T R A N S C R I P T

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into Student Pathways to In-demand Industries

Melbourne—Friday 28 November 2025

MEMBERS

Alison Marchant—Chair
Kim O'Keeffe—Deputy Chair
Roma Britnell
Anthony Cianflone
John Mullahy
Nicole Werner
Dylan Wight

WITNESSES

Jerry Yik, Head, Policy and Advocacy, and

Debbie Parker, Member, Technicians and Assistants Specialty Practice Group, Advanced Pharmacy Australia;

Alex Leszczynski, Senior Industrial Officer, and

Emily De Wind, Member, Victorian Allied Health Professionals Association; and

Mark Staaf, Professional Officer, Victorian Branch, and

Alana Ginnivan, Acting Assistant Secretary, Victorian Branch, Australian Nursing and Midwifery Federation.

The CHAIR: Welcome to this panel's hearing for the Legislative Assembly Economy and Infrastructure Committee's Inquiry into Student Pathways to In-demand Industries. All mobile telephones should now be turned to silent.

All evidence given today is being recorded by Hansard and broadcast live on the Parliament's website.

While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside of this hearing, including on social media, may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check.

We will run this session just in a bit of a Q and A format. The Committee will ask some questions. If you would like to answer, you can either indicate or just jump in—a pretty informal chat today. There may not be an opportunity for everyone to answer every question, and depending on how time goes, if there are any important points that we have not raised or you would like to add, you can provide additional evidence to the Committee in writing after this.

Thank you for your time and your submission—very comprehensive submissions, so thank you for that. I am Alison, the Member for Bellarine and Chair.

John MULLAHY: John Mullahy, Member for Glen Waverley.

Anthony CIANFLONE: Anthony Cianflone, the Member for Pascoe Vale.

The CHAIR: And maybe if we start this end, if you could just give your name, title and organisation, we can just get that for Hansard.

Jerry YIK: Yes, of course. My name is Jerry Yik. I am the Head of Policy and Advocacy at Advanced Pharmacy Australia and also a practising pharmacist.

Debbie PARKER: I am Debbie Parker. I am a member of Advanced Pharmacy Australia, and I am on the Technicians and Assistants Speciality Practice Group, and I am also a pharmacy technician.

Alex LESZCZYNSKI: My name is Alex Leszczynski. I am Senior Industrial Officer with the Victorian Allied Health Professionals Association, which is the trading name of the Health Services Union Victoria No. 3 branch.

Emily De WIND: I am Emily De Wind. I am a VAHPA member and delegate. I am also a physiotherapist at Austin Health. I graduated in 2022, so fairly recent, and during my studies I spent two years being the vice-president of the Graduate Student Association, so I have some recent experience in this space.

Alana GINNIVAN: Alana Ginnivan, Acting Assistant Secretary of the ANMF Vic branch and also a registered nurse.

Mark STAAF: And I am Mark Staaf. I am a Professional Officer at the Australian Nursing and Midwifery Federation Vic branch, and I am a registered nurse and still a practising one.

The CHAIR: Thank you. Thank you for your time. The healthcare services and our healthcare professions are very much in need of more skilled workers in your field, so this will be a really interesting conversation for us to consider and perhaps have some recommendations on at the end of this Inquiry, so thank you for your time. I will go to John for our first question.

John MULLAHY: Thank you all for being here and thank you all for the submissions. It was great to have the ANMF in Parliament just two weeks ago to celebrate the care Act, which essentially was putting in nurse-to-patient ratios for nurses and midwives. Obviously that means that when we have policy changes like that, we need more people in the industry. So how do we promote careers in health, how do your organisations work with schools and other education providers to promote career opportunities in the healthcare sector, and how can the Victorian government promote career opportunities in the health sector to young people and their families?

The CHAIR: That is a big question. Who would like to start?

Emily De WIND: I think one small but very significant step that the Victorian government could take is just to improve the recognition that allied health and probably pharmacy as well get in the announcements and the praise from the government. Often when there are upgrades and more money and that sort of thing, it is, 'This is going to help the doctors and the nurses and maybe healthcare staff,' but very rarely is allied health included in that. Recently, actually, I saw a post on Facebook with the Parkville station announcement, saying how it is going to benefit the doctors and the nurses, and again we did not get a mention. Doctors and nurses absolutely deserve that, but allied health is actually the second biggest workforce, at least at my hospital, so there are more of us than there are doctors, but we just do not get the recognition, despite the vital role that we also play.

The CHAIR: A good point.

Alana GINNIVAN: One of the fundamental aspects, too, as we are trying to get people into the healthcare sector, is having secure employment on the other side. If we are undertaking study and we have got HECS debts but we are not sure that we are going to have secure and ongoing employment thereafter, then that is also part of incentivising. There is the immediate, medium- and long-term planning but also of course the long-term goal of obtaining employment in your chosen profession. As we know, the graduate shortages projected contradict what we know is an in-demand industry.

John MULLAHY: There were conversations on that day with regard to the fact that we were actually able to get people from interstate and also start pinching the Irish nurses to come out here. But obviously we need to do that through schools to train them up locally as well.

Alana GINNIVAN: Yes.

Jerry YIK: Just to speak with a pharmacy perspective, I think it has been quite an interesting few years. Obviously, all healthcare professions are experiencing shortages; I am sure we all are feeling that on this panel. In pharmacy we have had a lot of workforce shortages recently. Not to use a prop—I am so sorry—but we have actually just launched a report called *The State of Pharmacy: Workforce Insights 2025*. Just for example, of all the hospitals that responded, 64.5 per cent have FTE vacancies for pharmacists, and for technicians 41.4 per cent of hospitals have vacancies as well. I think allied health professions and pharmacy agree with the panellists' comments earlier about recognition but even also awareness for students as well. I think health professionals are in one of the most trusted professions in Australia, and rightly so, and for a very long time it has been very attractive to students and school leavers. I think the growing numbers of graduates or students into TAFE or university did suffer a bit during COVID, certainly from pharmacy. What we have heard from pharmacy schools is that it did go down a little bit. But from the efforts that we did during the COVID-19 pandemic, we had a really, really visible role in vaccinating the entire country. You cannot be what you cannot see, so I think that whole episode was really good for the pharmacy profession. I think we have seen that trend go back the other way in terms of pharmacy enrolments and technicians as well. I think we do need more pharmacy technicians. There is more and more scope and there are roles that they can provide in hospitals. Certainly Debbie here wears many hats at her hospital and has extended her scope to the benefit of the community that she serves.

One of the things that we talked about in our submission is looking at vocational entry pathways for school leavers into pharmacy and becoming a pharmacy technician. There already is a VCE VET health program, but I understand it is quite geared towards general allied health workers. Pharmacy technicians: yes, they are allied health workers as well, but they also have really bespoke skills that keep the hospital running—providing medication histories of patients, dispensing medicines, supplying medicines for the entire hospital, compounding really complex medicines for cancer. It is great that we have a VCE VET health program. We would like to home in on a more pharmacy technician—focused pathway, because I think demographically, looking at that cohort, we are probably looking at a lot of people who want to retire soon. Actually, on the way here, I was talking to Debbie, who is thinking about her retirement plans, so it is something to think about.

The CHAIR: Not just yet, Debbie.

Emily De WIND: Can I add quickly to that as well: just talking about school leavers and things, I think there are also a big group of adults who want to study these allied health careers, but masters courses are often not Commonwealth-supported. They are often quite expensive, so you are asking people who already have a

bachelor's degree to either do another four-year degree to get a Commonwealth supported place or a two-year degree that can cost upwards of $50,000 a year. I think those people, those adults, potentially would stay in the workforce. Physio has a seven-year burnout rate, and if you got the adults to join that career, they would have made a very conscious decision about the career they were joining and are probably going to stay in it, anecdotally at least, versus people who are choosing a course when they are 16.

Alex LESZCZYNSKI: Just going back to part of what was talked about earlier, I think providing the opportunity for the relevant unions and professional associations to talk to students in years 11 and 12 to provide them with information—we as a union represent over 40 different professions, and with some of those professions, people have a broad understanding of what they do. People know radiographers take X-rays of people with broken bones, sonographers take scans of pregnant women, physiotherapists help people who have injured themselves in sport. But then there are other professions like orthotists and orthoptists—unless you have dealt with them, you would not have any understanding. Then there are some professions like speech pathologists where the name is a bit of a misnomer, because speech pathologists do not just deal with speech problems, they deal with a whole range of issues around swallowing and other things in relation to it. So having that opportunity for the relevant unions and professional associations to talk to students to give them an understanding of what these jobs are, what they involve and the career pathways for them I think would be really helpful. That is an area where I think government could really sort of assist.

Debbie PARKER: I totally agree with what you just said, because as a pharmacy technician, when I say to people, 'I am a pharmacy technician,' everyone asks me, 'What do you do?'

The CHAIR: Yes, interesting.

Emily De WIND: Just to add on to that as well, I see a lot of content these days on TikTok about careers and what people do in these careers, and with the social media ban, that is going to be a big loss for young people exploring what other careers look like. That is a gap that I thought you might not have thought about already.

The CHAIR: Yes, thank you. Mark.

Mark STAAF: The question was about schools and what they can do. One of the jobs I have got at ANMF is I work on one of the advisory committees with the Victorian Skills Authority and the jobs and skills council for health and community services. There has been a lot of work done around school pathways for VET products to be able to get those students that are not real high achievers, that will not go on to higher education, to have a pathway through a VET program into perhaps a degree qualification over a career. There are all of those programs that I think are really worthwhile.

But picking up on what others have said around career advisers at school, I have spoken to some career advisers, and a lot of the health VET products are not talked about by career advisers. It is more 'You must do a degree, you must achieve a massive ATAR score to be able to get into medicine or pharmacy'—or whatever it is that they want to do—and people have to consider that not everyone is on those pathways, and there needs to be some support around careers for that. So with that in mind, it would be really good if schools were able to have health training, virtual reality—type exposures for kids so they can actually see what a day in the life of a nurse or a pharmacy assistant or an allied health professional looks like in school time in virtual reality and then have some exposure to the workplace through the next step in those programs to say, 'Look, I've seen what you do. It's really exciting for me. Can I have a clinical experience as an observer in your hospital or your health service or wherever it is that I can do this work, because I don't know if it is what I like.'

We see so many graduates come out of a nursing program that have spent three years doing a degree, get to the job and do not like it because they have never really been on their own—'Okay, you're cut loose now, and those four patients or eight patients are yours,' and it is a struggle. So that transitional piece, I think there is a real opportunity for schools to step into that place. And then of course the VET in schools programs and the alignment of the VET qualification are a big piece of work that goes around a consultation, and the trouble with those products is that by the time a qualification gets reviewed, it is put on an education provider's scope, it can be five years after it was developed, and then it is not even fit for purpose. And there is not enough exciting stuff in there, like how to use technology, AI, all of those things of tomorrow. I have already said virtual reality

is where kids are at. They can have a look at that and think, 'This is what I want to do.' They are just some things I think we could focus on.

The CHAIR: Yes, that is great. And I think we have heard about construction, in that industry, doing tasters so people get to experience it, but I do not think I have ever heard of any sort of tasters in a health profession to give those young people an experience, to see if they even are passionate or interested.

Mark STAAF: All the health professions run simulated laboratories. To get school kids into a lab, we are not going to hurt anybody by having a chance to say, 'This is what you might be able to do,' and then using an AI or a virtual program, along with some digital products, to be able to say, 'This is the sort of job you could do in the future. This is where it is at now, but by the time you get there, well, 10 years down the track the technology changes will be so great in health.'

The CHAIR: Yes.

Mark STAAF: And all the predictors are saying this sector is going to need 300,000 new workers by 2030.

John MULLAHY: It would have saved my partner money. She studied nursing and did not like the sight of blood, so never ended up in the industry.

Mark STAAF: Yes, indeed. There are so many people.

The CHAIR: It happens. Anthony, I am going to head to you for a question.

Anthony CIANFLONE: Thanks, Chair. Thank you all for appearing and for your submissions as well. My community, Pascoe Vale, Coburg and Brunswick West, really has some of the highest proportions of health workers in the state. Fifteen per cent of my community are employed in the health sector in one way, shape or form, which is the highest sector my residents are employed in—as doctors, nurses and, yes, as allied health professionals as well as pharmacists, community health workers and in the wellbeing mental health space too. And we have got the Northern, the Austin and the Parkville health precincts that we are literally in the middle of that are serviced largely by our local workers. I just wanted to ask around some of those barriers that are preventing people more broadly getting into health, and one of those is around mandatory unpaid placements. We have heard from some other stakeholders that mandatory unpaid placements impose a financial burden and discourage some students from pursuing certain degrees, including in health care. So my question is about what impact the mandatory unpaid placements have on the ability to attract more healthcare workers, and what support could the Victorian government provide to students in health-related degrees to complete mandatory placements? Of course we have got the free nursing program in place at the moment, but beyond that, what else can we look at in this space, in your view?

Mark STAAF: The federal government have already been supporting paid clinical experience placements for the last probably six months or so. If those programs could roll out—that has really been a massive game changer for students that especially have to do clinical placements in rural or remote localities, because not only have they got the tyranny of distance to get there, they have got to pay for accommodation if they are away from home. They struggle with being able to give up their part-time jobs in town to go into a rural placement, and that incentive payment, it is not a lot of money, but it is enough to get them through their fortnight or three weeks or whatever it is they have got to do. I think that should be rolled across to all of the health professions, because it has been a game changer for nursing and midwifery.

Alex LESZCZYNSKI: Yes, I completely agree. I mean, the reality is that, with the exception of social workers, for allied health professionals that federal government payment does not apply. So, you know, you have what is called placement poverty, where students needing to do those placements—generally they are anywhere from 700 to a thousand hours during their degree—for a lot of students they are already having to study and work jobs to cover the costs of food, accommodation, cars and of course obviously textbooks and things like that. When they do their placements they often have to stop working in there, and they are basically not getting any income. Again, in my submission, you know, there was a story on the ABC where they actually did talk about examples of two students doing I think it was one a physiotherapy degree and another an occupational therapy degree and how they deal with that. And that is, you know, prior to doing the placement, they work additional hours elsewhere. They have to save up. In some cases they then have to go and ask for money from family and all those sorts of things. So look, I think in the first instance, if the federal government

could actually extend that funding—which is really good, that they provide to nurses, doctors and social workers—to allied health professionals and healthcare workers generally having to do that, I think that would sort of really, really go a long way to addressing that sort of issue. Because I mean, if you are a student thinking about, 'Potentially I'm going to have to do between 700 and a thousand hours of placement and not get paid for that while I am doing my degree,' that can be a real disincentive for people doing those degrees.

Mark STAAF: Just on that, some of the jump-start programs help with the cost of uniforms for health people that have to go on placements—particularly non-slip shoes or anything else, stethoscopes or the things that they might require that are a big outlay. Like, to buy a decent stethoscope a student would be up for a couple of hundred bucks just straight up, without their uniform, and that has usually got to be embroidered with the logo of the school and all that sort of stuff. Those things have really made a difference where they have been funded.

Jerry YIK: I agree with everything that the panel has discussed. And, you know, coming from the pharmacy sector, our students also experience all these things that you talked about. I just want to acknowledge all the work that the Health Students Alliance and also the National Australian Pharmacy Students' Association have done on this advocacy. Yes, the Commonwealth prac payment is a Commonwealth issue, but I think there is certainly a role for state governments and so Victoria to play. I think one issue that does not often get talked about is also for students during rural placements and regional placements. We know that these workforce shortages are even in high demand in rural and regional areas. We know those health services want to train students who live in the city or study in the city, but it is so difficult for them to go to a rural or regional area if they are not living there to do unpaid work but then also, if your university is not paying for accommodation or funding accommodation, to stump up those costs as well. We have got some stories, some in Victoria but also across regionally decentralised states, where students have secured a placement or secured an internship and then a few months later have had to turn that down or withdraw from it because of a logistical or a cost issue. I think that is really not where we want to be. We clearly have students who want to do these placements. We have health services who want to train these students and entice them to move to the bush, but because of placement poverty it cannot happen.

Alana GINNIVAN: In addition to that, I think the capacity for housing regionally is profound. Also if you are looking at the demographic, even if you are a high school student or you are mature age and you have got a young family, if you are being placed on a long-term placement that could be, let us say, four to eight weeks and you may have to bring your family with you for that period of time and there is nowhere for you to stay that is accessible, there are multiple barriers. It is not just the unpaid hours of work; it is the ramifications of the broader systems that are not there to support those well-needed placements.

Going back to the comments on the trade apprenticeships, there are in some regional areas diploma of nursing traineeships where public health services take them on, so you can earn, again, while you are learning, but again, there is only really one nominal health service that does that. It is not common. As we are all here to say, these opportunities are not available. They are well embedded—if you are doing a trade, those pathways are very available, versus the healthcare sector.

I think the other way to look at it is there is almost a dialogue and narrative around TAFE entries as being less appealing because it is a TAFE, but it also needs to be recognised how vital these careers and professions are. They can be and they are fulsome careers, so going into these health sector areas does not just have to be about a stepping stone to a tertiary education. You can be working and embedded in a regional community where you want to stay and live whilst contributing to your community. But as maybe John mentioned earlier, you cannot be what you cannot see. It is that early visibility and engagement and then building that into pathways to access that as a career opportunity.

The CHAIR: That learn and earn situation, is that something that the health provider needed to do for its own workforce?

Mark STAAF: They had a workforce issue. They needed to find staff, and the best way to do it was to train them, because they are from a rural or a remote area and they—

The CHAIR: Is it successful for them?

Mark STAAF: It has been incredibly successful where they have had school leavers that have struggled to get a job or they have had mature-age people who needed to change their roles because of industry changes with the job they may have had in a factory or a farm sort of area—think of regional places where they are closing down milk factories and that sort of stuff—so they needed to retrain and do something else. There is a workforce there, but they needed to retrain them, because they already had their house, their kids in school—

The CHAIR: They were committed to their community.

Mark STAAF: They were committed. But that does not help school leavers. I guess that is the crux of this conversation—how you get school leavers to be engaged—and those pathways are still really good for school leavers.

The CHAIR: We have talked in this panel, too, about that connection of industry. This feels like that is that industry stepping up to find a solution to a work shortage.

Alana GINNIVAN: And the other element—I apologise; I am not sure about or familiar with allied health professions—with nursing and midwifery is there are the RUSON and RUSOM models, which are registered undergraduate students of nursing or midwifery. So whilst you are studying your undergraduate degree you can be employed as a RUSON or a RUSOM in a public health service.

Mark STAAF: That is to have exposure to the work and the collegial relationships before you get in there.

Alana GINNIVAN: Yes. The research is now showing, because it is a newer model, that that reduces the transition shock. As we can all probably attest to, when you leave uni and you go to the floor for the first time, it is terrifying. So these RUSON and RUSOM models really embed people into the system so they understand what a handover is and how a hospital or ward works. So it really reduces that fear, that apprehension, and again, goes to retention and recruitment of the workforce.

Mark STAAF: There is a great model example of that in Boort up in northern Victoria, where they had predominantly an older community and they have got these kids at school, so they have got schoolkids in after school to work on reception, to do support work, to work delivering the food—that sort of stuff. So they have seen what life in hospital is like, and it promotes them into one of the health qualifications and pathways, so they can see why they are at school: 'Because that's what I'd like to do, but I have to get an education to do that.'

Alex LESZCZYNSKI: Just to clarify, there is not that RUSON model for allied health at the moment, but funnily enough, we are in bargaining for our enterprise agreement for allied health professionals, and one of the things we actually do want is something that recognises, effectively, students who are undertaking their degrees being employed within the health service, so it is very much something that will help with that. But also just quickly to touch upon the rural and regional, we have heard the issues around students having to go out there.

The other advantage of actually providing accommodation for those people so that it provides an incentive for them to go out and do placements in rural and regional areas is there are studies—and again my submission makes reference to them—that show that if students actually do their placements in rural and regional areas, they are more likely to go back to those rural and regional areas once they have completed their degrees. Again, there are shortages of allied health professionals throughout Victoria, but they are much more exacerbated in rural and regional areas. So that in itself is another way of helping to address that shortage in rural and regional areas.

The CHAIR: I should know this, but I do not. In a pharmacy sense, is there an 'earn and learn' component, or are there placement requirements?

Jerry YIK: For pharmacy students who become pharmacists eventually there are placements throughout their degree, and those can be quite variable depending on which pharmacy college or university they go to. But generally, yes, and hopefully you get a mix of both community pharmacy and hospital pharmacy work in that. When you do finish your pharmacy degree, you do have to do one year of internship, and that is paid, so you do that as a graduate. There are one or two universities—and this might be where the sector is heading—where that one year of supervised training is transformed and integrated into coursework. Without knowing the ins and outs of it, it is still a fairly new way of developing and administering that course. We have heard from some

student associations of pharmacy students who are concerned that once it is integrated into the course it will be essentially over a thousand hours of unpaid work, and that would I think turn off a lot of students. That is what we have heard from the student associations, that it would make choosing pharmacy a less enticing career. I think for pharmacy technicians—do you want to talk about pharmacy technicians and training?

Debbie PARKER: For the pharmacy technicians course it really is more, I suppose, earn and learn. You can enrol in the course without actually having employment and do the course, but you cannot complete it, because you actually need to complete quite a few modules onsite.

The CHAIR: Onsite, yes.

Debbie PARKER: That is really hard, because then they have to try and find a place that will actually take them for a day here or a day there, which is not really suitable. If you had students who were coming in for one day a week over a period of a year or two years to do the course, they would also then contribute to the workload. So it is very difficult to become a pharmacy technician unless you are employed as a pharmacy technician, but to be employed as a pharmacy technician you need experience as a pharmacy technician.

John MULLAHY: A catch 22.

Debbie PARKER: Catch 22, exactly.

The CHAIR: I think we have got time for one more, John.

John MULLAHY: We have all heard about attacks on nurses while they are working, and obviously they are disgusting and we want to make sure they are stamped out. But these will obviously have an impact on retaining nurses, retaining staff or even attracting people coming through the youth pathways. So how do working conditions impact the health sector's ability to recruit and retain workers, and how can working conditions be improved to address skills shortages in the health sector?

Alana GINNIVAN: We are very fortunate, and we spoke to this—the introduction of the safe patient care Act, which legislated nurse-to-patient and midwife-to-patient ratios. In the 10 years since introduction in Victoria we have seen over 30,000 nurses and midwives come to the state. That also goes to our enterprise agreement with the employment conditions. The retention rates, which we are aware are much higher because of a range of numerous allowances, entitlements, recognition of the unsociable hours—there are so many aspects—are a profound and strong indicator to ensure that people stay in the workforce.

Mark STAAF: The flow-on of that was that the private acutes and aged care saw the value in that, so now they are attempting to replicate those conditions. Otherwise their workforce is—well, they did walk, and they want them back.

Alex LESZCZYNSKI: Sadly, I think it is probably the opposite for allied health professionals. Sometimes this may come across as me saying that nurses do not get what they deserve—quite the opposite; we are happy to see the nurses achieve what they have achieved. They have worked hard for it, and they deserve to get paid what they get and their conditions. I suppose the issue for us is that when it comes to bargaining there seems to be almost a two-tiered approach when it comes to allied health professionals. The reality is most allied health professionals do a four-year degree, yet they start on a salary that is 13.6 per cent less than a graduate nurse. Where that is an issue is when people can actually, in some areas, go to work interstate and get paid significantly more, can go to parts of the private sector and get paid significantly more, can work in the NDIS and get paid significantly more or can set themselves up as basically an independent contractor and get paid significantly more, so it is really a significant issue. The problems with allied health recruitment and retention just continue to exacerbate because of all those sorts of issues. It is not uncommon for positions to be advertised and be unable to be filled not just for months but for years, particularly in rural and regional areas. One of the things that does need to happen is that the rates of pay for allied health professionals need to reflect the work they do and the importance of it, because without allied health professionals working in public health, the public health sector cannot operate. Allied health professionals help diagnose issues, treat issues, rehabilitate people and stop people coming back into the healthcare sector. We are losing people hand over fist at the moment, because the conditions of employment and the rates of pay are just insufficient.

Emily De WIND: Can I just add very briefly; I know we are running out of time. Yes, I absolutely love my job as a physio, but if someone came to me and asked me if they should look for a career in allied health, I would ask them to really think long and hard about what those reasons are, because there are other careers, such as nursing, where they get paid what they deserve. For all the reasons Alex said, at the moment by choosing a career in allied health, you are actually choosing to be undervalued by the government and underpaid; that is just the reality of it.

The CHAIR: In terms of your working conditions in either a hospital or a community pharmacy, have you seen a change? I mean, I have seen a change in our society generally. We have seen people being abused or retail workers being abused. Do you see that as well, and is it a barrier?

Jerry YIK: Yes. I have worked in a community pharmacy in the past and have many friends and colleagues that have as well. I think in the last few years, maybe over COVID, there probably has been a bit more aggression in pharmacies. I think for all of us who do walk into a local pharmacy nowadays, we might see some signs about aggression not being tolerated and violence not being tolerated. Unfortunately, there have been more and more of those incidents. I know many pharmacies that have had to put more security guards on throughout the night or even during the day, so it is unfortunate. In hospitals I think we always experience a level of aggression from our patients. They are often at their most vulnerable and in their most unwell state, so we are very, very empathetic with that. With the impact that it has on students and how it makes our profession look, and the whole sector as well, I think it would have potentially a negative impact. I echo what the other panellists said about how you really have to love what you do and have to think long and hard about getting into health, but it is quite rewarding. Debbie, do you have anything to add there?

Debbie PARKER: Yes, from my perspective, I would add that our hours have increased. While yes, I may be rostered on every week for 40 hours or 38 hours, there is an expectation that I will do a weekend shift every three to four weeks. Yes, I can get someone else to cover, but you will have some that are doing really excessive hours all the time. It is very hard to sell that to people. If you play sport, well, then that role is not going to suit you because it is difficult. I know nurses do shift work, but we do not get an extra day off for doing that. We are doing six days a week, basically.

Jerry YIK: Yes, and I think that is really difficult with the workforce shortages. With a depleted workforce, we are relying on the people that remain to take on more shifts or work longer hours, but that burns them out and then they leave. So again, it is that hand over fist analogy—we are losing that base, and it is quite a big risk to the entire healthcare system.

The CHAIR: I do not think you are the only industry experiencing that. There are a lot of industries experiencing that.

Jerry YIK: Yes, I agree with that.

Debbie PARKER: I will also say in terms of pay—I think I am under the same award as allied health—I work in ED and I am interviewing patients who have security standing next to them, but I am not getting recognised for working in those conditions all the time. It would be very hard to sell that. How do you sell that? I saw a patient who was throwing things around and I had to dodge out of the way—like, that is the reality. In terms of nurses, they have got a really good union that fights for them.

The CHAIR: Yes, it is different—but you are experiencing the same?

Debbie PARKER: We are experiencing exactly the same, yes.

The CHAIR: I am so sorry we have run out of time. Thank you so much for answering our questions today. It was a really great conversation. If there is anything that has been sparked today and you would like to add anything further, please do not hesitate to contact the Committee as well. Thank you very much.

Alex LESZCZYNSKI: Thank you for the opportunity.

Witnesses withdrew.