Charles Sturt University

Inquiry into cross-jurisdictional health reform and consultation with remote, rural and regional communities

1 November 2024

Faculty of Science and Health
Charles Sturt University

Charles Sturt University - TEQSA Provider Identification: PRV12018 (Australian University). CRICOS Provider: 00005F.

Charles Sturt University

Faculty of Science and Health

1 November 2024

Dr Joe McGirr
Member for Wagga Wagga
Chair, NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health
NSW Parliament House
6 Macquarie St
Sydney NSW 2000

Dear Dr McGirr

Implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities

Thank you again for the opportunity to contribute to the work of the Select Committee and to support its work on improving access to and the quality of health and medical care in remote, rural, and regional areas in NSW.

We believe engagement with this kind of inquiry is an important part of the University's role in meeting the education needs of regional students and the workforce needs of regional communities and employers. More than 70 per cent of the University's graduates go on to work in rural, regional, and remote areas. Charles Sturt students make up around 10 per cent of all NSW enrolments in health, allied health and medicine, and every year we provide around 1,500 graduates for hospitals, clinics, nursing homes and emergency teams across NSW and beyond. Their contribution to better health care in regional areas starts even before they graduate, though, as many of our students in health, allied health and medicine undertake all their clinical training and placements in regional locations.

This experience in health and medical education has informed our submissions and evidence to the original Legislative Council Portfolio Committee No. 2 inquiry and subsequent inquiries on implementation of its recommendations. Throughout this process we have emphasised the importance of regional training to meet regional workforce needs, challenges around the coordination and cost (to universities and to students) of clinical placements, the limited number of specialist training places in regional areas, and in particular the shortage of specialist maternity and midwifery practitioners in regional areas. We have also provided examples how the University is helping to address these challenges, and where and how we could do more.

The NSW Government's progress report, released on 17 September 2024, shows there has been welcome action on some of many of the issues raised in the Legislative Council inquiry. Some key issues, though, have yet to be addressed. The recommendations to increase the number of GP and specialist positions and for a review of the nursing and midwifery workforce, for example, will wait another two or three years for action. Yet without a clear forward plan it will be difficult for the NSW Government to determine the appropriate staffing and therefore funding levels for regional health and medical services – including for education and training.

Particularly concerning is the implication in the progress report that action on one of the Legislative Council inquiry's key recommendations, the development a 10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy, must wait on the Australian Government. The NSW Health system is the largest in the country and on matters like workforce planning, development, and strategic investment should be a leader, not a follower. We therefore urge the Select Committee to recommend that the NSW Government take immediate action on this recommendation. We also

Charles Sturt University, Boorooma St, NORTH WAGGA NSW 2650
T: +61 2 6933 2510 | E: DeanOfScienceandHealth@csu.edu.au | www.csu.edu.au

suggest that the committee examine or recommend further work on the role of TAFE in meeting workforce needs in regional areas.

We suggest further that the Select Committee should examine the findings and recommendations in *Unleashing the Potential of Our Health Workforce*, the final report of the Australian Government's 'Scope of Practice' review, released in October 2024. The report notes that, on many issues, inconsistency between different jurisdictions' legislation, regulations, and guidelines is one of the major impediments to health practitioners and specialists being able to make full use of their capabilities and so meet the needs of patients and communities. The report also offers suggestions for action that would improve the access to and range of health and medical services in regional areas and is thus relevant to the work of the Select Committee.

In many respects the tension between state needs and federal processes is the chief cross-jurisdictional challenge to providing quality health and medical services in regional areas, and to ensuring those services are properly staffed. It is not, however, the only challenge: there are cross-jurisdictional issues within the state of NSW and in the border region that is home to many of Charles Sturt University's students, staff, partners, and stakeholders. The attached submission provides some information on each of these matters and suggests opportunities for reform that would lead to more effective use of limited resources while providing measurable improvements to health and medical services.

As always, the University would be happy to provide the Select Committee with more information on any of the matters raised in the attached submission or those we provided to previous inquiries. We would also like to take the opportunity to invite the Select Committee to hold a public hearing at any of our campuses, to meet our students and staff, see first-hand the health and medical training and research facilities available, and talk to local stakeholders about the future of health and medical care in regional NSW.

Yours sincerely

Professor Megan Smith
Executive Dean, Faculty of Science and Health

Charles Sturt University

NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health

General comments

Charles Sturt University welcomes this opportunity to provide information to the NSW Legislative Assembly Select Committee on Remote, Rural and Regional Health on the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities. The attached submission includes some final observations on implementation of the recommendations and some unfinished business that requires either prompt action or further attention. In keeping with the inquiry's Terms of Reference we also offer the Select Committee information on cross-jurisdictional challenges at three levels:

- within NSW, particularly between LHDs,
- between states, in the border region where CSU operates, and
- across different levels of government (state and federal).

Final observations on the implementation of Portfolio Committee No. 2 recommendations

The NSW Government's progress report, released on 17 September 2024, shows there has been welcome action on many of the recommendations from the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. Nonetheless the importance of these issues, and the challenges they pose, is undiminished. For example, cost-of-living pressures are continuing to have a significant impact on the University's students and staff. On this issue we commend again the NSW Government's announcement in the 2023-24 Budget of scholarships and subsidies for students in health, allied health, and medicine. The initiatives are a clear sign of the government's commitment to boosting the health workforce, and the strong uptake shows they are meeting a clear need. We are also encouraged by the new Commonwealth Prac Payment (CPP), although this is tightly targeted and will leave many disadvantaged students struggling to complete their degrees. The exclusion of allied health students from the CPP is a particular oversight, and it is imperative that the forthcoming update to the NSW Government's Tertiary Health Study Subsidies for 2025 provides comprehensive support for education and training across the full breadth of health, allied health, and medical professions. A good starting point would be to fill the gaps left by the CPP and not seeing a diminution of support under the introduction of the new Commonwealth scheme.

Less positively, some critical issues raised by the University and recommended for action by the Legislative Council inquiry remain unaddressed or, according to the progress report, will wait another two or three years for action. These include increasing the number of GP and specialist positions and a review of the nursing and midwifery workforce, an essential first step in determining the appropriate staffing and therefore funding levels, including for education and training.

Particularly concerning is the implication in the progress report that action on some issues must wait on the Australian Government. These include implementing the Nurse Practitioner model of care in rural, regional, and remote NSW, another idea raised in the University's submissions, or developing a 10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy, a proposal we strongly support. Given the on-going and critical challenges created by workforce shortages in regional areas, it is particularly worrying that the NSW government is not acting more immediately on the recommendation for a Rural and Remote Medical and Health Workforce Strategy. While the progress report flags the strategy as 'in progress' its completion – and its effectiveness – seems to depend on various Australian Government initiatives, some of which have yet to be finalised (and all of which will be delayed by the forthcoming federal election). Even once the strategy has been finalised and put in place there is a significant time lag before it can have any noticeable impact on workforce shortages, given the time it will take to adapt or develop education and training programs aligned to the strategy's priorities, train students, and recruit staff.

The need for such a strategy is urgent. There is ample evidence from the succession of NSW Government and Parliamentary inquiries on rural, regional, and remote health to develop a state-wide workforce strategy that does not depend on uncertain federal decisions. The NSW Health system is the largest in the country and on matters like workforce planning, development, and strategic investment should be a leader, not a follower, and the best way to ensure that Australian Government initiatives deliver what the state needs is to go to the table with a concrete list of what those needs are, down to investment in quality clinical training facilities and experiences. We therefore urge the committee to recommend that the NSW Government take more immediate action on workforce planning and on practical, high-impact initiatives like the Nurse Practitioner model. Once finalised, a NSW regional health workforce strategy would become a key element in NSW Government discussions with the Australian Government.

Central to the Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy should be partnerships between regional schools, TAFEs, universities, health care providers, and LHDs, with a strong focus on building career aspirations and providing quality education and training in a variety of settings. These need to be genuine partnerships, with appropriate governance and accountability for education, clinical training and workforce practices and outcomes.

An excellent example is the new Murrumbidgee Health and Knowledge Precinct, a between universities, hospitals, government and the private sector with a strong emphasis on education, research, and integrated health care. The precinct's 2024-29 strategy has three priorities including growing the regional health workforce, with an Education and Rural Workforce Strategy and implementation plan as key first steps.

We also suggest that the Select Committee examine or recommend further work on the role of TAFE in meeting workforce needs in regional areas. TAFE has been largely overlooked in the inquiries to date, yet Charles Sturt University's experience with the Grow Your Own initiative, mentioned in the NSW Government's progress report, shows that collaborations between universities, TAFE and LHDs can help train and retain more health care workers in regional areas. Collaborations between universities and TAFE (and other VET providers) offer students the option to structure their initial training and later professional development in a way that suits their career paths and aspirations. Regional LHDs are looking into ways to make articulation between universities and TAFE as easy as possible, but again this is an issue that would benefit from a more consistent and strategic approach

Cross-jurisdictional issues within NSW

Regional clinical placements are an important part of health and medical education. Universities commit substantial time and effort to organising these placements and ensuring they provide an effective and safe environment for students. By way of illustration of the scale of this challenge, in 2023 Charles Sturt University facilitated well over 10,000 weeks of student placements in the Murrumbidgee and Western NSW LHD geographic areas. We are well on track to match – probably even exceed – this number in 2024.

Organising these placements means dealing with multiple Local Health Districts (LHDs) that may have differing approaches to the way they manage clinical training. For example, some LHDs have a single clinical training facilitator for all universities, making the coordination of placements much easier, whereas others have separate facilitators for each university or each hospital or clinic.

There is considerable variation across LHDs in the quality of facilitation and of the supervision provided by clinical training supervisors or specialists. And there are often differences between the way clinical placements and facilitation are funded – some by NSW Health, others by universities. These differing approaches lead to additional expense for universities (and students) and duplication and wastage of public resources.

There is a relatively simple solution to this issue: the development of a common model for clinical education and facilitation across all NSW LHDs, with common standards for facilitation and requirements (for students and supervisors) for placements, a single funding model and a single point of contact in each LHD for all the universities with clinical placement students in the region. In remote areas this would need to be supplemented by additional requirements for onsite vs remote supervision and facilitation. Further,

replication of statewide coordination of placements, such as that undertaken by Queensland Health and to a certain extent the Victoria Health Workforce branch, (which, for example, has a standard payment schedule for placements) would allow enable greater coordination across districts between the various training providers.

An example is a pilot project funded by the University's Three Rivers Department of Rural Health. Physiotherapy students undertook placements across a range of clinical areas and communities all within the Western NSW LHD. This model for clinical training has continued beyond the pilot and is now being explored for expansion to other disciplines. Three Rivers also funded the University's School of Nursing to work with the Murrumbidgee on the development of the collaborative placement program model which promotes opportunities for local nursing students to undertake their clinical placement in their home communities. This kind of innovation is enabled by the Australian Government's Rural Health Multidisciplinary Training (RHMT) program, which supports a range of collaborations with LHDs including high quality for rural placement experiences that reflect the local the service environment and research projects aligned to local/regional needs.

Best practice model – Western NSW Local Health District

The coordination and management of student facilitation within the Western NSW Local Health District is a good example of a best practice model. Across the LHD, student placements are coordinated by the Workforce and Culture Directorate. The Manager, Graduate Programs and Traineeship, works closely with the Charles Sturt University workplace learning coordinators to ensure the timely placement and coordinated facilitation of students.

Various models of placements are used across the LHD, including self-nomination where the LHD allows students to self-select their preferred site, a collaboration of school clinic model, where students undertake all of their placements across the LHD in different areas, and targeted placements, such as placement experiences in mental health or aged care.

The LHD supports these with providing facilitators, including on site facilitation where a larger group (i.e. 6-8) of students are at the one site, or roaming facilitation, where the facilitator will work across several sites where there are a smaller number of students.

The collaborative or clinic model also supports student to form a connection with the LHD to create graduate pathway opportunities, such as rural generalist nursing pathway, that encourages graduates to work regionally with the LHD.

As partners in a common clinical training model, universities have a lot to offer hospitals and other health care facilities, such as access to labs and simulation spaces, and training and professional development for staff (including supervisors). Providing education, upskilling, and professional development in regional areas – closer to home for the health and medical workforce in those regions – would help boost local skills and, as they can see a local career pathway, help retain more skilled and experience staff in the regions.

A topical example of how universities can help boost the skills of the health care workforce is in the growing field of digital health. Digital skills are already built-in to many health and medical courses and Charles Sturt University, so we are in an ideal position to offer tailored programs to the current workforce. We are about embark on an update of the curriculum for our Graduate Certificate in Nursing (Clinical Education) to contemporise curriculum to meet today's clinical educator needs. The Grad Cert is a qualification available for all health professionals to develop the skills they need to supervise trainees and mentor junior staff. It is supported with Commonwealth Supported Places.

Cross-jurisdictional issues between states

Charles Sturt University is a leader in the online delivery of health graduate training and as such has students enrolled from across Australia. As such, health students in nursing and allied health enrolled through the Albury and Wagga Wagga campuses undertake clinical training at facilities in Victoria. Similarly,

some Victorian students, such as those at La Trobe University's Wodonga campus, do their clinical placements in NSW. In many ways universities and employers should encourage this, as it provides students with broader clinical experience. Unfortunately, though, the Albury-Wodonga region has an ongoing problem with attracting and retaining experienced staff, and there are too few with the requisite skills to supervise students and graduates. As noted above, universities like Charles Sturt can assist with professional development of supervisors, but to serve the region effectively we would need to see better cross-border cooperation than is currently the case.

A recent project by a Masters student at Charles Sturt University revealed some of the challenges in providing health care in the border region by examining cross-border ambulance response and the management of trauma patients. The project examined paramedic's non-technical skills – such as communication, leadership, decision-making, and teamwork – and their role in providing effective care. The project found that factors like the difference between in Victorian and NSW paramedics' skill sets and service guidelines could lead to difficulties in making effective use of important non-technical skills. Limited communication between services also created difficulties, with obvious implications for acute care. The project, which is being written up for publication in a medical journal, offers several recommendations to improve cross-border paramedic services and patient outcomes, including:

- joint education and networking sessions to improve teamwork and to increase familiarity with different ambulance services' clinical practice guidelines, skill sets and equipment,
- the introduction of a community of practice specific to the cross-border environment,
- post-incident debriefing needs to be a priority to promote understanding of differing practices and to improve processes,
- cross-border guidelines to support clinical decision-making and highlight key differences in service guidelines,
- a patient-centred approach to the integration of skill sets to improve communication between the two services,
- an inclusive approach to leadership, teamwork and decision-making, and
- better communication between the two ambulance services to promote scene safety, situational awareness and informed decision-making.

The project's findings and recommendations have clear implications for other health and allied health services in the border regions of NSW and warrant further examination by NSW Health and the relevant LHDs.

Another cross-border issue that might warrant further consideration by the Select Committee is the impact of Victorian subsidies, scholarships, and other financial decisions on regional students' choices of where to study and, after graduation, where to work. While the NSW Government has introduced new scholarships and incentives for health, medical, and allied health students and graduates, and expanded some existing programs, it would be useful to explore whether these initiatives are enough to match those on offer in other states and so keep more NSW regional students and graduates in the state.

Federal-state cross-jurisdictional issues

The Legislative Council inquiry made several recommendations for the NSW Government (and NSW Health) to work with the Australian Government on key issues. Among them is Recommendation 14, which proposes

That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 [relating to the single employer model] *and 10* [the establishment of a 'Rural Area Community Controlled Health Organisation pilot']

In its response to the Legislative Council inquiry, tabled on 1 September 2022, the NSW Government supported this recommendation, saying that 'NSW Health will work with Regional Training Hubs to support this recommendation' and outlining various actions under way or proposed including incentives for GPs to

work in NSW hospitals, expanding local training and upskilling programs, increasing the number of rural intern positions, and revamping scholarships and pathways programs with the aim of achieving “a greater shift towards ‘grow your own’ outcomes.”

The progress report released in October 2024 flags this recommendation as ‘In progress’, with modest increases in internships and some specialist positions. This progress is offset by the slow uptake of those available and little concrete evidence that measures like incentives for GPs are achieving the desired results. Nor is it clear that this limited progress is being effected in the way the inquiry recommended: by NSW Health working with the Australian Government and other stakeholders. Yet as the current inquiry will show, there are some significant challenges in regional medical and health care that can only be addressed through effective partnerships between the state and federal governments, health care providers, and universities.

There are ongoing examples of cross jurisdictional issues with student placements in aged care which affect the experience students receive in these clinical settings (and so their likelihood to take on or stay in careers in aged care). Some are related to the complexities of the sector. Others arise the tensions between different levels of government.

Aged care services are primarily funded by the federal government, though they can be operated by various organisations including state and territory governments. Queensland Health operates a number of aged care facilities, especially in rural and remote areas, as do the Victorian and Tasmanian governments. The majority of residential aged care services, however, are operated by not for profit or private organisations.

Facilities operated by not for profit and private providers often have a person-centred care approach and may provide a more homely environment. In these settings students experience a variety of care models including, in many cases. a more holistic approach to care. Students also have the opportunity to develop strong interpersonal skills through interactions with residents. Facilities operated by health services, on the other hand, are more likely to have a structured clinical environment which can provide students with exposure to a broader range of medical and nursing practices, a variety of professional roles, and interdisciplinary teamwork. Differences in the settings are also reflected in the staffing and resourcing of facilities, leading to potential differences in the experiences of students undertaking work integrated learning.

The varying staffing levels and resources in the not for profit and private sectors mean that the quality of supervision and the learning experiences of students can be very different. Facilities operated by health services tends to be more consistent with access to a wider range of healthcare professionals which can enhance the learning experience in the work integrated learning setting. These variations extend to the aged care providers’ partnerships with training and higher education providers: again, publicly owned and run facilities tend to have established education and training programs that provide structured learning experiences and support for students.

Both types of work integrated learning experience are valuable for student learning. It is however important to acknowledge that the staffing and resource levels in the not for profit and private sector can result in students being seen as a cheap labour force, with students being placed in a situation where they are undertaking ‘work’ as opposed to ‘learning’ and not remunerated for their labour. This places the provider in contravention of NSW Fair Trading legislation, but there is the additional complication of for-profit providers being subject to federal corporations law as well as, and in some cases instead of, state legislation.

On a practical level this could be overcome by ensuring that placements for work integrated learning are covered by the ‘free trial’ provisions in the relevant legislation, but this would still leave students unpaid for real work and potentially being in the position of being unable to meet course requirements. A better approach would be to build in to state and federal funding agreements for aged care providers a condition that any duties beyond what is necessary for students to complete their course and/or gain professional accreditation must be needs to be regarded as work, with appropriate remuneration.