

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into Victorian universities' investment in skills

Melbourne—Thursday, 16 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*)

Mr Juan Paolo Legaspi, Manager, Policy and Advocacy, Victorian Healthcare Association.

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. Could 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 for being with us this afternoon.

Mr LEGASPI: Thank you, Chair, and apologies for my little technical hiccup earlier, but thank you for affording the time for me to provide some comments prior as well. My name is Juan Paolo Legaspi, and I am the Manager for Policy and Advocacy for the Victorian Healthcare Association. For those not familiar, the VHA represents the interests of our public health system. That includes our public hospitals, community health services and Ambulance Victoria, just to name a few.

We had an interest in providing a submission to this Inquiry. It is no secret, but the workforce shortages in our healthcare system are quite severe at this point in time. They have been completely exacerbated for historical reasons, but they have been exacerbated due to the pandemic. We had an interest in providing a submission to the Inquiry because increasing the domestic skills pipeline is considered one of the main avenues to address this. It is going to take time. It requires reform. It requires change, but I think I can say, on behalf of my members and the sector, they are open to that. There is no other way to deal with this apart from implementing some form of change and forming new partnerships.

With that in mind our submission and the report that was attached to it cover a few of those areas that have shown some promise and some possibilities for building upon, such as creating new partnerships, creating new institutions and creating flexibility in current workplace arrangements. There are also new skills and occupations that have emerged, especially as a result of the pandemic, that require more investment in training and skills to provide extra workforce to those emerging fields too. So it is quite a dynamic period in time, and it is a perfect time to start discussing how we are going to address that and create a strategy to address that.

We read and listened with great interest to the Victorian Skills Authority and their presentation on the skills plan. That is a process we welcome and are participating in because it is an important part of that strategy to address our workforce shortages.

I thought I would just keep my remarks relatively brief. I just wanted to lay the scene there about the current challenges.

The CHAIR: Thank you very much. I might ask Juliana to ask a question.

Ms ADDISON: Thank you, John, for the opportunity to start. Juan Paolo, thank you so much for presenting with us today. I would just like to pass on my appreciation to the workforce at our public hospitals and AV for the incredible job they have done over the last 2½ years in the most difficult and challenging of circumstances. I am sure there has been a lot of pressure on you as well, so thank you for the good work that you are doing.

What I am interested in talking about today is university and healthcare sector collaboration. What opportunities are there for increased collaboration between universities and the healthcare sector to meet your workforce skill needs, and how could the Victorian Government support this increased collaboration?

Mr LEGASPI: Thank you. It has been interesting in terms of the possibilities and the partnerships that can be formed. I think it has been mentioned in previous submissions to these hearings that there is a great interest in forming greater partnerships between industry and the university sector—the tertiary education sector. I think, to that end, the way that the community views public health needs to change. I do not think many people

would view it—prior to the pandemic perhaps—as an exciting field necessarily, and we need to change that perception. So how we create not only the partnerships with universities and the sector but how they work together to connect with the community to capture the community’s imagination of what is possible I think will be quite important, and also to expand what is possible as career pathways within the sector—so of course doctors’ and nurses’ core competencies within the sector, but with emerging fields such as telehealth there is a great demand for mental health services, aged care. Those are all core competencies that are required within our sector. So it is just being a bit more creative about how we engage as well.

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

Ms COUZENS: Yes. Thanks, Chair. And thanks for your contribution today. It is really appreciated, and I too want to thank you for all the work your organisation has done during a pretty difficult time. We have had several submissions to the Inquiry that highlight the difficulty in securing mandatory student placements for nursing and allied health students. How could universities and healthcare providers collaborate to provide more placements for health and allied health students?

Mr LEGASPI: We have seen some recent innovations that show a bit of promise in that regard in creating clinical placements. One that comes to mind most readily is the use of RUSONs—registered undergraduate students of nursing. That is an accelerated clinical placement model that has been supported by the government to accelerate the transition from university into clinical placements. That is through a methodical and structured program, so there is clinical supervision, but it allows students to get into the front line faster as well. So I think that is a good model to begin with, and that is probably something that could be expanded into other areas as well, potentially.

Ms COUZENS: And what sort of support do healthcare providers need to host more student placements? And what is the role of the VHA and the Victorian Government in supporting local organisations?

Mr LEGASPI: It is a balancing act in providing the space and the opportunity to allow our clinicians to provide that training without compromising productivity as well. So it is a resourcing balancing act of how much, and proportionality. But I think if you do it through a strategic lens about which areas you need to concentrate on and prioritise first—and that is a partnership between government, through the hospitals and our services directly; of course the VHA is a bridge between those entities as well, and entities such as the VSA—and if we work together cooperatively then it could work, because it requires a lot of granular data as well, which we will need to ascertain.

Ms COUZENS: Great. Thank you.

The CHAIR: Thank you for that. Gary, did you have a question?

Mr BLACKWOOD: Yes. Thanks, John. And thanks, Juan, for your presentation and your presence here today. I certainly echo Chris and Juliana’s comments about the healthcare sector and the amazing job they have done over the past 2½ years. I have got two questions in one. How could universities and TAFEs collaborate to address skill shortages in the healthcare sector, particularly in rural and regional areas? And what is the role of Victorian Government in increasing collaboration between universities and TAFEs, including providing clearer pathways across vocational education and higher education?

Mr LEGASPI: I guess in answer to the first question, it would be part of a considered pathway. One model that probably answers your question most directly is Regional Development Victoria in the Loddon region, where they have done a very complete kind of analysis about the skills required in the region and they have developed a very detailed pathway right from VET training all the way into late-stage careers, even going as early as high school in assessing what kinds of actions need to happen at that stage all the way into career placement. I think that is where the TAFE sector, government and our industry can really work together in developing that pipeline more structurally than it is now and across the state. It is really developing that staged approach to it, and I guess that speaks to that point earlier about capturing the community’s imagination very early on in the piece into TAFE.

Mr BLACKWOOD: Sure.

Mr LEGASPI: To the second point, where government can assist in that, at the very first instance it is definitely that strategic element of it and also understanding the data component of it too, which informs the strategy. At this point in time I can give you some very generic numbers, but in terms of getting down to the regional subsets, even to specific services, it becomes incredibly difficult to dig further. That is the main point and the main area of research and action we need to get into at the moment.

Mr BLACKWOOD: Thanks very much, Juan.

The CHAIR: Thank you. I might ask a question about local training pathways. The report attached to your submission suggests the need for local training pathways to address specific skills needs and cites the Alpine Institute as an example. What are the opportunities for and impediments to using the Alpine Institute model in other parts of the state, and what roles could universities, the Victorian Government and the VHA play in supporting the establishment of local training pathways?

Mr LEGASPI: Thank you, Chair. The Alpine Institute is a wonderful case study. It was grown out of necessity, but it has really become a beacon for local training in the region. By way of background, the Alpine Institute is a registered training organisation that was born out of Alpine Health. It was originally intended to be an internal training mechanism. It has since grown out to be a local regional training hub that provides various certifications—for example, a cert III or cert IV in aged care or mental health. Interestingly enough they also provide a national outcome-based assessment training module, and that is to accelerate accreditation for international workforce intake. They accelerate international intake as well as boost local supply and skills pathways. The VHA quite readily is happy to use that as a case example because that could be a model that could be replicated elsewhere. Of course it needs a bit of planning and analysis of which regions and where, and I guess that speaks to the previous point about the data required to inform that. With a bit of considered thought, it could be expanded on a regional basis.

The CHAIR: Very good. Any further questions or comments that you would like to make, Juan?

Mr LEGASPI: Just speaking to the Alpine Institute, for example, that has grown from a handful of graduates per year to 400 graduates in 2021, so if that could be scaled up, in conjunction with being more strategic in our skills investment as well as being able to provide faster and joined-up clinical placements, it may not be the silver bullet, but it will go really long way to addressing our workforce shortages—and in a resilient fashion as well. There is research that suggests that people who go through that training pathway stay in the communities that they were trained up in as well. Of course we would be very happy to continue contributing to this report and working with all stakeholders to address this issue.

The CHAIR: Thank you very much. I echo all of those sentiments made by members about the assistance that is being provided to the wider community. Obviously we cannot thank you enough, your organisation and the healthcare sector, for all that you have done. Obviously as a government we are here to help with whatever we can do. Hopefully this report that we will hand down will go a long way to assisting the sector as well, so thank you for making your submission.

Mr LEGASPI: Thank you, Chair, and thank you to the Committee. I much appreciate the opportunity.

Witness withdrew.