Submission No 52

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

Organisation: Faculty of Medicine and Health - University of New England

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20 November 2023
Faculty of Medicine and Health
University of New England
[redacted]

[redacted]

20 November 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 Street
Sydney NSW 2000

Dear Dr McGirr

Implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

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Thank you for the invitation to contribute to the Select Committee's deliberations regarding the implementation of recommendations arising from the NSW Parliamentary Inquiry into *Health outcomes and access to health and hospital services in New South Wales*. We appreciate your interest in our perspectives and are grateful for the time given to us to prepare our response.

Our submission on behalf of the University of New England's Faculty of Medicine and Health is attached.

Yours sincerely,

[redacted]

Professor Jennifer Williams
Dean, Faculty of Medicine and Health
University of New England

Implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

General comments

The Faculty of Medicine and Health at the University of New England appreciates the invitation extended by the Select Committee to provide information about progress made in implementing recommendations related to workforce issues, workplace culture, and funding considerations for rural, regional and remote health, as outlined in *Report No. 57 – PC2 – Health – Health outcomes and access to health and hospital services in rural, regional, and remote New South Wales.* We note the report was tabled on 5 May 2022, and the associated New South Wales Government response to the report was tabled on 1 September 2022.

Our initial submission to the Parliamentary Committee and our subsequent appearance before Committee members on 10 September 2021 focused on the well-reported issues of poor access to healthcare services and subsequent poor health outcomes for patients in rural, regional and remote (RRR) locations in NSW. We maintained that a networked, digitally-enabled approach to healthcare service delivery over distance could significantly improve accessibility to services by augmenting existing offerings when it was clinically and technically appropriate to do so and, as a result, contribute to a reduction in the health outcome differential that currently exists between RRR and urban communities. We upheld the New England Virtual Health Network (NEViHN) as a collaborative program of work between the Faculty of Medicine and Health at the University of New England, the Hunter New England Local Health District, and the Hunter New England and Central Coast Primary Health Network, to achieve that end.

We explained that NEViHN complemented the Faculty's practice-based approach to teaching and learning, preparing graduates for a healthcare workforce of the future. We also explained that the NEViHN vision was three-fold: it included the development and implementation of a digitally-enabled, networked model of primary healthcare practice with reach across pilot site towns and in the New England region; delivered an enriched student experience through extended clinical placements at pilot site locations; and provided a research platform to share our learnings and conduct further research into RRR healthcare issues.

This submission provides a more Faculty-focused response to progress made regarding the implementation of NSW Government endorsed recommendations from Parliamentary Committee No. 2. The submission has been prepared collaboratively and draws on our perspectives as individuals with lived experience of healthcare service delivery in a RRR community, as well as members of the Faculty, where we can demonstrate the influence of the Committee's recommendations on our course offerings, teaching approach, and research focus.

Our original submission did not include an overview of UNE's Faculty of Medicine and Health. As a submission made on behalf of NEViHN, it contextualised the initiative within its work program, which included our collaborators and communities within the broader New England region of NSW. We now include information about the Faculty and its Schools in *Figure 1* and throughout the narrative below. This will give the Committee a deeper understanding of our academic context

before more specifically addressing the issues that are the focus of the Select Committee's Terms of Reference (which is included for ease in *Attachment 1)*.

1. Brief overview – UNE Faculty of Medicine and Health

(a) School of Health

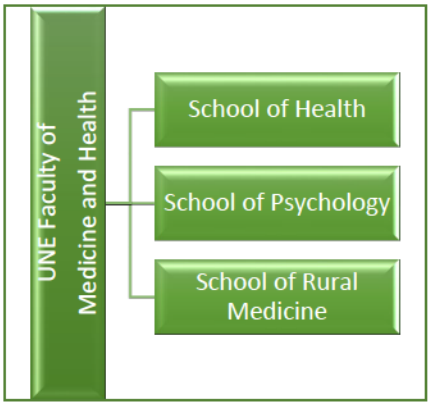

Figure 1: Faculty structure - UNE Faculty of Medicine and Health

The School of Health is committed to excellence in interprofessional health and social care, with the majority of the School's courses available for study online at undergraduate and postgraduate levels.

The School's commitment to excellence in interprofessional health and social care is evident not only by the range of awards available but also by their respective accreditation bodies' approval of the School's practice-based approach to learning. As the School aims to produce graduates with the knowledge and skills necessary to make valuable contributions within their professional environments, staff apply innovative, flexible, personalised approaches to teaching and learning in study areas that include:

- Nursing;
- Pharmacy;
- Social Work;
- Community Services;
- Counselling;
- Mental Health Practice; and
- Health Management.

The School has a strong research focus with an excellent publication record, attracting students from a broad range of disciplinary backgrounds. Core areas of research interest within the School include:

- Health workforce training and retention, with an emphasis on patient-centred care and safety;
- Improving both the physical and mental health and well-being of rural and regional communities, including indigenous communities; and
- Developing sustainable, local, regional, national and international partnerships within and across the health sector.

(b) School of Psychology

UNE's School of Psychology is a leading provider of psychology education and training and the university of choice for students who wish to work in rural and regional Australia. The School has a mission to deliver flexible online study options that support student success anytime and anywhere. Courses offered can be studied at Bachelor, Honours, Graduate Diploma, Masters and PhD levels and cover topics, including:

- The history and philosophy of psychology;
- Psychological health and wellbeing;
- Learning and memory;
- Motivation and emotion;

- Individual differences, behaviour and personality;
- Cognition, language and perception;
- Lifespan development;
- Social psychology; and
- Neuroscience and the biological bases of behaviour.

Additionally, units of study cover topics such as environmental psychology, sports psychology, psychological assessment and diagnosis, and evidence-based interventions for mental disorders.

The School produces well above world-standard research and training in psychology science and professional and clinical practice. Programs offered are regionally based but globally connected through the international research collaborations of the School's academic staff.

All programs of study within the School are fully accredited by the Australian Psychology Accreditation Council (APAC).

The UNE Psychology clinic in Armidale provides vital psychology services to rural patients from the New England North West region and high-quality training to postgraduate clinical psychology students. UNE aims to mirror this acclaimed service in a future phase of its Tamworth campus operations.

(c) School of Rural Medicine

UNE's School of Rural Medicine delivers the Joint Medical Program (JMP) in partnership with the University of Newcastle and with support from the Hunter New England Local Health District and the Hunter New England and Central Coast Primary Health Network. The development of the JMP expands on the long-term commitment of many medical and community stakeholders within the region to improve equity of access to healthcare for patients and improve health services in rural areas of Australia.

Throughout their degree, students from the School of Rural Medicine are in contact with academic staff at UNE and the University of Newcastle, as well as medical practitioners and community members.

(d) Manna Institute

The Manna Institute is one component of an initial three-year strategy aimed at improving mental health and wellbeing in Australia's rural, regional and remote areas. It brings together leading mental health researchers from the seven Regional Universities Network (RUN) universities as a virtual initiative. These universities are Charles Sturt University, Central Queensland University, Federation University, Southern Cross University, the University of Southern Queensland, the University of Sunshine Coast, and the lead institution for the Manna Institute, the University of New England. The institute's Director, Professor Myfanwy Maple, is a Professor of Social Work at UNE.

The Institute's research fosters professional workforce development and translates research findings into practice, place-based programs. Researchers collaborate with industry and community partners (including Everymind, Lifeline Direct and the ANU Centre for Mental Health Research) to tailor mental health solutions specifically to their regions and to regional Australia more broadly.

2. UNE Faculty of Medicine and Health collaborative response – perceived progress made in implementing recommendations related to workforce issues, workplace culture, and funding considerations for rural, regional and remote (RRR) health

(a) Challenges/opportunities relating to the implementation of recommendations related to workforce issues, workplace culture and funding considerations for RRR health

We appreciate the positive steps taken to incorporate virtual healthcare solutions into usual practice by developing and delivering NSW Health policy initiatives (Recommendations 37 and 38). These include the *NSW Future Health Report (2022-2032)*, its associated *NSW Future Health Strategic Framework*, the *NSW Regional Health Strategic Plan (2022-2032)* and its associated *NSW Regional Health Strategic Plan Priority Framework*. All uphold the implementation of healthcare solutions to augment healthcare services where it is clinically and technically appropriate to do so, to support RRR healthcare service providers and to deliver healthcare services to patients over distance. This approach has also been the focus of NSW Health's Agency for Clinical Innovation and its *NSW Health Virtual Care Strategy,* delivered in February 2022. At a local level, references to the role of telehealth solutions to support existing healthcare services have been actively incorporated in the *Hunter New England and Central Coast Primary Health Network Strategic Plan* and the *Hunter New England Local Health District Strategic Plan*.

These policies pave the way for introducing a rich array of digital health solutions that could significantly improve access to healthcare services and, by extension, the lives of people in RRR communities. However, there are key issues to be overcome to achieve that end, and these include:

- The issue of Medicare claims for patients in RRR locations without a local GP service. Eligibility for a rebate requires providers to have an established clinical relationship with the patient.
- The issue of poor internet connectivity and/or poor-quality technology at either the provider or patient end of a telehealth consultation. These hardware and infrastructure issues can result in providers resorting to telephone-only consultations, which greatly hinder the quality of the telehealth experience for patients and providers - or render the visual component of a telehealth consultation (particularly important when assessing a patient's physical attributes) entirely impossible.
- The problem of poor digital health literacy skills for patients or providers. This requires a consistent education and training response to build confidence and trust in telehealth service provision. Without a resolution, there is uncertainty around equipment use and issues such as compliance with privacy laws and patient health data management.
- The requirement for a detailed change management strategy to flexibly transition telehealth into RRR communities in a way that meets its members' cultural and healthcare needs. There is no 'one size fits all' recipe to embed digitally enabled healthcare solutions into practice. An overarching approach can be applied, but customisation is required in collaboration with community members to ensure their experiences and needs are recognised, valued, and met – and they are considered part of their community's healthcare solution.

(b) Staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)

We appreciate the significant influence of non-physical factors (the social determinants of health) upon the wellbeing and health outcomes of RRR people. We acknowledge the role of healthcare professionals as they work with patients in the community to improve instances where non-physical factors such as low levels of health literacy, early childhood development and access to affordable health services prevail. We are also aware of our responsibility as a Faculty to develop graduates who are well-prepared for RRR healthcare practice and well-equipped to respond to all aspects of patient care currently and in the future. We understand the Committee's focus on increasing the number of healthcare professionals in RRR locations. We believe that as the Faculty of Medicine and Health in Australia's first rurally located university, we have a responsibility to ensure our courses and programs of study are available to students irrespective of their location, can accommodate students' work and lifestyle constraints, and as a result, can be delivered flexibly and online where possible. We also deliver from a practice-based perspective and emphasise the healthcare needs of RRR patients – encouraging students to aim for a role in RRR healthcare following their graduation.

The Recommendations highlight the need for interactions between the Australian Government and local health agencies to encourage more healthcare professionals to work in RRR areas. There are specific initiatives mentioned, such as the single employer model for GP trainees, a review of employment arrangements and remuneration for trainee doctors (Recommendations 9, 12, 15), and the development/implementation of a ten-year *Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy* intended to strengthen and fund the sustainability and growth of RRR health services in local towns (Recommendation 11). We recognise that these represent long-term, potential solutions for increasing workforce numbers that rely on the personal choices of individuals to locate to RRR areas - and we have yet to determine their impact and results.

Our course offerings encourage student participation in the RRR health workforce to address specific features and areas of the workforce mentioned throughout the Committee's recommendations. These include core units of study in mental health nursing and aged care (Recommendation 18) covered within the Bachelor of Nursing degree, with graduates from the Bachelor of Nursing also being eligible to seek Registered Nurse status with the Nursing and Midwifery Board of Australia (Recommendation 16). Our proposed Graduate Certificate / Graduate Diploma in Aged Care is progressing through internal governance mechanisms and is likely to be rolled out in 2025. We are also in the process of developing industry partnerships with a view to providing education and training for Nurse Practitioners (Recommendation 17). We have recently established a scaffolded postgraduate program, the Master of Public Health (One Health), offering exit points at Certificate, Diploma and Masters levels and with reach across multiple UNE Schools and disciplines. This first-of-its-kind program in Australia is accepting enrolments now for the first offering commencing in Trimester 1, 2024. One Health recognises the interconnectedness of human, animal and environmental health, the significance of social determinants of health, and the importance of sustainable development practices that nurture the health and wellbeing of all as an opportunity to create a more resilient, healthy and sustainable future for all (a key focus of Recommendation 11). Together with course offerings from the Faculty's School of Health, its School of Psychology and the focused RRR approach of the Joint Medical Program (JMP) conducted with the

University of Newcastle, we believe our complete program of awards focuses on supporting students and delivering an increasing number of graduates with a passion for RRR health and a desire to apply their knowledge and skills to RRR communities.

We are working further on admissions pathways that create opportunities for aspiring RRR health professionals to enrol in our programs, following evidence that students who have lived in RRR areas are more likely to work in these areas after graduation. And we are working in collaboration with other institutions to further understand the attributes of the "homing pigeons" of healthcare (i.e. identifying demographic, social and other traits that result in a greater likelihood of working in RRR areas). With an aim of ensuring that we are producing graduates who practice in their chosen field for a substantial duration (i.e. those with lower attrition from the workforce), the Faculty is committed to developing a profession-agnostic first year that would allow students who are interested in pursuing a career in health to complete a full year of study before committing to a particular discipline. This is another way for us to contribute to solving the rural health crisis.

Experts from within the Faculty are involved in both the Armidale Regional Council Key Person Working Group on the attraction and retention of healthcare personnel and as advisors to the UNE Medical Centre on the attraction of medical personnel. UNE Medical Centre has attracted three new GPs to Armidale over recent months, which is a mammoth achievement in the current employment climate. The Faculty partners with UNE Medical Centre to ensure that GPs who wish to participate in medical education have the opportunity to do so through the School of Rural Medicine.

The Faculty fully supports the development and implementation of telehealth models of care (per Recommendation 30). Our work in the New England Virtual Health Network (NEViHN) aligns with this goal. Our focus is on using digital health solutions, including telehealth, to augment and extend the reach of existing healthcare services (not to replace these). This will be achieved by leveraging the expertise of specialist personnel and teams from across the New England region or, if required, from anywhere in the world.

The Faculty has ambitious targets for increasing Indigenous staff and students. We are pleased to advise that we have recently appointed a Senior Lecturer in Indigenous Australian Health who will be a lynchpin in the Faculty's support of Indigenous student success and in our culturally responsive approach to curricula and student and staff development. We are highly cognisant of our institution's potential to contribute in the longer term to improved healthcare outcomes for the Indigenous people of Australia, with a particular focus on those living in RRR communities. To this end, we have a number of staff undertaking research focused on Indigenous community needs – Professor Kim Usher is a highly acclaimed healthcare researcher with strong links with Indigenous communities and an enviable track record of high-quality research in this sphere.

(c) Staff accreditation and training (Recommendations 13, 14, 19, 20, 23, and 29)

As well as responding to the healthcare workforce needs identified in the Committee's recommendations, UNE's Faculty of Medicine and Health also responds to the challenges faced by healthcare professionals in accessing accredited university coursework, training and research degrees from a distance. The majority of the Faculty's courses are offered flexibly and online, available for students to study at their convenience. We believe this supports the existing health

workforce to continue learning and building their skills base via courses approved by the relevant health and medical accrediting bodies.

We would welcome additional opportunities to offer professional development training to healthcare professionals (Recommendation 19) as well as to collaborate with the Australian Government, NSW Health and the Primary Health Network to review our course curriculum and offerings – to assist them in their endeavours to increase rural GP and specialist training positions (Recommendation 14). In addition, we actively seek out and would welcome further opportunities to work more closely with NSW Health to support local, RRR-based people to study with us, engage in RRR-based practicum placements, and develop RRR-focused expertise to continue to increase the number of RRR healthcare professionals (Recommendation 20).

(d) Workplace culture (Recommendations 40 and 41)

The Faculty of Medicine and Health has not been directly involved with the independent review of workplace culture undertaken by NSW Health across rural and regional Local Health Districts (Recommendation 40), so it is not in a position to comment on its process or perceived improvements to workplace culture at the coalface or throughout managerial structures. Nor has it been involved with establishing an independent office of the Health Administration Ombudsman for NSW to receive and review concerns about the management of Local Health Districts and NSW Health generally from staff, doctors, patients, carers and the public (Recommendation 41).

However, we promote a positive, interdisciplinary, workplace culture amongst staff within the Faculty (and across the University), which extends to the approaches taken to teaching and interacting with our students. In addition, our scaffolded Health Management courses offer core units focused on building a positive workplace culture through improved leadership in healthcare. These units provide students with the skills to engage with staff and diverse networks of stakeholders, implement change, conduct reflective practice, and promote ethical and evidence-based decisions with personal integrity – all critical to improving culture and the well-being of all staff at healthcare workplaces.

(e) Funding considerations (Recommendations 1, 4, 10, 23, 24, 30 and 38)

The Faculty has not been involved with the review of funding models for Local Health Districts, reviews of funding available for air transport, the establishment of a palliative care task force, or the expansion of the *Far West NSW Palliative and End-of-Life Model of Care* (Recommendations 1,4, 23, 24). However, we would welcome the opportunity to collaborate with the NSW Government to include the NEViHN digitally enabled model of healthcare practice, applied to a local Armidale practice, as a Rural Area Community Controlled Health Organisation (RACCHO) pilot in response to Recommendations 10 and 30.

Our model includes an associated implementation roadmap that reflects best-practice change management to transition the pilot into practice. The roadmap is flexible and can be customised in collaboration with community members to address their unique healthcare needs. For a successful implementation, we recognise the need for additional staff to support community uptake and engagement and training resources to support the consistent application of the model. The NEViHN model reflects the features of Health One as a multidisciplinary, team-based, patient-focused and digitally enabled approach to augment existing care. Its application as a RACCHO pilot would bring together NEViHN collaborators (UNE, Hunter New England Health, and the Hunter New England and

Central Coast Primary Health Network) and members of the community to provide a unique RACCHO service with an extended digital footprint in a way that has not been demonstrated anywhere else in NSW.

We acknowledge and commend the work undertaken with communities throughout *The Four Ts Collaborative Care* primary care project and the governance structure that underpins it. We also reflect on the location of the Four T towns (Tottenham, Tullamore, Trangie and Trundle) as well as other locations included in the Collaborative Care Program across 2021-2022 (i.e., Canola Fields, the Lachlan Valley, the Snowy Valleys and the Wentworth Shire) and note that the New England region has not yet been represented.

We also note the comment made by the NSW Government in support of Recommendation 10 about the "merit in exploring the adaptation of existing models such as an evolved Health One model and a rural pilot of an Urgent Care Centre". Our collaboration with the local community would represent an evolution/customisation of the existing NEViHN model to achieve that result, which we have recently introduced to the NSW Ministry of Health through our submission for an Urgent Care Service for Armidale.

To this end, we request the Select Committee consider funding support to establish NEViHN as a RACCHO pilot for our region and the state more widely. We believe our Expression of Interest submission to the NSW Ministry of Health for an Urgent Care Service to be a separate request, and we await further information from the Ministry about our success in that regard.

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Attachment 1

LEGISLATIVE ASSEMBLY

Select Committee on Remote, Rural and Regional Health

Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

Terms of reference

That the Select Committee on Remote, Rural and Regional Health inquire into and report on the progress of and issues relating to the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs, including:

a) any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs

b) staffing numbers, recruitment and retention, and related workforce management and planning issues (including Recommendations 8, 9, 11, 12, 15, 16, 17, 18, 30 and 33)

c) staff accreditation and training (including Recommendations 13, 14, 19, 20, 23, and 29)

d) workplace culture, including forthcoming reviews of workplace culture and complaint handling mechanisms (including Recommendations 40 and 41)

e) funding for agencies, programs and incentives (including Recommendations 1, 4, 10, 23, 24, 30 and 38), and any funding issues relating to the above recommendations.

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