

**Submission
No 51**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: Charles Sturt University

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Charles Sturt
University

NSW Legislative Assembly
Select Committee on
Remote, Rural and
Regional Health – inquiry
into health services and
specialist care

26 April 2024

Faculty of Science and Health
Charles Sturt University



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Dr Joe McGirr MP
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

Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

Thank you again for the opportunity to engage further with the Select Committee on Remote, Rural and Regional Health. This submission builds on Charles Sturt University's previous submissions and evidence to respond to the Select Committee's inquiry on the implementation of recommendations specifically relating to workforce issues, workplace culture and funding considerations and to the original Portfolio Committee No. 2 inquiry conducted over the course of 2020-22.

We are pleased to see that there continues to be a focus on achieving progress on implementation of the Legislative Council inquiry's recommendations, particularly in relation to ensuring that more health, allied health and medical students are able to undertake training in rural, regional and remote areas and go on to careers in those locations, in line with Recommendation 20 in the original report.

As we have emphasised in our submissions and as has been recognised in previous reviews and inquiries, experience of working in regional areas greatly increases the likelihood of a graduate choosing a career in a regional location. New scholarships and offers of HELP debt relief from the NSW and Commonwealth governments will help more people make the choice to study and work in regional health. Key recommendations in the final report of the Australian Universities Accord will, if implemented, also provide a boost to health and medical education in regional areas.

We are also seeing much more active opportunities to develop our partnerships with Local Health Districts, though unfortunately we are not seeing the scale and consistency of capacity and capability to deliver training within regional areas. While good attention is being given to the large professions the development of workforce for future specific health services such as the education and training of podiatrists, paramedics, midwives, radiation therapists, mental health services and Indigenous health workers remain a challenge to deliver.

We would be happy to provide the Select Committee with more information on this or any of the other issues raised in the attached submission, or in our engagement the Committee to date.

We would also like to again 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

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 recommendations arising from the Legislative Council Portfolio Committee No. 2 – Health inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

As a comprehensive provider of health, allied health and medical education, and with the bulk of our graduates going on to work in regional locations, the University has a close interest in the NSW Government's work on implementing the inquiry's recommendations on regional healthcare.

The University's submission and evidence to the inquiry 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.

This submission is focused on two recommendations from the original report:

- Recommendation 11, on the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy with specific examples of paramedicine, podiatry and radiation therapy to refer to recommendations on specific health services
- Recommendation 20, on the nursing and midwifery workforce, which in part recommends stronger partnerships with universities to bolster rurally and regionally based education, training and professional development, and other measures.

This submission also provides some information on recent NSW and Australian Government policy and program announcements that have some bearing on the Committee's work.

A strategic approach

The Legislative Council inquiry recommended (Recommendation 11) the development of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. Charles Sturt University strongly endorsed this recommendation in previous submissions, and we still do so. We suggest that such a strategy would provide a solid framework for addressing many of the issues being examined by the Special Committee.

A Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy could 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),
- arrangements for career progression with and across various professional streams, as a measure to improve staff retention
- measures to 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.

Nursing and midwifery

In the past few years there has been notable progress on Recommendation 20, with new scholarships, a clearer pipeline from Enrolled Nurse to Registered Nurse, and on upskilling the nursing workforce. There are, however, some gaps, especially in relation to digital skills, as highlighted in some recent research from Charles Sturt University and RMIT¹, and on continuing professional development for Nurse Practitioners.

On the latter, a related issue is that Nurse Practitioners are often seen as supernumerary, in part because of funding shortages: health care facilities rarely have funding for locum Nurse Practitioners, so if none are available the position remains unfilled, creating the perception that they are less essential. Universities have a key role in addressing these gaps through initial education and training and on-going professional development. For example, in response to the need to improve digital skills in the healthcare workforce Charles Sturt University has developed a Graduate Certificate in Digital Health that will be offered from 2026.

Across the Charles Sturt health course profile which includes medicine, dentistry, nursing and allied health courses there is typically far greater demand than the University can satisfy. There are three main constraints to our ability to supply training places in line with this demand: the number and adequacy of funding in the Commonwealth Supported Places (CSPs) allocated to Charles Sturt for those courses (a significant concern in medicine); the physical space and other resources available (particularly in dentistry); and the number of clinical placements available for students to gain hands-on experience and meet professional accreditation requirements.

Clinical placements for students: Case example of paramedicine

Charles Sturt University is a significant and experienced provider of paramedics – many of our graduates secure employment overseas – but NSW Health can only offer us a limited number of placements. Paramedicine students do three placements over the course of their degree – two ‘on the road’ – and a complementary clinical training experience such as in mental health. These complementary experiences are important placements to support training of paramedics, for example as seen in the successful “Learning the Language of Rural Mental Health” project².

Charles Sturt University works in partnership with NSW Ambulance and the other providers of Paramedic training in NSW to provide “on-the-road” placement opportunities for students. There is high demand for study as a paramedic with applications exceeding available training places. The constraint on the University capacity to grow the number of paramedicine graduates is the availability of placements with NSW Ambulance. Finding placements for students in Rural and Regional stations is more difficult due to the lack of preceptors and stations available to contribute to student training.

Successive NSW Governments have promised to increase the number of paramedics on the road, especially in regional areas. In January this year NSW Health announced additional paramedics for regional areas and reiterated the plan for a full additional 500 paramedics over a four year period³ but we did not see a concomitant commitment to providing sufficient and appropriate placements in NSW managed ambulances and healthcare facilities. Charles Sturt University suggests this is an issue which could benefit from much more targeted and coordinated action by the NSW Government.

In specialisations with significant regional workforce shortages, such as paramedicine, the University suggests that NSW Health consider targeted placements in regions with the greatest need.

We would recommend that NSW Health in conjunction with NSW Ambulance and the universities identify the opportunity to expand training capacity.

¹ Zhao et al, ‘National survey on understanding nursing academics’ perspectives on digital health education’, *Journal of Advanced Nursing*, Volume 80 <https://doi.org/10.1111/jan.16163>

² <https://youtu.be/LrH7mo223fE?si=a0E1g5JuOuY-4-c3>

³ https://www.health.nsw.gov.au/news/Pages/20240114_00.aspx

In NSW a complex system of coordination persists with significant administrative burden involved for placement providers, education and training institutions, and the students themselves. With many universities seeking placements the lack of coordination in NSW remains a challenge and leads to competition for places, supervisors, and even accommodation – a particular challenge in regional locations – and the costly duplication of administrative arrangements to support placements.

Charles Sturt University aims to provide students who live and study and hope to work in regional areas access to regional placements. Regional students continue to have to travel further afield, away from their families and jobs and often at substantial extra cost to the student.

The cost to students of extended placements is considerable, and for too many it is a barrier to completion. The final report of the Australian Universities Accord highlighted this problem, dubbed 'placement poverty', and recommended that:

the Australian Government work with tertiary education providers, state and territory governments, industry, business and unions to introduce financial support for unpaid work placements. This should include funding by governments for the nursing, care and teaching professions, and funding by employers generally (public and private) for other fields.⁴

The report also recommends changes to student income support arrangements, especially for students in regional areas⁵.

Charles Sturt University strongly endorses these recommendations. Implementation of these and other recommendations of the Accord, especially those aimed at boosting higher education participation and attainment, will help increase the number of graduates in critical occupations and so help alleviate workforce shortages in health and allied health.

Recognising that NSW Health benefits from hosting students on placements as much as the students themselves, Charles Sturt University recommends that the Special Committee seek advice from NSW Health and other relevant agencies on options for providing some financial support for students on placements in NSW Health facilities, particularly in the health services and specialist roles covered by the inquiry Terms of Reference.

Australian and NSW Government measures to support all health and medical students

In relation to the number of CSPs allocated to health programs, the Accord made several other observations and recommendations relevant to this inquiry. The final report notes the many and persistent workforce shortages across the health professions, exacerbated by unmet demand for some courses (notably medicine) and falling demand in others. The report also notes that, based on data from Jobs and Skills Australia and others, these shortages persist in spite of strong employment growth across the relevant industry sectors, and that the growth and shortages will increase in future: "It is expected that Australia will require more than 40,000 additional registered nurses alone over the period to 2026, a growth rate of 13.9%."⁶

In response the Accord final report recommends several measures to increase the supply of skilled graduates into the health workforce by funding more CSPs in Medicine in medicine and nursing – including, for the latter, Commonwealth supported coursework postgraduate places for "specialist medical practitioners (like surgeons and psychiatrists), nurse practitioners and psychologists."⁷

⁴ Australian Universities Accord final report – Recommendation 14

⁵ Australian Universities Accord final report – Recommendation 15

⁶ Australian Universities Accord final report, p60-61, 264

⁷ Australian Universities Accord final report, p97

Particularly noteworthy is the Accord panel's recommendation for action to address medical workforce shortages in rural, regional and remote areas:

That to recognise the benefits of access to tertiary education and the challenges to delivery in regional, rural and remote areas, the Australian Government ... significantly increase the number of Commonwealth supported places dedicated and allocated to universities delivering regionally based end-to-end medical schools, to attract and retain medical graduates in regional areas. These places should be additional to currently allocated Commonwealth supported medical places⁸.

This is an explicit endorsement of Charles Sturt University's approach to health and medical education and training, which is provided in total – classroom education, laboratories and practicals, and clinical placements – in regional areas.

The Accord also discusses some of the problems created – or worsened – by the changes to funding arrangements introduced in the previous government's 'Job-ready Graduates' (JRG) package. The chief goals of JRG were to create more CSPs and to encourage more students to choose science, technology, engineering and medicine (STEM) courses. Unfortunately, the increase in places was achieved by reducing the total funding per CSP. The reduction in Commonwealth funding per place, even in supposed priority areas, means some programs, including in health, are now funded well under the cost of delivery, and/or are only viable at a scale difficult to achieve in regional areas.

For specialist professions with small enrolments, such as podiatry and radiation therapy, there is a high risk that continued underfunding especially in situations of small enrolments will lead some universities to discontinue these programs, with an obvious effect of the supply of skilled staff – especially in rural, regional and remote areas – and the ability of NSW healthcare facilities to provide comprehensive care.

Charles Sturt University is an experienced provider of podiatry training with students and graduates making an important contribution to rural workforce. An example of this impact is a project being undertaken in Albury-Wodonga where podiatry students are delivering footcare to First Nations communities at Westside Community Centre⁹. Our academic staff have also been collaborating about opportunities with NSW Health and the Healthy Deadly Feet project. While these are very positive examples unfortunately, we are seeing critically low numbers of students seeking to enrol in training to become a podiatrist with the numbers of enrolments falling. The Australasian Council of Podiatry Deans identified university podiatry enrolments in 2016 at over 350 whereas by 2022 they had fallen to 200. At this rate we predict there will be critical issues in supply of workforce especially in regional areas.

A similar situation exists in regard to the training of radiation therapy graduates with the main issue being student demand. We have met and discussed with NSW Health the issues Charles Sturt University faces in maintaining the delivery of its current Radiation Therapy training degree.

The reasons for the low levels of demand for pursuing a career in professions such as podiatry and radiation therapy are likely to be multi-factorial and remain unclear. However, some of the financial factors faced by students during study as raised in this submission may be important contributors. We have advocated to draw attention to the issues¹⁰ but Charles Sturt University suggests this is an issue which could benefit from much more targeted and coordinated exploration of the training issues for small but critical allied health workforces by the NSW Government.

⁸ Australian Universities Accord final report – Recommendation 39

⁹ <https://news.csu.edu.au/in-brief/new-student-led-podiatry-clinic-at-westside-community-centre-in-west-albury>

¹⁰ <https://www.podiatry.org.au/advocacy/resources/workforce-summit-report>

Since the release of the Legislative Council report both the Australian and NSW Governments have announced measures intended to encourage students to undertake degrees in health, allied health and medicine and go on to work in the public health system or in rural, regional and remote areas.

The Australian Government now offers to waive the HELP debt for medicine and nurse practitioner graduates who work in rural, regional and remote areas for a certain period of time¹¹ (depending on the length of their studies and the regionality/remoteness of the area in which they are working). The Victorian Government offers similar incentives. These are available to people living in border communities in NSW provided they choose to study at a Victorian university¹².

While these measures are welcome, an analysis by higher education policy analyst Professor Andrew Norton – who was a member of the Ministerial reference group for the Australian Universities Accord – indicates they may not be effective at increasing demand for nursing and other health degrees and therefore increasing the supply of graduates into the health system¹³. He suggests that a better remedy for graduate shortages would be increasing the number of Commonwealth Support Places for nursing and providing financial support for students: “Money for living expenses could help nursing students finish their courses more quickly and get into the nursing workforce at an earlier date.”

In April 2023 the NSW Government announced new scholarships “to attract staff and retain talent in the NSW public health system”¹⁴. Other states including Victoria and Queensland have announced similar measures. The conditions attached to these scholarships include a requirement to work in the public health system for a specified period¹⁵, often with additional incentives to work in rural, regional and remote areas^{16,17}. Again, this is a welcome development, and was particularly pleasing to see that the NSW scholarships are open to students in a wider range of health and allied health programs than the corresponding Victorian and Queensland schemes, including many of those being considered by the current inquiry. Moreover, the NSW Government initiatives explicitly recognise the need to provide support for students in regional areas.

These positive notes are offset by the relatively small number of scholarships available, especially in comparison to the known large workforce shortages in health and allied health; the need for students to apply for the scholarships, and the concomitant risk that the criteria and application process impose unintended barriers to low SES or otherwise disadvantaged students, including those in regional areas; and the unfortunate timing of the call for applications. The first round of NSW scholarships opened for applications on 15 January 2024¹⁸, during the summer break when many students are working and the staff who might be able to assist with their applications are on leave, and too late to have an influence on people’s decisions about whether, what, and where to study.

Charles Sturt University suggests that the committee seek advice from NSW Health, universities and other relevant agencies on the demand for and distribution of the new scholarships, and the impact of similar measures in other states – including whether other states’ initiatives may be attracting NSW students and graduates.

¹¹ Australian Government Department of Health ‘[HELP for Rural Doctors and Nurse Practitioners](#)’ (accessed 8 April 2024).

¹² Victorian Government media release, ‘[Making It Free To Study Nursing And Midwifery](#)’, 28 August 2022 (accessed 8 April 2024)

¹³ Andrew Norton, ‘[Bonded scholarships for nursing students in Victoria](#)’, 29 August 2022 (accessed 8 April 2024)

¹⁴ NSW Government media release, ‘[Study subsidies to boost health workforce](#)’, 4 April 2023 (accessed 8 April 2024)

¹⁵ NSW Government [Tertiary Health Study Subsidies](#) (accessed 8 April 2024)

¹⁶ Queensland Government [Remote Area Nursing Incentive Package \(RANIP\)](#) (accessed 8 April 2024)

¹⁷ NSW Government media release, ‘[NSW Government to offer \\$20,000 incentive package for critical healthcare vacancies in remote NSW](#)’, 11 August 2023 (accessed 8 April 2024)

¹⁸ See NSW Government media release, ‘[Applications open for study subsidies to boost NSW healthcare workforce](#)’, 15 January 2024 (accessed 8 April 2024)

In conclusion, we are observing positive developments in relation to understanding the issues impacting Remote, Rural and Regional Health Services and to address the recommendations in the initial inquiry. Charles Sturt University remains committed to training the future health workforce for Remote, Regional and Rural Communities. We suggest that the Select Committee in its consideration continue to advocate for the inclusion of training of the future workforce within the scope of its recommendations.