as a dietitian. This potential workforce needs incentives and support to resume practice*

*(such as the financial incentives announced in the 2008 budget for nurses) to ensure a continued ability for our profession to meet the anticipated growth in demand.*

- *We need a new Food and Nutrition policy (the last was completed in 1992), a new plan to inform how all sectors will implement the policy, and most importantly we need the commitment to resource the implementation of the policy.*
- *DAA strongly believes that the National Prevention Taskforce (which has obesity as one of their key focus areas, not nutrition) needs to reorientate its focus to nutrition if their strategies are going to be effective in dealing with the breadth of nutrition related health problems in our community.*
- *DAA has been trying for many years now to get all state governments to support the Accredited Practising Dietitian credential. The credential ensures employers that the dietitian they are employing has undergone accredited training in Australia or has passed our assessment for overseas trained dietitians. Also all APDs are required to undergo mandatory mentoring, meet mandatory CPD requirements each year and are bound by the DAA Code of Ethics and Professional Conduct. A number of state governments (after 13 years of the credential existing) still do not require APD status or even eligibility for APD status as a requirement for employment as a dietitian.*



The Dietitians Association of Australia (DAA) is the National Association of the nutrition and dietetic profession, with branches in each State and Territory. DAA represents over 3500 members, which is estimated to be 85% of the actual Australian dietetic workforce.

Dietitians are a growing workforce in Australia, with DAA experiencing an 8% membership growth over/in each of the last two years. There are currently 16 dietetic courses (offered in 11 universities) accredited by DAA across Australia, with programs under development in a further three universities.

DAA is the accrediting body for dietetic education programs, is the assessing authority for overseas trained dietitians and operates the Accredited Practising Dietitian (APD) program (the credentialing system for dietitians in Australia) and the Accredited Nutritionist (AN) program, (a credentialing system for nutritionists in Australia). While dietitians are an allied health profession with similarities to our colleagues in physiotherapy or podiatry, our profession is unique in its breadth of engagement across the health continuum.

Dietitians work in a large range of settings, in both the public and private sector, including:

- Public health and community nutrition – working on a range of population and community level activities in all states and territories. They work in primary care settings, undertake health promotion and work on public health policy and planning. Dietitians are also key professionals in the management of food safety and take a ‘whole of system’ approach to food and nutrition to enhance the health of populations.
- Clinical dietetics- dietitians use medical nutrition therapy to address a large range of health issues. These services are delivered in a range of settings from acute care to community based services, including both the public and private sectors.
- Food services – dietitians work to address food services systems to improve the food supply. This is commonly seen in settings such as hospitals, prisons, aged care facilities or school/child care settings. They are key professionals in the accreditation of such facilities, responsible for the delivery of quality services to vulnerable groups.
- Private practice – The number of private practice dietitians has grown significantly in the last 5 years. This growth has been driven in part by access to the Enhanced Primary Care initiative in Medicare. The growth and viability of this very important workforce is currently limited by the limitations of the current funding model. This workforce is key to managing chronic diseases which are diet related, especially diabetes, obesity, cancer and heart disease, working to prevent deterioration and complications in those with these conditions. Private Practitioners also have a large presence in aged care.
- Industry - Industries related to food and nutrition (nutrition supplement companies, pharmaceutical companies and food/beverage companies) are increasingly employing dietitians to work on product development, nutrition policy development and implementation, nutrition communication and marketing.

The Commission should consider that food and nutrition issues and their related downstream chronic disease burden is not just the domain of the health sector. It is only when we take a truly integrated approach to addressing risk factors and the underlying determinants of nutrition related disease that we will achieve the positive health outcomes we all desire.

DAA would be very interested in providing further information or providing evidence directly to the commission. We believe this to be a unique opportunity to create fundamental reform that will enable Australia to meet the challenges we face in the health area in the coming years.

***Proposed design principles (generally what we as citizens and potential patients want from the system)***

1. People and family centred: The direction of our health system and the provision of health services must be shaped around the health needs of individuals, their families and communities. The health system should be responsive to individual differences, cultural diversity and preferences through choice in health care. Pathways of care, currently often complex and confusing, should be easy to navigate and, where necessary, people should be given help to navigate the system including through reliable and evidence based information and advice to make appropriate choices. Care should be provided in the most favourable environment: closer to home if possible and with a preference for less ‘institutional’ settings and with an emphasis on supporting people to achieve their maximum health potential.

- *There is an urgent need to improve access to dietitians in the community to provide early intervention services for families. Reforms need to be made to commonwealth funding models to allow better support of evidence based management of health issues and to allow preventative health activities. The governments new 4 year old check is a good example of where families are being set up to fail with a screening activity but little consideration given to the services families will need once problems are identified.*
- Families need access to dietitians in the community both through public and private sector, for one to one and group services. These services should be then complemented by dietitians working in public health roles and dietitians working in acute settings.
- DAA supports a people/family centred approach to care and supports systems that empower consumers to self manage health problems and improve their wellbeing. The reality is you cannot address ‘lifestyle’ diseases in any other way. Changing eating behaviour is extremely difficult, requiring ongoing education/support from appropriately qualified health professionals which includes the development of skills that enable better choices to be made. Eating a particular diet is dissimilar to using medications as it requires a long sequence of decisions which are underpinned not only by the immediate health concern, but also social, emotional, religious, socioeconomic and cultural issues.
- A health system that puts people at the centre, with pathways of care that are coordinated and evidence based should be our aim with the funding model then developed to enable these services.

2. **Equity:** Health care in Australia should be accessible to all based on health needs not ability to pay. The multiple dimensions of inequality should be addressed, whether related to geographic location, socio-economic status, language, culture or indigenous status. A key underpinning for equity is the principle of universality as expressed in the design of Medicare, the Pharmaceutical Benefits Scheme and public hospital care. Addressing inequality in health access and outcomes requires action beyond these three programs, including through engagement with other policy sectors (such as the education system, and employment). The health system must recognise and respond to those with special needs (the marginalised or underprovided for groups in society). Special attention needs to be given to working with Aboriginal and Torres Strait Islander people to close the gap between indigenous health status and that of other Australians.

- ***The current governments ‘Superclinics’ initiative has the potential to develop into a truly multidisciplinary primary health care model which supports best practice health care and equity of access however, allied health positions must be directly funded by the Commonwealth. The allocation of these positions should be based on effective planning systems to ensure that the specific needs of each Australian community is met. Issues such as healthy aging, chronic disease management and child and maternal health would all experience great improvement in health outcomes through this type of reform.***
- Australia suffers significant health inequality and this is particularly apparent when it comes to health issues related to nutrition. The poor and the vulnerable in our community are overrepresented when it comes to health issues related to over-nutrition (obesity and related chronic disease) and under-nutrition (malnutrition). The current situation is unacceptable and reforms to the health system must ensure that at the very least we do not increase inequity further and that activities to improve our current systems target first those who have been left behind in terms of the health gains of the whole population.
- DAA strongly supports a universal health system that provides equitable access to services. There needs to be continued universal access to public hospitals, however the health system needs to focus more on a strong multidisciplinary primary care system which enables the delivery of services across a range of modalities that best meet the needs of communities in terms of location, timing and content.
- A reformed system should allow different models of service delivery to develop and these would match the needs of groups with specific needs, such as Aboriginal and Torres Strait Islander peoples,

3. **Shared responsibility:** All Australians share responsibility for our health and the success of the health system. We each make choices about our life-style and personal risk behaviours, shaped by our physical and social circumstances, life opportunities and environment, which impact our health risks and outcomes. As a community we fund the health system. As consumers or patients we make decisions about how we will use the health system and work with the professionals who care for us. Health professionals have a responsibility to communicate clearly, to help us understand the choices available to us, and to empower us to take an active role in our treatment in a relationship of mutual respect. The health system can only work effectively if everyone participates according to these shared responsibilities, recognising and valuing the important roles of both consumers/patients and health staff.. The health system has a particularly important role in helping people of all ages become more self reliant and better able to manage their own health care needs. This includes helping people to make informed decisions through access to health information and by providing support and opportunities to make healthy choices; and by providing assistance for managing complex health needs.

- ***Dietitians work in a paradigm of shared responsibility as it is not possible to practice nutrition and dietetics without working in a contextual way. At the public health level we work to make ‘health choices, easy choices’, creating supportive environments for improved nutrition and at the individual level we work with clients to help them make better choices within their environment. A health system that would support this approach, truly empowering consumers, while also taking responsibility for changing environmental determinants beyond the individuals control would achieve the right balance.***
- DAA strongly supports a shared responsibility in health where the providers and the users of the health system work in equal partnership. The greater involvement of consumers at all levels helps to ensure that services and systems are developed to meet the needs of the community but also enables consumers to be fully informed about what the health systems can realistically deliver and participate in decisions about priorities.

4. Strengthening prevention and wellness: We need a comprehensive and holistic approach to how we organise and fund our health services and work towards improving the health status of all Australians. The balance of our health system needs to be reoriented. Our health system must continue to provide access to appropriate acute and emergency services to meet the needs of people when they are sick. Balancing this fundamental purpose, our health system also needs greater emphasis on helping people stay healthy through stronger investment in wellness, prevention and early detection and appropriate intervention to maintain people in as optimal health as possible. Recognising the diverse influences on health status, our health system should create broad partnerships and opportunities for action by the government, non-government and private sectors; balance the vital role of diagnosis and treatment with action and incentives to maintain wellness; create supportive environments and policies, protect our health and prevent disease and injury in order to maximise each individual's health potential.

- ***The fundamental government responsibilities in food and nutrition have been forgotten in recent times. Governments in all countries have the responsibility to provide an ongoing and coordinated approach to collecting and communicating fundamental food and nutrition information for the population. These activities include monitoring and surveillance of the food supply and the food intake of the population and this information needs to be translated to tools for food and nutrition guidance for the population eg. Dietary guidelines. Australia has failed to meet its international obligations in relation to food monitoring and surveillance, ceasing critical reports such as the “Apparent Consumption of Foodstuffs” series in 1999 after a continuous 60 years. The lack of data has placed Australia in a difficult and embarrassing position. The Australian government needs to have the capacity within its Department of Health to undertake this work to ensure a coordinated and sustained approach is taken and our core national responsibilities in food and nutrition are met.***
- These activities form the basis of all other food and nutrition intervention across the health continuum and are critical if we are to plan and implement effective and evidenced based public health nutrition. It is unfortunate that these key government activities are currently approached in an ad hoc and uncoordinated way. For example in 2008 we do not have any dietary guidelines that are current and reflect the government's own nutrient reference values which were released in 2006. Another example is that we have recently made a decision to fortify the food supply of Australians with folate when the most recent data on what Australians eat is currently 13 years old.
- Public health/health promotion budgets, whether at a state or Commonwealth level, are very small when compared to that spent on the remainder of the system. Many well developed interventions never achieve their potential outcomes as a result of the lack of sufficient investment. The lack of recurrent funding is very common and this not only impacts on outcomes but severely limits the ability to build the evidence base for appropriate actions. Comparing our national response to tobacco to that of nutrition is useful. The national tobacco strategy has been going for many years, has been comprehensive, intersectoral and well funded. Nutrition initiatives, on the other hand, have been small and narrowly focused even when comprehensive plans (Eat Well Australia and the National Aboriginal and Torres Strait Islander Strategy and Action Plan) have been developed by the Commonwealth. With the same level of national investment we could see the outcomes in nutrition we have seen in tobacco.
- A reformed health system needs to place food and nutrition at the core of its responsibilities. Nutrition should not be reduced to a 'healthy lifestyle message' buried within a disease paradigm, but should be recognised as one of the primary foundations of health and disease prevention.
- The Commission must ensure that prevention is treated as a fundamental component of our health system. There is a political reality of hospitals having the potential to win or lose

elections and Australians wanting acute care services which are cutting edge, free and timely. Our challenge lies in the growing burden of preventable lifestyle related chronic disease. The logical way to be able to manage health budgets in the future is to invest appropriately into effective prevention activities now.

- A whole of government and intersectoral approach will also be essential in order to achieve outcomes in prevention, the reform process needs to consider how the health system will ensure this happens.

**5. Comprehensive: People have a multiplicity of different health needs which change over their life course. Meeting those needs requires a system built on a foundation of strong primary health care services, with timely access to acute and emergency services.**

People currently move in and out of health systems, rather than through one coordinated and comprehensive service, which means many Australian receive substandard care along the way. The overwhelming priority given to acute services and while they are essential, does not match the pattern of disease burden Australia faces. Chronic disease is characterised by the need for ongoing, accessible, affordable, multidisciplinary primary care services and coordinated ambulatory management services. Resource models need to better reflect this if real health outcomes are going to be achieved. .

- *A comprehensive health system across the continuum that meets the communities health needs across their life course is an important principle, however it is essential that these services are delivered in a coordinated way. Australia already has many high quality health services, however opportunities for improvement in the effectiveness of the health care delivery and improved health outcomes are lost by not having a coordinated continuum of care.*

**6. Value for money:** The resources available to support our health care system are finite, and the system must be run as efficiently as possible and be positioned to respond to future challenges. Delivering value for money will require appropriate local flexibility in financing, staffing and infrastructure. The health system should deliver appropriate, timely and effective care in line with the best available evidence, aiming at the highest possible quality. Information relating to the best available health evidence should be easily available to professionals and patients. Introduction of new technology should be driven by evidence and cost-effectiveness. Pathways to care should be seamless with continuity of care maximised, with systems in place to ensure a smooth transfer of information at each step of the care pathway, making effective use of information technology.

- *DAA supports reforms that leads to a health system that is evidence based where investment is made in services that are shown to be effective. Malnutrition is a perfect example of where this currently doesn't occur and the outcome is very poor health economics. Australia has an epidemic of malnutrition. This health issue is most significant in our ageing population with studies reporting a prevalence of malnutrition in this group of between 40-85%, but also affects those with acute and chronic diseases, with national data indicating that 15-30% of all persons admitted to acute care having malnutrition. Malnutrition leads to many poor medical outcomes including longer length of stay, longer recovery, poorer health outcomes and reduced quality of life. While interventions for malnutrition are relatively easy and cheap, structural barriers such as poor support for dietetic services in private residential aged care facilities (due to Medicare focus on one of one service provision and not system improvement), weak nutrition standards in Aged Care Accreditation standards and a serious lack of coordination between other services that could support improvements in nutrition for older Australians (such as HACC funded services and Meals on Wheels) means that often*

*there is expensive medical management (such as pharmaceutical and other treatments for bed sores) or longer hospital stay after a fall are common outcomes for these people.*

- There are numerous other examples of how reforming the current dominance of acute care service delivery and improving the coordination and resourcing of multidisciplinary primary care services and more holistic approaches to health could ensure better outcomes from investment.
- In areas such as diabetes, access to timely diagnosis and ongoing proactive management by a comprehensive health care team can achieve significant savings, one of the most significant being the saving generated by reduced hospital admissions for this group. DAA developed evidence based dietetic practice guidelines for the management of type 2 diabetes a number of years ago. There are very few services in Australia that would currently offer care in line with these guidelines. This is primarily due to inadequate resourcing (either in the public or private sector) and poor coordination between service providers.
- Enhanced investment in the early years of life is also vital, particularly the promotion/protection of breastfeeding. Reports such as “The Best Start” by the Australian Government’s House of Representatives Standing Committee on Health and Ageing outline a comprehensive response to this issue that should be implemented fully as it would be a highly cost effective investment in the future health of our nation.

**7. Providing for future generations:** We live in a dynamic environment and changing populations. Health needs are changing with improved life expectancy, community expectations rising, advances in health technologies, an exploding information revolution and developments in clinical practice. There are new avenues and opportunities for how we organize and provide necessary health care to individuals, using the health workforce and technologies in innovative and flexible ways. Health professionals need to be able to adapt to future health needs. The education and training of health professionals across the education continuum are a responsibility of the whole health community in partnership with the education sector. Continuing education ensures that health professionals are prepared to meet these changing needs. The important responsibility of the health care system in teaching, training future generations of health professionals for a changing health care sector and roles, participating in research and in creating new knowledge for use in Australia and throughout the world should be actively acknowledged and resourced appropriately as an integral activity. The health sector’s commitment to education and research, and its relationship with the education and training sector, should be planned and implemented in a logical and seamless way involving all relevant sectors: public and private, institutional and community.

- *DAA looks forward to seeing strong growth in the dietetics profession well into the future, as noted earlier DAA has seen significant growth the number of dietitians trained in Australia, particular over the last 5 years. However it is important to note that ABS census data indicates that 47% of those with a dietetic qualification don’t currently work as a dietitian. This potential workforce needs incentives and support to resume practice (such as the financial incentives announced in the 2008 budget for nurses) to ensure a continued ability for our profession to meet the anticipated growth in demand.*
- As the accrediting body for dietetic programs in Australia, DAA are committed to continued high standards for dietetics education and the continued evolution of the profession to meet the changing needs of the community over time.
- Professional education is an expensive process and allied health education does not attract the same level of university funding as nursing or medicine. This needs to be addressed if the quality of education of our health professional is to be maintained into the future.

8. **Recognise broader environmental influences shape our health:** Our environment plays an important role in affecting our health and in helping us to make sensible decisions about our health. The environment here is taken to mean the global climate, the physical and built environment (air quality, the workplace, planning decisions which affect our health) and the socio-economic environment (people in the workforce generally have better health than the unemployed, better educated people have better health and have responded better to health campaigns and tend to smoke less). Peers and family shape both our health (and development of our children) and our adoption of healthy lifestyles. The health system of the future needs to work at these multiple levels to promote health with many and varying agencies and partnerships. These partnerships must be effective and with players outside the health system, whether they be transport departments, local councils, employers, business and worker organisations, and schools and universities.

- *The only way we can achieve a food/nutrition environment that allows the population to be healthy is by a coordinated approach, involving all sectors from ‘farm to fork’. We need a new Food and Nutrition policy (the last was completed in 1992), a new plan to inform how all sectors will implement the policy, and most importantly we need the commitment to resource the implementation of the policy.*
- You cannot address food and nutrition issues without working intersectorally to address the environmental influences. There are a large number of environmental factors that influence upstream nutrition related disease burden such as food prices, availability of healthy foods and food retailing and marketing.
- Food security is a significant issue in Australia with the most vulnerable and disadvantaged such as Aboriginal and Torres Strait Islander peoples, the aged and the poor being most exposed. However with the increasing costs of basic items such as housing and petrol, food insecurity in the suburbs is definitely on the rise. DAA would also note that at a broader level, food security needs to be central to the climate change response in Australia as food insecurity will be an issue for the whole population into the future.

***Governance principles (generally how the health system should work)***

9. **Taking the long term view:** A critical function for effective governance of the health system is that it acts strategically: that short-termism and the pressure of the acute does not crowd out attention and planning for the long term. A responsible forward-looking approach demands that we actively monitor and plan the health system of the future to respond to changing demographics and health needs, clinical practices and societal influences. This requires capacity to seek input from the community and those within the health sector (providers and managers), to assess evidence and develop and implement plans to improve health and health care.

- *Improving Australia’s capacity to address food and nutrition in a coordinated and strategic way in an essential investment in the long term health of the nation. Long terms health gains are reliant on nutrition not being viewed only in a reductionist, disease focused paradigm. DAA strongly believes that the National Prevention Taskforce (which has obesity as one of their key focus areas, not nutrition) needs to reorientate its focus to nutrition if their strategies are going to be effective in dealing with the breadth of nutrition related health problems in our community.*
- Food and nutrition initiatives have long suffered from the need to deliver short-term outcomes. Many nutrition interventions, particularly prevention activities have significant long-term benefits to the health care system. This short term approach drives narrow thinking and a constant round of ‘early wins’ activities, which ignore more fundamental issues which have outcomes for future generations.

- The predominance of ‘soft money’ in the health system, particularly for prevention and community-based activities, has led to focus on applying for and reporting on funding rather than on the delivery of outcomes. The lack of sustainability of programs means good initiatives are lost and a frustrated workforce, who can't survive on short-term contracts, move out of the sector.

**10. Safety and quality:** There should be effective systems of clinical governance at all levels of the health system, to ensure we learn from mistakes and to improve the safety and quality of services. The first step in ensuring effective clinical governance is that there is a culture that embraces improvement in patient safety and quality. This includes an emphasis on open, transparent reporting. There must be a just and positive culture in dealing with adverse events, mistakes and near misses. All of this requires the development of effective organisational systems that promote safety and quality, including appropriate systems of open disclosure and public accountability for the whole system.

- *DAA is strongly supportive of reforms to ensure that quality and safety of our health system. DAA is a leader in the allied health sector in the area of self-regulation of a non-registered profession through our Accredited Practising Dietitian (APD) program. DAA has been trying for many years now to get all state governments to support the APD credential. The credential ensures employers that the dietitian they are employing has undergone accredited training in Australia or has passed our assessment for overseas-trained dietitians. Also all APDs are required to undergo mandatory mentoring, meet mandatory CPD requirements each year and are bound by the DAA Code of Ethics and Professional Conduct. A number of state governments (after 13 years of the credential existing) still do not require APD status or even eligibility for APD status as a requirement for employment as a dietitian. By simply working with the professional association, the level of quality and safety for the Health system could be improved with no extra resources, just coordination and cooperation.*

**11. Transparency and accountability:** The decisions governments, other funders and providers make in managing our health care system should become clearer and more transparent. Funding should be transparent. The responsibilities of the Commonwealth and state governments and the private and non-government sectors should all be clearly delineated so when expectations are not met, it is clear where accountability falls. Accountability extends to individual health services and health professionals. Australians are entitled to regular reports on the status, quality and performance of our whole health care system, both public and private, ranging across the spectrum from primary to tertiary care and at local, state and national levels.

- *DAA is supportive of a transparent and accountable health system. Of particular importance is regular reporting of measures such as cost-benefit analysis of health services, access to services, compliance with clinical guidelines, indicators of health outcomes (for the general population and specific groups (eg. Aboriginal and Torres Strait Islander peoples), workforce trends and readmission rates. A nationally consistent data set needs to be developed and a requirement made of all those funded by the Commonwealth to collect the data and supply it regularly to the Commonwealth. This is a major priority to allow evidenced-based and ongoing reform of the health system.*

**12. Public voice:** Public participation is important to ensuring a viable, responsive and effective health care system. Participation can and should occur at multiple levels, reflecting the different roles that individuals play at different times in their lives. This includes participation as a

'patient' or family member in using health care services, participation as a citizen and community member in shaping decisions about the organisation of health services, and participation as a taxpayer, voter, and in some cases shareholder, in holding governments and corporations accountable for improving the health system.

- *DAA fully supports active involvement of consumers in our health system at all levels.*

13. **A respectful, ethical system:** Our health care system must apply the highest ethical standards, and must recognize the worth and dignity of the whole person including their biological, emotional, physical, psychological, cultural, social and spiritual needs. A significant focus must include respect and valuing of the health workforce. Those working within the health sector must be aware of ethical considerations throughout their training and in their daily clinical practice.

- *Professional associations like DAA have a critical role in ensuring health professionals are aware of their ethical responsibilities, that the highest standards are set and effective systems are in place to ensure compliance. The Australian government needs to work with and support professional organisations like ours to achieve these mutually beneficial goals.*

14. **Responsible spending on health:** Good management should ensure that resources flow effectively to the front line of care, with accountability requirements efficiently implemented and red tape and wastage minimised. Funding mechanisms should reward best practice models of care, rather than models of care being inappropriately driven by funding mechanisms. Funding systems should be designed to promote continuity of care with common eligibility and access requirements to avoid program silos or 'cracks' in the health system. There should be a balanced and effective use of both public and private resources. New technologies should be evaluated in a timely manner, and where shown to be cost effective, should be implemented promptly and equitably. Information and communication technologies, in particular, should be harnessed to improve access in rural and remote areas on a cost effective basis, to support and extend the capacity of all health professionals to provide high quality care.

- *DAA is supportive of this principle*

15. **A culture of reflective improvement and innovation:** Reform, improvement and innovation are continuous processes and not fixed term activities. The Australian health system should foster innovation, research and sharing of practices shown to be effective and to improve not only the specific services it provides, but also the health of all Australians. Audit, quality feedback loops and 'Plan, Do, Study, Act' cycles, supported by information and communication technologies, can enable and drive this. The continuum of basic science, to clinical and health services research will underpin this and needs to be embedded.

- *DAA is supportive of this principle.*