ACDHS AUSTRALIAN COUNCIL OF DEANS OF HEALTH SCIENCES

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AUSTRALIAN GOVERNMENT'S RESPONSE TO THE COVID-19 PANDEMIC

I write on behalf of the **Australian Council of Deans of Health Science** (ACDHS) with a high-level response to the Senate Inquiry into the COVID-19 pandemic. ACDHS is the peak representative organisation for Australian universities engaged in education and research for allied health professionals.

Allied health professionals (AHPs) are an integral part of the health and care workforce and make a vital contribution to responding to COVID-19 now and in the weeks and months ahead. Improving access to services and developing a workforce to meet the health needs of Australians across sectors, services and settings are priority issues for ACDHS members.

Our response adopts a whole of health system perspective and focuses on four key aspects of the Australian Government's response to the COVID-19 pandemic:

1. The requirement for national leadership representing **all** three pillars of the health workforce.
2. Allied health professional workforce supply.
3. Post-acute care.
4. Responding to the needs of people with chronic conditions who were displaced from acute care in preparation for COVID-19 response.

In addressing these issues, ACDHS takes this opportunity to not only look backwards but also looking forward to how the health system can be secured against future shocks.

1. The need for representation of all three pillars of the health workforce, via the appointment of a Chief Allied Health Officer

Australians have become acutely aware of the impact of COVID-19 as a result of the strong public leadership of the Commonwealth Chief Medical Officer, Deputy Chief Medical Officers and the Chief Nurse. We argue that the success in flattening the curve of the pandemic is largely attributable to the trust and confidence engendered in the community by our health leaders. However, there is currently no dedicated Commonwealth Chief Allied Health Officer with an allied health background, with matters relating to allied health more recently falling within the broader responsibilities of the Deputy Secretary Health. The appointment of a Commonwealth Chief Allied Health Officer would

add critical capacity at a time when **all** health assets must be applied to best effect: for recovery and rehabilitation; to bolster resilience against future risks; to promote effective, integrated health and related service systems; and to ensure sustainable, patient and community-oriented delivery in an increasingly complex environment.

The establishment of this position would recognise that allied health professionals, who collectively comprise around 25% of the current Australian health workforce, are an essential element in an accessible, responsive and equitable health system. Allied health professionals provide essential services beyond the acute care setting to support individuals and significant others to engage actively in their communities. Importantly, a Chief Allied Health Officer will work alongside the medical and nursing Chief Officers to ensure Australians have access to all three pillars of healthcare they deserve. A Commonwealth Chief Allied Health Officer could also continue the outstanding connecting work established under COVID-19 of state and Commonwealth health leaders by linking with jurisdictional Chief Allied Health Officers. The Chief Allied Health Officer could also provide optimal focus on rural and remote areas where entrenched maldistribution of the allied health workforce impacts on access to allied health services and community health outcomes, especially in those with rehabilitation needs and chronic conditions.

Professionally diverse senior leadership will better equip government to meet current challenges and longer-term primary care reform ambitions. To benefit from the transformative potential of the AHP workforce and its unique contribution to quality, equity, productivity and system sustainability, the government must make a Chief Allied Health Officer a priority.

ACDHS recommends

That Commonwealth appoints a Chief Allied Health Officer as a matter of priority.

2. Rebuilding the allied health professional pipeline

Beyond the immediate emergency of the current COVID-19 pandemic, the healthcare sector is unlikely to return to business as usual. The supply of our future healthcare providers has been disrupted.

Student progression is a high priority for all universities and stakeholders. ACDHS members have worked collaboratively with professional bodies, accreditation authorities and service providers to consider how best to support allied health professional students to continue their studies and where appropriate use their skills and expertise to support the health and care system during this time of emergency in the safest possible way[1]. We have welcomed the flexible approach taken by registration and accreditation bodies, recognising the dynamic environment and the needs of different health services, professions and education providers.

During the acute phase of the crisis the provision of supervised placements varied across professions with many providers cancelling or severely limiting access to clinical education. Table 1 below summarises the impact on ACDHS members[2]. The numbers in Table 1 may be under-represented as many providers have used language such as 'postponed placements' rather than cancellation, nevertheless the impact of postponement is to delay student graduation with flow-on effects through all levels of courses.

[1] ACDHS statement on the role of health sciences students in the COVID-19 workforce
[2] Analysis undertaken on behalf of ACDHS by the University of SA: Health and Clinical Education

Discipline	% reduction
Optometry/Audiology	88%
Paramedicine	81%
Exercise Physiology/ Human Movement	68%
Medical Radiation	63%
Occupational Therapy	57%
Orthotics/ Prosthetics	51%
Podiatry	48%
Speech Pathology	47%
Dietetics/ Nutrition	41%
Psychology	41%
Physiotherapy	40%
Social Work	36%
Laboratory Medicine	17%
Pharmacy	14%
Average % reduction	**49%**

Table 1: Survey of ACDHS members: Reduction in number of student clinical placements offered for the period 30 March- 16 April 2020:

Notwithstanding the impact of COVID-19, the capacity of health services to support student placements has been the topic of considerable debate. Discussions have focussed on the perceived negative impact of student placements on workplace productivity. ACDHS has long advocated for support for clinical education in a diversity of settings, including the community. In 2008 in response to the increase in student numbers across all health professions the Commonwealth and state and territory governments funded a range of education, training and infrastructure initiatives aimed at increasing the medical, nursing and allied health workforce[3]. Recognising the necessity for entry level professional health students and trainees to be provided with effective, high quality clinical training placements, the aims and objectives of the funding were to:

- support innovative approaches to dealing with the increase in the numbers of people undertaking health professional training and education;
- improve distribution and capacity for teaching and clinical training outside of traditional training settings;
- address training across the mix of eligible disciplines;
- to support innovative supervision models;
- have immediate capacity to provide increased clinical training capacity; and
- promote linkages within the wider professional community.

Going forward as many placement opportunities as possible will be needed to help make up for placement hours that have been lost to COVID-19. At the same time, providers face challenges in recovering and adapting to a post-crisis world and will require support in the expectation that people who have delayed accessing allied health services begin to re-engage.

[3] Increased Clinical Training Capacity (ICTC) program

ACDHS recommends

The Commonwealth introduce a scheme to incentivise health care, disability and social care providers to offer allied health clinical placement opportunities.

3. Preparation for post-acute community need

The impact of COVID-19 on the wellbeing and future health of the community is now a point of focus. COVID-19 is placing additional pressures on already strained services in community rehabilitation, aged care, disability support, mental health and primary care allied health services sectors. To date, sub-acute care and rehabilitation of people seriously affected by COVID-19 has been poorly represented in national response planning. Sub-acute care to safely move patients from acute inpatient services, and to prevent hospital admissions for patients with concomitant chronic conditions threatens increasing patient in-flow and loads that can impact the system's capacity to manage COVID-19 hospitalisations.

As at the time of writing (22 May 2020) there were 7,079 reported cases of COVID19 in Australia. Forty-one (41) of those cases were hospitalised. Six thousand four hundred and forty-four (6,444) have been assessed as 'recovered'[4]. At this stage while there is no evidence about how people recover from COVID-19, especially elderly and those with disability or chronic disease, it is possible that there will be an increased need for post-acute care allied health services. There is also no evidence about the impact of COVID-19 on the mental health and wellbeing of individuals and about how post-COVID mental health will impact ability of individuals to engage in their daily activities and occupations.

ACDHS recommends

That the Commonwealth move quickly to develop a strategy, inclusive of allied health, for community care that addresses the needs of those recovering from acute coronavirus. It is important to establish these arrangements while community transmission rates are largely controlled and before further outbreaks occur.

4. Responding to the needs of people with chronic conditions who were displaced from acute care in preparation for COVID-19 response.

There is an urgent need for robust and well supported pathways to safely move patients from acute inpatient services, and to prevent hospital admissions for patients with chronic conditions who have postponed accessing care through the pandemic. Consumer access to allied health services in primary care is often impacted by long waiting lists in public services, and out-of-pocket expenses for many private allied health services. National leadership of key hospital prevention, avoidance and sub-acute and community care strategies is urgently needed to address this issue. It is important to establish these arrangements while community transmission rates are largely controlled and before further outbreaks occur.

We have seen the Commonwealth swiftly support the mobilisation of private hospitals and clinics (and their workforce) to manage potential overloaded public hospitals and emergency departments.

[4] https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#cases-admitted-to-hospitals

Such innovative and responsive approaches now need to be extended to ensure Australia's emerging rehabilitation needs are met.

ACDHS recommends

That the Commonwealth mobilise the allied health professional workforce for community care that addresses the 'silence' of those with existing disability and chronic conditions who have been displaced from access to acute care.

Thank you for the opportunity to respond to the Inquiry. If you have any questions on the ACDHS response then please do not hesitate to contact me at secretariat@acdhs.edu.au or telephone 0407 885 003.

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Executive Officer
Australian Council of Deans of Health Science

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attach

ACDHS member universities

- Australian Catholic University
- Central Queensland University
- Charles Darwin University
- Charles Sturt University
- Curtin University
- Deakin University
- Edith Cowan University
- Federation University
- Flinders University
- Griffith University
- James Cook University
- La Trobe University
- Monash University
- Murdoch University
- Queensland University of Technology
- RMIT
- University of Canberra
- University of Melbourne
- University of Newcastle
- University of Queensland
- University of South Australia
- University of the Sunshine Coast
- University of Sydney
- University of Tasmania
- University of Wollongong
- Western Sydney University

While it is noted that many of our members teach a broader range of health programs, the following professions fall within the remit of our Council:

- Audiology
- Medical laboratory science
- Occupational therapy
- Orthoptics
- Pharmacy
- Podiatry
- Psychology
- Social work
- Clin exercise physiology / sport and exercise science
- Nutrition and dietetics
- Optometry
- Paramedicine
- Physiotherapy
- Prosthetics and orthotics
- Medical radiation science
- Speech pathology

Executive	
Professor Esther May **Chair**	Executive Dean (interim): Clinical & Health Sciences Dean of Clinical Education and Equity University of South Australia
Ian Wronski (Immediate Past Chair)	Deputy Vice-Chancellor Division Tropical Medicine and Health James Cook University
Professor Helen McCutcheon	Deputy Pro Vice Chancellor Faculty of Health Sciences Curtin University
Professor Gregory Kolt	Dean of Health Sciences Western Sydney University
Pamela Stronach	Director, Academic Quality and Strategy Division of Tropical Health & Medicine James Cook University
Professor Terry Haines	Head of School Primary and Allied Health Care Monash
Professor Chris Brebner	Dean (Education) College of Nursing & Health Sciences Flinders University
Professor Russell Hoye	Dean School of Allied Health, Human Services and Sport La Trobe University