



# **Climate Health WA Inquiry**

## **Inquiry into the impacts of climate change on health in Western Australia**

**Inquiry Lead:**  
**Dr Tarun Weeramanthri**

**Witnesses:**

**Dr Robina Redknap**  
**Chief Nursing and Midwifery Officer, WA**

**Ms Terri Barrett**  
**President of the Australian College of Midwives**

**Ms Jennifer Campbell**  
**Chief Allied Health Officer, WA**

**Thursday, 12 December 2019, 2.00 pm**

[14:00:06]

HEARING COMMENCED

5 PROF WEERAMANTHRI: Dr Redknap, Ms Campbell, Ms Barrett, I  
would like to thank you all for your interest in the Inquiry and for your  
appearance at today's hearing. The purpose of the hearing is to assist me in  
gathering evidence for the Climate Health WA Inquiry into the impacts of  
10 climate change on health in Western Australia. My name is Tarun  
Weeramanthri and I have been appointed by the Chief Health Officer to  
undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's Project  
Director. If everyone could please be aware that the use of mobile phones and  
other recording devices is not permitted in this room, so please make sure that  
15 your phone is on silent or switched off.

This hearing is a formal procedure convened under section 231 of the *Public  
Health Act 2016*. While you are not being asked to give your evidence under  
oath or affirmation, it is important you understand that there are penalties under  
the Act for knowingly providing a response or information that is false or  
20 misleading. This is a public hearing and a transcript of your evidence will be  
made for the public record. If you wish to make a confidential statement  
during today's proceedings, you should request that that part of your evidence  
be taken in private. You have previously been provided with the Inquiry's  
terms of reference and information on giving evidence to the Inquiry. Before  
25 we begin, do you have any questions about today's hearing?

DR REDKNAP: No.

30 MS BARRETT: No.

MS CAMPBELL: No.

35 PROF WEERAMANTHRI: For the transcript, could I ask each of you  
to state your name and the capacity in which you are here today? And if you  
could also please remember just to briefly state your name prior to speaking  
throughout the hearing, so we can make an accurate record of who said what.  
Thank you.

40 DR REDKNAP: I'm Dr Robina Redknap, Chief Nursing  
and Midwifery Officer of WA.

MS CAMPBELL: Jennifer Campbell, I'm the Chief Allied  
Health Officer of WA.

45 MS BARRETT: And Terri Barrett as President of the  
Australian College of Midwives.

50 PROF WEERAMANTHRI: Thank you. I'll just give each of you the  
opportunity to make a brief opening statement, if you wish.

[14:02:08]

5 DR REDKNAP: Look, I'd just like to say, on behalf of the three of us, that we'd like to thank you for the opportunity to participate in this session. Climate change is an important area of concern for employees of the WA health system, and particularly for clinicians invested in the health and wellbeing of patients and community.

10 PROF WEERAMANTHRI: The International Council of Nurses position statement on nurses, climate change and health was adopted in 2008 and revised in 2018. This statement has also been formally adopted by the Australian College of Nursing. Can you outline what is in that statement, and any recent initiatives that ACN, the Australian College of Nursing, has undertaken to highlight or respond to the issues?

15 DR REDKNAP: So Robina Redknap. So the International Council of Nurses is the Federation of more than 130 national nurse associations, representing more than 20 million nurses worldwide. It was founded in 1899 and is considered the global voice of nursing. Before I go any further, what I'd like to say is the position statement, although it focuses on nursing, is applicable to any clinician within the health system. So the council's position statement on nurses, climate change and health highlights a number of key areas. Firstly, it outlines the profound implications that climate change has on the health and wellbeing of our local and global population. It includes the adverse effects that will arise from the impact on our most fundamental determinants of health if we do not commit to reducing our environmental footprint.

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30 The relationship between health and climate change is actually quite complex, with it resulting in both direct and indirect adverse health impacts. It includes extreme temperature changes, air quality and food shortages. It results in loss of livelihood, increased incidence of mental illness and suicide, increased prevalence of waterborne infections and vector-borne disease, respiratory, cardiovascular disease and undernutrition. So the position statement emphasises that the World Health Organisation estimates that between 2030 and 2050, climate change will result in approximately 250,000 additional deaths a year from malnutrition, malaria, diarrhoea and heatstroke. The position statement also highlights the powerful contribution nurses can make to both mitigate climate change and to support people in communities around the world to adapt to its impact. Indeed, it strongly believes that nurses have a shared responsibility to sustain and protect the natural environment.

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45 Secondly, the position statement calls on professional nursing bodies, organisations and individual nurses to lead, collaborate, support and advocate for initiatives to promote and enable mitigation, adaptation, resilience to climate change. As a nurse and midwife, we are in unique positions where they have intermittent sustained interactions with consumers, carers and their families, and they're perfectly positioned to do this.

[14:05:13]

5 The Australian College of Nurses has adopted and endorsed the ICN position paper, and they're working towards promoting responsibility of nurses in this area.

10 This has been supported by recent initiatives, that include a panel discussion at the 2019 National Nursing Forum in Tasmania, which focused on sustainability. And they're currently supporting three emerging nurse leaders from Perth, Sydney and Melbourne to create a short course in environmental sustainability and health care. This will be launched at the National Nursing Forum in 2020, with the first course running in November next year. I've actually been approached by the Perth nurse to float the idea of a collaboration to bring the course to Perth once it's established. The aim is to ultimately include in university and TAFE curriculums to ensure sustainability is a focus for new nurses as they join the profession.

20 PROF WEERAMANTHRI: So it's interesting, we've collected a number of policy and position statements, and many of them do go back to the early 2000s, and as the International College of Nurses position statement does. And then frankly, things seem to have gone quiet in the health sector, generally. And perhaps following the Paris Agreement in 2015, there's been some, kind of, rethinking of this issue by various professional groups. Is that a fair summary of what's been happening in nursing and the nursing profession, that there hasn't been too much discussion of this until the last few years?

30 DR REDKNAP: I would agree with that. I think over the last, maybe, two to three years, there's been increased awareness, and certainly the ICN position paper does talk about the Paris Agreement as being, I guess, one of the drivers for people to become more involved. Certainly, the Australian College of Nurses have got an increased focus, and really, I guess, targeting that towards their emerging and early career nurses, I think in the hope that that will continue to drive change over a longer period of time.

35 PROF WEERAMANTHRI: So that goes into our next question, which is just acknowledging that the nursing workforce is the largest professional group by far in health. And just asking you about that level of awareness and concern around environmental and waste issues, particularly in hospitals. And so not just the awareness, but also now the engagement of staff, particularly younger professionals.

45 DR REDKNAP: Okay, so certainly my belief that the level of awareness of the impact on health and wellbeing on our local and global populations is certainly growing among health professionals, and particularly nursing and midwifery. The recent keynote presentation and panel discussion at the Nursing and Midwifery Leadership Conference held in Perth in November highlighted the interest and passion from these two professions to really make a difference.

[14:08:17]

5 Nurses and midwives are beginning to acknowledge the importance of our responsibility in this area, and many health services have joined the Global Green and Healthy Hospitals initiative.

10 So the Global Green and Healthy Hospitals is a worldwide network of hospitals spanning 60 countries. These health systems and health organisations are committed to decrease the health sector's environmental footprint and advocate for policies that promote environmental and public health. Younger staff appear to be particularly engaged and have a greater awareness of what climate change will mean for the future if we don't act now. An example of one of the health service's engagement in the Global Green initiative is the women's and newborn's Hospital here in Perth.

15 A multidisciplinary team have formed a working group to raise awareness and drive initiatives around four priority areas. These include leadership, waste, pharmaceuticals and food. The group aims to reduce, reuse and recycle. Nurses and midwives are particularly active in this group, comprising  
20 approximately half the membership. Examples of their works include demonstrating leadership by engaging staff and community in conversations around climate change and their impact, principles and commitment to the Global Green and Healthy Hospitals initiative into orientation and induction, review of all waste and recycling streams, and the introduction of the new  
25 recycling programs. It also includes composting food waste and using food banks for suitable products, reducing transport costs by better use of telehealth and IT technology, and this year, they're actually aiming for a zero waste Christmas staff lunch, with food trucks and compostable containers and bins replacing plastic plates, bowls and utensils. It's actually my understanding that  
30 all HSPs, or Health Service Providers, have joined or are in the process of joining the Global Green and Healthy Hospitals.

35 PROF WEERAMANTHRI: Ms Campbell or Ms Barrett, would you like to make any comments about the level of awareness and engagement of your professional groups?

40 MS CAMPBELL: Sure. Jennifer Campbell. So in preparing for today's session, I've contacted the professional associations, and there's certainly a growing awareness from a professional association point of view and the allied health and health science professionals at the various health services are also engaged alongside the nursing colleagues. They tend to be multidisciplinary team-focused and as such, are, you know, participants in those activities.

45 MS BARRETT: And Terri Barrett from the Australian College of Midwives. So the Australian College of Midwives is a membership organisation. We have over 4,000 midwives. And we have just commissioned the development of a position statement around climate change, and that really

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5 has been driven by our members. Not only do they want us to make our position very clear, but they are also holding the board to account in terms of the way that we do business. So we were questioned at our last AGM around how we determine the organisations that we partner with and enter into sponsorship agreements with, to ensure that they are ethical and acting in consideration of their impact on the environment.

10 We are also a member organisation of the International Confederation of Midwives, so that is similar to the International Confederation of Nurses. So they have a number of developing countries as their members. The ICM has a strong commitment to the sustainable development goals and has significant concern around the impact of climate, especially on those developing countries  
15 where access to food and water is becoming a more significant concern, and the impact that that has, certainly on mothers and babies, who are amongst the most vulnerable of their populations. So there is definitely a strong level of interest in our members, and they are being very clear that they would like us to take a stand.

20 PROF WEERAMANTHRI: So we held a number of forums in regional and metro areas as part of this Inquiry, and, you know, your professional members were prominent in terms of attending the forums. And many of them weren't, you know, the executives or the leaders or the  
25 managers; they were, you know, frontline staff members who cared about this as an issue. So you've got a lot of engaged staff from your professional groups. And Dr Redknap, you mentioned the Nursing and Midwifery Leadership Conference that was held recently. So would you like to just tell us about what kind of leadership and advocacy challenge climate change presents for the  
30 nursing profession, and how leaders can support those committed staff members who turned up to our forums.

DR REDKNAP: Okay, so Robina Redknap. I think one of  
35 the things that came through very loud and clear is that climate change is everyone's business, and there needs to be leadership at every level. Many of the challenges seem to be organisational challenges, rather than, I guess, real barriers to making a difference. It was very clear that [there] needs to be engagement across disciplines and not just left to a select few. So it can't be one area of health actually driving this, or one particular discipline. As Jenny  
40 mentioned, it needs to actually be a multidisciplinary approach.

It was very clear, I think, that there was an awareness and very much a  
45 commitment that executive leaders have a responsibility to facilitate and support opportunities for staff to commence initiatives, and to remove organisational barriers to success, and really, to lead by example. And there was some discussion around the language that we use, rather than being passive, actually to be active, you know, "I will" and, "I can", rather than, "We might", or, "We maybe will".

[14:14:32]

5 So I think it's very much around... the advocacy needs to come from every level of the organisation, the barriers that actually present to staff that really want to make a difference need to be removed to allow them to move forward with this. And we are seeing that within some of the health services, as I previously mentioned, but I think we've still got a bit of a way to go with that, as well.

10 PROF WEERAMANTHRI: I'll just reverse the order in this case. So Ms Barrett or Ms Campbell, do you have any comments around leadership and advocacy?

15 MS CAMPBELL: Jennifer Campbell. I think it's clear to say, when consulting with clinicians, they have both a professional and a personal interest in this area. So I think, from a professional point of view, there's the ability to really engage what is a collective group of very smart clinicians in addressing some of these issues, and there's obviously personal drivers, as well. So I think that's worth mentioning.

20 MS BARRETT: Terri Barrett. And I would reiterate what Robina has said, really. It's about being open to innovation and to ideas, that will come from the younger generation, I think. They really are going to be the drivers around this. And so it's actually supporting them to take the mantle and drive things forward.

25 PROF WEERAMANTHRI: So I might just pick up on a comment Ms Campbell made around personal as well as professional. So can you just reflect on, if you come as a nurse to work in a hospital or a health service, or as an allied health professional or as a midwife, you have personal, professional, but also employee responsibilities and hats and identities. So how do you manage these multiple hats on everyday issues, as well as this issue? We thought about that, you know, one sense of identity and what that means for how you conduct yourself, you know, when you go to work.

35 MS CAMPBELL: Jennifer Campbell. I think, you know, our workforces play critical roles in meeting the challenges facing our health, and also, kind of, broader social care systems. And it's in the nature of the way we shape and the challenges that we addressed in healthcare. So whether this is changes in technology, increases in the aging population, or the impacts of climate change, I think they're a workforce that is used to thinking a little bit outside the box and taking on challenges.<sup>1</sup>

45 DR REDKNAP: Robina Redknap. I think it's interesting, sometimes, as nurses and midwives, our personal and our professional thoughts, feelings, intentions can, I think, conflict that the importance of being

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<sup>1</sup> The workforce being referred to here by Ms Campbell is comprised of allied health clinicians.

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an employee is that you are employed, as a nurse or a midwife, to actually deliver the best care you can and promote wellbeing and health to the people [14:17:44]

5 that we serve, has to become paramount. So I think, as Jennifer mentioned, there's many people that actually are quite committed to trying to reduce the impact of climate change in their personal lives, but even those that aren't, they are still accountable, as a health professional, to do that for the people that we serve. And as an employee of a health system, that is absolutely our remit. So  
10 even though there may be conflicting, if you choose to be a nurse or a midwife or an allied health, you actually commit to the health and wellbeing of the people that we care for. So along comes that with the impacts of climate change and its impact on disease and health and wellbeing.

15 MS BARRETT: Terri Barrett. I think that there's personal accountability. So there's obviously professional accountability, and I don't see the two as necessarily different. So I think each individual is accountable to make sure that they, themselves, are aware and informed and have an understanding, and know what that means in terms of translating to the care  
20 that they provide, but also how they how they operate around that care that they provide. So things around... I can think of simple examples as a midwife in terms of waste and making sure that you actually use correct bin to dispose of clinical waste and make the decision about what actually sits in those bins.

25 There's things that are much easier to do and shortcuts, but you actually have to be personally accountable for the taxpayers dollar, obviously, for the health and the care that you provide, and for actually making sure that you do the right thing, whether that's in terms of policy or ethics or moral decision-making, on every occasion, that you see the implications of your  
30 actions on every occasion, and that you follow through.

DR REDKNAP: Robina Redknap. Just, I think – and it does flow into, I think, one of the other questions that we asked – but I think the challenge we have at the moment is that climate change and its impact on  
35 health is not embedded in any of the undergraduate curriculums. And it won't just be in nursing and midwifery, I'm sure it's in other professions as well. But that is not taught to the people entering the profession. So unless they've actually identified that in their own personal lives, which may not necessarily, I guess, then flow into their understanding of how it impacts on the people that  
40 they will be caring for. So one of the things that really needs to happen is, I think, the embedding of climate change, its impact, into the education and training that we actually do at an undergraduate level, postgraduate level, and continuing on through some of the initiatives that obviously are happening within the health services now.

45 PROF WEERAMANTHRI: So just to respond to what Ms Barrett said, you've talked about personal accountability, kind of integrating your various responsibilities. Ultimately, you have to be personally accountable,



whether you're as an employee, as a human being and as a professional. And that's personal accountability. So it made me think about values.  
[14:20:55]

5 So that sense of personal accountability is a strong value, which made me think about nursing and the values that underpin nursing. So it seems to me that this is a challenge to, almost, reiterate or rethink the values that underpin the professions you are in, as well as the technical challenge about, you know, climate change education.

10 DR REDKNAP: Robina Redknapp. The actual ICN position paper actually does say that; that as a nurse, you do have part of the values and part of the responsibility that you are charged, as a nurse, as a health professional, is that you are accountable to actually make sure that you consider these. So I think you're right, and I think that, you know, I'm not sure enough emphasis has been put on that at this point. I'm hoping some of the initiatives that are happening, particularly around the short courses that are being developed and some of the other, you know, forums and discussions that we're having, will start that thinking. But I'm not sure that it's clear at the moment that that's the case.

20 PROF WEERAMANTHRI: I might ask, Ms Barrett, is there any literature on particular challenges that climate change might pose to pregnant women or newborns? And secondly, are you aware of the degree to which environmental considerations are being taken into account in the planning for the build of the new King Edward Memorial Hospital?

25 MS BARRETT: So Terri Barret. So in preparation, I obviously also looked to the literature. And whilst there's not overwhelming evidence around the impact on mothers and babies, there is a growing body of evidence. Probably, the most compelling document that I've reviewed was one that talked about a systematic review of PubMed databases that brought up over 6,000 results when they input climate change and impact on mothers and babies. And what did seem to be consistent in the evidence was the impact of heatwaves, increasing risk of early-term births, so reducing the duration of pregnancy, as well as increasing the risk of low birth weight, increasing NICU admissions due to heat stress.

30 So there is a growing body of evidence that came from the *International Journal of Environmental Research and Public Health*.<sup>2</sup> There is definitely a growing interest in this space and what the impact might be, and it seems as though the evidence base is starting to be built around that. The evidence, obviously, varies across the different types of countries that we're talking about. So when we're talking about developing countries, that we do have issues with drought, with food insecurity, with vector-borne diseases, those impacts are being measured and do seem to be apparent. From an urban perspective, we have our own risks related to the decreased number of green

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<sup>2</sup> See: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580557/pdf/ijerph-14-00853.pdf>.

spaces and the increased temperatures that rise from urban, sort of, environments, and the impact that that has.

[14:24:05]

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And, I guess, when we're seeing these extreme climate events that we're seeing now, it is of grave concern to us in terms of the impact on the health and wellbeing.

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I guess the other... as a member of ICN, and as a global citizen, you know, we're very concerned about mothers and babies in developing countries, and how significant the impact of this can be. They are absolutely the most vulnerable cohort in those countries. So there seems to be a growing body of literature around it, and it seems to be different in the impact that it has across the different types of countries. But it seems to be a consistent theme that's there. In terms of my awareness of the degree to which environmental considerations are being taken into account,<sup>3</sup> I don't have in-depth knowledge. I believe that planning is probably in the very early stages. But certainly reassuring to hear that there is a culture within Women's and Newborn<sup>4</sup> who will be the drivers around that planning and awareness.

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I guess the other thing that I would speak about is about the generation of waste – the impact on climate from big buildings, big health buildings, that run 24-7 and use lots of energy and lots of power. And from a midwifery perspective, we see midwifery as a fabulous public health strategy, a primary care strategy, and would be encouraging King Edward to consider where care can take place in the community, in the mother's home, including birth, where that's appropriate, that that is something that is considered in terms of what the footprint of this building needs to look like and how big it actually needs to be, the impact it needs to make.

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PROF WEERAMANTHRI: And that general point's certainly been made that, you know, hospitals are high-intensity sites of emissions, for good reasons, but also that "you should only do in the hospitals what only hospitals can do", was a quote from one of the written submissions. And therefore, if you can appropriately shift care into the community, there's all sorts of good reasons to do that, including good environmental reasons to do.

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DR REDKNAP:

Yes, yes.

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PROF WEERAMANTHRI: Can I ask, Ms Campbell, can you describe the range of health professions that you represent, and whether any of them have any particular link to the impacts of climate change on health?

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<sup>3</sup> Here, Ms Barrett is referring to her awareness of environmental considerations taken into account in relation to the relocation of King Edward Memorial Hospital.

<sup>4</sup> This is a reference to the Women's and Newborn Health Service.

MS CAMPBELL: Jennifer Campbell. Yes. So as the Chief Allied Health Officer, I represent allied health and health science professions in Western Australia. WA Health has close to 6,000 allied health and health science professions. They range from your traditional allied health professionals, such as physiotherapists, social workers, dietitians, to some smaller but critical professions and some more scientifically based professions such as clinical perfusionists, clinical scientists, medical scientists – so quite a [14:27:15]

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10 broad and diverse range. We employ over 27 different types of allied health and health science professionals, so quite a large quantum.

The allied health professionals are the second largest health care workforce, and work not only in hospital, but also in primary care and disability sectors. In addition, they have wider community roles across a variety of sectors external to health, including working in social care, housing, local government, voluntary and private sectors. So given this, allied health professionals work all over the world with individuals, groups and communities who are affected by climate change and extreme weather events, including floods, heatwaves and bushfires. So as previously stated, I have been in touch with a number of the professional associations prior to today's discussion.

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25 So the various allied health professional associations do acknowledge the scientific evidence which shows that climate change is a growing global health, environmental and economic concern. Of note, the Australian Physiotherapy Association members are concerned that the effects of climate change will have direct and indirect implications on the health and wellbeing of all Australians, particularly their ability to stay physically active, which is so important for health and wellbeing. The Australian Psychology Association reports psychologists are particularly interested in climate change, because not only is it caused by human behaviour and threatens human health and wellbeing, but the solutions to climate change also require profound changes in human behaviour. They are very interested in how to help people understand climate change, how to cope with it and how to get involved in effectively addressing climate change.

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40 The Australian Psychological Society has expressed its concern over the emergence of climate stress as a growing mental health concern in Australia. And the professional associations remark that climate change is having an impact on our mental health as well as physical health. The Social Work Association has a strong voice on matters of social justice and inclusion and the issues which affect the quality of life of the Australians which they treat. And as such, they see climate change as an environmental and social justice issue. They observe that although the consequences affect the entire population, the economic and social burden is already falling on vulnerable people. For example, low-income houses are already spending a large amount of money on energy to heat or cool homes in extreme weather.

The social work and other allied health professional associations are members of the Climate and Health Alliance, which is a coalition of healthcare stakeholders who are pushing for prompt policy action to address climate change issues. It's worth mentioning that many of the professional associations are developing plans to reduce their own climate footprint as organisations, and they're also taking action to support their professional members to take action to combat climate change.  
[14:30:24]

The associations are developing tools and resources to assist not only their professions, but also their patient groups that they work with. One example is the Psychology Association website, which has a depth of material to support education, including resources about coping with climate change distress, and resources such as talking to children about climate change.

PROF WEERAMANTHRI: We've tried to cover a wide variety of topics in this Inquiry and speak to, you know, lots of different experts in different fields. I just want to acknowledge that we probably have a bit of a gap in the psychology field, given what you've said. We've asked people about communication strategies – experts in communication – but probably haven't got the specific, kind of... heard from psychologists about their view.

MS CAMPBELL: Yes. I think – I don't know if you want me to add. Jennifer Campbell. So the psychologists, kind of, emphasise the psychosocial and mental health impacts of climate change, you know, things like stress, anxiety and guilt. And allied health professionals and probably, particularly, psychologists in this area, can play quite a vital role in interventions to promote coping and adaptation, and healthy responses to climate change, you know, with recognition of the fact that a lot of the documentation is about stopping and combatting, their focus is around helping people to adjust.

PROF WEERAMANTHRI: Thank you. And thank you for doing the background work with your professional groups, and bringing that to this Inquiry. Can I ask each of you, what implications are there for workforce education and training? And a second question, how long does it take to change that? Because we had a bit of that discussion earlier, that the time frame to change curricula et cetera, seems inordinately long for the challenge ahead of us in this area.

DR REDKNAP: So Robina Redknap. I think I touched on this a little earlier, around at the moment, to my knowledge, there is no units available in undergraduate or postgraduate – more generalist type postgraduate courses – that address climate change or its impact in the health system. To answer your question of how long it takes to change a curriculum, my understanding is they review them every three years, and then they have to go through a process of approval, so that can take three to four years to actually... you know, for that cycle to actually happen. So when you want to add things

to curriculums, if it creates a significant change, it will have to go through that process and be endorsed by ANMAC, so that actually does take a while. So it's not a quick fix, unfortunately.

5 I mean, I guess the other way to address it while we try to implement that type of change would be, as I mentioned, these short courses that have been developed by these three very young emerging nurse leaders through the [14:33:49]

10 Australian College of Nurses, where potentially we could get these courses up and encourage people to participate in them. There's other ways, I guess, that organisations could ensure that there is further education, and that would be develop some education programs themselves, or hold forums and actually ensure that they get their staff to them. At least it would start the impetus of change and increase knowledge in that area.

MS CAMPBELL: Jennifer Campbell. Part of my role is definitely working with universities, with over 27 professionals, each one with a different pathway and different line.<sup>5</sup> There's no one answer in explaining that question. But I do think there's a need to work with our educators and our universities to help guide their curriculum and ensure that the workforce is equipped and ready to face the challenges. I also think there's potentially a role with professional associations in the regulatory bodies, because these organisations then set the benchmarks for professional education and practice standards. Allied health professionals are tertiary educated; they're smart and capable of learning, and it is a continuous program of education and learning.

I think the other thing to mention around workforce education and training is there may even be new professions required, or specific expertise required, to be developed in this area. Some examples I thought about was potential for expansion of the scope of practice, such as occupational therapists with specialisation in understanding of needs for thermoregulation and prescription of environmental control units for people with disability. Another example of perhaps, you know, a new area would be something like behavioural scientists with an understanding about the ethical and social implications for climate change. So, actually, allied health professionals are relatively, when compared to the longevity of nursing, are relatively new professional groups. So I think that it will be interesting. The workforce that we have today may not be the workforce that we need for the future.

40 PROF WEERAMANTHRI: Can I ask you if exercise physiologists, as a group, fall under your umbrella and whether you've got any feedback from them?

45 MS CAMPBELL: Look, exercise physiologists do. They are a self-regulated profession and, as such, don't have as robust a professional

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<sup>5</sup> Ms Campbell advised that there are over 27 professional groups, each with a different education pathway and different curriculum.

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association, but they certainly do. They do not currently have a position statement, but that doesn't mean that they might not develop one in the future. I would hazard a guess to say that they would be similarly concerned about the effects of people's ability to stay physically active.

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MS BARRETT: Terri Barrett. I concur with Robina around midwifery courses leading to registration, that they will take some time to amend. But I do think that the professional bodies have a responsibility here, because they are member organisations.

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They will be driven by their members around those areas of interest. And I think that organisations, actually health services, are already starting to raise awareness with their staff. So certainly, in seeing newsletters and globals that come out, there's often recognition of activities that are being undertaken within the health services. So I do think that there is a commitment by the Health Service Providers to actually start to raise awareness of their staff and recognise where people are doing good things in this space. But yes, I think the professional bodies really will be one of the driving forces around increasing awareness and education of the health workforce.

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PROF WEERAMANTHRI: Thank you. Your reminder that professional bodies are member organisations, ultimately, is a timely one. Having been a member of a few, I sometimes forget that myself, thank you. Last question, and also an opportunity for you to make any closing statements, should you wish. Modern healthcare emphasises the importance of teamwork for good patient outcomes. What partnerships do we need between professional groups so that we can reduce waste and emissions in our sector and help the population adapt to the changing climate?

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MS CAMPBELL: Want me to go? Okay. Jennifer Campbell. These professional groups don't really work in isolation. Teamwork and partnership is kind of second nature. I think adapting to the impacts of climate change will call for a coordinated approach. We're working more within the Department of Health across other inter-agencies, and I've had more to do with the Department of Communities and other areas across government of recent times. And I think there's opportunities to work across government agencies to inform. There's opportunities, too, for some guidance and sharing of lessons learned, and it strikes me, supportive scientific research to expand our knowledge.

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Just talking a little bit more about research, maybe. There's quite a wide range of research, and probably more practice, that might be relevant to climate change, including some study around the human responses, efforts to encourage environmentally responsible behaviour, as well, and research on the psychological impacts.

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DR REDKNAP: Robina Redknap. I think, in the past, some of the professions have worked in silos, where we care for one part of a person, whereas now I think there's greater understanding that to actually care holistically for the person is a multidisciplinary approach. So I think there's certainly greater awareness and greater collaboration between disciplines to care for people and tackle, I guess, challenges from a multidisciplinary approach as well. But I think it's also important that government is only one part of the world, I guess, and the importance of actually working with our consumers, as well as our non-government agencies, to actually make a difference.  
[14:40:09]

So certainly, when I have listened to some of the initiatives that are up and running now, particularly from King Edward Memorial Hospital, they certainly partner with external people to government to actually try to progress their work in this area as well.

I think, you know, there's no limit, I think, to who we can partner with and what change we can make. But I think, you know, as Jennifer said, it's more about, you know, getting some sort of coordinated approach to do that, and really making a difference.

PROF WEERAMANTHRI: So this quest to work better, inter-professionally, is long-standing. And, you know, it's important for good patient care. But it also seems to me to be absolutely essential in terms of reducing the environmental footprint and waste that's produced by the health system and maintaining good patient care at the same time. And, you know, you can't imagine a system where only one professional group can make a difference here without the support of the others. So is this actually an opportunity to actually achieve some of those old goals through this, kind of, new challenge because it so, kind of, evidently has to be inter-professional?

DR REDKNAP: So Robina Redknap. What I find today that's very encouraging, listening to... obviously, I know a bit more about midwifery than I do the allied health, but to hear the commitment from the allied health professionals wanting to actually achieve the same aim as what nurses and midwives do, I guess it's very encouraging to think, you know, there is absolutely possibility and opportunities to work more collaboratively together in this. And in fact, one of the things that we're going to be doing from my offices next year is running a masterclass around climate change and its impact on health, and we'll certainly be inviting allied health along to that as well. And midwifery, obviously.

MS CAMPBELL: Jennifer Campbell. One thing that strikes me with all the allied health professional groups, they come at things at slightly different angles, as do nurses. At the end of the day, they're very focused on their patients and achieving the best possible outcomes for them. So I think that's a shared interest and a shared driver. And in doing that, then you need to

5 work with the challenges to promote improvements. So I think that is, kind of,  
that common interest. And there is certainly, yes, as Robina said, history of  
some silos and things, and with the growing recognition about, you know,  
improved cost-control and sustainability, I think, that never than before, there  
has been more of a driver to do things in a more efficient and more meaningful  
way.

10 PROF WEERAMANTHRI: Can I thank you all for your attendance at  
today's hearing. A transcript of this hearing will be sent to you so that you can  
correct minor factual errors before it is placed on the public record.  
[14:43:25]

15 Please return the transcript within 10 working days of the date of the covering  
letter or email, otherwise it will be deemed to be correct. While you cannot  
amend your evidence, if you would like to explain particular points in more  
detail or present further information, you can provide this as a submission to  
the Inquiry when you return the transcript. I'd be particularly interested in  
receiving the reference for the systematic review that you referred to,  
Ms Barrett. Once again, thank you all very much for your evidence.

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HEARING CONCLUDED