Special Commission of Inquiry into Healthcare Funding

Statement of Emma-Kate Dewhurst

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Occupation:	Director, Occupational Therapy, Illawarra Shoalhaven Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

2. This statement is provided in response to the letters of 23 May 2024 and 1 July 2024 issued to the Crown Solicitor's Office, and also Issues Paper 1/2024, and addresses the topics set out in those documents relevant to my role. Although I have experience working in education and training across allied health and can speak to the allied health workforce at a high level, my current role means that I am best placed to discuss the occupational therapy workforce.

A. INTRODUCTION

3. My name is Emma-Kate Dewhurst. I am the Director, Occupational Therapy at Illawarra Shoalhaven Local Health District (**ISLHD**) and a qualified Occupational Therapist. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0069.0001**).

4. In this role, my responsibilities include to:

   a. Provide professional clinical leadership for Occupational Therapy and Diversional Therapy, including the development and implementation of effective, safe, and quality services.

   b. Lead the professional governance for Occupational Therapy and Diversional Therapy, including the management of professional performance (including competency standards) and oversight of clinical supervision.

   c. Lead and develop opportunities for teaching, training, research, practice advancement, and quality improvement within Occupational Therapy and/or Diversional Therapy.

   d. Develop and promote a stable and innovative workforce within Occupational Therapy and/or Diversional Therapy.

e. Provide professional and operational support to allied health service leads (including but not limited to unit heads, team leaders and/or coordinators, clinical leads, site seniors) across ISLHD.

f. Facilitate and foster professional links within and outside of ISLHD.

g. Assist in developing and maintaining effective, integrated, and coordinated allied health services across ISLHD.

5. My direct reports are the five ISLHD Occupational Therapy Unit Heads, and the Equipment Services Co-Ordinator. Overall, I have clinical oversight of an Occupational Therapy workforce totalling 87 full-time equivalents (**FTE**, a total headcount of 116), Diversional Therapy workforce totalling 7.96 FTE (total headcount of 9), and Allied Health Assistant workforce totalling 7.7 FTE (a total of 11). I report to the Executive Director of Allied Health.

B. NUMBER, DISTRIBUTION AND ADEQUACY OF ALLIED HEALTH PROFESSIONALS

6. In 2022 - 2023 I was part of a district-wide planning process in which ISLHD targeted three key areas to expand in the allied health workforce. These include:

a. Improving career development opportunities: A personal career development pathway is accessible to all ISLHD allied health professionals and builds on their strengths and the current and emerging needs of our community.

b. Workload improvement in allied health services: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.

c. Enhancing diversity and inclusion: A workforce that celebrates and harnesses its diversity to transform patient experience and care.

These strategies are outlined in the ISLHD Allied Health Workforce Plan (**MOH.0010.0154.0001**) and ISLHD Allied Health Strategic Plan (**MOH.0010.0258.0001**).

7. ISLHD currently utilises a triage tool (**MOH.0010.0257.0001**) that assists allied health professionals triage referrals and prioritise patients in terms of deterioration, discharge, and wellbeing.

8. The following table sets out the current distribution of funded FTE by discipline and ISLHD facility:

Discipline	Coledale	Bulli	Wollongo-ng	Port Kembla	Shellharb-our	David Berry	Shoalhav-en	Milton-Ulladulla	Communi-ty
AHA	0.84	6.64	8.19	2	0.58	1	5		3.27
Audiology									3
Diversional Therapy	1.7	1.42				0.84			4
Exercise Physiology									4.2
Nutrition & Dietetics	0.42	2.84	14.26		1.21	0.42	5.04	0.31	9.54
Occupational Therapy		7.16	16.08	5.39	1.8	1.84	13.34	0.63	24.15
Physiotherapy	0.42	12.16	25.49	12.76	25.67	2	32.03	1	7.54
Podiatry				2.83	1.6		1		1.7
Psychology	0.21	1.1	2.8	5.5	0.21				4.7
Social Work	1.52	5	24.57		4.95	1.53	13.02	1	21.64
Speech Pathology		4.01	9.5	2.76	1		8.2	0.9	11.14

9. The above table includes those with direct and indirect reporting to allied health discipline directors. It does not include allied health workforce in mental health or drug and alcohol.

10. I note that although allied health professionals typically remain based at one site, most have the option to be redeployed where there is the highest clinical priority. Smaller professions are more familiar with working flexibly across various sites. Not all allied health professionals employed with ISLHD work in the hospital setting. Some work in outpatient settings or offsite in the community, visiting patients in their own home.

11. During the 2021 – 2022 financial year, approximately 12% of ISLHD allied health FTE was unfilled (41 FTE), with an additional 15% (52 FTE) involving non-productive FTE, which refers to planned or unplanned leave e.g. annual leave, long service leave, sick leave, family and carer's leave. Some allied health disciplines have casual pools, however these are not regularly utilised as there is often a limited number of casual clinicians available at short notice. Many clinicians prefer more secure employment through permanent and temporary contracts. Disciplines such as Social Work, and Nutrition and Dietetics appear to have increased success with casual pools, possibly due to their university courses being available locally. Part-time clinicians may be offered additional hours when there are unfilled positions.

(i) Occupational Therapy

12. The number of vacancies in occupational therapy in ISLHD fluctuates depending on graduate commencement. There are consistently unfilled positions within the LHD. There is no leave relief built into positions which leads to fluctuating staffing levels.

13. In the 2021 – 2022 financial year, Occupational Therapy had an average of 16% unfilled FTE (12 FTE), and 16% non-productive FTE.

14. Attracting and retaining occupational therapists has become more competitive because there is now a career path available in the private sector through National Disability Insurance Scheme private providers.

(ii) Clinical Placements

15. The number of utilised student placements across ISLHD Allied Health was relatively stable in 2018 – 2021, with an average of 244 placements per year (range: 238 - 255). There was a decrease in utilised placements to 219 in 2022, and to 214 in 2023. To date, there have been 101 utilised placements in 2024.

16. Occupational Therapy and Physiotherapy consistently provide the largest number of utilised placements per year, averaging 57 and 62 respectively between 2018 and 2023. When considering funded FTE compared to number of placements utilised, Podiatry (7 placements per year, 7.1 FTE, 96%) and Nutrition and Dietetics (32 placements per year, 34 FTE, 94%) had the highest proportions, with Social Work (33 placements per year, 74 FTE, 45%) and Physiotherapy (62 placements per year, 119 FTE, 52%) the lowest proportions relative to funded FTE.

17. Of 1410 placements utilised from 2018 - 2023, 619 (43.9%) were undergraduate fourth-year students, 285 (20.2%) were graduate-entry masters (GEM) – Year 2, and 210 (14.9%) were undergraduate third-year students.

18. During 2018 - 2023, student placements were offered across varied ISLHD facilities and services, including at each hospital, as well as in child and family, community health, drug and alcohol, and mental health. Of these, 413 (29%) of student placements were utilised at Wollongong Hospital, 342 (23%) at Port Kembla Hospital, and 120 (9%) at Shoalhaven Hospital.

19. I have noticed that the building of new hospitals or redevelopments often does not result in a corresponding space allocation for allied health students. There are instances where

the hospital, from a workforce perspective, may have the capacity to take on additional students but there is no workstation or computer access available to the students which would enable them to be of benefit to the workforce.

20. As with other health professions, the demand on supervisors to be able to supervise students whilst also maintaining a clinical caseload can make it difficult to attract supervisors to support students on placement.

C. RELEVANT STAKEHOLDERS

(i) HETI

Since 2016, HETI has provided the opportunity to apply for local grants. There is a specific budget allocated to each LHD for the provision of grants which is linked to FTE. For example, any external presenter that comes to a LHD site to provide training is funded through grants by HETI. HETI grants are highly valuable to LHDs because they are tailored to support local needs. When prioritising grant applications, our LHD considers skills gap, new evidence to amend clinical practice, or clinical risk.

21. We received confirmation in June 2024 that the grant program will proceed in the 2024-25 financial year.

22. In the 2023 – 2024 financial year, ISLHD Allied Health received HETI funding to run the following training opportunities:

a. Dare to Lead program masterclasses,

b. Intensity of practise in rehabilitation,

c. Care of people with dementia in their environments (**COPE**) program,

d. Bariatric manual handling,

e. Inclusive Practice for Allied Health Clinicians working with LGBTQ+ people experiencing Domestic and Family Violence Services,

f. Prepare, survive and thrive – responding to change by going beyond your comfort zone and challenging toxic beliefs, and

g. Embarking on the Autism Journey: The Allied Health role in navigating the early phases of identification, diagnosis and service provision for Autism Spectrum Disorder.

23. External providers are utilised to upskill a large group of clinicians, where there may not be a clinician available internally who has the skillset required to provide this training.

24. HETI also enables LHDs to submit training priorities for HETI to develop into the My Health Learning online platform. ISLHD Allied Health has identifying key areas that we wanted training for on that system, including managing deteriorating patients in the community, Neurodevelopmental Care - Multidisciplinary Approach to working in Neonatal intensive care units, Teach Back Simulation, and Digital Health and Data for Allied Health. Of these priorities, to date only the digital health/data one has progressed into a build phase.

25. Beyond the allied health space and across health disciplines, HETI is very helpful in the leadership space by running professional webinars and programs. HETI developed a valuable allied-health specific resource on Clinical Supervision a few years ago.

(ii) Universities

26. ISLHD runs student placements in Occupational Therapy with the following universities:

a) Western Sydney University

b) Sydney University

c) Australian Catholic University

d) Charles Stuart University

e) University of Newcastle

f) University of Canberra Southern Cross University.

27. There is no university that is geographically close to ISLHD which runs courses in occupational therapy. This makes it more challenging to generate close partnerships and collaboration with universities to support recruitment for occupational therapy.

28. Universities support their allied health students whilst on clinical placement in ISLHD. Universities offer specific education to NSW Health allied health professionals on how to

provide effective clinical supervision to their students. They offer very few educational opportunities to NSW Health allied health professionals on clinical-specific skills.

29. From an Occupational Therapy perspective, historically students would have had completed a hospital clinical placement within the initial 2 years of their degree and gained basic clinical skills. Some universities now offer 'project placement (non-clinical)' and/ or "simulation" clinical placements, based at their university. This means that new graduates require greater clinical support whilst they upskill in providing face-to-face clinical care. My understanding is that as more universities are offering Occupational Therapy as a degree, this has created a challenge for the universities as they attempt to secure relevant clinical placements.

30. This is a challenge for all allied health disciplines. More courses equate to more students however also require more clinical placements. While the capacity of private providers to offer placements has increased, the ability for ISLHD to offer placements has not grown, reduced during the COVID-19 pandemic, and is only just returning to pre COVID-19 levels. Physical space, information technology (**IT**) infrastructure, balancing clinical service delivery and student supervision, and vacancies all impact our ability to provide placements. All allied health disciplines at ISLHD agree that offering placements is a critical strategy for growing our potential workforce.

D. CHALLENGES AND OPPORTUNITIES FOR RECRUITMENT AND RETENTION OF ALLIED HEALTH PROFESSIONALS

(i) Recruitment

31. ISLHD Allied Health recruit to positions as unfilled hours arise as opposed to proactive recruitment drives due to the formal approval process that includes finance confirming the unfilled FTE. In the 2021 - 2022 financial year, 519 'Approval to Recruit' (**ATF**) requests were submitted by Allied Health managers, including 136 (26%) for permanent positions and 383 (74%) for temporary contracts. There is wide variation in time required for an Allied Health manager to complete an ATF process, depending on the type of position (grade, length of contract), number of applications/interviews, follow-up required of referees, pre-employment checks, and liaison with Workforce Services staff. Using an

average of 4 hours, completing 519 ATFs equates to approximately 2076 hours, or 51.9 weeks of work-time.

32. As a strategy to attract new graduates, the NSW Health Occupational Therapy and Speech Pathology State Advisors Network run annual “Start your career in NSW Health” webinars for undergraduate students. Another strategy to attract new graduates is that ISLHD Physiotherapy has two targeted new graduate positions. ISLHD has also had some successful examples where allied health university students are employed as Allied Health Assistants while studying, and have then become employed as an allied health professional on graduation. ISLHD Allied Health have also been involved in a few local school Career Expo to promote the allied health professions.

33. LHDs often provide allied health with short-term funding for pilot services or winter strategies, which makes it difficult to recruit and can have a flow-on effect in creating workforce gaps. For example, the Acute Rehabilitation Team at Wollongong Hospital is funded in 3-month periods. Internal applicants apply for these positions and their positions then need to be backfilled but there is little appetite for 3-month contracts, especially when they can be guaranteed permanency in the private sector. This does not encourage a stable workforce or provide opportunities for permanency. Most applications for short-term contracts are from internal applicants seeking a secondment to gain new clinical or leadership skills. This movement creates workforce gaps and instability.

34. Whilst I am aware that the LHD works with the workforce teams to set up arrangements to recruit internationally trained nursing, there has been little success within allied health at ISLHD.

(ii) Retention

35. In the 2019-2020 and 2020-2021 financial years the proportion of ISLHD employees working under an Allied Health award type who were working for ISLHD 12 months before averaged 85-87%. During the 2021-22 financial year it declined down to approximately 80%.

36. In the allied health sphere, there are an increasing number of career opportunities external to public health which offer a higher salary, additional flexible work practices, and a community context which provides a greater ability to manage one’s workload. The acute, fast-paced hospital setting can be less attractive to some. There is a higher

percentage of women in the allied health workforce which also increases demand for flexibility or part-time working arrangements and a desire for permanency and job security long-term. There are frequently a number of temporary positions available on a short-term basis to cover for maternity leave. Many of these are parents returning to work post-maternity leave return on reduced hours until their child/ren commence school.

37. Our commitment to support our clinicians progress their career through secondments has led to a current 4-month vacancy whilst recruiting to backfill a permanent clinician deployed to the NSW Health Central Resource Unit.

38. In my view, allied health professionals do not have access to the same opportunities as others in terms of recruitment incentives. For example, there is little support within allied health to recruit with the support of a recruitment agency due to the cost. When attempting to access the Rural Health Workforce Incentive Scheme, it is challenging to demonstrate hard-to-fill or critical vacancies.

E. CHALLENGES AND OPPORTUNITIES FOR EDUCATION AND TRAINING

39. Within ISLHD, each allied health discipline has an internal Continuous Professional Development calendar. This may include in-services, peer reviews, and journal clubs. Topics are identified by clinical risk; new evidence-based practice; and learning goals. ISLHD Allied Health also maintains a register that includes clinicians' annual performance and development goals. This register assists with identifying broad clinical skill gaps as well as opportunities for interdisciplinary training.

40. ISLHD has an Allied Health Portfolio Lead for Education and Training. This role is responsible for embedding evidence-based adult learning principles and co-ordinating district-wide allied health initiatives. This portfolio is taken on by the Allied Health Portfolio Lead for Education and Training in addition to their substantive clinical role so they have a limited capacity to dedicate to the role.

41. There is limited funding for allied health educator positions in ISLHD. At ISLHD, speech pathology and social work are the only allied health professions with a Level 5 staff educator, however they used existing part-time positions to create part-time educators, without allocated funding. When orientating and upskilling new graduates, where there is no Level 4 or Level 5 staff educator available, it is a challenge for clinicians to continue their clinical load and invest time in upskilling.

42. Clinicians have difficulty prioritising their own education and participating in quality improvement projects, when their clinical caseloads are so demanding. During periods of peak demand, clinicians are directed from LHD Executive to cease non-urgent meetings and education opportunities.

43. ISLHD Allied Health have access to the Illawarra Shoalhaven Health Education Centre based in Wollongong and the simulation room based in Shoalhaven. ISLHD can utilise these two facilities which provide great simulated spaces for education and training.

44. A positive outcome of COVID is clinicians' increased comfort participating in education online. This is particularly important in creating equity of access for rural and remote clinicians. Nevertheless, there are times when practical, face to face education is required, which is generally more challenging for those in rural and remote locations.

45. There is limited funding available for allied health clinicians to register for external conference and education opportunities. Typically, ISLHD supports clinicians by approving time-limited conference leave, however the individual is required to self-fund registration and associated travel costs.

46. In 2022, NSW Health published an Allied Health Workforce Macro Trends Report (**MOH.0003.0234.0001**) that suggested opportunities exist to further support the allied health workforce in training and career progression. Subsequently in 2023, the NSW Ministry of Health's Workforce Planning and Talent Development Branch undertook a project in 2023 to consider the benefits of dedicated allied health educator roles. I am not aware of the outcome of this project.

Emma-Kate Dewhurst	Witness: [insert name of witness] Kristen Farrell
10.7.2024	10/07/2024
Date	Date