

From the Director General

The way ahead

AS DIRECTOR GENERAL, Defence Health Service, it is my intention to ensure that we have a world-class military health service. Both the Australian National Audit Office audit of the DHS and the Defence Efficiency Review quite rightly identified inherent weaknesses in the DHS and indicated that to overcome these weaknesses the DHS should be outcome-focused, jointly staffed and managed, and should be supported by more extensively outsourced services. The DHS has gone some way to remedy these deficiencies, but more work is required in these and other areas.

A joint, integrated approach to operational health support has not yet been fully achieved. The current deployable health force structure has largely been developed on a single Service basis to support separate maritime, land and air operations. As a consequence, there are significant inefficiencies. For example, there is substantial scope for joint staffing, particularly in the provision of force-level health support.

While there is now a joint integrated approach to the provision of health care in the National Support Area (NSA), inefficiencies in the system of NSA health support still exist. Over the past 18 months several initiatives have been undertaken to improve quality and productivity and to achieve financial savings in NSA health support. Many of these initiatives have been very successful, but the move to outsourcing and the rationalisation of DHS health facilities has been slow. There is no doubt that continued rationalisation is required.

Rationalisation of the DHS treatment services will assist in the optimisation of operational health service support, but implementation of preventive health strategies will have profound long-term consequences for the ADF. The introduction of the shuttle run test at Kapooka reduced injury rates and has provided savings of about \$7 million per year. Unfortunately, at present, most preventive health strategies are either not clearly recognised as a dividend attributable to health, or worse, are not implemented by commanders, with a consequential health cost still borne by the DHS.

The DHS plays an important part in the assessment and maintenance of individual readiness in the ADF. Simple and common tools must be developed to minimise the administrative burden associated with individual health status assessment. Because physical fitness is a key element of individual readiness, common minimum standards of physical fitness and mission-specific fitness standards are required, as are innovative approaches to the maintenance of physical fitness.

The linchpin of any service organisation is its people. Every effort must be made to ensure that the DHS workforce is appropriately trained and ready to perform its operational



role. It has long been argued that the NSA treatment services of the DHS provide a vehicle to optimise employment of health service personnel when not deployed, and to facilitate their training and the maintenance of the technical skills they require for their operational role. Recent operational experience indicates that the training argument is flawed.

Before deployment, few staff are exposed to the types of casualties that may occur in an area of operations. In an attempt to redress this deficiency, a strategic alliance between 1st Field Hospital and Liverpool Health Service in Sydney was established. Innovations such as strategic alliances and other linkages with the civilian health community must be pursued to ensure our health workforce is appropriately trained and professionally developed. Initiatives such as these will also foster recruiting and retention of health professionals.

The part-time element of the health workforce is vital to the DHS. The DHS has traditionally relied almost totally on part time specialists to provide medical support to deployed forces. However, the increasing tempo of current operational activities and the requirements of short notice preparedness directives is beginning to exhaust the goodwill of our part time medical specialists. Innovative arrangements are required to ensure that sufficient medical specialists are available for operational activities. The DHS has not yet achieved the right balance or relationship between its full time and part time work force. Initiatives that redress these deficiencies while continuing to foster both full time and part time elements of our health workforce must be pursued.

Finally, the DHS must conform to both the present and future directions of the ADF. To that end, a focus on force capability development and research initiatives that are occurring in Australia and overseas must be maintained. At the end of the day, the DHS must be well positioned to support the war fighters of the 21st century.

I have no doubt that my intention to provide the ADF with a world class military health service is achievable.

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Director General Defence Health Service