COVID RESPONSE

https://www.e61.in/covid-review

INTRODUCTION

Allied health professionals comprise almost a third of the country's health care workforce and deliver over 200 million health services annually. Allied health services are an essential component of the health and aged care system in Australia.

The Australian Council of Deans of Health Sciences (ACDHS) represents the University faculties engaged in pre-professional education and research for allied health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between health care and education sectors. Members are well placed to provide insights on the demands our future health workforce will face, and opportunities to improve the efficacy of their practice and sustainability of systems they will work in. More information is available at https://acdhs.edu.au/

Prior to the COVID-19 pandemic allied health workforce shortages and maldistribution were evident and Universities faced continued challenges in securing quality clinical placements for their students. COVID-19 served exacerbate these problems.

Beyond the first years of the COVID-19 pandemic, the health and care systems have not returned to business as usual. Severe disruption to the supply and utilisation of the health workforce remains, and the pressure points in our health, aged and disability care sectors are now plainly visible.

ACDHS welcomes this opportunity to contribute to the e61 Institute examination of how Australia handled the pandemic and how the university, health, aged and disability care systems can be secured against future pandemic-related crisis.

ACDHS RESPONSE TO REVIEW QUESTIONS

1. What impact did the pandemic have on you and your community?

All Australian Universities were impacted by the loss of face-to-face teaching and International Students during the first years of the pandemic. Universities worked extensively to rapidly facilitate alternative education and assessment activities in response to COVID-19. Many courses became available through supported online delivery.

Over and above this disruption, in the health sciences the compulsory requirements of **clinical placements for allied health** professionals were unable to be fully met. This is due to:

- clinical practice competencies not translating well to on-line delivery;

- student supervision taking a lower priority as health services focussed on clinical service delivery; and
- providers re-evaluating their capacity to safely host a student in a COVID-safe environment.

The situation varied across States and Territories, by allied health discipline, and by student year. Those disciplines that required hands-on experience such as Physiotherapy, Occupational Therapy, Optometry, Exercise Physiology, Audiology and Medical Radiation were among the hardest hit by COVID-19 related restrictions. First year student practicums were the most commonly cancelled or postponed. Simulation based learning was introduced in some situations (eg paramedicine) and also tele-health observation (eg physiotherapy)[1].

Without placement completion students are unable to graduate and the qualified health workforce is reduced. Universities efforts in health professions education became focused on:

- minimising adverse impacts on student learning and course progression; and
- assisting the health sector to provide essential services and workforce sustainability.

While student recruitment to the COVID-19 response was a vital and necessary utilisation of a skilled workforce, it also served to further disrupt training of the allied health workforce pipeline.

Pre-placement compliance requirements for health and care settings increased significantly due to COVID-19. Stricter pre-requisites in relation to infection control (personal protective equipment (PPE) and mask fitting), screening measures (RAT testing) and new vaccinations were supported by health agencies, but by varying extent across the States and Territories. Gaps have been identified where the University was required to step in and fund.

ACDHS member institutions in one State have reported that the direct cost of mask fit testing for students attending clinical placements can range from $400,000 to $900,000 annually – depending on the number of students. These figures include consumables, up front equipment purchases, and staff support. They represent significant unforeseen placement costs and administrative burden on University schools of health science and do not include the in-direct costs of organising and implementing fit testing.

The Royal Commission into Aged Care Quality and Safety found that there were both real and perceived barriers to allied health professionals being able to enter residential aged care facilities to provide services due to COVID-19 related restrictions. In some **cases allied health services were not considered essential** and requested not to return until restrictions were lifted. This was rectified but many residents had their access to services at a time when there was increasing need. Allied Health professionals must be considered as a core component of an accessible, responsive and quality aged care system.

2. What worked well, and what didn't work well, in governments' policy responses to reduce the impact of the pandemic on you and your community?

COVID-19 provided the impetus for **universities** to develop new approaches to education and support for clinical placements for students (e.g. simulations to provide students with skills related to telehealth). The telehealth experience also provided important insights for students into cybersecurity, privacy, and confidentiality issues.

[1] Analysis by Universities Australia Health Professions Education Standing Group April 2020

The rapid increase in the use of virtual learning occurred to differing extents across the allied health professions. The extent to which virtual learning can substitute or complement relevant practical work-related experience should be further researched.

The appointment of the Australian Government's first Chief Allied Health Officer in 2020 has provided a focus on allied health and this is welcomed.

The elements of the **Commonwealth Government response to COVID- 19** that impacted allied health professionals services and education included:

- New COVID-19 related Medicare Benefits Schedule measures.
- Funding to Universities for industry focussed short courses in aged care.
- Commonwealth funded project to address infection control in allied health practice. ACDHS, working with Allied Health Professions Australia on behalf of Australian Allied Health Leadership Alliance (AAHLA), was funded to develop:
  - Guidance on Infection Control in Allied Health Practices (July 2020)
  - A Framework for embedding the principles of Infection Control in Allied Health Practice Guidelines into teaching curriculum (2021)

ACDHS members worked collaboratively with professional bodies, accreditation authorities and service providers to consider how best to support students continue their studies. The flexible approach taken by registration and accreditation bodies in this regard was welcomed. This allowed for allied health students to use their skills and expertise to safely support the health and care system during the early stages of COVID-19 in appropriate circumstances.

Students and practitioners became engaged in a range of COVID-19 related activities at the **States and Territory level** in areas such as: public health units as contact tracers; vaccination clinics; and testing clinics. This demonstrates that expanding the scope of practice of allied health practitioners can be safely achieved with appropriate training and credentialing. NSW Ministry of Health centrally coordinating the participation of final year allied health students as Allied Health Assistants in surge response efforts.

Going forward, as many student placement opportunities as possible are needed to help make up for placement hours that continue to be lost due to COVID-19.

3. What should be done now to better prepare for the next health crisis?

At the time of writing Australia is the OECD country with the most cases of COVID-19 per-capita, with our seven-day average number of cases more than 48,000[2]. The number of hospitalisations and deaths are also trending higher. There is a sense that complacency has set in, and Australia appears to be behaving as though the COVID-19 pandemic is over. Strong and consistent national leadership remains a priority in supporting Australia through the COVID-19 pandemic.

Health care workers are at the forefront of the COVID-19 response and continue to experience first-hand the impact of the ongoing infections and burnout. They are overburdened and reaching

[2] https://ourworldindata.org/covid-cases. Accessed on 16 May 2022

exhaustion, yet governments appear to be neglecting the risks of new COVID-19 variants that may evade vaccines, be highly contagious and could be more severe.

Australia urgently needs an evidence based, state-of-the-art National Health Workforce Strategy that is supported with adequate funding . An element of the Strategy must be pandemic workforce planning including roles for students and addressing task shifting. The current trend towards sector and profession specific workforce plans will serve to fragment efforts to build a health and care workforce that is fit for purpose for Australia's current and future needs.

4. What other issues would you like to raise with the Panel?

ACDHS members also noted that COVID-19 and the changes required to teaching and research for health science students resulted in increased stress on academics and students and curtailed research activities particularly impacting students undertaking higher degrees.

As the total number of COVID-19 positive people grows in Australia, so too will the numbers of people with prolonged illness or **Long Covid**. While the full impact of post-COVID-19 illness in a highly vaccinated population like Australia is yet to be fully understood, a national policy response is required to ensure equity in access for the disadvantaged (who were also disproportionally impacted by COVID-19 and consistency in quality services.

5. Recommendations

1. Support research to identify new ways to deliver allied health clinical education practical training using technology in the University sector.
2. Develop a national pandemic workforce plan in the context of a broader National Health and Care Workforce Strategy.
3. Prepare for mobilisation of university student populations as part of the response to the next pandemic where, despite workplace shortages, students were not utilised and student placements cancellations were among the first responses by health authorities. University students can be considered part of the health workforce response to a pandemic, as they are in animal disease outbreaks.