



Australian Council of Deans of Health Sciences response to the Australian Universities Accord Discussion Paper

The **Australian Council of Deans of Health Sciences (ACDHS)** welcomes the opportunity to provide a response to the Australian Universities Accord Discussion Paper. ACDHS is the peak representative organisation for Australian universities engaged in education and research in health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between the health, mental health, social, disability and aged care and education sectors. ACDHS Member Institutions are comprised of the majority of Australian universities (29 Universities) with allied health courses and are represented by persons who hold a position of senior leadership in health science faculties/colleges and have the strategic responsibility for allied health professionals (AHPs) within the institution (e.g. Pro Vice-Chancellor, Dean). As a collective we are the largest provider of allied health education in Australia, teaching over 83,000 students at any one time. Allied health professionals comprise almost a third of the country's healthcare workforce and deliver over 200 million health services annually¹. ACDHS members provide qualified allied health workers equipped to work in a range of settings including public and private health, education, disability and aged care settings. ACDHS members lead impactful research that improves the health and wellbeing of individuals and communities.

ACDHS members engage with local, national and international communities to inspire people to pursue careers in allied health, translate research into policy and practice, provide allied health services and to source quality work integrated learning experiences for students. More information about ACDHS is available at <https://acdhs.edu.au/>

In preparing this submission ACDHS consulted with its members and colleagues including but not limited to representatives from the following groups:

Council of Deans of Nutrition and Dietetics Australia and New Zealand
Australasian Council of Podiatry Deans
Council of Physiotherapy Deans Australia & New Zealand
Australasia Council of Paramedicine Deans
ANZ Council of Occupational Therapy Education
Heads of Departments and Schools of Psychology Association
Council of Pharmacy Schools: Australia & New Zealand
Australian Council of Heads of Social Work Education
Council of Heads of Exercise Sport and Movement Sciences
Speech Pathology Heads of Departments

¹ Allied Health Professions Australia at <https://ahpa.com.au/what-is-allied-health/> Accessed on 3 November 2022

This submission focuses on 6 key areas:

1. Clinical Placements
2. Regulatory Burden
3. Academic Workforce
4. Allied Health Research
5. Student Support
6. Rural Allied Health Workforce

ACDHS supports the Accord aim, to increase equity of opportunity, meet future skills needs and deliver high quality research that is useful to communities, industry and governments.

ACDHS seeks to make recommendations for Government, the sector, and other relevant stakeholders about delivery of a higher education system that meets the nation's current and future needs.

The recommendations from ACDHS includes how an Accord could deliver real outcomes with the national health workforce and in allied health education and research - focused to achieve effective change, build stronger working relationships across the system, and strengthen the system's ability to meet future challenges.

We have elected to address the relevant questions in the Accord discussion paper below.

Q1 How should an Accord be structured and focussed to meet the challenges facing Australia's higher education system? What is needed to overcome limitations in the current approach to Australian Higher Education?

The challenges of expanding the participation of diverse student groups in higher education will need to be addressed differently in different disciplines eg health, science, education, information technology, arts. Hence for the accord to be effective in achieving its aims, agreements must reflect the unique challenges in each broad discipline area.

There is need to produce the types and volume of allied health graduates needed for the future workforce to meet the needs of Australian society. Co-operation is required across higher education providers, the Commonwealth Department of Health and Aged Care, Department of Education, Department of Social Services, Australian Health Practitioner Regulation Agency, National Disability Insurance Agency, and State and Territory Departments of Health, Education and Social Services, and service provider representatives to achieve this. One of the greatest challenges faced by universities delivering allied health degrees is the fragmentation, differing funding models, different agreements for clinical placements between states, workforce needs and levels of engagement of the various Commonwealth and State Departments. An accord that commits all of these groups to working together to meet the workforce needs in health and to support the attraction, retention and completion of health students would be a significant step forward for the future.

Q4 Looking from now to 2030 and 2040 what major national challenges and opportunities should Australian higher education be focused on meeting? The Australian higher education system will need to be focused on meeting the following opportunities and challenges:

- Rapid and sustained growth of allied health workforce² particularly for aged and primary care to meet the health needs of Australians.
- Growth of the Aboriginal and Torres Strait Islander allied health workforce to address the gap in health, wellbeing, social and economic outcomes between Indigenous and non-Indigenous people.
- Transformation of health service delivery and the health workforce to shift the focus to preventative and primary health care and to contain the escalating costs of health care in Australia.
- Growth and re-distribution of the allied health workforce across metropolitan, regional, rural and remote Australia to address inequitable access to health care services.

Q 5 How do the current structures institutions, regulation and funding in higher education help or hinder Australia's ability to meet these challenges? What needs to change?

Issue 1

Duplication of standards and processes by TEQSA, AHPRA and accrediting bodies hinders Australia's ability to meet health workforce challenges by imposing unnecessary regulatory burden on universities. This in turn reduces the financial viability of allied health courses and diverts resources towards compliance and regulation and away from educational innovation and student experience. For example, both TEQSA and accrediting bodies require universities to meet standards relating to library services, student support, on-campus teaching facilities, student appeal and complaint processes and student experience.

Solution

TEQSA, AHPRA and the non-registered accrediting bodies work together to remove all duplication and to streamline and reduce the regulatory burden associated with the accreditation of allied health degrees.

Issue 2

Inputs focused accreditation standards and evidence of attainment eg clinical hours, student/staff ratios, levels of academic appointments and prescriptive curricula stifle educational innovation and flexible course delivery. This approach produces "cookie cutter" health professionals at a time when diverse knowledge, skills and attitudes are required for practice in diverse settings.

Solution

All inputs-based accreditation standards and evidence of attainment are removed by AHPRA and non-registered accreditation bodies. Only standards and evidence relating to outputs of curricula are allowable.

Issue 3

New types of health professionals will be needed in the future workforce. For example, new professionals and roles such as digital health practitioners, health technologists, health data scientists and experts in robotics, AI and cross-cultural collaboration will be required. Currently new university degrees that will produce these future health professionals are not being developed. The risk associated with investing in new courses for an uncertain future is too high.

² OECD/ILO (2022), *Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*, Getting Skills Right, OECD Publishing, Paris, <https://doi.org/10.1787/9b83282e-en>.

Solution

The Commonwealth government tender, commission and fund the development of new courses that meet emerging health workforce needs. This could avoid institutions becoming more risk-averse to making course innovation investments.

Q 8 What reforms are needed to promote a quality learning environment and to ensure graduates are entering the labour market with the skills and knowledge they need?

Allied health students entering the future labour market will need different and additional skills to the current graduates. Universities are well placed to support the development of many of these, for example interprofessional teamwork, digital skills, AI, preventative approaches and management of complexity. However, universities will need assistance to ensure that students receive practical experience in emerging areas of practice that will increasingly require an allied health workforce.

Issue 1

Two areas are primary care and aged care. In the case of aged care there are so few allied health professionals working in aged care it is currently impossible for an adequate volume of students to gain supervised practical experience in this context in order to meet demand over the next decade. Currently funding models do not support supervision and integration of allied health students in aged care contexts. Therefore, growth in the allied health workforce within aged care is currently discouraged. Health and social issues experienced by older people are often complex requiring multidisciplinary interventions and support. New models of care that include allied health student education are required urgently to address this need.

Reform 1

There is an urgent need to pilot and evaluate multidisciplinary allied health models of service delivery and student placement models in aged care to ensure a well-educated workforce is available and wanting to work in aged care in the future.

Issue 2

Similarly, the education of allied health students in primary care contexts is not funded unlike the education of medical students. In fact, taking an allied health student on placement may reduce revenue of primary care allied health professionals as they are unable to claim services delivered by students on Medicare and many other funding sources even though they are supervised by qualified professionals. This is currently a perverse disincentive to supervising allied health students. The management and treatment of chronic disease in the community requires multidisciplinary interventions and supports. There is good evidence that these approaches can be highly successful when available. Currently there are no feasible, sustainable models of ways to include allied health students in the delivery of these models.

Reform 2

Reform of Medicare to allow primary care allied health practitioners to claim for services delivered by students under supervision would support the education of the future allied health workforce that will be needed. It is a fundamental reform that is consistent with the Commonwealth Strengthening Medicare Taskforce Report.

Q 11 How should Australia boost demand from people to study in the higher education system?

Investing in post graduate professional entry degrees for allied health students would a rapid increase in workforce capacity and make this type of post graduate study more accessible to more students. Recently many universities have removed Commonwealth Supported Places from PG degrees because the funding is inadequate to cover the cost of delivering the degrees. Professional entry PG degrees meet the same accreditation requirements of undergraduate degrees, some in 50% less time (4 semesters vs 8 semesters) so the cost of delivering a PG degree is similar to a UG degree and attracts 50% of the revenue and produces graduates and workforce in half the time.

The cap of Commonwealth Supported Placements funding for universities creates a barrier within universities for embarking on development of new undergraduate course areas. For a university to do so would require removing Commonwealth Supported Placements from another area.

Solution

The Commonwealth assists universities to return to offering PG professional entry degrees in allied health with Commonwealth Supported Places by offering a higher level of CSP funding for these degrees compared to UG degrees. This will remove financial barriers to study, boost demand, meet workforce needs more quickly and incentivise universities to continue offering PG professional entry allied health degrees.

Priority course areas should be identified, such as allied health courses, where there is a recognised current or impending shortage to meet demand for Australian society. Funding for provision of additional university placements (undergraduate or post-graduate) on top of the cap should be permitted.

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

A commitment from the Commonwealth Government, through the Accord to review the membership of accreditation boards and panels will promote increased cooperation between all stakeholders. Accreditation boards and panels can be dominated by members of the individual professions who sometimes are vested in maintaining the status quo and protecting scope of practice including maintaining regulatory exclusivity, while reducing supply and increasing price. Accreditation boards and panels need to include educational specialists who have expertise in contemporary and future focused approaches to education who can challenge and lead change. Similarly, organisation-level industry leaders would be a welcome addition to boards and panels again to ensure the future employability of graduates. We would also recommend members of other professions and health, disability or aged care consumers on boards and panels. Diversifying membership of boards and panels will support co-operation between stakeholders and ensure graduates have the relevant skills for the workforce.

Q14 How should placement arrangements and work-integrated learning in higher education change in the decades ahead?

Proposed change 1

As the number of universities offering allied health courses continues to grow, smart digital solutions will be needed to reduce the waste and administration of clinical placements nationally and across the health, disability, education, aged care and private sector. We would like to propose the development of a national database of placements that can record and match students to

placements nationally. Virtually every tertiary education and training organisations currently employs personnel to negotiate, coordinate or administer placements and this inefficiency is placing additional costs on health in higher education.

Proposed change 2

The continued development, updating and placing on digital platforms of national assessment tools for allied health students will promote student mobility and willingness for placement sites to accept students from multiple universities and assure the competency of graduates nationally. Currently some professions need support to update their assessment tools as competency standards have appropriately changed over time, other professions do not yet have a national assessment tool, for example diagnostic radiography. The development and support of a national placement student feedback tool similar to the one created for nursing students would also create efficiencies and opportunities for benchmarking of student placement experiences nationally.

Proposed change 3

Funding to develop and evaluate new placement models in emerging areas of workforce need will be critical to developing and supporting new placement contexts. Long term, sustained funding incentives to support the education of allied health students in areas of workforce need such as primary care and aged care will be required. Tax incentives for organisations that take allied health students on placement is a potential way to encourage new placement opportunities.

Proposed change 4

Equal access to rural clinical experiences for domestic and international students through the Rural Health Multidisciplinary Training Scheme. Currently international allied health students many who remain working in Australia after completing their degrees, are not supported to access accommodation and other facilities available to domestic students.

Q 25 How can Australia leverage its research capacity overall and use it more effectively to develop new capabilities and solve wicked problems?

A system for addressing the inequity in the awarding of research funds needs to be developed to allow the right teams, in the right locations to generate solutions through research. Competitive Commonwealth research funding is concentrated in a small number of metropolitan based universities and disproportionately in some disciplines. The wicked problems facing health care and health systems will require new multidisciplinary perspectives and teams, who are deeply embedded in context so translation to practice and policy is seamless. Australia can leverage its research capacity better by introducing new criteria for grant assessment that takes into account the context of the team and the team members more fully. For example, it could be argued that health and service delivery problems in rural and remote communities are best solved by research teams (potentially in partnership with other universities and communities) embedded in these contexts led by disciplines that have the potential to innovate.

Australia can stimulate greater industry investment and engagement with universities by giving additional focus and funding priority to areas of greatest health care need such as aged care in particular in preventative health programs.

We recommend that the total of all research income is used to calculate RSP regardless of its origin in order to address any unintended outcomes between different categories.

See also response to Q 1& Q4.

Q 27 How can we improve research training in Australia including improving pathways for researchers to gain experience and develop high-impact careers in government and industry?

A constant challenge in health, particularly allied health is the tension between pursuing an academic career, maintaining clinical skills and the desire to continue to make a difference in the lives of people. A solution to this is joint appointments between universities and health, disability and aged care providers that allows academics to continue an academic and clinical career. There is strong evidence demonstrating that organisations with clinician researchers achieve better patient outcomes³. The added benefit of these arrangements is that the research undertaken is industry embedded, solving real world problems, and is often more easily translated into practice. There are very few of these types of appointment for allied health academics compared to colleagues in medicine where there is a strong tradition of public health services funding these types of appointments entirely in order to access evidence based, specialist medical services. Incentives for both industry partners and universities to rapidly grow the number and diversity of these types of appointments would make a significant contribution to both universities, industry and the career paths of allied health professionals and academics. This would be a relatively easily adopted and rapid policy improvement.

Similarly, a workforce of skilled educators needs to be embedded in the health, disability and aged care sectors. Such a workforce will ensure positive student experiences on placement, high quality educational outcomes and ultimately enhance attraction and retention of the health workforce. Enhancing the importance of education and lifelong learning in these sectors will create the learning organisations needed for Australia's future.

Q 28 & 29 What is needed to increase the number of people from under-represented groups applying to and prepared for higher education, both from school and other pathways?

What changes in provider practices and offerings are necessary to ensure all potential students can succeed in their chosen area of study?

The issue of health workforce shortages in rural and remote communities is well documented and is a seemingly intractable problem. Despite multiple and sustained government initiatives for the medical workforce in particular few gains have been made in this area. In the medical workforce, evidence indicates that that recruiting people from rural backgrounds increases the likelihood that they will return to a rural area post-graduation to work⁴. In allied health, recent evidence has identified that previous location exposure (ie. during placements) positively impacted recruitment however had limited impact on retention.³

³ Australian Academy of Health and Medical Sciences (2022). *Research and Innovation as Core Functions in Transforming the Health System: A Vision for the Future of Health in Australia*. www.aahms.org

⁴ McGrail, M.R. and Russell, D.J. (2017), Australia's rural medical workforce: Supply from its medical schools against career stage, gender and rural-origin. *Aust. J. Rural Health*, 25: 298-305. <https://doi.org/10.1111/ajr.12323>

³Couch A, Menz HB, Coker F, White J, Haines T, Williams C. Factors that influence workplace location choices in the different allied health professions: A systematic review. *Australian Journal of Rural Health*. 2021 Dec;29(6):823-34.

A solution to these issues is to design and deliver allied health curricula that allow people to study in place. Curriculum delivered via high quality online learning environments supplemented by intensive skills-based face to face on-campus teaching and clinical placements near home would increase the accessibility of health degrees to people living rurally. Several successful examples of the approach to allied health degree delivery currently exist. This change of mode of delivery of degrees requires upfront investment in online learning resources, new and specifically designed student support strategies for people learning in place and support for students to attend campus-based learning. Initial funding support for universities to introduce place-based learning approaches, financial support for students learning in place and whole of government support from education and health for placements will be necessary. Accrediting bodies will also need to be open to new approaches to universities meeting accreditation standards as an integration into existing courses, rather than requiring these courses to meet separate accreditation requirements and be treated as a different course.

The introduction of “earn while you learn” schemes for allied health degrees for students from targeted equity groups is another potential strategy. Such a scheme would support students to work in an aligned area while studying an allied health qualification, for example as an allied health assistant. Employers would provide study leave arrangements to allow students to study part-time and universities could potentially provide credit for “recognition of on-the-job learning”.

Q 31 How can the costs of participation, including living expenses be most effectively alleviated?

“Placement poverty”⁵ is a serious issue for many allied health students. When students attend placements for extended periods, typically 5-10 weeks they often need to suspend their part-time work arrangements that usually support their living expenses. If students complete placements away from their home base, then they may also incur travel costs and need to pay double rent. The placements required to complete degrees as per accreditation requirements can place students in a position of financial hardship. If we meet new equity and diversity targets for students in higher education, then we expect that the proportion of students who experience placement poverty will increase. There are two potential solutions to this issue:

1. Make Youth Allowance, Austudy and Abstudy available to students while on placement even if they normally do not meet the standard eligibility requirements.
2. Introduce tax incentives for organisations that take final year students on placement and pay them a stipend or wage.

See also our proposal under questions 28 & 29 for a “learn while you earn” scheme.

Q 32 How can best practice learning and teaching for students from under-represented groups be embedded across the higher education system, including the use of remote learning?

See response to question 28 & 29

⁵ Christine Morley, Lisa Hodge, Joanne Clarke, Heather McIntyre, Jennifer Mays, Jennie Brieese & Tina Kostecki (2023) ‘THIS UNPAID PLACEMENT MAKES YOU POOR’: Australian social work students’ experiences of the financial burden of field education, *Social Work Education*, DOI: [10.1080/02615479.2022.2161507](https://doi.org/10.1080/02615479.2022.2161507)

Q 35 Where providers make a distinctive contribution to national objectives through community, location-based or specialised economic development, how should this contribution be identified and invested in?

The expansion of the number of University Departments of Rural Health is one way the Commonwealth Government can recognise the contributions that universities make to rural and regional communities in areas of currently unmet demand. Furthermore, an increase in the funding of UDRHs will facilitate further economic and social development in these communities, provide employment opportunities for local people, support the local health workforce and contribute to the attraction and retention of health staff as well as assist in growing the health workforce through supported placements⁶.

Location-based scholarships for rural and remote localities would support place-based study and student placements. In many instances across regional Australia costs are prohibitive for students to relocate for study or for placements in the city. Location-based scholarships follow the rationale established for students studying and completing placements in rural and remote location then going on to work in the areas and support the cohesion of regional communities.

Q 48 What principles should underpin the setting of student contributions and Higher Education Loan Program arrangements?

The overall amount of money that is paid to the university should reflect the cost of delivery of the degree. The degree to which the HELP program subsidises this overall cost should be determined by the earning potential of graduates (potential to repay).

This would result in a more equitable and just approach to student contributions and loan arrangements.

Q 49 Which aspects of the JRG package should be altered and which should be retained?

JRG reduced the cost of studying health degrees for students, however it also reduced the revenue of health degrees by at least \$1,000 per student per year. Members of ACDHS report that the cost of delivering health degrees has increased substantially during the pandemic and has remained high in 2023. This is largely due to the increased use of simulation to augment learning and sometimes to replace clinical placements, increased cost of consumables e.g. PPE and the escalating cost of clinical placements. The scarcity of clinical placements compared to the number of students requiring placements has resulted in a market economy with placement providers setting daily charges for student placements that range from \$30 to \$110 per day. Some allied health placements continue to be offered for no charge by some providers with others charging the above daily rates. This situation is challenging for universities who struggle to predict and budget for placements costs. It is not unusual for placement costs per student to exceed the CSP plus student contribution paid for the clinical unit the student is enrolled in.

⁶ Humphreys J, Lyle D, Barlow V. University Departments of Rural Health: Is a national network of multidisciplinary academic departments in Australia making a difference?. *Rural and Remote Health* 2018; 18: 4315. <https://doi.org/10.22605/RRH4315>.

We strongly urge the Commonwealth to conduct new costing studies of allied health degrees at the undergraduate and postgraduate level that take into account all of the costs of producing allied health professionals fit for the future workforce including the need to situate these degrees in scholarly environments, where evidence-based practice and research informed service delivery and research active academics are present.

Thank you for the opportunity to respond to the consultation. If you have any questions on the ACDHS response, then please do not hesitate to contact ACDHS at secretariat@acdhs.edu.au.

April 11th 2023.