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HSU HEALTH SERVICES UNION VICTORIA NO.4 BRANCH

KPMG Team
Victorian Health Workforce Strategy Project

By email

To whom it may concern,

SUBJECT: HEALTH WORKFORCE STRATEGY

The HSU Victoria Number 4 Branch represents Medical Scientists, Psychologists, Pharmacists, Dietitians, Genetic Counsellors, Medical Physicists, Clinical Perfusionists and Audiologists in both public and private health settings in Victoria.

We are pleased to have the opportunity to provide input to this process.

The union has many concerns as to the current situation with the health workforce but we will limit our submission to the following areas:

- Enterprise Agreement compliance culture within health services
- Chronic backfill delays
- Training in team management skills
- Abolition of training grants (bursary years) for Medical Pathology Science students
- Psychologist career structure
- Pharmacist resourcing levels
- The need for a Chief Psychologist and Chief Pharmacist.

Enterprise Agreement compliance culture

It is our view that, increasingly, there is less real and meaningful understanding of the importance and role of enterprise agreements in the workplace. It appears to us that, often, agreement compliance is regarded as optional or inconvenient by some health services.

People and Culture departments regularly fail to demonstrate effective understanding of enterprise agreement entitlements and requirements whilst insisting on the importance of adherence to local “business rules” and policies. We should not have to explain that contracts entered into by employers and employees under the Fair Work Act have greater importance than local policy. The number of HR business partners that demonstrate high level employee relations skills is diminishing year on year. And health services, in response to this situation, often appear to be looking at process refinement and simplification rather than identifying and resolving training and skills gaps.

In a practical sense, this approach leads to increased levels of conflict in workplaces as managerial desires are regarded as being of higher importance than workplace rights. This leads us to resort to the use of the Fair Work Commission than may otherwise be necessary in a higher skilled environment.

In particular, organisational change in often initiated without the provision of all relevant information and asserted as a fait accompli with tight timeframes and inadequate resourcing. Language often talks about he needs of “the business” and places operational managers in situations of being decision makers about matters that they are not best placed to decide.

There is no excuse within health services for this situation. All but the smallest of health services are, by definition, large employers and should be expected to have a good level of expertise in this area.

Understanding, respecting and accepting employee rights is a good first step towards improving employee satisfaction and retention in the workplace.

Chronic backfill delays

Along with agreement compliance concerns sits the long term problem of meaningfully addressing employee absence backfill.

Many health services willfully delay filling vacant positions in order to save money. Health services have admitted as much to us in the past.

Some health services require managers to routinely make a “business case” for filling of vacant operational positions. This type of slavish adherence to “business rules” routinely results in important hospital functions running short staffed for significant periods of time resulting in increased employee workloads and dissatisfaction. It also creates disputation.

This approach might save money but it doesn’t support the health workforce and adds to the levels of dissatisfaction and cynicism felt across a range of functions about the priorities of employers.

Failure to train in team leadership within health services

Health services employ many highly educated and skilled people across all areas. However, there is very little practical training given to employers about how to lead a team.

In our experience, our members are often promoted into positions with supervisory or management responsibility because of their demonstrated clinical skills. That is, they are promoted because of their high level skills in their chosen discipline.

There is little or no assessment of their skills in team management and little practical support given for their development. Whilst some may have previous leadership experience, many do not and they are expected to pick up these skills of their own accord without meaningful help. This leads to significant levels of anxiety in the workplace. I am not aware of any health service that routinely provides team leadership training to employees required to lead teams.

Medical Scientist Training Grants and bursary years

For many years, from 1994, the Victorian Department of Health, through RMIT, provided in the vicinity of 60 grants per year to medical laboratory science students who had successfully completed their second year of study to enable them to undertake a practical year in public health pathology laboratories. This was known in hospitals as a bursary year.

The students would be placed in pathology labs and effectively work alongside the scientific work force for the best part of a year (40 weeks). They would then return to RMIT and complete their final year.

This approach had the practical dual benefit of allowing health services to assess and grow the skills of students in a real world situation whilst also giving the student a detailed understanding of the work performed within a pathology laboratory. Overwhelmingly, health services would offer ongoing employment to their bursary students once they finished their degree as they had already trained these new graduates in their own local procedures.

It is our estimation that the cost of this program would be less than $2 million per year.

I would like to note that this model of practical, on the job, training has also been adopted through the Australian Institute of Medical Science in other states and is utilised by a number of NHS trusts in the UK.

However, in 2018 a review was conducted of this program by the Department of Health and Human Services and it was determined this program would be phased out. The explanation provided to the union in our single after the fact meeting with departmental officials was that the program was being abolished for reasons of “fairness” – that is, the same level of practical support was not provided for other allied health disciplines.

It always concerns a union when adherence to the lowest common denominator is regarded as the “fairest” way of determining good public policy. The practical reality is that most science students do not regard themselves as studying for an allied health profession - they are studying science and its practical applications. Many other scientific courses offer paid industry years. This is a different pathway to allied health professions.

The practical upshoot of this change is to make medical laboratory science a less desirable choice for STEM students with options and it also ensures that graduates are not as work ready as they might otherwise be.

In our opinion, this has been a terrible public policy outcome and should be immediately reversed.

Psychologist career structure

As we all know from the recent Royal Commission into Victoria’s Mental Health Services, there is very significant unmet demand for professional services in this space.

At the same time, increasingly psychologists are increasingly finding it difficult to justify pursuing a career in public health when there are better paid and less stressful options available to them through private practice.

Psychologists tell us that the career structure is not satisfying with limited ability to progress into senior clinical positions within health services. This is due to a range of reasons that include a simple lack of availability of senior positions. Psychologists commence work at the Grade 2 level and may after five years progress to the Grade 3 level. However, many find that they will become stuck at this level as there is often only one Grade 4 position for up to 20 subordinate psychologist positions. Additionally, opportunities to branch into areas such as education and research are very limited, leading to career satisfaction issues.

There are other significant factors such as burnout due to workloads, the case management model - which many believe fails to respect the distinct skills of professions, and the internal workplace culture of mental health services. Psychologists also tell us about increased complexity of caseloads with demand so high that every patient in their caseload having complex needs. This leads to exhaustion and burnout and there are no internal solutions provided.

Psychologists mitigate these pressures by working in private practice where they have much greater control over who they see and what issues they work with. They also often earn significantly more in this setting. Once psychologists leave public health, they rarely return. This creates an environment whereby training is perennial but the skill base does not necessarily increase.

Career pathways and job design need to be closely looked at to ensure that psychologist retention improves in the public sector.

Pharmacist resourcing levels

Pharmacy demands have grown immensely over recent years with more and more functions within health services operating on a seven day per week basis.

In pharmacy, this commonly manifests significantly in demand for out of hours discharges and increased demands for Emergency Department services coinciding directly with reductions in available bulk billing GP services.

Often when health services are expanding services ancillary services, such as pharmacy, are almost an afterthought leading to increased workload for the existing pharmacist workforce.

Whilst there is some movement in this area, greater adherence to SHPA (Society of Hospital Pharmacists of Australia) ratios for pharmacy functions should be implemented in all health services to ensure that, in the same way as nursing staff formulas work, that there sufficient resourcing for the work required. In addition, there needs to be a provision for additional higher level (supervisory, management level) staffing allocated to acknowledge the greater responsibilities of managing growing departments.

The need for a Chief Psychologist and Chief Pharmacist.

It is the view of the union that the important and distinct work of psychologists and pharmacists is not properly recognised in the current Chief structure within Safer Care Victoria.

To this end, the union recommends the creation of both a Chief Psychologist and Chief Pharmacist within Safer Care Victoria.

This letter reflects the thin edge of the wedge with relation to workforce issues for us and does not reflect the sum total of issues that need looking at. As a union, we are keen to continue participating in all dialogues that aim to improve our members working lives.

Please contact me by email at matth@msav.org.au or by phone on 0418 149 261 if there's anything in relation to this matter you would like to discuss.

Yours sincerely

Matthew Hammond
Branch Secretary
16 October 2022