Witness Statement

Name: Gerard Hayes AM

Occupation: Secretary of the Health Services Union for NSW

1. This statement sets out the 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 the National President of the Health Services Union (**HSU**) since 2018. I am also the Branch Secretary of the HSU for NSW, ACT and Queensland, and have been in this role since 2012.
4. The HSU represents more than 51,000 health workers across NSW, ACT and QLD. HSU members work in public and private hospitals, ambulance services, aged care, allied health, disability care, imaging and pathology services. Generally, HSU members do not include nurses, midwives and members of the medical profession.
5. This statement reflects the views of HSU as well as my own.

B. Scope of Practice

6. There is an opportunity to better utilise the health workforce to achieve cost-effective and positive patient outcomes by increasing the scope of practice for non-medical clinicians and allied health staff. There is potential for these staff members to share parts of the role traditionally occupied by the medical workforce with equivalent safety, quality of care, and health outcomes.
7. For example, paramedics are well-qualified and have a broad skillset, which does not only apply to emergency care settings. The paramedic scope of practice could be extended into a range of additional areas, including testing, community outreach, and prescription of antibiotics, for example in a community paramedic role. In the acute and emergency space, there has already been some expansion of the paramedic scope of practice in the form of

extended care paramedics whose scope includes suturing and other skilled medical procedures.

8. The benefits of expanding paramedic scope of practice also include the ability to bridge gaps in general practice within rural, regional, and remote areas. In particular, community paramedic roles present an opportunity to save costs and improve service provision in rural areas, where there are ongoing GP shortages which are unlikely to be resolved in the short term.

9. Further, emergency department presentations may be reduced if ambulance paramedics can play a larger role in treating and assessing patients through the emergency triage system. This could include, where appropriate, treating common medical complaints triaged through 000 without the need to transport patients to hospital, for example by facilitating the replacement of a catheter for a patient in an aged care facility. It could also include extensions in scope of practice, which permit ambulance paramedics to engage in a diagnostic exercise and divert appropriate patients to allied health or other professionals, rather than unnecessarily transporting them to the emergency department.

10. Presently, there are many trained paramedics posted in rural and regional locations who are underutilised. With an expanded scope of practice, these paramedics could be quickly mobilised to fill existing gaps in service provision within their respective communities. Long-term it may also be useful to co-locate ambulance paramedics within rural and regional hospitals so that their clinical skills can be employed within the hospital between ambulance dispatches.

11. With respect to allied health professionals, allied health has always been burdened by the perception that its services are a luxury, rather than a necessity. This is also reflected in decisions about funding and employment, whereby LHDs will trade allied health staff for nurses or refuse to make decisions which would enable allied health staff to fill workforce gaps through extended scope of practice.

12. The following workforce gaps could be filled by allied health staff through extended scope of practice:

    a. Early Intervention and Preventive Care: Extended scope allows physiotherapists to conduct more advanced assessments, prescribe exercise programs, and manage musculoskeletal conditions without requiring specialist referrals. This could alleviate pressure on GPs and specialists, especially in rural and regional areas.

    b. Medication Management: Pharmacists with an extended scope could play a larger role in managing medications, conducting medication reviews, and prescribing for minor conditions, reducing the burden on doctors and improving access to timely care.

    c. Chronic Disease Management: Allied health workers like dietitians, occupational therapists, and speech pathologists can take on more responsibilities in managing chronic conditions (e.g., diabetes, COPD) by offering tailored care plans, which could reduce hospital readmissions and improve patient outcomes.

C. Transparency in Healthcare – greater transparency required.

13. Members of HSU also note the disjointed nature of healthcare in NSW, where medical professionals hold near-complete autonomy to set wages that price many consumers, including our members, out of the capacity to access necessary specialist care. I acknowledge the work of Dr. Margaret Faux and Dr. Pradeep Philip in uncovering billions of dollars in taxpayer-related 'non-compliance' and fraud. In the wake of the federal government's "Philip" report, released in 2023, only limited action has been taken to address the extreme structural and oversight deficiencies in monitoring fraud within medical practices.

D. Reform of the Awards

14. HSU members currently sit in over 35 Awards and 15 determinations. These awards are out of date and uncompetitive with the industrial instruments in other Australian states, including Queensland. The HSU sees consolidation and appropriate reform of these awards as a priority.

The key reforms from the HSU's perspective (with which I agree) are reforms to improve efficiency and productivity, including by recognising and appropriately remunerating the work of allied health professionals and paramedics.

15. One of the largest issues with the current awards is that they do not reflect modern, flexible ways of working. There are many parts of the awards which could be removed entirely, for example incinerator allowances which are not relevant to modern work practices. There are also other allowances, such as the infectious cleaning allowance, which are applied inconsistently between hospitals and should be incorporated into the base wages for staff.
16. There is also a need to improve flexibility in the awards. Some of the qualifications and roles that now form an integral part of the health workforce did not exist when the awards were initially drafted and therefore such roles are not appropriately captured or dealt with in the awards.
17. The awards also have no mechanism to recognise the broadening of the health workforce and the contemporary reality that many staff operate within more than one area of expertise. In my view, a key barrier to flexibility and fluidity in the awards is the rigid grading and classification system, which requires reconsideration.
18. Another significant issue is the competitiveness of the awards with comparable instruments in other states, particularly Queensland. For paramedics and other allied health workers, there has historically always been a gap of often between 15% and 20% between NSW and Queensland in terms of wages, and a portion of the NSW health workforce has already moved to Queensland to receive a higher wage for equivalent work. I note that it took the intergenerational paramedics' pay dispute campaign – run by HSU over a 10-year period, which concluded at the end of 2023, for NSW to secure salaries competitive with QLD. In addition to more attractive award conditions and wages, I am aware that some staff have also been offered up to $10,000 just to make an application for a health facility in Queensland and

move there. It is generally younger people, who NSW Health has spent money recruiting and training, who ultimately leave to other Australian states such as Queensland.

19. The HSU is supportive of a process which sees the current awards discarded and redeveloped into new awards that are fit for purpose. In my view, to assist in starting the award reform process, the NSW Ministry of Health should be directed to undertake award reform and modernisation of the current awards.

20. In relation to allied health professionals, the HSU is formulating a proposal to consolidate the numerous and complicated awards covering allied health staff into five award groupings - Dental, Clinical & non-clinical, Health Services, Medical Imaging and Radiation, and Scientific. The core focus is to make the awards more efficient and applicable to the modern work experience. The core focus is on matters of classifications and rates of pay, that value the complexity of professional work, improved and transparent career progression, safe workloads and staffing, CPD allowances and support for the time and cost of being a professional and improved working conditions

21. In order to prioritise the modernisation of award conditions, the award reform process should start with the negotiation of conditions-only awards, with annexures for wages and allowances that can be negotiated at a later stage. This would prevent more contentious wage-related negotiations from slowing down other reforms which would bring the awards up to date.

22. The HSU is supportive of a sunset date applied to award negotiations to prevent these negotiations from extending indefinitely. If all relevant parties were fully focused on award reform negotiations, they could realistically complete the process within 6 to 12 months.

E. Maldistribution of the Healthcare Workforce

23. Like other types of healthcare professionals, there are difficulties attracting and retaining allied health professionals and paramedics to work in rural and regional locations.

24. The need to divert more healthcare professionals into regional areas could be effectively addressed through the implementation of a quid pro quo system similar to that of the Australia Defence Force, whereby NSW Health offers to fund the tuition of in-demand healthcare degrees in return for a student's commitment to work in rural and regional areas for a fixed period of time after graduating.
25. This may be attractive to young people who may not otherwise pursue careers in healthcare due to the cost of university qualifications or the lack of other study-based incentives to pursue a healthcare vocation. NSW Health would also be able to predict its regional and rural workforce for at least a period of time, in addition to getting graduates into regional areas at a formative time in their careers and lives.
26. There also needs to be a concerted effort to shift general perceptions about the nature of living and working in a rural or regional area. In particular, for members of the health workforce who grow up in the Sydney metropolitan or outer-metropolitan region, there is often limited exposure to the method of healthcare delivery regionally, and the benefits of this kind of practice. It is important that the NSW Government take steps to promote regional and rural healthcare work, including as an alternative to the high cost of living in the Sydney metropolitan region.
27. Another potential strategy to utilise the existing allied health workforce to fill allied health vacancies regionally is to introduce 'hubs of excellence', which co-locate various allied health professionals and paramedics that can be utilised by both the community and surrounding hospitals. In addition to providing shared service benefits, a hub-model of allied health service provision would assist in creating a diversity of work for practitioners to assist in keeping staff highly skilled and motivated in regional areas.

Signature: 

Name: Gerard Hayes AM

Date: 30th September 2024