

## Australian Universities Accord – MedHealth Group Submission

### Introduction

MedHealth is a significant employer of healthcare professionals in our provision of Government services, where we support thousands of people each year to achieve better work and health outcomes. We do this through our unique combination of strengths, capabilities, and resources, which span healthcare management, medical opinion, advisory, employment, health and business technology, rehabilitation and return to work services.

Our team of 3,000 committed allied health, disability employment and disability support professionals use their talents to help people realise their potential from over 300 sites across Australia. Backed with the expertise of more than 920 independent medical specialists who consult across MedHealth, we cover all major medical and allied health disciplines. However, these healthcare professionals capable of delivering supports to vulnerable populations through government schemes such as the NDIS and workers compensation are in desperately short supply.

From our position as a large-scale employer within the health industry, we see the development of the Universities Accord as an opportunity to ensure that educational priorities align with government policy priorities and the workforce requirements to meet these priorities as well as the evolving needs of our population. In this submission, we respond to key questions we are able to offer an insight on, focussing on the need for more allied health professionals (AHPs) capable of supporting vulnerable populations and the capacity of industry to work closer with academic institutions to facilitate this.

#### ***Q4 Looking from now to 2030 and 2040, what major national challenges and opportunities should Australian higher education be focused on meeting?***

The biggest national challenge higher education should be focussed on meeting is the provision of allied health professionals to support vulnerable populations. The current government's priorities focus on uplifting the most vulnerable members of our society through programs such as veteran's compensation, and the rapidly growing NDIS, which is projected to support 859,328 people and cost nearly \$59.3b by 2030. Moreover, Australia has an aging population whose needs are not being met by the current aged care and support workforce, as revealed in the recent Royal Commission into Aged Care Quality and Safety (2021).

At present, these populations are often unable to access the support that they need because the supply of Allied Health and community support workers simply is not sufficient to accommodate their requirements. We want to be able to work with the government to deliver on its key priorities and support these groups. However, given extreme workforce shortages we are often left with long waiting lists of clients or clients whose rehabilitation or treatment is diminished by less-than-required amount of contact hours.

Moreover, as Australia's population ages, having a strong, productive workforce with high rates of participation will be crucial in order to ensure that we can economically support these aging groups. This increases the importance of rehabilitation and return to work programs, as well as the NDIS which can facilitate the participation of people with disability (PWD) in the workforce. Investing in the necessary allied health professionals such as occupational therapists, physiotherapists, psychologists, and speech pathologists offers an opportunity to make the most of our working age population and ensure that we are able to support and provide for our elder Australians over the coming decades.

***Q9 How should Australia ensure enough students are studying courses that align with the changing needs of the economy and society?***

From the perspective of a large-scale employer, we see that the processes for defining the number of university placements lacks transparency and a top-down organisational strategy to meet the needs of society and the economy. When attempting to ensure more places in tertiary education for AHPs, we were met with communication barriers and a lack of a clear pathway to express these needs to institutions.

There needs to be a body with oversight over all higher education bodies in the country, creating guidelines for the number of positions available in order to ensure that the requirements of the workforce are being met. We see opportunities for such a body to collaborate with industry, as well as with the recently formed Jobs and Skills Council which will take an evidence-based approach to determining what the changing needs of the economy and society actually are.

Furthermore, there is no published data about the number of enrolments by specific discipline. In our field, we do not know how many graduates enter each allied health profession - there is only the general category 'health.' This lack of taxonomisation increases difficulty of determining where specific shortages lie and should be addressed.

**We can only assume that there is insufficient university positions for allied health professionals, and would strongly recommend that the numbers increase to meet current and future demand.**

***Q13 How could an Accord support cooperation between providers, accreditation bodies, government, and industry to ensure graduates have relevant skills for the workforce?***

We believe that there is scope to increase the collaboration between government, accreditation bodies, providers, and industry in order to ensure that graduates are being prepared with the necessary skills to be effective workforce participants.

Currently, the biggest issue that we see is that students are prepared for a singular, traditional employment path and lack education about other pathways in government schemes and community-based work. Students are being prepared for work in hospitals through their placement but are not taught how to best work with vulnerable individuals in the NDIS, aged care, and rehabilitation and return to work. This does not align with current government investment within health, where funding is increasingly being distributed towards more specialised programs aimed at uplifting vulnerable populations. This is a product of course content and means that employers have to spend a significant amount of time upskilling graduate employees before they can deliver services.

There is a need to 'educate the educators' around these burgeoning government schemes so that they can prepare their students for working in such programs. Industry leaders can play a role here in supporting academics continually 'upskill' in order to stay connected to the evolving healthcare landscape. There is also scope for compulsory courses to be developed relating to working with PWD, aging populations and occupational rehabilitation in the health pathways in order to both prepare students for working with vulnerable populations and provide them an opportunity to determine if this is a career path that they are interested in.

***Q17 How should better alignment and connection across Australia's tertiary education system be achieved?***

We believe that there is scope to better integrate TAFE with university education in order to fulfill the needs of the Australian workforce more rapidly and adequately.

Firstly, there should be clearer pathways for transferring from TAFE into allied health professions at universities. Credit for TAFE courses could be given to those applying for higher educational honours in order to incentivise transition and speed up the process of accreditation. As noted above, many TAFE courses such as community work and support are extremely relevant to working in Allied Health. These could be better integrated into current higher education pathways, as well as be recognised for those transitioning from TAFE into higher education.

Secondly, there is scope for TAFE to play a role in upskilling and re-skilling mature aged workers rather than requiring them to reattend university and complete an entire degree. Having individuals with life experience and prior, workplace-oriented learning are vital for the workforce. Incentivising these individuals to re-engage in working or transition into different professions could be greater assisted by TAFE who could find a way to give academic credit for a range of mature-aged workers' skills and thus fast-track their academic progress.

Connectedly, we believe that the re-accreditation process for older workers who have lost their accreditation and need to 'refresh' their skills could be more streamlined. At present, this is governed by accreditation boards and facilitated by employers, who need to supervise employees returning to the workforce. This comes at significant time and cost in a workforce that is already under stress. There is an opportunity for development of courses within either TAFE or universities that focus on fast-tracking re-accreditation to facilitate renewal of participation in the workforce. This would free up valuable employer resources to deliver services to vulnerable populations.



MEDHEALTH

***Q23 How should an Accord help Australia increase collaboration between industry, government, and universities to solve big challenges?***

There is a big opportunity for industry, government, and universities to collaborate to solve big challenges and address workforce needs. As noted above, the development of an overarching Universities Board on which industry is represented would allow the shaping of university placements to reflect what we are seeing in the real world and ensure that placements are aligned with government priorities.

Additionally, this structure of communication and collaboration could be reflected in more specific professional pathways. As a big employer, we see an opportunity to work with universities in developing coursework that integrates experience in industry in order to ensure that students develop practical skills and awareness that prepares them for 'life on the other side.' In health, the majority of training opportunities and placements exist in hospitals. We can assist in facilitating a range of placements across industry to ensure that the diversity of healthcare professions is recognised throughout the course of the student's education.

## **Conclusion**

The Universities Accord represents a significant opportunity to reshape the current employment landscape. Addressing skills shortages within allied health professions is a crucial challenge that Australia faces in the coming decades in order to accommodate for the changing needs of its aging and vulnerable populations. It is only if industry, government, accreditation bodies, and academic institutions work together will we be able to address these issues as a matter of priority.

We welcome the opportunity to work with government on progressing this agenda.

### **Contact:**

Therese Campbell

Director Government and Stakeholder Relations, MedHealth

[tcampbell@medhealth.com.au](mailto:tcampbell@medhealth.com.au)

