

Queensland University of Technology

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Faculty of Health
Office of the Executive Dean

3 July 2020

Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

By email: health@parliament.qld.gov.au

Re: Inquiry into the Queensland Government's health response to COVID-19

Dear Committee Secretariat

Thank you for the opportunity to provide feedback on the Inquiry into the Queensland Government's health response to COVID-19. In responding to your terms of reference, we wish to provide the following feedback.

Preparing a health workforce: Learnings from COVID-19 and Successful Outcomes in Queensland

The COVID-19 crisis has highlighted that a strong and resilient health workforce needs to embrace technological innovations and be equipped with entrepreneurial capacity to develop and apply solutions to dynamic challenges.

QUT embraces digital transformation as being fundamental to all our endeavours. We have significant capabilities in providing digital learning environments and online learning, which create additional flexibility for our students and extend access to real-world education (QUT Blueprint 6 https://www.qut.edu.au/about/blueprint-for-the-future). In adapting and responding to the needs of our students and clients during the COVID-19 pandemic, QUT accelerated the transformation of our learning and teaching activities to enable students' online learning in safe environments. This accelerated transformation of learning and teaching has ensured students have had access to high quality on-line learning experiences. These changes have minimised disruptions to students' course progression and avoided delays to graduate entry into the workforce. There are significant learnings from these experiences which can inform future education in the health professions. We have evaluated the impact of digital transformations from student and staff perspectives. This evaluation will inform ongoing advances in the way we prepare health professions for the future.

Telehealth is widely recognised for improving access to high quality healthcare by those living in rural and remote communities. Those living in high population areas have now experienced its benefits as pandemic-related distancing measures compelled a rapid, broader adoption of this technology. The QUT Health Clinics deliver a range of health services for the community. In response to COVID-19, we expanded our clinic telehealth services, which we have been offering for more than two years for Nutrition and Dietetics and Psychology and Counselling services. We responded to pandemic-imposed limitations by expanding telehealth to other disciplines, including Podiatry, Optometry and Exercise Physiology. This enabled us to continue providing services for community members in need. It also enabled us to continue to provide practical experiences for

students and enable them to meet professional accreditation requirements. Telehealth service delivery through our QUT Health Clinics has been especially successful during the pandemic, with all disciplines and the Eating Disorders Clinic providing telehealth consultations during the COVID-19 crisis. In April, we provided 133 telehealth occasions of service—more than the total number of telehealth services provided in 2019. The increase in telehealth service delivery has helped to minimise disruptions to student progression in practicum components of Health courses. Feedback from our clients suggests a strong appetite in the community for continuing telehealth services in supporting people's health and wellbeing.

QUT collaborated with Queensland Health services to ensure many health services were able to continue student placements as part of the pandemic planning. This collaboration ensured that students were well prepared to undertake clinical placements in appropriate settings during this time. In some disciplines and settings, placements were reduced or stopped altogether (e.g. paramedics) due to COVID restrictions and availability of PPE. Our experience has demonstrated that it is possible to safely provide student clinical placements during a pandemic and that the opportunity for students to participate in the delivery of health care at this time has provided important learning opportunities for future health professionals

The COVID-19 experience has highlighted the importance of unencumbered access to pathways for education and research that support a holistic knowledge base—comprising both depth and breadth of knowledge beneficial to the health sector. A pandemic-prepared workforce must be equipped with specialist expertise as well as a breadth of skills and experiences in order to address complex and diverse health issues. Many tertiary double degrees are designed with this in mind. For example, the QUT Bachelor of Nursing/Bachelor of Public Health prepares graduates with a diverse range of skills that include both clinical and public health expertise. The experience has emphasised the importance of inclusion of global health issues, such as pandemic responses in courses that prepare health professionals for practice.

Across Queensland, there have been a number of businesses successfully adapt to change by pivoting their business model in innovative ways. A QUT Faculty of Health alumna, Jacqui Toumbas, is a wonderful example of this. Facing a significant operational interruption to her Miss Bliss Whole Foods Kitchen due to COVID-19, Jacqui made and delivered meals to frontline healthcare workers and elderly residents through support received via community donations.

Suggested improvements to enable a more effective response in the future

QUT's rapid transformation to online learning and teaching has highlighted significant opportunities to innovate the ways in which we deliver education programs in the future. Our proposed 'digital campus' will enable QUT to expand our delivery of programs to new markets, and support healthcare professionals to more effectively engage with online postgraduate training and education.

Post pandemic, telehealth will be critical in the delivery of quality healthcare. Embedding telehealth in health curricula is essential to ensure that students enter the workforce with the competencies and skills necessary to work effectively as health practitioners across a range of scenarios. We will continue to pursue exciting opportunities to innovate in this space and expand its possibilities to undergraduate and postgraduate students across multiple disciplines. As an early measure, we are embedding a telehealth unit in our Psychology and Counselling curriculum to equip students with the required competencies to work effectively in both remote and face-to-face client environments.

Further research on telehealth is essential to better understand how it can be used to optimise client outcomes, including:

- the <u>effectiveness</u> of telehealth services, such as in the area of therapeutic alliance between psychologists and their clients;
- ethical and legal issues, including safe environments for telehealth, ensuring confidentiality and privacy; and
- <u>practical issues</u> involving internet access and technology.

Additionally, discipline-based guidelines for telehealth, such as those developed by the Australian Psychological Society, will enhance adoption and delivery effectiveness, particularly when working with groups such as older clients and children.

University-based, student-led clinics should be leveraged to alleviate significant burdens on health services, including those stemming from pandemic scenarios. For example, reliance on QUT Health Clinics to provide critical access to affordable healthcare by the community can reduce pressure on GP clinics and hospitals. A significant number of QUT Health Clinics' clients are from low socioeconomic backgrounds, and the unavailability of Medicare to help fund our services hinders our ability to increase access to those who need it. Funding and operational consideration by State and Federal government departments will enhance the ability of student-led clinics to contribute to the healthcare ecosystem during challenging times.

It is critical that students requiring clinical placements as a component of their Health education programs are able to complete these to enable the ongoing growth of the health workforce and to minimise disruption to their learning. The reduction or stoppage of clinical placements in some disciplines during the COVID-19 crisis has highlighted the need to make the clinical placement model more secure in order to avoid potentially negative consequences for students and the workforce. As future health professionals, students can make a significant contribution to Queensland's response during a pandemic, and their potential experiences while on clinical placements during a significant health event are invaluable.

We will be reflecting on these learnings to ensure the safety and wellbeing of our students and clients with a view to preparing a future healthcare workforce that is prepared for all that life may present. We welcome the opportunity to discuss the submission further, should the opportunity arise to do so.

Yours sincerely

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