

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into Victorian universities' investment in skills

Melbourne—Tuesday, 28 June 2022

MEMBERS

Mr John Eren—Chair

Mr Gary Blackwood—Deputy Chair

Ms Juliana Addison

Ms Christine Couzens

Ms Steph Ryan

Ms Kat Thephanous

Mr Nick Wakeling

WITNESS (*via videoconference*)

Ms Louise McKinlay, Senior Executive Director, System Improvement, Department of Health.

The CHAIR: Welcome to the public hearings for the Legislative Assembly Economy and Infrastructure Committee's Inquiry into Victorian universities' investment in skills. All mobile telephones should now be turned to silent.

All evidence taken by this Committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside this hearing, including on social media, those comments may not be protected by this privilege.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check. Verified transcripts, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible. Can I please remind members and witnesses to mute their microphones when not speaking to minimise interference.

I invite you to make a brief opening statement to the Committee, which will be followed by questions from the Committee. Thank you, Louise, for being with us this afternoon.

Ms McKINLAY: Thank you very much for having me. Would you like me to—

The CHAIR: Yes, please. Just a 5-minute—some comments, yes.

Ms McKINLAY: Thank you. I am here today to represent the Department of Health. I am a Senior Executive Director in commissioning system improvements. The workforce strategy and wellbeing branch sits within my portfolio, hence why I am delighted to be able to have this conversation with you today. It is certainly of great interest to us, the hearing and the outcomes from today's conversations, just because of the critical nature of the partnership with our Victorian university sector. I do want to acknowledge their incredible contributions and support, particularly during these last 2½ years, when we have had many disruptions in the system. But they are absolutely vital to supporting and sustaining our health workforce. We have a range of means and mechanisms that we engage to support that partnership, and whilst we do not directly coordinate or mandate clinical placements or postgraduate training, we certainly do provide significant investment to public health services through the training and development fund to facilitate and support professional entry student placements as well as postgraduate training and education. Obviously there is a research element here that is really important around shaping the workforce into the future.

We are about to engage quite deeply to create a 10-year workforce strategy, and we would hope and expect the Victorian university sector to be deeply engaged in that process. I think there is an opportunity for reform. There is always an opportunity for continuous improvement, and we are certainly keen to work with our partners in the university sector to ensure we have a sustainable pipeline and that we are thinking about innovative models of care and workforce roles and how we can maximise capacity across the system to enable a sustainable workforce pipeline and the creation of future jobs.

Certainly from a policy position it is something we are committed to investing in, and do, and we have seen increased investment over the last few years. The forward investment commitment remains and in fact no doubt will increase. We hope that we can build on the lessons that we have learned through COVID around different ways of working and the opportunities that the virtual environment has created and how we can expand, I guess, into rural and regional settings and really start to consider the enablers and remove some of the barriers that perhaps some of our regional and rural services face in terms of attracting and retaining workforce. I think the academic sector has a really vital and important role to play, as does the vocational sector, so we are very keen to engage with both.

I will pause there. No doubt there are many questions you would like to ask of me, so why don't we go to that?

The CHAIR: Thank you very much, Louise. Kat, did you have a question?

Ms THEOPHANOUS: Yes. And thank you, Louise, for being here and offering your evidence. My question goes to workforce development strategies, and obviously the Department of Health have created a range of strategies, including in alcohol and other drugs and mental health. How successful, in your view, have they been in ensuring workforce needs are met? And how have the universities themselves contributed to the development of existing workforce development strategies, and how can they better contribute in the future?

Ms McKINLAY: In terms of previous success, I think we have been very successful through investment and partnering with universities in curriculum design as well as clinical placement opportunities, and I think one of the things I would call out that probably we do need to focus in on is placement readiness. We know from the literature there is a much better outcome for students when they are as prepared as possible when entering a workplace environment to maximise that learning opportunity. So I think there is some work we can do in partnership with the Victorian university sector in that regard, and certainly the use of simulation and other learning techniques has supported that.

I think in terms of future opportunities the health workforce strategy that we are about to develop will be an important platform to drive forward reform and improvements. So we would hope that the university sector will be deeply engaged with us in that process. I think we are now at a point where we need to think about new role design and what the curriculum platform is to enable that and to think of different pathways in and out of the workforce. So obviously we need an entry to practice pipeline, and we probably need to think beyond our traditional clinical professional groups. So as we think about care beyond hospital walls, which is ultimately where health care is going, what are those roles and how do we support those professionals into the future?

I think there are also non-clinical roles that we probably do need to focus in on, such as analytics, informatics. You know, the workforce for health is more than nurses, doctors, allied health and so on; it is administrators, it is technical roles. We have got a particular focus in the near term around surgery and skill uplift, and we will certainly be working with our academic partners in creating those opportunities.

Ms THEOPHANOUS: Louise, do you have any insight on the time lines of that work and the development of the health workforce strategy?

Ms McKINLAY: Yes. We are starting the engagement now insofar as putting the flesh on the bone. So the intention is that we will have a working draft just before the election and then further, I guess, build on that post election in terms of implementation. So it is probably about a six- to eight-month process in terms of consultation and then construction. Then obviously we will probably have to pause for a period of time as the election occurs and caretaker occurs, but the focus within that strategy will be on supply—how we have sustainable supply and respond to the shortages we are facing; capability—that is around new workforce models; and then wellbeing.

So we are facing a fairly critical time in health at the moment because of the pandemic. We had workforce shortages pre pandemic. They have only been exacerbated through the pandemic and with borders being closed and so forth. So we absolutely need to think more sustainably about how we attract and retain workforce and really have a longer term horizon of how we support the health system.

Ms THEOPHANOUS: Thank you.

The CHAIR: Thank you. Chris, did you have a question?

Ms COUZENS: Yes. Thank you, Chair. And thank you, Louise, for your time and contribution today, and I pass on my thanks to the health department for all the challenges during COVID. So I thank you all very much for that. Just on the workforce issues and the 2022–23 state budget commitments to support retention and growth of the Aboriginal health workforce, including additional cadetships, scholarships and traineeships for Aboriginal students, can you provide more information about these initiatives and any other programs aimed at supporting and increasing the Aboriginal health workforce?

Ms McKINLAY: I can. As announced in the state budget, government is investing \$1.53 million into the Aboriginal health workforce over the next four years. This includes support for undergraduate cadetships, postgraduate nursing and midwifery scholarships and training for up to about 160 Aboriginal health students, so really focusing in on student scholarships to enable Aboriginal communities to enrol in university. We are also looking at cadetships, so it is a slightly different training model. We have got 22 Aboriginal health student cadetships per annum for the next three years, and that is \$15,000 per cadetship. And then we have got 16 Aboriginal health worker practitioner training scholarships over the next four years as well, at \$4,000 per scholarship. They have got a bit more flexibility in how they can be applied. It might be for existing Aboriginal health workers already in the system seeking to upskill rather than sort of new into practice. The Department of Health itself has an Aboriginal employment program as well, so we do support Aboriginal graduates as well as

bringing in work experience, and that is a priority for us in the Department of Health. They are the sort of more detailed elements of the budget commitment. Does that answer your question?

The CHAIR: Thank you, Louise. The 2022–23 budget committed some funding for a review of clinical placement activity. Can you outline the process, time line, scope and anticipated outcomes of this review? How will the department consult with universities and healthcare providers in conducting the review? And will the review look at reducing or eliminating clinical placement fees in Victoria's public facilities, which many stakeholders to this Inquiry identify as a significant barrier to providing student placements?

Ms McKINLAY: Thank you. In the 2022–23 budget we have got \$275,000 committed to undertake the review, and the details of the placement review are still being finalised. However, it is about looking at the opportunities to reform and improve funding support for clinical placements, looking at the quantity and the quality of student clinical placements and then identifying those areas that will boost capacity, particularly in high-need areas such as maternity or new settings such as primary care. We know that we are perhaps not maximising untapped capacity in the system, so we would be keen to explore those opportunities that will, I guess, open up more placements.

One of the conversations we would like to have with the Victorian university sector is how we can consider support for a broader range of education and training opportunities rather than just focusing on inpatient hospital care placements—you know, how do we work in community, how do we work in private settings, what does the primary care sector look like—and that will then enable us to think about different career options and future service models.

In terms of the clinical placement price—that is, the fees—I have no doubt that that will come out through the review, and we will need to have a look at funding reform to address that. Certainly it has been very useful from a health service perspective to have some recognition of the time and investment that they make in supporting clinical placements, but I appreciate that this has been a bit of a barrier for some providers because obviously it is an expenditure that they have to fund. I am sure we can find some balance there. Whether we will completely eliminate it or not I think will be contingent on broader conversations with the commonwealth around funding reform opportunities. So that will certainly be on the agenda, but I cannot guarantee for certain that we will eradicate it completely.

The CHAIR: Thanks very much, Louise. Kat, did you have a question?

Ms THEOPHANOUS: Thank you, Chair. Louise, the Victorian Healthcare Association's submission suggests the need for local training pathways to address specific skills needs, and they cite Alpine Health's Alpine Institute as a successful example. What roles could universities and the Victorian Government play in supporting the establishment of local training pathways?

Ms McKINLAY: Absolutely I think there is an opportunity there. I mean, Alpine's model is a great example of strong local partnership and collaboration. Whilst the training and development funding we provide is more directly related to the workforce through scholarships and placements and funding of educators, we do not necessarily get involved in those sorts of local arrangements. But certainly we are having broader conversations with other regions off the back of the establishment of health service partnerships that came through the pandemic. I think there is an opportunity there about how we get more regional planning, more local arrangements with academia—both the university and TAFE sectors—so that we have that sustainable pipeline. What we know from the literature and also feedback from the workforce is the best way to retain your workforce is to grow your own locally. We would be very keen to explore that with the university sector and TAFE sector and our health services. We already have some funding that supports some of that work through the Nursing and Midwifery Workforce Development Fund, so I think VHA call out a very positive model, and other health services are actually already starting to do similar things in their local areas. It is certainly a model to uphold as an exemplar.

Ms THEOPHANOUS: Thank you.

The CHAIR: Thank you. Chris, did you want to ask a question?

Ms COUZENS: Yes, thanks, Chair. What opportunities are there for universities and the Victorian Government to collaborate to address health and allied health skills shortages in rural and regional Victoria?

Ms McKINLAY: Currently we do quarantine and target funding to rural and regional health services to ensure they have additional capacity to expand either clinical placements or certain pipelines for certain students. I think we would be very open to a conversation about how we can further support that. At the moment about 30 per cent of our total funding pool for graduate nurses and midwives—the postgraduate nurse and midwifery program—is quarantined for rural health services, and we also have targeted rural scholarships and we actually provide a higher level of funding for allied health new graduates per FTE. So if you are a rural health service, you get a higher dollar amount per placement or per FTE. And then I mentioned before the Nursing and Midwifery Workforce Development Fund. Obviously that is very focused on nursing and midwifery, but we would certainly be keen to have a conversation around allied health under the professionals.

We have a range of stakeholder groups already in play, so we do actually meet quite regularly with education providers and stakeholder groups, particularly through the likes of directors of nursing groups and chief medical officer groups, we have got a Chief Allied Health Officer now, so we have got really strong engagement. The other bit I think is worth pursuing is the conversation with the commonwealth and the various supports that they currently offer and whether there is room to advocate and lobby for expansion of those. I think that would be something worth pursuing.

The CHAIR: Very good. Thank you very much for participating today, Louise. We really appreciate it. Thank you so much.

Ms McKINLAY: My pleasure. Thank you.

Witness withdrew.