Special Commission of Inquiry into Healthcare Funding

Statement of Sarah Whitney

Name: Sarah Whitney

Professional address: Level 11, King George V Building, Missenden Road, Camperdown NSW 2050

Occupation: District Director Allied Health, Sydney 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, 1 July 2024 and Issues Paper 1/2024 issued to the Crown Solicitor's Office and addresses the topics set out in that letter relevant to my role.

A. INTRODUCTION

3. My name is Sarah Whitney. I am the District Director Allied Health of Sydney Local Health District (**SLHD**). A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0366.0001**).

4. SLHD has allied health professionals from 21 of the 23 allied health professions (all except child life therapists and radiation therapists). SLHD also employs Allied health Assistants and/or Pharmacy technicians who are delegated tasks by an allied health professional in providing therapeutic, diagnostic services and/or administrative tasks. The 21 allied health professions are as follows:

    a. Art therapy

    b. Audiology

    c. Counselling

    d. Diversional therapy

    e. Exercise physiology

    f. Genetic counselling

g. Music therapy

h. Nuclear medicine technology

i. Nutrition and dietetics

j. Occupational therapy

k. Orthoptics

l. Orthotics and prosthetics

m. Pharmacy

n. Physiotherapy

o. Podiatry

p. Psychology

q. Radiography

r. Sexual assault worker / counsellor

s. Social work

t. Speech pathology

u. Welfare officer

5. I am responsible for leadership and professional governance and strategy for the allied health workforce across SLHD. This includes:

   a. Reporting to the Chief Executive on allied health governance, workforce, policy, service delivery

   b. Leading strategic and operational planning of allied health services in SLHD

   c. Leading or providing advice on the development of policies and procedures related to allied health clinical practice

   d. Providing high level advice to services on workforce planning to ensure equitable service delivery

e. Allied health representative on SLHD peak level committees and NSW Ministry of Health committees

f. Chair of SLHD Allied Health Professionals Grading / Credentialing Committee

6. I also operationally manage the following professions within the SLHD allied health clinical stream: diversional therapy, exercise physiology, nutrition and dietetics, occupational therapy, orthoptics, orthotics/prosthetics, physiotherapy, podiatry, psychology, speech pathology and social work.

7. It must be noted that in my role some of the allied health professions do not report to me directly but are operationally managed by the LHD clinical streams including audiology, counselling, genetic counselling, music therapy, nuclear medicine technology, pharmacy, radiography, sexual assault counsellors and welfare officers.

8. Although I am not directly responsible for human resources functions such as recruitment, I provide advice to the workforce or recruitment units to ensure compliance with the relevant allied health awards,(in particular the NSW Health Service Health Professionals Award (NSW), the NSW Health Service Allied Health Assistants Award (NSW) and the Health and Community Employees Psychologists Award (NSW)) particularly if they are unsure whether a prospective employee's credentials meet the criteria of the position description, and recommendations for whether someone should be employed. I also oversee training and student placements with universities from a strategic perspective including by ensuring all student placement agreements are in place.

B. NUMBER, DISTRIBUTION AND ADEQUACY OF ALLIED HEALTH STAFF

9. There is a total of 1167.60FTE allied health professionals and allied health assistants (as at 18 July 2024) as seen in the table below. This total FTE also includes a classification of "Health Clinician" which refers to allied health professionals working in generic roles rather than discipline specific roles (for example, case managers in mental health).

SLHD Allied health Professions	**FTE as at 18/07/24**
AHA	42.26
Art Therapy	0.84

Audiology	2.26
Counselling	4.8
Diversional Therapy	4.05
Exercise Physiology	18
Genetic Counselling	11.66
Music Therapy	0.84
Nuclear Medicine Technology	15.26
Nutrition and Dietetics	69.09
Occupational Therapy	102.08
Orthoptics	5.22
Orthotics/Prosthetics	3
Pharmacy	110.49
Pharmacy Technicians (assistants)	19.95
Physiotherapy	156.21
Podiatry	12.32
Psychology	79.95
Radiography	165.19
Sexual Assault Counsellors	2
Social Work	154.64
Speech Pathology	48.17
Welfare officer	1
Health clinician	135.78

10. The following table sets out the number of students on placement at each SLHD facility: From 1 July 2023 to 30th June 2024, SLHD supervised a total of 787 students in the following professions:

SLHD Allied health profession	**Numbers of students**
AHA	3
Audiology	1
Diversional Therapy	1
Exercise Physiology	48
Genetic Counselling	7
Nuclear Medicine Technology	12

Nutrition and Dietetics	66
Occupational Therapy	116
Pharmacy	83
Physiotherapy	295
Podiatry	35
Psychology	34
Social Work	51
Speech Pathology	77

11. Due to the variety and number of allied health professions, there is no one size fits all solution to workforce challenges. There are different solutions for each profession – in some professions, such as dietetics, there is a surplus of clinicians while in others there is a critical shortage.

12. It has not been usual practice for SLHD to use agency or casual clinicians in some of the allied health professions primarily due to the premium labour costs. I believe this would be beneficial to SLHD if this were affordable and within our budgeted FTE. Allied health cost centres in SLHD are provided a FTE target annually, which is based on the budget allocation. Using agency or casual staff would likely push us beyond this target and preclude us from being able to recruit to important permanent or senior positions. However, I view agency or casual staff as a potential strategy to address vacancies and problems with recruitment and retention if the funding allowed for this.

13. SLHD often receives requests to second allied health clinicians to other LHDs and vice versa. This process requires a letter to be written to the Chief Executive of the other LHD to release the staff member for a designated period of time. Secondment decisions are usually based on whether the secondment will be of benefit to SLHD when the clinician returns – for example, that it will assist them in developing their skills or getting rural experience which they can bring back to SLHD.

14. SLHD has a strong partnership with Far West LHD and is jointly running a pilot new graduate program for allied health with a rotational program for the professions of occupational therapy and speech pathology between the LHDs. Informal feedback suggests that this program is going well so far however, as it is in the pilot stage, there has not been any formal evaluation. The Far West LHD new graduates also attend the SLHD allied Health grad start program virtually.

15. SLHD also provides remote clinical supervision for more specialist areas if the allied health clinicians in rural areas require additional support. We also provide some emergency support to other LHDs when requested – for example, we provided emergency support following the bushfires in Bega. Podiatrists in SLHD also visit Broken Hill every few months with the endocrinology medical team to provide assessment and treatment to Maarima AMS and Wilcannia hospital.

C. CHALLENGES IN RECRUITMENT AND RETENTION OF ALLIED HEALTH STAFF

Retention Attrition

16. As part of my strategic role, I have visibility around vacancies and turnover. I help services or managers address vacancies and provide advice about what to do in terms of recruitment and ensuring that SLHD is an attractive workplace. This is a discussion I have alongside the Director of Workforce, Chief Executive and my Executive colleagues.

17. Anecdotally, and as reported by allied health managers (when they conduct exit interviews), it has been noted that allied health clinicians are leaving SLHD and/or the hospital allied health setting for personal reasons including that it is expensive to live in Sydney, they are choosing to work closer to home or because of reported burnout doing hospital work, or they are seeking more flexible work practices where they might be able to work from home (for example, in private practice, NDIS roles and /or case manager roles). I have observed this shift since the Covid-19 pandemic.

18. From what I have observed and have been told by allied health managers, there are some key factors influencing the perceived or reported burnout. One of the factors is related to difficulties recruiting to some key professions - it might take a few months to recruit to a position due to the lack of applicants or no suitable applicants which leaves the position vacant and might mean staff have to work more with less. There is also increasing clinical activity and demands in some clinical services (based on increased demand for health services especially via emergency departments).In my view, managers are really good at ensuring staff take leave. However, we do not get leave relief, which is when someone comes in to replace those who have gone on leave, in allied health which can put additional pressure on staffing resources and means staff who are working need to cover the workload of those on leave.

19. The workforce landscape in allied health is also shifting. Since paternity leave entitlements have been introduced, the availability of male staff, particularly when the majority of allied health clinicians are female, is no longer something that we can rely on. Maternity, and now paternity, leave often creates challenges where the LHD has to backfill temporary positions, for which people may not want to leave their permanent roles. Although I see paternity leave and leave entitlements as an important and positive development, the shortfall in available allied health staff is often exacerbated by temporary absences.

20. We are also seeing changes in our work readiness for some of our new graduates in some of the allied health professions especially in hospital settings. Some students graduating may have had limited opportunity to do a clinical placement in the hospital setting which may create an additional challenge for recruitment in ensuring new staff have the required capability and skills. As a result, there is a lot of upskilling and training that has to be done once they are onboarded.

21. Similarly, there are workforce difficulties recruiting at any level in small but critical allied health workforces such as sonography where many choose to work in the private sector. We have also recently had difficulties recruiting to junior podiatry positions, as those clinicians might also choose to work in the private sector. One strategy we are exploring is working in partnership with Western Sydney University, which is the only university where podiatry can be studied in NSW, to provide additional student placements in order to hopefully attract more graduates to our positions.

Recruitment to Senior Positions

22. I have observed that post-pandemic SLHD is struggling to recruit to some senior allied health positions, especially in occupational therapy and social work. Anecdotally this is because these clinicians tend to be moving towards work in the private sector, particularly NDIS providers, that might offer more attractive remuneration and flexibility to work from home. It is difficult to offer working from home flexibility when it comes to hospital allied health, which requires being physically present on hospital wards for patient assessment and treatment.

23. In my view, one of the key challenges in allied health is that we are competing with the private sector. There are positions advertised in the private sector offering significant incentives for professional development which SLHD is unable to match.

24. I have also found that in allied health the career pathways can be quite limited as it is difficult to move up without taking on a management position if you are employed under the current allied health professionals award. Some clinicians may want to do clinical work for the rest of their career but there is no real pathway for them to move up in salary bands if they stay in purely clinical roles.

25. Overseas recruitment is currently a challenge. It is my understanding that this is due to the immigration processes and requirements which require an open position to be advertised 3 times and unable to be performed by any available candidates in Australia. It is also a significant cost to the organisation to sponsor someone from overseas and they need to have working rights in Australia. We have some overseas applicants who may not meet these requirements or currently be ineligible to be members of the relevant professional association. Allied health awards prescribe eligibility for membership of the professional association and/or the Australian Health Practitioner Regulation Agency and sometimes the overseas training is not recognised or takes several weeks for the applicant to be deemed eligible by the professional association.

26. In light of financial constraints on SLHD to match incentives which might be available in the private sphere, I believe the solution lies in our ability to better market our positions, such as via social media, as to what we can provide to clinicians in terms of robust clinical supervision, professional development and career pathways.

Student Placements

27. SLHD runs clinical placements for allied health students from the following universities:

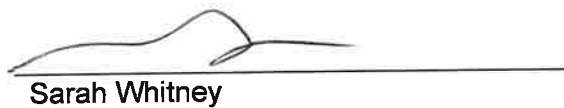
University	Allied Health Discipline
Australian College of Applied Professions	• Psychology
Australian Catholic University	• Occupational Therapy • Physiotherapy • Psychology • Social Work • Speech Pathology
CQ University	• Sonography and Cardiac Technology
Charles Sturt University	• Diagnostic Radiography • Diversional and Recreational Therapy • Nuclear Medicine Technology • Occupational Therapy • Pharmacy

	• Physiotherapy • Social work • Speech Pathology
Griffith University	• Physiotherapy
Monash University	• Social Work
Macquarie University	• Audiology and Audiometry • Physiotherapy • Psychology • Radiopharmaceutical Science • Speech Pathology
Royal Melbourne Institute of Technology	• Diagnostic Radiography
Southern Cross University	• Occupational Therapy
TAFE NSW Western Sydney Institute	• Allied Health Assistants • Physiotherapy
TAFE NSW Sydney Institute	• Allied Health Assistants • Nutrition and Dietetics
University of Canberra	• Diagnostic Radiography • Nutrition and Dietetics • Physiotherapy • Speech Pathology
University of Notre Dame Australia	• Counselling
University of New England	• Exercise Physiology • Psychology
University of New South Wales	• Exercise Physiology • Psychology • Social Work
University of Melbourne	• Genetic Counselling • Music Therapy
University of Newcastle	• Diagnostic Radiography • Nuclear Medicine Technology • Nutrition and Dietetics • Occupational Therapy • Pharmacy • Physiotherapy • Podiatry • Social work • Speech Pathology
University of Wollongong	• Nutrition and Dietetics • Psychology • Social work

University of Queensland	• Art therapy
University of Sydney	• Diagnostic Radiography • Exercise and Sports Science • Exercise Physiology • Nutrition and Dietetics • Occupational Therapy • Pharmacy • Physiotherapy • Psychology • Sexual Health and Psychosexual Therapy • Social work • Speech Pathology
University of Technology Sydney	• Exercise Physiology • Genetic Counselling • Orthoptics • Pharmacy • Physiotherapy • Psychology • Speech Pathology
Western Sydney University	• Art Therapy • Counselling • Diversional and recreational therapy • Exercise physiology • Music therapy • Occupational Therapy • Podiatry • Psychology • Social Work

28. The challenges that we find with recruiting to senior positions are not replicated for new graduates, from whom we generally get a lot of interest in some allied health professions. A recent challenge I have observed is that as more universities introduce allied health courses there is an increasing demand for student placements. If we have clinicians on planned or unplanned leave or vacant positions we might not be able to offer as many student placements as we would like to. In some professions we also do not have dedicated student educator positions which can assist in facilitating additional student placements. Sometimes a bespoke approach is needed depending on the discipline and this may involve collaboration with universities at the student placement level. For example, SLHD is working with universities on creative student models of care to

increase their knowledge and skills in different clinical areas and occasionally negotiate with universities to provide funding towards student placements.



Sarah Whitney

Witness:
CAROLYN ELIZABETH WOODS.

22/07/24
Date

22.07.24.
Date