Health Services Union – Response to additional questions:

1. Stakeholders have suggested better use of Maternal Child and Family Health Nurses (MCFHNs) to conduct checks. What are your views on MCFHNs assuming a greater role in managing child health and development checks and referring directly to specialists?

The HSU understands that children / families currently attend Maternal Child and Family Health checks between 12-24 months. This being the case, it is unclear what additional value these provide as the systems current challenges with families attending up until key milestones.

The term specialist normally means a paediatrician or other medical specialist. The HSU has concerns over a blanket referral on the basis of universal nursing screening as normally children need Allied Health intervention prior to a formal diagnoses.

2. Is there a need for more training for medical and allied health professionals to conduct health and development checks?

<u>Need for more training (Allied Health):</u>

Allied Health staff are highly qualified and well trained in developmental checks / screening related to their own discipline. However, greater training and / or refresher training in holistic developmental screening would be beneficial. Specifically, in the following areas:

- Providing comprehensive assessments using a wide range of tools to avoid families needing to engage with several different services across the public sector. This will create productivity improvements through families engaging directly with one service.
- For example, in Psychology epilepsy services, where studies have that the incidence of autism spectrum disorder is higher than those without epilepsy. Yet the epilepsy service cannot offer autism assessments as no permanent staff are trained in this. This can assist families who struggle to access public autism assessment services for children under the age of 12.
- HSU members at SCHN are developing a series of AH prompt screening questions for all Allied Health staff to conduct with inpatient and outpatients up until the age of 5 which will be piloted next year. This pilot will facilitate early identification of developmental issues for children who present to acute services. If successful, this pilot will have transferability across the state.

<u>Challenges:</u>

HSU Allied Health members identified several challenges with accessing additional training:

- Extensive waitlists and lack of paid time to access training, limiting capacity for staff to undertake training resulting in improved services.
- Approval to access training is cumbersome and challenging. This is more pronounced for part-time and temporary staff, which makes a up a portion of the Allied Health workforce.
- High staff turnover and challenges attracting and retaining staff because training and education opportunities are greater in private sector.
- The current retention crises mean there is less senior and advanced clinicians who can provide training. Many members report entering roles without experienced colleagues in their service who can provide supervision and support on complex matters or train junior staff.

- Lack of Allied Health Educators in NSW Health as identified in the NSW Health Allied Health Workforce Report.[1] Currently, Educators make up 0.2% of the Allied Health workforce compared to 2% of the Nursing workforce.

3. Will recent wages and industrial relations reforms, including the Fair Pay and Bargaining Policy and Industrial Relations Amendment Act,1 help to address workforce shortages in the sector?

Improvement over wages cap:

The HSU welcomes reforms to the Industrial Relations Amendment Act which removes the previous governments "wages cap". This is an important step in the right direction and the HSU acknowledges this has enabled the commencement of bargaining for new awards.

Provides potential for improvement but requires funding:

The HSU remains cautious but hopeful that genuine bargaining can occur under the Fair Pay and Bargaining Policy. There are concerns that too much emphasis is placed on identifying narrowly defined productivity off-sets to pay and conditions, this may fail to address broader workforce issues such as attraction and retention of skilled staff, genuine work value assessments and the need to provide additional funding to under resourced areas of the health service.

The HSU holds concerns that the policy may be too prescriptive and short-term in relation to productivity improvements. As identified at question (2), HSU Allied Health members could improve productivity through additional staffing and training which enables comprehensive assessments to be performed in one service rather than requiring duplication across multiple health services. To achieve this productivity will require additional staffing and training to open the opportunity for HSU Allied Health members to undertake requisite training required to achieve improved productivity.

If productivity improvements do not consider these longer-term benefits which can arise from better bargaining outcomes, then it will fail to address workforce shortages.

4. The NSW Government has committed to reforming allied health awards. What award reform would improve the recruitment and retention of allied health professionals?

Attracting new staff, retaining skilled staffed – Rates of Pay

NSW Health has not negotiated new awards with Allied Health in over 15 years. In that time, other states have had several rounds of bargaining and recognised the vastly changed scope of Allied Health roles through improved pay and conditions.

Award reform must address the hangover from the wages cap which sees NSW Allied Health staff paid significantly worse than if they worked interstate in place likes Queensland or under the NDIS.

[1] https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/educator-role.pdf

For example, Physiotherapy and Occupational therapy graduates entering NSW Health will be paid significantly less than in Queensland:

	NSW		Queensland		Difference in earnings	
Year 1	$	76,056.00	$	86,609.00	$	10,553.00
Year 2	$	80,519.00	$	91,813.00	$	11,294.00
Year 3	$	85,800.00	$	97,806.00	$	12,006.00
Year 4	$	91,472.00	$	101,600.00	$	10,128.00
Year 5	$	97,045.00	$	106,147.00	$	9,102.00
Year 6	$	101,591.00	$	110,689.00	$	9,098.00
Year 7	$	104,753.00	$	116,189.00	$	11,436.00
Total	$	637,236.00	$	710,853.00	$	73,617.00

Career progression, recognising / utilising scope of practice and new roles

Award reform must result in modern career pathways which provides practitioners pathways based on skills, knowledge, qualifications and competencies.

Over the last decade, particularly since AHPRA regulation commenced for many professions, the scope of practice allied health workers perform has expanded. However, the awards place barriers and blockages to utilisation of practitioners working to top of scope and / or extended scope.

For example, the current psychology award provides an overly prescriptive task orientated structure which results in under utilisation of highly qualified endorsed psychologists in specific area of practice, relegating them to glorified case managers in many instances. On the other hand, it places too much restriction on what work can be performed by generally registered psychologists which does not align with their actual scope of practice. This particularly harms regional areas which rely on generally registered psychologists but cannot attract or retain them due to this outdated structure.

Another example is the need to create modern awards with pathways for advanced clinical work, research, education and leadership. This will ensure, like QLD, that the NSW health service retains these highly skilled practitioners, benefits from their contributions and ensures junior staff have greater support and development.

Professional supports which encourage staff to stay

For over a decade, Allied Health professionals have been required to perform ongoing CPD and continued learning. This improves the skill and knowledge within the profession but adds an additional cost in terms of time and money to remaining a professional.

In both Victoria and Queensland, the health system has negotiated new agreements which provides direct support to allied health staff to meet these requirements. For example, providing access to allowances covering the cost of CPD[2] or paid leave to meet CPD[3] requirements each year.

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[2] *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.4) 2022* at clause 6.1, 6.2 and 6.3.

[3] *Medical Scientists, Pharmacists and Psychologists Victorian Public Sector (Single Interest Employers Enterprise Agreement 2021-2025)* at clause 73.

Other examples of professional supports include paid time and entitlement to clinical supervision to meet mandatory requirements and reimbursing for the cost of training to become a supervision.[4]

Pathways and pipelines for graduates:

Award reform presents an opportunity to modernise awards to attract younger staff with clearer pathways and opportunities for progression. But equally, this should occur within a safe and patient orientated environment.

Awards should provide entitlements to supervision and support for graduates which ensures they have a pathway which enables them to build their clinical skills and determine the best career pathway. Under the current award structure, many HSU members report the award does not achieve this and they are instead often required to work beyond their scope too early due to understaffing or lack of senior staff available. HSU members report this experience is a significant factor contributing to burn out and leaving NSW Health.

Aboriginal Health Practitioners

There is a pressing need for more Aboriginal Health Practitioners who are a protect title under the National Health law. Registration requires completion of a certificate IV and ongoing CPD, but it also enables a broader scope of practice including certain clinical activities related to early childhood development checks.

Under the current NSW Health Awards, Aboriginal Health Practitioners are paid the same as Aboriginal Health Workers at the top of their salary band ($87,301). This creates a perverse incentive to not progress from the classification of Aboriginal Health Workers (Certificate III and no clinical scope of practice) to Aboriginal Health Practitioners (Certificate IV, protected title with clinical scope of practice). HSU members report they choose not to undertake additional training and obtain registration because there is no additional earning recognition attached to the additional responsibility. Aboriginal Health Practitioners can play an important role in early childhood development checks, but the current award is failing to attract experienced staff into these roles.

[4] *Medical Scientists, Pharmacists and Psychologists Victorian Public Sector (Single Interest Employers Enterprise Agreement 2021-2025)* at Part 11, clause 94-98.