

## **Election Policy - Victorian Healthcare Association**

### **1. Enable our workforce to deliver more care**

Increase and expand Victoria's 'full scope' workforce programs to ensure clinical skills and expertise is used in the most effective way.

**Response.** Yes.

Critical workforce shortages will not be solved by a quick fix. Simple sector-wide solutions have limited utility.

The health workforce is compromised due to years of under investment and identifying gaps in the system. A Victorian health workforce plan covering all professions and support staff will be developed.

Innovative solutions such as full scope of practice must be brought forward, and support to advance career progression with additional training and education provided that will support those in management positions.

### **2. Flexibility for a modern health workforce**

Government, services, colleges, unions, and peaks to come together to discuss the future of the healthcare workforce.

**Response.** Yes.

Ministers and officials must engage with and listen to the ideas of those involved in the health sector. I am a former nurse and midwife who has worked in both public and private hospitals. I know all too well how decisions made from above can fail to take into consideration operational realities, and ultimately, patient care.

An opportunity for individuals working in the health sector to contribute ideas will be arranged. Their insights can be invaluable. It is why our workforce policy includes a Victorian Ministerial Health Workforce Council which will be tasked with.

1. Conducting a state-wide public and private sector workforce and skills audit to inform the mix of newly funded positions.
2. Developing a robust and flexible surge workforce model to assist in managing future emergency events and pandemics.
3. Expanding 'full scope of practice' workforce programs, including better utilisation of the existing clinical skill and expertise base, as well as expanding specialist roles such as Nurse Practitioners, Allied Health Generalists, Community Paramedics and Maternal and Child Health Nurses.
4. Developing ongoing health workforce recruitment campaigns, staff retention measures and incentives in consultation with all stakeholders to mitigate future attrition.

5. Supporting the creation of, and assisting in informing negotiations with the Commonwealth, for a Designated Area Migration Agreement (DAMA) specifically focused on urgently addressing Victorian rural and regional health workforce shortages.

Informing and working with the proposed Health Workforce Accommodation Taskforce to examine appropriate accommodation options, to not only attract health workers to rural and regional Victoria, but to also help retain existing workers who are finding it difficult to secure housing in the current tight private rental market in many areas

Supporting innovative solutions to engender a work environment that offers modern career pathways, flexibility to balance work and personal life.

### **3. Recruit and retain healthcare workers for better care**

A large-scale healthcare sector strategy and recruitment campaign to build our domestic workforce.

**Response.** Yes.

A long term and broad recruitment campaign, using all recruitment mediums is essential.

High separation rates are a real concern. Special attention must be paid to retaining experienced staff and facilitating the return of many who have left work recently.

Over time new skills are required in most workplaces, including health. Better training to modernise our workers' skills is integral to our strategy.

Our Future Health Workforce Plan will recruit, upskill, and better manage and support staff, Furthermore, this plan will overhaul the way in which healthcare staff are mentored and developed by utilising existing clinical skill and experience. We also understand that nurses can work in both the public and private sectors and that is why the Liberals and Nationals' \$325 million **Future Health Workforce Plan**, will deliver:

1. 25,000 scholarships of \$16,500 to fully offset the upfront HECS debts of nursing and midwifery students – including 20,000 for public health positions and 5,000 for the private health sector.
2. 10,000 scholarships for existing nurses and midwives to upgrade their skills with postgraduate and specialist training fully paid to upskill to roles such as becoming registered nurses, nurse practitioners, nurse unit managers and maternal and child health nurses, to be delivered by leading health education providers including the Australian College of Nursing.
3. The immediate recruitment of 5,000 new nurses and midwives and 2,000 new other health workers by funding re-training fees and establishing a new visa subclass for international health workers.

#### **4. Maintain our hospital and community health facilities.**

Creation of a Health Infrastructure Maintenance Fund to provide expert support, maintenance, and regulatory compliance.

**Response.** Yes.

Our approach is multi-pronged as we recognise the need to modernise existing infrastructure. A clear forward estimates commitment to finance the upgrade of infrastructure is essential.

We will develop expertise within the health sector and constructors to ensure improvements to infrastructure are fit-for-purpose and built on time and within budget. Also, enhanced expertise will be required in health bureaucracy to oversee this program.

A transparent pipeline of proposed projects, free of political manipulation, is essential to give more certainty to the health sector and improve community support and understanding.

#### **5. Upgrade out physical and digital infrastructure**

Commitment to extend and increase the Regional and Metropolitan Health Infrastructure Funds to help address increasing pressure on our health system's buildings and IT infrastructure.

**Response.** Yes

We recognise the need to modernise existing infrastructure. A clear forward estimates commitment to finance the upgrade of infrastructure is essential.

Experience tells us that large ITC projects are fraught and many fail to deliver. Sound planning and management of projects is required. Also, we will properly balance the requirements of a central ITC architecture with the needs of individual facilities. The contribution of sector ITC users will be embedded in all ITC projects.

#### **6. A clear and transparent infrastructure roadmap**

A public list of major future infrastructure priorities that are funded or under consideration, so that our hospitals and community health services can plan for the future.

**Response.** Yes.

A transparent pipeline of proposed projects, free of political manipulation, is essential to give more certainty to the health sector and improve community support and understanding.

The Budget has a 4–5-year focus. We will ensure that longer term trends and demands are considered. In the health sector effective planning requires people thinking about what will happen in 10 years and beyond as treatments, technology and community expectations change.

#### **7. A No Gap Guarantee for Urgent Care Centres**

The Victorian State Government to fully fund rural Urgent Care Centres so that no Victorians will have to pay for emergency care.

**Response.** Yes.

It is unacceptable that a patient is required to choose between expensive treatment at an Urgent Care Centre and free treatment in Melbourne. Patient outcomes are so much better when treated locally.

Urgent Care Centres cannot replicate all the services available in large Melbourne hospitals. We favour an assessment of what services are best provided through Urgent Care Centres to meet the demands of their communities. The centres would be funded to provide these services and make them available on the same basis as patients attending public facilities in Melbourne.

We will encourage the Commonwealth to engage with this initiative and explore opportunities to fund and expand the program.

#### **8. Keep health funding above inflation**

Commitment that the healthcare funding for public health and community health services will be, at least, exceed inflation for the duration of the next term of government.

**Response.** Yes.

Health funding in Victoria over many years has failed to attract the funding it warranted. We will rectify this failure. We are committed to a significant expansion of funding that will take expenditure to appropriate levels.

We have so far committed to upgrades or new developments at 17 hospitals as well as 10 community hospitals. We must, for the sake of every Victorian. We believe our commitments represent a real, i.e. above inflation, increase for the next term based on latest inflation projections.

The seriousness of our commitment to health is underlined by our decision to shelve the Suburban Rail Loop and put every available cent toward urgently fixing our health care system.

**9. Funding reform to keep Victorians healthy and out of hospital**

The next Victorian Government will lead, develop, and support new funding models for out-of-hospital care, with Victoria to be a leader and champion for funding change nationally.

**Response.** Yes.

You can be assured that we are committed to developing new funding models for out-of-hospital care. The opportunities to relieve the pressure on hospitals are immense.

We will be active in Commonwealth – state health forums to explore innovative funding models. It is important new models are evaluated in a rigorous and timely manner.