

**Submission  
No 43**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** Charles Sturt University, Faculty of Science and Health

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# NSW Legislative Assembly inquiry into regional health workforce and funding issues

13 October 2023

Faculty of Science and Health  
Charles Sturt University

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13 October 2023

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 specifically relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health**

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

As more than 70 per cent of the University's graduates go on to work in rural, regional and remote areas, Charles Sturt has a critical role in meeting regional workforce needs in a wide range of industries. This is particularly the case in health, allied health and medicine: Charles Sturt students make up around 10 per cent of all NSW enrolments in these fields, and every year we provide around 1,500 graduates for hospitals, clinics, nursing homes and emergency teams across NSW and beyond.

Charles Sturt University made a submission to the previous Legislative Council Portfolio Committee No. 2 inquiry and gave evidence to a public hearing on 10 September 2021. In our submission and evidence we highlighted several challenges to providing education and training in these professions, particularly around the number of funded student places available in health, allied health and especially medical programs, the amount of funding for each place, and the coordination of the professional placements that are an essential part of every student's training.

Each of these issues remains a significant challenge for the University and its students, and, along with rising cost-of-living pressures, are continuing to have an impact on our ability to meet workforce needs. Overall, we are doing well, but with better coordination, more realistic funding arrangements, and direct support for students, we could be doing more. On the last point we commend the NSW Government's recent announcement of scholarships for students in health, allied health and medicine. The scholarships are a clear sign of the government's commitment to boosting the health workforce, and the announcement has been well-received across the University and among regional health stakeholders. Charles Sturt University already offers more than 25 scholarships for students in health, allied health and medicine, but numbers are very limited. The NSW Government's scholarships will make a significant difference for many more students. We look forward to receiving more information about the scholarships and will be encouraging our students to apply.

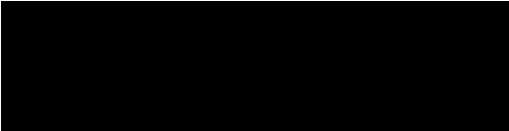
In relation to the previous inquiry on regional health, we would like to commend to the Select Committee one recommendation in particular: the collaborative development and implementation of a 10-year rural and remote medical and health workforce strategy (Recommendation 11). Such a strategy could underpin the broader response to the inquiry's suite of recommendation and assist with forward planning and budgeting for regional health needs. The University understands that early work has begun towards a strategy, and we look forward to engaging with the process.



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We would be happy to provide the Select Committee with more information on any of the issues raised in the attached submission or in our engagement with the earlier inquiry. 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**



## 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 workforce issues, workplace culture and funding considerations for remote, rural and regional health.

The University made a submission to the Legislative Council Portfolio Committee inquiry and presented evidence at a hearing on 10 September 2021. We are therefore in a position to offer further information to the Select Committee on how the situation for the regional health workforce has evolved over the past few years.

The University's submission and evidence covered several issues and the challenges they pose for regional education and training in medicine, health and allied health – and, in turn, the ability of universities and governments to meet regional health workforce needs.

In particular, we highlighted:

- the importance of regional training to meet regional workforce needs,
- high demand for the University's then-new program in medicine and the need for more CSPs in regional medical schools,
- 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
- the shortage of specialist maternity and midwifery practitioners in regional areas.

The importance of these issues and the challenges they pose are undiminished.

Access and coordination of placements remains a key challenge. For example, it would support our Charles Sturt students in physiotherapy to be able to complete placements in rural and regional locations close to their home base or where they have accommodation and wider support. Physiotherapy students are fully responsible for the travel, accommodation and lost income expenses associated with their 5-week blocks of placements. Due to demand and coordination challenges many of our students cannot secure a clinical training placement in their preferred region as the available places are under demand from metropolitan universities, often because those universities are seeking to address rural placement experience objectives and may be able to offer greater incentives for regional hospitals and clinics to take on their students.

The capacity to provide clinical placements in regional areas is a scarce but essential resource for growing the essential workforce. They remain extremely limited. For many students from metropolitan areas a regional placement is a compulsory part of their course, even though they may have no plans to work in regional areas. For regional students, however, a local placement is the backbone of their training and an important step on their path to becoming regional practitioners.

Better system-wide oversight and coordination of regional placements and incentives is essential for overcoming this problem and ensuring a steady supply of graduates dedicated to working in regional areas. At present the University needs to have an agreement in place with each Local Health District in which we operate (or are hoping to place students). The agreements require individual negotiating and managing and can be time-consuming (for the University and the hospitals and clinics involved). Moreover, and notwithstanding comments below on the value of local initiatives, agreements at this level may not support

system-wide planning. This individual negotiation can undermine the more strategic agenda of building regional workforce capacity if oversight is not given to the important levers for building capacity.

Coordination of placements also needs to better incorporate private hospitals and health care providers in regional areas. There remains an over-reliance on the public sector to do the heavy lifting with clinical placements. The University's partnership with Marathon Health, for example, has created many new work integrated learning, placement and employment opportunities for Charles Sturt students while underscoring the important role of private sector providers.

Health, allied health and medical academic staff at the University have mentioned Queensland's approach to the coordination of clinical placements as an example to follow. This level of coordination will require investment in building data banks that accurately map placement capacity. The tool generally used in NSW, Clin Connect, is less useful than it could be as it under-represents the capacity of the total workforce to provide clinical training, especially with respect to the allied health workforce that has a greater presence in the private and not-for-profit sectors.

On a related note, Charles Sturt University welcomed the NSW Government's recent announcement of scholarships for health and medical students. We hope that this initiative too will take into account the urgent need to address workforce shortages in regional areas and earmark a significant proportion of the scholarships for regional students.

### **Charles Sturt University School of Rural Medicine**

The University's submission to the Legislative Council inquiry was lodged not long before the formal opening of our School of Rural Medicine, the culmination of more than a decade of lobbying the NSW and federal governments. The school was proposed, designed and established with the goal of providing more doctors for regional communities.

The University's unique approach to medical training, in which students undertake all their education and clinical placements in regional areas, means that doctors from the School of Rural Medicine – almost all of whom come from rural, regional and remote areas – graduate with the knowledge, skills and experience they need to work as medical professionals in regional hospitals and clinics. In 2022 the University's plans for purely regional training was bolstered by an investment of \$14.8 million from the Australian Government<sup>1</sup>. This funding allowed the School of Rural Medicine to establish a network of clinical training centres across regional NSW, in partnership with local hospitals and practitioners. In some cases the University's clinical centres include accommodation for students as this remains a major challenge in many areas.

At present there are 117 students in the school, in three cohorts. In many ways their demographics reflect those of the wider health and medical workforce:

60 per cent of the students in the program are female, 40 per cent male.

Eight identify as Indigenous.

Only 19 per cent are school leavers. Another 40 per cent have a previous post-secondary qualification.

41 per cent have studied for one or more years at university before starting the medical program.

99 per cent of the students are from rural, regional and remote areas. Around a third are from the Central West.

Nine per cent of students in the program are from interstate – from regional Victoria and Queensland, South Australia, and the Northern Territory – further testament to the appeal of the University's regionally-based approach to medical training.

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<sup>1</sup> See the University's media release, '[\\$14.8 million to establish a Charles Sturt University Rural Clinical School](#)', 30 March 2022.



The high proportion of students coming to the program with existing qualifications or significance progress towards a first degree shows the need for multiple pathways into health and medical training, perhaps especially for those in rural, regional and remote areas. It also, shows, though, that many of our students come to their medical degree with skills and experience, much of it gained in regional areas, that will make them better doctors.

In our submission and evidence to the Legislative Council inquiry we were happy to be able to tell the Committee, even at that very early stage in the life of the School of Rural Medicine, about the high level of demand for and interest in the program, from students as well as local medical practitioners wanting to be part of the clinical training network. Demand remains strong: over the past few years we have received more than 20 applications for each commencing place in the program, with a high proportion coming from students rural, regional and remote areas. For the 2024 intake we have, to date, received 711 applications through the Universities Admissions Centre, a third of which are from students in rural, regional and remote areas. This continuing high demand is evidence of strong interest not only in the University's unique approach to medical training but also in serving regional communities.

Many of the University's other courses in health and allied health (such as physiotherapy, occupational therapy, speech pathology, podiatry and exercise physiology) have similarly high demand – far more than the number of Commonwealth Support Places (or clinical placements) we have available. Limited places, placements and funding also affects our ability to help health and allied health professionals already in the workforce to update their skills or upgrade their qualifications.

Our key message for this inquiry is, then, much as it was for the Legislative Council inquiry: that in dealing with workforce shortages in regional areas and ensuring that regional communities have the same access to and quality of health care as the metropolitan counterparts, an essential first step is to increase the number of regional training places, and to ensure that they are properly funded.

## Specific matters in the inquiry Terms of Reference

### Funding

Funding for health and medical education and training remains a significant challenge, if not an increasing one. Current Commonwealth funding arrangements do not cover the full cost of provision of medical, health and allied health education, and do not take into account the extra costs associated with providing these courses in regional areas. Charles Sturt University has raised this matter in submissions on the Australian Government's Universities Accord, and in meetings and discussions with members of the Accord Panel. We are hopeful that this critical issue will be address in any new funding arrangements introduced after the Accord.

A related challenge is the number of Commonwealth Support Places (CSPs) available in medicine. As we noted in our submission and evidence to the initial Legislative Council inquiry, the University's proposals for a medical school requested 80 commencing CSPs each year, to meet regional workforce needs and to ensure the program is financially viable. We were awarded only 37. We have applied for additional places under a new initiative regional medical training launched in July 2023<sup>2</sup>. As this is a competitive process there is no guarantee it will lead to the additional places we need and some of the conditions attached to the program (essentially, a requirement to transfer a CSP to a regional program for each additional CSP awarded rather than simply increasing places in regional areas) mean it may not actually increase the supply of medical graduates into the regional workforce.

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<sup>2</sup> Minister for Health medical release, ['Helping more doctors train and work in rural and regional Australia'](#), 4 July 2023.



On a more positive note, both the Australian and the NSW Governments have announced plans to provide more direct financial support for students undertaking compulsory clinical placements. For many regional students these placements can mean lost income, additional expenditure on travel and accommodation, and other expenses. Sometimes these additional costs can prevent a student from undertaking a placement and therefore finishing the course and starting their career. Financial support, properly targeted, will help overcome this problem and ensure that more regional students go on to work in regional hospitals and clinics.

Similarly, it's essential that hospitals, clinicians and practitioners have the time and resources they need to provide supervision to health, allied health and medical students. In addition to the challenges around coordination of placements noted above, the shortage of staff (particularly specialists) in regional areas is having an impact on training the future workforce. The funding model for regional hospitals and clinics needs to take into account the need to train future doctors, nurses and other health care professionals, and maximise the opportunities and minimise the costs for students (and universities).

Finally, some stakeholders have advised that the cost for existing practitioners to upskill remains a major barrier to them doing so. Financial and other support from their employers would help. It might be useful for the Select Committee to seek information from NSW Health and other employers on their approach to skills development in their workforce.

### **The development of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy**

Charles Sturt University supports the Legislative Council inquiry's recommendation for the development of a 10 year workforce strategy (Recommendation 11). The inquiry heard evidence from many sources about chronic problems with the provision of and access to health and medical care in NSW, many of them related to staffing shortages. The problems are not new. There have been various responses to the problems by successive state governments, too often piecemeal and lacking proper coordination, evaluation or follow-through. A long-term strategy is essential. The current NSW Health Workforce Plan 2022-2032 is a good start, but it lacks sufficient consideration of the specific challenges in regional areas.

Further, the strategy would need to include specific regionally-based initiatives as well as state-wide programs. Regional level training, upskilling and recruitment targets (including for First Nations students and staff) would provide more opportunities for regional students and practitioners and help retain more of them in regional areas. This kind of localised approach would be consistent with several other recommendations put forward by the Legislative Council inquiry, such as those relating to nursing and midwifery. An example of this kind of local initiative is Charles Sturt University's Graduate Certificate in Rural and Remote Nursing<sup>3</sup>. We successfully tendered for funding for the program from the NSW Health Education and Training Institute (HETI). There is strong interest from regional practitioners and retention numbers are high, showing that this kind of targeted solution can work.

It would also be useful for a regional health and medical workforce strategy to encompass career progression with and across various professional streams, as a measure to improve staff retention.

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<sup>3</sup> For more information on this course see [Graduate Certificate in Nursing \(Rural and Remote Nursing\)](#)