

Relations with the health care workforce, industrially and otherwise

IN THIS ISSUE we present three commentaries addressing the likely impact on the health care system of the industrial relations reforms proposed by the national government. Whether you believe that the reforms will control wages, increase flexibility and improve productivity, or that they are more likely to cost jobs and create an un-Australian two-tiered system of employment protection, there is no doubt of the importance of these changes.

In my view, the new workplace rules announced by Howard and Workplace Relations Minister Kevin Andrews on Thursday represent the biggest political event since Gough Whitlam's dismissal in 1975. They will transform the way we live, work, relate to each other and do business. Hardly an Australian will be untouched.¹

Although many of us believe the most turbulent times are yet to come, the past 12 months have been direction-setting for many Australian industries. The *Age Discrimination Act 2004* (Cwlth) came into effect in June. In the *Electrolux* decision,² the High Court placed limitations on matters that could be negotiated, on matters that could be addressed in protected industrial action, and on matters that could be included in certified agreements. Greater boundaries were set around the industrial aspects of the employee–employer relationship.

During 2004 three major banks did not reach enterprise bargaining agreements with the union and unilaterally awarded pay rises to their employees.³ Perhaps of most relevance for health care, the Commonwealth Bank worked to keep staffing level issues out of the certified agreement — to be retained as a matter for management.³

The re-election of the coalition government, now with a majority in the Senate, suggests that the proposed legislative changes that have been “bouncing between the houses for the past five

years”⁴ will likely be enacted. Buchanan (*page 264*) predicts this will result in increasing inequality in access to health services, and increasing variation in the quality of care, with even more fragmentation of the system. On the other hand, Timo (*page 274*) suggests that the durability of state-based industrial coverage in this area may not result in much change in the aged care sector. Stanton and Bartram (*page 270*) argue that it is unlikely that the reforms will address any of the major workforce issues facing the Australian health care sector.

Two other papers discuss workforce issues: Harris and colleagues explore the decisions of trainee doctors about the location of their practices (*page 278*), and Liang et al speculate on the impact of reforms on senior health sector managers in NSW (*page 285*).

Health IT: signs of progress

There is a sense of optimism among at least some observers of recent national decisions to allocate renewed resources and policy attention to information and communication technology in health care. A commentary by Grain (*page 292*) presents an insider's view of recent developments and the gestation of an Australian approach to electronic health records. In a related paper, Bolsin et al (*page 297*) present an approach to the use of portable digital technology to improve quality and safety.

Enhancing our health care system(s)

Many of the articles in this issue focus on improvements in the processes of care delivery. These include case studies of a successful interim care initiative (Bergin et al, *page 327*) and an innovative approach to maintaining a local maternity service, using a free-standing midwifery unit (Tracy et al, *page 332*). McGrath et al (*page 306*)

provide a discussion of end-of-life communication issues with Indigenous people and Southon et al (page 317) suggest the importance of networks in improving our health care systems. Recognising the continuing search for safe and cost-effective substitution of inpatient care, Wilson et al (page 360) present a paper on costing in ambulatory care.

Finally, this issue addresses governance, with an explanation of the board self-evaluation process of Bayside Health in Victoria (Duncan-Marr and Duckett, page 340), a critical analysis of the New Zealand District Health Board elections (Gauld, (page 345)) and a discussion of the critical

roles of line managers in clinical governance (Balding, page 353).

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- 1 Carney S. Howard's great crusade. *The Age* (Melbourne) 2005, 28 May: 9.
- 2 *Electrolux Home Products Pty Ltd v The Australian Workers' Union and others* (2004) HCA 40 (2 September).
- 3 MacKinnon BH. Employment matters in 2004. *Journal of Industrial Relations* 2005; 47(2): 212-25.
- 4 Riley J, Smith B, Sarina T. Industrial legislation in 2004. *Journal of Industrial Relations* 2005; 47(2): 171. □

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