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## Witness Statement

**Name:** Dr Dustin Halse

**Occupation:** Division Secretary (Strategy, Research and Projects) of the Health Services Union for NSW, ACT and QLD

1. This statement contains evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

### A. Role

3. I have been employed as Division Secretary (Strategy, Research and Projects) of the Health Services Union (**the HSU**) for NSW, ACT and QLD since 2023.
4. The HSU represents more than 50,000 health workers across NSW, ACT and QLD. HSU members work in public and private hospitals, ambulance services, aged care, allied health, disability care and imaging and pathology services. Generally, HSU members do not include nurses, midwives and members of the medical profession.
5. I make this statement based on feedback from HSU members gathered through quantitative and qualitative surveys, direct interviews and ongoing discussions to provide a snapshot of evidence and experiences from clinicians and staff on the ground.

### B. Independent data capturing of the NSW Health workforce

6. HSU believes that a significant issue within the public health sector in NSW is the lack of an independent body or mechanism to capture real-time data on the health workforce, current workforce vacancies, and service demand. In my role at HSU, I have observed that policymakers struggle to gather comprehensive data about the health system due to its size and complexity, leading to an inadequate data set available in NSW. As a result, policymakers within the NSW public health system are making plans for service provision, staff shortages, and staff distribution without sufficient real-time data and information from within the system.

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7. HSU's members have identified that there is a need for an independent body that captures real-time data of the health workforce and service demand to aid in designing efficient and effective models of care, and in planning for future workforce and service delivery demands in the NSW public health system. HSU contends that this body should map, project, and publicly report on the current and future health workforce needs of communities across occupation groups in metropolitan, regional, and remote locations. HSU members clearly have interests and insights into the workforce and service needs of NSW Health, and as an employee organisation, we would say that the existing NSW Health workforce ought to have a role in the capture of workforce data to ensure its accuracy and transparency.

**C. Efforts by the HSU to assess the current distribution and any shortages within the NSW Health workforce**

8. In the absence of independent and publicly available system-wide data, policy makers, stakeholders and employee organisations such as the HSU have to utilise other means to form assessments of the distribution and need within the NSW Health system and its workforce. HSU in particular conducts surveys of its membership from time to time to gauge the issues that its membership faces. The data obtained in these surveys are used to inform HSU's strategy and submissions to Government. The HSU does not suggest that surveys conducted internally of its membership or the results are perfect data sets or representative of the entire experience across the NSW public health system.
9. From reports from HSU's membership, I would estimate that there is a widespread and current labour crunch across all parts of the NSW public health system, more than just doctors and nurses working in hospitals, but also in the hundreds of occupations needed across the sector to deliver the health care services the people of NSW rely on, including paramedics, pharmacists, allied health professionals, cleaners, administrators and healthcare workers.

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10. In February 2023, Impact Economics and Policy in collaboration with the HSU delivered a research report titled “Reform Critical – A Fragmented Health System at Breaking Point” (**the Reform Critical Report**), a copy of which I am told appears at SCI.0011.0162.0001. The Reform Critical Report estimated through an internal modelling process in 2022 that there were 12,000 vacancies across the health and social care sectors in NSW, which is a fourfold increase over the past decade: at p 37. The modelling indicates that to keep up with demand for hospital services, NSW will require tens of thousands of additional health care workers, by 2030 an additional 2,200 medical practitioners, 9,000 nurses, 4,000 diagnostic and allied health professionals, 500 paramedics and 6,400 support staff will be needed. By 2065-66 these demands for workers will grow further with an additional 10,200 medical practitioners, 41,800 nurses, 19,400 diagnostic and allied health professionals, 1,720 paramedics and almost 30,000 support staff will be needed.
11. In July 2023, the HSU conducted a survey of around 100 members who were engaged in mental health care. The invitation to respond to the survey was sent to HSU members who self-identified as mental health workers. 37% of those who participated were clinical psychologists. The remainder of participants were a mix of social workers, peer support workers, mental health education officers, occupational therapists, mental health managers, counsellors, case managers, personal care assistants, mental health ward staff, and alcohol and other drug workers from across metropolitan and regional settings LHDs.
12. The results of that survey in July 2023 formed the basis of the HSU’s submission to the NSW Legislative Council’s Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. In the submission, we explained how the HSU interpreted the survey results from a sample size of at or around 100 mental health staff members regarding outpatient and community mental health care to conclude that there are insufficient mental health workers to keep up with current service demand: see [8] to [13]. I understand that a copy of the Survey Questions is at SCI.0011.0161.0001 and a copy of the HSU’s submission to the Inquiry dated September 2023 is at SCI.0011.0160.0001.
13. In my experience, there have been challenges in understanding the true picture of current vacancy rates within NSW Health workforces. For example, I have felt that NSW Health has not always been forthcoming with information in order for meaningful collaboration to occur such that the HSU had an occasion has had to resort to making requests under the *Government Information (Public Access) Act 2009* for material.

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**D. Survey to HSU members regarding *Issues Paper 1/2024***

14. The HSU recently conducted a survey of its membership regarding issues raised in *Issues Paper 1/2024* published by the Special Commission of Inquiry into Healthcare Funding. The survey was open to HSU members for responses until 12 July 2024, after which results will be collated and provided to the Inquiry. I understand a copy of the survey questions is at SCI.0011.0161.0001.

**E. Training**

15. The HSU represents a large variety of disciplines and each discipline has unique training and qualification requirements, as well as unique registration requirements.

16. The HSU has been advised by its members, particularly those from allied health disciplines, that they have observed that training institutions are not able to produce graduates/provide a supply of future health workers that maintains pace with the demand for services. Anecdotally, members report that issues are caused by the time qualifications and courses take to complete and, in some disciplines such as psychology, there are also requirements for post-graduate qualifications to be eligible to practice.

17. A further issue regarding the training of future health workers is the ability to access clinical training placements, which are mandatory for a number of disciplines, but members report that there are often not enough training placements available to students due to several factors: lack of coordination between Local Health Districts (**LHDs**) and education institutions; lack of physical space within a hospital ward to accommodate students (such as infrastructure pressures); and due to a lack of staff who are available and suitably qualified to supervise the students.

18. A concern held by HSU members is that there is an increasing concentration of health services in NSW, where specialist medical fields and allied health workers are focused in metropolitan areas of the State, particularly in high-income/wealth areas. For instance, the Reform Critical Report noted that high socio-economic areas in NSW have twice the number of GPs than low socio-economic areas (example Woollahra has two times the number of GPs per 1,000 people than low socio-economic areas such as Liverpool), despite there being higher health care needs in low income areas: see p 6. This also raises a concern for the HSU in relation to the accessibility for rural, regional and remote students in accessing clinical placements near where they live (and outside metropolitan centres).

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19. In addition, HSU highlights there is a lack of paid placements and lack of structured programs to enter into for allied health professionals (See letter attached, a copy of which I am told appears at SCI SCI.0011.0194.0001).

**F. Recruitment of the health workforce**

20. The HSU considers, based on what it is told by members, that recruitment within the NSW public health sector is reactive and not proactive. HSU members have indicated that there are significant gaps in the workforce but it has been difficult for a public health system to project and hire staff for future demands when it is focused to filling existing gaps in service delivery. HSU members report a strong desire to establish consultative and proactive workforce planning, and their view that it will assist to attract and retain skilled staff for service delivery.

21. The cause of these gaps and challenges in recruitment appear to be multifactorial. HSU members have indicated that there is a competitive and tight employment market, with strong demand for health staff of all disciplines in other states around Australia and internationally. Moreover, where wages and conditions fail to adapt to the professionalisation and requirements on professions/practitioners, such as through the period during which NSW Health wages were capped means NSW is at risk of being non-competitive in terms of conditions of employment.

22. Members have also raised concerns with the HSU about the time that the recruitment process takes within NSW Health. A recruitment process may take many months to completed, which means that candidates are likely to have already accepted other opportunities, or are discouraged from taking up opportunities with NSW Health.

**G. Retention of the health workforce**

23. The HSU considers that a permanent, full-time workforce is best placed to provide cost effective, sustainable, safe and high-quality care. The HSU acknowledges that internationally attracted workforce may be required to meet future workforce requirements.

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24. Whilst the HSU acknowledges that there is a need for flexibility through a temporary workforce, the HSU is concerned that NSW has such a high dependency on temporary staff, such as Visiting Medical Officers (VMOs), locums and agency staff, compared to other major health systems like in Victoria and Queensland. HSU notes that NSW cost of VMOs to NSW health reached nearly \$1 billion in 2020-2021, more than four times more than Victoria, and ten times Queensland: see p. 22 of the Reform Critical Report. The HSU welcomes the recent announcement of the NSW Government of formulating a locum agency to manage and control costs of locum and agency staff.
25. The HSU considers there are economic pressures and quality of life issues which impact the capacity of the health workforce to engage in employment within the NSW public health system. In November 2023, the HSU conducted a survey of members about their ability to access and afford general and specialist healthcare. 779 members offered response, of which 47.1% indicated that they cannot afford necessary healthcare: at [52] of the HSU's submission dated 8 November 2023 to the Special Commission of Inquiry into Healthcare Funding, a copy of which I understand appears at SCI.0011.0157.0001. HSU considers affordability of healthcare to be a necessary pre-requisites to engaging in the public health workforce.
26. HSU members, particularly in metro settings, have indicated to HSU that they struggle to meet these basic needs on NSW public health salaries. The Reform Critical Report observes that roughly 25% of survey responses (from HSU members) indicates that they are either unlikely or definitely not to be continue working in their occupation in the next five years, with working conditions and pay being the most important factor in that decision: at p. 83.
27. The HSU also considers that many NSW health awards are outdated and require modernisation. An award modernisation process should not only include more equitable salaries and conditions but should include aspects of fully utilising the existing skills of health workers and extending the scope of practice. This, in the HSU's view, would ensure that the NSW health system acknowledges and appropriately remunerates an expanding skill set of disciplines.

**Name: Dustin Halse**

**Date: 15/07/2024**

**Signature:** 

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