



15 December 2023

Legislative Assembly Select Committee on Remote, Rural and Regional Health
Parliament of New South Wales
Email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Select Committee,

Thank you for the opportunity to attend the public hearing. This is the Charles Sturt University Response to the supplementary questions received on 6 December 2023.

Public Hearing 27th November 2023 – Supplementary Questions

What are the main challenges when finding regional placements for your students (p.3)?

The key challenges include

- The consistent availability of workforce able to supervise students in regional locations. We rely on staff employed in healthcare facilities to provide supervision. Low staffing levels and an uneven distribution of staff across regional areas directly impacts healthcare facilities' capacity to provide placements.

Where there are staff:

- they may be employed in fractional positions and therefore unable to provide the full-time placements students require,
- their level of experience is variable, and
- there may be a high staff turnover

All of which leads to healthcare facilities being unable to commit to a consistent degree of participation in providing placements.

- There is a heavy reliance on the public sector for placements as the business models for many regional private and not-for-profit health care facilities frequently do not allow for student supervision. Many private and not-for-profit health care facilities can only provide supervision if there is a financial subsidy available, which regional universities are in no position to provide.
- Our experience is that education and training – and in particular participation in student education and training – is not a consistent strategic priority and objective for NSW Health facilities.

In the development of strategic plans, participation in education is regarded as desirable for future workforce development but is not raised to the level of critical strategic importance and therefore is not well-resourced. The impact of this is that when the system is under pressure student placements become even less of a priority.

The NSW Health Workforce Plan 2022-32 does speak to mature partnerships with education providers (p10) however the focus is on education providers delivering curriculum needed by Health rather than a partnership model in delivering education. On the other hand the plan does speak positively to “Develop innovative clinical placement options that test investment in rural and regional workforce models” by 2025. We are keen to see what investment would underpin this to make it achievable.

- Non-academic support for students, such as accommodation, transport, safety and other forms of support. Students in regional areas have far fewer options for sourcing such support. What is available is often more dispersed, which has an impact on students with family and caring obligations, and on their ability to rely on their personal support networks.
- There is a complex network of universities and placement potential providers. Rural placements are often in high demand by all universities seeking to ensure they are contributing to future rural health workforce needed and to meet their own needs for placements. Perversely this creates a market for placements in a system that is not well resourced to manage the administrative load or to assure the optimal allocation of placements. For example a student from a metropolitan university may be accepted for a placement in a regional community whereas a locally educated regional student may need to travel up to 300km to attend a placement because there is no local availability.

Your submission notes that the NSW Health Workforce Plan 2022-32 'lacks sufficient consideration of the specific challenges in regional areas' (p.7). a. Could you elaborate on this?

The basis to this comment is that the plan is clearly positioned at a whole of state approach highlighting the requirements for a workforce for the future across the state. There is within the plan recognition of the specific deficits in workforce in regional communities (priority 5) and this is noted across the plan. However the plan itself has applied many targets which reflect a one-size fits all approach to addressing the issues with limited specific ideas for regional communities. The plan perhaps doesn't consider the extent to which regional communities will be able to adopt the broader plan to reduce the current deficits in workforce across the sector.

For example, will priority 3 3: Empower staff to work to their full potential around the future care needs, which offers goals on the optimal use of multi-disciplinary teams, be adequately nuanced to be able to be implemented for regional communities? This is assumed but not specifically set out in the plan.

Another example is Priority 4 and specifically 4.3 which has an outcome for 2024 to “Build a pipeline of future job-ready graduates particularly in rural and remote areas” (p14). From our experience of the current workforce and placement capacity there is a need to see reflected in the an understanding of what is required, the complexities needing to be addressed and a realistic reflection of the time it will take to achieve this objective. Our concern is that without this nuance the risk is that rural and remote communities/LHDs will be simply unable to meet the goals.



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