

# SUBMISSION TO THE JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS): NDIS WORKFORCE

13 August 2021

## INTRODUCTION

Thank you for the opportunity to respond to the Joint Standing Committee's inquiry into the NDIS workforce. Universities Australia is the peak body representing Australia's 39 comprehensive universities. Every member university delivers multiple health professions courses through which they educate and train virtually all new-entry health professionals in Australia.

There is a critical link between university-based health professions education and future health workforce formation. Through this link, universities make a significant contribution to Australia's health professional workforce. This workforce provides care across health, aged care and disability services.

Universities Australia takes a keen interest in health professions education and workforce policy. We maintain dialogue with the health, aged care and disability sectors and consult regularly with universities on these matters through Universities Australia's Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all health professional disciplines and jurisdictions and is a unique forum in which multidisciplinary health professions education and workforce issues can be discussed (see information sheet [attached](#)).

Universities Australia continues to engage with the Department of Social Services regarding the NDIS workforce and the role universities can play. We have also encouraged dialogue between the NDIS, Health and Aged Care sectors given that these sectors share the same health professional workforce.

Universities Australia's response to the inquiry is provided under Term of Reference g: any other matters. It focuses mainly on the critical link between health professions education/training and how experiences during formative educational years strongly influence graduates' subsequent career choices and workplace preparedness. Our response also touches on several areas outlined in the inquiry's other Terms of Reference (TORs). A list of the inquiry's full TORs is at Appendix A.

## RESPONSE TO THE INQUIRY'S TERMS OF REFERENCE

### TOR G: ANY OTHER MATTERS

The growing need for disability workforce is well established. A recent Senate review and NDIS evaluation report have both identified significant unmet health workforce need within the NDIS, particularly for allied health professionals<sup>1,2</sup>. The workforce need is greater in, but not limited to, rural areas. This is relevant to universities because they educate most of the new entry allied health, dentistry, medical and nursing

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<sup>1</sup> Evaluation of the NDIS 2018: [https://apo.org.au/sites/default/files/resource-files/2018-04/apo-nid143516\\_1.pdf](https://apo.org.au/sites/default/files/resource-files/2018-04/apo-nid143516_1.pdf)

<sup>2</sup> Senate Community Affairs Committee - Future of Australia's aged care sector workforce 2017: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/AgedCareWorkforce45/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Report)

professionals that work across the multiple domains of health, aged care and disability. In 2019, 310,884 students were enrolled in university health courses<sup>3</sup>. Many of these students will enter one of these areas on graduation, substantially boosting our health personnel. However, the service domains and locations new graduates choose to practice in are often highly influenced by students' university experiences.

While some policy has recognised and supported this connection<sup>4</sup>, the critical link between universities and health professional workforce formation and distribution is often missed. Health professional workforce development follows a pipeline across the career span, beginning in universities. Early educational experiences are highly influential in graduates' later choices about where and how they work.

## **The role of work-based clinical experience and placements**

All university-based health professions education includes mandatory supervised clinical education within health and care services. These are usually referred to as clinical experience or placements. They provide opportunities for students to work directly with clients, qualified health practitioners and other staff in care services to further develop the knowledge, clinical and workplace skills learned at university.

There is a strong link between the domains in which health professional students undertake their clinical education and where they choose to work once qualified: it is well-established that quality clinical education experiences influence the likelihood that students will return to work in these domains as registered practitioners. Learning in different settings also increases graduates' workplace preparedness when they commence employment. This goes beyond the clinical skills that all graduates must demonstrate to attain registration. It also includes greater understanding of the operating environments, client needs, cultures and values in different service sectors. This is valuable knowledge and assists graduates to "hit the ground running" when they start work. It also provides students with exposure to the range of settings in which they could choose to work on graduation.

Universities provide health professional students with clinical experiences and placements in a range of settings, including disability services. However, changes in the provision and structure of disability services (from what was previously largely state based disability services to client-driven NDIS services) have resulted in more limited student disability placements. Various barriers outside of universities' control contribute to this. Broadly they relate to the following:

- the private practice/fee-for-service nature of disability service providers under the NDIS – especially allied health – many of whom are also sole-practitioners;
- the general lack of a supervision payment to private practitioners for teaching health professional students within disability and other community-based care services<sup>5</sup>;
- inability for a supervising practitioner within disability and/or primary care settings to claim for a student-delivered allied health service under the MBS and lack of clarity about claiming for student delivered services under the NDIS;
- lack of available supervision capacity – and lack of accessible national data, searchable at regional and local levels about number/type of disability service providers that could potentially provide this capacity; and
- the regulatory complexity for health practitioners of becoming a disability service provider.

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<sup>3</sup> Unpublished Higher Education Information Management System (HEIMS) data 2019: health course, social work and psychology enrolments.

<sup>4</sup> Evaluation of the Rural Health Multidisciplinary Training (RHMT) program 2019 -2020: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/rural-health-rhmt-evaluation>

<sup>5</sup> The exception here is medical students in general practice which can receive a Practice Incentive Program (PIP) teaching payment for medical students if eligible.

All health practitioners provide care to a diverse range of clients, including those with disabilities. However, the above factors combine to deter many private practice allied health and other practitioners from offering services and supervision under the NDIS. It also prevents services from harnessing the well-established benefits that students bring to practices<sup>6,7</sup>. These NDIS workforce implications have an impact on the degree to which people with disabilities can access services.

Health professionals play a key role in supporting people with disability to maintain or improve their independence, quality of life and ability to exercise their personal choice and control. To achieve these health and wellbeing outcomes, at least two workforce dimensions need to be addressed:

- Firstly, we need a greater overall number of health professionals to choose to work specifically in the NDIS/disability sector. Evidence suggests this is especially true for allied health professionals, in particular physiotherapists, podiatrists, occupational therapists, psychologists, social workers, speech pathologists and audiologists.
- Secondly, we need to ensure that our overall health workforce is disability-aware, whichever service domain they choose to work in.

Universities can assist with this through facilitating significantly more clinical experiences for students with disability service providers. However, mechanisms need to be put in place to overcome the barriers outlined above and enable health professional students to access supervised placements with disability providers/practitioners. Helpful steps towards this include:

- introducing a student supervision payment to health practitioners providing disability care, particularly private allied health providers, given that allied health is an area of identified, significant unmet workforce need under the NDIS;
- developing a national database, able to be analysed at more granular levels, of disability health service providers. Data would include provider capacity/willingness for student supervision. Primary Health Networks are well positioned to facilitate this data collection.
- potentially developing an NDIS specific clinical placement software system that could support student placements by showing where unused/available clinical placement capacity existed and where it could be built up
- offering an initial, short-term disability-provider placement fund to universities. The fund could be used specifically for universities to work in partnership with disability providers /practitioners to increase practitioner supervision capacity and disability-specific student clinical experience.

Effective examples of these approaches already exist in other domains and can be used as models<sup>8,9</sup>.

## The NDIS National Workforce Plan 2021-2025

The NDIS National Workforce Plan 2021-2025, announced in early June 2021, shows promise in that it recognises the pipeline approach to workforce development. The aim of Initiative 9 under the Plan's Priority Area 2 (*Train and support the NDIS workforce*) is to "*Support the sector to grow the number of traineeships and student placements, working closely with education institutions and professional bodies*". The Plan suggests that:

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<sup>6</sup> Health Education and Training Institute (HETI) and NSW Interdisciplinary Clinical Training Networks (ICTN) 2015: Clinical Placements in NSW, 2015.:<https://bit.ly/37d5Nfo>

<sup>7</sup> Buchanan et al 2014. Student clinical education in Australia: A University of Sydney scoping study. The University of Sydney

<sup>8</sup> Final Report Royal Commission into Aged Care Quality and Safety 2021:

[https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)

<sup>9</sup> TRACS to the Future: National Evaluation of Teaching and Research Aged Care Service (TRACS) Models supported through the Aged Care Workforce Flexible Fund: Final Report 2015

[https://digital.library.adelaide.edu.au/dspace/bitstream/2440/123068/1/Barnett\\_National\\_Final\\_P2015.pdf](https://digital.library.adelaide.edu.au/dspace/bitstream/2440/123068/1/Barnett_National_Final_P2015.pdf)

- “Education providers, disability providers and state and territory governments need to work together to re-establish pathways between education and industry that may have been disrupted through the introduction of the NDIS”; and that
- “Governments will explore how training organisations, tertiary institutions and professional bodies can be supported to increase the number of traineeships and student placements offered in the sector:
  - *Tips and guidelines about offering effective traineeships in the NDIS workforce will be developed by industry and governments.*
  - *Traineeships will be promoted to various cohorts (e.g., students, workers transitioning from other industries).*
  - *Governments will work with tertiary institutions and professional bodies to explore how student placements can be delivered efficiently in a disaggregated market.*

Initial stakeholder engagement on the NDIS workforce plan has been undertaken and details of further action are awaited.

Collaboration between educators, disability providers and governments is important. There is good evidence that collaborative partnerships between universities and service providers to expand placement models within services brings short and longer-term workforce gains.

However further action and additional support is needed at the Commonwealth level and between portfolio areas: many of the barriers to student placement listed above could be addressed through Commonwealth policy reform in health and disability. Effective steps towards addressing the identified NDIS workforce needs could be taken by establishing:

- a mechanism to enable multistakeholder NDIS workforce development collaboration; and
- policy to support extended placements in disability services through partnerships between universities and disability service providers. Evidence from other areas shows that this approach is effective.

## **APPENDIX A: NDIS WORKFORCE INQUIRY - TERMS OF REFERENCE**

As part of the committee's role to inquire into the implementation, performance and governance of the National Disability Insurance Scheme (NDIS), the committee will inquire and report on the workforce providing NDIS services (the NDIS workforce), with particular reference to:

- a. the current size and composition of the NDIS workforce and projections at full scheme;
- b. challenges in attracting and retaining the NDIS workforce, particularly in regional and remote communities;
- c. the role of Commonwealth Government policy in influencing the remuneration, conditions, working environment (including Workplace Health and Safety), career mobility and training needs of the NDIS workforce;
- d. the role of State, Territory, Commonwealth Governments in providing and implementing a coordinated strategic workforce development plan for the NDIS workforce;
- e. the interaction of NDIS workforce needs with employment in adjacent sectors including health and aged care;
- f. the opportunities available to, and challenges experienced by, people with disability currently employed, or wanting to be employed, within the NDIS workforce; and
- g. any other matters